Plague in Malang 1910–1916

Slamet Sujud Purnawan Jati*, Arif Subekti, Wahyu Djoko Sulistyo & Moch Nurfahrul Lukmanul Khakim

Jurusan Sejarah, Fakultas Ilmu Sosial, Universitas Negeri Malang

ABSTRACT: This article aims to reconstruct the history of the spread of the bubonic plague in Malang in the early twentieth century, as well as its reflection on the spread of the current pandemic. Medical and mitigation measures were taken by the Dutch East Indies colonial government in dealing with bubonic plague in Malang. Likewise, medical policies and treatment are implemented by the government of the Republic of Indonesia, especially local governments in dealing with pandemics. There are some patterns that emerge and recur in the attitude of the government and society in responding to the two outbreaks. Presumably, these patterns can be taken into consideration for policy holders and the affected community in general in dealing with disease outbreaks.

Keywords: Plague, Malang, Pandemic

1 INTRODUCTION

The first bubonic plague was reported in the Dutch East Indies (now Indonesia) in 1905. Two workers as coolies were reported to have contracted the disease at the Port of Bandar Deli, North Sumatra. However, the colonial government did not care about the report because the victims were only 2 coolies, so it was considered a wind. 6 years later, reports of the bubonic plague have resurfaced in Indonesia, this time reportedly in Malang, East Java. This outbreak is predicted to occur in Malang due to the presence of imported rice from Burma as a solution to crop failure and food shortages in Java (Luwis 2008).

The discovery of the death toll was first reported at the beginning of the rainy season 1910. Throughout this season, there have been many casualties without any known cause of illness. However, it was not until the end of March 1911 that a doctor sent a patient's blood sample from Malang to a medical laboratory in Weltevreden, Batavia. The caused is that the bacteria that causes bubonic plague in the blood sample.

Meanwhile the colonial government always argued that there was no bubonic plague in Malang, only malaria. The discovery of the bubonic plague in Malang did not necessarily lead the Dutch East Indies colonial government to believe it. They always argue because they believe Burmese rats are different from local rats. But in fact, Burmese rats were able to adapt to the local environment of Malang, so that bubonic plague could spread. Why did PES spread earlier in Malang than in Surabaya? Malang at the time ago had some cold climates. This temperature makes the rat fleas stronger and easier to spread.

The continued denial by the Dutch colonial government had caused fatal problems. Pes was only recognized in Indonesia on March 27, 1911. On the other hand, this case had entered Malang at the end of 1910. From such a short time, the government of Dutch colonial reported 2,000 cases of bubonic plague victims in 1911. This number is somewhat dubious because the media actually reveals that the bubonic plague has claimed 300 victims per day. So there are government efforts to

*Corresponding author: slamet.sujud.fis@um.ac.id

reduce the number of victims. As a result of underestimating the arrival of the bubonic plague case in Malang, the colonial government gasped when they saw the record of bubonic plague victims reaching around 2,000 throughout 1911. Then it continued to grow and reached its peak of up to 15,000 people in 1914. And in 1916, the number of residents who died from bubonic plague nearly reached 250,000 people. Even until 1919, there were still reports of victims of bubonic plague. It was only after 1920 that there were no more victims in the Indies.

2 RESULT AND DISCUSSION

The disease that was caused by the *Yersinia pestis* bacteria (named after its founder Alexander Yersin, a French bacterial expert), is malignant because it easily spreads and attacks the vital body parts. Until the 19th century, people were familiar with 3 types of bubonic plague, the lymphatic system or bubonic plague. Those with bubonic plague will experience swelling around the lymph nodes in the victim's neck, armpits, or groin. The shape can be as big as an egg to an apple. The second is bubonic plague or septicemic plague. Those who catch bubonic plague will show symptoms of fever, diarrhea, muscle aches, and some blackened body parts. The third is bubonic plague in the lungs as pneumonic bubonic plague. Apart from the symptoms mentioned above, those who were attacked by bubonic plague also experienced coughs and shortness of breath (Firdausi 2020). Of the three types of bubonic plague, the most dangerous and deadly is the pneumonic bubonic plague which can be transmitted between humans.

The bad images incident occur when Malang is hit by the bubonic plague. That images of Malang which is nicknamed "Paris of The East" together its beautiful natural potential that was turned into a tense area. Since the first time it caused casualties in November 1910 until the end of 1919. Human outbreaks by a disease and then outbreaks were widely influenced by various things, namely poor immunity, interactions with the sufferer, genetic factors, environmental geography, biogeography, and others. Therefore, efforts to deal with bubonic plague patients are related to the factors that cause the spread and persistence of this disease. Firstly, the open economic traffic factor in East Java. The expansion of the railroad network and roads makes it easier for a resident of Turen (Malang) to arrive in Surabaya in a few hours. This condition causes a seasonal worker to come to Surabaya to return to his village, not realizing that he has brought the bubonic plague. The initial areas under attack were the port and the area around the train station. In Malang City, the areas of Chinatown and Jodipan Village, which incidentally are areas not far from the station, are the first areas to have this disease.

Secondly, the other factors are climates and environmental geography. Malang has a cool and cold climate. It is located about 440-460 meters above sea level and the temperature reaches 14-16 degrees Celsius. This climate causes this disease to survive longer than other areas with hotter air. Thirdly, the bad factor is housing. Most of the houses in rural areas at that time were made of gedek or woven bamboo walls which were made in layers. The point is to protect the occupants from the cold. This house is comfortable for the occupants, but also comfortable for the rats. These rodents also like to nest in roof ridges made of whole bamboo sticks.

It is clear that bubonic plague is a vicious plague that must be tackled quickly. However, efforts to control the bubonic plague in Malang had stalled due to several things. Apart from being a health disaster, the bubonic plague also had an impact on the socio-economic sector of life. What is immediately apparent, of course, is the problem of discrimination which manifests in racism. European doctors are reluctant to go out in the field to treat patients. Apart from reasons of difficult access from the city, the unwillingness of European doctors is due to class disparities and racial sentiments that make white doctors reluctant to touch their native patients. Many European doctors who worked for government agencies refused to be sent to the Malang area (Balfas 1957). As it is known, that time was a time full of racism. The politics of division of society based on skin color and origins plagued the Dutch elite as well as other European people who were looking for fortune, supported by the colonial government. Let alone approaching plague-carrying rats or native people with bubonic plague, these Europeans didn't want to be close to native people on a daily basis.

Apart from racial sentiments, they do not want to interfere because the pay is small compared to treating their fellow Europeans. Of the 20 doctors who were urged to tackle this epidemic, only 11 people reported, including Raden Koesman, a Javanese who without hesitation stopped his studies, when he saw that his homeland needed his strength (Poeze 2014).

The discrimination that appears striking is the difference in treatment of European and indigenous patients which is very unequal. Europeans with bubonic plague are generally rushed to the hospital for free, get free nutritious food, and have regular daily checkups by European doctors. Meanwhile, people who live with the bubonic plague patient of Europe must undergo isolation for 2 weeks. They live it with very decent facilities, in the form of a strong and strong observation barracks.

This condition was very different from what was accepted by the colonized. If one resident is proven to have suffered from bubonic plague, then one village is immediately evacuated to the observation barracks. They already have to suffer from bubonic plague and are ostracized by society. The barracks for the natives are made of planks, roofed with leaves, and there are bamboo poles. Many residents refused to be moved to the barracks. Most indigenous people considered the excesses of implementing colonial government policies to be far more frightening and miserable than the bubonic plague itself (Safitry 2020). The treatment of bubonic plague to natives was not because the colonial government cared about the health of its colonies, but simply because they did not want to catch the disease.

Based on that condition, health workers ranging from mantri, European nurses, to Javanese doctors were sent to the villages to check on the indigenous population. Dr. Tjipto Mangoenkoesoemo, for one, did not remain silent and volunteered to participate in eradicating PES in Malang. As soon as his offer was approved by the colonial government, he left for Malang. It is from this stage of life that great stories about Dr. Tjipto emerge. Dr. Tjipto Mangoenkoesoemo later became known as a figure in the national movement. As usual in medical protocol, doctors who go to the villages must wear masks, gloves and other equipment to prevent the transmission of bubonic plague. But not with Dr. Tjipto who works almost without personal protective equipment or PPE (Reksodihardjo 2012).

The panic and fear caused by bubonic plague also diminishes social solidarity between residents. Dr. Tjipto saw for himself how a bubonic sufferer was ostracized by his neighbor. The sufferer is neglected because people are afraid of getting infected if he cares for him. The man finally slept under a Cambodian tree and it was there that he breathed his last. Also one more moment that is very famous. While in a village, Dr. Tjipto heard the crying of a baby from a hut that was almost burnt. It seems that the baby girl has been orphaned because her parents died in the bubonic plague. It was adopted by the baby girl to become Dr. Tjipto's son and was given the name Pesjati. This child was then raised and educated by Dr. Tjipto and his wife (Reksodihardjo 2012). The name Pesjati is a reminder of the terrible plague that hit Malang at that time.

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