

The Borderline of ‘Empire’: Japanese Maritime Quarantine in Busan c.1876–1910

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Abstract: This paper seeks to balance the regional and thematic focus of cholera historiography by examining maritime quarantine in Busan, as it was devised and implemented by Japanese officials and doctors during the pre-colonial period. It also places the relationship between Korea and Japan in the context of relations with China, Russia and Britain. This paper shows that quarantine measures in Busan and other Korean ports reflected the rise of Japanese imperial power and the increasing desire on the part of the Japanese to establish an effective borderline for their regional empire.

From 1879 Japan began to impose maritime quarantine in Busan, where Japanese influence was very strong even before the colonial period, though at that time Japan was unable to perform quarantine in its own ports independently due to the objections of Western powers, particularly Britain. Victories in the Sino-Japanese and Russo-Japanese wars established Japan as a regional power on equal terms with the West, and as the dominant power in Korea and Eastern Asia. With the acquisition of the right to impose quarantine in its homeland, Japan strengthened and extended the range of quarantine from Japan to Korea, China and Russia. Now quarantine screened Japan from potentially harmful agents – pathogenic and political – and its functions diversified further as modernisation and imperial expansion gathered pace. The reliance which Japan placed upon quarantine in maintaining its empire explains why it was increasingly out of step with other powers regarding international sanitary precautions. The Japanese maritime quarantine in Busan during this period therefore shows many aspects of Japan’s ‘national empire’.

Keywords: Busan, Maritime quarantine, The Japanese settlement, Cholera, Borderline, Port cities

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Introduction

In 1853, after years of comparative isolation, a fleet commanded by the American Commodore Perry forced Japan to open its doors to foreign trade, immersing the Tokugawa Shogunate in a crisis of unparalleled magnitude. Within five years the government was compelled to sign trade treaties ('Unequal Treaties') with Russia, Britain, France, the Netherlands and the United States. These treaties not only diminished Japan's economic independence but eroded its political sovereignty. However, in 1868, following the Meiji Restoration, the Japanese government attempted to rebuild its sovereign power. Under a powerful, forward-looking monarchy, Japan attempted to adopt aspects of Western civilisation which would allow it to compete with Western powers on equal terms. In this process of modernisation, the Japanese government placed special emphasis on medicine. In particular, it decided to follow the path laid down by Germany, a recently unified country which was known as a pioneer in modern laboratory medicine, not least because of the fame of the bacteriologist Robert Koch. Imperial Germany was 'a rich country with a strong army';¹ moreover, it had used medicine to augment its military capacity, as in its recent victory over France.

Germany's rapid rise to nationhood and its emergence as a major European power made it the ideal model for a nation like Japan which desired a similarly rapid transformation of its fortunes after the indignities of foreign intervention. But with unwanted foreign influence still very much a feature of Japanese life, it was clear that Japan would find modernisation difficult. The Meiji government found the answer in a simultaneous process of internal modernisation and external expansion. Through the establishment of 'informal' and, later, 'formal' colonies, Japan attempted to build up wealth and power in Eastern Asia which could be directed, in turn, to the transformation of its domestic economy. The pursuit of this 'national empire' was to become the defining feature of Japanese government in the period covered by this paper.² However, as Japan extended its power and influence throughout the region, it became necessary to police the boundaries of the new empire in ways which augmented the central vision of Japanese foreign policy. In this respect, Japan's maritime quarantine arrangements – particularly those in its imperial outposts – were to play a crucial role.

Japan's imperial ambitions first became evident in the trading settlements which it established on the nearby Korean peninsula and, in particular, in the south-eastern port of Busan. Busan was the nearest major port to Japan and a place with which it had a strong connection extending back to the time of the Shogunate. Despite its policy of national isolation, the Shogunate maintained diplomatic and commercial relations with Korea through the *Waegwan* (*Wakan*) in Busan. The *Waegwan* was a strictly regulated trading concession, which enabled the Japanese to live and trade in the port under certain conditions. These terms were negotiated by the local Tsushima Clan but overall authority lay with the Korean government. After the Meiji Restoration, however, the relationship between Japan and Korea changed drastically. In 1876 Japan forced Korea to enter into a commercial treaty which was very unfavourable to Korea: a treaty which fully opened the

¹ Masahira Anesaki, 'History of public health in modern Japan: the road to becoming the healthiest nation in the world', in Milton J. Lewis and Kerrie L. MacPherson (eds), *Public Health in Asia and the Pacific: Historical and Comparative Perspectives* (London: Routledge, 2008), 55–72.

² Shin'ichi Yamamuro, 'Kokumin Kokka.Nihon no Keisei to Kūkanchi [Rebuilding Japan as a national empire and the knowledge of space]', in Shin'ichi Yamamuro (ed.), *Teikoku Nihon no Gakuchi Dai 8kan Kūkankeisei to Sekai Ninshiki* (Tokyo: Iwanamishoten, 2006), 19–76.

port of Busan to Japanese trade. The following year, a Japanese settlement (hereafter, 'the settlement') was built on the site of the former *Waegwan*; this settlement became not only the centre of trade between Korea and Japan but also a bridgehead for Japanese expansion into continental Asia.

The expansion of long-distance commerce, and the movement of goods and peoples associated with it, brought a dramatic increase in epidemic disease, much as it did in other parts of the world which had been incorporated within colonial trading networks.³ In the Japanese case, the key nodal points for both trade and disease were treaty ports such as Nagasaki, Hakodate and Yokohama in Japan.⁴ Cholera first appeared in Japan in 1822, coming by way of China, during the first pandemic which originated in Bengal in 1817. The second occurrence of cholera was in 1858, the year in which the Shogunate government signed an unequal treaty with the United States (US), and subsequently with four European powers. On 1 July the US Navy's *Mississippi* brought cholera from China to Nagasaki, the disease having spread quickly through the port and subsequently throughout much of Japan.⁵ Later in the century the same pattern was visible in the case of plague, which spread through maritime connections to ports throughout Asia. Plague first visited Japan in 1899, arriving at the port of Kobe, most likely in a merchant vessel carrying old clothes from China. In the coming years it was to affect other large ports, including nearby Osaka.

The exposure of Busan to external influences and the increasing presence of the Japanese during the 'open port' period had a similar affect on Korea, with the spread of cholera and other acute infectious diseases. The frequent occurrence of the disease in Busan after the opening of the port was symptomatic of its forcible incorporation into these global networks. Cholera had visited Korea before the Japanese presence was established, having arrived in 1821, apparently from China by a land route.⁶ The disease came again, with greater ferocity, in 1859–60 and 1862, particularly in 1859–60 when it caused 400,000 deaths.⁷ After the opening of the ports, cholera often arrived in Busan from Japan, and later to spread throughout the Korean peninsula. During these epidemics Japanese officials and doctors took preventive measures against cholera in their settlement, as well implementing a maritime quarantine at Busan on their own initiative. These measures grew out of structures of local governance which were being established in the Japanese settlement and which, in many respects, were in advance of anything yet found in Japan.

Busan was the first treaty port of Korea and Japanese influence was very strong there, even before colonisation, but the Japanese had not been able to implement similar measures at home because Western powers, including Britain, had objected to quarantine against their ships. When attempting to enforce maritime quarantine in Busan, Japanese officials and practitioners had to negotiate with Korean officials and foreign

³ Christopher Hamlin, *Cholera: The Biography* (Oxford: Oxford University Press, 2009), 4.

⁴ Tomo Ichikawa, 'Kindai Nihon no Kaikōjō ni okeru Densenyō Ryūkō to Gaikokujin Kyoryūchi-1879nen/Kanagawaken Chihō Eiseikai./ni yoru Korera Taisaku [Epidemic Diseases in Port Cities of Japan and Foreign Settlements in 1879]', *Shigaku Zasshi*, 117 (2008), 1–38.

⁵ Shun'ichi Yamamoto, *Nihon Korera-shi* [The History of Cholera in Japan] (Tokyo: Tokyo University Press, 1982), 14.

⁶ Kim Du-Jong, *Hanguk Uihak Moonhwa Deaeyonpyo* [Chronology of Medicine and Culture in Korea] (Seoul: Tamgudang, 1966), 518.

⁷ Sakae Miki, *Chōsen Igakushi oyobi Shippeishi* [The History of Medicine and Disease in Korea] (Kyoto: Shimonkaku Shuppan, 1955), 66.

customs officers who were recommended by China. However, in line with changes in the relationship between Japan and Korea, China and Western powers, maritime quarantine was continually revised in favour of the Japanese. Examining these revisions and the use which the Japanese authorities made of quarantine can provide us with important insights into how public health measures laid the foundations for Japan's Asian empire.

Although historians have considered some aspects of the cholera epidemics in Korea during this period, they have not examined the maritime and international context in any detail. Their focus has been primarily on the relationship between cholera epidemics and social change and on cholera as a source of conflict between rulers and ruled.⁸ These studies tend to see the cholera epidemics and the Japanese response to them in the light of Japanese colonialism and aggression towards Korea. Moreover, their main focus is on Seoul rather than the important trading port of Busan. This paper seeks to balance the regional and thematic focus of cholera historiography by examining maritime quarantine in Busan, as it was devised and implemented by Japanese officials and doctors. It also places the relationship between Korea and Japan in the context of relations with China, Russia and Britain. It is only when considering these wider relationships that the politics of maritime quarantine can be fully understood, for quarantine acquired significance far beyond the prevention of disease. It had important repercussions, not only for trade, as one might imagine, but for international relations throughout the region. In view of this, national interests and the dynamics of international politics often shaped the nature of preventive measures more than medical or scientific considerations.⁹ As this paper will show, the most important political trend reflected in maritime quarantine measures in Busan and other Korean places was the rise of Japanese imperial power and the increasing desire on the part of the Japanese to establish an effective border for their regional empire.

'Opening the Ports to Cholera'

Soon after the opening of Busan port in October 1877, one member of the crew of the *Takaomaru* fleet which sailed into Busan from Nagasaki was seized with cholera. The naval surgeon Yano, the director of a state hospital (the *Saisei Iing*) in the Japanese settlement, gave first-aid to the patient and transferred him to Jeolyoung Island (now Youngdo) near to the port. The patient soon died and two other members of the crew were later fatally stricken, their corpses buried on the mountain nearby the settlement. The ship from whence they came was ordered to sail back to Nagasaki immediately, with the aim of preventing the spread of cholera within the Japanese settlement.¹⁰

Cholera had begun its ravages in Japan some months before, having spread there from China. On 15 July the Japanese Consul in the treaty port of Amoy, China, reported to the Minister of Foreign Affairs that cholera was raging with great force and that the Home Ministry had invoked a set of rules – the *Rules for the Prevention of Cholera* (1873) – in order to impose maritime quarantine at Yokohama, Nagasaki and Kobe. But these rules offered scant protection to Japanese ports, for the government had ceded the right to perform quarantine to foreign ambassadors, the Japanese doing nothing more

⁸ Shin Dong-Won, *Hoyeolja Joseoneul Seubgyeokhada* [Cholera Assails Korea] (Seoul: Yeoksa wa Bipyong, 2004); Baek Seon-Rye, '1919.1920nyeon Singminji Joseonui Cholera Yuhaeng gwa Bangyeok Hwaldong [Cholera Epidemics and Prevention of Epidemics in Korea during 1919 and 1920]' (unpublished MA thesis: Hanyang University, 2011).

⁹ John Booker, *Maritime Quarantine: The British Experience, c.1650–1900* (Aldershot: Ashgate, 2007), 482.

¹⁰ Gaimushōhen [Ministry of Foreign Affairs of Japan (ed.)], *Nihon Gaikōmonjo 10kan* [Japanese Diplomatic Correspondence, 10] (Tokyo: Nihon Kokusai Rengō Kyōkai, 1949), 226.

than paying the cost. This was an unfortunate arrangement because foreign officials such as the British ambassador, Harry Smith Parkes, and the French ambassador objected to quarantine against foreign ships. The use of quarantine as a measure of disease control in Japan began in 1862, when the Shogunate published a medical tract entitled *The Theory of Preventing Cholera (Kampan Ekidoku Yobōsetsu)*, compiled from excerpts from Western volumes about the prevention of cholera and maritime quarantine.¹¹ Later, the government began to negotiate the terms of maritime quarantine at Japanese treaty ports with foreign ambassadors. In 1873, as an epidemic of cholera occurred in Singapore, the Meiji government enacted the *Rules for the Prevention of Cholera* but, lacking the support of foreign ambassadors, they were a dead letter. And cholera spread through Nagasaki and Yokohama in September 1877.¹²

In the same year the Meiji government also faced the Satsuma rebellion, the largest insurrection of former Samurai led by Takamori Saigō who was the military commander. After suppressing the rebellion, cholera broke out among the troops, one of whom was transferred to the Osaka Army Temporary Hospital. The director of the hospital, Tadanori Ishiguro, drafted the rules of maritime quarantine and enforced them at Kobe, particularly against troops returning from the battlefields in Nagasaki. But the military were able to evade quarantine, allowing cholera to spread throughout Kobe and then the whole of Japan as the soldiers returned to their homes.¹³ Maritime quarantine had therefore been undermined by both the objections of foreign ambassadors and the power of the military over army medical institutions.

On 14 July 1879, facing a terrifying epidemic of cholera in Aichi Prefecture, the Ministry established the *Provisional Maritime Quarantine Rules for the Prevention of Cholera* and, a week later, amended it to the *Rules for the Detention of Ships*.¹⁴ Terajima, the Minister of Foreign Affairs, notified the foreign ambassadors accordingly and the American ambassador agreed to implement the regulations. The German and French ambassadors, however, proposed an amendment, while the British ambassador, Parkes, opposed the rules on the grounds that ‘foreign ships’ were exempted. The rules also provided for the detention and fumigation of all ships sailing from infected places for a period of seven days after their departure, regardless of whether there were patients or suspected cases on board. But Parkes objected to this, too, and insisted that there was no need to detain or fumigate ships from infected ports if no cases or suspected cases were detected. Parkes maintained that British ships should be subject to British sanitary laws which, since 1872 were based on a system of medical inspection in the case of cholera.¹⁵ Moreover, quarantine was to be performed only by medical officers appointed by representatives of the British government. This was clearly an imperfect arrangement which left Japan vulnerable to infection and which underlined its lack of effective sovereignty. When the Japanese government wanted to impose maritime quarantine, it

¹¹ Kōseishō Kōshūeiseikyoku Hensh [Ministry of Health, Labour and Welfare (ed.)], *Ken’eki Sido Hyakunen-shi* [One Hundred Years of the System of Quarantine] (Tokyo: Gyōsei, 1980), 3–16.

¹² Yamamoto, *op. cit.* (note 5), 544.

¹³ Kōseishō, *op. cit.* (note 11), 15–16.

¹⁴ Yamamoto, *op. cit.* (note 5), 549.

¹⁵ Anne Hardy, ‘Cholera, Quarantine and the English Preventive System’, *Medical History*, 37 (1993), 252–69; Krista Maglen ‘“The First Line of Defence”: British Quarantine and the Port Sanitary Authorities in the Nineteenth Century’, *Social History of Medicine*, 15 (2002), 413–28.

had to request the compliance of foreign ambassadors who could refuse or do so on their own terms.¹⁶

The relationship with British officials was particularly difficult because British doctors, diplomats and politicians were notorious for their opposition to restrictions on the movement of shipping; more so, certainly, than the majority of Western powers. The British had long insisted that cholera and plague were not straightforwardly contagious diseases and that they were most effectively controlled by sanitary reforms. Their opposition to quarantine, however, was inseparable from Britain's dependence upon trade as a source of national wealth and the British were acutely conscious of the fact that other nations attempted to use quarantine as a means of curtailing their power. Quarantine was also seen by many in Britain as an affront to liberal values, constituting an infringement of human liberty, and was side-lined by the programme of sanitary reform which became dominant in Britain during the 1840s.¹⁷ With its emphasis upon the removal of filth and promoting cleanliness, Chadwick's Board of Health was strongly opposed to quarantine and sought preventive measures which were compatible with the dictates of political economy.¹⁸ Although Chadwick's programme was criticised by many doctors for being too simplistic,¹⁹ the emphasis upon environmental reforms as opposed to quarantine remained strong in Britain.²⁰ Also, subsequent developments in epidemiology seemed to suggest the desirability of continuing to focus on urban infrastructure. After the physician John Snow concluded that cholera was spread via drinking water contaminated by the excretions of those affected during outbreaks in London in 1849 and 1854, attention came to focus on the purity of water. His findings remained controversial for some years but by the mid 1860s many doctors had come to accept them and agreed that clean water supplies were more important than quarantine in preventing cholera.²¹

But the British stance conflicted with that of other Western powers, particularly France. In 1865, for example, an epidemic of cholera among pilgrims performing the Haj at Mecca carried the disease to Egypt, Africa, Europe and the Americas. The rapidity with which the disease spread caused great alarm, it being clear that existing quarantine legislation was inadequate in view of the shorter journey times allowed by steam-powered vessels. Together with a pandemic of rinderpest and a resurgence of yellow fever around the Atlantic Ocean, the spread of cholera brought renewed emphasis upon quarantine and strengthening of existing legislation.²² An international sanitary conference was convened in 1866 in order to examine the issues raised by the recent pandemic and placed great emphasis upon the creation of a sanitary buffer zone in the Middle East. The opening of the

¹⁶ Kōseishō, *op. cit.* (note 11), 28–9.

¹⁷ Mark Harrison, 'Disease, Diplomacy and International Commerce: The Origins of International Sanitary Regulation in the Nineteenth Century', *Journal of Global History*, 1 (2006), 197–217; Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859–1914* (Cambridge: Cambridge University Press, 1994), ch. 5.

¹⁸ Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800–1854* (Cambridge: Cambridge University Press, 1998).

¹⁹ Pamela K. Gilbert, *Cholera and Nation: Doctoring the Social Body in Victorian England* (State University of New York Press, 2008), 71; Margaret Pelling, *Cholera, Fever, and English Medicine 1825–1865* (Oxford: Clarendon Press, 1978).

²⁰ Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900* (Cambridge: Cambridge University Press, 2000), 109.

²¹ Harrison, *Public Health*, *op. cit.* (note 17), ch. 4.

²² Peter Baldwin, *Contagion and the State in Empire 1830 to 1890* (Cambridge: Cambridge University Press, 1999), 139–43.

Suez Canal in 1869 kept attention firmly focused on the region and led to the politicisation of the Alexandria Board of Health, which was responsible for regulating traffic through the canal. Like the sanitary council formed in Constantinople, this body was composed of international delegates plus representatives of the home government. In these bodies, and at the international sanitary conferences which were held every few years over the coming decades, France and other European powers sought to subject British vessels from India and the Persian Gulf to quarantine in the Red Sea; an arrangement which proved irksome to British passengers and which resulted in losses for merchants and ship-owners.²³ The British government was usually forced to accept these requests for diplomatic reasons, but did so reluctantly and did its best to reduce restrictions to a minimum.²⁴ The actions of the British ambassador in Japan were entirely consistent with this general attempt to avoid sanitary restrictions wherever possible. In common with many British embassy and consular officials around the world, he maintained that quarantine was medically futile and disruptive of trade. However, unlike in the Middle East, where Britain was often obliged to comply with the requirements of the Constantinople and Alexandria sanitary boards, in Japan it had free reign and was able to ensure that its ships were rarely disrupted by quarantine.

In consequence of the lack of preventive measures in Japanese ports, cholera was able to move freely from port to port, as well to Japan's nearby trading settlement in Korea. In 1879, for example, cholera was carried from Nagasaki to Busan, where it soon became established not only in the Japanese settlement but in Korean communities, and many lives were subsequently lost. Up to September that year, eighteen settlers out of a population of about 840 were stricken by the disease and the Saisei Iing sold a prophylactic to the settlers.²⁵ Owing to the absence of effective legislation, the Japanese authorities in Busan were forced to rely on temporary measures which were unable to prevent the disease spreading beyond the settlement to affect the rest of the country.²⁶ In view of this, the Japanese chief officer in the settlement discussed the matter with his Korean counterpart in Busan, the aim being to erect a sanitary cordon between the settlement and Korean villages (some Korean labourers were laid off from the settlement occasionally).²⁷ When cholera had occurred recently in Japan, the authorities had employed measures such as disinfection, cleanliness, isolation and sanitary cordons and the proposal for Busan was consistent with this. However, the Japanese authorities in Busan were equally concerned to protect themselves from what they regarded as the 'filthy Koreans', and this despite the fact it was well known that cholera had spread from Japan.²⁸ In Busan, Japanese authorities had embarked on a programme of modernisation which embraced Western standards of hygiene and which was informed by scientific ideas and medical practices adopted from Britain and Germany. Consciousness of their hygienic modernity fostered feelings of proto-colonial superiority over Koreans who, in some respects, were already regarded as inferiors by the Japanese. As in European colonial contexts, the

²³ Valeska Huber, 'The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851–1894', *Historical Journal*, 49 (2006), 453–76; Norman Howard-Jones, *The Scientific Background of the International Sanitary Conferences* (Geneva: WHO, 1975).

²⁴ Booker, *op. cit.* (note 9), 534–45.

²⁵ Fusan-Fu, 'Kyoryūchi no Rinji Yobō Shikō [Operation of extraordinary preventions in the Japanese settlement]', in Genkyō Togō (ed.), *Fusan Fushi Genkō*, Vol. 6 (Fusan: Fusan-Fu, 1936), 106.

²⁶ Gaimushōhen, *op. cit.* (note 10), 12kan, 233.

²⁷ Fusan-Fu, 'Kyoryūchi no Kōtsūshadan [Sanitary cordons in the Japanese settlement]', *op. cit.* (note 25), 330.

²⁸ Gaimushōhen, *op. cit.* (note 10), 12kan, 233.

Korean population was regarded increasingly as a reservoir of disease, however unjust this perception may have been.²⁹

In keeping with its objective of hygienic modernisation, the Meiji government retained some foreign doctors to teach Western medicine. Among them was Erwin von Bæltz, who had studied under Karl August Wunderlich and became a professor of medicine at University of Tokyo in 1876. Bæltz was a prominent supporter of the miasmatic theory of diseases such as cholera and he placed special emphasis on the cleansing of filth.³⁰ These principles also formed the basis of disease prevention in the Japanese settlement at Busan; in particular, the *Rules for the Prevention of Cholera* which were established by the Japanese Consulate in 1880. The rules provided for the cleaning of the shore, ditches, and dwellings, as well as the removal of ill-smelling things. This included some commodities then exported to Japan, such as fish, hides and bones, which were to be stored outside the settlement during cholera outbreaks.³¹ In 1882 the Japanese consul based at the settlement also drew up a list of offences which were to be enforced by affiliated police; these included urinating on the street, littering, walking in public partially clothed and disturbing public order.³² As these measures were introduced, the authorities emphasised the 'uncleanliness' of Koreans in order to bring the achievements of Japanese civilization into sharp relief. The threat of cholera being introduced into the settlement at Busan thus heightened social distinctions in much the same way as it had in European colonies and in Europe itself.³³ As we shall see in the following section, the settlement in Busan offered opportunities for sanitary modernisation which were not yet possible in Japan, including the establishment of maritime quarantine, which had been blocked by foreign powers at home.

The Advent of Maritime Quarantine

On 11 July 1879 the chief authority of the Japanese settlement began to impose maritime quarantine against vessels sailing into Busan under a regulation known as the *Notice of Maritime Quarantine against Ships*.³⁴ The Japanese authorities were already well aware of the terror generated by cholera epidemics and of the importance of quarantine through their experiences in their homeland. The main contents of this notice were that all the medical practitioners of the Saisei Iing, together with the Mimawariyaku,³⁵ which was the residents' association for anti-epidemic activities and security, should inspect each incoming vessel for cholera cases. If none were detected, ships would be permitted to disembark but, if any were found, they were to be removed to an isolation hospital. The passengers and crews of infected ships would be required to undergo disinfection together

²⁹ Yoshirō Ono, < *Seiketsu* > *no Kindai* / *Eiseishōka* / *kara* / *Kōkin goods* / *e*, [Cleanliness and Modernity] (Tokyo: Kōdansha Senshōmeche, 1997), 90.

³⁰ Akihito Suzuki and Mika Suzuki, 'Cholera, consumer and citizenship: modernisations of medicine in Japan', in Hormoz Ebrahimnejad (ed.), *The Development of Modern Medicine in Non-Western Countries* (London: Routledge, 2009), 184–203.

³¹ Fusan-Fu, 'Kyoryūchi no Eisei Shisetsu ni Kansuru Futatsu [Information concerning sanitary facilities in the Japanese Settlement]', *op. cit.* (note 25), 151.

³² 'Ryōjikan Rokuji Ikeizaimoku [List of Offences enacted by the Japanese Consul]', *Chōsenjihō Dai 5 Gō*, 1882/3/5.

³³ Hamlin, *op. cit.* (note 3), 4–6.

³⁴ Fusan-Fu, 'Sempaku no Ken'eki Kokuji [Notice of maritime Quarantine]', *op. cit.* (note 25), 105.

³⁵ In 1880 the Japanese Consulate and the police office were established in the settlement. Before establishing the police office, the settlers organised a resident's association for the Prevention of Epidemics and the measurement of safety under the management of the Japanese authorities.

with the ship itself and mails from countries deemed to be infected with cholera. While this was done, vessels would be required to anchor at Jeolyoung Island.³⁶ Two weeks later, the regulations of the *Notice* were strengthened, requiring that every ship arriving in Busan from an infected foreign port would have to be fumigated at the island regardless of whether it had cases of cholera on board.³⁷ Ships arriving from Japan would be returned to the fumigation stations which existed at Kobe and Nagasaki, while a trading post was established on the island to minimise damage to Japanese merchants.

However, there was a problem with these arrangements, for Jeolyoung Island was not included in the settlement reached with the Korean government. The latter insisted that the lazaret be removed from the island and it was soon closed as a result. From now on, it was clear that the Japanese would need to obtain permission from the Busan authorities before imposing quarantine and that the latter would, in turn, have to seek royal permission before granting it. Having obtained permission to impose quarantine, the Japanese authorities carried out the necessary duties using doctors from the Saisei Iing.³⁸

In April 1880 the Japanese established a Consulate at Busan, together with a police station and, in the same month, the Japanese government issued *Instructions to the Consulates in Korea* giving directions for the control of infectious disease in their settlements. These ordered a range of measures including construction of fumigation stations, infectious diseases and isolation hospitals, and the performance of maritime quarantine following rules drawn up by the Japanese government.³⁹ On 15 May 1886 the Ministry of Foreign Affairs issued further orders to the consulates in Korea, China and Russia that, if infectious diseases such as cholera had been reported there, they should inform the ministry of the situation, as well as of any ships leaving tainted ports for Japan.⁴⁰ A quarantine line connecting Korea, China, Russia and Japan was beginning to take shape.

However, the situation regarding quarantine in Korean ports was rather different than before. With the support of China, the Korean customs and its local offices at Incheon, Wonsan and Busan set their own tariff rates. These measures followed tumultuous events in 1882, when a popular rebellion, which included the army (the *Imogunran*) broke out in protest against the Korean government and its concessions to the Japanese. With military support from China, the rebellion was quashed, leaving China in a position to exercise increasing influence over Korea. China used its new power to make a trade treaty with Korea, with the object of containing Japanese influence and confirming its dominant position in the peninsula. With the same object in mind, China permitted the Korean

³⁶ Fusan-Fu, 'Yübingbutsu no Shōdoku Shikō [The operation of the disinfection of post]', *op. cit.* (note 25), 108.

³⁷ Fusan-Fu, 'Sempaku no Shōdoku oyobi Ken'eki no Jisshi [The operation of the disinfection of ships and maritime quarantine]', *op. cit.* (note 25), 112.

³⁸ The Saisei Iing was built by the Ministry of Foreign Affairs at the settlement in 1877 to treat settlers and foreigners, including Koreans; its doctors also assisted the consulate and police. After 1886 the administrative system was changed from a state hospital to a public hospital managed autonomously by the settlers, after cuts to the medical budget during the Matsukata deflation. In 1906 Settlement Corporations were organised in Korea, including Busan, and the hospital was renamed the Hospital of the Settlement Corporation. (See Kim Jeong-Ran, 'Kaikōki ni okeru Busan no Kindai Iryō Shisetsu-Saisei Iing wo Chūshin toshite [Modern Sanitary Facilities in Busan during the Pre Colonial Period]', *Shakaigaku Zasshi*, 25, (2008), 87–102.

³⁹ Hanguk Gyeongchalsa PyeonjipWiwonhoe Pyeonchan, 'Zai Chōsen Ryōjikan Kunrei [Instructions to Consulates in Korea]', in Gaimushō Keisatsushi Kankokunobu (ed.), *Hanguk Gyeongchalsa*, Vol. 1 (Seoul: Koryeoseorim, 1989), 287.

⁴⁰ Meijiki Gaikōshiryō Kenkyūjo, *Meijiki Gaimushō Chōsashūsei Dai 9kan Ryōjikan Shitsumu Sankōsho* [Corpus of Diplomatic Correspondence of the Meiji Period] (Tokyo: Kuresu Shuppan, 1995).

government to make commercial treaties with the US and Britain.⁴¹ At that time, the main aim of British foreign policy was to use Chinese and Japanese influence to prevent the Russians extending southwards, and the main aim of their treaty was political rather than commercial.⁴²

Following these upheavals, in 1883 the Korean government established customs offices which were subordinate to the Chinese customs. Before this Korea had been engaged in trade with Japan on a tariff-free basis, at the behest of the Japanese. But afterwards, when the Korean government entered into trade treaties with China and other foreign powers, a new administrative machinery was needed and the government's customs officers – the Kamri, the chief Korean customs official, supported by a few lower-ranking officials – began to assist foreign commissioners who were recommended by the Chinese customs. This meant that China now had a great deal of influence over the Korean customs, although the Japanese Daiichi Bank, which was built just after the opening of the Korean ports, was allowed to deal with customs revenue.⁴³

The first Commissioner of Customs at Busan was the Briton, W. N. Lovatt. Together with other Western officers and the Japanese Takeshita, they occupied posts in customs alongside Koreans. One of the duties of the Korean customs officers (Kamri) was to negotiate the terms of maritime quarantine with the Japanese consul. However, the relationship between the Kamri and the Japanese consul was a difficult one. In August 1885, for example, the latter was informed that cholera was spreading in Nagasaki and he tried to impose maritime quarantine against ships leaving the port. However, he was frustrated by the complicated procedures that were necessary to gain permission for such measures in Korea. An interpreter who was attached to the consulate could see no reason for such complications, stating that: 'When countries are involved in foreign trade, if cholera breaks out in one of those countries, it is always dealt with by establishing a lazaret out of the main settlement on an island'. The Kamri replied that

Though that is the universal way, Korea has little experience of cholera epidemics or maritime quarantine. I therefore have to report to the central government and wait for them to give me permission. For the time being, we had better look for a site on which an isolation hospital can be built in advance of any cases.⁴⁴

In May the following year, cholera appeared at Busan and many Japanese and Koreans were seized by it. The Japanese consulate took preventive measures against the disease, with a special payment from the Ministry of Foreign Affairs.⁴⁵ In addition, the consul sent medical practitioners with a prophylactic to the Busan and Chinese authorities. The Chinese assisted the measures by subsidising them, but the Busan authority condemned the prophylactic measures as unsanitary. Learning of these circumstances, the Japanese consul expressed strong displeasure and determined not to accept Korean officers into the settlement.⁴⁶ Another source of resentment was the recklessness with which the Japanese doctors had performed preventive measures, including spraying the Korean officers and

⁴¹ Yoon Kwang-Un and Kim Jae-Seung, *Keundae Joseon Haegwan Yeongu* [A Study of Modern Customs in Korea] (Busan: Bugyeong University Press, 2007), 23–5.

⁴² Song Geum-Yeong, *Russia ui Dongbuga Jinchul gwa Hanbando Jeongchaek (1860–1905)* [Russia's Policy towards Korea and its Advance on East Asia 1860–1905] (Seoul: Gukhakjaryowon, 2005).

⁴³ Yoon and Kim, *op. cit.* (note 41), 60.

⁴⁴ Min Geon-ho, *Hae-eun Ilrok* [Diary of Hae-Eun] (Busan: Busan Geundae Yeoksagwan, 2008), 387.

⁴⁵ Fusan-Fu, 'Gaimushō no Bōeki Hojo [Subsidy from the ministry of foreign affairs for the prevention of epidemics]', *op. cit.* (note 25), 322.

⁴⁶ Fusan-Fu, 'Dongraefushi no Yobōyaku Tōki to Fusan Ryōji no Kitsumon [The disposal of prophylactics by the Ddngrae officer and admonishment of the Japanese consul in Busan]', *op. cit.* (note 25), 324.

the Kamri with disinfectant. Their sanitary cordon also forbade the Kamri from entering the customs offices, which were located within the Japanese settlement.⁴⁷

The Japanese consulate and doctors were involved in conflicts with Western officers, too. After customs opened, there were about five Britons working at the consulate, customs office and as traders, as well as a few Americans, Germans and Dutch. When they fell ill, they were admitted to the Saisei Iing, but they were not impressed with the treatment they received. Dr Koike, the director of the hospital, was aggrieved by the arrogant manner of the Westerners, so he fixed the price of a higher fee to visit foreigners except Koreans; if they did not agree in advance to pay this, he refused to go out to see a patient. As a result, Westerners had difficulty in finding treatment. Ultimately, disputes over fees were arbitrated by Paul George von Möllendorf, who was the first Commissioner of the Korean customs,⁴⁸ but there was still a difference between the fees charged by the Japanese doctor who treated officers of the Incheon customs and those charged by the American doctor who treated Westerners in Seoul.⁴⁹ In Incheon (opened in 1883), there were not only Japanese but also Chinese and Westerners, including foreign officers, though the proportion of Japanese was high. Unlike Busan, there was a rough balance of power being foreign nationals until the Sino-Japanese War.⁵⁰ In Busan, having a near monopoly of Western medical treatment in the trading settlements, the grievances which many Japanese doctors felt towards their Western patients meant that the latter were in a vulnerable position. Mr Walters, the British Consulate General in Seoul, reported to John Walsham, the British Consulate in Beijing, that Japanese settlers and traders had a great influence on cities such as Busan and Wosan (opened in 1880) and that their suspicion of foreigners made things difficult for British traders. In addition, he complained that, when maritime quarantine was imposed at Busan, the Japanese Consulate and doctors conducted it entirely according to their own rules.⁵¹

Indeed, there was a great deal of disagreement between Western officers, the Kamri, and the Japanese Consul about the performance of maritime quarantine and medical treatment in general. As mentioned earlier, the Korean customs had been managed under Chinese influence and by foreign officers who were dispatched from the Chinese customs. Their influence was growing stronger, too, after Chinese military intervention put down an attempted coup – the Gapsin Jeongbyeon – in 1884. The revolt had been instigated by young Korean reformers, supported by the Japanese, but it was suppressed in only three days. But while Chinese influence was growing stronger, Japan remained the most important trading partner of Korea, particularly in Busan. Furthermore, during the opening port period, nearly all the practitioners of Western medicine in Busan were Japanese and so the performance of quarantine was entirely in their hands. This arrangement was a source of some tension between the Japanese and Korean officials, as well as

⁴⁷ Min Geon-ho, *op. cit.* (note 44), 563–4.

⁴⁸ Masanao Koike, *Keirin Iji Ge* [Medical Affairs in Korea] (Japan, 1887), 2.

⁴⁹ Seoul Medical attendance (1). The customary annual charge by Dr Allen, the regular medical practitioner engaged by Europeans in Seoul, is per annum: (a) for bachelors, \$100; (b) for married couples, \$200; And (c) for married couples with children, \$200. Chemulpo Medical Attendance (1). The customary annual charge by Dr Tanaka, who is a surgeon of the Japanese Army attached to the Japanese consulate at that Port, is per annum: (a) for bachelors, \$60; (b) for married couples, \$120; and (c) for married couples with children, \$60 per child. (Medical attendance (fees), enclosed with E. Colborne Baker, H. M. Consul General, Seoul, to N. R. O'Connor, H. M. Consulate, Peking, 5 January 1886, FO 228/1012, The National Archives, UK, hereafter TNA.).

⁵⁰ Shinobu Jumpei, *Kanhantō (Korean Peninsula)* (Tokyo: Tokyotō, 1905), 5.

⁵¹ Report of visit to Corean Ports, enclosed with Mr Walters, H. M. Consulate General, Seoul, to Sir John Walsham, 29 September 1887, FO 228/1012, TNA.

between the Japanese and foreign customs officials, who wished to see quarantine brought into their hands.

A Rule against Pestilence

In September 1885 the first Commissioner of the Korean customs, Möllendorf, was released from the post on account of his attempt to make a treaty with Russia that maintained the balance of foreign power in Korea.⁵² The foreign consuls had expressed their dissatisfaction with his attitude toward Russia and Li Hong-zhang, who was a Chinese civilian official and a leading statesman of the late Qing Empire, recalled him to China. Subsequently, an American, H. F. Merrill, was dispatched from the Chinese customs to take his place. After Merrill, subsequent holders of the post – J. F. Schoeniche (a German) and F. A. Morgan (a Briton) – followed the directions given by Chinese customs.⁵³ Personnel at the Busan customs also changed, the Frenchman T. Piry becoming the second commissioner in place of Lovatt, who was close to Möllendorf.

On 7 May 1887 Merrill submitted a proposal, *Rules for the Prevention of Pestilence (Joseon Tongsanggu Bangbi Onyeok Jamseol Jangjeong)*, to the Ministry of Foreign Affairs and Trade to impose maritime quarantine under the direction of the Korean government.⁵⁴ He said:

If the Korean government were to enact *Rules for the Prevention of Pestilence* we would be able to prevent enormous damage from the cholera epidemic, if not, the Japanese Consuls would take the lead and impose maritime quarantine unilaterally. Therefore, it would be better for the Korean government to proclaim such rules and this would enable quarantine to be performed by customs officers. If you accept this proposal, I will send notification to each foreign Consulate to perform maritime quarantine against their ships according to this rule.

The Korean government accepted this proposal and, on 22 July 1887, signed an agreement to establish *Rules for the Prevention of Pestilence at Trading Ports (Tongsanghang Jeonyeombyeong Chimip Yebang Gaseolgyuchik)* with the Japanese ambassador plenipotentiary, Takejoe. In accordance with these rules, all ships from affected areas would now have to anchor out of port, regardless of nationality, where they were to await inspection by medical practitioners (the first and second articles of the rules). If no cases were found, ships were permitted to proceed to port (the third). If cases occurred on a ship during its voyage, it was required to anchor out of port and not to have to contact with other ships until getting permission from the commissioner of the customs (the fourth). If any of these rules were disobeyed, the consulate of the appropriate country would be required to deal with the offender when notified by the customs officers (the eighth). The Kamri and the consul of each country would meet to determine whether cholera was present in ports of departure. If the government of the country concerned acknowledged an epidemic, the commissioners of customs would impose maritime quarantine against ships from that country (the ninth). The Korean customs would defray the expense of a hospital to receive cholera cases but ships' captains would be responsible for bearing the costs of meals, medicines and nursing (the tenth).

⁵² Song Geum-Yeong, *op. cit.* (note 42), 121.

⁵³ Yoon and Kim, *op. cit.* (note 41), 69.

⁵⁴ *Chonggwanraesin Gwangseo13nyeon5wol cho7il [Order from the Korean Customs]* (Balsin: Tongjeong Daebu Hojo Chamuiham Gwanli Haegwansamu Chongsemusa Muk Hyeon-Ri Susin: Tongri Gyoseop Tongsang Samu Amun), 1887/5/7, available online at <http://www.koreanhistory.or.kr> (accessed 5 November 2011).

As suggested by Merrill, this agreement vested the power to impose maritime quarantine in the commissioners of the customs and the Kamri, and served to restrain the arbitrary powers of the Japanese consul and doctors. The rules were put into force immediately, even though no cholera occurred during the first year of its operation.⁵⁵

Most of the ships entering Busan port were Japanese trading vessels. In 1885, for example, seventy vessels (34,066 tons) of shipping entering Busan were Japanese and only seven vessels (2,380 tons) were German; the preponderance of Japanese ships was therefore overwhelming.⁵⁶ Japan exported commodities from its own country, while also monopolising the intermediate trade in Manchester goods.⁵⁷ It was therefore likely that the new arrangements would be tested most fully insofar as they applied to vessels sailing under the Japanese flag. After all, the quarantine rules provided for meetings between customs officers and the consulate of each country represented in Busan made it necessary to consult the Japanese consul to determine the sanitary state of ports in Japan. Moreover, due to the fact that Japanese doctors in the settlements had taken charge of maritime quarantine, the consul retained considerable power in determining whether quarantine would be imposed against Japanese ships (though there were regional differences). On 29 February 1890, for example, the Minister of Foreign Affairs and Trade of the Korean government sent a letter to the commissioner of the Korean customs ordering maritime quarantine to cease at each customs station. Korean customs had begun to impose maritime quarantine due to reports of cholera in Nagasaki but the Japanese minister, Kondō, claimed that the epidemic had abated and quarantine was no longer necessary.⁵⁸ But maritime quarantine continued to be imposed at Wonsan port until May that year, so the Japanese traders sent a petition to Kondō demanding that it be lifted. He appealed to the Korean government again, with the result that maritime quarantine was removed from the port.⁵⁹

The Korean government and the customs tried to get the right to impose maritime quarantine by enacting the *Rules for the Prevention of Pestilence* and the *Rules for the Prevention of Measures against Pestilence at Trading Ports*. However, maritime quarantine at Busan continued to be performed on terms dictated by the Japanese, because of Japanese commercial dominance and the mobilisation of Japanese medical practitioners in the settlement. Moreover, in 1890 a permanent isolation hospital, Fusan Hibyōing, which was affiliated with the Japanese Public Hospital (*Zai Fusan Nihon Kyōritsu Byōing*, later the Saisei Iing) in the settlement,⁶⁰ was built near Busan port. As we shall see, following the Sino-Japanese war, Japanese influence over arrangements in Korean ports grew stronger still.

The Right to Perform Quarantine

The main issue at stake between China and Japan was control of the Korean peninsula following unrest there in 1894. In that year, a peasants' revolt or *Donghak Nongmin Nan*, occurred, the aim of the insurgents being to resist tyranny and foreign power, especially

⁵⁵ 'Chōsen Tsūshin [Correspondence from Korea]', *Yomiurishinbun*, 1887/8/7.

⁵⁶ Yoon and Kim, *op. cit.* (note 41), 94.

⁵⁷ Walters to Walsham, 29 September 1887.

⁵⁸ *Chonggwan Gongmun [Official Document from the Korean Customs]* (Balsin: Dokbyen Tongri Gyoseop Tongsang Samu Susin: Seori Chongsemusa), 1890/2/29, available online at <http://www.koreanhistory.or.kr> (accessed 3 May 2012).

⁵⁹ *Chonggwan Gongmun* (Balsin: Dokbyen Tongri Gyoseop Tongsang Samu Susin: Seori Chongsemusa), 1891/1/11, <http://www.koreanhistory.or.kr> (accessed 3 May 2012).

⁶⁰ Fusan-Fuhen, *Busan Furitsu Byōing Shōshi* [The History of Busan Hospital] (Fusan: Fusan-Fu, 1936).

that of the Japanese. The Sino-Japanese war broke out later the same year. After its victory, Japan signed The Treaty of Shimonoseki with China on 17 April 1895, forcing China to recognise the independence of Korea, to cede the Liaodong Peninsula and pay 200 million Kuping taels to Japan as reparation. The Triple Intervention which was led by Russia, however, forced Japan to give up the peninsula in exchange for another 30 million Kuping taels. At that time, Britain refused the Russian proposal because, to Britain, Japanese power was necessary to contain Russian influence over Asia.⁶¹ In revenge, Japan began to prepare for war with Russia.

During the Sino-Japanese war, cholera had appeared in the Liaodong Peninsula and spread into Korea and Japan. The sanitary commander of one of the field armies, Ishiguro, who failed to impose quarantine against the domestic military in 1877, on this occasion subjected all soldiers to stringent quarantine on their return to Japan. The department of the army now enacted *Temporary Rules for the Regulation of Quarantine in the Army*, which required maritime quarantine against cholera, typhoid, smallpox, plague and typhus. Also, in April 1895 the Home Ministry began to perform maritime quarantine against ships at Nagasaki, Shimonoseki and Wadakō. Among the ships, there were many cases of cholera and it took a considerable amount of time to fumigate and detain them. Despite opposition from the passengers and crew of these ships, quarantine inspectors were stringent in their enforcement of quarantine.⁶² Ishiguro was afterwards promoted to the post of Commissioner of Army Surgeons and modernised the military medical system. He left for Berlin to obtain advice about maritime quarantine from the renowned bacteriologist Robert Koch in 1888. Koch's success in isolating the bacteria causing cholera was well known in Japan and his opinions were valued. His view of sanitary arrangements in ports was that it was better to rely on the purification of water supplies and sewage disposal, and to check the spread cholera in the first stage of an epidemic, than to detain ships or implement sanitary cordons. As is generally known, the transmission of cholera is primarily due to the contamination of food and water with faecal matter and this was widely accepted within a few years of Koch's discovery.⁶³ But Ishiguro explained that maritime quarantine and control of movement were still necessary on account of the cost of constructing water and sewage works.⁶⁴

In general, however, the trend was towards liberalisation of quarantine, due in part to the changing scientific basis of cholera theories but also important developments in international politics. In the mid-1880s Germany acquired colonies in East Africa and therefore had an interest in relaxing sanitary restrictions on shipping through the Suez Canal. Its partners in the Triple Alliance – Italy and Austria-Hungary – supported Germany's calls for liberalisation despite their former positions as staunch supporters of both maritime and terrestrial quarantine. As a result, the international sanitary conferences at Venice and Dresden in 1892 and 1893 agreed to relax arrangements at Suez.⁶⁵ But Japan maintained its existing preventive measures, including sanitary cordons and the isolation of infected and suspected persons, while continuing to acquire the right to impose maritime quarantine against cholera.

⁶¹ Song Geum-Yeong, *op. cit.* (note 42), 199.

⁶² Yamamoto, *op. cit.* (note 5), 104.

⁶³ Worboys, *op. cit.* (note 20), 249.

⁶⁴ Yamamoto, *op. cit.* (note 5), 600–7.

⁶⁵ Huber, *op. cit.* (note 23); Mark Harrison, 'Quarantine, Pilgrimage, and Colonial Trade: India 1866–1900', *Indian Economic and Social History Review*, 29 (1992), 117–44.

Japan's sanitary defences were an expression of its political sovereignty. On 16 July 1894 Japan signed a revised treaty with Britain, for example, by which extraterritoriality was subsequently abolished. This, at last, permitted a *Law of Maritime Quarantine* to be enacted in 1899 and, from this point, the Japanese began to draw up new legislation which enabled them to impose quarantine against all ships without foreign interference.⁶⁶ That same year the Japanese colonial government in Taiwan established regulations for Japanese control of port inspection in Taiwan. These regulations gave greater power to inspect, enforce quarantine and regulate the movement and lifestyles of people for hygienic reasons.⁶⁷ Only a few years before, attempts to prevent the spread of cholera had been seriously hampered by foreign interference. When cholera broke out in Japan in September 1890, the Japanese members of the central board of health had wanted to enact a permanent law of maritime quarantine but one of the foreign members argued against it, noting that: 'cholera has broken during ten years continually, occurring in Nagasaki which receives fewer ships than Yokohama and Kobe. Already cholera has taken root as an endemic in Japan, therefore there is no need to impose maritime quarantine'.⁶⁸

Due to the limitations imposed by its treaties with foreign powers, the Japanese government had been unable to do anything to prevent such interference but, after the treaties were revised, it was able to act independently for the first time. One of the first occasions was during the plague pandemic of the 1890s, when the disease spread throughout the region from Hong Kong. On 8 November 1899 plague appeared at Kobe, afterwards arriving in Osaka. To prevent the disease from spreading further, the government temporarily prohibited the importation of old clothes and rags from India, China, Hong Kong and Taiwan, all of which had been ravaged by plague. These measures mirrored those imposed by France and some other countries after plague spread to the Indian port of Bombay in 1896. Although the Venice international sanitary conference of 1897 removed certain items of merchandise from the list of articles deemed susceptible of carrying the bacteria causing plague (discovered in Hong Kong in 1894), rags were still considered potentially dangerous.⁶⁹ In addition, the Japanese partially amended the quarantine law, extending the period of detention for ships suspected of carrying plague cases from seven days to ten days from the point of fumigation.⁷⁰

Sanitary arrangements in Korea were changing, too. After the war between Japan and China, Korean customs became free from the restrictions imposed by the Chinese customs service and McLeavy Brown, who was the fifth commissioner of Korean customs, now had full powers under the authority of the Korean government. He was vested with the power to shuffle personnel, to appoint financial officers, and generally to manage customs. During his term of service, he broke the connection with the Chinese customs and moved closer to Japan and Britain.⁷¹ Indeed, the Chinese were forced to remove their authority from Busan after the war, thereby eradicating all foreign opposition to rising Japanese influence. Under these circumstances, in 1898 the Japanese Consul Ishyūin sent a letter concerning the reorganisation of Busan customs to the Minister Resident Katō in Seoul.

⁶⁶ Kōseishō, *op. cit.* (note 11), 41.

⁶⁷ Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (London: University of California Press, 2004), 160.

⁶⁸ Kōseishō, *op. cit.* (note 11), 21.

⁶⁹ Myron J. Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894–1901* (New York: New York University Press, 2007).

⁷⁰ Kōseishō, *op. cit.* (note 11), 578.

⁷¹ Yoon and Kim, *op. cit.* (note 41), 109.

He noted that almost all trade through Busan was with Japan but that the important positions in customs were held by Western officers who worked inefficiently for high wages. He therefore considered it desirable that Japanese and Koreans hold these positions in future.⁷² As a result, in 1902 the number of Western officers was reduced from eighty-nine to nineteen, leaving them outnumbered by other nationalities, the majority of whom were Japanese or Korean (there were thirty-one Japanese, ten Chinese and twenty-nine Koreans).⁷³ When imposing maritime quarantine at Busan, the same situation continued, with the duties being performed under the direction of the Japanese consul with the support of Japanese doctors. The cost of quarantine also continued to be defrayed by the Korean customs service. For example, in April 1901 Kamri Hyeon Myeong-Un reported a bill of expenditures amounting to 255 Won. These expenses were for the cost of quarantining ships from Osaka after plague had broken out there, and included medical costs. The medical practitioner Dr Hiramatsu had imposed quarantine against the vessels and then asked the Kamri to pay for it at the cost of five Won per ship.⁷⁴

As well as maritime quarantine, the Japanese military in Korea had begun to participate in sanitary cordons on land. In 1895 the Korean government enacted *Rules of Quarantine* modelled on the Japanese *Guides for the Prevention of Cholera*,⁷⁵ and on 11 July 1895, at the Korean government's request, the Japanese charge d'affaires Sugimura sent a letter to the quartermaster general Takagi in Incheon concerning the deployment of soldiers to support quarantine in Uiju where cholera was spreading.⁷⁶ Again, in this month the Japanese Minister in Seoul, Kaoru Inoue ordered Takagi to impose quarantine against travellers in Mapo and Yongsan using Korean officials. The latter had occasionally been employed in quarantines imposed by the Japanese.⁷⁷ For example, in 1904, when cholera was prevalent in Korea, at the Japanese military's request, the Secretary of State Lee Ha-Yeong ordered the Busan Kamri, Oh Gwi-Yeong to place Busan in quarantine to prevent infection of the port and the Japanese garrison there.⁷⁸

After the Sino-Japanese war, therefore, the Japanese occupation forces had begun to establish land quarantines as well as maritime quarantine. A few years later, from the start of the Russo-Japanese war, Japanese imperialism began to spread further into the Asian

⁷² Kimitsukei Dai 8Gō, *Fusan Kaikan Soshiki ni Kansuru Ken* [The Matter of the Organisation of the Busan Customs] (Hasshin: Zai Fusan Ittō Ryōji Ishyūin Jushin: Zai Keijo Benrikōshi Katō), 1898/5/4, available online at <http://db.history.go.kr> (accessed 21 June 2011).

⁷³ Yoon and Kim, *op. cit.* (note 41), 108.

⁷⁴ Hyeon Myeong-Un, *Dongrae-hang Bocheop* [Report of Busan Port] (Balsin: Dongrae Kamri Hyeon Myeong-Un Susin: Uijeongbu Chanjeong Oebu Daesin Choe Ha-Eung), 1901/5/18, available online at <http://www.koreanhistory.or.kr> (accessed 31 May 2011).

⁷⁵ Shin Dong-Won, 'Joseonmalui Cholera Yuhaeng, 1821–1910 [Cholera Epidemics in Korea during the Pre Colonial Period]', *Hanguk Gwahak Sahoehakji*, 11 (1989), 53–86.

⁷⁶ Sugimura, *UiJu Deungjie Cholera Geomyeok Silsi Tongbo mit Ilbyeonge Hyeopjo Yocheong, Juhan Ilbon Gongsagwan Girok* [The Cholera Epidemic in Uiju and the Request for Cooperation with the Japanese Military in the Prevention of Epidemics] (Balsin: Dairi Kōshi Sugimura Susin: Incheon Heitankan Takagi), 1895/7/11, available online at <http://www.koreanhistory.or.kr> (accessed 31 May 2011).

⁷⁷ Inoue, *Yongsangwa Maposeo cholera Geomyeok Silsireul Joseon Jeongbuseo Dongui* [The Operation of Quarantine in Yongsan and Mapo by the Japanese Military and Agreement of the Korean Government] (Balsin: Kōshi Inoue Susin: Heitanbu Takagi), 1895/7/22, available online at <http://www.koreanhistory.or.kr> (accessed 31 May 2011).

⁷⁸ Lee Ha-Yeong, *Jeonyeombyeongeul wihan IlbonYukgunui Yocheonge Ttareuraneun Hulryeong Je 57 Ho, Dongrae-hang Bocheop* [The Request for the Cooperation of the Japanese Army in the Prevention of Epidemics] (Balsin: Oebu Daesin Lee Ha-Yeong Susin: Dongrae Kamri Oh Gwi-Yeong), 1904/6/17, available online at <http://www.koreanhistory.or.kr> (accessed 31 May 2011).

continent, and in this context the maritime quarantine arrangements in Korean ports such as Busan acquired fresh significance.

Defining an Imperial Boundary

Under the terms of the Triple Intervention, Japan relinquished its claim on the Liaodong Peninsula and began to arm for a possible war with Russia. But with the demise of Chinese power, the Korean government depended upon Russian influence to stand up to the growing power of Japan. Thus to gain dominion over Korea as well as Manchuria, Japan saw the necessity of war with Russia, and Britain decided to support Japan – signing the Anglo-Japanese Alliance Treaty in 1902 – in a bid to contain Russian expansion into East Asia. As a result of this war, with the establishment of Japanese management over the southern Manchuria leased territories in 1906, a fully fledged Japanese hygienic network spread throughout the Liaodong Peninsula.⁷⁹

Preparing for the war, Japan acquired the right from the Korean government to construct a railway between Busan and Seoul (the so-called Gyeongbu Cheoldoseon). In the midst of the war, the railway was opened to traffic by the Japanese capital in January 1905, and in the following year another line between Seoul and Shinuiju (the Gyeongui Cheoldoseon) was also opened. In 1905 the Kampo ferry, which plied between Busan and Shimonoseki, began to operate, making Busan the bridgehead for Japanese expansion into Asia. The strategic importance of the port was underlined in a letter of 1904 from the Japanese Consul Ariyoshi to the Minister of Foreign Affairs, Komura, which explained that Busan was the central connection of the railway forward into the continent and that development of the city was inevitable. He therefore requested financial support for hygienic measures and environmental improvement.⁸⁰

Just after the outbreak of the war, the Japanese government forced the Korean government to sign an unequal convention – the so-called *First Hanil Hyeobyak* (August 1904) – according to which Japanese financial and diplomatic advisers were appointed to the Korean government. Under the *Second Hanil Hyeobyak* (November 1905), the Korean government was deprived of its right to conduct diplomacy independently of Japan and Japan organised the Residency-General (*Tonggambu*) in Korea, its first head being Hirobumi Itō. Finally, under the *Third Hanil Hyeobyak* in 1907, Itō took the crown from the Korean king, Gojong, and seized the power of internal affairs from the Korean government.

On account of the *First Hanil Hyeopyak*, Megata took office as financial adviser, relieving Brown of his post and appointing Yamaoka as Commissioner of the Korean customs. Also, Megata recommended to the Korean government that it engage medical practitioners on a full-time basis to perform quarantine duties at the ports of Busan and Incheon. Hitherto, Japanese doctors who were attached to the hospital of the settlement held an additional position as quarantine officers. However, it became necessary to appoint the Japanese quarantine officers on a full-time basis due to Japan taking over customs from foreign authorities. Two doctors – Sekoda and Morinaga – were appointed as the

⁷⁹ Rogaski, *op. cit.* (note 67), 260.

⁸⁰ Ariyoshi Akira, *Kyoryūchi Eisei Kairyōhi ni Kokko Hojowo furuno Hitsuyō ni tsuki Hikenrinshin no Ken* [The Matter of Subsidy from the Japanese Government for the Improvement of Sanitation of the Japanese Settlement in Busan], Kimitsu Dai 34Gō Meiji 37nen 8gatsu 16nichi Zai Busan Ryōji Ariyoshi Akira [Japanese consul, Busan] Gaimudajjin Danshaku [Foreign Minister Lord] Komura Jutarō, 3/11/5/5, Gaikōshiryōkan [Diplomatic Archives of the Ministry of Foreign Affairs of Japan].

quarantine officers in each port, having been recommended by *Dōjinkai*,⁸¹ which was in sync with the *Tonggambu*.⁸² The following year a quarantine office, belonging to the Busan customs, was built at the entrance of the port,⁸³ allowing maritime quarantine to be organised on an increasingly effective basis. In the same year, maritime quarantine was imposed in Busan and Incheon; in the latter, a policeman accompanied the quarantine officer when he performed his duties and in Busan he worked with a military policeman, civilian policeman and an officer of the marine products association.⁸⁴

The Korean police system and its role in the performance of quarantine from 1905 to 1910 requires a brief explanation. In January 1905 Maruyama, who was the head of the Japanese metropolitan police department, was engaged as the police affairs adviser in the Korean government, being in charge of police, jurisdiction, administration, and foreign affairs, in addition to the control of infectious diseases.⁸⁵ There was a committee of quarantine which belonged to the Ministry of Home Affairs and an office of quarantine belonging to the Metropolitan police department was built in 1907. From 1910, just before Korea was proclaimed a Japanese colony, the Korean police were absorbed into a unified Japanese-controlled force known as the *Kempei Keisatsu*, thus reshaping the Korean police organisation so that it was dominated by the military police. After this, police influence over quarantine was continually strengthened so that the police came to be fully in charge of imposing maritime quarantine. On 1 July of the same year, a Department of Sanitation was established within the police system which was divided into branches dealing with quarantine and public health. The office of quarantine took charge of maritime quarantine, the construction of an isolation hospital and preventive measures against infectious disease.⁸⁶ The prevention of infectious disease by the police made it possible for them to exert finer control over the management of Korean society and to impose maritime quarantine in a manner that benefited the Japanese.

From June 1907 the medical practitioner responsible for quarantine went on the Kampu ferry in order to impose quarantine on its crew and passengers, a measure which followed mounting anxiety in Japan over the prospect of infection from the rest of Asia. The ferry sailed between Japan and Busan and was the most regular connection between Japan and the Asian continent. In September 1905 *Ikkimaru* (1,680 tons) began to operate. Two months later, *Tsushimamaru* (1,602 tons) began to operate, thus every day the Kampu ferry came to depart from Shimonoseki harbour which was connected by railway to Tokyo. From 1905 to 1945, the total number of passengers on this ferry was 30,531,298 and

⁸¹ *Dōjinkai* was the association of Japanese doctors, founded in 1902. The main aim of its activities was to support Japanese imperial expansion into Asia medically rather than politically. In Korea, the *Dōjinkai* cooperated with the *Tonggambu*; Park Yoon-Jae, 'Tonggambuui Uihakjibae Jeongchaekgwa Donginhoe [The Control of Medicine by the Residency-General and Donginhoe]', *Dongbang Hakji*, 119 (2003), 95–138.

⁸² 'Fusan Kōwan no Ken'eki Ikan [Medical Practitioner of Maritime Quarantine in the Busan Port]', *Yomiurishinbun*, 1906/7/6.

⁸³ 'Fusan Ken'ekisho Setchi [Construction of the Maritime Quarantine Office in Busan]', *Yomiurishinbun*, 1907/2/5.

⁸⁴ Occasionally, Japanese fishermen who fished off the Busan coast were seized with cholera ('Meiji 40nen Kankoku Bōeki Shimatsu (Shōzen) [Report on the Prevention of Epidemics in Korea in 1907]', *Dai Nihon Shiritsu Eiseikai Zasshi*, Dai 308Gō, 1908/12).

⁸⁵ 'Eisei ni Kansuru Maruyama Kankoku Keimu Komon no Kunji [Instructions of Sanitary Policy Issued by the Police Adviser Maruyama]', *Dai Nihon Shiritsu Eiseikai Zasshi*, Dai 275Gō, 1906/5.

⁸⁶ Suyo Yeoksa and Yeonguhoe Pyeon, *Iljeui Singminji Jibaewa Maeilsinbo 1910nyeondae (Japan's Colonisation of Korea and Maeilsinbo in 1910s)* (Seoul: Duryinseo, 2005), 65–6.

the ratio of passengers between Korea and Japan was above eighty-five per cent.⁸⁷ It was linked to the Gyeongbu Cheoldoseon railway which was, in turn, connected to the Gyeongui Cheoldoseon and finally to the South Manchuria Railway (from 1911). As is well known, the development of steamships and railways allowed the rapid transit of many diseases from country to country and from the first operation of the Kampu ferry and the Gyeongbu Cheoldoseon, there was concern about disease spreading to Japan. These fears were reinforced by the actual spread of plague around 1900 from China to Japan, which led to reinforcement of maritime quarantine and its extension. On 25 July 1904 a directive was issued on how to send telegrams to report infectious disease, imposing greater uniformity on the reporting of epidemics of cholera and plague in Korea and China to the Ministry of Foreign Affairs.

However, by 1900 it was widely believed that bubonic plague was not a directly contagious disease but was carried by rodents and, in some manner, spread to humans. The rat-flea theory of plague proposed by the French doctor P. L. Simond was gaining ground but not yet generally accepted. Nevertheless, countless scientific and anecdotal reports pointed to a link between the infection of rats and that of humans. Sanitary measures in individual countries and colonies, as well as internationally, altered gradually to take account of these findings. Anti-plague measures now concentrated on the removal of the sick to hospital, the cleansing of infected localities and the destruction of rats, rather than interdicting the movement of humans and merchandise. Crucially, the International Sanitary Conference held at Paris in 1903 endorsed more liberal measures instead of the heavy-handed intervention which had been the norm at the beginning of the plague pandemic. Such measures appeared to be medically unnecessary and ineffective, as well as entailing enormous disruption of international commerce.⁸⁸ Consequently, more emphasis was placed on the destruction of rats in harbours and ships, as well on measures to prevent them from boarding.⁸⁹ The Japanese Ministry of Home Affairs followed a similar direction in that, in 1901, it issued rules which called for the eradication of rats. However, unlike other countries, Japan insisted on maintaining its quarantine detention period of ten days and the fumigation of all quarantined vessels.⁹⁰ This suggests that Japanese maritime quarantine was no longer limited to the original purpose of preventing disease from the mainland and that other considerations were equally if not more important.

Maritime quarantine had been imposed on the premise that diseases such as plague were contagious; that is, in the belief that they could be easily transmitted from person to person or in certain types of merchandise. But due to loss of trade, and infringement of individual liberties, there was a sharp division of opinion over whether such measures were desirable. Moreover, as the transmission of diseases like cholera and plague was elucidated, the effectiveness of quarantine was increasingly questioned. The rise of bacteriology also coincided – and was to some degree connected with – a rise in imperial competition. During the 1880s Germany became an imperial power for the first time, while rivalry between Britain and France brought the two nations to the brink of war in the 1890s. Imperial interests and new alliances led some countries to press strongly

⁸⁷ Choe Yeong-Ho, Park Jin-U, Ryu Gyo-Yeol and Hong Yeon-Jin, *Bugwan Yeolrakseongwa Busan* [The Kampu Ferry and Busan] (Busan: Nonhyeong, 2007), 31.

⁸⁸ 'Convention Sanitaire Internationale, Chap.II, Sec.III, Art.20', *Bulletin de l'Office International d'Hygiène Publique*, 1 (1909), 16.

⁸⁹ *Ibid.*, 47.

⁹⁰ Kōseishō, *op. cit.* (note 11), 580.

for less rigorous sanitary regulation. Japan was far from ignorant of these trends, having attended international sanitary conferences on several occasions; for instance, when Ishiguro went to Berlin to solicit Koch's opinion about quarantine. Moreover, by the late 1890s bacteriological research in Japan was sophisticated enough to enable it to produce its own vaccine and to discover different strains of cholera bacillus. Prominent bacteriologists emerged such as Shibasaburō Kitasato, who was involved in a priority dispute with the French doctor Alexandre Yersin over the discovery of the plague bacillus in 1894.⁹¹ Nevertheless, the Japanese were intent on bucking international trends and strengthened their system of maritime quarantine by mobilising the police to assist in these duties and bear overall responsibility for them. And, in Busan, military as well as civilian police were used for the purpose. But, whereas Western colonial powers were located far from most of their colonies – or at least from those identified as sources of epidemic disease – Japan was close to China, which was coming to be seen as a major hub of cholera and plague. Moreover, Japanese quarantine arrangements – militarised as these were in Korea and other colonies – doubled as forms of imperial control, enabling Japan to police the borders of its empire.

In 1911, when Japan recovered control over its tariffs from foreign powers, it finally achieved full sovereignty. But even before that time, it had embarked on an imperial policy in order to assist modernisation at home, having colonised Korea, South Saghalien and Taiwan, while leasing territories in Kanto.⁹² Having acquired these colonies, there was an urgent need to establish effective control over them and to regulate connections between them and the mainland. This was particularly true after 1905, when movement between Japan and the Asian continent through Busan rapidly increased. In addition, in 1904 the Japanese government allowed Japanese to travel to Korea without travel certificates in order to implant its influence firmly.⁹³ However, this new freedom meant that Japan needed to guard against forces which threatened to disrupt the new imperial order, of which epidemic disease was one but by no means the only one. Quarantine provided a means not only of keeping disease at bay (at least theoretically) but of regulating the movement of persons and goods. Indeed, it had long been used for such purposes. Absolutist states such as Russia, Prussia and Austria conceived of epidemic disease as an invasion of contagious enemy agents, and most had strengthened their defences against such persons, while using disease as a pretext to clamp down on the freedom of movement, assembly and religious consolation.⁹⁴ In other words, the use of quarantine to consolidate and maintain political authority was well established.

Quarantine functioned in a similar way in Japanese colonies such as Korea. From 1907 maritime quarantine in Busan was imposed by medical practitioners in conjunction with both the military and civilian police. Such measures were in line with changes at the heart of the Japanese empire, for Japan was now lurching towards tyrannical government, focused on the power of the emperor. In Korea, these changes were mirrored by the dissolution of the Korean army in 1907, only two years after the country became a protectorate of the Japanese. At first, the Resident-General, Itō, wanted to limit Japanese military power in Korea but in 1907 the Korean king sent a secret mission to the international peace conference in The Hague to appeal against the establishment of the protectorate. The mission was unsuccessful because the Western powers acknowledged

⁹¹ Suzuki, *op. cit.* (note 30), 188.

⁹² Yamamuro, *op. cit.* (note 2), 20.

⁹³ Son Jeong-Mok, *Hanguk Gaehanggi Dosi Sahoe Gyeongje Yeongu* [A Study of Korean Society, Economy and Culture during the Pre Colonial Period] (Seoul: Iljisa, 1989), 303.

⁹⁴ Hamlin, *op. cit.* (note 3), 106.

Japanese ascendancy in Korea. Nevertheless, Itō thought it prudent to depose the king and replace him with his son, at the same time dissolving the Korean army and intervening aggressively to suppress a violent insurrection led by former soldiers of the Korean army.⁹⁵ This entailed increasing reliance on the military police, which also came to play a major role in the administration of quarantine. The mobilisation of the police to perform maritime quarantine in Busan, which was seen as the main route between Japan and the Asian continent, was part of an attempt to secure the new colony against all those who posed a threat to Japanese power.

As Japan expanded into neighbouring areas, the need for a definite imperial boundary became obvious, in order to defend against external aggression and to maintain order within its territory. Even after victory in two major wars, Japan could not afford to relax its guard against China and Russia, especially as the region was still subject to the destabilising influence of competing Western powers. Quarantine was useful in this context, too, there being precedents for its employment in staking claim to recently colonised or disputed territories. From the late 1890s to the early 1900s, for example, quarantine played a major role in the imperial diplomacy of Central Asia, where it was used by Britain and Russia to define territory or spheres of influence and to frustrate the trade of rival empires. In other words, quarantine became a means of exerting imperial control.⁹⁶ So it was in East Asia. In April 1911, the year after Korea became a formal colony of Japan, the colonial government closed a spotting station which was built for the prevention of epidemics and established thirty-one new detachment offices at the riverside and seaside of the Yalu or Amnok River.⁹⁷ This river formed the boundary between Korea and Manchuria, in which former Korean army guerillas had established their bases. The quarantine provided a barrier to any incursion which the guerillas might attempt as well as to diseases such as plague. Just as Japan established a colony in Korea, in 1910 plague broke out in Manchuria and spread to Harbin, Mukden and the railway town of Manzhouli the following year. The disease originated among wild rodents in Inner Mongolia but spread along the South Manchuria Railway as labourers returned home for the Chinese New Year.⁹⁸ The spread of plague was a prospect which particularly frightened the Japanese in Korea because the disease had taken the highly fatal pneumonic form, which spread easily from person to person. There was a real prospect that the disease might be spread via the rail link which had recently been established with Manchuria. The Japanese sanitary police managed the devastating 1910–11 Manchurian plague epidemic vigorously. One Tianjin doctor of Chinese medicine made the criticism that, during the epidemic, more people died from the effects of quarantine than from the plague itself.⁹⁹ The newly built detachment offices thus had a dual function: to prevent the spread of plague along the railway and to improve surveillance over potentially hostile nations and insurgents.

⁹⁵ Matsuda Toshihiko, *Governance and Policing of Colonial Korea: 1904–1919* (Kyoto: The International Research Center for Japanese Studies, 2011).

⁹⁶ Sanchari Dutta, 'Plague Quarantine and empire: British-Indian sanitary strategies in central Asia, 1897–1907', in Pati Biswamoy and Harrison Mark (eds), *The Social History of Health and Medicine in Colonial India* (London: Routledge, 2009), 74–93.

⁹⁷ 'Amnongangan mit Haeane Bangyeokeul Wihayeo [Prevention of Epidemics in the Yalu River and Seaside]', *Maeilsinbo*, 1911/4/7.

⁹⁸ Robert J. Perrins, 'Doctors, disease and development: emergency colonial public health in southern Manchuria, 1905–1926', in M. Low (ed.), *Building a Modern Japan: Science, Technology, and Medicine in the Meiji Era and Beyond* (Basingstoke: Palgrave, 2005), 103–32; Mark Gamsa, 'The Epidemics of Pneumonic Plague in Manchuria 1910–1911', *Past and Present*, 190 (2006), 147–83.

⁹⁹ Rogaski, *op. cit.* (note 67), 247.

Conclusion

Japan began to impose maritime quarantine in Busan from 1879, long before Korea became a formal colony, but ironically Japan was then unable to perform quarantine in its own ports independently due to the objections of Western powers. This situation exemplified the dilemmas which Japan then faced in its quest for modernisation. The Meiji government proclaimed a policy of 'cultural enlightenment' and began to adopt Western culture and ideas to catch up with Western nations. As a 'close-knit racial country', Japan saw itself as distinct from the peoples of the Asian mainland. Thus when Japan expanded into neighbouring countries, it emphasised the social superiority of its people as a way of justifying imperial rule. One of the means by which it did so was to display its hygienic modernity. Nagayo Sensai, who was the first chief of the Board of Health, gave a definition of hygienic modernity. He maintained that 'Hygienic modernity is a form of welfare which aims to benefit the self, creating a vital healthy body and disciplined mind so as to produce a healthy society'.¹⁰⁰ By the turn of the twentieth century, Japan proclaimed itself responsible for the hygienic modernity of Asia.¹⁰¹ By extending its influence in Asia, Japan attempted to improve its position domestically and overseas, but in doing so it initially encountered many difficulties. Using the *Rules for the Prevention of Pestilence*, for example, foreign and Korean officials of the Korean customs, which was supported by the Chinese, tried to counter the influence of the Japanese authorities and doctors. However, most of the merchant ships entering Busan were Japanese vessels, and almost all Western medical doctors in Korea were Japanese. Maritime quarantine in Korea, particularly at Busan, therefore continued to be led by the Japanese authorities. Victories in the Sino-Japanese and Russo-Japanese wars eventually established Japan as a regional power on equal terms with the West, and as the dominant power in Korea and Eastern Asia. As a result, in 1899 a Law of Maritime Quarantine was enacted in Japan, enabling it to impose quarantine against all ships without foreign interference. With the acquisition of the right to impose quarantine in its homeland, Japan was able to strengthen and extend the range of quarantine from Japan to Korea, Taiwan and China. This was particularly important after 1905, when the railway and the ferry connecting Japan to Korea and the Asian continent were opened to traffic. Busan then became the main departure and arrival point and effectively the bridgehead to Asia. But increased movement between this port and Japan created anxiety about the spread of both epidemic diseases and anti-establishment forces to the homeland. In 1906, just after gaining control of the Korean customs, the Japanese authorities appointed Japanese medical practitioners of quarantine in Busan and Incheon and, the following year, quarantine offices were established anew in both ports. In addition, from 1907, when maritime quarantine was imposed in Busan, it was implemented by military as well as civilian police, one of the main objects being to keep an eye on the movement of potentially dangerous populations. Quarantine took on a draconian character as a result.

It is therefore evident that the aims of maritime quarantine were not only to keep diseases in check but to promote modernisation and consolidate imperial power. Indeed, the Japanese authorities began to impose quarantine at Busan prior to making similar arrangements in Japan, showing, too, that the relationship between Japan and Korea was far from one-sided and that some of the practices pioneered there may have influenced the homeland. As Shin'ich Yamamuro has pointed out, without imperial expansion into

¹⁰⁰ Sensai Nagayo, 'Bunmei to Eisei no Kankei [The Relationship between Civilization and Hygienic Modernity]', *Dai Nihon Shiritsu Eiseikai Zasshi*, Dai 5Gō, 1883/10.

¹⁰¹ Rogaski, *op. cit.* (note 67), 163.

Asia, Japan could not have completed modernisation. To a greater extent than other imperial powers, it obtained the knowledge and craft of modern governance through its colonial experience, not least in the port of Busan.¹⁰² Japan's imperial experience in Korea also made it more skilled at *real-politik*, and this became evident later when it renegotiated treaties with Western powers. Likewise, the sanitary infrastructure created by the Japanese in Korea subsequently systemised maritime quarantine in the homeland and neighbouring areas. When the Japanese authorities attempted to extend and improve their sanitary provisions throughout their imperial territories in East Asia, they were not simply protecting Japan from epidemics but were strengthening its imperial borders.

The sanitary boundary around the Japanese empire thus overlapped with and reinforced what Aritomo Yamagata referred to as the 'lines' of sovereignty and advantage. Yamagata was the most prominent Japanese general of his day and a statesman who strove to build a 'rich country with a strong army' (a *Fukokukyōhei*). In 1890 when the Imperial Diet was established under the new Constitution of the Empire of Japan, he spoke about a 'line of sovereignty' which defined the territory of Japan, and a 'line of advantage' which extended Japan's sphere of influence to include Korea. In order for these lines to be drawn sharply, Japan would have to increase armaments and consolidate its dominion over Korea. Sanitary measures were to play an important part in this, with Japan systematising domestic maritime quarantine and enacting bills intended to deal with epidemic diseases. For example, if cholera and plague occurred in Korea and China, Japanese consuls had to notify the situation to the Ministry of Foreign Affairs, as well as imposing quarantine in the affected regions. Japan's 'line of advantage' thus came to be defined by the line of quarantine which extended to Korea and other parts of Asia. Busan, in particular, was seen as the main point of contact between Japan and the Asian continent, as well as the main route for the movement of diseases such as cholera and rinderpest. As one Japanese doctor pointed out, cholera generally spread from Japan to Busan and then to Seoul, whereas rinderpest spread from Busan with imported cows to Japan.¹⁰³ Thus inspection at Busan harbour was important not only to control the movement of people but to manage epidemic diseases.

Modern transport systems facilitated the spread of diseases such as cholera and plague, and encouraged population movement, as did the economic changes associated with modernisation.¹⁰⁴ Quarantine screened Japan from potentially harmful agents – pathogenic and political – and its functions diversified further as modernisation and imperial expansion gathered pace. The reliance which Japan placed upon quarantine in maintaining its newly acquired empire explains why it was increasingly out of step with other powers regarding international sanitary precautions. After the transmission of cholera and plague was elucidated, most of the major powers endorsed more liberal measures which placed less reliance on quarantine, most notably at the international sanitary conference held at Paris in 1903. Japan, however, was placing even greater emphasis on quarantine than before, seeing it as a means of exerting informal imperial control and defending its territories. In this system, the sanitary arrangements at Busan were vital and became the blueprint for similar measures throughout the Japanese empire.

¹⁰² Yamamuro, *op. cit.* (note 2), 20–4.

¹⁰³ 'Kankoku Gyūekidan [Rinderpest in Korea]', *Kankoku Chūō Nōkaihō*, Dai 2Kan Dai 7Gō, 1908/7.

¹⁰⁴ Gilbert, *op. cit.* (note 19), 115; Huber, *op. cit.* (note 23).