

CONCLUSION

In his farewell speech to the California Legislature, out-going Governor Gage spoke with bitterness when discussing the outbreak of bubonic plague that had vexed his administration since March 1900:

In my first biennial message, January 7, 1901, I referred, at some length, to the subject of certain false and exaggerated reports concerning the alleged existence of bubonic plague in San Francisco, which, through the interest, ignorance, or recklessness of a few persons, were indiscriminately published in the year 1900, and thereafter intermittently continued.

The falsity of the reports has been frequently proved, but, unfortunately, through the ill-designed efforts and action of Dr. J. J. Kinyoun, assuming to represent the United States Marine Hospital Service at San Francisco, and of the members of the San Francisco Board of Health, much damage nevertheless accrued to the various commercial, industrial, and other productive interests of the State, injuring alike the laborer, merchant, farmer, and fruit-grower.²⁰⁹

Until the end of his term Gage maintained and enforced an institutional denial of the bubonic plague epidemic. Gage's position, wrong-headed as it was, did not materialize out of thin air. Rather, it was a calculated response to a conflict that had been building in California for several years, a conflict between the federal Marine Hospital Service and California's state and local political machinery. Furthermore, Gage's

²⁰⁹ Second biennial message of Governor Henry T. Gage, in *Journals of the Senate and Assembly of California 35th Session*, vol. 1. 1903. (Sacramento: State Printing Office, 1903), 27. Governor Gage's first biennial address was delivered in writing to the Legislature on January 8, 1901. Gage never actually gave the speech. See *San Francisco Chronicle*, January 9, 1901, and the *Sacramento Bee*, January 9, 1901.

response to San Francisco's public health crisis was not unique. Indeed, the history of similar events suggest that Governor Gage's response was in many ways predictable.

As this thesis attempts to show, three central factors, when combined, led to the 1900 San Francisco public health and political crisis. First was an inherent conflict of interest between San Francisco's business leaders, who wanted to keep things quiet, and public health officials, who needed the community's open support in order to manage the situation. The conflict generally followed a pattern of events played out before in other communities suffering from epidemic disease and fearful of the consequences of being quarantined.

The inherent conflict was well known to Dr. Kinyoun, the man at the center of the storm. On April 17, 1901, in an address to the meeting of the California Medical Society, held in the legislative chamber of the State Capitol, Kinyoun quoted a recently published work by J. F. Payne regarding the plague epidemic of 1665, and the competing interests of health and wealth:

So, in 1664, when the news came of a destructive pestilence in Holland, there was some feeling of alarm. The government proposed stringent rules of quarantine and exclusion, which the citizens and commercial classes, in the interests of trade, steadily opposed, so that nothing decisive was done . . . Up to Christmas 1664, there were many cases of a mild form of plague, found to be the forerunner of a severe epidemic. But the matter was kept quiet, and as the deaths were few, little evidence was furnished by the bills of mortality . . . it remained dormant until spring. In July the epidemic broke out in explosive violence.²¹⁰

210 Joseph Frank Payne, *Thomas Sydenham*, Masters of Medicine series (London: T. F. Unwin, 1900), quoted by J. J. Kinyoun in "Society Proceedings," *Occidental Medical Times*, 15:8 (August, 1901): 294.

Dr. Kinyoun gave his speech in Sacramento, on his way out of California, having been vilified in the San Francisco press, accused of gross incompetence and worse by the governor, and abandoned as a political scapegoat by Surgeon General Wyman, all for trying to protect the San Francisco from bubonic plague. As Kinyoun put it to the gathered crowd of doctors, “In case a quarantine or health officer has the misfortune to apprehend or discover a case of plague or cholera, and obeying the law of the land, or the higher law, duty, makes known his discovery, he must be prepared to be subjected to every species of abuse known to man.”²¹¹ Kinyoun had paid a high price for his role in protecting the public’s health in the face of overwhelming political opposition.

Second, California’s political machinery in 1900 was complex, corrupt, and controlled by a monolithic, if not monopolistic, transportation industry controlled by the Southern Pacific Railroad. The Espee’s influence started with control of the governor’s office and permeated down through the layers of local politics until it reached into the pocket of the lowest public servant. The political environment in which the medical crisis was played out was thick with intrigue.

By describing some of the interrelated politics at play in California during the period covered, this thesis has detailed some of the complexity of competing interests affecting how the plague outbreak was handled. This study describes the competition between medical schools for seats on the San Francisco Board of Health, Winslow Anderson’s activities as a political doctor during the epidemic, and the battle of words

211 “Society Proceedings,” *Occidental Medical Times*, 15:8 (August 1901): 294.

fought out between medical journals. This thesis has shed some light on the role San Francisco's medical community played during the outbreak.

Starting from a focus on San Francisco's Board of Health, this study has tied the city's medical community to the larger political sphere until ultimately arriving at the governor's door in Sacramento. The political aspirations of Dr. Anderson, Dan Burns, and Governor Gage were all intricately tied to the 1900 epidemic. In describing some of the personalities associated with San Francisco's plague outbreak, this history tries to flesh out some of the complex political and social interrelationships that contributed to California's response to the epidemic and campaign of denial.

Third, the United States Marine Hospital Service, an agency of the federal government, was driven by its own political interests concerning affairs in California and elsewhere. In 1884 the MHS began the process of federalizing the nation's quarantine inspection programs. Starting in 1896, the MHS began a concerted effort to wrest control of San Francisco's quarantine inspection away from local authorities. The process of assuming control of quarantine inspection in San Francisco was met by resistance from local authorities, as it was in Texas, New York and Louisiana. The MHS victory set the stage for a much larger political fight to erupt in 1900.

At the top of the MHS sat Walter Wyman, a career civil servant who had an appetite for power, the cunning to manipulate situations to his advantage, and the ethical ambiguity which allowed him unrestricted movement towards reaching his objectives. In many ways, Wyman's actions as surgeon general contributed to the adversarial environment associated with the 1900 plague outbreak in San Francisco. According to

John Hamilton, the previous surgeon general, “The real need is for a Department of Public Health; at its head a commissioner who will not rule the Department by fear or favor; who will neither farm out the best positions in the service to personal favorites and sycophants, nor spend thousands of public money uselessly, and who will carry out the law with regard to conscience, right and the wishes of the people.”²¹² After being pushed out of the MHS, Hamilton became one of Wyman’s harshest critics, and as editor of the *Journal of the American Medical Association* (1893-1898), he was in a position to make his views widely known within the medical profession. As one of Wyman’s officers put it, “In considering these charges, the animus which actuates them must be borne in mind. It must be remembered that Dr. Hamilton was once Surgeon-General of the Marine Hospital Service, and wanted to be again, but could not, and his bitter personal enmity to Surgeon-General Wyman has been notorious.”²¹³

It is clear from this study that Wyman did play favorites with his officers. Like managers the world over, if he liked an officer, he tended to overlook inadvertent infractions of his rules. If, on the other hand, an employee managed to get on his bad side, no amount of fixing was likely to redeem the sinner in Wyman’s eyes. And so the service was probably split between those on Wyman’s personal lists of good and bad soldiers in the service of his army. Two of his medical officers, Milton Rosenau and Joseph Kinyoun, who feature large in this story, appear to have fallen onto different lists.

212 *Journal of the American Medical Association* 29 (1897): 758

213 A. C. Smith, “The ship Island Quarantine,” *Times-Democrat*, November 7, 1897, quoted in *Sanitarian*, 39 (1897): 525-530.

Despite all criticism of his style and methods, Wyman was successful in his plan to federalize the nation's public health system. In doing so, Wyman's agency helped protect the lives of the nation from the endless misery of epidemic diseases. In San Francisco, the MHS won out in the end against the entrenched forces of the state's business and political interests. As it had in New York and New Orleans, the logic of a *public* health campaign against an epidemic threatening the community won out over ostrich like attempts by the local business elite to hide the facts and carry on as usual. San Francisco learned the same hard lessons that its sister ports around the nation had come to understand: "The question of excluding epidemic diseases is one that is as much a federal question as the tariff or the postal service; and since public health is public wealth, it follows that the federal government should take prompt cognizance of a matter that deeply concerns the whole nation."²¹⁴

Indeed, public health *is* public wealth. As we enter a new century we would do well to remember the lessons learned by past generations.

214 *New Orleans Medical and Surgical Journal*, (November 1892): 373-374.