

Sino-japanese Manuscript on Smallpox

An exceptional sino-japanese manuscript on smallpox

written around 1720. [228 x 162 mm] 2 vols. in a new blue linen folder, japanese style.

The parts have 48 Bll./leaves resp. 31 Bll. /leaves with 28 handcoloured resp./ bzw. 31 handcoloured images [often full-page] of different smallpox and other dermatological skin diseases. On the title of vol. 2 the name "Kanda Gensen" is mentioned as editor or compiler. The title to vol. I is destroyed [slip on the outside of the wrapper]. Kanda Gensen is known for an encyclopedia of fishes. He lived as medic in Edo (Tokyo), between ca. 1670 and 1746. Two other persons are mentioned in the text, one made some amendments to the text, the other was a pupil, named probably Taira Sadakuni. The entry tells the name of the former owner [a Japanese medicine] and that it is rare survivor and expensive. As always: the images were made by a Japanese artist, the text is most probably of Chinese origin, because it includes Chinese types. The Chinese medical texts have normally only very schematic and simple images in that time. The text was more important than the image. At the beginning there is an introduction / help for the Japanese reader to understand the Chinese letters of the text. Most of the images / figures are mounted on the paper and heightened with colour pigment, so the reader has the impression that the skin disease is plastic [coming out of the skin]

EUR 50.000.-





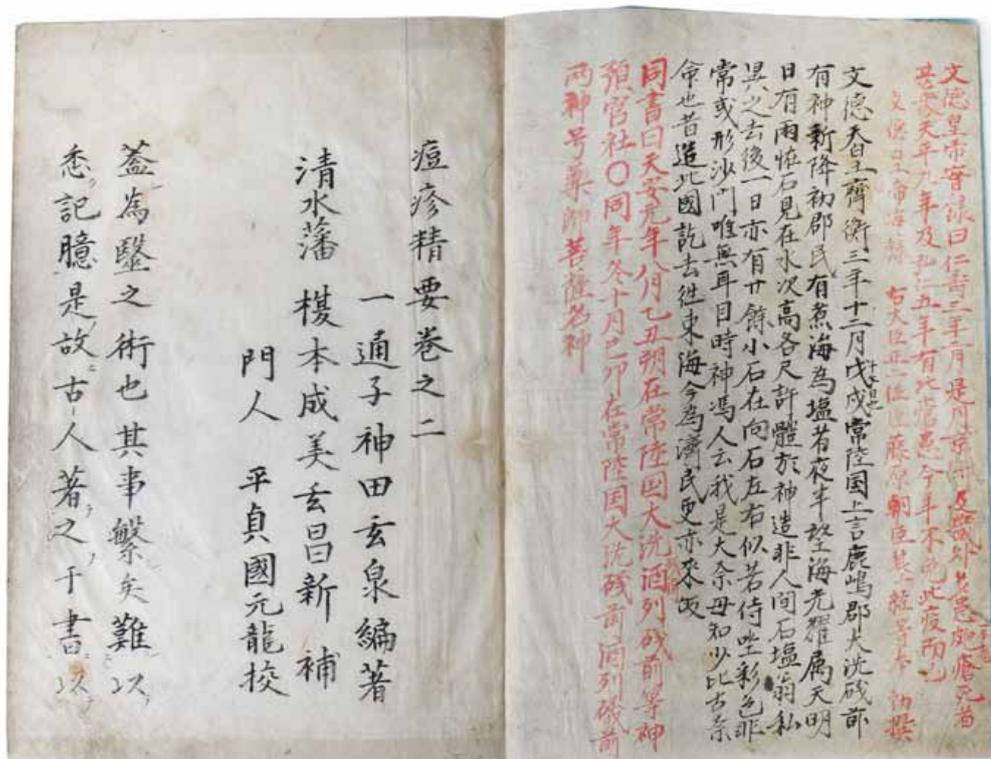
An exceptional manuscript bought in the 1970's from a collector of sino-japanese manuscripts. On request he told me that since then these manuscripts are now being "untrouvable" and not being on the market.

Smallpox was an infectious disease unique to humans, caused by either of two virus variants, Variola major and Variola minor. The disease is also known by the Latin names Variola or Variola vera, which is a derivative of the Latin varius, meaning „spotted“, or varus, meaning „pimple“. The term „smallpox“ was first used in Britain in the 15th century to distinguish variola from the „great pox“ (syphilis). The last naturally occurring case of smallpox (Variola minor) was diagnosed on 26 October 1977.

Smallpox is believed to have emerged in human populations about 10,000 BC. The earliest physical evidence of it is probably the pustular rash on the mummified body of Pharaoh Ramses V of Egypt. The disease killed an estimated 400,000 Europeans annually during the closing years of the 18th century, and was responsible for a third of all blindness. By the mid-18th century smallpox was a major endemic disease everywhere in the world except in Australia and in several small islands. In Europe smallpox was a leading cause of death in the 18th century. Through the century smallpox resulted in the deaths of perhaps 10% of all the infants of Sweden every year, and the death rate of infants in Russia may have been even higher.

The widespread use of variolation in a few countries, notably Great Britain, its North American colonies, and China, somewhat reduced the impact of smallpox among the wealthy classes during the latter part of the 18th century, but a real reduction in its incidence did not occur until vaccination [beginning with Jenner] became a common practice toward the end of the 19th century. Improved vaccines and the practice of re-vaccination led to a substantial reduction in cases in Europe and North America, but smallpox remained almost unchecked every-where else in the world.

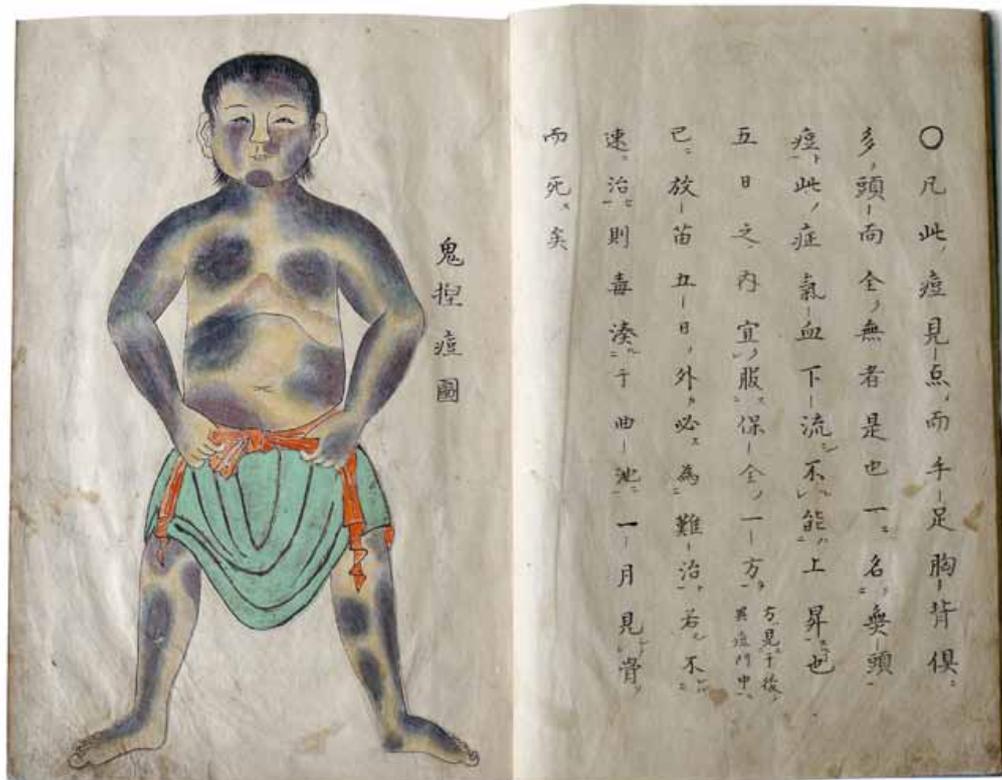




The earliest procedure used to prevent smallpox was inoculation (also known as variolation). Inoculation was possibly practiced in India as early as 1000 BC, and involved either nasal insufflation of powdered smallpox scabs, or scratching material from a smallpox lesion into the skin. Accounts of inoculation against smallpox in China can be found as early as the late 10th century, and the procedure was widely practiced by the 16th century, during the Ming Dynasty. If successful, inoculation produced lasting immunity to smallpox. However, because the person was infected with variola virus, a severe infection could result, and the person could transmit smallpox to others. Variolation had a 0.5–2% mortality rate, considerably less than the 20–30% mortality rate of the disease itself. Variolation was the main defence against smallpox before the invention of vaccination and was practised with considerable success and popularity in countries such as China, Turkey and Britain but never really caught on in Japan.

The first recorded smallpox epidemic in Japan was in the eighth century. The smallpox that started in 735 ravaged the country and killed probably about one-third of the entire population. By the Tokugawa Period or the early modern period in Japan, smallpox was firmly settled as an endemic disease. Since victims were almost exclusively children, the management of smallpox became the business of each household. Medical advice-books for lay people published during the Edo Period often included how to protect one's child from malignant smallpox. Likewise, suffering and recovering from smallpox became an important part of the ritual celebrating the growth of one's child. The ritual was called sasayu, and became an important occasion to throw a family party, inviting friends and relatives. The management of the smallpox of one's child was integrated into the management of the household during the Tokugawa Period.





Another profile of the epidemiology of smallpox from the seventeenth century was the spatial fragmentation of the diffusion. While in the ancient period an epidemic of smallpox covered the entire country in a single wave, during the Tokugawa Period the disease lost its nationwide coverage. Smallpox became spatially limited in its diffusion, ceasing to be an event for the state under shogunate or the domain rule by daimys. Instead it became the affair of local villages. Diffusion maps from the eighteenth and nineteenth centuries show mosaic-like patterns of affected settlements and unaffected settlements in each outbreak.⁷ Under such a situation, there was little reason for the state or the domains to think that controlling smallpox was their business. The changing spatial profile of smallpox thus separated anti-smallpox measures from the worldviews of elites of the state and the domains and integrated them into those of common villagers. People in the village were left free to inscribe their belief onto anti-smallpox measures. Folkloric religions and local customs became backbones of the rituals for smallpox: people made offerings of food to the demons of the disease and danced to music to guide them out of the villages. The fragmentation of the diffusion of smallpox in the Tokugawa Period put the control of the disease out of the power of wide-area administration and enlightened rationality, and set it into the realm of the business of village, using magical and religious methods most familiar to them. In Japanese, the word *h s shin* translates literally to „smallpox god“ or „smallpox god as the devil“. According to the *Shoku Nihongi* smallpox was introduced into Japan in 735 into Fukuoka Prefecture from Korea. In those days, smallpox had been considered to be the result of *onry*, which was a mythological spirit from Japanese folklore who is able to return to the physical world in order to seek vengeance. Smallpox-related *kamis* include *Sumiyoshi sanjin*. In a book published in the Kansei years (1789–1801), there were lines that wrote that small-pox devils were enshrined in families which had smallpox in order to recover from smallpox. Smallpox devils were said to be afraid of red things and also of dogs; thus people displayed various dolls that were red. In Okinawa, they tried to praise and comfort devils with *sanshin*, an Okinawan musical instrument and lion dances before a patient clad in red clothes. They offered flowers and burned incense in order to please smallpox demon.

