

INTRODUCTION

The first decades of the twenty-first century have been marked by epidemic events that have enjoyed wide media coverage: the severe acute respiratory syndrome (SARS) pandemic in 2002–2003, the swine flu pandemic of 2009, the Ebola epidemic in West Africa in 2014–2016, the Zika epidemic of 2015–2016, and most recently the COVID-19 pandemic. Key to the general public’s exposure to these events and to their integration into a Global Health narrative has been the employment of photography.¹ This has been used to identify the sources of individual outbreaks, including animals from where viruses “spill over” to humans, spaces where viral emergence occurs, or behaviors that supposedly facilitate infection.² Following well-established disaster and humanitarian visual tropes, photography has also been used to portray human suffering in the course of epidemics, and efforts to alleviate it.³

Most spectacularly perhaps, photography has been employed to depict anti-epidemic operations. This includes the portrayal of a range of practices and technologies of epidemic control: fumigation and disinfection, quarantine, isolation, vaccination, hygienic burials, and the ubiquitous use of personal protective equipment (PPE) in the course of tracking, containing, and caring for patients and contacts.⁴ More often than not, such photographic images are used in dialogue with a range of other modes of visualization: maps, diagrams, statistical or modeling graphs, and scientific illustrations, video, and film.⁵ This complex visual culture is linked to well-established narratives of global interconnectedness and tends to foster ideas about the existential risk posed by emerging pathogens, thus rendering infectious disease outbreaks into sources of anxiety and fear across the globe, but also into drivers of biosecurity as a new form of governmentality.

But what sort of photography is the one that defines the visual field of epidemics? This book argues that it is not, as may be expected, medical photography but an autonomous genre of visualization: *epidemic photography*. To

understand the characteristics, uses, and impact of this photography, and what sets it apart from the general corpus of medical photography, we need to examine the way in which it emerged, more than a century ago, in the context of the first chain of infectious disease outbreaks to be captured by the photographic lens: the third plague pandemic (1894–1959).⁶ *Visual Plague* explores the emergence of epidemic photography with the aim to elucidate the historical importance of this photographic genre and the role it played in the formation and negotiation of ideas about a key epidemiological and biopolitical notion as well as social experience: the “pandemic.”

The idea of the pandemic plays a key role in the way in which we approach infectious diseases within the framework of Global Health and in how we envision and anticipate the future of humanity. As regards Global Health, approaching disease outbreaks as actual or potential pandemics (with SARS and COVID-19 as actual cases and Ebola in 2014–2016 as a case of potential pandemic) has led to unprecedented medical, political, and symbolic investments in infection events. Critical studies of this notion and its implications have shown how the idea of the pandemic sets in motion scalar politics of intervention and investment, which tend to promote neoliberal biopolitical frameworks of surveillance and preparedness in anticipation of “the next pandemic.”⁷ At the same time, over the past twenty-five years the epidemiological specter of the next pandemic has contributed to mythocosmological visions of the end of the world.⁸ Pandemics have thus come to be narrativized, dramatized, and symbolized—in novels, films, and video games as well as preparedness and epidemic-response campaigns—as events that could threaten humankind with extinction.⁹

In this book, I will argue that, in the context of the third plague pandemic, photography did much more than simply illustrate news items about plague outbreaks or provide evidence in scientific papers about specific aspects of plague epidemiology.¹⁰ Instead, photography played a key role in reconceptualizing infectious diseases in their interaction with humanity by visualizing the “pandemic” as a new concept and as a new structure of experience: one that frames and responds to even the smallest, local outbreak of an infectious disease as an event of global importance and consequence. *Visual Plague* argues that, besides visualizing individual outbreaks, epidemic photography transformed the way in which we relate to infectious diseases as both biological and historical agents.

The emergence of epidemic photography, I argue, has fostered medical and lay attention on the global dynamics of disease transmission, thus contributing to the emergence of notions of the “global” by visualizing a (micro)biological version of connectivity and integration. In this respect, photography was entangled with other technologies, such as the telegraph or steam power, in a process of rendering the “global” medically intelligible and actionable.¹¹ Where the telegraph communicated news about outbreaks on a global scale, and steamboats became understood as spreading germs across countries and continents, photography’s global work consisted in visualizing outbreaks as part of the same epidemiological event. This not only aided bacteriological narratives of disease, dispelling localist etiologies, but also underlined the need for universally agreed and coordinated methods of epidemic control. As a result, trade, migration, pilgrimage, urban planning, farming, general hygiene, burial practices, and any other social activity were framed as contributing to the spread of the particular disease and in need of regulation.

At the same time, this book argues, epidemic photography transformed the way in which we understand the historical importance of epidemics by inaugurating the visual field of a wider pandemic imaginary through the lens of which we have eventually come to perceive infectious diseases no longer as simply drivers of social change but as agents of existential risk to humanity. If, to paraphrase Charles Rosenberg, a pandemic “is at once a biological event, a generation-specific repertoire of verbal constructs reflecting medicine’s intellectual and institutional history, an aspect of and potential legitimation for public policy, a potentially defining element of social role, a sanction for cultural norms, and a structuring element in doctor/patient interactions,” *Visual Plague* shows that it is also a fundamentally visual event and process.¹²

THE THIRD PLAGUE PANDEMIC

The third plague pandemic (a term used to describe the event both today and at the time of its occurrence) has been the subject of extensive historical study.¹³ It designates the third time in recorded human history that the bacterium *Yersinia pestis* caused a pandemic of devastating, cross-continental proportions.¹⁴ Emerging in all probability in the Chinese province of Yunnan in the early to middle nineteenth century, what started as

a slow-spreading regional epidemic reached the British Crown Colony of Hong Kong in the spring of 1894.¹⁵ The Hong Kong outbreak was immediately perceived as a threat to British colonial power and to the Empire's world-leading maritime trade.¹⁶ A catalyst of tensions between colonizers and the colonized, and a platform for intense scientific competition, the Hong Kong epidemic triggered medical studies of the disease, leading to the identification of the bacterial pathogen, though not of the way of its transmission or maintenance in a given area.¹⁷

From Hong Kong the disease initially spread to British India (1896) where it established itself and led to recurring epidemics for over three decades. Plague would soon after make its appearance in a rapidly increasing number of countries, developing into a global pandemic within the next four years. By 1900 it had arrived for the first time in North, Central, and South America, Australia, and sub-Saharan Africa, while also affecting urban and rural areas in Europe, the Maghreb, the Middle East, and across East, South, and Southeast Asia.

The pandemic quickly became the subject of systematic scientific study, governmental concern, and public fear. Though the actual toll of the disease was geographically uneven (ten million out of the twelve million victims of the disease by the end of the pandemic were located in British India), plague often outweighed other diseases (such as malaria) in scientific, governmental, and lay attention and consciousness, leading to large-scale interventions with an often catalytic impact on the social, economic, and political life of affected areas.¹⁸

BEYOND MEDICAL PHOTOGRAPHY

Although the invention of photography preceded the Hong Kong outbreak of 1894 by several decades, there is no evidence to date of a systematic use of the technology in the depiction of any infectious disease outbreak preceding this event. This makes the outbreaks composing the third plague pandemic, from 1894 onward, the first epidemic events to be captured by the photographic lens. This is in itself striking because by 1894 photography had already been extensively employed to document medical conditions, including the generation of pathographies of infectious diseases such as syphilis.¹⁹ Yet plague photography differed considerably from what is more generally understood as medical photography and its forms of visual

knowledge. In the main, at the turn of the century the latter consisted of clinical photography, which was focused on the depiction and examination of symptoms or human physiology and pathology, in the strict sense of the term, and on the spaces (wards, operating theaters) and methods of medical intervention (examination, surgery, autopsy) on the human body.

According to Erin O'Connor, by the end of the nineteenth century clinical photography was employed "as both documentary and diagnostic device" through the development of "a uniquely scientific mode of representation, a semiotics of the body that positioned individual subjects in typological relation to a standardized corporeal norm."²⁰ In its narrow "clinical" definition, medical photography involved an exercise of the medical gaze and formed part of a broader medical visual knowledge that included "an expanded notion of semiosis that moves on from the patient's words to incorporate intervening tools of signification, from the stethoscope to the scanner."²¹ As Monika Pietrzak-Franger has argued for the case of syphilis in Victorian England, clinical photographs of diseased bodies were not simply tools of medical knowledge but contributed to an overall sense of *fin de siècle* social and moral crisis.²² This they did by focusing on and exposing the patient's body and its pathology in ways that classified, objectified, and othered the disease in question.²³

By contrast with medical photography and the clinical focus of the visual knowledge it involved and generated, epidemic photography was not exclusively or primarily concerned with exposing the patient's body or the methods of examination and operation on it. Its main focus, as developed during the third plague pandemic, was not on the symptomatology of the disease; nor was it concerned with human suffering as a subject, as has been underlined in humanitarian photography since the 1970s.²⁴ Though photographs of plague patients do exist, these form an extremely small part of the third plague pandemic visual archive.²⁵ Epidemic photography was focused not so much on the ontology of plague—on what O'Connor has called "the what of it"—as on its how and why.²⁶

This is not to say, however, that epidemic photography should be approached solely as *epidemiological* photography. At the time of its emergence, epidemic photography was not the monopoly of public health professionals. Instead the visual field of plague was constituted, negotiated, and developed through a dialogue between multiple agencies, forms of knowledge, and agendas, which included but were not limited to medical

or public health ones. Following visual anthropologist Deborah Poole, we may say that the rise of epidemic photography depended on a global “visual economy” that allowed for the public negotiation of the meaning, cause, and impact of epidemics, in which photographic images played a key evidentiary and narrative role.²⁷ In this visual economy, no agency, expertise, or agenda held a lasting hegemonic position in terms of authenticity or authorship. This is not to say that the visual economy in place was egalitarian; rather, the meaning, truth value, and evidentiary uses of different photographic corpuses on plague were not predetermined or overdetermined by the source of representation.

To give one example, in the course of the Manchurian pneumonic plague epidemic of 1910–1911, a host of opposed agencies became embroiled in a struggle to determine the zoonotic source of the disease, its transmission pathway, who was responsible for the outbreak, and who was able to stop it.²⁸ As the visualization of an event unfolding in an area controlled by three rival empires (China, Russia, and Japan), the photography of the Manchurian plague reflected conflicting sovereign, etiological, and public health narratives. Moreover, nonsovereign agencies came to complicate this picture: French and British reporters, American, French, and German doctors, as well as a range of missionaries operating in the region provided their own visual narratives, which were presented in different formats and forms.

On the one hand, imperial-sovereign plague narratives primarily took the form of well-designed, expensive albums.²⁹ A number of these were presented at what was considered as the key arena for international arbitration over the epidemic, the First International Plague Conference (Mukden, April 1911). On the other hand, foreign missionaries and doctors provided a less monumental photographic output, with photographs used in public lectures (as lantern slides), memoirs, and scientific publications.³⁰ As for photographs taken by or for journalists, these appeared in newspapers as well as in the illustrated press across the globe, often mixed with photographs derived by the above imperial and medical sources. The result was a polyvocal, dialogical, intermedial, and highly agonistic visual field, which did not simply illustrate the Manchurian epidemic but rather contributed to the negotiation of the source of the disease, its mode of transmission, the distribution of scientific authority between rival agents, and the distribution of blame across human communities.

In the course of the third plague pandemic, photography allowed different agents to visualize outbreaks in ways that framed them as total social facts. First, photography was employed to identify and negotiate the causes, agents, media, and sources of outbreaks. These involved not only nonhuman hosts and vectors of the disease (rats, marmots, fleas, etc.), but also social behaviors and customs (e.g., burial rites, pilgrimage, hunting, rag-picking) as well as material structures and forms of habitation (earthen floors, bamboo beams, blind alleys, etc.), with a pronounced racial inflection consistent with colonial medical frameworks at the time.

Second, photography was employed to identify and negotiate the means of containing and stamping out plague from infected locations, and of preventing its spread or recurrence in the future (e.g., quarantine, isolation, disinfection, fumigation, rat-proofing, incineration). In this way, photography allowed opposing authorities and communities, expert and lay alike, to praise or discredit old or emerging etiological frameworks as well as methods and technologies of epidemic control, to associate them with particular forms of governance, and to claim credit for them when they were successful.

To achieve these aims, epidemic photography, on the one hand, diverged from the norms, subjects, and tropes of medical photography. On the other hand, it brought these in dialogue with other photographic genres (ethnographic, architectural, expeditionary, urban, forensic, military, and disaster photography) so as to constitute a “profoundly hybrid genre.”³¹ In so doing, it could capture plague as a total social fact whose prevention and containment required not simply public health interventions but the transformation and modernization of society.

WHY PLAGUE?

The question of why it was plague rather than any other disease that led to the emergence of epidemic photography at the turn of the nineteenth century cannot be ignored, but it is also a question that can only be answered in a speculative manner. First, unlike most other diseases prevalent at the time, plague enjoyed a centuries-long history in European, Asian, and North African experience, which had formed, at least since the Middle Ages, a rich corpus of iconography and iconology.³² In the course of the nineteenth century, when Europe was largely free from plague for the first time in five

centuries, historical studies such as Justus Hecker's *The Black Death in the Fourteenth Century* (1832) portrayed plague not only as a source of illness and death but as bearing a unique significance on "the image of an age."³³ As will be examined in more detail in chapter 1, the result of this was the development and diffusion for the first time of the notion of "the Black Death," not only to reference the first years of the second plague pandemic (1347–1351) but also to invoke catastrophic, world-historical consequences. Although severe outbreaks of plague in the Middle East, India, and the Volga region between 1800 and 1880 maintained medical and public fascination, in Western Europe the disease became less and less associated with direct experience and more and more invested with attributes of an ancient and distant enemy that did not properly belong to the modern world. This mystification of plague was further fostered by Romantic configurations of the disease, both in literature and in the visual arts, culminating in what Faye Marie Getz has described as a "gothic epidemiological" imagination (see chapter 1).³⁴

Second, following the recent material turn in the history of medicine and the life sciences, as well as biohistorical approaches to infectious diseases, it is important to recognize that, as a disease, plague has certain characteristics that made it particularly good for the development of epidemic photography.³⁵ On the one hand, by July 1894 plague was an ontologically stabilized disease in the sense that its pathogenic agent (known today as *Yersinia pestis*) had been identified in the course of the inaugural outbreak of the third plague pandemic, in Hong Kong. This meant that subsequent outbreaks across the globe could be bacteriologically identified and verified as ones of "true plague" through laboratory tests (although this far from obviated disputes over the validity of the latter). On the other hand, the complexity of plague on several epidemiological levels meant that bacteriological identification amounted to little more than knowledge of the fact that the disease affecting a particular group or individual was indeed plague. Most importantly, scientists were uncertain about the way in which plague was transmitted to and between humans and the way in which it was maintained in any given area (see chapter 1).

Carried by over 200 animals, plague can be symptomatic or asymptomatic in different species; it can establish short- or long-term reservoirs in commensal and wild rodents and can even persist in the soil inside amoebas.³⁶ So complex is the disease ecology of plague that a leading plague

scientist at the US Centers for Disease Control and Prevention (CDC) has concluded that it signals a threshold of “epistemological entropy,” where what we know is that we can never fully know how plague is preserved and how it circulates in nature.³⁷ At the time of the third plague pandemic, this complexity, though not fully understood, necessitated recording and archiving images of the disease in its global spread in an effort to solve the mystery of its transmission and maintenance. No other human disease preoccupying scientists at the time may be said to possess such a complex epidemiological profile or unfathomable disease ecology. At the turn of the century, plague experts were thus confronted with the elusiveness of plague, not simply as what Priscilla Wald has described as an “outbreak narrative,” but as an epistemological condition triggered by the complexity of the actual disease.³⁸

What photography did was to highlight and connect different aspects of plague’s complexity in a manner that both created visual pathways for epidemiological reasoning about plague’s transmission and maintenance patterns and facilitated governmental intervention. The value of epidemic photography may then be said to have been accrued (to use a term developed by Poole) through the way in which it was able to amplify and combine epistemological and symbolic/affective investments of plague.³⁹ By visually entangling the dread that plague inspired in the general public as an actually occurring disease and as a disease invested with world-catastrophic properties, together with scientific concerns over the complexity and elusiveness of the disease, photography not only produced medical knowledge but actually helped institute a new kind of epidemiological reasoning whose defining characteristic, as Lukas Engelmann has argued, was its focus away from singular epistemic objects (the sick body, the infected house, the pestilential corpse, the plague vector) and toward their pathogenic interrelations.⁴⁰

PANDEMIC VISIONS

The third plague pandemic marked the first instance of the employment of photography in the depiction of an infectious disease outbreak. But it also marked the first time that such events were photographically recorded as part of a global pandemic. Thus the emergence of *epidemic photography* marked, at one and the same time, the emergence of *pandemic photography*. The two visual registers became interconnected and interconstituted in the

course of the events examined in this book, thus contributing to the institution and dissemination of the notion of the “pandemic.”

A term hitherto infrequently and unsystematically used in medical publications, the idea of the pandemic rose to prominence at the end of the nineteenth century as a result of new, bacteriologically informed ways of understanding the interconnectedness of infectious disease outbreaks. The third plague pandemic was the first series of epidemiological events to be systematically subsumed under this epidemiological descriptor.⁴¹ The identification of the pathogen causing the outbreaks, an increased focus on how the disease might be spreading from one location to the next (markedly by maritime trade), international involvement in plague research in affected areas, and the unprecedented interest in the disease by the press quickly transformed plague into a global protagonist.

Fostered by “the mass-potential of the Kodak revolution” but also by the fact that since the mid-1890s newspapers could for the first time carry photographs cheaply in their pages, photographs of plague outbreaks were featured in local and national newspapers of affected countries as well as in the international press.⁴² This created a peculiar scalar effect, where even outbreaks of very small capacity would receive extensive medical, governmental, and media attention. Outbreaks were seen, first, as part of a global march of plague and, second, as potentially being inaugural events of a pandemic of truly catastrophic proportions: the return of the Black Death on a global scale. As Mark Harrison has noted, “many of the publications aimed at the masses contained regular reports on outbreaks of disease and the apparent course taken by what were increasingly termed ‘pandemics.’”⁴³

Plague thus quickly transformed from a spatially and temporally distant disease into an imminent one: a disease that could soon strike one’s own town or city, or indeed may be already lurking unseen in its undecipherable “breeding grounds” or “elusive forms.” And nothing contributed to this sense of global interconnectedness, anticipation, and fear more than photography. As the disease struck more and more countries, often in what appeared to be a simultaneous eruption, the international dissemination and circulation of plague photographs in both the daily and the illustrated press generated an unprecedented spectacle of imminent global threat. At the beginning of the third plague pandemic, when the idea of the pandemic was still not fully developed, the press would restrict the representation of a given outbreak to images from the afflicted location; however, as the pandemic

progressed and the notion of the pandemic became more pronounced and refined, a more “interconnected” narrative started to emerge.

First, the visual field of the pandemic relied on a chronological juxtaposition between photographs of current outbreaks and earlier, nonphotographic depictions of plague, thus creating a symbolic continuum between the depicted epidemic and past events like the plague of London or the plague of Marseille and, ultimately, the Black Death. Visual tropes, such as the juxtaposition of early-modern beaked plague doctors with contemporary mask or PPE-wearing anti-epidemic staff, invited viewers to compare the two and draw out their supposed similarities.⁴⁴ Such comparative tropes would become engrained in the visual language of the pandemic; they would foster, on the one hand, a vision of progress from protoscientific to modern means of combating this ancient enemy of humanity and, on the other hand, a sense of anticipation, as if modern plague was about to transform into a catastrophe similar in scale and impact to the Black Death.

Second, this visual field also relied on combining photographs of the given outbreak under examination with those of other plague outbreaks from across the globe so as to create panoramas of global infection. Such syntheses fostered the integration of individual outbreaks into a unified, global pandemic event, even when these were, in fact, stand-alone epidemics that were biologically unconnected to the ongoing pandemic (e.g., the Manchurian plague of 1910–1911). It did this by a visual overview of the universal aspects of plague: its hosts and vectors, its modes of transmission, its infrastructural drivers, the cultural habits believed to foster its spread, and the efficacious measures of its control and prevention. Of course, photography was also used to portray and discuss local or regional specifics of individual outbreaks, such as the implication of marmots in the Manchurian outbreak, or the importance of bamboo structures in the case of plague in Java, or of Hindu cremation in India.⁴⁵ But even in these cases it was deployed in a manner that connected such local elements or questions with the global parameters of the pandemic, either as variants or as examples of the latter. In this manner, the actual subject of the depicted photograph became entangled with the causal relations the photographs were meant to depict, which were understood as being universal.

Photography visually conjured the “pandemic” as an etiological reality (by linking the depicted outbreak with the ones immediately preceding it across the globe), an epidemiological potential (by pointing to a possible

role of the depicted outbreak in the spread of the disease to as yet unaffected areas of the globe), and a global theater of epidemiological study and public health operations of epidemic control. What connected these three registers of epidemic photography was the framing of plague's fundamental elusiveness, as a blind spot that could be invested with anticipations and fears. In this way, epidemic photography contributed to the emergence of the pandemic as a scientific category and as a symbolic form. Entangling together already prominent visual tropes of the Black Death with a new visual field of infectious diseases as a threat to human health and social order, and of epidemiology and public health as frontline defenders of human societies against the menace of epidemics, photography contributed to the establishment of the pandemic as a potent terrain for epistemic, imaginary, and historical investment.

ORGANIZATION OF THE BOOK

Research leading to this study involved five years dedicated to the examination of the global third plague pandemic archive. Generously funded by the European Research Council, the project leading to this book involved myself as its Principal Investigator and five postdoctoral researchers, Lukas Engelmann, Branwyn Poleykett, Nicholas Evans, Abhijit Sarkar, and Maurits Meerwijk, in the collection, classification, and analysis of plague photographs. Three project administrators, Emma Hacking, Samantha Peel, and Teresa Abaurrea, were involved in the images' processing and curation into the Visual Representations of the Third Plague Pandemic Photographic Database, made available on Open Access basis by the University of Cambridge in September 2018.⁴⁶ What made it to the database depended very much on not only the project team's discoveries in archives and libraries across the globe, but also copyright legislation particular to the United Kingdom and the ability to execute memoranda of understanding with archives and libraries (which all maintained their copyright and intellectual property of the images whose digitization was funded by the project) within the financial and operational parameters of the project.

The resulting database holds 2,281 images out of the 11,000 collected by the project. Hence two things should be kept in mind when reading this work. First, although database links to images are provided where possible, several images discussed in this book are not included in the database.

Second, the database should not be taken to be representative of the full photographic corpus of the third plague pandemic as it contains less than a fourth of the images identified and collected by the project.⁴⁷ To give but one example, the database contains no photographs from Hawaii or Los Angeles (which are, however, discussed in the book) because it was not possible to clarify the status of these images sufficiently under UK copyright legislation. As a consequence, the absence or prevalence of themes in the database should not be taken as indicative of the full photographic corpus of the pandemic, and is not treated as such in the book.

How were the photographs I discuss selected? This work is not structured around outbreaks. In other words, its chapters do not follow a chronological order representing major plague outbreaks, from Hong Kong 1894 to Los Angeles 1924, nor do they try to cover the third pandemic and its photographic output in an exhaustive or proportional way. Some outbreaks, like the Manchurian one, are discussed more than others. In the case of Manchuria, this is both due to my expertise in the region, which allows me to provide a more in-depth reading of epidemic photography as applied to this outbreak, and due to the importance of the outbreak's visual coverage in establishing pandemic tropes and imaginaries. In some cases, rather than focusing on a plague outbreak, I instead discuss photographs of preparing for an epidemic or trying to prevent it.

This means that, given the pragmatic length limitations of this work, some epidemic events are not discussed even though they produced a large corpus of photographs or they played an important role in the medical, social, and political history of the affected area. The second Manchurian plague outbreak (1920–1921), the plague epidemic in Porto (1899), and the plague outbreaks and anti-plague work in South Africa and Brazil are some examples. The reason for the first omission is that Manchuria is already extensively covered in this book. The reason for the second and third is that these outbreaks form complex historical cases for which I lacked sufficient research experience at the moment of completing this work.

The first chapter of the book lays out the key operations of epidemic photography. Chapter 1 discusses how photography made plague visible and knowable even while maintaining an image of plague as a disease that fundamentally—in spite of the various means and methods employed to reveal and visualize it—remained unseen, elusive, and unknowable. In this manner, I will argue, photography contributed to the development of plague's

assertive ontology, understood both in terms of *what plague is* and *what plague can do* (its transmissibility, maintenance, attenuation, recrudescence, and latency patterns) and in terms of the way in which plague connected or related different aspects of social and material life. At the same time, chapter 1 argues that, besides asserting what plague is or can do, photography also became implicated in another ontological operation: determining what plague *must be*. Through the example of the photographic depiction of the epidemic corpse and its cremation in plague pits in Manchuria, I argue that the imperative ontology of plague photography was instituted through the latter's ability to relate to and bring together into a new, pandemic field of vision two epidemic temporalities: understandings of pandemics as a world-historical events and understandings of plague as a disease with a catastrophic potential for human societies.

After the theoretical foundations of this study are set, the next four chapters each focus on a key theme of epidemic photography as these emerged in the course of the third plague pandemic. Chapter 2 examines photographs of disinfecting the city of plague. The chapter discusses the ways in which the visualization of disinfecting the city developed in the course of the third plague pandemic, reflecting and contributing to shifting understandings of infection and disinfection. Examples of photographing chemical disinfection, fumigation, urban demolition, and urban incineration as plague control measures in British India, Manchuria, Australia, the Gold Coast (today's Ghana), San Francisco, and Hawaii are brought into focus. The question posed by this global photographic corpus, I argue, concerns not simply how it visualized or rendered visible disinfection as a necessary and efficient means of epidemic control, but also how it configured understandings of infection and its relations to space.

Chapter 3 examines the visualization of quarantine by the photographic lens, focusing on two forms of the practice during the third plague pandemic: lazarettos and plague camps. Examining examples from the Ottoman Empire (Beirut and the Hejaz), I highlight epidemic photography's contribution to the development of a technoscientific framing of quarantine in the context of interimperial struggles for controlling the flow of goods and people. By contrast the photographic coverage of the quarantining of illustrious passengers of a scientific cruise in the Frioul lazaretto, France, in 1901 is seen as being part of a performance of class superiority in the context of the French Third Republic. Finally, through the examination

of plague quarantine camps around Karachi in 1898, in British India, the chapter argues that photography was used to foster colonial control, but perhaps in ways not immediately made obvious through a reading of camp photographs simply as “tools of empire.”⁴⁸ The chapter thus underlines the situated, political, epistemological, and ethical dimensions of epidemic photography when employed to frame quarantine and its meaning and function in the age of bacteriology.

Chapter 4 focuses on the best-known animal host of plague, the rat, and the way in which it was photographically framed. Discussing examples from British India, the United States, Indonesia, Argentina, and Japan, the chapter argues that photography helped institute the rat as both a pandemic infrastructure and an agent of epistemological uncertainty: on the one hand, a species that spread and maintained plague across the globe and, on the other hand, an animal whose exact role in plague epidemics remained elusive and thus continued to fuel epistemic uncertainty, scientific research, and technological innovation in ways that integrated the globe in unprecedented ways.

Finally, chapter 5 examines the emergence of the face mask as a personal protection device in the context of the Manchurian pneumonic plague epidemic of 1910–1911 and the way in which the adoption of this by health staff as well as by affected communities depended on the simultaneous production of this anti-epidemic device as a visual object through the use of photography. Arguing that anti-epidemic face coverings should be taken seriously as masks, in the anthropological sense of the term, the chapter makes the case that this key epidemic control apparatus needs to be understood as an irreducibly visual device whose aim is as much the protection of its wearer as the transformation of his or her social milieu.

This does not mean that these are the only themes or topics covered by epidemic photography. Important topics such as the epidemic corpse, vaccination, laboratory work, and scientific research are covered across the chapters of the book. Still other topics or themes of epidemic photography at the time of the third pandemic, including missionary involvement in epidemic control, are not discussed in the book, but I do not consider them insignificant. The aim of the book is to highlight modes of visualizing plague that maintained a productive tension on two levels: between representations of outbreaks in their local particularity and their role in framing a global pandemic and between what I call the assertive and the imperative ontology of plague, or *what plague is* and *what plague must be*.

It is important here to briefly note what this book does not aim to do. First, deviating from the norm in visual histories of medicine, the photographs discussed here are not those used in posters or exhibitions. Although plague photographs were sometimes used in what historians of medicine and media studies scholars have more broadly identified as didactic settings, this was neither their most prevalent nor their most innovative use. In this respect, the book deviates from histories that have taken as their subject public health campaigns against infectious or so-called tropical diseases.⁴⁹ As a result, while being aware of such approaches and their importance for the analysis of medical and public health media, especially in the aftermath of World War II, the book argues that the emergence of epidemic photography was a political, aesthetic, and epistemic process for which we need to develop proper analytical tools, rather than borrow ones developed for understanding television and film-related medical and health cultures.

Second, *Visual Plague* does not discuss to the degree usually expected from works in visual history the reception of plague images or the reflections of their makers on producing them. Finally, while the book may also be useful to readers in media studies or visual culture more broadly, it has not been written with these audiences in mind. This is because the book was not conceived and is not delivered primarily as a study in visual history, something outside the expertise of its author. Instead its analytical scope is nested at the anthropological and historical crossroads of the medical humanities. The aim of *Visual Plague* is not to reconstruct a historical ethnography or social history of the making and receiving of these images, but to examine their global historical framework, paying close attention to the epidemiological, epistemological, and biopolitical situation of their production in given localities. The book was not written retrospectively so that we can understand the ways in which epidemics or pandemics are visualized today; rather, it assumes a historical anthropological perspective that is aimed at understanding the emergence of epidemic photography as a process that made sense to those developing and deploying it at the time across different social contexts.

A book on the global photographic output of the third plague pandemic might have focused on individual photographers such as Frank Davey in Hawaii or F. B. Stewart in Bombay, or on analyzing in depth the production and reception of albums such as Captain Moss's *Plague Visitation, Bombay, 1896–97* or Wu Liande's *Views of Harbin*.⁵⁰ It may have equally been dedicated

in part or as a whole to different photographic techniques employed in capturing plague, or how specific newspapers or illustrated press outlets covered the pandemic across the decades, or the interrogation of institutional visual cultures of plague as these may be, for example, evident in the archives of the Institut Pasteur or the British Library's India Office Records and Private Papers. I have followed such methodological lines in other publications on plague photography, and the reader may also find these employed in the works by other researchers, who have provided in-depth views of photographic corpuses from India, North Africa, the United States, and Java (discussed and acknowledged throughout this book). In *Visual Plague* I have opted for an approach that is less orthodox but can bring together in discussion material from different areas and periods of the third pandemic. Read together with the project's online database, my hope is that this work will be able to introduce the concept and the analytical field of "epidemic photography" to a wide audience and invite it to engage with the more detailed social, biographical, political, and epistemic histories on the subject.

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Visual Plague

The Emergence of Epidemic Photography

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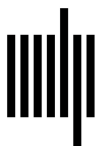
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