

## Book Review

### Tales of Plague and Pestilence: A History of Disease in Japan

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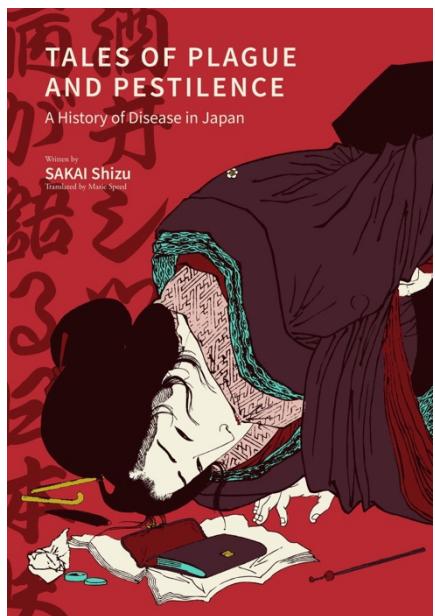
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## Book Review



**Tales of Plague and Pestilence:**

**A History of Disease in Japan**

By Sakai Shizu

Translated by Marie Speed

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224 pages.

Open Access book for free download:

<https://www.jpicinternational.com/books/history/8f4af53a5fe39b0ab4e04a29b5b8e2f317751329.html>

### Abstract

This book explains how from earliest recorded history to the modern era in Japan, disease has impacted religion, politics, culture, and other aspects of life.

Discussions and, in many cases, belated diagnoses clarify the experiences of Japanese rulers and writers with smallpox, cholera, influenza, syphilis, cancer, diabetes, and the Coronavirus disease 2019 (COVID-19) pandemic. The choice of isolationism or accepting the risk of infection from diseases originating in other countries has gripped Japan throughout history.

Yet as the author observes, most incidents of mass illness over the years have been locally based epidemics caused by specific conditions in Japan as opposed to sweeping pandemics that affect all of humanity.

Some diseases were provoked by dietary customs, while others related to the environment and community lifestyles. The recent appearance of acquired immunodeficiency syndrome (AIDS) is also discussed in this informed overview by the medical historian Sakai Shizu.

Although in places perhaps too concise and lacking in supporting data, this volume is a highly informative, welcome addition to the bibliography on medicine and society in Japan.

**Keywords:** illness, disease, epidemics, Japan

The history of disease in Japan has been studied in many books and articles about specific subjects (Aoki, 2006; Bay, 2012; Brunner et al., 2020; Burns, 2019; Farris, 2008; Fukuda, 1994; Johnston, 1995; Mori & Ishikawa, 2018; Walker, 2010), but this brief Open Access overview available for free download on different platforms<sup>1</sup> is a timely addition to the bibliography. The book reminds us that how a nation confronts illness is influenced by political, economic, and sociological factors, making the subject of interest to all students of Japanese history and society.

Sakai Shizu, M.D., professor emerita at Juntendō University, where she served as professor in the Faculty of Medicine, is former president of the Japanese Society for the History of Medicine. Among her many other publications in the field, *Nihon no iryōshi* (A Medical History of Japan) was originally published by Tōkyō Shoseki in 1982). Updated two decades later (Sakai, S. (2002)) and now translated, the book offers a succinct summary of leading issues in public health and disease prevention throughout the history of Japan.

*Tales of Plague and Pestilence* comprises three sections of eight, eleven, and seven brief chapters respectively, and an afterword.

The first chapter offers a medical, anthropological, and archaeological approach to evaluating finds from the Jōmon (ca. 10,500–ca. 300 BCE) and Yayoi (ca. 300 BCE–ca. 300 CE) periods to provide a historical background in Japan for understanding diet, disease, and related issues.

Chapter two continues the investigation of ancient illness by weighing how people believed that disease was a form of divine retribution, with epidemics considered as resulting from misgovernment by the emperor that disrupted the natural order.

Chapter three, still focused on events before 705 CE, defines epidemics as local phenomena, endemic rather than pandemic. As in China and Korea, outbreaks of such epidemics were likely linked to the spread of irrigation agriculture.

Chapter four considers medical treatment as a significant Buddhist ritual, insofar as Buddhist scripture teaches that merit making can prevent epidemics. Legend has it that Prince Shōtoku, a semi-legendary regent and a politician of the Asuka period who promoted Buddhism in Japan, founded a medical dispensary where medicinal herbs were cultivated and

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<sup>1</sup> See <https://www.jstor.org/stable/jj.23996202> and <https://library.oapen.org/handle/20.500.12657/97062> as well as the publisher's homepage at <https://www.jpinternational.com/books/history/8f4af53a5fe39b0ab4e04a29b5b8e2f317751329.html>

medicine dispensed to the sick, while an adjacent hospital provided beds and medical care for invalids with no relatives.

Chapter five discusses how diabetes was originally diagnosed solely among royalty, the nobility, and the wealthy in Japan, as elsewhere.

Chapter six notes the impact of the commonly shared belief in mononoke (malicious spirits). Heian nobles believed their lives were haunted by mononoke, sometimes just making trouble but other times causing death. At the time, when medical knowledge was unsophisticated, monks and shugensha (mountain ascetic hermits) would perform incantations and prayers against diseases caused by mononoke. Temporarily shifting the mononoke into a servant or apprentice, they would exorcize the mononoke to cure the illness. Descriptions of this treatment may be found in such literary works as *The Pillow Book of Sei Shonagon* and *The Diary of Lady Murasaki*.

Chapter seven is about malaria, which was so prevalent by the Edo period that satirical poems and kabuki plays even mentioned its symptoms.

Chapter eight deals with parasitic diseases, once rife in Japan but now quite rare.

Section Two presents in eleven successive chapters succinct descriptions of cancer; ophthalmological disease; the common cold; leprosy; beriberi; cholera; smallpox; syphilis; occupational disorders; dysentery; and measles, respectively.

Section three delineates how Meiji era Japanese society and history were impacted by cancer; tuberculosis; plague; violence and terrorism; former diseases made obsolete by the advance of Western medicine; newly emerging ailments; and changing life expectancy and attitudes about death.

With a healthy sense of irony, the author perceives that ancient rulers adopted a karmic attitude about illness inspired by Buddhism. When disease occurred, it was assumed that human misbehavior of some kind was the cause, if not ancestral misdeeds.

Large-scale benevolent actions were usually the response to such situations, although this was only possible for rulers and other elites who had the resources to organize public projects to reestablish their health. Dr. Sakai points out that lower level employees such as scribes, hired to make new copies of Buddhist sutras as religious merit making, had specific occupational ailments. Yet there is no historical record of any sutra copyists having the income or influence to perform lavish public good deeds to cure themselves of illness, as rich employers could and did.

Nevertheless, the enduring strength and willpower of the Japanese working class is an essential message of this account. Paleopathologists, anthropologists, and archaeologists have studied the *Jōmon* people, the indigenous hunter-gatherer population that lived in the Japanese archipelago during the *Jōmon* period (circa 14,000 to 300 BCE).

They concluded that the hunter-gatherers survived wounds and injuries, while coping with chronic arthritis, polio, tuberculosis, and internal parasites which caused constant pain. These ailments, in addition to others that left no traces on the disinterred bones, did not prevent the *Jōmon* people from fulfilling their daily tasks.

In some cases, informed guesswork is involved in suggesting diagnoses for epidemics from millenia ago. Evocative illustrations from centuries of Japanese popular prints underline how the interpretation of illness transcended medicine to involve folklore, religion, and mythology.

An eye ailment that afflicted Emperor Sanjō, Japan's 67th emperor who reigned from 1011 CE through 1016 CE, was attributed by his contemporaries to "vengeful ghosts" (Sakai, 2025, pp. 61-64). But Dr. Sakai, in a belated diagnosis, suggests that the emperor's intermittently improving and worsening eyesight might point to a psychological or emotional disorder.

One of the few possible flaws to be observed in this otherwise cogent volume is that the list of References (Sakai, 2025, pp. 219-221) cites only Japanese publications, and nothing more recent than 1999. As this translation into English was clearly intended for an international audience across Asia and the wider world, an up-to-date bibliography of English language titles would have been a helpful guide to further reading for students (Sakai, 2025, p. 13).<sup>2</sup>

The brevity of this survey might also leave unexplained some assertions. For example, after Dr. Sakai notes that Japanese plague prevention measures were largely successful, she adds: "The more relaxed attitude taken to AIDS in Japan compared with the West has undoubtedly been influenced by the country's much milder brush with the Black Death" (Sakai, 2025, p. 186).

Exactly what is meant by "relaxed attitudes" about AIDS is uncertain, as documented cases of Japanese HIV-related stigma and discrimination have been extensively described by researchers (Japan Center for International Exchange, 2004; Kuroda, 2020). Another sentence or two to expand on the allusion might have clarified matters.

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<sup>2</sup> Nevertheless, getting this book translated was clearly a considerable achievement in itself. In a preface from 2024, the author thanks the editorial team and a scholar who provided a "careful academic review of the translation".

Similarly, the book's origins in the early 1980s might explain the absence of discussion of more recently researched subjects of topical interest, such as the medical history implications of Unit 731. This covert biological and chemical warfare research and development section of the Imperial Japanese Army was engaged in lethal human experimentation and biological weapons manufacturing during the Second Sino-Japanese War (1937–1945) and World War II (Devolder, 2015; Nie et al., 2010).

This extended activity, in which up to an estimated 12,000 prisoners died during biological experiments, was conducted under the aegis of the Epidemic Prevention and Water Purification Department of the Imperial Japanese Army. Again, a slightly longer text might have allowed room for discussion of this major subject that raises ongoing issues of historical Japanese medical ethics.

Likewise, an incomplete description of the attempted assassination in 1964 of the historian Edwin O. Reischauer, US Ambassador to Japan, might have benefited from expanded explanation of its medical context. Ascribed here to an anonymous “nineteen-year-old youth” (Sakai, 2025, p. 207), the stabbing was carried out by Shiotani Norikazu, who had a history of mental illness and Ménière’s disease, an inner ear disorder. The attacker felt that he had not received proper medical treatment by postwar American occupation forces, and wished to make a public protest by assassinating Reischauer, founding director of the Harvard University Japan Institute (Packard, 2010).

Despite these lacunae, *Tales of Plague and Pestilence* is a useful and informed account that should prove helpful to students and instructors interested in the societal and historical impact of medicine and disease.

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