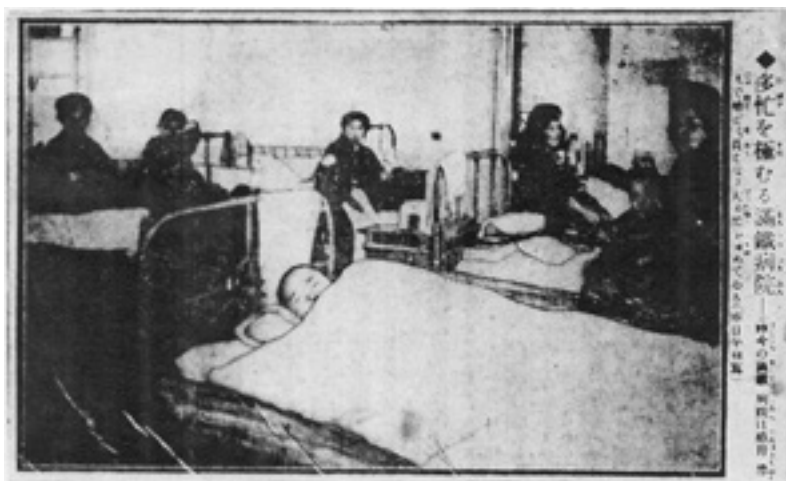


# The Influenza Pandemic in Japan, 1918 1920 : The First World War between Humankind and a Virus

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CHAPTER 9

# THE INFLUENZA EPIDEMIC IN JAPAN'S COLONIES



The Manchurian Railway Hospital operating at full capacity.  
(*Manshū nichinichi shinbun*, 28 October 1918)

In the 1918–1920 period when the influenza pandemic spread in Japan, the country controlled a number of overseas territories: Sakhalin Island (strictly speaking the part south of the 50th parallel), Korea, part of the Kwantung peninsula, Taiwan, and the South Sea Islands. Kwantung was a leased territory, but the others were territories annexed to Japan through war or political maneuvering. Following the Treaty of Versailles ending World War I (1919), the South Sea Islands that Germany had formerly held became a Japanese League of Nations mandate, where Japan set up a military administration in the early days of the war, but for lack of documents the situation relating to influenza there is unclear, so I have omitted mention of the South Sea Islands here.

### South Sakhalin<sup>1</sup>

Japan and Russia had asserted conflicting claims to Sakhalin Island (*Karafuto* in Japanese) over the centuries, but it was in czarist Russian hands at the time of the outbreak of the Russo-Japanese War, 1904–1905. Toward the end of that war, Japan calculated that it would be advantageous at the time of signing of a peace treaty to have occupied Sakhalin and quickly did so; the Treaty of Portsmouth that settled the peace between the two countries recognized Japan's claim to the area south of the 50th parallel. Japan's Sakhalin territory was initially under army rule, but later was established as a territory under the direct jurisdiction of either the prime minister or the Ministry of Home Affairs. Just before the defeat in the Pacific War (1945) it was administratively part of Japan's home territory. As of the period of the Spanish influenza pandemic, it was an area under the direct control of the Japanese prime minister.

Extending over a long stretch north and south, Sakhalin has ranges of mountains running up and down it like a backbone. The winters are long and frigid, and agriculture was not developed; mining, forestry, pulp manufacture for paper, and fishing were the main industries, in contrast to Japan's other overseas territories. When the southern half of the island became Japan's territory, some ten thousands of Russians had settled there, but most moved back to Russia. Other inhabitants included indigenous Ainu, Tungus, and Gilyak people who lived by hunting. Table 9-1 gives basic population figures for Sakhalin in the 1916–1920 period.

There were a number of features of Sakhalin population in this era, as we can see from the table. First, the population was quite different in the summer and winter seasons. The population of people from the Japanese mainland during the winter months was less than a tenth of its summer-season level, because of the large number of workers who migrated to the island during the summer, mainly for the fishing industry. Second, of the 95 percent of the population made up by Japanese nationals, the number of men

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1 Reporting is from the *Karafuto nichinichi shinbun* and statistical data is from *Karafuto Chōchi Ippan*.

Table 9-1. Population in South Sakhalin, 1916-1920

	Group	Summer (end of June)				Winter (end of December)				Number of births			Fertility (%)	Number of deaths			Mortality (%)			
		Families		Population		Families		Population		Male	Female	Total	Male	Female	Total	Male	Female	Total		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1916	Japanese	13,927	46,067	28,305	74,372	14,142	36,056	27,934	63,990	1,106	1,012	2,118	30.6	1,111	734	1,845			27.1	
	Koreans	12	30	2	32	12	33	2	35											
	Native people	437	1,105	1,083	2,188	438	1,069	1,064	2,133	28	15	43	19.9	24	16	40			22.1	
1917	Foreigners	35	80	33	113	32	82	40	122	2	1	3	25.4							
	Total	14,411	47,282	29,423	76,705	14,624	37,240	29,040	66,280	1,136	1,028	2,164	30.3	1,135	750	1,885			26.9	
	Japanese	15,144	48,866	31,925	80,791	15,611	40,502	31,015	71,517	1,269	1,134	2,403	31.6	1,137	804	1,941			25.4	
1918	Koreans	12	29	5	34	18	207	7	214										17.1	
	Native people	429	1,114	1,054	2,168	428	1,091	1,037	2,128	16	25	41	19.1	32	25	57			29.0	
	Foreigners	33	86	45	131	32	79	41	120										8.0	
1918	Total	15,618	50,095	33,029	83,124	16,089	41,879	32,100	73,979	1,285	1,159	2,444	31.1	1,171	829	2,000			25.5	
	Japanese	16,488	53,995	34,618	88,613	16,085	43,767	33,418	77,185	1,291	1,176	2,467	29.8	1,582	1,149	2,731			32.4	
	Koreans	20	298	4	302	25	338	6	344										40.9	
1919	Native people	447	1,123	1,049	2,172	439	1,110	1,036	2,146	20	19	39	18.1	47	41	88			42.1	
	Foreigners	34	77	39	116	36	80	40	120										12.7	
	Total	16,989	55,493	35,710	91,203	16,585	45,295	34,500	79,795	1,311	1,196	2,507	29.3	1,643	1,190	2,833			32.6	
1919	Japanese	17,043	54,276	36,733	91,009	17,588	46,189	36,220	82,409	1,224	1,160	2,384	27.5	1,604	1,116	2,720			31.9	
	Koreans	32	316	5	321	39	345	10	355										33.3	
	Native people	420	1,022	1,019	2,041	410	986	979	1,965	11	11	22	11.0	41	32	73			40.8	
1920	Foreigners	33	76	39	115	35	78	38	116	2	0	2	17.2	2	2	2			26.0	
	Total	17,528	55,690	37,796	93,486	18,072	47,598	37,247	84,845	1,237	1,171	2,408	27.0	1,658	1,148	2,806			32.1	
	Japanese	18,217	56,987	38,777	95,764	18,816	49,840	38,907	88,747	1,621	1,548	3,169	34.4	1,901	1,178	3,079			35.6	
1920	Koreans	38	505	14	519	49	489	21	510										14.1	
	Native people	411	1,033	997	2,030	357	895	846	1,741	28	20	48	25.5	25	16	41			25.9	
	Foreigners	35	83	41	124	38	90	48	138	2	1	3	22.9	3	3	3			34.5	
1920	Total	18,701	58,608	39,829	98,437	19,260	51,314	39,822	91,136	1,651	1,569	3,220	34.0	1,936	1,195	3,131			34.6	

was far higher than for women. The disparity was especially pronounced in the summer season. Although the difference gradually lessened, initially the gender ratio was 162.8 to every 100 women and it was still high at 147.0 in 1920.

The population of indigenous peoples was on the decline—standing during this period at somewhat over 2,000—while the number of Koreans was steadily rising. The number of men versus women for the indigenous population was fairly balanced, but for Koreans men far outnumbered women. Probably the majority were men who migrated alone to seasonal jobs on Sakhalin.

Looking at the births and deaths in the chart, we can see that from 1918, the number of deaths increases, rising into the following year above births. Natural population fluctuation, in other words, was in minus figures. The reason that the number of Japanese from the mainland on Sakhalin did not decrease, however, was in all likelihood due to the large number of migrants from the main islands.

#### *Outbreak during Fishing Season*

The “herald wave” of influenza arrived on Sakhalin in May 1918. The 20 May newspaper, *Karafuto nichinichi shinbun*, headlines announced “Influenza Outbreak in Kushun’nai District,” reporting cases of influenza in the Kushun’nai area on the western coast of the island. The sick had high fevers, the article says, but no one died. The main epidemic was later in coming than on the main islands; it was not until 5 November that the newspaper reported the closing of the Toyohara Elementary School because of an influenza outbreak. On 7 November, it reported that the epidemic had spread not just in Toyohara but in Ōdomani and Maoka, and on the 9th, the first death from influenza (a man in his 30s) was reported. A 13 November article said one man in his 30s in Toyohara and on the 14th the paper told how a local policeman of the Toyohara district developed pneumonia from the “flu” and died. From late November, deaths are continually reported, but the outbreaks appear to have subsided before the end of the year.

On 27 November, the *Karafuto nichinichi* has a headline “Influenza Subsides in the Bay [Aniwa] area,” and reports “Influenza among children of Toyohara Elementary School steadily slacking off,” and by 7 December the paper announces that the epidemic had passed in the Shikuka and Tomarii police districts in the northern part of the east coast. In the end, from the first outbreaks in October 1918, 4,063 people had contracted influenza and 144 had died (19 March 1919).<sup>2</sup>

In March 1919, however, there was a new outbreak of influenza on Kaiba Island, which lies off the southwestern end of the main island of Sakhalin. Kaiba Island was an attractive seal and herring fishing ground, and during the fishing season, fishermen from Hokkaido and northern areas of Japan’s main Honshu Island gathered there and the area

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2 Dates in parentheses in the text below indicate the date of an article published in the newspaper.

did brisk business. It was there, the paper reported, 130 people had influenza as of 15 March and even the doctor who had been stationed on the island to care for the sick contracted influenza and could no longer take care of patients (18 March 1919). The next day's paper reported that the flu had hit the staff of the post office, so that clerical work was at a standstill and telegrams could not be sent out. On the 28th the paper said 15 people had died. By April, the epidemic had mostly passed on Kaiba, and reporting ended on 10 April with an article saying that as of that date 20 people had died.

On the main island of Sakhalin, however, a new outbreak of influenza was reported in May. On the 6th, the Shikuka police department reported 90 cases in Chirie (located on the eastern coast at the far north) and two dead; and cases in Kushun'nai, Ushiro (both on the northwest side of the island), and Shikuka on the 7th. The flu then returned to Toyohara. Schools began to close and between the outbreak on Kaiba Island in early March and 8 May, 4,460 cases and 247 deaths were reported. The largest numbers of deaths were in Maoka (95), Toyohara (87), Hontō (33), and Kaiba Island (24), concentrating therefore on Toyohara and the western coast.

The Aniwa Bay area was not immune to the spread and the influenza struck the lighthouse keeper and telegraph operator at the Cape Nishinotoro lighthouse, so someone had to be sent from the Sakhalin Agency to keep telegraph communications going. The epidemic continued even in late May in the Shikuka and Tomarii police districts in the north, with 685 cases and 42 deaths. That outbreak did not subside until 19 June, only days before the summer solstice.

Regarding the Late Epidemic, under the headline "The Dreaded Influenza Hits Karafuto [Sakhalin] Island Again" on 18 January 1920, the *Karafuto nichinichi* reported 80 cases around the west coast area of Maoka and said that three had already died. The outbreaks then spread to Ōdomari, and Toyohara was flanked by two epidemic areas. Residents of Toyohara lived in fear of when the epidemic would go on the rampage again, but curiously enough, they were initially unscathed; it was not until March that the first cases were reported. The main areas affected in March were on the west coast, with mortality among patients in Maoka and Hondo a high 70 per mil (25 March 1920). The article attributes the "major cause of the spread of infection to the inflow of cod fishermen and other migrant workers in the fishing villages in that area." The coal mine of Kawakami just north of Toyohara was also hard hit, and it was reported that more than 40 had died among the miners and their families in the first several days of April alone (7 April).

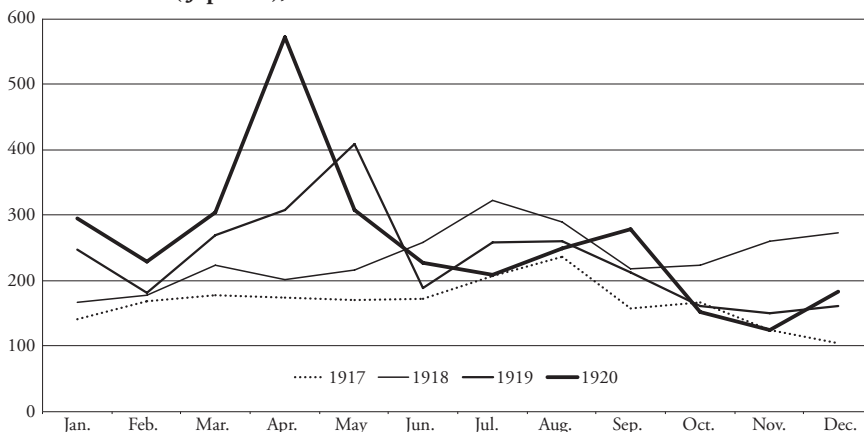
Even in mid April, outbreaks in the fishing ports on the west coast had not slackened; in one badly stricken port 50 fisherman contracted influenza and 26 were in serious condition at one point. The paper stated that the outbreaks resulted from the way fisherman from various regions tended to gather in shared lodgings (21 April). Kaiba Island, whose epidemic had featured in the newspaper's pages the previous year, again

had 398 patients and 24 dead (29 April). The outbreaks spread, after the west side of the island, to the Aniwa coast and then to the eastern coast, and the blow to Ōdomari in the Late Epidemic was especially great, with 300 dead between 1 March and 30 April, with as many as 17 funerals held on one day. In Toyohara, where the epidemic struck latest, there was a burst of cases in May, but the death toll was relatively small.

The features of the epidemic spread on Sakhalin were its lag as compared to Japan proper, beginning not in the coldest part of the year, but in the March to late May period of spring, the period that coincides with the fishing season, so it is fairly clear that the virus was brought to the islands by outsiders who had contracted it. Particularly a small island like Kaiba, to which people from many different parts tended to gather, would naturally have been infected.

Statistics on deaths from the Spanish influenza from 1918 by type of illness and by month are available, allowing some analysis. Figure 9-1 traces the fluctuations in the number of deaths of Japanese on Sakhalin<sup>3</sup> from respiratory-tract-related causes between January 1917 and December 1920. As this figure shows, there were two peaks for the influenza epidemic on Sakhalin as well. The first peak was in May 1919 and the second in April 1920.

**Figure 9-1. Number of Deaths from Respiratory-tract-related Causes in Sakhalin (Japanese), 1917–1920**



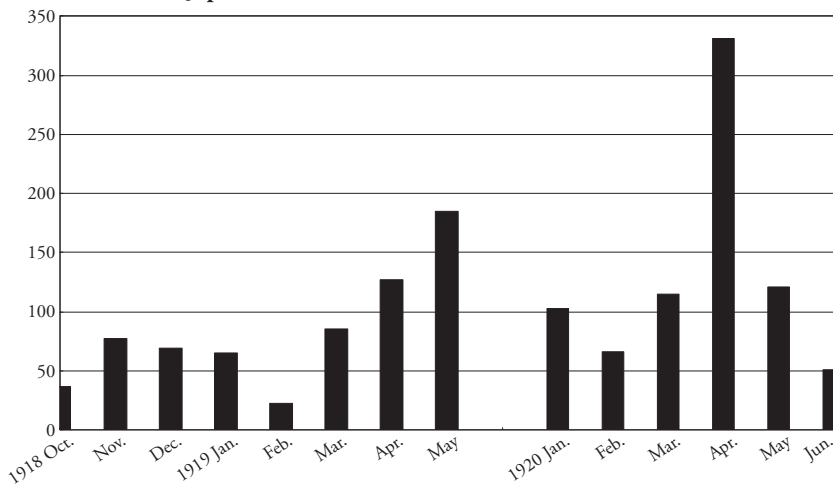
The reason the peaks were in April and May, unlike the epidemics on the Japanese mainland, can be attributed to the cycles of the fishing season on Sakhalin. Particularly the herring season would begin on the west coast in March, and many itinerant fishermen from Hokkaido and the main island of Honshu would gather in Sakhalin at that time. They lodged in extremely unhealthy conditions, increasing the dangers of infection all the more.

<sup>3</sup> From the categories of illnesses in the *Karafuto Chōchi Ippan*, I selected from the main classifications used in the Meiji period, deaths from “infectious diseases,” “respiratory diseases,” and “cause unknown.”

*Highest Excess Deaths to Population*

In calculating the excess-deaths figures, it is difficult to determine a normal year since these statistics begin with 1917. Thus, judging from Figure 9-1, I put together the months from January to September 1918 and from October to December 1920 to serve as the “normal year.” Thus, the period corresponding to the Early Epidemic in Sakhalin is from October 1918 through May 1919, while the period corresponding to the Late Epidemic is January to June 1920. Figure 9-2 shows the excess deaths by month for these two periods. These calculations are limited to Japanese. I believe this results in the closest figure for deaths in the influenza pandemic in Sakhalin. There were 667 deaths for the Early Epidemic and 787 for the Late Epidemic, for a total of 1,481. Since the population of Japanese on Sakhalin at that time was 82,409, as shown in Table 9-1, at the end of 1919 mortality was 18 per mil,<sup>4</sup> the highest record anywhere in Japan or in its overseas territories.

**Figure 9-2. Number of Excess Deaths from Influenza in Sakhalin, 1918–1920 (Japanese)**



Next, if we look at the percentage of deaths resulting from respiratory-tract-related ailments of all deaths, we find that the normal-times figure of 30 to 40 percent has jumped up to more than 50 percent at the time of the epidemic. At the peak of the Early Epidemic in May 1919, the excess-deaths figure was 185, and the figure for respiratory-related deaths is 61.2 percent of total deaths. For the Late Epidemic, the highest number of excess deaths is shown in April 1920, and the percentage of respiratory-related deaths then was as high as 67.2 percent.

<sup>4</sup> If the summer season population is made the parameter, mortality drops to 16 per mil but still is the highest rate of the epidemic in Japan.



*High Death Toll among Native Inhabitants*

At the time of the epidemic, about 2,000 indigenous people lived on the islands, among them Ainu in the south and Gilyaks in the area around the 50th parallel. As the figures in Table 9-1 show, when the influenza virus hit them, their population decreased in 1920 by about 400, or 20 percent, compared with 1916. With large-scale fishing industry and mining moving in on the territory in which these peoples had traditionally hunted and fished, and with the development of factories and mines being built in areas where they had always lived, even without the influenza epidemic, the population of the native peoples was declining. But as we can see from Table 9-1, in 1918 alone, there were 88 deaths, a high rate of 42.1 per mil. Looking at the monthly number of deaths, we see that the months with the largest numbers were May 1919 (27) and December 1918 (20). These are months when deaths among mainlanders were also high, indicating that the same infection had spread among the native peoples.

Not only on Sakhalin but everywhere, native people were susceptible to the infectious diseases brought in from outside. The Maori people of New Zealand, for example, suffered a high mortality of 42.3 per mil at the time of the Spanish influenza epidemic.<sup>5</sup> Such aboriginal peoples, who had not acquired immunity to various viruses through contact with other peoples or through the mixing of urban life, were especially vulnerable to the ravages of the influenza virus, and those on Sakhalin were no exception.

**Korea**

Data on the influenza pandemic in Korea is available through articles published in the *Keijō nichinichi shinbun*<sup>6</sup> and statistics compiled in the *Chōsen Sōtokufu tōkei nenpō* (Statistics of the Government-general of Korea).<sup>7</sup> These are the sources for the account below.

*Epidemic Simultaneous with Mainland Japan*

Reporting on the influenza epidemic began with an article published in the *Keijō nichinichi* on 17 October 1918 headlined “The Influenza Epidemic Spreads,” telling about the outbreaks that hit the students of Keijō Middle School and trainees at a government

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5 Rice 1988, p. 103, Table 6.1.

6 A Japanese-language newspaper published for Japanese readers.

7 Among the population statistics in this document, statistics for deaths by month are only given up to and including 1918. This may have something to do with the outbreaks on 1 March 1919 of the Korean Independence Movement. Also, because of the resulting unrest, the conducting of a National Census in Korea, which had been planned for 1920, was postponed until 1925. The figures given are listed by province (*do*), and there are problems in treating statistics for the entire country, from Hamgyeong-do and Pyeongan-do along the border with Manchuria to Gyeongsang-do and Jeolla-do in the south, in lump sums, but because of limitations of space, I have combined them to correspond to the whole country. Some of the romanized place names given here reflect the Japanese terms used during the Japanese occupation of Korea; reference to such names in this book does not signal the author's preferences, merely the historical reality of the colonial era.

officials training program. By the 21st, it had spread all through the city of Seoul (Keijō) and throughout the provinces, with many cases recorded. The virus struck both mainland Japanese residents and Koreans with equal ferocity. The content of the *Keijō nichinichi* was geared mainly for Japanese residents, but it sometimes mentioned how the epidemic affected the Korean population as well. The paper reported that the flu broke out among Japanese army troops in Incheon and Daegu and then those in Pyeongyang, and there were also several hundred cases among civilians (25 October 1918). The epidemic is almost simultaneous with that on the Japanese mainland, but there is no indication where it began. Because of the numerous cases, railway construction work came to a halt in the northern areas of Hamgyeonam-do, Hamheung, and Wonsan. Schools began to close, and on 31 October the paper reported that the outbreaks hit even within the Chongno Police Department in Seoul, resulting in 26,000 cases, of whom ten Japanese and 138 Koreans died. Another report on the same day noted that deaths had begun to occur from influenza from four or five days earlier in Sinuiju near the border with Manchuria, and reports of 1,300 cases in Busan (Pusan) in the south indicate that the epidemic had spread throughout Korea.

Articles published in the *Keijō nichinichi* in November include many reports of outbreaks in different parts of the country and resulting deaths. In Seoul, the death toll per day averaged about 50, including Japanese and Koreans, resulting in figures that are about twice the number of deaths for normal months. Articles include the no-doubt accurate observation that “most of the dead are those who suffered from influenza or complications of influenza such as pneumonia or pulmonary catarrh.”

The feature of the November epidemic was that as it reached into rural areas, it soon spread like wildfire from Pyeonganbuk-do in the north to Gyeongsangnam-do in the south, leaving people “filled with terror” at its ferocity. In rural areas of the Pyeongyang area, about half the population contracted influenza and there were more than 100 deaths. As occurred in Japan as well, the prices of cold medicines like aspirin and medications for fever skyrocketed and became hard to obtain. A survey conducted in Incheon indicated that among both Japanese and Koreans, the largest number of the sick were young, aged 20s through 30s (22 November 1918). The epidemic spread slowly into those areas that were less accessible by transport, so the period around late November when its pace slowed in Seoul, the reports showed, was the peak of outbreaks in more remote areas (25 November).

In the southern part of Korea, for some reason the number of deaths was very high in the Jinju district of Gyeongsangnam-do, with more than 1,000 deaths reported by 21 November. The total number of cases in Gyeongsangnam-do was 13,422 Japanese and 48,636 Koreans. As it happened to be harvest time, there were many delays in the harvesting of crops.

After that, the epidemic seems to have entered a lull, as there are no articles for some time, but then on 26 December there is an article about why there were so many Korean cases of influenza. The article states that one reason stemmed from the Korean custom of many family members living in closed-up rooms in the winter season and of treating colds by inducing the patient to sweat in a closed-up room. These customs must have been the cause for the massive numbers of cases, says the article.

### *High Mortality for Late Epidemic*

The *Keijō nichinichi shinbun* published no articles about the latter part of the Early Epidemic in Korea, with any that mentioned influenza having to do with the epidemic in Japan itself, its overseas territories, or other parts of the world. Then came the Late Epidemic. An article about the epidemic in Shanghai in November 1919, as also often reported in Japan-side newspapers, sounded the warning, and on 22 November the newspaper reported that the “Demon Flu Hits Seoul.” As in the previous year, it spread from Pyeonganbuk-do in the north throughout the country, and what stands out in the articles appearing in 1919 are the outbreaks in the armed forces. A division of the army was headquartered in Yongsan, outside of Seoul, and a 10 December article entitled “Mortality Unexpectedly High” warns readers that the outbreaks are not only in the armed forces but in the city as well. Indeed, troops at Yongsan perished one after another (11 December), and just as was the case in Japan, it was without doubt the newly recruited soldiers who were hardest hit.

The fiercest period of the Late Epidemic was December, with “60 people dying per day” in Seoul, three times higher than mortality in normal times. The epidemic in Pyongyang, too, resulted in “many deaths,” and thus mortality appears to have been high in the Late Epidemic. Seoul had a high of 89 dead on 15 December alone; schools were of course closed and the influenza spread into the Seoul prison, resulting in 50 patients and three dead (18 December). The paper also reported the spread to neighboring Incheon and northward to Wonsan.

### *“Belated” Administrative Measures*

Did the government try to do anything to remedy the situation? In fact, there was not really any effective means to prevent the epidemic from spreading, so officials probably had little real recourse for action, but on 23 December, as the epidemic continued, the newspaper carried an article saying the Gyeonggi-do provincial government “belatedly” began distribution of guidelines to all households in the city of Seoul, circulation of medical relief teams, a vaccination campaign, distribution of facemasks at cost price, and other measures. Since vaccination was not effective at all against the flu and there was no adequate supply of vaccinations in any case, it hardly deserves to be called a “preventative step.” Again in the midst of this appeared an article entitled “Reasons for Korean People’s High Mortality”

(25 December 1919). The article says that the price of fuel had recently risen, making it difficult for poor families to purchase adequate supplies. They would therefore let the fires warming their floor heaters (*ondol*) go out at night, resulting in frigid temperatures in homes and making people in those homes vulnerable to influenza; if they caught influenza, moreover, it could easily be complicated by pneumonia, which could lead to death. In other words, the article attributed the cause of the high mortality to poverty.

As in Japan, in areas of Korea where troops were stationed, like Yongsan, the influenza epidemic tended to be drawn out and intense both within the regiments and among civilians. The newspaper on 28 December reports that on the 26th four Japanese, 12 Koreans, and one soldier died. The situation was also dire in Pyeongyang, where there were 209 deaths in the six days between the 22nd and 27th of December (30 December). This period was the peak of the Late Epidemic, however, and under the headline "Epidemic Slacks Off," the 7 January 1920 paper reported that helped by the snows at the end of the previous year, the death toll had decreased, with less than 100 deaths since 4 January, which meant half the toll at the height of the epidemic. Still, the cumulative number of deaths is high, at 3,128, and there were also 15 deaths in the army by the end of 1919.

However, in Pyeongyang and Daegu, the number of deaths did not decrease, and in Seoul, postal workers were hard hit and mail piled up undelivered in the post offices (7 January 1919). The situation was the same in Busan (9 January), and Jinju, which had experienced a high mortality the previous year, this year also had more than ten deaths per day (14 January). The 15 January paper published statistics for Yongsan from 11 December 1919 to 10 January 1920. The population of Yongsan was 16,432 Japanese and 21,007 Koreans, and the number of deaths was 142 for Japanese and 389 for Koreans and three-quarters of these were from influenza, said the paper.

### *Immunity Effect Confirmed*

Around the time the epidemic slowed in the cities in the central part of Korea, it began to intensify in cities in outlying areas. For example, in Busan during about three weeks between the news of new outbreaks in the 15 January 1920 paper to 4 February when the epidemic there was reported to have passed, it raged through the city.

In the meantime, we find an interesting article headlined "Immunity Phenomenon Observed" on 15 January. It reported the remarks of a doctor of the Jikei Hospital in Chuncheon, Gangwon province, who noted that the flu in both the Early and Late epidemics had had a tremendous impact on people of Chuncheon, but said, "At this hospital, we have observed evidence of an immunization phenomenon. According to a survey by the internal medicine department at Chuncheon Jikei Hospital, virtually no one who contracted influenza in the epidemic two years ago has contracted it this time. This provides the very interesting evidence confirming that immunity to the flu lasts for more than a year at least."

In February, reports indicate that the epidemic had “subsided” or “ended” in outlying cities, with outbreaks still widespread in rural areas. The 8 February article reported the ravages of influenza in Jeollanam province, and by the time of the 8 March report that the epidemic had ended, more than 600 people had died.

After that, first-year army recruits arriving in Korea brought the virus with them from Japan, and several troops died in regiments here and there, but in May the epidemic finally ended.

#### *Problems with Statistics Sources*

The *Chōsen Sōtokufu tōkei nenpō* (Statistics of the Government-general of Korea) is a useful statistical source, but has drawbacks as a source on the Spanish influenza epidemic. This is because it does not have adequate statistics on population trends from 1919 and lacks monthly figures for deaths. This means that the kind of calculations performed using “excess deaths” for Japan can only be done in a very limited way for Korea. Why is it that figures that had been so assiduously recorded before suddenly vanish starting in 1919? No explanation is given in the above source, but it can probably be attributed to the impact of the “3-1 Movement,” the Korean independence movement that began with a fierce uprising on 1 March 1919 and continued for six months, most likely preventing a census, which can only be carried out in times of calm. The First Census in Japan, conducted in October 1920, was to have been held in Korea as well, but was postponed. From 1919, the Government-general statistics gives yearly figures for births and deaths, but the difference from the figures for 1918 is quite large,<sup>8</sup> and the discrepancy with figures for after 1919 so great as to prevent a continuous study of mortality figures. There are almost no studies of the Spanish influenza in Korea,<sup>9</sup> so I have tried my best to examine the situation with what figures, inadequate as they may be, are available.

Table 9-2 shows basic figures on population in Korea for the 1916–1920 period. The reason that disparities show in the dynamic statistics but not in such static statistics indicates the strong possibility that the figures are based not on household surveys but on what would in Japan be called the family register data for the “de jure population.” The population continues to rise during the influenza epidemic period, although the pace of the increase is clearly slower starting in 1919.

Table 9-3 shows births and deaths for the same period. Here, too, the figures for the period from 1919 onward seem inordinately low, making it difficult to use them as the premise for calculating deaths from influenza. However, the number of deaths of Japanese for 1920 is the highest for this period, leading me to believe that the increase in deaths can be attributed to influenza.

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8 For example, total births for Japanese and Koreans is 578,567 for 1918, but for 1919 is about 100,000 fewer, or 474,374, and this difference cannot have been the result of the influenza epidemic.

9 There is only one short study by doctors who happened to be in Seoul; see Schofield and Cynn 1919, pp. 981–83.

**Table 9-2. Population in Korea, 1916–1920**

	Registration	Families	Population		
			Male	Female	Total
1916	Japanese	90,350	171,713	149,225	320,938
	Koreans	3,072,092	8387,343	7,921,836	16,309,179
	Foreigners	4,920	16,109	1,903	18,012
	Total	3,167,362	8,575,165	8,072,964	16,648,129
1917	Japanese	93,357	177,646	154,810	332,456
	Koreans	3,107,219	8,552,392	8,065,039	16,617,431
	Foreigners	5,191	16,877	2,233	19,110
	Total	3,205,767	8,746,915	8,222,082	16,968,997
1918	Japanese	93,626	179,686	157,186	336,872
	Koreans	3,139,140	8,589,661	8,107,356	16,697,017
	Foreigners	5,195	20,938	2,205	23,143
	Total	3,237,961	8,790,285	8,266,747	17,057,032
1919	Japanese	97,644	185,560	161,059	346,619
	Koreans	3,152,228	8,632,605	8,150,905	16,783,510
	Foreigners	5,679	17,552	2,228	19,780
	Total	3,255,551	8,835,717	8,314,192	17,149,909
1920	Japanese	94,514	185,196	162,654	347,850
	Koreans	3,191,153	8,701,988	8,214,090	16,916,078
	Foreigners	7,312	21,939	3,122	25,061
	Total	3,292,979	8,909,123	8,379,866	17,288,989

**Table 9-3. Births and Deaths in Korea, 1916–1920**

	Group	Number of births			Fertility (%)	Number of deaths			Mortality (%)
		Male	Female	Total		Male	Female	Total	
1916	Japanese	4,395	4,009	8,404	26.2	3,957	3,123	7,080	22.1
	Koreans	292,377	260,443	552,820	33.9	203,090	160,466	363,556	22.3
	Total	296,772	264,452	561,224	33.7	207,047	163,589	370,636	22.3
1917	Japanese	4,433	3,948	8,381	25.2	3,629	3,177	6,806	20.5
	Koreans	297,304	266,468	563,772	33.9	218,250	184,160	402,410	24.2
	Total	301,737	270,416	572,153	33.8	221,879	187,337	409,216	24.1
1918	Japanese	4,394	3,978	8,372	24.9	4,473	3,619	8,092	24.0
	Koreans	299,657	270,538	570,195	34.2	269,603	245,640	515,243	30.9
	Total	304,051	274,516	578,567	34.0	274,076	249,259	523,335	30.7
1919	Japanese	4,298	3,801	8,099	23.4	4,060	3,540	7,600	21.9
	Koreans	248,123	218,152	466,275	27.8	206,113	178,392	384,505	22.9
	Total	252,421	221,953	474,374	27.7	210,173	181,932	392,105	22.9
1920	Japanese	4,311	3,776	8,087	23.3	4,753	4,312	9,065	26.1
	Koreans	251,286	217,435	468,721	27.7	205,844	189,142	394,986	23.3
	Total	255,597	221,211	476,808	27.6	210,597	193,454	404,051	23.4

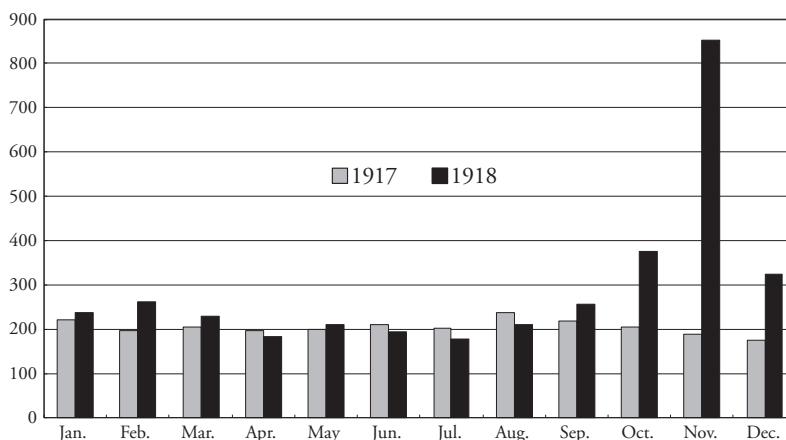
Determined to find a way to calculate the impact of the epidemic using the excess-deaths data, I have used what figures are available as described below.

*Victims of Early Epidemic in Korea about 130,000*

The Government-general's report lists statistics on deaths by illness continuously from 1919 onward, but in the influenza epidemic period totals for deaths by month are only available for 1917 and 1918. Figures 9-3 and 9-4 show figures for deaths of Japanese and Koreans, respectively, from respiratory-tract-related ailments<sup>10</sup> for these two years. Both for Japanese and Koreans, the figures are several times higher in November 1918 than for a normal month. This appears to be clearly the result of the outbreaks of influenza that struck not only Japan itself but all over the world in this period and conforms also with the other records I have cited. Looking closely, however, we can see that the increase of deaths began in September. The only document about the Spanish influenza epidemic in Korea, by Frank W. Schofield, corroborates this observation.<sup>11</sup> In October, the number of deaths was twice that of a normal month and then jumped up sharply; in December it dropped down again but was still significantly higher than in a normal year.

While unfortunately we do not have more detailed figures than those available by month, if we set 1917 as a normal year, a monthly comparison with the figures for 1918 allows us to calculate excess-deaths figures for several months, as shown in Table 9-4.

**Figure 9-3. Number of Deaths in Korea by Month (Japanese), 1917–1918**



<sup>10</sup> The figures represent totals from the report's categories for "respiratory disease," "colds," "infectious diseases," and "diagnosis unclear or unknown."

<sup>11</sup> Schofield and Cynn 1919, p. 981. They reported that the first influenza patients in Seoul came in late September and that the pandemic in Korea started in mid October.

Figure 9-4. Number of Deaths in Korea by Month (Koreans), 1917–1918

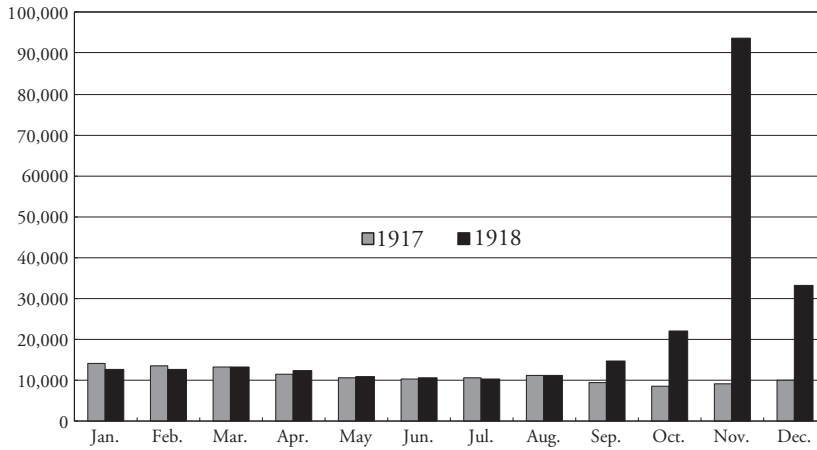


Table 9-4. Excess Deaths in Korea in 1918

Japanese		Respiratory diseases	Influenza	Infectious diseases	Uncertain	A. Subtotal	B. Deaths	A/B (%)	Excess deaths
1917	August	71	3	160	2	236	748	31.6	
	September	84	8	125	0	217	624	34.8	
	October	62	4	134	4	204	583	35.0	
	November	84	12	91	2	189	512	36.9	
	December	102	5	65	4	176	473	37.2	
1918	August	85	14	110	1	210	675	31.1	-26
	September	114	15	123	3	255	739	34.5	38
	October	192	40	142	2	376	824	45.6	172
	November	396	132	322	2	852	1,256	67.8	663
	December	173	39	109	2	323	596	54.2	147
Total									1,020

Koreans		Respiratory diseases	Influenza	Infectious diseases	Uncertain	A. Subtotal	B. Deaths	A/B (%)	Excess deaths
1917	August	5,426	1,290	4,307	220	11,243	41,117	27.3	
	September	4,671	1,362	3,261	190	9,484	34,312	27.6	
	October	4,596	1,416	2,404	187	8,603	29,158	29.5	
	November	5,098	1,543	2,385	151	9,177	27,954	32.8	
	December	5,754	1,753	2,366	167	10,040	27,228	36.9	
1918	August	4,658	1,770	4,397	208	11,033	33,638	32.8	-210
	September	5,315	3,553	5,563	240	14,671	35,993	40.8	5,187
	October	5,843	4,573	11,461	210	22,087	42,741	51.7	13,484
	November	11,487	13,223	68,750	335	93,795	121,941	76.9	84,618
	December	6,211	5,846	20,974	185	33,216	50,824	65.4	23,176
Total									126,465



The table reveals the differences in number of deaths by month between 1917, showing the normal-year figures for deaths from the respiratory-tract-related disease category, and 1918. The figure is a minus figure in August, indicating that it was not influenced by influenza. We can see that, however, by September the number for 1918 has begun to rise and that the difference is noticeable in October and pronounced in November. Adding together the figures for September through December, we get 1,020 “excess deaths” for Japanese and 126,465 for Koreans; there are the figures that may be considered to show the death toll from the Spanish influenza in Korea.

When we look at the breakdown of diseases, the pattern is different for Japanese and Koreans. For Japanese, respiratory diseases are the most numerous, but for Koreans, the figure for contagious diseases is also high. We cannot immediately tell whether the contagious diseases here are of the respiratory disease type. However, considering the increase in deaths from respiratory disease and from “colds,” a considerable number, even if not all, of those who died from contagious diseases, could be those from respiratory diseases. With the understanding that the content of the contagious disease category is unclear, I would consider these influenza deaths.

If that were the case, it would mean that the total of Japanese and Koreans who died in the first wave of the influenza epidemic in Korea in the fall of 1918 was 127,485. This comes out to 7.5 per mil in the population, and is quite a high mortality for a one-time epidemic.

#### *Cumulative Deaths in Korea about 230,000*

Next, let us perform the same calculations for the period from 1918 onward. Regarding the period beginning in 1918 as well, we have statistics on number of deaths by type of illness. However, the total number of deaths is quite low, so it does not seem to be the actual number of deaths. Forced by necessity to calculate excess deaths on a yearly basis, we come up with the figures shown in Table 9-5. Using the average number of deaths for the three years 1915, 1916, and 1917 to set the standard for a normal year, we can then calculate the excess number of deaths for 1918, 1919, and 1920. The number of deaths for a normal year for Japanese was 2,469 and for Koreans 127,811. We can obtain the excess-deaths figures by subtracting those figures from the total number of deaths from respiratory-tract-related diseases during the epidemic years. The excess-deaths figures obtained for 1918 by this method are so close to the numbers shown in Table 9-4 for both Japanese and Koreans as to be considered almost identical.

Encouraged by these results, we then calculate the excess deaths for 1919 and 1920. The cumulative excess-deaths figures for the three years are 3,384 for Japanese and 230,782 for Koreans, totaling 234,166. In the population of about 17,000,000 for Korea at that time, this is 3.8 per mil, a higher rate than for the Japan.

**Table 9-5. Excess Deaths in Korea in 1918–1920**

Japanese	Respiratory diseases	Influenza	Infectious diseases	Uncertain	A. Subtotal	B. Total	A/B(%)	Excess deaths
1915	933	66	1,116	145	2,260	5,984	37.8	
1916	1,254	67	1,326	48	2,695	7,080	38.1	
1917	1,148	77	1,191	37	2,453	6,806	36.0	
					7,408	2,469		
1918	1,810	307	1,352	35	3,504	8,092	43.3	1,035
1919	1,016	221	2,210	101	3,548	7,600	46.7	1,079
1920	716	248	2,734	41	3,739	8,409	44.5	1,270
							Total	3,384

Koreans	Respiratory diseases	Influenza	Infectious diseases	Uncertain	A. Subtotal	B. Total	A/B(%)	Excess deaths
1915	50,754	21,890	32,415	14,658	119,717	336,936	35.5	
1916	59,905	20,864	43,047	7,470	131,286	363,556	36.1	
1917	68,273	19,578	42,209	2,371	132,431	402,410	32.9	
					383,434	127,811		
1918	75,361	39,689	139,152	2,699	256,901	515,243	49.9	129,090
1919	48,658	22,915	92,338	4,241	168,152	384,505	43.7	40,341
1920	42,035	23,321	119,692	4,114	189,162	394,986	47.9	61,351
							Total	230,782

As of the end of 1918, in Korea there were 336,872 Japanese and 16,697,017 Koreans, and the mortality of the former was 10 per mil and that of the latter 13.8 per mil, a fairly large difference between them.

Also, looking at the percentages of deaths from respiratory-tract-related diseases in the total number of deaths, we can see that while the proportion stood at about 30 percent in a normal year, it rose to around 40–50 percent during epidemic years. In November 1918, during the year for which we have monthly statistics, the percentage for Koreans was as high as 76.9 percent.

#### *Influenza and the 1 March Uprising*

Lastly, if we look at the age of those who died, we find that of those who died from respiratory-tract related diseases, the proportion of those aged between 16 and 50 was 26.3 percent for a normal year (1917), and almost 40 percent during epidemic years, and of all deaths regardless of illness, their proportion rose from about 8.7 percent to nearly 20 percent. Influenza clearly hit this age range the hardest.

Although with some reservations regarding the statistics, we can say that mortality from the influenza pandemic in Korea was quite high. No doubt part of the reason for this was the coinciding of the epidemic with Korea's cold season and lack of access by the poor to adequate fuel to heat their homes, conditions that would produce many influenza patients and deaths. It is also likely that Koreans had less access to medical care

or hospitalization facilities, further accentuating the toll. It is quite possible to imagine that the tinder that sparked the Korean independence uprising on 1 March 1919 was related to the epidemic, in which Koreans were dying one after another, while Japanese enjoyed preferential treatment.

### Kwantung Leased Territory

Probably because Kwantung was a leased territory, no statistics were independently compiled for the area, so this study can only rely on the statistics for overseas territories included in the *Nihon teikoku tōkei nenkan* (hereafter Statistical Yearbook). For descriptive accounts, we may refer to the *Manshū nichinichi shinbun*<sup>12</sup> published in Dairen (Dalian), so I will look at the influenza epidemic in Kwantung Leased Territory and South Manchuria through articles in its pages. The statistics for Kwantung province are not consistent, being divided for some years into “inside Kwantung” (Kwantung province proper) and “outside Kwantung” (the South Manchuria Railway Zone), and not divided for other years. The population at the end of 1918 is shown in Table 9-6. For “inside Kwantung,” the total population is over 580,000, of whom Japanese made up about 10 percent and Chinese nearly 90 percent, with a handful of other nationals. As can be seen from the table, the feature of the population is its lack of gender balance. As was the rule for most colonized areas, men occupy the vast majority, and among Chinese, men were the majority.

**Table 9-6. Population of Kwantung Province in 1918**

Japanese	Male	Female	Total	Gender ratio
Inner territory	32,539	27,703	60,242	117.5
Outer territory	28,890	23,640	52,530	122.2
Total	61,429		112,772	119.6
Chinese	Male	Female	Total	Gender ratio
Inner territory	298,288	224,859	523,147	132.7
Outer territory	76,292	10,218	86,510	746.6
Total	374,580	235,077	609,657	159.3
Foreigners	Male	Female	Total	Gender ratio
Inner territory	57	57	114	100.0
Outer territory	142	83	225	171.1
Total	199	140	339	142.1
TOTAL	Male	Female	Total	Gender ratio
Inner territory	330,884	252,619	583,503	131.0
Outer territory	105,324	33,941	139,265	310.3
Total	436,208	286,560	722,768	152.2

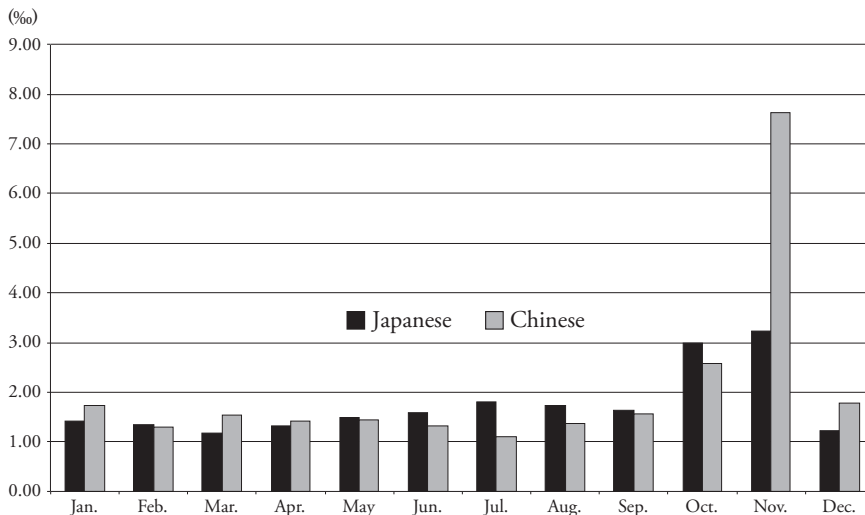
12 This Japanese-language newspaper for Japanese readers was founded by statesman Gotō Shinpei (1857–1929), and it circulated not only in Kwantung province, but in the South Manchurian Railway Zone in which Japan held concessions.

The first report of influenza in the *Manshū nichinichi* was on 18 May 1918, with an outbreak among Chinese in Mukden (now Shengyang). This appears to be the “herald wave.” By the following day, it had spread to Japanese as well, and as it continued to spread in Liaoyang (article of 26 May), elementary schools began to close.

The main epidemic hit in October, with the headlines announcing “[Flu] Spreads Throughout Lüta from around the 10th of the Month]” (25 October) and by the end of the month, the paper was reporting school closings in various places and deaths from influenza in Port Arthur (Ch. Lushun; Jp. Ryojun) (27 October). From the afternoon of 31 October, the governor of Kwangtung had all entertainment establishments closed, although such a policy had not been implemented even in Japan.

From around the 10th of November, the epidemic had subsided, so the entertainment places were reopened and classes in the schools resumed. The death toll from influenza through 7 November was 213, with 8,300 cases and 133 dead in Port Arthur alone (11 November). The Statistical Yearbook figures for deaths by month in Kwantung end with 1918, so we can only get a glimpse of the early part of the Early Epidemic. Figure 9-5 shows mortality by month for 1918 for Japanese and Chinese. These figures include deaths from illnesses other than influenza, but the high rates for October and November clearly reflect the impact of the influenza epidemic. The disparity in mortality for Japanese and Chinese is not marked for non-epidemic months, but for November during the Early Epidemic period, mortality for Chinese is nearly 2.5 times that for Japanese. Although how effective it was in saving lives is not certain, it is likely that access to hospital care was greater for Japanese than Chinese. The virus struck everyone equally, but the inequality was apparent in the care received by patients after they contracted influenza; that disparity is apparent in the situation reflected in this graph.

**Figure 9-5. Mortality for Residents of Kwantung by Month, 1918**



In March 1919, influenza again spread in Kwantung and South Manchuria, but it appears that its impact was not particularly great. The last article concerning the Early Epidemic appeared on 6 April.

*High Mortality also in Kwantung Late Epidemic*

From October 1919, signs appeared of the Late Epidemic of influenza in Kwantung, and warnings were sounded, and an article published in the *Manshū nichinichi shinbun* on 19 November announced the onslaught of the Late Epidemic with “100 new cases each day.”

The spread of infection in the ranks of the army was the same as in Japan. The paper reported on 27 December about the cases that erupted in the regiment at Port Arthur after new recruits from Japan enlisted on 1 December, stating that as of 26 December there were 80 cases and that a total of ten patients had died on the 25th and 26th.

During the first five days of the new year, of a total of 40 deaths, 16 were reported from influenza or pneumonia (10 January). In Lüta, an article published on 15 January said that the new epidemic of the flu was spreading with tremendous speed, resulting in many new patients—some 30 or 40 a day—and that the new outbreaks suggested the flu was much more virulent than the previous year. The following day, the paper carried a listing of influenza patient cases and deaths for each division and garrison showing that the Kwantung garrison had 1,002 patients and 64 deaths, rates that placed it second among Japan’s 20 divisions and five garrisons.

On 21 January the paper reported that of 229 patients between New Year’s and the 12th, 31 had died, a situation in which more than one in ten patients died. Compared to the previous year, the “number of patients is much smaller,” but mortality among those who did contract influenza was very high, the same situation as observed in the latter part of the Early Epidemic and in the Late Epidemic in Japan. However, by the end of January, an article appeared reporting that the influenza epidemic was “subsiding.” A statement from the head of the Sanitation Bureau was quoted as saying that there had been 939 patients between New Year’s and the 25th, but that on the 25th there were only 24 new patients.

Articles reporting on the Late Epidemic in Kwantung ended with an 11 March article saying that influenza had hit the city of Dairen and some of its elementary schools had been closed.

## Taiwan

Descriptive accounts of the 1918–1920 influenza epidemic in Taiwan used in this study include the *Taiwan nichinichi shinbun*, a Japanese-language newspaper with some Chinese pages, and the *Taiwan Sōtokufu tōkeisho* (Taiwan Government-general Statistics).<sup>13</sup>

The *Taiwan nichinichi* reported in its “Tokyo tsūshin” (Tokyo News) column on 4 March 1918 about the influenza epidemic in Tokyo, although it is not clear at this point whether that was indeed the “Spanish influenza.” There was an outbreak in Taiwan that resulted even in the death of some of the wrestlers in the sumo tour of Taiwan in April. It is not certain, to be sure, but on the other hand it is hard to say that it was *not* the Spanish influenza. A 20 June article headlined “A Curious Fever Appears; Infection is Spreading,” described it as different from dengue fever as it did not produce a rash or eruptions, but accompanied by high fever, back pain, and fatigue, and passed within about five days. These symptoms make the likelihood very high that this was the “herald wave” of the influenza pandemic. Cases of this flu were first reported in Keelung, a port city in the northern part of the island (20 June), and the following day an article in the Chinese pages told of an epidemic of the flu in Hong Kong and cases not only in Keelung but in the Penghu Islands.

In October, there was another outbreak of influenza in Keelung, and cases were reported by an artillery company of the garrison. The disease began spreading among the infantry on the 27th, and the garrison infirmaries were filled with sick soldiers.

In November, it was reported that patients with the flu included those who developed pneumonia and died (1 November), and the infection had spread as far as central Taiwan (3 November). Cases were reported from Taichung and Chiayi cities in central Taiwan.

The Taiwan Medical Association issued a warning that entertainment establishments should be closed (4 November) but apparently no official measure was taken. On the 5th, the paper carried an “announcement” requesting readers’ understanding that the delivery of newspapers might be delayed because many members of the editorial and other departments of the *Taiwan nichinichi* company were absent with the flu. Taipei elementary schools began to close and ice sold out quickly. Cases of patients dying of influenza were reported from Chiayi (8 November), and the flu spread to Tainan and Kaohsiung in the south, and the Hualien port on the eastern coast (8 November). The price of medicines skyrocketed and as the number of deaths increased, it was reported that the crematoriums were handling three times the usual number of cremations (14 November). Through November the epidemic spread from the north throughout the island to the south and there were also many cases in the Penghu Islands off the eastern coast.

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13 The *Taiwan Sōtokufu tōkeisho* records population statistics by district, but in this study, I combine them into one figure.

By December, however, the outbreaks seemed to have slowed and articles with headlines like “[Epidemic] Soon to Subside in the City [of Taipei]” (8 December) and even in Chiayi, where the outbreaks were especially ferocious, “[Epidemic] Finally Subsides” (18 December) and announcing that the epidemic in Kaohsiung is “almost over.” At the same time, we must note that the “infectious cold” began to spread among the aboriginal peoples of Taiwan. The newspaper reported on 20 December that there were cases and deaths of people in the Hsinchu tribal district.

There are few articles on the latter half of the Early Epidemic in Taiwan, although we do see some articles concerning cases of cerebrospinal meningitis, appearing first also in the army but ending by March 1919.

#### *Military Forces Also Origin of Epidemic in Taiwan*

The Late Epidemic is reported to have begun with cases of influenza among new army recruits in early December 1919 (5 December 1919). Outbreaks were reported in the city of Taipei on 16 December and deaths from it had already occurred. By the end of the year, it had spread to the battalion stationed at Hualien on the eastern coast and there were fierce outbreaks in Keelung, Alishan, Chiayi, Taichung, Kaohsiung, and other areas, with schools closing down one after another. The epidemic also spread to the Hsinchu tribal district<sup>14</sup> and a survey there indicated that in one hamlet there were more than 100 cases and eight people had died (14 and 18 January 1920).

On 16 January, it was reported that some train runs had been canceled, but this was apparently the peak of the epidemic since by 23 January an article indicated the “epidemic has finally subsided,” and on 29 January the paper reported that from 1 December 1919 there had been 5,690 deaths from the flu.

Articles referring to influenza appear sporadically after that, and a report appeared indicating that there had been 480 cases in the Hsinchu tribal district and 40 deaths (5 February 1920). By March, there are no more articles about the “infectious cold” that had so fiercely hit the island.

#### *Differences in Impact on Japanese and Local People*

Statistics for the population of Taiwan are divided into Japanese, Taiwanese, other foreigners, and in some cases tribal peoples. Table 9-7 shows the population according to these categories for the years 1916 through 1920. Perhaps because figures were not available for population for the tribal peoples, they are not included in the original source.

The population of Japanese was 4 to 5 percent of the population of Taiwan and there were about 20,000 other foreigners living there and, in view of the gender ratio shown in the figures, they were probably mainly single male immigrants.

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<sup>14</sup> At the time, the tribal people of Taiwan had been confined to certain zones and were subject to an assimilation program.

Let us proceed to the dynamic statistics. Table 9-8 shows births and deaths. Fertility for Taiwanese is very high, at an average of 40 per mil. Fertility is quite high for Japanese as well at between 37 and 38 per mil. The high fertility rates are worthy of further consideration, but for the purposes of this book, I will concentrate instead on mortality.

**Table 9-7. Population in Taiwan in 1916–1920**

	Group	Male	Female	Total
1916	Japanese	79,200	63,252	142,452
	Taiwanese	1,796,054	1,685,905	3,481,959
	Foreigners	15,302	3,321	18,623
	Total	1,890,556	1,752,478	3,643,034
1917	Japanese	80,180	65,052	145,232
	Taiwanese	1,794,067	1,688,017	3,482,084
	Foreigners	15,583	3,630	19,213
	Total	1,889,830	1,756,699	3,646,529
1918	Japanese	81,772	67,059	148,831
	Taiwanese	1,800,794	1,698,912	3,499,706
	Foreigners	16,908	4,242	21,150
	Total	1,899,474	1,770,213	3,669,687
1919	Japanese	83,968	69,362	153,330
	Taiwanese	1,819,167	1,719,514	3,538,681
	Foreigners	18,102	4,786	22,888
	Total	1,921,237	1,793,662	3,714,899
1920	Japanese	93,802	72,819	166,621
	Taiwanese	1,789,508	1,692,325	3,481,833
	Foreigners	19,480	5,356	24,836
	Total	1,902,790	1,770,500	3,673,290

**Table 9-8. Births and Deaths in Taiwan in 1916–1920**

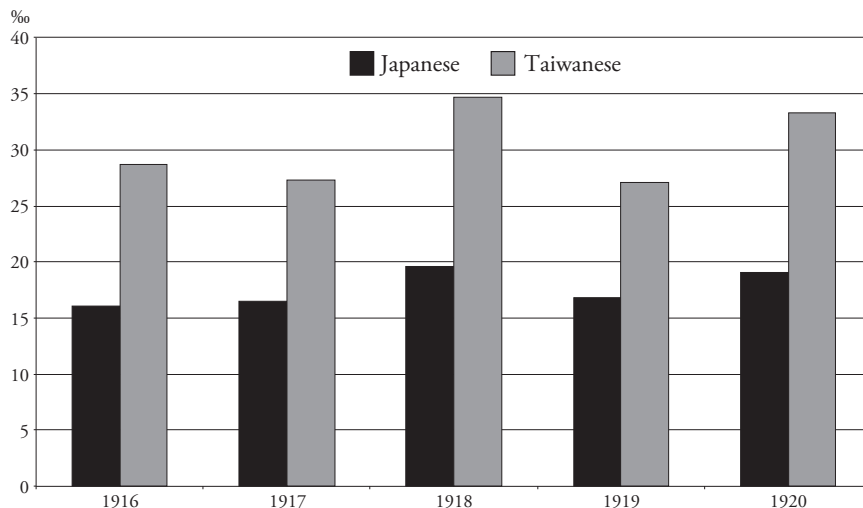
	Group	Number of births total	Fertility (‰)	Number of deaths total	Mortality (‰)
1916	Japanese	4,766	33.5	2,282	16.0
	Taiwanese	128,605	36.9	99,924	28.7
	Total	133,371	36.8	102,206	28.2
1917	Japanese	5,426	37.4	2,393	16.5
	Taiwanese	142,414	40.9	95,216	27.3
	Total	147,840	40.8	97,609	27.0
1918	Japanese	5,267	35.4	2,916	19.6
	Taiwanese	139,465	39.9	121,303	34.7
	Total	144,732	39.7	124,219	34.0
1919	Japanese	5,098	33.3	2,571	16.8
	Taiwanese	136,707	38.6	95,944	27.1
	Total	141,805	39.2	98,515	26.7
1920	Japanese	5,458	32.8	3,182	19.1
	Taiwanese	141,313	40.6	115,740	33.2
	Total	146,771	40.1	118,922	32.6



The features of mortality in Taiwan are that the rate was low for Japanese, at not more than 20 per mil even during the influenza epidemic period, while for Taiwanese, even in non-epidemic years, it was as high as about 28–29 per mil, and well above 30 per mil during the epidemic years.

Figure 9-6 compares the mortality of Japanese and Taiwanese. The disparity is 10 per mil in non-influenza epidemic years and 15 per mil in epidemic years, and mortality for both Japanese and Taiwanese is conspicuously high for 1918 and 1920, which confirms that those were the epidemic years in Taiwan. Still, as was the case in Korea, there is a marked difference between the figure of not more than 20 per mil for Japanese and the nearly 35 per mil for Taiwanese. This disparity can be attributed to various factors such as direct reasons like medical care and preventive measures as well as lifestyle factors; it might also be affected by the age structure of the Japanese who were in Taiwan at the time.

**Figure 9-6. Mortality of Japanese and Taiwanese in Taiwan, 1916–1920**



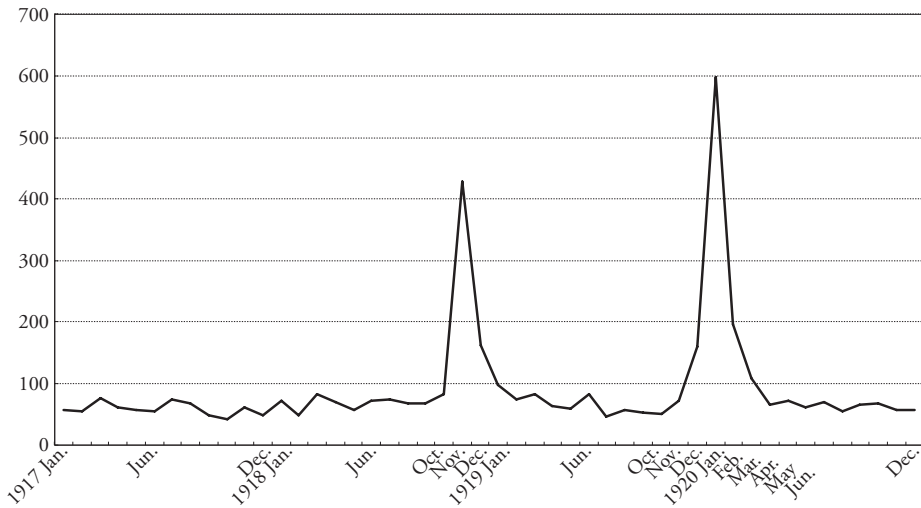
### *Deadly but Short Epidemic*

Now let us examine the number of deaths from influenza. Figures 9-7 and 9-8 chart the number of deaths<sup>15</sup> from respiratory-related diseases from January 1917 to December 1920. The figures used here do not include “diagnosis unclear.” The graphs show at a glance how influenza spread rapidly, producing an epidemic in two waves, the first

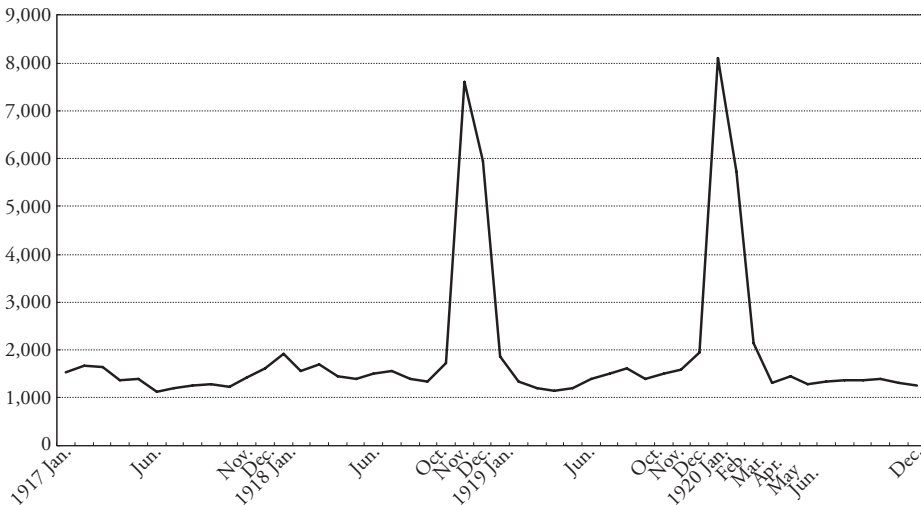
<sup>15</sup> Using almost the same categories for causes of death as for the *Nihon Teikoku shiin tōkei* compiled for Japan itself, the *Taiwan Sōtokufu tōkeisho* gives statistics by month for Japanese, local people, and non-local/non-Japanese. For this discussion since non-Japanese/non-locals made up such a small portion of the population, I have excluded them from this discussion. In many cases I consider Japanese and Taiwanese separately, given the differences between them. The causes of death from illness used in calculating excess deaths from influenza cover eight items: infectious colds, pulmonary tuberculosis, acute bronchitis, chronic bronchitis, pneumonia and bronchial pneumonia, other ailments of the respiratory system and “unclear diagnosis.”

starting around October 1918 and peaking in December 1918 and the second starting around November 1919 and peaking in January 1920. The virus appears to have attacked Taiwan suddenly but then vanished in a relatively short period of time, as is clear from the acute lines showing the epidemic period. Particularly for Japanese residents, the epidemic appears to have been concentrated in November 1918 and January 1920. For Taiwanese, the epidemic was also concentrated in the same periods, with the curve just slightly less acute than for Japanese. This may be because the deaths are spread out during the first peak between November and December 1918 and during the second peak between January and February 1920.

**Figure 9-7. Number of Deaths from Respiratory-related Diseases in Taiwan (Japanese), 1917–1920**

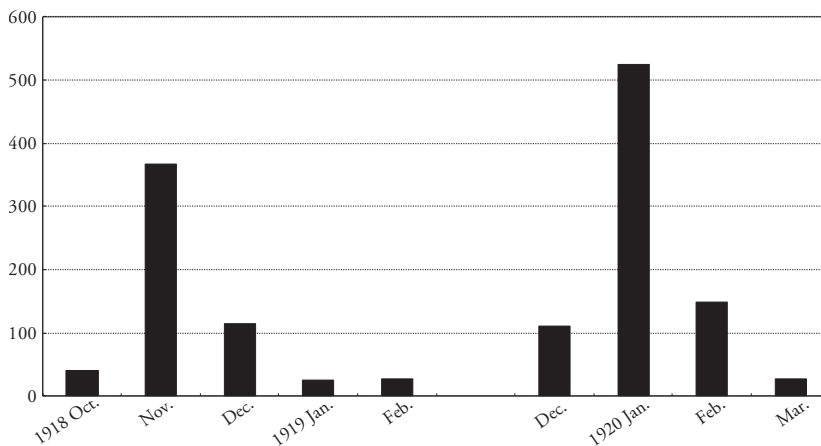


**Figure 9-8. Number of Deaths from Respiratory-related Diseases in Taiwan (Taiwanese), 1917–1920**

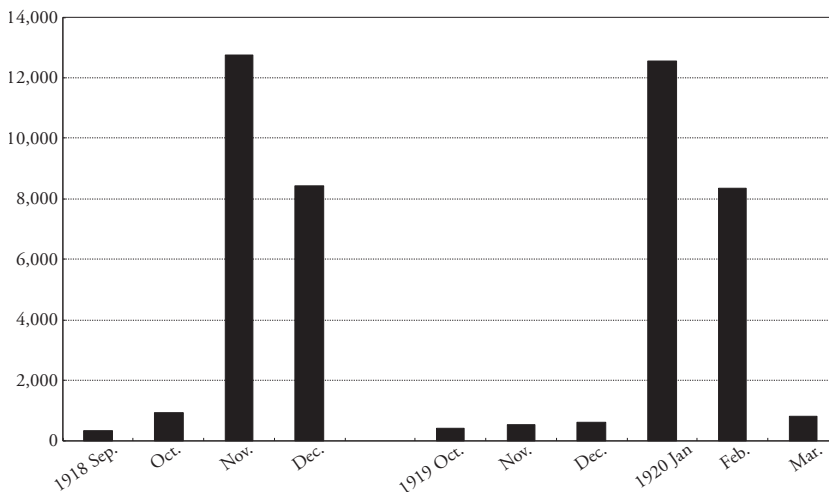


Bringing the focus somewhat closer, we can calculate by the excess-deaths method the number of deaths from influenza for Japanese and Taiwanese for the two main periods of the epidemic, as shown in Figures 9-9 and 9-10. Using the same method as for Japan itself, we calculate the number of deaths for the “normal year” corresponding to the latter half of 1917 and the first half of 1918 vis-à-vis the monthly figures for the Early and Late epidemics.

**Figure 9-9. Number of Deaths from Influenza in Taiwan (Japanese), 1918–1920**



**Figure 9-10. Number of Deaths from Influenza in Taiwan (Taiwanese), 1918–1920**



Comparing Figures 9-9 and 9-10, we can see that the peak of deaths for Taiwanese spans about two months. The same trend is somewhat notable for Japanese, but not very marked. It is hard to tell whether this difference is the result of the fact that the figures are by month or that they reflect some specific reality, but supposing that it is the latter, one possible reason is that most Japanese lived in the cities, while Taiwanese were spread

out over the countryside. It is likely that the transmission of the virus took a longer time in rural areas.

The excess deaths for the two waves of the influenza epidemic on Taiwan and their ratio to the population are charted in Table 9-9. Mortality for both epidemics was 9.6 per mil for Japanese and 13.6 per mil for Taiwanese and these figures are slightly higher than for Japan's main islands. This is related to the fact that the influenza epidemic ended in a relatively short period of time. As we can see from the bar graphs in Figures 9-9 and 9-10, the period of a large number of deaths was within one or at most two months, as distinct from the pattern of the Early Epidemic in Japan where high mortality continued well into the following year. However, if non-local/non-Japanese as well as the tribal peoples were included in the figures, it is likely that the number of deaths from influenza in Taiwan reached a total of 50,000. When we think that the population of Taiwan, as shown in Table 9-9, was around 3,700,000 in the pandemic period, this number of deaths was by no means small. Assuming that the number of deaths in a normal year, as indicated in Table 9-8, was around 100,000, the cumulative figure of 50,000 deaths from the influenza would mean that over the course of two years about half that number died of influenza alone.

**Table 9-9. Number of Deaths by Influenza in Taiwan in 1918–1920**

	Autumn 1918–Spring 1919	End of 1919–Spring 1920	Total	Mortality (‰)
Japanese	575	812	1,387	9.6
Taiwanese	25,136	22,343	47,479	13.6
Total	25,711	23,155	48,866	—

#### *Impact on Tribal Population*

Although the statistics provided very little information regarding the impact of the epidemic on the tribal people of Taiwan, let us look at what meager data is to be had. Not only do we not know their total population, but what data is available is not necessarily reliable.

The aboriginal peoples of the island were classified into two categories in those days, *jukuban* (civilized tribal people) and *seiban* (wild tribal people), that is, those who had submitted to Japanese imperial rule and those who had not. For the unsubmitive *seiban*, the cause of death is almost always listed as “diagnosis unclear,” and for example for the epidemic year 1918, of 2,722 dead, the cause of death for 2,483 is listed as “unknown.” This can be assumed to mean simply lack of a diagnosis provided by a doctor upon death. Such problems with the data notwithstanding, Table 9-10 lists the figures available by year, showing

**Table 9-10. Number of Deaths of the Tribal People in Taiwan in 1917–1920**

	Educated	Non-educated	Total
1917	1,313	1,414	2,727
1918	1,778	2,722	4,500
1919	1,436	2,532	3,968
1920	1,625	1,717	3,342

the clearly higher figures for the epidemic years, in the same pattern—particularly among the *jukuban*—as for Japanese and Taiwanese.

### Remarks

This chapter has dealt with Japan's overseas territories separately. For those territories other than the Kwantung Leased Territory, statistical data is available by district or province. Active use of this data would make it possible to determine the number who died from the Spanish influenza in each area for study along with descriptive accounts. It is my hope that by collaborating with local scholars, more detailed research can be done about the impact of influenza on these areas that were once under Japanese rule.

The influenza pandemic in the overseas territories basically consisted of two waves, the Early Epidemic and the Late Epidemic, as in Japan, and the “herald wave” was also reported in some areas. Due to unevenness in the statistics available, we cannot compile unified statistics, but except for the Kwantung Leased Territory, it is possible to calculate estimates of the Spanish influenza pandemic's toll by the excess-deaths method. What we have learned from these figures is that there are some disparities in the mortality between Japanese and the local peoples of its territories in that era, and that suggests that the conditions surrounding the Japanese in those areas were much better than the local people. By looking at history in this way, we can consider the significance of such realities.