

**A Medieval Façade:
Historiography of the Black Death and Recent Accounts
of the Third Plague Pandemic in the United States**

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In *Plague and Fire* (2005), James Mohr describes the efforts of Hawaiian public health officers to contain the spread of bubonic plague by burning to the ground the buildings where its victims had lived and worked. Like a Chekhovian gun introduced in the first act, this policy predictably proved disastrous. Mohr describes how, on the morning of January 20th, 1900, sparks from a blaze set by Honolulu's fire department spread to neighboring rooftops in the city's Chinatown, quickly igniting a conflagration that would leave the entire district devastated. Describing the aftermath, Mohr laments the destruction of the iconic Kaumakapili church, which, in the wake of fire's destruction, "loomed like a medieval façade."¹

Hawaii's Board of Health, Mohr asserts, had acted with the best of intentions. The board was determined to take drastic action in the face of what historians have called the third plague pandemic. Spreading from the interior of China in 1894 to Indian and Japanese ports by 1896, bubonic plague ignited transnational fears that the legendary Black Death would wreak havoc in an age of global shipping. American exceptionalism would not protect the United States from this medieval scourge; the plague made landfall in recently annexed Hawaii in 1899, and in San Francisco the following year. Los Angeles experienced its own late occurrence in 1924. Recent studies by James Mohr, Myron Echenberg, Marilyn Chase and Nayan Shah have explored the third pandemic's

¹ James C. Mohr, *Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown* (Oxford University Press, 2005), 4.

impact on the United States, a subject that has traditionally received little attention from historians, perhaps because of the low death toll it exacted there.²

The third pandemic's name implies the existence of two similar episodes in the past. Historians have often referred to the first of these as the Plague of Justinian, for the Byzantine emperor it afflicted. The first pandemic emerged in Egypt around 542 CE and flared throughout Europe during repeated outbreaks that recurred for the next two hundred years. The Plague of Justinian has also been neglected by scholars, though in this case a lack of primary sources is likely the cause, rather than a low mortality rate. Long overshadowed by the Black Death, the first pandemic is at last receiving limited scholarly attention; Lester K. Little's *Plague and the End of Antiquity* (2001) is the first volume wholly dedicated to this earliest bubonic plague outbreak.

The first and third pandemics have been eclipsed by the enormous volume of scholarship dedicated to the second, which has loomed large in both popular history and in scholarly accounts of the Middle Ages. The "Black Death" instantly evokes a constellation of shopworn images, ideas and clichés. The purpose of this historiographical review will not be to summarize the vast scholarship that has accumulated around the Black Death, but to understand historical debates about medieval plague's etiology, as well as the ways in which the Black Death has entered into historical discussions of the third pandemic in the United States. How has this second, most famous pandemic been remembered by historians of the third? Does the Black Death, like

² Myron J. Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894–1901* (NYU Press, 2007), 5. The third pandemic exacted a far higher toll in India and China (though not so high as that seen during the Black Death). In this essay I have focused on the American perspective of the third pandemic.

Kaumakapili's "looming, medieval façade," still help to shape perceptions of the plague's most recent visitation? The same questions, of course, may be asked in reverse. Has the historiography of the third pandemic influenced historical accounts of the Black Death and discussions about its etiology? And have historians of either event been affected by the perceived danger of future medical catastrophes?

Some of this ongoing dialogue may be glimpsed in the debate about medieval plague's etiology. Historians studying the fourteenth-century pandemic have been confronted with perplexing medical ambiguities, including fundamental questions about the nature of the pathogen that has played such a dramatic role in history. Some have argued, with Samuel Cohn, that the same biological agent could not have been responsible for both the Black Death and the pandemic of the 1890s. In "The Black Death: End of a Paradigm" (2002), Cohn contends that *Yersinia pestis*, the bacillus first cultured in Hong Kong in 1894, spreads far too slowly among human populations to account for the mass death witnessed in fourteenth-century accounts.³ Also at odds with modern descriptions of plague are the medieval "carbuncles, rashes, freckles, and scabs," accompanying plague's characteristic buboes, which, judging by medieval accounts, most commonly seemed to occur on the neck.⁴ Using nineteenth-century Indian hospital reports, Cohn notes that modern plague is not known to cause rashes or carbuncles, nor do buboes appear anywhere other than the groin in all but a small handful of cases.⁵

³ Samuel K. Cohn, "The Black Death: End of a Paradigm," *The American Historical Review* 107, no. 3 (June 1, 2002): 712.

⁴ *Ibid.*, 715.

⁵ *Ibid.*

Cohn was certainly not the first to question traditional historical narratives about the Black Death's etiology. Published in 1984, Graham Twigg's *The Black Death: A Biological Reappraisal* suggests that anthrax may in fact have been the pathogen responsible for the fourteenth century's great mortality.⁶ Twigg argues that historians, blinded by their desire to find continuity in the sources, have been guilty of disregarding medieval medical descriptions that contradict the modern medical understanding of the plague. Pointing to important discrepancies such as the Black Death's extremely rapid spread and its apparent ability to kill both humans and livestock in large numbers, Twigg notes that "perhaps we have blamed plague for too much."⁷ Other historians have been more reluctant to cast aside the traditional etiology.

David Herlihy adopts a pragmatic view in his influential, posthumously published *The Black Death and the Transformation of the West* (1997), comprising a series of lectures delivered at the University of Maine in 1985. Herlihy concedes that there are troubling discrepancies between medieval descriptions of the plague and what we know about modern *Y. pestis*, but dismisses Twigg's proposed alternative. Anthrax, he notes, has never affected human populations in epidemic proportions.⁸ Nevertheless, he concedes that medieval accounts of the Black Death differ in many ways from what we might expect based on descriptions of the third plague pandemic.

⁶ Graham Twigg, *The Black Death: A Biological Reappraisal* (Schocken Books, 1985).

⁷ *Ibid.*, 222.

⁸ David Herlihy, *The Black Death and the Transformation of the West* (Harvard University Press, 1997), 30.

Crucially for Herlihy, the rat-flea-human nexus identified by Paul-Louis Simond in 1898 suggests that humans will only come into contact with *Y. pestis* if the fleas transmitting it have run out of rodents to bite. The Black Death, therefore, should have been accompanied by massive rat mortalities; indeed, Herlihy asserts, this was the case in both India and China during the 1890s. Why, he wonders, is such an epizootic event missing from western sources in the Middle Ages?⁹

Michael McCormick embraces the traditional explanation of plague's arrival and transmission through Europe in "Rats, Communication, and Plague: Toward an Ecological History" (2003), in which he uses archaeological and genetic evidence to trace the dispersal of the black rat on the continent. McCormick asserts that the silence of medieval sources on the subject of massive rat die-offs is not particularly surprising, citing "a literary disinterest in pests," during the period.¹⁰ McCormick further notes that during the first plague pandemic in the sixth century, no distinct word for "rat" even existed.¹¹ Yet McCormick and Herlihy do agree on at least one point: the need for further scientific research that could provide useful insights into the biological nature of plague. "The plague bacillus," Herlihy notes, "seems not to have been stable, and probably has not even today exhausted its capacity to evolve into new forms."¹²

⁹ Ibid., 26.

¹⁰ Michael McCormick, "Rats, Communications, and Plague: Toward an Ecological History," *Journal of Interdisciplinary History* 34, no. 1 (2003): 4.

¹¹ Ibid.

¹² Herlihy, *The Black Death and the Transformation of the West*, 31.

Cohn would later cast doubt on the notion that *Y. pestis* had evolved to become less virulent with time, asking why a disease that once seemed to pass easily from human to human would evolve to become “a rat disease dependent on a flea vector.”¹³ The debate reveals an emphasis on increasingly specialized scientific knowledge and microbiology as a source of evidence in the history of plagues and pandemics. While historians like Herlihy and Twigg could make broad, speculative arguments about the biological nature of the Black Death in the mid-1980s, more recently Cohn, McCormick, Lester Little and others have felt the need to refer to new developments in archaeology and paleopathology (which makes use of skeletal remains to study ancient diseases) to support their historical arguments.

McCormick neatly summarizes this approach when he states that historians “will have to follow archaeologists, zoologists, and molecular biologists into new areas of reality. Every instrument in the historical, archaeological, and scientific toolkit is needed to understand the past in all of its ecological complexity.”¹⁴ For those who would follow McCormick, it is no longer enough simply to compare medieval descriptions of the plague with accounts seen in the historiography of the modern plague. Instead, they might look to paleopathology to provide the same sort of primary bacteriological evidence, which, though long denied to them, has always been available to historians of the third pandemic.

¹³ Cohn, “The Black Death,” 735. A mutation of this sort is not necessarily as unusual as Cohn seems to believe. Diseases that prove too virulent may “burn themselves out” after having depleted a host population dramatically. In such a case, mutations that favor mediated transmission or a slightly less virulent form of the disease would be favored to enable the pathogen’s long-term survival.

¹⁴ McCormick, “Rats, Communications, and Plague.” 25.

This search for firm etiological fact belies a more prevalent historiographical trend, outlined by Jo N. Hays in “Historians and Epidemics: Simple Questions, Complex Answers,” (2001). Rather than adopting a biological, reductionist view of disease (which, as we will see, began to prevail among many scientists and physicians during the nineteenth and early twentieth centuries), historians have begun to view disease as, at least in part, socially constructed.¹⁵ McCormick’s insistence that historians must tap into the “scientific toolkit” might be characterized as a sort of countertrend, a reaction to the linguistic turn that seeks to re-establish the importance of “firm facts” using scientific tools. In contrast, Ludmilla Jordanova’s recent article, “What’s in a Name? Historians and Theory” (2011), suggests that the rules of science are themselves socially constructed, and that its status as “the gold standard for both the quality of knowledge and the status of a discipline” is highly problematic.¹⁶

For scholars like McCormick, the attraction of science-based history lies perhaps not only in its ability to harness new forms of evidence in establishing supposedly “firm facts,” but also in the greater ease of securing funding for research that promises “real results.” The push toward a “molecular history of the pandemic” may also stem from the fact that, according to Little, epidemiology and microbiology are “precisely the areas that have made the most significant advances in recent years.”¹⁷ If historians of the plague

¹⁵ Jo N. Hays, “Historians and Epidemics: Simple Questions, Complex Answers,” in *Plague and the End of Antiquity: the Pandemic of 541–750*, ed. Lester K. Little (New York: Cambridge University Press, 2007), 33.

¹⁶ L. Jordanova, “What’s in a Name? Historians and Theory,” *The English Historical Review* CXXVI, no. 523 (December 5, 2011): 1475.

¹⁷ Lester K. Little, “Preface,” in *Plague and the End of Antiquity: the Pandemic of 541–750* (Cambridge: Cambridge University Press, 2006), xiii.

have come to an impasse, perhaps science can show the way forward, this reasoning seems to suggest. An important question remains, however: when a historical debate begins to hinge on lab results and microbiology, does it in fact become something other than a historical debate?

Though historians of medicine have long mobilized scientific observations to help make their historical arguments, they now find themselves treading more carefully in a minefield of scientific evidence that often falls outside their particular knowledge and expertise. The danger lies in the potential for oversimplification or outright misinterpretation of results; and with the rapid evolution of paleopathology, historians may quickly fall behind. For example, recent genomic sequencing of *Y. pestis* DNA, extracted from the dental pulp of fourteenth-century plague victims, seems to establish that bubonic plague was indeed the pathogen responsible for the Black Death,¹⁸ casting doubt on the various “biological reappraisals” proposed by historians like Twigg and Cohn.¹⁹ The findings further suggest that the plague has not changed significantly since the fourteenth century; genetic sequencing has revealed few mutations, and none that would explain the plague’s apparent decline in virulence since the late Middle Ages.²⁰

Intriguingly, if this 2011 study’s results are correct, the Black Death episode of 1347-1351 “was responsible for the introduction and widespread dissemination of *the*

¹⁸ Kirsten I. Bos et al., “A draft genome of *Yersinia pestis* from victims of the Black Death,” *Nature* 478, no. 7370 (October 27, 2011): 506–510.

¹⁹ *Ibid.*

²⁰ *Ibid.*

ancestor of all currently circulating Y. pestis strains pathogenic to humans.”²¹ The perils of McCormick’s approach are thus made clear; a long debate on the etiology of medieval plague has possibly been solved by a scientific study to which historians have not yet been able to respond. Even more revealingly, the study suggests that nothing much has changed – the bacillus has not significantly mutated since the fourteenth century, and microbiologists find themselves as unable to account for the differences between the Black Death and the third pandemic as their historian colleagues.

If the modern plague bacillus has not evolved to become less virulent since its terrifying debut in the fourteenth century, historians of the Black Death and the third pandemic must find other ways to explain the striking discontinuities between the two. The third pandemic seems to pale in comparison with its predecessor. How is this possible when a network of global shipping, rapid urbanization, and a much higher population should have led to an even greater global catastrophe? Contemporaries certainly expected the worst; yet even in those regions hardest hit by plague in the 1890s, the third pandemic failed to replicate the grim ferocity of the Black Death (which killed, according to some estimates, up to a quarter of the planet’s population during its entire course).²²

A comprehensive and convincing explanation for this discrepancy is still needed. Any such explanation will likely need to account for the effects of other diseases simultaneously active within the population, as well as overcrowding, unsanitary

²¹ Bos et al., “A draft genome,” 506. This suggests that a different pathogen, or an evolutionary branch of *Yersinia* that has since disappeared, must have been responsible for the sixth-century Plague of Justinian.

²² Mohr, *Plague and Fire*, 8.

conditions, and the introduction of a new *Yersinia* strain in the fourteenth century to which people had not yet acquired immunity. An understanding of the complex effect of famine on a population's susceptibility to disease is also needed. In *The Great Famine: Northern Europe in the Early Fourteenth Century* (1996), William Chester Jordan suggests that, although food shortages and malnutrition were actually decreasing by the time the Black Death hit Western Europe, children who had grown up during the famine crisis were probably less able to fend off disease when they reached adulthood, and consequently may have died in larger numbers during the plague years.²³ How does this situation compare with that in the years around 1900?

A comparative analysis of the Black Death and the third pandemic would need to be not only transhistorical, but also transnational, for conditions in Bombay, Hong Kong, San Francisco, and Honolulu were all markedly different – and of course all are indescribably remote from, for example, fourteenth-century Florence. Such a comparative history would also benefit from an improved understanding of the first pandemic, the so-called Plague of Justinian, which – still dwarfed historiographically by the Black Death – has not received enough scholarly attention until recently. Though a daunting project, a comparative analysis of this type might help to explain the contrast between the Black Death and the third pandemic, which killed fewer people even in the worst hit areas, despite the existence of modern transportation networks and a larger world population.²⁴

²³ William Chester Jordan, *The Great Famine: Northern Europe in the Early Fourteenth Century* (Princeton University Press, 1997), 184.

²⁴ Echenberg, *Plague Ports*, 5.

Myron Echenberg's *Plague Ports: The Global Urban Impact of Bubonic Plague - 1894-1901* (2007) provides a useful starting point for such a study, though it only presents a transnational, comparative analysis of the modern pandemic. Echenberg notes that the plague may have claimed more than 12 million lives in India alone, as compared with a mere 500 during the same period in the United States. "Such a lopsided impact for a world pandemic was a new phenomenon," Echenberg claims, citing "impoverished and overcrowded urban tenements," as well as pre-existing food shortages and the impacts of malaria and cholera on the Indian subcontinent as contributing factors.²⁵ A wider comparative analysis that is transhistorical as well as transnational and considers all three pandemics would be an important, though challenging, undertaking.

Historians of the third plague pandemic have not been faced with the same etiological uncertainties as their medievalist colleagues. Developments in bacteriology allowed nineteenth-century scientists to finally identify and isolate *Y. pestis*, providing the concrete evidence that was (until recently, at least) lacking for the Middle Ages. The American surgeon general Walter Wyman, writing in 1897, captures the mood of some of his contemporaries when he asserts that bubonic plague "furnishes a striking illustration of the scientific advance of modern medicine."²⁶ Wyman concludes triumphantly that this scourge of the Dark Ages has been illuminated at last by the light of modern bacteriology. For Wyman, "[plague's] cause, method of propagation, and the means necessary to

²⁵ Ibid., 50.

²⁶ Walter Wyman, "The Black Plague," *The North American Review* 164, no. 485 (April 1, 1897): 444.

prevent its spread are [now] matters of scientific certainty.”²⁷ Wyman’s certainty was not universal, however. Though modern historians do not question the etiology established by nineteenth-century physicians, Shah, Mohr, Chase and Echenberg have each emphasized the mistrust and paranoia that greeted new bacteriological explanations at the turn of the century.

In *The Barbary Plague: The Black Death in Victorian San Francisco* (2003), Chase notes that “to the San Francisco citizen of 1900 – even to most practicing physicians – the new bacteriology was still a form of black magic – mysterious, dimly understood, untrustworthy, and inferior to the laying on of hands and the observation of symptoms at the bedside.”²⁸ In *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (2001), Shah draws a similar conclusion, noting that when plague arrived in San Francisco in 1900, bacteriological knowledge was still considered experimental, and microscopic diagnosis was subjected to the scrutiny of Chinese and white critics alike.²⁹ As Risse has observed, “the new bacteriology, with its microscope slides, germ cultures, and experimental inoculation of select animals, remained an alien world for most of California’s practitioners, trained in an earlier age.”³⁰

Mohr emphasizes the deep divisions that split Hawaii’s medical community when the plague arrived on their shores. Many physicians, he notes, “professed no overt

²⁷ Ibid.

²⁸ Marilyn Chase, *The Barbary Plague: The Black Death in Victorian San Francisco* (Random House Digital, Inc., 2004), 46.

²⁹ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (University of California Press, 2001), 121.

³⁰ Guenter B. Risse, “‘A Long Pull, a Strong Pull, and All Together’: San Francisco and Bubonic Plague, 1907–1908,” *Bulletin of the History of Medicine* 66, no. 2 (1992): 264.

hostility toward bacteriology *per se*,” but at the same time did not believe that “standard bacteriological methods themselves had yet definitively proved the presence of plague.”³¹ Echenburg demonstrates that similar concerns were felt globally within the medical community, citing Venice’s International Sanitary Conference of 1897, at which delegates “paid lip service to the new discoveries, but saw no reason to alter what had become standard international practice against infectious disease outbreaks.”³² For many physicians, a sanitationist model still held the key to controlling plague’s spread, regardless of new discoveries.

A certain degree of suspicion toward public health “experts” was, it turned out, not unjustified. Though historians acknowledge that experts were able to positively identify the plague bacillus under a microscope (a claim that did not always go unchallenged), they have noted that physicians nevertheless continued to labor under false assumptions about the disease’s mode of transmission, blaming everything from bacteria-laden dust to Chinese food.³³ Wyman, like others, was dimly aware of some connection with rats, but opined that “rats have their snouts about an inch above the floors of houses and are more likely to inspire plague-infested dust than are human beings.”³⁴ Given their shaky claims to expertise – contested not only by the public but also by their peers – it seems remarkable that public health authorities were handed such enormous political power in the United States during the third plague pandemic.

³¹ Mohr, *Plague and Fire*, 71.

³² Echenburg, *Plague Ports*, 11.

³³ Mohr, *Plague and Fire*, 175.

³⁴ Wyman, “The Black Plague,” 444.

Historians have approached this problem from differing perspectives; Mohr's is the most problematic.

Treating the three physicians who led Hawaii's Board of Health as near-protagonists, Mohr paints a picture of flawed but ultimately well-intentioned men who did the best they possibly could with the limited knowledge available to them.

Remarkably, the three physicians, all of whom trained in the United States, were granted unlimited control of Hawaii's government and treasury for the duration of the plague crisis.³⁵ Mohr attributes this drastic measure to annexationist and commercial pressures; annexationists feared that Hawaii would seem, in America's eyes, to be a plague-infested backwater, while commercial elites feared that trade and tourism would be affected by the stigma of contagion.³⁶ Drastic action was desired, yet the resulting decision to place unlimited power in the hands of dubious "experts" had consequences. Failing to understand bubonic plague's mode of transmission, Hawaii's Board of Health prescribed cleansing by fire with disastrous results, not only for traumatized residents but also from the perspective of public health. As Shah notes, the destruction of Honolulu's Chinatown caused rodents from that district to disperse throughout the city, carrying the plague with them to new areas.³⁷ Mohr curiously remains largely silent on this point, perhaps in an effort to paint his heroic medical triumvirate in a more favorable light.

Historians of the third pandemic have wondered why it took so long for experts to recognize the existence of the rat-flea-human nexus for plague. Simond discovered it in

³⁵ Mohr, *Plague and Fire*, 41.

³⁶ *Ibid.*, 101.

³⁷ Shah, *Contagious Divides*, 128.

1897, yet, as Chase notes, “unhappily for patients yet to come, Simond’s breakthrough only drew scorn from medical skeptics.”³⁸ In 1906, independent tests verified Simond’s theory, yet for nine intervening years the link between rats and the plague remained shrouded in uncertainty. How can historians explain this unfortunate oversight? For Chase, the answer lies in the persistence of racist assumptions which held that plague was “a scourge of dark-skinned aliens.”³⁹

Cohn sees another possibility, namely that “the cultural sophistication of doctors at the turn of the century – their knowledge of the late medieval past – was a factor that delayed for a decade or more their acceptance of the complex rat-flea-human vector.”⁴⁰ The slow, cumbersome transmission of plague outlined by Simond in 1898 was incongruous with the fiercely virulent Black Death of grade school history books. As Little notes, bacteriologists drew the connection between the plague bacillus under their microscopes and the legendary Black Death based on their prior knowledge of the medieval scourge – they had not “scrambled to become historians overnight.”⁴¹ Then, as today, the Black Death instantly conjured indelible images in the popular psyche, and scientists, public health authorities, and politicians were not immune.

Historians of the third pandemic may not have adequately addressed the fear and panic that such indelible historical images can produce. Public health officials were

³⁸ Chase, *The Barbary Plague*, 106.

³⁹ *Ibid.*

⁴⁰ Cohn, “The Black Death,” 106.

⁴¹ Lester K. Little, “Life and Afterlife of the First Plague Pandemic,” in *Plague and the End of Antiquity: the Pandemic of 541–750*, ed. Lester K. Little (New York: Cambridge University Press, 2007), 6.

handed enormous power to control the plague, despite their imperfect knowledge of it. This was perhaps in part because their identification of *Y. pestis* as the pathogen responsible for the Black Death ignited fears that another Dark Age cataclysm could ensue unless drastic and immediate control measures were taken. Given wide enough powers, they felt that they might be able to prevent the recurrence of another Black Death. Historians should assess whether medical experts would have been given this leeway in the first place without the anxiety that such resounding historical imagery could produce.

The same macabre medieval imagery has suffused the recent flurry of studies on plague in the United States. The influence extends even to titles of books; Mohr's *Battling Black Death and the 1900 Burning of Honolulu's Chinatown* refers directly to the medieval pandemic, as does Chase's *The Black Death in Victorian San Francisco*. By evoking what Mohr calls "the legendary Black Death,"⁴² recent historical accounts of plague in the United States have capitalized on a long-standing public and scholarly fascination with the fourteenth century's great mortality. Chase breathlessly recounts strange medieval explanations for plague ("some people wove myths about plague showering down from comets")⁴³ and how it was spread ("from house to house by she-demons").⁴⁴ She concludes that "such myths made plague a metaphor for medical catastrophe."⁴⁵ Chase makes ample use of this metaphor not only in the title of her study

⁴² Mohr, *Plague and Fire*, 163.

⁴³ Chase, *The Barbary Plague*, 35.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

but throughout its pages. Indeed, the historiography of the third pandemic is replete with breathless references to the Black Death, including estimates of the staggering numbers killed (Mohr cites fifty million)⁴⁶ and the universal, global dread and awe it inspired (he notes that Chinese physicians knew of the Black Death as “the great eternal sorrow illness”).⁴⁷

The use of historical imagery associated with the second pandemic to stir interest in the third belies the fact that outbreaks in San Francisco and Honolulu at the turn of the century actually bore little resemblance to the earlier plague. Are historians like Mohr and Chase simply reflecting on the sense of dread and awe their historical subjects – those living at the turn of the century – felt for the medieval pandemic? Writing about the young American public health officer Rupert Blue’s correspondence with Walter Wyman, Chase notes, “His prediction of an epidemic storming the gates of Europe was grippingly phrased to catch the eye of his boss.”⁴⁸ Like historians of the third pandemic, Blue knew how to use the specter of the past to dramatic effect.

Does a fascination with the Black Death account for the recent surge in historical accounts of America’s brief encounter with the plague? The dramatic imagery evoked by the Black Death has certainly helped stir the interest of historians (and perhaps publishers). Yet the third pandemic’s impact on the United States is also an attractive subject for historians because it highlights the racial, economic, and social conflicts that accompanied the pandemic’s arrival on American shores. Bubonic plague did not exact a

⁴⁶ Mohr, *Plague and Fire*, 9.

⁴⁷ *Ibid.*

⁴⁸ Chase, *The Barbary Plague*, 32.

heavy death toll in Hawaii or California, but it did expose or even deepen existing divisions within the social fabric. This tendency of pandemics to draw out the racial, economic and social divisions within American society lies behind the recent historiographical surge in interest. This does not mean that all of the recent accounts of plague in the United States have taken a similar approach to questions of race. Chase and Mohr have formulated what might be called “heroic histories,” whose narratives are mainly concerned with public health officers battling the medieval scourge in their midst. Yet even when race is treated as a secondary concern, none of the recent historical accounts of plague in the United States can avoid highlighting, to some degree, the role of racial discord in turn-of-the-century San Francisco and Honolulu.

Even in 1992, Guenter Risse had emphasized the racialized nature of plague in San Francisco, noting that the hasty diagnosis of just one Chinese laborer led to an immediate quarantine of all of Chinatown, a move that “reflected not only fear of an impending epidemic, but also a long-standing animosity toward the Chinese in San Francisco.”⁴⁹ In his 1985 article, “Of Medicine, Race, and American Law: The Bubonic Plague Outbreak of 1900,” Charles McClain had also outlined this long-standing animosity. “Almost from the beginning of their settlement in California, the Chinese had been the objects of intense racial hostility, [producing] a steady stream of Sinophobic legislation that ranged from petty and mean-spirited to the truly vicious.”⁵⁰

⁴⁹ Risse, “A Long Pull, a Strong Pull, and All Together.” 263.

⁵⁰ Charles McClain, “Of Medicine, Race, and American Law: The Bubonic Plague Outbreak of 1900,” *Law and Social Inquiry* 13 (1988): 450.

In contrast, Mohr describes the racialized nature of public health responses to the plague in Hawaii as regrettable but of secondary importance. His overly obsequious portrait of Hawaii's Board of Health minimizes the racist milieu in which its policies were formulated and implemented. According to Mohr, the triumvirate's containment policies were "neither motivated primarily by race nor implemented in a consciously racist manner."⁵¹ As evidence, he points to the board's policy of burning every building where plague had been contracted, rather than only those owned by nonwhites, as well as their policy of quarantining only those who lived in an infected area rather than all Chinese residents in general. This "evidence" is problematically shallow, and as Mohr himself admits, "they surely acted within – and were influenced by – racist assumptions."⁵²

Many historians have, like Charles McClain, emphasized that although plague's arrival in the United States was accompanied by racialized fears and discrimination, there was also resistance to discriminatory measures. Shah, for example, points to the defiance some Chinese residents showed toward public health officers in San Francisco. Such resistance, he demonstrates, was often based on doubts about whether or not bubonic plague had been correctly diagnosed. Many believed that some other disease was at work, or more strikingly, that "bubonic plague was actually being injected into Chinese bodies by public health authorities who were malevolently poisoning" them.⁵³ Similarly, Chase

⁵¹ Mohr, *Plague and Fire*, 201.

⁵² *Ibid.*, 200.

⁵³ Shah, *Contagious Divides*, 136.

describes the rumor – spreading through the community “like bacteria”⁵⁴ – that the test animals injected with fluid from suspected plague victims were in fact being poisoned or starved to death in order to justify an erroneous diagnosis. Many in Chinatown, she argues, feared that such a diagnosis would ruin the district’s good name and devastate businesses.⁵⁵

The racialized nature of plague at the turn of the century has formed a central theme in historical accounts of the third pandemic, particularly in the United States. Historians of the Black Death, however, have not generally considered “racial divisions” (an anachronistic term, of course, for the fourteenth century), though as Samuel Cohn astutely observes in “The Black Death and the Burning of the Jews” (2007), medieval societies appear to have been equally liable to “racialize” disease, with horrific results. The scapegoats in this instance were the Jews, who were accused of poisoning food, wells, and rivers, and of intentionally spreading infection among the Christian population. Mobs retaliated against these imagined crimes by burning thousands of Jews in mass conflagrations. The persecutions were so widespread that, according to Cohn, it “eradicated almost entirely the principal Jewish communities of Europe” between the years 1348 and 1351.⁵⁶ The murderous conflagrations were so widespread that Pope Clement VI issued a condemnation of the burnings in 1348, in

⁵⁴ Chase, *The Barbary Plague*, 47.

⁵⁵ *Ibid.*

⁵⁶ Samuel K. Cohn, “The Black Death and the Burning of Jews,” *Past & Present* 196, no. 1 (2007): 3.

which he pointed out that Jews were dying in as great of numbers as Christians and that they were unlikely to be poisoning themselves.⁵⁷

The scant attention paid to these Black Death pogroms is baffling, and calls for correction. Cohn believes that many historians have incorrectly viewed the pogroms of 1348-1351 as popular peasant revolts stemming from an economic backlash against moneylenders, rather than direct responses to the great mortality that was happening at the same time. Another, more likely explanation for the lack of scholarly interest is the dearth of available sources; as Lucia Raspe notes in “The Black Death in Jewish Sources: A Second Look at ‘*Mayse Nissim*’” (2004), the earliest Jewish account of the Black Death pogroms was written more than 350 years after the events described.⁵⁸

The Yiddish document in question provides a powerful account of a Jewish community under attack, and their ultimately futile efforts to resist Christian violence. Like many Chinese residents of San Francisco and Honolulu, they refused to be made scapegoats for the spread of disease. Unable to understand the cause or transmission of pestilence, their accusers instead sought to locate the source of contagion within already marginalized communities. In 1900, as in 1348, this said more about the accusers’ lack of knowledge than it did about the accused. A greater historical understanding of the connection between racial or religious persecution and disease would be beneficial. It seems evident that the marginalization of persecuted social groups, and the implication that contagion arises from an “infection” of outsiders within society, are frequently

⁵⁷ Ibid., 14.

⁵⁸ Lucia Raspe, “The Black Death in Jewish Sources: A Second Look at ‘*Mayse Nissim*,’” *The Jewish Quarterly Review* 94, no. 3, New Series (July 1, 2004): 473.

recurring themes in the history of pandemics. Historians of the third plague pandemic have contributed a great deal to our understanding of this phenomenon, while the same aspect of the Black Death has gone woefully understudied, an unusual reversal of the norm.

Until recently, little had been written about plague's impact in the United States. This can perhaps be attributed in part to its relatively benign and short-lived presence on American shores. Yet historians like McClain, Shah, Risse, Mohr and Chase have been drawn to the history of plague's brief foray in the United States not because of the high mortality it caused but because it exposed, and sometimes widened, divisions within American society. Some have addressed this problem more effectively than others. Mohr and Chase, for example, place too much emphasis on narratives of Great Men who battled the plague and prevented its spread in America – and not enough focus on the racist assumptions and discrimination that informed their policies.

The racialization of disease is not the only problem that has helped shape the historiography of the third pandemic, of course. Often, historians of past epidemics feel the need to draw parallels with contemporary threats, to see lessons in the past that might serve us in the present or near future. Herlihy, writing about the Black Death, makes this concern explicit when he states that “the plague incited a new tension between the living and the sick. *Like AIDS victims today*, the sick had become the enemy.”⁵⁹ Contemporary anxieties about the threat posed by a future pandemic have also increased historical

⁵⁹ Herlihy, 62. Emphasis mine.

interest in diseases of the past; and what better disease to study than the one Chase has called a “metaphor of medical catastrophe?”⁶⁰ So powerful has been its allure that the imagery of medieval plague is by now almost shorthand for the worst medical disasters we can imagine.

As historians of the third pandemic have shown, many people living at the turn of the century were terrified at the mere thought of the legendary Black Death’s return. A looming, medieval nightmare, its reputation had preceded it. Simond’s discovery in 1897 of the rat-flea nexus was dismissed in part because physicians were blinded by historical accounts of the virulence and rapid spread of plague in the fourteenth century. They believed the plague they had read about in their history books could not have spread the way Simond suggested. In the face of “hard, scientific truth” they clung to the history they knew, demonstrating what historians of the third pandemic have helped to illustrate: that a striking image of the past – a compelling historical narrative – can be as infectious as any pandemic, and perhaps even more tenacious.

⁶⁰ Chase, *The Barbary Plague*, 35.

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