The Needle and the Læsæt:
British Acupuncture and the Cross-Cultural Transmission of Medical Knowledge.

by

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B.A., History and Language of Science
Columbia College, Columbia University 1991

Submitted to the Program in Science, Technology, and Society in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy
in History of Science and Technology

at the
Massachusetts Institute of Technology
February, 1997

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ABSTRACT

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Acupuncture first arrived in Europe in 1683, through the writings of a Dutch physician working for the Dutch East India Company in Japan. For the next two centuries, the practice persisted in the margins of European medicine, rising at times to high visibility and then repeatedly slipping back into obscurity. The technique of acupuncture represents both a complex phenomenon--one which incorporates culturally specific ideas about the health, the body, and the meanings of disease, as well as a canon of expert knowledge--and an apparently simple and distinct technology. Thus the pattern of its transmission and introduction to Europe, and of European lay and medical responses to the technique reveals information about perceptions of the Other and of the body, as well as about technology transfer and the diffusion of innovation within medicine. This study of acupuncture’s Western history focuses on the particular path by which acupuncture was transmitted to Great Britain, and popular and professional responses to the technique from 1683 until 1901. Lay and professional perceptions of acupuncture are placed into the wider social context of Enlightenment, Regency, and Victorian Britain, through an analysis of the changing professional milieu and popular culture.
Acknowledgements

At this point, after five years at MIT, and in the STS Program, I must owe thanks to almost everyone in E51. Materially, I must acknowledge the STS Program and the I. Austin Kelly Fund for supporting my expensive research habits, as well as my taste for living indoors. In particular, I would like to thank Professor Merritt Roe Smith, Judith Stein, Debbie Meinbresse, and the Headquarters Staff for so ably (and frequently) sorting out my funding. The Wellcome Institute for the History of Medicine was my academic base in London, and I am grateful to Sally Bragg and Professor Roy Porter for the time and trouble they took to arrange my stay and to ensure that it was a productive one. I am hugely indebted to Professors Harriet Ritvo, Allan Brandt, and Evelynn Hammonds, my splendidly patient, supportive, and intellectually generous committee. They helped me turn a set of scattered interests and vague questions into a feasible and interesting project, ensured that I was well-prepared for my task -- and then set me loose to do it. Professor Ritvo in particular bore the brunt of PhD plaints, read every word of my thesis (many, many times), and found encouraging and constructive comments for every fragmented first draft. Thanks seem rather inadequate for such commitment.

While I am on the subject of inadequate thanks, I must offer them to my mother and colleague, Dr. Mary Wren Bivins, who proved that it could be done, and was worth doing. And of course, to Nick, who put up with me even when it wasn't.
Introduction

And with what interest will a future generation peruse these concentrated records of the medical science of the present aera, distinguished as it is, by intensity of thought, accuracy of observation, rigour of deduction, intrepidity of experiment, fertility of resource, and emancipation from prejudice? The Medico-Chirurgical Review, 1820

Medicine, as a set of practices and as an intellectual discipline, reflects in intimate detail the culture in which it develops; medicine as a profession necessarily partakes in its host culture's dominant values. These two insights are at the heart of current studies in the history of medicine, and have exposed many previously disregarded factors underlying medical continuity and change. And yet, medical practices and medical knowledge evidently do cross cultural boundaries, despite being rooted in a specific set of understandings of the body determined by their native context. The focus on social construction which has complicated traditional medical narratives about cross-cultural transmission has also directed the historical gaze away from the issues central to that process. Ethnographic and sociological studies of the diffusion of medical innovation, and historical examinations of medicine's role in the expansion of empire have begun to address the problem of cross-cultural transmission of medical knowledge. However, this body of work tends to focus on the spread of western ideas, technologies, and practices to the non-western world.¹ Given the massive influx of consumer goods, ideas and technologies into Europe from Asia and the Middle East in the modern period, a unidirectional flow of medical expertise should be sharply contrary to scholarly expectations, rather than (as the current paucity of scholarship on the subject suggests) implicitly assumed.² The chapters which follow document

²Of course, the influence of Arabic science and medicine on the early development of the European disciplines clearly models East-to-West cross-cultural transmission of knowledge; See A.A. Khairallah, Outline of Arabic Contributions to Medicine, Beirut, 1946; Lucian Leclerc, Histoire de la Medecine Arabe: Expose complet des traductions du grec; les science en Orient, leur
the export of one particular medical practice, acupuncture, from China to
Great Britain.

Foundations: Histories of Acupuncture in China and the West

Remarkably little has been written on the transmission of acupuncture
to Europe in the late seventeenth and early eighteenth centuries, or on the
Western reception and use of acupuncture in the two centuries that followed
this first transmission. Celestial Lancets: A history and rationale of
acupuncture and moxa, a separately published section of Joseph Needham’s
vast Science and Civilization in China series, does provide a wide ranging, if
tantalizingly brief sketch of acupuncture’s first European century. As the
title implies, Celestial Lancets was designed to explain acupuncture and to
justify it as a medical technique, as well as to document the historical
development and use of the technique in China, East Asia and Europe. Thus, Lu
and Needham devote much of the text to defining the body as it was theorized
in classical Chinese acupuncture texts, then describe the growth of
acupuncture-therapy as a specialized medical practice. Only after an extensive
discussion of “the possible physiological interpretations which look like
giving it a rationale in terms of modern science,” do the authors turn to
acupuncture’s reception and history in Asia and Europe. Their treatment of
the subject is particularly valuable for its survey of early European literary
and philosophical responses to Chinese medicine and in a few cases,
specifically to acupuncture. However, western medical opinions of
acupuncture are more lightly canvassed, while the numerous sources which

transmission à l’Occident par les traductions latines, New York: B. Franklin,
1961; Y.A. Shahine, The Arab Contribution to Medicine, London: Longman for
the University of Essex, 1976; and Donald Campbell’s classic (if naturally dated)
Arabian Medicine and its Influence on the Middle Ages, London: K. Paul,
Trench, Trubner & Co., 1926. For information on the Asia trade and European
consumption, see Chaudhuri, The Trading World of Asia and the English East
McKendrick, Brewer, and Plumb, The Birth of a Consumer Society: The
Morse, The Chronicles of the East India Company, Trading to China, 1635-1834,
Oxford: Clarendon Press, 1926-9; John Willis Jr., “European Consumption and
Asian Production in the Seventeenth and Eighteenth Centuries,” in John
Brewer and Roy Porter (eds.), Consumption and the World of Goods, London:

1 Lu Gwei-Djen and Joseph Needham, Celestial Lancets: A history and rationale
westernized acupuncture are often glossed over. In relation to the European practice of acupuncture, Lu and Needham assume a more effective transmission and more consistent integration of therapeutic needling than I have been able to discover in Britain.

After the re-opening of China in the 1960s and 1970s, a flurry of short articles on acupuncture appeared in medical and popular journals and in Western newspapers. This surge of interest, in turn, prompted a clutch of exploratory histories of acupuncture in Europe and North America; in their attempts to render the historical Western use of acupuncture visible, these articles followed one of two patterns. Either they constructed skeletal chronologies of western acupuncture around its milestone publications, then tried to explain its mid-nineteenth century decline; or they listed those major publications and passed rapidly to the twentieth century phenomena which had returned acupuncture's past to relevance. In either case, the sociopolitical and medical contexts of acupuncture's brief and partial integration into western medicine were never explored in depth.

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4Ironically, considering their ample critique of western medicine before the 20th-century, Celestial Lancets is somewhat hampered by its authors' uncritical acceptance of the truth status and authority of western scientific medicine. Nonetheless, it remains a vital resource in studying acupuncture's historical development and diffusion, and an excellent starting point for those who wish to understand the traditions and theories underlying the therapeutic use of the needle in Chinese medicine.

5Throughout the dissertation, I have used the term "needling" as a synonym for acupuncture. This usage is not a nineteenth century one -- I borrowed it from 20th century popular accounts of acupuncture and use it for purely stylistic reasons. Similarly, and for exactly the same reasons, I occasionally use the phrase "the needle" or "the therapeutic needle" to suggest acupuncture. The former was used, although rarely, as a shorthand for acupuncture in the nineteenth century.

6Many medical and scientific studies of acupuncture have been done since the 1970s, ranging from studies in which the previously invisible passages through which the Chinese believed chi to flow were were found to preferentially channel radioactive tracers to studies which compared it to placebo pricking and found no statistical difference in therapeutic effect. Historians of medicine have responded more slowly and less volumously to the challenge represented by acupuncture; for examples of this response, see Bowers and Carruba, "The Doctoral Thesis of Engelbert Kaempfer: 'On Tropical Diseases, Oriental Medicine and Exotic Natural Phenomenon.'" Journal of the History of Medicine and Allied Sciences, 25: 270. 1970; Carruba and Bowers, "The Western world's first detailed treatise on Acupuncture: Willem Ten Rhijne's De Acupunctura," Journal of the History of Medicine October, 1974, pp. 371-398; John Haller, "Acupuncture in Nineteenth Century Western Medicine." New York State Journal of Medicine 73, (May 15, 1973): pp. 1213-.
Two dissertations considering aspects of acupuncture also appeared in response to the technique's new popularity. The first, Dorothy Rosenberg's 1977 "Acupuncture and US. Medicine: A socio-historical study of the response to the availability of knowledge," combined a sociological examination of acupuncture-usage in then-contemporary US health care with a somewhat less detailed examination of 19th century American responses to the technique. The historical portion of her thesis sketched in the trajectory of acupuncture in the nineteenth-century medical literature, and disputed claims that acupuncture-use in the US had declined because the technique was ineffective. Like Lu and Needham, Rosenberg's analysis rested in part on an assumed correlation between acupuncture's persistence in medical compendia and dictionaries and its use in medical practice. I have found the strength of this correlation to be highly variable in my research on acupuncture in Great Britain.

The second dissertation, submitted by Mike Saks in 1986, was eventually published in 1995 as Professions and the Public Interest: Medical power, altruism and alternative medicine. Here, the nineteenth-century history of acupuncture (this time in Britain) was presented in some detail, but was not itself the major focus of the work. Rather, Saks used acupuncture as a stage upon which to act out a sociological argument comparing the medical profession's claims of altruism to its arguably self-interested monopoly-building. In his survey of the British medical profession's historical response to acupuncture, Saks argued for a pervasive "climate of rejection" for acupuncture, based not on the relative therapeutic merits of the needle but on the economic and political exigencies of the medical profession in Britain. Saks did not address the cultural attributes of acupuncture, or their effect


7These claims often originated among medical practitioners resistant to further Western exploration of acupuncture as a "real" (as opposed to placebo) therapy.
upon the response of the medical community and clientele. Moreover, in focusing so intently on the power of the medical profession to accept or reject medical knowledge, Saks slips into describing a medical monolith, at a time when the medical profession was characterized rather by its great diversity and decentralized structures. Nonetheless, *Professions and the Public Interest* at least begins to examine the long-term pattern of professional response to acupuncture in the West, albeit as a subordinate goal. The ferment surrounding acupuncture in the 1970s also informed Daniel Geoffroy's monographic study of the history of acupuncture in 19th century France. Geoffroy used period accounts of acupuncture to limn the 17th and 18th century transmission of the technique to France and depict the 19th century French response to it; his approach was rather accumulative than analytical, and he limited his research strictly to France.

The history of acupuncture in China has been studied in greater detail, and for far longer. Among the more striking early contributions to the field was Wong K. Chemin and Wu Lien-te's 1932 *History of Chinese Medicine*. Two years later the popular Clio Medica series (*A Series of Primers on the History of Medicine*) edited by E.B. Krumbhaar, added a volume on Chinese medicine, written by William Morse, M.D., LL.D., then the Dean of the West China Union University's College of Medicine and Dentistry, in Szechwan Province. Both books were broad histories of Chinese medicine, and in each acupuncture was discussed at length. In content, the volumes were broadly similar, although Wong and Wu unsurprisingly treated the classical medical texts more sympathetically and in more detail, while Morse made more dramatically claims about Chinese quackery and scientific ignorance. Recently, Paul Unschuld's *Medicine in China: A History of Ideas* examined both the historical stability of acupuncture as a practice and the flexibility with which it was theorized in China. Although points were added to the Chinese body-map and new styles of inserting the needle emerged over the centuries in China, the

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8 In part, his choice of historical sources explains this tendency; he relied heavily on two medical journals, the *Lancet* and the *British Medical Journal*.  
technique observed by Wilhelm Ten Rhyne in 1683 would have been immediately recognized by Dr. Hugh Gillan a little more than a century, and by the medical missionaries in the nineteenth century.\textsuperscript{12} R.C. Crozier's exciting Traditional Medicine in Modern China explores some of the interactions between western and Chinese medicine, and between medicine and socio-political chance in China.\textsuperscript{13}

I frequently use the term "Asian medicine" in this dissertation; this is not because Japanese, Chinese, Ayurvedic and other regional medical systems are monolithic or undifferentiated. Rather, it is because the national variants of acupuncture and of explanations for it were essentially undifferentiated by European commentators. The early European observers of the technique acknowledged the transmission of Chinese medical practice and theory to other East Asian nations, and in particular to Japan. Having noted this fact, the early reports tended to use "Japanese" and "Chinese" more or less interchangeably in their discussions of medical ideas, remedies, and techniques. In nineteenth-century Britain, China and Japan were perceived very differently, and some few supporters of acupuncture attempted to exploit this difference by associating the needle with the well-regarded Japanese instead of the "vain and ignorant" Chinese. However, in most cases, no such distinction was made and in none did the distinction perceptibly affect responses to acupuncture. In cases where the difference is important, I have used national adjectives advisedly; elsewhere, I have generally used the term "Asian" or (and particularly in relation to medical theory) reverted to "Chinese."\textsuperscript{14}

\textsuperscript{12}In the modern period, however, there has been substantial innovation in the Chinese practice of acupuncture -- including the use of lasers or electricity to stimulate acu-points, as well as the use of acupuncture for anaesthesia. The traditional form of acupuncture also remains in use; the style of practice called "Traditional Chinese Medicine" in Europe and North America more closely resembles the latter than the former.

\textsuperscript{13}R.C. Crozier, Traditional Medicine in Modern China: Nationalism and the Tensions of Cultural Change Cambridge: Harvard University Press, 1968, especially chapters Two, Six, and Eight.

\textsuperscript{14}I am not a sinologist, so I have shamelessly pillaged the work of those more diligent scholars to identify Chinese individuals, texts, and places, wherever such information might be useful to myself or readers. The origins of this borrowed erudition are identified as opportune arises. In many cases, that origin will be Lu Gwei-Djen and Joseph Needham's Celestial Lancets. To those readers who long for a more detailed treatment of Chinese culture and history in this period of contact and exchange, I recommend the work of Jonathan
Overview

Although earlier reports of a therapy involving the insertion of needles into the body had reached the West, the first substantial discussion of acupuncture to arrive in Europe was written by Wilhelm Ten Rhyne, a physician employed by the Dutch East India Company, and stationed at their trading post in Japan. His essay *De Acupunctura*, written in Latin, was published in London in 1683. The second important work in the transmission process also emerged from Japan, and was written by one of Ten Rhyne’s successors, Engelbert Kämpfer. Although both of these texts included maps of the traditional acupuncture points, and some brief discussion of East Asian medical theory, the European response to acupuncture focused on the needle and the techniques surrounding it. This emphasis on the material and mechanical aspects of acupuncture led to severe misinterpretations of the goals and practice of needling, and certainly hindered the integration of acupuncture with western medicine. However, by the end of the eighteenth century, a new group of practitioners was emerging in France. These men were experimentalists and clinicians; they took up acupuncture in part because it was a decidedly marginal practice, and thus available for experimental investigation in a way which established techniques were not.

In the hands of the French clinicians, acupuncture proved successful in the treatment of ailments which orthodox western medicine had found intransigent. Reports both of the practical efficacy of acupuncture and of the experimental investigations of the needles were rapidly transmitted to Great Britain, and in 1822, the first significant English-language text on acupuncture was published by a surgeon named James Churchill. For a decade, the visibility and popularity of acupuncture increased steadily in Britain. By the mid-1830s, however, the number of articles on acupuncture had begun to decline. From 1850 until 1880, the medical press was virtually silent on the use of needles to alleviate pain, although other medical uses for the needle -- some called also acupuncture -- were discussed. Late in the century, analgesic acupuncture, this time particularly for neuralgia, was again described in medical periodicals and tracts. As the twentieth century began, narratives of acupuncture again disappeared from the medical literature; the technique of

Spence.
acupuncture was not again discussed in a medical context until the 1960s and 70s.

The Anglo-European response to acupuncture was influenced by the politics and ideologies of the Enlightenment; by perceptions of China and Japan; by changes in the structure and membership of the medical professions and consequent shifts in the nature of medical practice; and by the growing authority of science and of scientific medicine. Because the history of acupuncture in Britain is composed of so many divergent strands, and because it is so little-known, I have organized the dissertation as a loosely chronological narrative. But before turning to the first episode of transmission in 1683, I have made one detour. In the first chapter, I have used the first formal British embassy to China in 1792 as a lens through which to examine the reasons for studying the cross-cultural transmission of medical knowledge. Lord Macartney, his colleagues, and their servants encountered Chinese medicine on several occasions and under a range of circumstances. Their interpretations of, and responses to these episodes are revealing of their expectations and opinions of medicine as well as of China.

In the second chapter, I do begin to address acupuncture, and the way in which information about the technique was accumulated and transmitted to Europe. The texts produced by Ten Rhyne and Kæmpfer, and the images which accompanied them, were central to this process. Both men would have been members of the medical elite had they remained in Europe, and it was to the elite that their work was addressed. After examining these two first-hand accounts of acupuncture, the chapter continues by looking at lay and professional responses to the massive influx of information about Asian medicine in general and acupuncture in particular. This chapter also introduces a closely allied Asian medical practice, moxibustion, which was transmitted simultaneously. By comparing the reactions to these two exotic imports, the relative importance of their origins and of European medical expectations becomes more clearly apparent. The chapter ends with the century, and with the transmission of acupuncture, via the hospitals and experimental medicine of Paris, to Britain.

In the third chapter, I have focused on the texts of the British response, and the acupuncture which those texts constructed. Between 1822 and 1832, acupuncture received a level of exposure and examination which was not
equaled in the West until the 1970s. Yet no theoretical explanation for acupuncture gained consensus. I have looked at the strategies used by proponents of acupuncture to cope with its resistance to categorization, and to popularize the therapeutic needle. They achieved a certain level of success; acupuncture was used in British hospitals as well as in private practice, and gained a place in the durable resources of British medicine. However, by the end of the decade its popularity and visibility were declining.

In the fourth chapter, I examine the means by which acupuncture-use survived and even spread as the medical periodicals which had initially diffused the technique reduced, then ended their coverage of the topic. Predictably, acupuncture had become entangled in the internecine warfare which occupied the medical profession in these years of radicalism and reformist movements, and I look at which sections of the profession adopted the needle. I also examine some of the possible explanations for the submergence of acupuncture, both in the mid-century and -- after its brief but intriguing fin-de-siècle resurgence -- as the twentieth century began.

Inevitably, this remains a preliminary study of a complex and often puzzling episode in British and European medicine. The evidence presented here for acupuncture's transmission and British reception is drawn almost entirely from the printed record; few of the main actors in this story were survived by their correspondence or by the records of their businesses or medical practices.\(^{15}\) Of the few, neither patients nor practitioners recorded private opinions of, or encounters with the healing needle.\(^{16}\) Fortunately, the medical voice of the eighteenth and nineteenth centuries was more expressive than its modern counterpart. Medical authors were far more explicitly responsive to the social, intellectual, and professional conflicts of the day,

\(^{15}\) Moreover, World War II bombing seems to have been maliciously targetted at hospital archives and large collections of medical ephemera. The bombs which hit the library and museum at the Royal College of Surgeons, London resulted in the destruction of several collections of correspondence -- but tantalizingly spared their catalogue entries. On the other hand, a Chinese map of the acupuncture channels and points was untouched, but the file recording its date of acquisition was apparently lost.

\(^{16}\) For example, John Elliotson left abundant correspondence, now in the National Library of Scotland documenting his better known predilections for mesmerism, phrenology, and trousers, but not his interest in and use of acupuncture. Admiral Sir James Coffin, who seems to have browbeaten his medical attendants into treating him with acupuncture, left behind only papers relating his term in Parliament and a minor naval invention.
while the medical periodicals were politically and socially active. The rapid expansion of the medical periodicals in the nineteenth century also made the printed page accessible, both as a forum and as a professional resource, to a far wider range of medical practitioners. Moreover, the conventions of medical writing through the first half of the nineteenth century encouraged the inclusion of a patient's voice, although this construction was almost inevitably a filtered, formulaic -- and easily fictionalized -- shadow of the words of individual patients. All too often, of course, the intimate record of acupuncture in Britain is composed of gaping (but suggestively shaped) holes, bridged by only the slenderest of strands of evidence. However, through the formalized informalities -- and the sheer volume -- of medical communication, traces of the mundane, unpublished context of British acupuncture become visible.

Understanding the Needle: Tool, Technique, and Techne

Academics conventionally discuss the complex unit formed by the culturally-mediated interaction of individuals and implements in terms of one of two models. They may conceive of the tool and the techniques employing it as super-saturated with, and therefore inextricably embedded in culture. Alternately, the tool itself may be seen as culturally neutral (and thus completely transferable), with the techniques being considered as either embodied in the tool, or superfluous to. In the first case, the expected outcome of cross-cultural transmission would be failure, unless the recipient culture adopted not only the tool, but all of the cultural constructs which surrounded it. The success of western surgical practices in China in the late nineteenth century, following the export of western medical schools, hospitals and practitioners would be an example of this kind of successful context-rich transmission. In the second case, where the tool is conceived of as distinct from the culture within which it was developed, transmission would be of the decontextualized tool alone. That tool would be accepted or rejected based on its empirical worth to the recipient culture. In studying the transmission of acupuncture, I also had the opportunity to assess the value of these models.

From the first appearance of acupuncture in Europe in 1683 until its first decline in visibility in the mid-eighteenth century, needling offered a clear historical example of culturally-saturated medical performance. Acupuncture entered the social realm of European medicine, but was unable to surmount the barriers to cross-cultural practice. The Far Eastern origins of
acupuncture were a prominent part of discussions surrounding it; detractors of the technique disparaged the alien theories to which the needle was connected, while its supporters either translated those theories into western terms or simply ignored them. Acupuncture remained unassimilated, although it was not universally dismissed by the medical commentators. Moreover, in this first wave of transmission, acupuncture lost much of its complexity. In East Asia, therapeutic needling was performed to correct imbalances in the body's circulating vital energy, to remove blockages in the channels through which that energy -- in the form of an imponderable fluid -- flowed, or to treat disease in the organs which produced and processed the vital fluids. Needles were inserted into mapped points, located where the various energy channels were believed to come particularly close to the surface of the body. Each of these points was considered to have particular effects or potencies, relating to the channel or channels on which it lay, and affected by various environmental considerations. Despite the transmission of both acupuncture maps and the theories which explained them, European understandings of needling never included specific mapped loci, related in particular ways to particular diseases. The components of acupuncture had been transmitted separately -- the needles and maps by a medical author writing to a medical audience, and the accompanying theory both medical and lay observers addressing a general but elite audience. The two streams of information were not successfully reunited until the twentieth century.

After its fragmentation, the practice of acupuncture in Europe rapidly began to diverge from its Asian antecedent. By the early nineteenth century, as a second expansion of European and British acupuncture-use was rising to its peak, the technique had multiple forms, of which only acupuncture-analgesia bore any relation to the Chinese practice of acupuncture. However, the British surgeons and physicians who used the needle considered themselves to be using a technique rooted in Chinese medicine, though flowering only after extensive European (and particularly French) cultivation. I have followed their self-perceptions up to a point; I have also adopted distinction made by several leading proponents of acupuncture between acupuncture which was intended to cure disease and relieve pain and those uses of the needle which had purely physical and local aims. However, in using participants' own definitions, it is essential to bear in mind the fact that
“acupuncture” in Britain was never practiced, and only rarely discussed in conjunction with the rules and conceptions of Chinese acupuncture.\footnote{The situation in France was slightly different, as at least one nineteenth-century doctor and acupuncture-user (Sarlandière) did accept certain aspects of Chinese theory, although he subsequently modified the practice of acupuncture. His interpretation had no effect on British acupuncture and very little on French uses of the needle, but his modification of needling technique -- electrifying the needles in situ -- was adopted in some cases.}

Almost immediately it becomes clear that the conventional constructions of technology as either culturally neutral or culturally saturated cannot adequately explain the acupuncture phenomenon. Certainly, a technique as complex as acupuncture could not be embodied in its entirety by the simple technology of the needle. Yet the flexibility of the term “acupuncture” in western use -- the way in which a range of needle-based medical practices were called acupuncture, despite their western origins and different therapeutic aims -- indicates that the term came to be more closely associated with the tool than with the complex and culturally alien technique which the term was invented to describe. For the purposes of this dissertation, I suggest that acupuncture be read as a palimpsest, inscribed at first with the rich theoretical and cultural structures of Chinese medicine; then overwritten with the pre-occupations of the physician-observers in Japan. Scoured in the transmission process, acupuncture (and in some ways, the China which it and other exported artifacts came to represent) became an apparently clean sheet, upon which first European intellectuals and then French and British practitioners wrote their own definitions of “acupuncture.” Under these layered erasures and re-inscriptions, the Chinese substrate was obscured; however, given the pattern of correspondence between perceptions of China and responses to acupuncture, it would be rash to assume that acupuncture's bond with China was obliterated.
Compassing The Needle:  
Chinese Medicine and the Macartney Embassy to China

Every nation and tribe has what we may call its national therapeutics and nosology. It has some conceptions of disease peculiar to itself, some modes of treatment not observed elsewhere. In principle and extent, they may be very humble, in detail united with error and mistake, but I think we should have to search a long time before we found one that would not afford one fact for our information, or one hint to awaken our curiosity. G.T. Lay, 1841

Writing in the 1840s with British imperialism in full swing, G. Tradescant Lay’s pleas for a sensitive and receptive approach to what were rapidly becoming “mere” colonial cultures fell on deaf ears. Lay was particularly anomalous in directing attention to the scientific and specifically medical knowledge of colonial peoples. In fact, his words recalled (and perhaps connected only to) a tradition of discovery-scholarship which had peaked before the mid-18th century, and was on the decline by the time that Britain sent its first official embassy to China in 1792. This mission, led by Lord Macartney, was primarily aimed at enhancing Britain’s status and trading position in the Far East. Its members, while eager to see as much of China and the Chinese as possible, did not expect to learn much from Chinese culture -- only to learn more about it.

The Macartney Mission: Commerce and Discovery

The Macartney embassy came about as a concession to the Honorable East India Company and the burgeoning private (or “Country”) traders. Nominally in honor of the Emperor QuianLong’s eightieth birthday, the Embassy was actually directed to work for better trading conditions in China and specifically for the removal of various onerous regulations on trade in the open port city, Canton. Reliable information about China was scarce; British traders were confined to Canton, where their interactions with native Chinese

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were closely observed and their opportunities for learning about China or its people were rigidly restricted. Merchants could deal only with specific counterparts, appointed by the Chinese bureaucracy. It was criminal for them to learn Chinese, and conversely for any Chinese to teach the language to an outsider.\textsuperscript{20} The only Europeans officially sanctioned to learn Chinese were those who agreed to never again leave China -- the Catholic missionaries. These priests had been sending information back to Europe for centuries, but as sources, they were falling into disrepute. John Barrow’s comments, published in his account of the Macartney mission, exemplified widespread British skepticism about the missionary and European descriptions of China -- and British opinion on the state of trade at Canton generally:

[W]ith regard to China, ... it may be considered as unbeaten ground by Britons. We have heard a great deal of the Chinese knavery practiced at Canton, but ... we have not yet heard the sentiments of an Englishman at all acquainted with the manners, customs and character of the Chinese nation. The voluminous communications of the missionaries are by no means satisfactory; and some of their defects will be noticed and accounted for in the course of this work... \textsuperscript{21}

This distrust of the existing material on China, and the increasing importance of the China trade (especially for tea), ensured that a secondary goal of the mission was to observe and report on the Chinese interior, with its people, manufactures, sciences, and customs -- and of course on the mysterious and all-powerful Emperor QuianLong. To this end, Macartney included a natural philosopher and experimentalist, a surgeon, a physician and naturalist, and two botanic gardeners in his complement -- the first three of whom were Scotsmen, trained at Edinburgh and Aberdeen. With an entourage of artists, mechanics, soldiers, and even a German brass band, the mission totaled almost 100 persons and was as much a continuation of the age of exploration as


\textsuperscript{21}John Barrow, \textit{Travels In China, Containing Descriptions, Observations, And Comparisons, Made And Collected In The Course Of A Short Residence At The Imperial Palace Of Yuen-Min-Yuen, And On A Subsequent Journey Through The Country From Pekin To Canton. In Which It Is Attempted To Appreciate The Rank That This Extraordinary Empire May Be Considered To Hold In The Scale Of Civilized Nations}. London: T. Cadell and W. Davies. 1804. p.3
Britain’s opening salvo in the siege of China. Western medicine, as its second-in-command explicitly noted, was to be both an engine in that siege, as well as an object of study:

In Doctor Gillan, the embassy was provided with a skillful physician; a circumstance desirable, not only for persons destined to pass through a variety of climates, but also, from the consideration that, after his arrival in China, the successful exercise of his profession among a people supposed to be far behind Europeans in every kind of science, might excite their admiration as well as gratitude; and thus contribute to the general purposes of the mission....

Given these assumptions about Chinese medical (and scientific) inferiority, it is somewhat ironic that one of the earliest encounters between the ambassadorial party and the people of China occurred over the sick bed of the aggressively skeptical John Barrow. Immediately, China proved itself indigestible to the British elite -- especially if consumed in reckless haste.

Encountering Illness: Lay Expectations of Chinese Medicine

After a tedious passage through the unpredictable waters between Macao and the Chinese mainland, Lord Macartney and Captain Erasmus Gower decided to send the ship's tender -- the Clarence -- and a small party to shore at Chu-san to find native pilots who could guide the larger ships to Tientsin. George Staunton, the official historian of the embassy, led this group and recorded the subsequent incidents:

During the stay of the Clarence in Chu-san harbour, one of the persons who came in her was seized with a violent cholera morbus, in consequence of eating too freely of some acid fruit he had found on shore. As no medical gentleman, nor any medicines happened to be on board, inquiries were made immediately for a Chinese physician to administer, at least, some momentary relief to the patient, then labouring under excruciating torments.

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23 Sir George Staunton, An Authentic account of an Embassy from the King of Great Britain to the Emperor of China ... Taken chiefly from the papers of His Excellency the Earl of Macartney ... and of other Gentlemen in the several departments of the Embassy. London: G. Nicol 1797. Vol. 1, p.41
24 Ibid., Vol. 2, pp. 60-61.
British expectations of Chinese medicine, clearly, were not high, since “momentary relief” was the most they hoped for even in a relatively simple case. In fact, in his own account of his illness, Barrow claimed that he had asked only for two specific medicines to be sent (rhubarb and opium), and had neither expected or desired Chinese medical advice. In any case, a physician was swiftly provided by the Chinese authorities, who had been ordered by the Emperor to treat the English tribute-bearers with every courtesy. As far as can be ascertained from the details given in Staunton’s account, the physician treated Barrow according to traditional Chinese norms of practice, and apparently to good effect. However, despite its happy outcome, neither patient nor chronicler were satisfied by their encounter with the prowess of Asian medicine. Staunton’s *Authentic Account of the Embassy* describes the entire incident, emphasizing the diagnostic procedures:

A physician soon arrived; who, without asking any questions about the symptoms or origin of the complaint, with great solemnity felt the pulse of the left arm of his patient, ... moving his hand for several minutes backwards and forwards along the wrist, as if upon the keys of a harpsichord ... He remained the whole time silent, with eyes fixed, but not upon the patient, and acting as if he considered every distinct disease to be attended with a pulsation of the artery peculiar to itself, and distinguishable by an attentive practitioner.

Barrow recorded a very similar, if perhaps more mockingly skeptical reaction to Chinese therapeutics. The fact that he included the incident in his *Travels*, even though Staunton had already published a voluminous version of the event indicates both his expectation that it would interest his audience and the durable impression that it made on him:

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25Traditional Chinese diagnosis did (and does) not rely solely on the pulse; like their European counterparts, Chinese physicians were meant to employ all five senses -- including listening to their patients -- in diagnosis. The pulse did have particular importance in prognosis. Two recent and intriguing essay exploring this subject are Shigehisa Kuriyama, “Visual knowledge in classical Chinese medicine” and Francesca Bray, A deathly disorder: understanding women’s health in late imperial China;” both are in Don Bates (ed.) *Knowledge and the Scholarly Medical Traditions*, Cambridge: Cambridge University Press, 1995, pp. 205-234 and 235-250 respectively. Both note that Chinese medicine in this period is known predominantly through the scholarly writings, and hence is itself the medicine of the elite.

26ibid., pp. 61-62.
... With a countenance as grave and a solemnity as settled, as was ever exhibited in a consultation over a doubtful case in London or Edinburgh, [the Governor's own physician] fixed his eyes upon the ceiling, while he held my hand, beginning at the wrist, and proceeding towards the bending of the elbow, pressing sometimes hard with one finger, and then light with another... This performance continued about ten minutes in solemn silence, after which he let go my hand and pronounced my complaint to have arisen from eating something that had disagreed with the stomach.27

Both of these men were educated, and sufficiently wealthy to be acquainted with the mores and manners of European physic; in each case, their disapproval stemmed largely from their disbelief of the alien diagnostic techniques used in Chinese medicine, exacerbated, perhaps, by the bedside manner of the physician in question. Barrow described this strange behavior explicitly as "performance," and shared with Staunton the comparison of pulse-reading to the showy gestures of a harpsichordist. Certainly, the Chinese physician's gestures and attention to the pulse would have been more elaborate than those of his British counterpart of the day.28 In this case, the first to be extensively reported to the British public, the result of the Chinese treatment was not merely to cure the patient, but also to sow distrust of the doctor. The British participants judged the Chinese practitioner disingenuous, and their verdict on this high-profile case of cross-cultural practice was therefore discouraging, even though the patient regained his health: "[The Chinese physician] pronounced the present complaint to arise from the stomach, as indeed was obvious from the symptoms, of which it is very probable he had information before he came; and which soon yielded to appropriate medicines, supplied, at the patient's request, by him."29 Barrow concluded his retelling of the event with the scarcely more positive remark that, "I shall not take upon me to decide whether this conclusion was drawn from his skill in the pulse, or from a conjecture of the nature of the complaint from the medicines which had been demanded, ... or from a knowledge of the fact."30 In this example of a medical encounter, the unrecognizable nature of

27Barrow, op. cit., vol. 3 p.345-6
28For a detailed description of the British clinical encounter of the day, see Porter and Porter, Patient's Progress; Doctors and Doctoring in Eighteenth-Century England, Stanford, California: Stanford University Press, 1989, especially part II.
29Staunton, op. cit., p.62.
30Barrow, op. cit., vol. 3 p.346.
traditional Chinese medical process made the possibility that it had succeeded through its own merits and on its own terms incredible -- at least to those members of its audience who were sufficiently familiar with the protocol and praxis of western medicine to have unfulfilled expectations of such a meeting.

**Cultural Specificity and Diagnostic Consensus**

Staunton and Barrow's dismissive and disbelieving responses to an alien system of therapeutics and concomitant assumptions about the body accord well with the new models of medical community and therapeutic contingency which historians of medicine have developed over the course of the last two decades. Neither Barrow nor Staunton were medical professionals, invested by training and economic necessity in the Western medical model, although Staunton was trained as a doctor and indeed briefly practiced as one until a better opportunity arose in diplomacy. However, as affluent consumers, they were full and informed participants in the medical culture of 18th century Britain. As such, they had strong views and firmly held assumptions about the proper practice of medicine. Both Staunton and Barrow responded with confident hostility to the visible attributes of Chinese medicine, and the specific traits which aroused their ire reveal as much about the state of western medicine as they do about Chinese. For example, their shared reaction to the status and role of the patient in the therapeutic encounter highlights one point of conflict between the Asian and European systems. They jointly mocked the idea that patients in China were to be read by their doctors, rather than being themselves the readers and reporters of their own bodies, as was

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the case in the British practice of the day. Similarly, Barrow and Staunton expressed doubts about the honesty of the Chinese practitioner when he claimed that his correct diagnosis was based on the reading of the pulse alone. Clearly these consumers did not accept the Chinese belief in a compound pulse which could reveal intelligible clues to the detailed state of all the organs of the body, even though it had in practice confirmed the Western diagnosis, rather than conflicting with it. Although both would have understood the pulse as conveying reliable information about the body, they clearly considered that information to be at most two-dimensional, and based on the speed, and perhaps force of the heart-beat. This interpretation matched the established scientific conception of the pulse in western medicine, but was completely incompatible with the explanatory system which prevailed in China.

The Professional Opinion: Prepared for Failure

In this case, where both medical cultures produced similar diagnoses and remedies -- Barrow noted that his self-prescribed medications "met with [the] entire approbation" of his Chinese healer -- British doubts were raised primarily by the devaluation of the patient's subjective experience of his illness in diagnosis. These doubts were strengthened by the discrepancy between western and Chinese interpretations of the pulse. The weight of disapprobation in both narratives definitely rests on the Chinese reliance on the evidence of the pulse alone, rather than on the disagreement between the expert opinions of Chinese and Western physicians about how much the pulse could reveal about bodily states. Barrow and Staunton filtered their

34It was (and is) actually somewhat unusual for a traditional Chinese practitioner to rely exclusively on the pulses, and especially not to also examine the tongue. However, it was certainly the ideal of Chinese physic to be free from the patient self-reporting, to derive diagnostic information entirely from the body, more or less unmediated. In a medical culture where mind and body were resolutely considered as one entity, the subjective experience of the patient would theoretically be legible from the body's state.
35As we will see in the next chapter, this understanding of the pulse was constructed over the course of the 18th century; at the beginning of the century, responses to Chinese pulse diagnosis were considerably different.
36Barrow, op. cit., vol. 3 p.345-6
encounter with Chinese medicine through their experiences of western practice, but as non-practitioners, they were less constrained by existing professional assessments of Chinese practice. However, accounts of the mission also include a description of Chinese medicine written by a professional western physician observing and practicing on Chinese patients.

Whether his expectations were formed by the medical commentaries of the mid-18th century or by the more immediate experiences of his companions Barrow and Staunton, Hugh Gillan, the Embassy's physician, (seems to have?) would have anticipated little more than hide-bound barbarism and hocus-pocus from his Chinese counterparts. One medical commentator, Dr. R. James, described Chinese practice as composed essentially of obscure texts and straightforward simples. This version of Asian medical practice noted the points which so surprised Staunton and Barrow in Chusan, but with a difference in emphasis:

They acquire a knowledge of diseases by a long and tedious observation of the pulses. ... Besides the pulse, they consider the eyes, the tongue, and the face of the patient, but neglect all other circumstances from which the prognostics might be drawn; for they neither interrogate the patient with respect to his state, nor inspect the urine of those who are under their care. When they know the pulse, they form a judgment of the nature of the disease, and make their prognostics accordingly. After this they have recourse to a most antient book, which is the standard of their practice, find out the denomination of the pulse, and the remedies appropriated to the particular disease, of which it is the concomitant symptom. Most of their medicines are simple and easily prepared, such as decoctions. 37

The idea of diagnosing all patients' particular illnesses through the use of general tables in an ancient book would certainly have seemed shocking and ludicrous to educated western eyes; after all, European medicine of the day was based on the idea of the particularity of individual cases. 38 James continued by

37R. James, A Medicinal Dictionary; including Physic, Surgery, Anatomy, Chymistry, and Botany, in all their branches relative to medicine ... and an introductory preface, tracing the progress of physic, and explaining the theories which have principally prevail'd in all the ages of the world. London: T. Osborne, 1743. Preface, p. viii.

detailing the more specific failures of Chinese physicians, especially their ignorance of chemistry and anatomy and the fact that they “never admit of phlebotomy.”³⁹ But most importantly, James harshly critiqued Chinese theories and medical knowledge, and the positive tone in which both had previously been reported:

[The Chinese] imagine, that there is a certain circulation of the blood and spirits, which conveys the radical moisture, and the native heat, thro' the veins and vessels of the twelve members. ... This phantastic and ridiculous account of a circulation of the fluids in a human body has induced some of the less wary and circumspect of the Europeans to assert, that the circulation of the blood was very early known to the Chinese. ... They have formed a pompous kind of pathology in order to account for painful and spasmodic disorders: upon this theory depend acupuncture and burning moxa on the parts affected. ... Their theory in general, however antient, is yet very imperfect and unphilosophical...⁴⁰

The assumptions apparent in James' 1743 essay, and especially the emerging sense that explanations of the body which put theory prior to anatomy were “pompous,” were quite common in the medical literature of the mid-century. This text, or one like it, would have shaped Gillan's expectations of Chinese practice and these assumptions are reflected in his first-hand account of what he saw in China.

On his arrival in Jehol, Gillan had the opportunity to meet with Court physicians, hear their interpretation of a case, and demonstrate -- to the highly influential patient, as well as his doctors -- the Western alternative. The patient who called in this rarity, the European doctor, was Ho-Shen (also referred to by the title of his post, 'Colao' or 'Grand Secretary') a Manchu courtier and the Emperor's long-standing favorite. “He sent ... to the Ambassador, a request to send to him his English physician, whom he wished to consult upon his case.” Gillan accompanied the messenger to the Colao's house, where he was met by “some of the principal persons of the faculty then at court, ... who were attending.”⁴¹ Ho-Shen’s illness, as he and the Chinese faculty explained, involved both shifting pains and inflammation in his joints, back, and loins, and “excruciating pain about the lower part of the abdomen”

³⁹R. James, op.cit., p. viii.
⁴⁰Ibid., p. viii.
accompanied by swelling "beginning at the ring of the external oblique muscle on the right side, and extending along the spermatic chord down to the scrotum."\textsuperscript{42}

Two reports of this medical consultation (which also contain the earliest first-hand account of acupuncture recorded by a Briton) exist; the first, Dr. Gillan's notes on Ho-Shen's case and on several other cross-cultural medical encounters, was never published but was privately circulated. These notes formed the basis of Staunton's published account. The Staunton account was one of the earliest and most widely available descriptions of Chinese praxis, and almost certainly played a role in shaping future British responses to information about Chinese medicine. In both the private and the published versions of this meeting, Chinese theory was described in more detail than in the stories of Barrow's illness. Moreover, in a case where European and Asian diagnoses differed substantially, Chinese practice was presented as empirically inadequate, as well as theoretically risible. Staunton's edited extract of Gillan's notes emphasized the stranger aspects of Asian praxis, opening with a portrayal of the different method each group used to determine Ho-Shen's symptoms and define his illness:

These circumstances [Ho-Shen's symptoms] the Doctor learned from the Colao himself; who, however, was surprised at such a number of questions, which the other physicians had not thought it necessary to make. They drew their indications chiefly from the state of the pulse, in the knowledge of which they boasted the highest skill. According to their ideas, every part of the body has a pulse particular to itself, which indicates what part of the system suffers. They considered the pulse as a general interpreter of animal life, which pointed out every condition of the body; and that, by its means alone, the nature as well as seat and cause of disease, could be ascertained without the necessity of any other information relative to the patient.\textsuperscript{43}

Gillan's notes here differ subtly from the closing lines of Staunton's summary of them.\textsuperscript{44} While the impression given in Staunton's text is that the Colao's case


\textsuperscript{43}Staunton, op. cit. Vol. 3 p.55-7

\textsuperscript{44} Gillan wrote, "They pretend that the pulse, like a general interpreter of animal life, explains every state and condition of the body and that by means of it alone they can immediately discover the seat, nature, and cause of disease
was in fact handled in this way, Gillan was actually discussing the claims made for Chinese medicine, rather than the behavior of the physicians in any particular case -- his narrative speaks more of bedside arrogance than ignorance.

Gillan was in general more aware of the centrality of medical protocol and patient demands in the doctor-patient interaction, and implied that asking no questions might be a matter of fulfilling patient expectations rather than simply an effect/display of professional arrogance: "[Ho Shen] seemed a good deal surprised at my asking him so many particular questions, which is not customary for physicians in China to do in any case." Gillan himself (as Staunton noted) made considerable efforts to make his prestigious patient feel at ease:

After the first ceremonies were over, ... he made me sit down on the couch ... beside him and presented me first his right arm, and next his left, ... believing that from their indications alone I could tell him everything respecting the nature, cause, and actual state of his complaints. In compliance with the customs and prejudices of his country, and that I might not at first shock himself or his physicians, who stood around us, I felt with seeming attention and gravity all his pulses on both arms and continued to do so for a long time.46

Gillan's account also points out areas of consensus between Chinese and European medical theory. Most importantly, he expressed a far more sophisticated understanding of the pulse as a vehicle for information about the body, and a more exact description of what made this view incompatible with the European understanding of the pulse:

There is certainly a very close connection established by Nature between the state of the pulse and the general affection of the system, with regard to frequency, force, fullness, hardness and softness, etc., by which we are enabled to form our judgments respecting the nature and cure of many diseases. But the Chinese physicians carry their pretensions far beyond

without asking any questions of the patient, or those around him, and without being informed of any other circumstance respecting him." Hugh Gillan, op.cit., p.281

45Hugh Gillan, op.cit. p.281 My emphasis.
46Hugh Gillan, op.cit. p.282. Given the extraordinary precision with which the appropriate points for feeling the various pulses were defined/located in Chinese medical theory, one wonders if this did more harm than good -- the site of an alleged doctor fumbling around on the arms of a very influential patient may have destroyed any chance that remained of western medicine being taken seriously at the Chinese court after the frequent illnesses of the Ambassadorial party.
this. According to their ideas, every viscus and every part of the body has a particular pulse belonging to itself, which indicates with certainty what part of the system suffers, and how it is affected in disease.\(^{47}\)

The European medical profession's construction of the pulse as a diagnostic tool was clearly more nuanced (and even at the end of the 18th century retained some of the plastic importance granted it by such early users as Floyer) than was apparent to lay observers like Staunton and Barrow. However, Gillan's professional opinion of the Chinese multiple pulse, while expressed more moderately and drawing on more information than Staunton's rendering of it, was nonetheless quite negative:

In the distinction, discernment and cure of diseases, the Chinese physicians draw their indications chiefly from the state of the pulse, in the knowledge of which they boast the highest skill. ... But it is evident from the nature and structure of the human frame, as well as from the circulation of the blood, that the general doctrines of the Chinese physicians upon this point must be false. Nothing indeed but the grossest ignorance of anatomy and physiology could make them believe such absurdities.\(^{48}\)

It is significant that Gillan drew his authority explicitly from those western bastions, the collateral sciences, rather than from any general superiority of therapeutics. Indeed, in his attempt to convince Ho-Shen himself that the western understanding of the pulse was the correct one, Gillan relied on the accuracy of the scientific view rather than on any gains in effectiveness derived from it. He explained the western theory of the pulse, and then asked Ho-Shen to perform a small experiment on his own pulses:

I told him that we were not accustomed to examine the pulse in various parts of the body in Europe, that we usually felt it in one place only, because we know that all the pulses correspond together and communicated with the heart and other parts by means of the circulation of the blood, so that from knowing the state of one ... pulse, we knew the state of the rest. He seemed to listen to me with astonishment, and immediately expressed his surprise to his physicians who... appeared equally amazed at the novelty of such a doctrine. ... At my request, and to satisfy himself on this subject, he applied the forefinger of one hand to the left temporal artery and the same finger of his left hand to his right

\(^{47}\)Hugh Gillan, op.cit. p.280-281.

\(^{48}\)Hugh Gillan, op.cit. p.280. Cranmer-Byng adds to this the gloss that DuHalde translated the Mo ching, written circa 10th AD, and published this translation in 1735, with his Description. DuHalde's account, while critical of some aspects of Chinese medicine, was generally convinced of the merits of pulse diagnosis in the hands of experienced Chinese practitioners, but of him, more later.

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ankle, and to his great surprise he found the beats of his pulses simultaneous. 49

Gillan then revealed that it was only after this experiment's successful completion that he had explained the other kinds of information, the "variety of questions respecting internal sensations and external circumstances" upon which western physicians based their diagnoses, and was given permission to ask such questions. 50 As Gillan (and Staunton) presented this event, experiment served not only as the solid and freely exchangeable currency of proof, but also 'bought' sufficient authority for Gillan to deviate from China's established clinical forms and ask his diagnostic questions. The experiment provided an opportunity also to present the Chinese as possessed of a simple, static and dogmatic medical (and scientific) culture. Thus Staunton's account noted with satisfaction the surprise, astonishment, and on the part of the doctors, embarrassment, attributed to the Chinese observing and participating in it.

In both the published and unpublished reports, the authors made it clear that Chinese theories about the pulse led inevitably to an incorrect and, to them, incomprehensible diagnosis. Such a diagnosis could only lead to an incorrect therapy. In Ho-Shen's case, Gillan and Staunton described both the observed process of diagnosis and the unseen therapy in highly negative terms

In consequence of this opinion of the nature and cause of the disease, the method of cure was to expel the vapour or spirit immediately ... The operation had been frequently performed ... with exquisite pain to the patient. Still however, the disease continued in its usual course: but this, from the authority and information of his pulses, was entirely owing to the obstinacy of the vapour ... In their treatment of this disorder, the physicians had exhausted all their skill to no purpose. The original complaint still continued to recur; and were now more violent than at any former period. 51

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50 Ho-Shen's reported satisfaction did not induce him to allow the Western doctor to treat him (although Gillan and Staunton claimed that other officials did submit to western treatments and remedies). However, the entire encounter was observed by the Chinese physicians, and Gillan was asked to write out his final diagnosis and proposed remedy (apparently for Court records of the visit).
51 Staunton, op.cit., pp. 57-8.
In this passage, Staunton was ostensibly describing the specific practice and rationale followed by the Chinese physicians. He also conveyed the far more damaging impression that they diagnosed Ho-Shen according to their dogmas about the pulse rather than observation: “After a full examination of the Colao’s pulses, they had early decided...” on what was portrayed as an explanation of convenience. Gillan noted incredulously that “the whole of his complaints and all their change of place and symptoms” were attributed to one cause, “a malignant vapour or spirit,... which shifted itself from place to place, ” which was itself unknown to and incompatible with western science or medicine; it must have seemed to him that his Chinese colleagues were just making up a mechanism capable of explaining all of the multifarious symptoms. That the therapy based on such theories had failed was, Staunton intimated, only to be expected. Rhetorically, this was the strongest blow to the credibility of the Chinese faculty. The idea that joint aches and abdominal spasms could equally be explained by a self-generating attack of gas, and thus could both be cured by needle-pricks would have been astounding to the western medical community, consumers and providers alike. The unities which were immediately apparent to the Chinese faculty, viewing the body as a system whose delicate balance depended on the flow of chi -- and therefore viewing the symptoms as inevitably “part of the same disease” of blocked or inappropriate chi -- were invisible to western eyes. In addition to being utterly unconnected in western nosology, orthodox Western practice treated the former medically and systemically, and the latter surgically and specifically -- the diseases were properly the province of different groups, and considered in different ways. As Gillan’s report of his questions also illustrated, they were not even seen to depend on similar environmental or emotional states; that the Chinese faculty could have missed an indicator obvious to even the least sophisticated western layman would have seemed outlandish, to a British reader.

Staunton repeated Gillan’s description of the proposed cause of Ho-Shen’s symptoms, with its use of terms inevitably connoting to British ears anachronistic superstitions or at best a species of coarse ignorance about the

52For the moment, chi can be defined as “universal vital energy;” in traditional Chinese medicine, chi was understood to be composed of two elements, yin and yang, which circulated throughout the body, the former with the blood and the latter in a second, more ethereal, system of channels.
body: either the Chinese attributed disease to malignant spirits or to a sort of shifting, self-generating flatus. Elsewhere, he was even more explicit about his view that the Chinese relied on animism and superstitions in their medicine:

There are in China no professors of the sciences connected with medicine. The human body is never, unless privately, dissected there. Books, indeed, with drawings of its internal structure , are sometimes published; but these are extremely imperfect; and consulted, perhaps, oftener to find cut the name of the spirit under whose protection each particular part is placed, than for observing its form and situation. 53

Staunton clearly found the association between the absence of anatomy and the dependence on animism immediate and convincing. The source of his assumption that the maps presented in these texts contained names of guardian spirits is harder to discover. 54

Chinese Stories: Narratives of Contention and Narratives of Change
The meaning of traditional therapeutics must be sought within a particular cultural context; ... individuals become sick, demand care and reassurance, and are treated by designated healers. Both physicians and patients must necessarily share a common framework of explanation. To understand therapeutics ... its would-be-historian must see that it relates on the one hand to a cognitive system of explanation, and on the other, to a patterned interaction between doctor and patient, one which evolved over centuries into a conventionalized social ritual. Rosenberg, 1985 55

Clearly, these stories, of Chinese medicine practiced on British subjects, and of British medicine practiced on Chinese subjects reveal a rich network of embedded assumptions about proper medical practice and understandings of the body. However, they also reflect a fluid and transitional stage in European medicine, especially through the particular sites of contention between

54 I have never come across any references to the association of body parts with particular guardian spirits, or seen a chart containing information about the guardian spirits for different organs. It is possible that Staunton was misinterpreting terms like “heart chi” or “liver chi”. These terms refer to the vital energy produced or acted upon by particular organs; in the Chinese system, imbalances in such energies can lead to disease, while stimulation leading to the appropriate balance can cure it. Since “chi” can be translated as “spirit,” this may be the source of this odd statement.
European and Asian practice. The three narrators, professional and lay members of the medical community, reject or challenge the same parts of Chinese medicine. Specifically, they resist the idea that the patient can be divorced from the illness, and that the patient's unique perceptions of his or her own body can be safely discarded from the diagnostic repertoire. In relation to the pulse, the only physical sign which the professionals of both cultures accept unanimously, all three reject the wide-ranging diagnostic authority given it by the Chinese, stripping it of its more subtle nuances. Strikingly, the evidence upon which Gillan's rejection is explicitly based is "scientific" and not drawn from the empirics of practice, while Staunton's rejection seems to lean more heavily on its diagnostic failure, rather than its incompatibility with the new sciences of anatomy and physiology. The British observers agreed that no single sign could reveal so much, and that certainly the Chinese physicians could not credibly claim so extensive an authority over the body. Their negative response to Chinese medicine was the product of a century of medical exploration in Europe, inflected by the increasing tensions surrounding trade, and mediated by their personal disappointment with the progress of their much-vaulted Embassy. It was not the natural or inevitable response of one culture to the medicine of another.

The power of the pulse: an early response to Chinese diagnostics

European medicine entered a period of radical change, in terms of both its intellectual and its professional values during the second half of the eighteenth century. The effect of these changes on interpretations of Chinese medicine can best be judged by comparing early responses to Asian practice with those of the Macartney embassy. Sir John Floyer (1649-1734), a British physician writing in 1701, responded to newly available information about Chinese medicine with enthusiasm, although not without criticism. More importantly, his intellectual and professional response to this culturally alien material was to assimilate the Asian medical traditions, re-interpreting them in the language of western medicine. Indeed, and in marked contrast to James, writing only four decades later, Floyer placed Chinese medicine on the same level as the Galenic corpus, reinterpreting both of these older traditions of medicine "... according to the new Anatomy, and our present philosophy."

56Sir John Floyer, The Physician's Pulse-Watch; or, an Essay to Explain the Old Art of FEELING the PULSE, and to improve it by the Help of a Pulse-Watch ... To
Even the title-page summaries of his *The Physician's Pulse-Watch* clearly expressed his opinion that these two traditions, while separate, were of equal value and relevance. The first part of his treatise was described as "I. The Old Galenic Art of Feeling the Pulse is describ'd, and many of its Errors corrected: Differences and Prognostications by them, are fully explain'd, and Directions given for Feeling the Pulse by the Pulse-Watch, or Minute-Glass," while the third section came under the heading: "III. The Chinese Art of Feeling the Pulse is describ'd; and the Imitation of their Practice of Physick. which is grounded on the Observation of the Pulse, is recommended." If anything, Floyer rated Chinese practice superior to that of the Galenic tradition. His judgment, based on a wide range of reports from both China and Japan was that, "as to physic and Chyrurgery they are Experts, and their rules of the Art differ not much from those of the European Physicians; for at first they feel the pulse like them, and are skillful in discovering by the same the inward distempers of the body..."

Floyer tried to explain and synthesize the Chinese and western accounts; for example, he took the Chinese description of individual pulses as revealing the state of particular organs seriously, but not literally. To explicate it to his medical audience, he observed that each of the viscera named by the Chinese produced a particular fluid, and declared that the Chinese were speaking allusively in naming, say, the liver, rather than the bile which came from it. produced by that viscera:

"Tis ridiculous to believe that the pulse can depend in its alterations on the solid parts of any viscera, but it does evidently alter by the fluids; therefore, tis obvious that the Chinese respect the fluids, which are secreted by those parts in feeling of the pulse; and if this be a fair conjecture, I have probably accommodated the Chinese and Grecian art of feeling the pulse."

Floyer quoted from a translated Chinese medical text, the Nuy Kim, line by line, giving what he considered to be a mundane and down-to-earth paraphrase in western terms as he went along; thus "the eyes are the windows of the liver" was taken to mean simply that diseases of the liver (blood) show symptoms in

*which is added, An Extract out of Andrew Cleyer, concerning the Chinese Art of Feeling the Pulse. London: Sm. Smith and Benj. Walford, 1701 p.2*

57ibid., title page.
58ibid., p.229
59ibid., p. 230-231

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the eyes -- Floyer cited jaundice as an example here. Unlike his British successors, Floyer did not expect Chinese medicine to be ridiculous, and therefore when its assertions seemed to his ears risible, he assumed that the error was in the translation and not in the ideas originally expressed. This is not to say that he did not hold any stereotypical views about the differences between Western and Chinese abilities; Floyer was no anachronism. His report on a text by Andreas Cleyer on Chinese medicine illustrates both his openness and its limits.

In this discourse quoted from Cleyer, I find good sense, tho' express'd in the Asiatic way, whose words are sorts of hieroglyphicks, as well as their characters; and their expressions are fitter for poetry and Oratory, than phylosophy; the Asiatic have a gay luxurious imagination, but the Europeans excel in reasoning and judgment, and clearness of expression.60

Indeed, he used the Chinese science of the pulse to provide historical roots and justifications for his own innovation, the 'physician's pulse-watch'.

After by my pulse watch I had found the most healthful pulses, I easily discern'd what were the exceeding and the deficient pulses. 'Twas easie for me to take Indications from the hot or cold pulses, ... After I had reflected on what I had done I found my notions hit with the Chinese Practice, about which I consulted many printed Travels..." p. 2 of preface,

The ancient use of the pulse as a diagnostic tool, and the great efficacy which he attributed to the Chinese validated the idea of relying on a physical sign, while the intractable source of Chinese expertise -- long experience, rather than any particular depth of anatomical knowledge -- offered a reason for turning to a mechanical aide-de-camp, in the form of a pulse-watch and a set of tables. Compare this reasoning to the scorn James heaped on the use of similar diagnostic tables by the Chinese in the 1740s!

One reason for the great shift in attitudes between Floyer and Gillan was that in 1701 there remained a parity between the value of empirical experience and that of scientific knowledge. The 'art of medicine' had certainly not disappeared by 1792, but the idea that a medical science might be preferable was increasingly popular, especially as its potential benefits to the medical profession became more and more obvious. It did not diminish Floyer's own authority to assert that,

60ibid., p.232
Tho' neither the Greeks nor the Chinese knew the true Fabric of the Organs of the Pulse, nor their true action and uses, nor the circulation of humours, and the causes of it, yet the Greeks discovered the poises of all diseases and humours, and passions: And the Chinese their Art of Physic on the pulse and its differences.\textsuperscript{61}

simply because his credibility was not maintained by his knowledge of the collateral sciences of medicine, but by his success at the bedside and his elite education. The value placed on experience as a form of medical authority is even more clear in Floyer’s conclusions about the Chinese and his insistence that translations of Chinese medical texts would be valuable to western medicine:

‘Tis certain, their experience of this practice for 4000 years is much to be valu’d, because they are an ingenious nation; but we have at present an obscure account of it from the missionaries, who know nothing of this art; neither can they dexterously distinguish and separate the Chinese notions from matters of fact, and the real phenomena, to which all hypotheses are adapted, tho’ they be very absurd.\textsuperscript{62}

Floyer argued that this task had to be done by a physician who himself “has long had a full experience of the Chinese method of practice, that he may more clearly describe their pulses, and accommodate them to the names we use.” Clearly, the assumption is one of an underlying unity, of at least a potentially shared conception of medical practice and the body. All that had to be overcome was “The ignorance of the Europeans in the Sphuhrmatic science, together with the hieroglyphick mode of the Chinese notions.” Intriguingly, Floyer both acknowledges the usefulness of medical science, and mildly scoffs at it. So he notes that, “the want of anatomy does make [the Chinese] art very obscure, and gives occasion to use phantastical notions” but balances this flaw against the fact that “their absurd notions are adjusted to the real phaenomena, and their art is grounded upon curious experience, examined and approved for four thousand years.\textsuperscript{63} He rebukes critics and doubters who dismissed Chinese techniques simply because of diagnostic terms like “flying ribband” with the tart comment that

the Chinese distinguish the pulses by comparing them to something that feels like them; and they who will know their meaning, must discern the

\textsuperscript{61}ibid., Preface, p.3.
\textsuperscript{62}ibid., p.336
\textsuperscript{63}ibid., p.355
same by long experience in feeling the pulses; for they do not consider the pulse as geometricians do by its dimensions.64

Floyer was looking far ahead as he responded to the deluge of new medical information, whether from China or from the new perspectives offered by anatomy and chemistry. In his analysis of how western medicine must change in order to become a respected profession, he was equally willing to incorporate Chinese medical insights as to critique their customs and lavish self-confidence. He described what the Chinese did wrong: first is their 'extravagance' in naming the pulses things like flying ribbon or feather, and states that physicians must build their practice "on those sensible *phoenomena*, which are obvious to all unpredjudic'd persons; and those are sufficient and very evident, as Nature has made all useful things."65 But then he carefully listed what those noteworthy phenomena were considered to be in Chinese medicine -- particularly that they considered not merely the pulse, but the heat and humidity of the patient's body and environment to be essential to determining proper treatment. Floyer was clearly impressed by the possibilities of controlling the evidence of the body, without depending on the patient to access and assess it. After a lengthy discussion of how to interpret different pulse rates in individuals of different status, sex, age and climates, he proposed this Asian form of encounter as the way to raise the status of the British medical profession: "All these things must be considered if we design to imitate the Chinese skill, whereby we design to find out a disease, without being told of the symptoms; by which we may procure a great reputation among the vulgar ..."66 His proposal ill-suited the nature of the client-driven medical profession in the eighteenth century, and the attainable levels of accuracy in pulse-diagnosis did not offer enough leverage to shift the balance of power towards the medical practitioner. The externally legible body, with its freight of authority and exclusive knowledge, was eventually produced over the course of the next 150 years, and had all the benefits for the medical profession that Floyer predicted, but it was never based on the multi-faceted pulse of Chinese medicine. Meanwhile, shifts in the intellectual culture of western Europe -- and especially the rising authority of the sciences --

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64 ibid., p.368  
65 ibid., p.246  
66 ibid., p.247
filtered contentiously but inevitably into medicine, and caused the points of
difference between the medical cultures and languages of East and West to
become irreducible, closed to interpretive malleability. The cultural borders
were closing, at least for the elites of China and Europe.

Broadly, the intellectual roots of these conflicts can be located in the
role of science in widening divisions between empiricism and theory, between
shared and exclusive knowledge, and between natural philosophy and
medicine in the West. However, the case of Ho-Shen also reveals the presence
of the continuing tradition of systemic relationship between the health of the
body and the state of its environment in western medicine. Consider what
were seen to be appropriate diagnostic procedures, as illustrated by Gillan's
interview with the Colao. Of course, the central argument he made in his
report was the importance of questioning the patient directly. The answers he
recorded from this direct questioning do first illuminate the importance of
establishing the exact physical symptoms experienced by the sufferer, but
they also demonstrate an exploration of the potential connections between
those physical signs and their natural and social context. The seasons in which
specific symptoms occurred (and whether they followed a seasonal pattern),
their frequency, location, and duration were all a part of the diagnosis, as was
the more general history of the patient in relation to episodes of illness. For
Gillan, the inadequacy of the unitary Chinese explanation of Ho-Shen's illness
was proven by this history:

Upon full investigation, it appeared that he laboured under two distinct
complaints. The first was rheumatism, which first attacked him in the
mountains of Tartary where he had long been exposed to cold and rainy
weather, previous to the accession of his complaint ... At that same time,
he was confined to his tent for a whole month [with the symptoms] ... The
pain, swelling, and other symptoms recurred however, the succeeding
spring, in cold moist weather, and had continued to recur .... When I asked
him more particularly respecting the pain and swelling of the lower part
of the abdomen, he confessed he had from his infancy had some little
swelling ... It had, however, never given him any pain or uneasiness till
about eight years ago when it suddenly increased to a very large size
when he was making an exertion to mount a very tall horse ... I examined
the part and found a completely formed hernia.67

This older tradition, as was apparent in Floyer's comments on the Chinese
pulse, had strong affinities to Chinese ideas about the causes of health and

disease which were incorporated into pulse diagnosis. However, by the time Gillan witnessed this technique in Jehol, the pulse had come to have a fixed place in western medicine as a monochromatic indicator of bodily health; any ideas about the body which were embedded in it by Chinese medical theory remained unsought and thus invisible. Here, Gillan's training as a physician probably distorted his observations.

In general, the theoretical system underlying Chinese treatment seems to have been hidden from Gillan, perhaps because it was persistently visible only where it was not expected, or in shapes which were not recognizable to western eyes. He remarked at one point that, "The use of general remedies, or such as act upon the whole system is equally unknown to them in medicine and surgery. In both cases, they think only of topical applications and medicine and seem not at all to conceive the necessity or advantages of general ones. They never bleed in any case." He then described the prescription of specific diets and exercises as a part of their treatment for venereal diseases, without noticing any contradiction. Yet restrictive diets surely were indicative of a systemic approach -- certainly, Gillan did not argue that the Chinese believed that vinegar, wine or oil caused the lues venera. Diets did not fit Gillan's model for systemic therapy, because the archetypal systemic remedy was blood-letting, with purging and vomits close behind.

Gillan's emphatic belief in the importance of the collateral sciences to medical practice is evident throughout his report on Chinese medicine. The document opened with the statement that:

The state of physic, both as a science and as a profession is extremely low in China; as a science, indeed, it can hardly be said to exist among them. ... They are totally ignorant of the anatomy and physiology of the human body, which is never dissected in China; nor do they seem to have any idea that such knowledge could be of any use to them in the treatment and cure of diseases. Their pathology and therapeutics must of course be extremely deficient and are for the most part erroneous. Natural history, natural philosophy, and chemistry, as sciences, are equally unknown to them. Their materia medica in consequence of this is extremely limited ... They have no fixed rule or standard for the choice and preparation of their medicine. Every practitioner is left to his own judgment and experience to select and exhibit them as he thinks proper. The compositions, the doses, and the method of administering them of course are arbitrary and capricious ... Hence physic in China must be vague and

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68 Gillan, op.cit., p.284
uncertain in its principles and practice, and the profession itself necessarily becomes low and obscure.\textsuperscript{69}

The absence of anatomy and physiology as recognizable sciences is portrayed as the cause of medical inadequacy, while the lack of chemistry and natural history made a weak pharmacopoeia inevitable. Gillan's comment on the weakness of Chinese surgery was even more definite about the paramount importance of anatomical knowledge:

Surgery is indeed in a state still lower than the practice of physic among them ... It has always been found in every age and in every country that the progress of surgery depended on that of anatomy, without an accurate knowledge of which it is impossible for anyone ever to excel as a surgeon. But in China, where anatomy is altogether unpractised and unknown, it is particularly remarkable how ignorant they seemed to be of every kind of surgical operation.\textsuperscript{70}

Yet the centrality of anatomy to good European medical practice was still a contentious and highly political claim; Gillan was using the example of China to bolster his particular views on the appropriate form of training and knowledge for medical practitioners -- views which while orthodox in Edinburgh, would have been contested by the academic physicians at Oxford and Cambridge and by many London doctors and surgeons.\textsuperscript{71} Similarly, when Gillan condemned the Chinese medical profession because, "There are no public schools or teachers of medicine, no professors of the sciences connected with it, no regular united body or College of physicians throughout the whole Empire" and argued that because they depended on apprenticeships rather than universities to train their doctor, the profession was doomed to disrepute, he was making a strong statement about the situation in British medicine, where the superiority of college-trained over apprenticed medical practitioners was still hotly disputed.\textsuperscript{72} When Gillan's observations of Chinese medicine yielded differences between Chinese practice and its European

\textsuperscript{69}Gillan, op.cit. p.279
\textsuperscript{70}Gillan, op.cit., p.283.
\textsuperscript{72}Gillan, op.cit. p.279.
analogue which could be used as evidence supporting his positions within domestic medical debates, those differences became essentially non-negotiable. Given his strong support for organized medical education and the collateral sciences — and his desire to answer conservative challenges to their growing prominence — Gillan was very unlikely to report, or even observe the contradictory signs of a medical, and especially pharmaceutical culture flourishing in China without either anatomy or university training.\textsuperscript{73} For example, Gillan described Chinese medicines (constructed without the benefits of chemistry) as “very simple ... They consist chiefly of vegetable powders, decoctions and a few extracts. These they seldom mix or combine, but for the most part exhibit them in their simple form.”\textsuperscript{74} Meanwhile, Staunton watched a Chinese doctor prescribing for dysentery and described a Chinese prescription with many different elements.\textsuperscript{75}

Gillan reported that Ho-Shen, after being examined, witnessing the pulse experiment and hearing the western diagnosis of his condition, “desired the interpreter to tell me that my ideas and all that I had said were so extraordinary that it appeared to them as if it had come from an inhabitant of another planet.”\textsuperscript{76} This statement was remarkable both because it so eloquently expressed the sense of unbridgeable distance between the two therapeutic systems and because it was strikingly unbiased. Staunton reported this remark to the British public, with a small alteration; it is this alteration which reveals the different stance of these two elite western observers:

The Colao desired the Doctor's explanation of the nature of his ailments together with the methods of relief and cure which he proposed to be put down in writing;... He ... was pleased to say, that his ideas appeared clear and rational, tho' they were so new and distant from the notions

\textsuperscript{73}See Paul Unschuld, \textit{Medicine in China: A history of ideas}, Berkeley: University of California Press, 1985, as to the extent and visibility of this culture; for comparisons, see also the reports of the French Jesuits in the DuHalde, (ed.) \textit{Lettres Edifiantes et Curieuses Ecrits Des Missions Etrangères}. Paris: Chez N. Le Clerc, 1702-1776. An English translation appeared by 1742, and a second edition of this translation came out in 1761.

\textsuperscript{74}Gillan, op.cit. p.284

\textsuperscript{75}Staunton, op.cit. vol. 3 p.92-93.

\textsuperscript{76}Gillan, op.cit. p.283. There is no good way to verify that Ho-Shen indeed spoke these words; however, if Gillan was determined to show his procedures in the most positive light, he certainly could have attributed to Ho-Shen a less ambiguous turn of phrase.
prevalent in Asia, that they seemed as it they came from the inhabitant of another planet.\textsuperscript{77}

Staunton replaced the original statement’s tone of fascinated alienation/puzzlement with a humbler admission of rationality. Ideas, and especially ideas about technology, science, and medicine, were expected to be exported from Europe; their appreciation abroad was a mark of potential. Ho-Shen was portrayed throughout as an exceptional Chinese, precisely because he appeared more open to western ideas (and of course British trade) than his counterparts.

\textbf{Anderson and Eades -- Perceptions of China Below the Salt}

Given both modern insights into the cultural specificity of medicine and the reactions of both professional and lay members of the embassy’s “Gentlemen”, it is the more surprising to read Aeneas Anderson’s report of an incident very similar to the Barrow encounter. Anderson accompanied the Embassy as Macartney’s valet, and wrote and published his version of events soon after his return. His account resembled those of Barrow and Staunton in most respects, although it was in general more critical of the ways in which the British presented themselves to the Chinese. However his opinion of Chinese medicine differed significantly from those of either Staunton or Gillan:

Of the knowledge of medicine among the Chinese, I can say no more, than that I was a witness, in one instance, to a skillful application of it, in the case of John Stewart ... who, on our return from Jehol, had been seized with the dysentery, which increased so much on the road, that at Waunchoyeng, there were no hopes entertained of his being able to leave that place. Whether it arose from the desire of the patient, or was suggested by any person of the suite, I know not, but a Chinese physician was called to his assistance; ... the man’s case was explained to him by Mr. Plumb [one of the mission’s Chinese Catholic translators]....The physician remained a considerable time with his patient, and sent him a medicine, which removed the complaint and restored him to health.\textsuperscript{78}

\textsuperscript{77}Staunton, op.cit. Vol. 3 pp. 60-1. My emphasis.
\textsuperscript{78}Aeneas Anderson, \textit{A Narrative of the British Embassy to China, in the Years 1792, 1793, and 1794; with accounts of the customs and manners of the Chinese; and a description of the country, towns, cities, &c. Second edition.} Dublin: P, Byrne, and W. Jones, 1796. p.275.
Staunton described this same episode of illness, and the methods with which it was treated by the native practitioner; his report, however, was sharply different from Anderson's in both tone and detail:

Another person belonging to one of the Embassador's suite, labouring under a dysentery, stopped at a Chinese inn, and was induced to consult a physician of the place, who, to the doctrine of the pulse, added a discourse upon the different temperaments of the human frame, and unluckily attributing his patient's suffering to the predominance of cold humours, prescribed for him strong doses of pepper, cardamoms, and ginger, taken in hot show-choo, or distilled spirit; a medicine which so exasperated all the symptoms of his disorder, that he had much difficulty to escape alive to Pekin.79

Staunton's story uses the language of the British medical profession, and he clearly assessed the Chinese therapy from that perspective. The changes which had occurred in European medical theory between Floyer's time and his own are particularly evident in his contempt for the Chinese doctor's humoral diagnosis -- a diagnosis which would have been completely intelligible and unexceptional to a British doctor at the beginning of the century, and which was certainly still acceptable to Anderson. The historical record notes only that the sufferer survived both his illness and the medicine which he received for it; no external evidence exists to validate either version of events.

The difference between these two accounts is unexpectedly large; there is disagreement even about the effect of the treatment on the patient. In this case, the disparities between the classes within British culture seem to outweigh those between Chinese and European medicine. The men who witnessed and reported this medical encounter used markedly different criteria to evaluate it. In contrast to his employers' appraisals of Chinese medicine according to its fit with an ideal western model, Anderson based his assessment of the Chinese physician's authority -- and by extension, the credibility of Chinese medicine -- on what he saw as the objective success of the treatment he provided, especially in the face of Gillan's gloomy prognosis. The expectations of the members of the embassy seems to have been highly dependent on their degree of access to (and their respective sources of) information not just about Chinese, but also about British medicine -- and indeed, about China itself. Given the costs of the available texts on these

79Staunton, op. cit. Vol. 3 p.92-3
subjects, the class and education of embassy members significantly affected the expectations which they brought with them to China.

This is not to imply that only the upper echelons had access to information about China, or expectations of that nation; however, the narratives of China to which non-elites did have access, and the expectations which these stories instilled were quite different. Henry Eades, described by his companions and superiors as “an ingenious and skilful artist in brass and other metals,” was hired by the East India Company as a mechanic to assemble and if necessary repair the complex mechanical gifts brought for the Emperor. Originally from the Midlands, Eades was an established London artisan by 1792, and was neither educated, nor young, nor healthy. Nonetheless, he applied to go with the Embassy on the long and dangerous mission to China — and he died there, one day’s journey away from Beijing. Staunton’s brief eulogy, a paragraph in the Account, sheds a rare light on working class perceptions of China in this early period. As Staunton noted, Eades was knowingly taking a substantial risk, both in business and health terms, by putting himself forward for the mission. This was no romantic turn on Eades’ part; his reasons shine through Staunton’s turgid prose, solid brass:

[Eades] had conceived a notion that many improvements in the arts were practised at Pekin, which were little known in Europe; among others, that of making a kind of tinsel that did not tarnish, or at least that kept without tarnishing much longer, than any that was made according to European methods. He fancied that were he acquainted with such improvements, he should be enabled to provide handsomely for his family. He did not, indeed, expect to enjoy long, himself, the benefit of any secrets he should discover. ... But he thought it not too much to shorten his own life, in a perilous voyage, for the sake of being able to communicate to his offspring, what would be the means of their prosperity...  

Clearly, Eades expected to find valuable technical expertise in China, and the specificity of his expectations indicates a fairly well-informed source. His hopes resembled more closely those of much earlier travelers and their

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80Staunton, op. cit. p.274-5.
81Chinese metallurgists actually did produce a silvery alloy at this time which was slower to tarnish than silver. It is possible that Eades may have heard of this metal, called pe-tung by the Chinese and white copper or patkong by the Europeans, through the reports of Catholic missionaries; more probably, he saw specimens of the metal which had come to England in trade.
82For a somewhat more detailed contemporary description of this alloy, see Hugh Gillan, op.cit., pp. p.292-293 and ff. 149.
audiences than those of his elite contemporaries. Eades went to China to see a technically sophisticated civilization from which he could learn; if Anderson traveled with similar expectations (and he too had requested to go on the adventure), his interpretation of Chinese medical practice and its results would naturally differ from those of Staunton, Barrows, and Gillan.

That the physical symptoms and even the outcome of a particular case of illness were reported so differently by different mission personnel illustrates the central role played by expectation in the creation of a medical culture. One of the major insights enabled by new social approaches to the history of medicine is that multiple medical cultures often existed within a society (or even a single region or city). In the antebellum southern states, medicine took one shape for whites and another for slaves (and livestock). Different strengths and weaknesses, illnesses and immunities were expected of slaves and the medical community prescribed divergent therapies for them. Similarly, treatment which was considered appropriate for prostitutes (and for poor women in general) in 19th century Britain would never have been used on middle or upper-class females. Indeed, to treat these two groups of women in the same way was potentially to cause iatrogenic disease. The symptoms of slaves and prostitutes were read in ways distinct from the social norms; their illnesses, as much as their spoken words, transpired in dialect. Economics, too, created medical diversity, from the culture of self-medication, to that of spas

83 John Harley Warner, “The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South,” in Leavitt and Numbers (eds.) Sickness and Health in America: Readings in the History of Medicine and Public Health, (2nd Edition), Madison, Wisconsin: University of Wisconsin Press, 1985 pp. 53-70. This essay focuses on the arguments for Southern distinctiveness; however, Warner amply describes some of the medical beliefs which underpinned that argument and the deliberate and explicit creation of distinct medical cultures in rural and urban, northern and southern, European and American contexts.


and rest-cures. The idea the same symptoms can be, and often are interpreted differently depending on their context is by now a truism; its connection with the communication of medical ideas and innovations is evident (if complex), particularly in the case of Chinese medicine. A profound language barrier, heightened by abstruse medical jargon on each side, exacerbated a clash between markedly different ideas of the body, health, and disease which was itself mediated by unsatisfied expectations of the doctor-patient relationship. Anderson's satisfaction and Staunton's derision equally derived from the medical sub-cultures to which they belonged.

Medicine's Mirror

To travel through a fine country -- to see pagodas, canals, an manufacturing towns, without being able to ask a single question, is extremely mortifying. ... - - what information could we derive respecting the arts and sciences in a country where we could not converse with the inhabitants? With what countenance will Lord Macartney return to Europe after his shameful treatment? No apology will satisfy. We go home - - are asked what we have done. Our answer -- we could not speak to the people. Dr. Dinwiddie, circa 1798

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These different narratives of Chinese science and medicine, and particularly of cross-cultural medical practices and expectations, as they reflect the various changes (and local stability) of European medical culture, also act as mirrors of the history of elusive and tentative contact between China and the West. As the Macartney mission was being planned, medicine was coming into its own as a tool for demonstrating the superiority of European civilization. In China, medicine was following the inroads made by science. Of course, medicine was also drafted into service as a gauge for the general character and state of civilization of the Chinese. Like foot-binding, and confinement of women, the medical ability and oddities of the Chinese were considered to reflect deeper truths about them. Michael Adas has argued that in fact technology and medicine were seen as particularly accurate gauges for the merit of a culture, and in general as providing corroboration of the superiority of Europeans and European civilization. The reactions and writings produced by the elite (and aspirationally elite) members of the Macartney Embassy certainly fit this pattern. Several members of the party expressed their desire to debunk images of Chinese technology as sophisticated, and Barrow was explicit about his intentions to use his observations of Chinese science and technology “to appreciate the Rank that this Extraordinary Empire may be considered to hold in the scale of Civilized Nations.” Indeed, Barrow was accused by a later author of deliberately fabricating tales to discredit Chinese artisans and natural philosophers.

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91Proudfoot, William Jardine. Biographical Memoir of James Dinwiddie, ... Embracing Some Account of his Travels in China and Residence in India. Liverpool: Edward Howell. 1868. Footnote, p.47. “One of the most impudent anecdotes related by Barrow is, that of the “Emperor’s Favourite Draughtsman.” The Emperor, we are told, sent such a personage to the palace to take views of the scientific machines, and bring them with a description to his Majesty in Tartary. Now Mr. Dinwiddie, who had the control of these machines -- who resided constantly at the palace -- and who duly records all visitors and others waiting upon him -- is entirely ignorant of the existence of
was not uniformly critical of Chinese skills and craftsmanship. However, he implied that it was the government of China, with its inadequate protection of property and insufficient rewards for invention, which stifled the nation's ingenuity. That national genius, however, was of a particular kind: "The people discover no want of genius to conceive ... and their imitative powers have always been acknowledged to be very great. ... The mind of the Chinese is quick and apprehensive, and his small delicate hands are formed for the execution of neat work."² Despite Barrow's attribution of at least the potential for creative genius to Chinese artisans, he clearly did not consider them to be on a par with their British counterparts. Of their medicine (a professional, rather than laboring science) he was utterly disdainful:

[T]he whole medical skill of the Chinese may be summed up in the words of the ingenious Doctor Gregory ... 'In the greatest, most ancient, and most civilized empire on the face of the earth, an empire that was great, populous, and highly civilized two thousand years ago, when this country was as savage as New Zealand is at present, no such good medical aid can be obtained among the people of it, as a smart boy of sixteen who had the "Favourite Draughtsman. But curiously, he tells us that Mr. Alexander, Draughtsman to the Embassy, did draw some of the machines, which drawings, with descriptions, were taken by the missionary Diodati to the Emperor. All this is evidently the foundation on which Barrow tries to build up a whim prejudicial to Chinese artists." Proudfoot was a distant relative of Dinwiddie, and acquired his dilapidated, waterstained and wormholed notebooks in the mid-nineteenth century. The value of the Biographical Memoir lies primarily in its lengthy quotations from the original notebooks, but Proudfoot's hostility (shared by his relative) to Barrow led him to investigate and critique Barrow's Travels in great detail.

²Barrow, Travels, op.cit. p.306-7 it seems very likely that Barrow borrowed this insight from DuHalde (of whom, more in Chapter 2); in his Description ... de l'Empire de la Chine, translated into English in 1741, DuHalde wrote:" 'Tis true, we must acknowledge that the Chinese have a great deal of wit: But then is it an inventive, searching, profound wit? They have made discoveries in all the sciences, but have not brought to perfection any of those we call speculative, and which require subtlety and penetration. Nevertheless I will not pretend to find fault with their capacity, much less will I affirm they want talents, and that sagacity proper for going to the bottom of things, since it is very plain that they succeed in other things, that require as much genius and penetration as the speculative sciences. But there are two obstacles chiefly which hinder their progress in these kinds of sciences; (1.) there is nothing within or without the Empire to excite and keep up their emulation: (2.) Those who are able to distinguish themselves therein, have no expectations of being rewarded for their labour." A Description Of The Empire Of China ... Containing The Geography And History (Natural As Well As Civil) Of Those Countries...: From The French Of P. J.B. DuHalde, London: Edward Cave. 1741. Vol. II, p.124.
been but twelve months apprenticed to a good and well employed Edinburgh Surgeon, might reasonably be expected to afford.\textsuperscript{93}

Like Barrow, Staunton ended his summary of Chinese medicine and science on a note of dismissal. In the process, he revealed that the accredited observers (the “gentlemen”) of the mission defined science in narrow and specific terms:

It is a matter of doubt, whether natural history, natural philosophy, or chemistry, be, as sciences, much more improved than anatomy in China. There are several treatises, indeed, on particular subjects in each. The Chinese likewise possess a very voluminous encyclopedia, containing many facts and observations relative to them; but from the few researches the gentlemen of the Embassy had leisure or opportunity to make ... they perceived no traces of any general system or doctrine by which separate facts or observations were connected or compared, or the common properties of bodies ascertained by experiment; or where kindred arts were conducted on similar views; or rules framed, or deductions drawn from analogy, or principles laid down to constitute a science.\textsuperscript{94}

This definition of science was exclusive and was rooted in an ideal certainly unfulfilled in European science. Nevertheless, based on this model, Staunton scorned the empirical discoveries and pragmatic aims of Chinese science:

The Chinese books are full of the particular processes and methods, by which a variety of effects are produced in chemical and mechanical arts; and much might probably be gained from the perusal of them, by persons versed at the same time, in the language of the describers, and acquainted with the subject of the description.\textsuperscript{95}

His scorn, and that of his companions was directed at the idea of natural knowledge being sought first and foremost for functional goals. Thus Dinwiddie, who spent much of his time in China carefully observing and sketching Chinese technological achievements, was nonetheless annoyed by the questions put to him by his Chinese audience as he demonstrated the scientific machinery brought as gifts to the Court. When shown a burning glass, the Colao’s asked, “How can an enemy’s town be set on fire by the lens? How will it act on a cloudy day?” According to Dinwiddie’s biographer, this practical inquiry illustrated a dependence on “ideas truly provoking to a European philosopher.”\textsuperscript{96}

\textsuperscript{93}Barrow, Travels, op.cit. p.354
\textsuperscript{94}Staunton, op.cit. p.379-80
\textsuperscript{95}Staunton, op.cit. p.380
\textsuperscript{96}Proudfoot, op.cit. p.53
Still further indignation was provoked by the Emperor's much reported comment on the experiments and demonstrations performed before him. The Emperor "looked at the lenses for not more that two minutes, and retired. When viewing the air-pump, &c. he said *These things are good enough for children." 97 Ironically, the British visitors routinely described the Chinese as children, precisely because they were unimpressed by the gifts they were given: "The Chinese act very much like small children: are as easily pleased and as soon tired." 98 Dinwiddie explained away this reaction of rapidly failing attention and interest, by laying it the door of ignorance on the part of his audience, and poor planning on the part of his superiors:

An ignorant people should always be taken by surprise. When a grand machine is shown all at once, and the principles of motion concealed, it seldom fails in its effect. But when it is shown piecemeal ... in short when machine is built from its foundations before them ... the machine [in this case, the grand planetarium] is much lowered in the estimation of the people about the palace... 99

Dinwiddie, Barrow and Staunton were all intimately involved with the instruments brought to Court, and with the ideals of British science and civilization which those objects represented. Aeneas Anderson, on the other hand, reported the Court's reaction to the scientific apparatus without any investment in it. His account painted a markedly different picture of the lack-luster Chinese response, and one which credited them with more discernment than usual:

...several of these [the optical, mechanical and mathematical instruments] ... when a trial was made of them before the mandarins, were found to fail in the operations and powers attributed to them; and others of them did not excite that surprise and admiration in the breasts of the Chinese philosophers, which Dr. Dinwiddie and Mr. Barrow expected, who immediately determined upon the ignorance that prevailed in China, and the gross obstinacy of the people. 100

In the end, despite his fascination with China's grand engineering projects, and small technical innovations -- for Dinwiddie prepared notes on

97 Proudfoot, op.cit. p.53. Italics in the original.
98 Proudfoot, op.cit. p.46. The Chinese reaction to these gifts, and the implications which that reaction held for subsequent events in Anglo-Chinese relations has been discussed at length by Needham, Spence, and in the Bickers collection of essays, op. cit.
99 Proudfoot, op.cit. p.47-8
100 Anderson, op.cit. p.177
everything from the canal network to their remarkable skill at cutting glass. -
- the Chinese reaction to western science led Dinwiddie to despair of China:
The extreme jealousy, added to the extreme ignorance of the Chinese, will
prevent our visiting the manufactures, &c. Nothing but conquest by some
polished nation will ever render this a great people. The prejudices are
invincible. Ask them whether the contrivers and makers of such curious
and elegant machinery must not be men of understanding, and superior
persons. They answer -- 'These are curious things, but what are their
use? Do the Europeans understand the art of Government as equally
polished?'

Dinwiddie never published his notes on China, or his sketches of Chinese
engineering.

Each of the narratives of China which emerged from the Macartney
mission reported on the artisanal skills and technological innovations of the
Chinese; however, the accounts -- public and private -- written by the
"gentlemen" of the mission all devalue Eastern technology in favor of Western
science. Pragmatism, in these narratives, stood for inadequacy, not just in the
knowledge-base of the society, but in its values; to be pragmatic was to be
limited, even ridiculous. Anderson's tale, on the other hand, enthused over the
"indefatigable spirit of the Chinese people in all works that relate to public
utility." To Anderson, and presumably to the unfortunate Eades, such
pragmatism was a reasonable and appropriate response to the availability of
new knowledge. Chinese medicine was marked by empiricism and pragmatism,
certainly, but also by a rich foundation of theory. This foundation, however,
was essentially unavailable to the Britons who witnessed Chinese medical
practice, or experienced it directly. Thus they interpreted it instead in the
light of their personal assumptions and expectations. The pragmatism, so
limiting in the eyes of the "gentlemen," cast its shadow onto Chinese
diagnosis, and what was a theoretically grounded response to a set of sensible
or legible symptoms appeared to Staunton and Gillan as an obvious attempt at
obfuscation, designed to maintain the status of the physician rather than the
heath of the client. Anderson, with fewer objections to blunt practicality, saw
a successful cure where his social superior saw a fortunate escape from
empirical incompetence. Diagnostic competence was transmuted into
arrogance -- and ignorance -- in the Colao's bedchamber, and Barrow and his
Chinese physician both considered themselves to be the man informed and in

101 Proudfoot, op.cit. p.50
102 Anderson, op.cit. p.133.
charge of Barrow's illness. The barrier between the two geographically separated cultures, with its several components of tradition, expectation, and interpretation, as well as language and economic interest, seems immense. A subsequent mission to China, led by Lord Amherst in 1816-1817, failed even more bitterly, and with greater rancor. Nonetheless, a quarter-century after Lord Macartney's empty-handed return from China, the Prince-Regent's surgeon was a supporter of acupuncture (and the Prince Regent was building the Brighton Pavilion).

The gout-ridden Prince-Regent being helped onto his horse by a group of Chinese assistants, with Kew Garden's recently constructed pagoda in the background. The image dates illustrates the Prince-Regent's association with things Chinese (and the fact that his exotic taste, as well as his flamboyant spending, was mocked by his critics). Although I have found no definitive evidence that the Prince-Regent was ever treated with acupuncture,

James Wardrop, his surgeon, was an acupuncture-user.

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Chapter Two.

The Needle Transfixed:
Ten Rhynê, Kâmpfer, and the European Gaze\textsuperscript{103}

I suppose my readers will be pleas'd to practice according to the Chinese mode, as well as to adorn their houses with their curious manufactures, and to use their diet of Thea. Sir John Floyer, 1701.\textsuperscript{104}

Despite his sensitivity to trends in British medicine, Sir John Floyer's 1701 prediction that Chinese medicine would be as popular in Britain as Chinese silks and tea proved over-hasty. Medical treatment was clearly a consumer good in this period, and was as much subject to the whims of its consumers as any other product in the eighteenth-century marketplace; yet in some integral way, Chinese medicine differed from tea and silk, china and lacquer-ware.\textsuperscript{105} The exotic was less appealing in the sickroom than in the coffeehouse or at the breakfast table. In addition, information about Chinese medicine diffused through Britain far more slowly than did Chinese consumer goods. Thus, Dr. Gillan of the Macartney mission shared neither Floyer's enthusiasm for the pulse nor his broad awareness of Chinese medical practice and theory; however, he and his companions of every rank did hold strong

\textsuperscript{103}The orthographic abandon with which 18th century authors treated proper nouns meant that at least two and often multiple accepted spellings existed for the names of foreign places and individuals. Thus, the man I have chosen to call Wilhelm Ten Rhynê, following the title page of his Dissertation de Arthritis, was also called Ten Rhijne and ten Rhyne, while the De Arthritis is catalogued in the British Library under the surname Rhynê. Similarly, Kâmpfer has also been Kempfer, Kemper, Kämper and Kaempfer. Chinese and Japanese names for both places and people were even more liberally varied, and I have generally left them in the form which the authors of each text used -- noting their shared referent in places where wildly deviating spellings might obscure it.

\textsuperscript{104}Sir John Floyer, The Physician's Pulse-Watch; or, an Essay to Explain the Old Art of FEELING the PULSE, and to improve it by the Help of a Pulse-Watch ... To which is added, An Extract out of Andrew Cleyer, concerning the Chinese Art of Feeling the Pulse. London: Sm. Smith and Benj. Walford, 1701, p.337

opinions and preferences about their tea. Notwithstanding an additional ninety years of Western contact with China and Chinese medicine, Gillan lacked even a name for the medical technique he witnessed in Ho-Shen's chambers. Only Staunton's descriptions of the tools employed in the operation confirm its identity as acupuncture: "The operation had been frequently performed, and many deep punctures made with gold and silver needles (which two metals only are admissible for the purpose)". 106

Staunton's description naturally focused on the one aspect of acupuncture which was readily accessible to an observer unable to speak Chinese. But his exclusive interest in the physical manifestations of Chinese therapeutics also reflects the materialist bias of contemporary Western medicine. The British observers could have asked, through their interpreter, for an explanation of the needling, had they wished to do so; apparently they did not. In describing acupuncture as intended to "to expel the vapour or spirit... [by] opening passages for its escape, directly though the parts affected," Gillan and Staunton were following the Western pattern of rendering Chinese medical theory into materialistic terms, despite (or perhaps because of) the nonsensical results of that rendering. This interpretive mode, combined with the increasingly science-based language of Western medicine, made the Chinese explanations of acupuncture's modus operandi almost untranslatable.

In China and Japan, acupuncture was a complex entity based on a theoretical understanding of the body and its functioning; this model of physiology and anatomy included invisible but empirically knowable channels and points, each of which had specific curative effects. 107 These effects were considered to be produced through point- and disease-specific needling; thus the proper site for insertion of the needle depended on the nature of the illness and not solely on its location in the body. In its native context, acupuncture was composed of three unequal parts: the theories which mediated diagnosis and constrained interpretations of the empirical evidences of health and disease; the maps which directed needle-thrusts and which were

106 Sir George Staunton, An Authentic account of an Embassy from the King of Great Britain to the Emperor of China ... Taken chiefly from the papers of His Excellency the Earl of Macartney ... and of other Gentlemen in the several departments of the Embassy, 3 Vols. London: G. Nicol 1797. pp. 57-8.

107 See Introduction.
based on the theoretically-structured empirical evidence; and finally, the needle and the techniques by which it was to be inserted into the cuticle. Each of the three components was essential to effective acupuncture therapy. However, in the decade before its 19th century resurgence, the most accurate definition of acupuncture in contemporary English medical handbooks reductively read, “The operation of puncturing certain parts of the body with a needle, as practised in Siam, Japan and other oriental countries, for the cure of headaches, lethargies, chronic rheumatism....” 08 Most earlier definitions had simply interpreted it as an Asian medical oddity, in which needles were more or less randomly stuck into the body. Like Staunton’s description of Ho-Shen’s treatment, these definitions of acupuncture eliminated or ignored the theoretical and empirical traditions guiding the needle.

This kind of evidence demonstrates the proficient transmission only of the material aspect of acupuncture; the therapeutic needle, stripped of the body-map and the theories underlying Chinese acupuncture, eventually was integrated with British medical practice, at least to some degree. What happened to the other components of this medical practice and when did they drop away? How was the separation of these interlinked and interdependent elements effected? The content and rhetoric of the texts which first described acupuncture to European audiences informed this alienation of theory from practice and model from technology. The ways in which their rhetoric and content were reflected and reshaped by the western audience over time illustrate the wide range of possible responses to the cross-cultural transmission of medical praxis.

The central figures in the early history of acupuncture in Western Europe are Wilhelm Ten Rhyne and Engelbert Kämpfer, two Dutch medical officers at Nagasaki at the end of the 17th century.109 They brought back to Europe the first detailed information about needling as a therapeutic practice, and made that information available, at least to the wealthy, through their

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08 J.S. Forsyth, The New London Medical and Surgical Dictionary. London: Sherwood, Gilbert and Piper, 1826. For earlier definitions, see Appendix “Medical Dictionaries, Pre-1820.”

published reports. These men were also central to the transmission of information about moxibustion, the technique of burning cones of vegetable fibers over particular points, often in conjunction with needling. Like acupuncture, moxibustion (frequently shortened to moxa) was based on the Chinese map of the body, with specific points relating to energy channels and major organs, as well as to the body's surface. Acupuncture and moxa were used in conjunction throughout Asia, but moxa was especially visible in Japan, where European observers were frequently shocked by the number of burn-scars borne by Japanese of all classes and ages. Despite the obvious similarities between acupuncture and moxa, the techniques met with very different receptions in Europe.

Trade Winds: Wilhelm Ten Rhyne and the Cartography of the Needle

...as many accidents may happen from wind in the lesser, as in the greater world.... Philosophical Transactions, 1683.110

After the 1641 institution of sakoku, the Dutch trading post on Deshima/ at Nagasaki was the only European window onto Japan.111 Given the fashionable interest in things Asian (and the profitability of Holland's exclusive Japan trade), tales of that hidden culture were much sought and swiftly devoured by British and European audiences. Wilhelm ten Rhyne's treatise, Dissertatio de Arthritis: Mantissa Schematica: De Acupunctura: Et Orationes Tres..., was published in London early in 1683112. The voracious demand for information about Japan is evident in the fact that by June, a review of it appeared in the Philosophical Transactions of the Royal Society of London, increasing the availability at least of portions of his text.113 This collection of essays began with a treatise on the gout, in which he advocated the use of moxibustion; he followed this with maps and descriptions of

111The Japanese term for the policy of closing Japan to the outside world.
acupuncture, and a group of shorter essays on various unrelated topics. *Dissertatio de Arthritis* was not the first work to mention acupuncture in the west, but it was the first to explore and describe the technique in detail.\(^{114}\)

The inclusion of *De Acupunctura* with a larger work on arthritis, gout, and rheumatism was by no means coincidental. Ten Rhyne was writing at the cusp of the shift from humoral and hydraulic to anatomical and physiological explanations of disease. Gout, which had fit well into humoral medicine and the hydraulic model which updated humoralism, proved far more resistant to anatomical explanation, particularly as this shift entailed also a change in the nature of medical evidence from the scholastic reliance on classical authority to the modern emphasis on empirical proof. Structural explanations for gout were not immediately apparent -- indeed, as late as 1768, the cause of gout was described in essentially humoral/hydraulic language “the putrid and foul particles absorbed into the circulation, for want of a sufficient dispumation of the blood.”\(^{115}\) Moreover, gout had long been uneasily balanced, in European medical theory, between the spheres of surgery and medicine: it was considered to be a systemic disease, which would normally have placed it in the province of medicine, rather than surgery. However, gout was also seen as a beneficial illness -- however painful and incapacitating, an attack of the

\(^{114}\) Ten Rhyne himself cites Martinus Martinius, a Jesuit in China, whose work was entitled *Sinicae Historiae decas prima, res a gentis origine ad Christum natum ... gestas complexa*. (Munich, 1658) and Jacob Bontius’s enormous *Historia Naturalis & medicas Indiae orientalis*, Book 5. [“In which book are published certain miraculous works of nature which future medical researchers must investigate further.”] (Amsterdam, 1658). The latter he quoted on the use of acupuncture for colic, but cautioned that Bontius was incorrect on several points. Andreas Cleyer [in Japan twice in 1680s and with whom Ten Rhyne had at least one medical dispute] published several remarkable diagrams of the acu-tracts and their associated viscera in 1682, but his *Specimen medicinae Sinicae* focused on Chinese pulse theories of the pulse and their diagnostic techniques, rather than on acupuncture and moxabustion. Lu and Needham, op.cit. pp. 276-285 add to this list of predecessors, but acknowledge Ten Rhyne’s position as the first major European spokesman for acupuncture.

\(^{115}\) Richard Ingram, *The Gout. Extraordinary cases in the head, stomach and extremities; with remarks and observations on the various stages of the disorder -- the Rheumatism -- the disease commonly called the scurvy -- the nature and formation of external and internal chalk-stones -- and considerations proving gout the immediate parent of jaundice, dropsy and stone. ... to which is prefixed an essay pointing out the progressive symptoms and effects and the reasons why the gout was not heretofore regularly treated and cured*. London: Paul Valliant. 1768; p.9.
gout relieved humoral imbalances which might otherwise cause far more serious ailments. To treat an attack of gout was to risk the patient's life and thus to break the Hippocratic Oath; a physician offering such a treatment risked being stigmatized as a quack. And yet even the most sanguine of gout's victims found their suffering inconvenient, and gout cures consequently became a profitable side-line for irregular practitioners.

Surgeons, eager to extend the range and raise the status of their discipline, had often claimed that as their local applications only addressed the painful symptoms of gout, patients risked nothing for surgical intervention. But the conventional surgical treatments for gout, bleeding, blistering, and leeching, were all recognized to have systemic as well as local effects, and medical conservative (including physicians) claimed that they were therefore as dangerous as purges and other medical remedies, and no more effective. As the split between empirical and scholastical interpretations of disease widened, physicians and surgeons increasingly took opposite sides. By 1741, the lines were clearly visible; John Douglas stated the case for empiricism as he argued for the primacy of surgical treatments for gout:

The gout is an inflammation ... and differs from other inflammation in little more than secundum majus et minoris. And consequently belongs solely to the surgeon's province. Is it any wonder then that the Physicians have been attempting its cure in vain for above two thousand years? Their bad success was not owing so much to the disease as to themselves, because they always began where they should have ended; they always took the stick from the wrong end, i.e. they practised from theory, instead of theorizing from practice... 116

This emphasis on empirical evidence would also have played a role in rendering acupuncture acceptable to the surgical community; although it could not be convincingly theorized in western terms, the technique could certainly be tested, and its success evaluated empirically. Since the resemblance between persisting humoral explanations of disease and those offered in Chinese medicine could only have benefited acupuncture, Ten

116 John Douglas, "A Short Dissertation on the Gout, wherein the universal fear of doing anything to ease or cure it (instilled in people's heads by both antient and modern writers) will be proved to be a mere bug-bear, a groundless supposition, a vulgar error, &c. and a safe method of relieving the most violent pains, shortening the fit, and lengthening the intervals, will be proposed, and confirmed by several cases." London: Self-published 1741. Douglas was a surgeon, and a Fellow of the Royal Society.
Rhyne's choice of gout as the context within which to introduce the technique was a particularly canny one. Positions taken on either side of the debate over gout enhanced the attractiveness of acupuncture as a treatment for that disease.

Regular practitioners of either discipline bitterly resented the proliferating "quack" remedies -- and more particularly, their ethical exclusion from lucrative sale of those cures. Either group would have been eager to expand into a new market if an acceptable "regular" practice could be invented. Moreover, Europeans in Batavia (Ten Rhyne among them) had treated gout successfully with moxa, a fact which in a garbled form had already become known in Europe, greatly enhancing the reputation of moxibustion, and indirectly, Asian medicine in general, without much improving understanding of it.

Building on his experiences in Asia as well as on ancient authorities, Ten Rhyne developed a theory on the workings and causes of gout; he was convinced that wind was to blame. His interest in the effect of wind on the body long pre-dated his travels in Asia -- his dissertation was entitled De Dolore intestinorum e flatu. -- but he found in Japanese practice a strong line of evidence suggesting its involvement with gout. His reviewer in the Philosophical Transactions summarized the argument of De Arthritis de fairly accurately:

This author treating of the gout, being unsatisfied with the notions of other physicians, ... instead of any humor which former ages have lookt

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117 Among the many roughly contemporary descriptions and diatribes on both gout and quack medicines, the following are notable for their clarity (and frankness) in unifying the two issues: T. Garlick, An essay on the gout ... The remedies, both internal and external faithfully publish'd in English, without reserve, for the benefit of all such as now do (or hereafter may) suffer by that disease ... London: T.Warner, 1729; Dale Ingram, An essay on the cause and Seat of the Gout: in which the opinions of several authors are considered, and some external operations recommended. Reading: J.Newbery and C. Micklewright, 1743; and Richard Ingram, The Gout. ... to which is prefixed an essay pointing out the progressive symptoms and effects and the reasons why the gout was not heretofore regularly treated and cured. London: Paul Valliant. 1768.
118 Lu and Needham, op.cit. offer some speculations on the chronology of this transmission. See also William Temple, of whom more later. Note that the reasons Temple gives for trying moxa would not support acupuncture in the same way, and might even agitate against its adoption.
on as its cause asserts flatus or wind included between the periosteum and the bones to be the genuine producer of those intolerable pains ... and that all the method of cure ought to tend toward the dispelling those flatus. This wind he thinks is dry, cold and malignant, conveyed by the arteries to the place affected; where forcibly separating that sensible membrane the periosteum and distending it, must needs make a very sharp pain.\textsuperscript{120}

Ten Rhyne's interpretation of the Chinese terms describing the mechanism by through which acupuncture and moxibustion produced their effects shaped his theory of the origin of gout. Reciprocally, this theory of gout (and the many diseases which he postulated as its near relatives, or as springing from the same cause) colored his portrayal of both techniques in \textit{De Arthritis} and \textit{De Acupunctura}. Perhaps the most decisive force shaping his report of acupuncture and moxibustion to the West, however, was his dependence on the scanty material and somewhat unreliable interpreters available to him.

Ten Rhyne frequently commented on the difficulty which he experienced in the course of acquiring and translating his Japanese source material. The process of preparing the \textit{Mantissa Schematica}, was complicated and relied on a fortuitous encounter with a Chinese-speaking Japanese physician:

I gathered and translated these into Latin with the assistance of Iwanaga Zoko, a Japanese physician who knows Chinese, and with the assistance of Monttongi Sadoi, our interpreter, who speaks faltering Dutch in half words and fragmentary expressions. I solicited Zoko for this purpose when he was sent by the Governor of Nagasaki to propose medical questions ... and to await my response. I relied on Sadoi because, although not good at explaining terms, he was more experienced in medical matters than all the other interpreters -- but he was also more cunning.\textsuperscript{121}

Cunning was a valuable attribute in a cooperative interpreter; translating documents out of Japanese into a European language was a capital offense for his Japanese assistants, and if Ten Rhyne had been caught soliciting such

\textsuperscript{120} \textit{Philosophical Transactions}, op.cit. p.222-223.
\textsuperscript{121} Carruba and Bowers, op.cit. p. 377-8. Ten Rhyne refers to Iwanga Sokaa and Motogi Shodayu, respectively. Ten Rhyne refers to the questions as "Bothersome trifles, to be sure." Carruba and Bowers note that Ten Rhyne's answers to some 150 questions like "Why do you feel only the left pulse?" and "How do you differentiate the Yang-type carbuncle and the Yin-type carbuncle?" were later published in \textit{Zen-seishi-Tsuiwa}, vol. 1, book 2, (1680). p.372
translations (or smuggling them out of the country), he would have been expelled from Japan, as was at least one of his predecessors. However, it could not compensate for the language barrier. Chinese medical texts were (and are) difficult to understand even for native Chinese speakers, in part because of the multiple meanings of so many central terms. As he and his co-workers carried these complex terms from Chinese to Japanese to Dutch to Latin, shedding layers of meaning in every portage, Ten Rhyne complained that "due to my interpreters' inexperience and limited vocabulary in Dutch, I was compelled to omit much that was written in Chinese in the original documents."

Ten Rhyne, like many of his contemporaries, was fascinated by the discoveries of the circulatory system; the hydraulic model of the body (itself an intermediate stage between humoral and physiological explanations of the body) was still a popular one in the medical thought of the late 17th century. Through these pre-existing lenses, it is unsurprising that the incomplete version of Chinese medical theory which he was able to access should appear to Ten Rhyne as a fairly sophisticated, if also skewed account of the circulation of the blood. The Chinese and Japanese use of pulse diagnosis merely served to confirm his translation of the unstable and multiple Asian terms into the more rigid language of western anatomy. In the same way, his interest in the effect of flatus informed his translation of the term Chi as "wind." These renderings of Japanese anatomy and theory were an origin point for a set of

122 Although the writings of Descartes in the 1670s induced the birth of mechanism, medical writers and theorists were not immediately converted. See, for further discussion, Eric Carlson and Meribeth Simpson, "Models of the Nervous System in Eighteenth Century Psychiatry," Bulletin for the History of Medicine, 43:2, pp. 100-115.

123 The system of acupuncture is based on the idea of a circulation of this substance, "Chi" (or "Chhi", "Qi", and in Japan, "Ki"). Unfortunately, that term has a rich concretion of meaning in Chinese, representing a constellation of qualities, properties and entities physiological and otherwise. It is virtually impossible to translate, a difficulty the results of which would become evident in European interpretations. As Lu and Needham put it, "...we do not yet know how best to translate chhi... We even doubt whether there could ever be a justified one-word European translation. ... we said that chhi was something like pneuma, i.e. subtle spirits, tenuous matter, something resembling air, or a gas or vapour, but also something which could have the character of radiant energy like radioactive emanation, or x-rays, or very highly penetrating particles." In modern medical texts, as Lu and Needham also observe, the term "energy" or "vital energy" have become standard translations. Lu and Needham, 1980, Note a, p.16.
complicated and extremely persistent misreadings and misapplications of acupuncture in the West.

In the text appended to his four diagrams, Ten Rhyne provided his reader with the laboriously translated and then copiously annotated "original" Chinese notes which had accompanied the images. These interpretive notes show that the major error in translation arose from the Chinese term which is today translated as "vessels" or "channels", and which refers to the paths linking the organs and the extremities, along which Chi passes and in which it is created. Ten Rhyne believed that the term "vessels" referred variously to either nerves, arteries, or veins. He regarded this fluidity as evidence of laxity on the part of the Chinese and Japanese physicians -- "Both the Chinese and the Japanese loosely apply the term veins to arteries..." -- but noted that, "Similarly, Rufus of Ephesus called veins nerves." This perception that Asian medical practitioners were not sufficiently rigorous was also visible in his description of what they were expected to know: "The Chinese physicians devote all zeal to learning with precision the courses, locations, and pulses of all the arteries [here referring to the channels] with the aid of machines and figures as well as by cutting. They pay little attention to the remaining anatomical parts." Having chosen to interpret the term as meaning either veins or arteries, Ten Rhyne determined that a context referring to Yin, his _humidum radicale_, would require a translation of "veins," and conversely in the context of Yang, or _calidum naturalis_, would necessarily be arteries. His description of the system of channels joining the organs and the extremities through which Chi, whether yin or yang, would flow was otherwise accurate. By referring the channels or vessels of the original back to physical structures, Ten Rhyne inadvertently made Chinese theory -- and thus the authority of the Chinese map of the body -- hostage to the anatomists.

Ten Rhyne's choice of Western terms which made the system observable and disprovable was not unchallenged. His reviewer in the _Philosophical Transactions_ in fact returned to the term "vessels" to summarize

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124 A less crucial set of mistranslations derived from the fact that _Chi_ is a balance of _yin_ and _yang_ components/energy, the former of which circulates with the blood and the latter of which passes only through these vessels.

125 Carruba and Bowers, op.cit. p. 383 and 382 respectively. Rufus of Ephesus was another recently rediscovered Classical medical writer.

126 Carruba and Bowers, op.cit. p. 383. The reference to "cutting" is puzzling, as dissection was virtually unknown in Japan at this time.
the system in English, although he reported Ten Rhyne's speculative translation of the term as arteries and veins. The English reader would have found that Japanese anatomy was composed almost entirely of impossibly long "vessels" (the reviewer neglected to mention that "feet" too was a translation of a different unit of length, ten thumb-widths):

These vessels they say are (in all) 14, whereof 12 are internal, and two external; containing the two principles of life called by them Caïdu Feburum & Humidum Radicale upon which, together with the several measures of those vessels, their physical theory of man's body depends.... 'They argue three degrees of humidum radicale contained in three distinct vessels belonging to the arms and terminating in the breast, and also in other three vessels of the legs distributed among the bowels.... There are likewise (they say) three degrees of Caïdu innatum contained also in three vessels belonging to the Arms, and three others of the legs; the first five feet long, the latter eight feet on either side, both terminating in some parts of the head ... As to the external, that of the native heat rises from the outward, that of the radical moisture from the inward ankle: both terminate in the eyes, .... They add two other external veins: both rising from the perineum end under the nostrils, the one passing before, the other behind...

Two other sorts of vessels they assign, each 12 in number mutually connected. The first they call Kee Miak, with all the windings 162 feet long, the seat of the soul: and are supposed by the Author to be the Arteries containing the Native heat whose motion is upwards; which getting the praedominium over the radicale moisture produces diseases. The other sort, called Rack Miak, destitute of soul, esteemed veins, ... containing the radical moisture whose motion is downward, and if equal produces health.  

This reviewer's opinion of all these measurements and windings was concisely expressed in his description of it as "the peculiar anatomy of Japan." Ten Rhyne, however, described this construction of the body in neutral tones; the only evidence of his opinion of its viability was that inherent in his decision to translate ambiguous terms by specific anatomical ones. Indeed, he asserted that, "The various movements of the blood must be learned through the precepts and rules as laid down by the Chinese ... if the cure is to be undertaken according to their regimen." With this goal in mind, Ten Rhyne

\[127] \textit{Philosophical Transactions}, op.cit. pp. 230-231. Since this passage, in various translations and versions, appeared in almost every subsequent account of Chinese "anatomy," I have quoted this contemporary English translation of Ten Rhyne (as opposed to Carruba and Bowers' smoother modern version) at some length. I have, however, removed most of the measurements of length, leaving only samples to give a flavor of the paradox which must have struck British readers.
presented his western audience with "authentic diagrams" as an explanatory device:

Since this method is so very different from the practice of Westerners, ... and since this would not be suited to the flat surface of a book page, I though it best to present illustrations clarifying separate dissertations. These authentic diagrams, which had long been neglected and ignored through want of an interpreter, at last came into my possession after I was assigned to Japan and sought out these representations for myself.\textsuperscript{128}

The \textit{Mantissa Schematica} presented four images, consisting of an anterior and a posterior view of the acu-tracts. Two were designated by Ten Rhyne as Chinese, and two as Japanese. (see Figures 2 and 3)

These images, and especially the two Japanese figures, must have seemed very odd to Western eyes. Ten Rhyne acknowledged their breach of the newly emergent European visual conventions, prefacing the maps with the note that, "a person especially skillful in the art of anatomy will belittle the lines and the precise points of insertion and will censure the awkward presentation of the short notes on the diagrams, when these should be more closely identified with the walls of the blood vessels...."\textsuperscript{129} Like James' scandalized response to the idea of diagnostic pulse tables, the resistance to "precision" which Ten Rhyne anticipated here stems from the conviction that the particularity of individual bodies and illnesses was an essential feature of European medicine.

The strangeness of these images, however, did not reside entirely in their information content; they also failed to comply with the visual conventions of the anatomical atlas. The different levels of the body -- points, channels, organs, and skeleton -- are all presented on one surface, violating the visual grammar of the contemporaneous western images, in which the corpse was "dissected" on the page. The western plate implied naturalism and three dimensionality, and also the exclusivity inherent to the experience of dissection. The four Asian images, on the other hand, did not explore the body beneath the skin by following the knife through it, but rather by projecting onto the body's surface the empirically or theoretically available traits of the necessarily unseen systems beneath it. They explicitly portray a symbolic body, rather than implying an actual body. On the Japanese figures, no

\textsuperscript{128}Carruba and Bowers, op.cit. p. 376
\textsuperscript{129}Carruba and Bowers, op.cit. p. 376
attempt is made to individualize the body -- unlike Western depictions of the dissected corpse, where the face was often a careful portrait.\textsuperscript{130}

The two “Chinese” images more closely resembled their western counterparts. The figures still convey the majority of their informational content in the form of a surface projection, rather than as a revealed inner structure. However, flaps of “skin” have been added, and hang in rather unlikely folds around the figure, exposing the rib cage and spine, while the features of the face strikingly resemble those of the engraver’s earlier portrait of Ten Rhyne himself. These innovations offer no additional information, especially since the techniques for which these images are intended as guiding maps were external applications. In fact, these images were altered by either the engraver or Ten Rhyne himself to comply with European norms; the draped skin and facial portraiture were westernizations, designed to make the image more familiar. Similarly, the nominally Japanese images were shaded to create depth and perspective lacking in contemporary Japanese medical images.\textsuperscript{131} Ten Rhyne did note that, due to “An inconvenient location, chiefly, and perhaps also high costs,” he could not include all of the individual figures he owned, and had therefore compiled four composite images.\textsuperscript{132} His images do accurately illustrate the major channels and points, and could have guided a practitioner’s needle, although they do not include information about which points were known to be efficacious in particular illnesses.

Ten Rhyne referred to the medical texts and diagrams which had fallen into his hands as “this treasure” and was determined that it should not be lost or left idle.\textsuperscript{133} That he took the Chinese body map seriously, as a valuable aid to potential practitioners of acupuncture was evident in the analogy he used to introduce the Mantissa Schematica:

\textsuperscript{131}Li and Needham suggest that the engraver was responsible for these alterations; I have found no good evidence on which to base a claim either way.
\textsuperscript{132}Carruba and Bowers, op.cit. p. 376
\textsuperscript{133}Carruba and Bowers, op.cit. p. 376.
How does a Captain locate the harbour for his ship when he is sailing on the broad expanse of the macrocosm of the ocean? He must know how to steer a course which he plotted ... on charts, to avoid by forethought sandbanks and rocks, and to calculate the probable progress of his ship ... How does a practitioner discern in the very intricate circuit of the microcosm of the human body the point for burning or acupuncture ...? He must understand the functioning of the heart (the regulator of our body), the position, limits, circulation and recirculations of the tiny streams of blood, and avoid injury during the operation. He must be certain of the location which each pain marks with its own sign, ... What other way, I ask, will a practitioner cure an ailment which yields with little difficulty to the surgical techniques of acupuncture and moxibustion?\textsuperscript{134}

Ten Rhyne's comparison is also revealing about his opinion of the state of Western medicine; in the 1680s, with the idea of the individuality and particularity of disease firmly entrenched, even the advances of anatomy could hardly reduce the sense that the body was an uncharted and vast territory. The anatomical "atlases" which began to appear in this period were portraying the anatomized bodies of individuals, and only at the end of the 18th century did explicitly ideal anatomical figures appear.\textsuperscript{135} In this passage, the physician must navigate an unseen sea, guiding his patients towards health and avoiding the ever-present risk of causing harm. Only through being able to read the body as a ship's captain read his marine charts could the practitioner hope to perform this essential task. The body had been mapped by the Chinese, albeit in a strange and alien way; Ten Rhyne attributed this achievement to the extensive study of the circulation in Asia. He clearly considered that to use their technique without reference to their knowledge was as foolhardy as to sail an unknown ocean without the charts of its previous navigators. Later, he compared the acupuncture needle to the magnetic compass needle.

Yet Ten Rhyne's description of the knowledge a physician needed in order to practice acupuncture and moxibustion also left room for the knowledgeable Western physician to practice independently of the Chinese

\textsuperscript{134}Carruba and Bowers, op.cit p. 374-5
maps. Such a practitioner “must also know that it is safe to burn moxa where whirlpools of somewhat deeper blood lie concealed in fleshy areas ...[and] that there is a risk involved, especially when visible articulation with its sinewy structure warns the acupuncturist to avoid a tender area, just as a ship’s captain avoids a rock.”\textsuperscript{136} In other words, a deep and specialized understanding of anatomy could replace the charted body of Asian medicine. Ten Rhyne answered his own question with the words: “Theory furnishes laws, and experience furnishes dexterity: the best practitioner is the one who, taught and trained with both theory and experience, is a master of his art.”\textsuperscript{137}

In discussing the Japanese maps of the body and their role in the Japanese practice of acupuncture and moxa, Ten Rhyne did not present this particular representation of the body as essential to the practice of acupuncture or moxibustion. Rather, he portrayed the maps as operating within a specific context; drawing on ancient and long experience, they compensated for a poor knowledge of general anatomy among the physicians and surgeons of Japan and China. He (and many of his successors) also reported another role played by the maps, and one which, in western medical circles, was becoming decidedly disreputable: “Their homes [that is, those of acupuncturists] ... have a distinctive sign: in the entrance stands a carved statue of a human being on which are skilfully delineated the points for puncturing and burning.”\textsuperscript{138} Ten Rhyne, in this passage, marked the maps as themselves markers, more cigar-store Indians than inalienable parts of the practice of these two techniques. They stood outside of the therapeutic chamber as “signs”, advertisements rather than within it as medical tools. Subsequent European authors consistently relayed this apparently insignificant detail to their audiences, suggesting that they saw encoded within it a valid comment on the worth of Japanese medical theory. Whether deliberately or inadvertently, this image created a gap between Japanese medical theory and practice and between the interpretations of the body which were inscribed onto the figures and the subsequent interventions upon it. Into this space, Ten Rhyne placed the corroborative systems of western medicine: ancient authority, experience and, demonstrating his awareness of medical trends in Europe, experiment.

\textsuperscript{136} Carruba and Bowers, op.cit p. 375
\textsuperscript{137} Carruba and Bowers, op.cit p. 375
\textsuperscript{138} Carruba and Bowers, op.cit p. 396
Nonetheless, Ten Rhyne was enthusiastic in his support of acupuncture and moxibustion as practical remedies, and argued strongly for their medical value. He stressed the importance of acupuncture and moxa in the Japanese medical system, emphasizing that these were their only surgical techniques, and that without them, “their sick would be in a pitiful state, without hope of alleviation.”\(^{139}\) The noteworthy (and frequently described) health of this dependent Japanese populace was implicitly offered as proof that these were indeed “healing methods for all pains of the body, especially pains of the external parts, which continued unresolved.”\(^{140}\) Ten Rhyne recognized several different kinds of evidence as persuasive arguments in support of acupuncture and moxibustion, rhetorically reflecting the fluidity in contemporary European medicine’s intellectual and cultural foundations. He frequently called on the established authority of the Ancients — especially Hippocrates — and on the value of centuries of Japanese medical experience. However, he also employed the more modern sanction of experiment, and introduced a proto-case study as an appendix. He urged his audience to use the Japanese techniques and, anticipating doubt, combined the modern and classical forms of authority: “Anyone who is willing to examine these matters without prejudice should test in actual practice the aforementioned canon, which has, among the ancients of the Western world, Hippocrates as its authority ...”\(^{141}\)

The grounds upon which he expected those doubts to be based were predominantly anatomical; having served for six months as instructor of anatomy to a group of Djakarta surgeons, Ten Rhyne was well aware of the increasing authority of anatomy in surgical circles.\(^{142}\) Nonetheless, like Floyer in 1701, he expected that the combination of classical authority and the value of long experience would redeem the anatomical errors in the eyes of his audience. “Although western anatomists may belittle these locations as inconsonant with most laws of our art, nevertheless they should not be dismissed so rashly. They have been supported by extensive experience and perfected by men of considerable acumen...”\(^{143}\) At another point, he combined

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\(^{139}\) Carruba and Bowers, op.cit. p.375  
\(^{140}\) Carruba and Bowers, op.cit p.376  
\(^{141}\) Carruba and Bowers, op.cit. p.377  
\(^{142}\) Carruba and Bowers, op.cit. p.377.  
\(^{143}\) Carruba and Bowers, op.cit. p.391-3.
the modern and classical forms of medical explanation/assertion/proof, portraying the tracts and acupoints as the results of "experiments undertaken by the very great number of superb and polished intellects of antiquity." He also pointed out that Japanese ignorance of anatomy was not monolithic, reminding his readers that "they have perhaps devoted more effort over many centuries to learning and teaching with very great care the circulation of the blood, than have European physicians, individually or as a group." However, he also explicitly licensed his European audience to experiment with the body-map of acupuncture, gently criticizing both traditions of body-mapping as he did so, the Chinese for being over-elaborate, and the European for its exaggerated belief in its own accuracy:

If anyone should not wish to make use of the elaborate work of the Chinese, let him collect through practice his own observations with which he may, with experience as his guide, make corrections and establish his own locations for burning. For the rest, the anatomist will readily overlook the fortuitous deviations of the lines and points depicted, if he studies the structure of the blood vessels: the structure is reticulate; the blood vessels composed of one substance, kiss and embrace one another, hence, when the situation of the blood vessels is determined under the knife, often there lie concealed other tiny fountains of blood which also are seats of pain... (although perhaps in a fashion other than the expert anatomist expects.)

On other occasions as well, Ten Rhyne used his descriptions of Japanese practice to critique its western analogues. In the course of introducing and explaining acupuncture, Ten Rhyne took several swipes at the European profession. He noted that the Japanese "do not expound the rites of their art (to which they do not indiscriminately admit anyone) with verbal globs of honey, or ambiguous comparisons, nor obscure them with contrived and controversial nonsense, but mechanical devices clarify doctrinal analogy." The emerging success of mechanism as an explanatory system is visible in this remark; Ten Rhyne was impressed (and expected to impress his readers) by the fact that the Chinese used technology to teach medicine: "Thus,... the masters use hydraulic machines to demonstrate the circulation of the blood to their disciples..." He acknowledged the coexistence of superstition surrounding

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144 Carruba and Bowers, op.cit. p. 377.
145 Carruba and Bowers, op.cit p.375.
146 Carruba and Bowers, op.cit. p.377
147 Carruba and Bowers, op.cit p.375
148 Carruba and Bowers, op.cit p.375

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the Asian practice of medicine, but criticized those who dismissed Chinese and Japanese medicine without ever using it, remarking that "The ill-considered eagerness of others to contradict is also unpleasant."\textsuperscript{149}

Like his successors, Ten Rhyné spent a striking amount of time describing the needle itself, and discoursing on the theory that disease was caused by malevolent winds invading the body.\textsuperscript{150} In these passages, he frequently called on western authorities, both ancient and modern, to validate the use of needles and moxa and to add weight to his theory of the winds. After an extended passage in which he described the horrifying \textit{armamentarium chirurgicum} of the West, and outlined the necessity, in surgery, of the manual skills of blacksmith, carpenter, and tailor, Ten Rhyné finally turned to the many varieties of needle used in surgery. He drew a clear line between these needles, with their very specific functions, and the needle as it was used in acupuncture, employing the conceit of the obelisk:

The needle, with which I here propose to deal, differs very greatly from all the previous ones. It is not a pyramid erected for the posthumous glory of a prince; it was fashioned to restore the faltering health of mankind. Neither is the needle a glorious and proud memorial; it was made to conquer the common enemy of our well-being (the corrupted and corrupting wind.) It was not invented for a single and unique use, as were other needles. This needle is inserted with a blow, with a puncture and by rotation.\textsuperscript{151}

\textsuperscript{149}Carruba and Bowers, op.cit p.392
\textsuperscript{150}Elisabeth Hsu offers two interpretations of this focus upon the material aspects of acupuncture in her article "Outline of the History of Acupuncture in Europe." [\textit{Journal of Chinese Medicine}, No. 29 (January, 1989): pp.28-32.]. First, she suggests that Ten Rhyné and his successors focused on "static, easily observable entities", rather than on the physiological understandings which structured them, because they were trained in Northern Europe: "In [17th c.] medicine, two new fields of investigation were developed: physiology and microscopic anatomy." The former, she argues, was developed and promoted in Padua, while the latter shaped medicine in the Netherlands. Consequently, "Ten Rhyné's Dutch Background suggests that explanations in terms of a more physiological outlook ... were not of primary concern to him." p.29 This argument over-simplifies the issue, and fails to consider the internationalism of academic medicine; moreover, Ten Rhyné clearly was concerned with developing a systemic explanation for acupuncture, and not just in reporting his observations of it. Her second gloss, however, is suggestive; she comments in passing, "...why should a 17th century doctor be interested in pursuing aspect of medical research which had similarities with the scholastic medicine of the Middle Ages?"p.29
\textsuperscript{151}Carruba and Bowers, op.cit p.391
This part of Ten Rhyne’s argument comes the closest to portraying acupuncture as its technological element; he referred to “the needle and its use -- not any sort of needle, but the kind which no European shoemaker or tailor has ever seen or handled..." the uniqueness abides, here, in the needle itself. Ten Rhyne then translated another set of passages from Chinese, describing the operation of acupuncture. The qualities of the needles were set out in detail, from the materials of which they could be composed, to their length and the shape of their handles, and Ten Rhyne included an illustration of the needle and the hammer which was used to insert it. Several long lists of diseases in which acupuncture had been successfully employed were cited, but Ten Rhyne only commented on and endorsed its use in “colic pain and other intestinal ailments produced by winds, spontaneous weakness also created by winds, swelling of the testicles, arthritis, and lastly for gonorrhea”. All but the last of these illnesses were classically associated with winds and cold.

The process by which the needle, and to a slightly lesser degree the moxa was applied to the body remained fairly stable through the transmission process. However, two important alterations in the practice of acupuncture did arise from Ten Rhyne’s description of it. The first slippage occurred in Ten Rhyne’s interpretation of his sources; he noted that according to Japanese practice “acupuncture must be performed on that part of the body where the disease originates.” He clearly interpreted this to mean that the needles should be inserted at the site of the pain, which would, of course, make sense for what in Europe would be classified as an external/topical application and thus surgical, and limited in its scope to direct action. However, in Asian terms, the origin of an illness, a Chi blockage, would not necessarily be anywhere near the location where its effects was expressed in the language of pain, and the points which were linked to the site of organic origin might themselves be distant from either the organ or the ache.

The second change, which persisted into the 1820s in the medical dictionaries, was more immediately threatening to acupuncture’s European future; this misunderstanding occurred in the ears of his Western audience. Ten Rhyne included in his description of acupuncture the comment that the Japanese “detest phlebotomy because, in their judgment, venesection emis

\[152\] Carruba and Bowers, op.cit p.395
both healthy and diseased blood, and thereby shortens life. The Chinese and Japanese frequently employ acupuncture and moxibustion in place of phlebotomy ...” He then described the reasoning behind this detestation, and the function of acupuncture in treating similar conditions by different means. It is clear both from the summary which follows this comment, and from the rest of the article that Ten Rhyne was under no misapprehension that acupuncture was an Asian form of bloodletting; nonetheless this was the implication that many western authorities drew from his work.

One difference between Ten Rhyne and his successors is that he demonstrably expected some physical evidence of acupuncture’s modus operandi -- some physiological evidence for the Chinese body-map -- to be found, and that probably in the near future. “Although according to Western doctrine the structure of the vessels may be other than the Chinese and Japanese erect for themselves, it is nonetheless netlike... When the anatomist’s knife uncovers the vessels, there are to be found lurking, the previously concealed branches of blood, the usual haunts of noxious winds. p.392 As the first substantial rendering of acupuncture, Ten Rhyne’s portrayal shaped its future in Europe decisively; his conviction that a physical wind was released by the application of the needle, and passed out through the needle holes influenced later interpretations through the 19th century. The metaphors he used to convey this idea were simple and compelling -- in one place, he likened the operation to pricking a hot sausage. Similarly, the direct physical description of the needle and of its use were retained through all subsequent accounts. His more complex metaphorical description of the body-map, combined with his own doubts was less effective and satisfying. In contrast to the status of his writings on acupuncture, Ten Rhyne’s more lengthy account of moxibustion, although important, was only one of several contemporaneous treatises supporting the technique and its influence was thus less striking.

Engelbert Kämpfer: Observation and Acupuncture

I have been myself several times an eye-witness, that upon these three rows of holes, made according to the rules of the art, and to a reasonable depth, the colick Senki pains ... ceased almost in an instant, as if they had been charmed away. Engelbert Kämpfer, 1728.153

153Engelbertus Kaempfer, The History of Japan: Giving an Account of the

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Like Ten Rhyne’s *De Arthritide*, Kæmpfer’s account of Japan, including his description of acupuncture, triggered a rapid response among the medical and social elites of Europe. He first published the *Amoentitatum exoticarum politico-physico-medicarum*... in 1712; this collection of essays was immediately cited by other writers. Interest in the subject among British intellectuals is illustrated by the fact that Kæmpfer’s entire collection and all of his writings were purchased by Sir Hans Sloane, and the contents of the *Amoentitatum exoticarum* were translated and lavishly republished in 1728 as an appendix to Kæmpfer’s masterwork, the *History of Japan*. The first edition of the *History of Japan* (which Kæmpfer had called “Japan Today”) was offered by subscription, and among its subscribers were 27 medical men, predominately the elite -- members of the Royal Society, or graduates of Oxford or Cambridge. Only four subscribers were surgeons, which goes some way to illustrate the difference in status and education (as well as income) between the two groups.

Kæmpfer’s account of acupuncture resembles Ten Rhyne’s in terms of the information it provided about the practice of acupuncture and moxibustion. However, both tone and focus have shifted. Kæmpfer, for example, spent no time in justifying by historic precedents the use of an instrument such as the needle, or comparing it to the bloodier pieces of the western surgeon’s equipment. He did describe the needle itself, and the various accessories with which it was used -- small hammers, cases, guiding tubes, and the like. (See Figure 4) However, he passed swiftly on to a description, far more detailed than that of Ten Rhyne, of exactly how the needle should be inserted into the body of the patient. He was clear about the issue of placement, and the very material aim of puncturing:

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antient and present State and Government of that Empire; of Its Temples, Palaces, Castles, and other Buildings; of Its Metals, Minerals, Trees, Plants, Animals, Birds, and Fishes; of the Chronology and Succession of the Emperors, Ecclesiastical and Secular; of the Original descent, Religions, customs, and Manufactures of the Natives, and of their Commerce with the Dutch and Chinese. Together with a Description of the Kingdom of Siam. London: 1728. The *History* and its Appendix from the *Amoentitatum Exoticarum* were translated by J.G. Scheuchzer, F.R.S. MCP Kæmpfer lived from 1651-1716, and was in Japan from 1690-92.

154ibid. “List of Subscribers.”
it [the needle] runs into the place, where the cause of the pain and
distemper is supposed to be hid, where he [the practitioner] holds it, till
the patient has breathed once or twice, and then drawing it out,
compresses the part with his finger, by this means, as it were, to squeeze
out the vapour and spirit...\textsuperscript{155}

Kæmpfer’s straight-forward and minute description of the actual use of the
needle, unembellished by theory or explanation, was characteristic of his
response of Japanese medical knowledge. He used fewer metaphors and
analogies than Ten Rhyne, and made less reference to ancient authority.
When he did call upon classical medicine, it played an explanatory as much as
an authorizing role. Thus, when he introduced the use of moxa with a comment
on the shared explanation for disease in the medical cultures of “the Arabs,
Bramines, and Chinese .. these three chief seats of the Eastern muses”, he
noted a classical precedent:

...being ask’d their opinion about the causes of distempers, they have so
frequent a recourse to winds and vapours, that they seem, in imitation of
our divine Hippocrates ... to look upon them as the general causes of
almost all diseases incident to human bodies, particularly those which are
attended with pain.\textsuperscript{156}

Here, Kæmpfer’s citation of Hippocrates was intended to familiarize, or
domesticate what on first glance was a very foreign idea. When he argued for
the use of the more gentle moxa instead of harsh caustic chemicals, he
observed that the classical physicians upon whose work Western medicine was
based had used dried vegetable matter to burn their patients. He did not,

\textsuperscript{155}Kæmpfer, op.cit. vol. II. The entire description reads as follows: “But now to
come to the operation itself ... The surgeon takes the needle near its point in
his left hand, between the tip of the middle finger, and the nail of the
forefinger, supported by the thumb, and so holds it towards the part which is
to be pricked, and which must be first carefully examined, whether it be not
perhaps a nerve, then with the hammer in his right hand, he gives it a knock,
or two, just to thrust it through the hardish resistent [sic] outward skin. This
done, he lays the hammer aside, and taking the handle of the needle between
the extremities of the fore-finger and thumb, he twists it till the point runs
into the body to that point, which the rules of art require, being commonly
half an inch, sometimes, but seldom, an inch or upwards, in short, till it runs
into the place, where the cause of the pain and distemper is supposed to be hid,
where he holds it, till the patient has breathed once or twice, and then
drawing it out, compresses the part with his finger, by this means, as it were,
to squeeze out the vapour and spirit. The needles of the second sort are not
knocked, but only twisted in...” p.32.
\textsuperscript{156}Kæmpfer, op.cit., vol. II, p.34.
however, quote these ancients as irrefutable authorities as Ten Rhyne had done, but presented eye-witness evidence in support of moxa’s gentleness.

Kæmpfer’s account also makes the intersection between materialism and mistranslation even more clear. He described the way in which the Japanese understood the operation of acupuncture and moxa with remarkable accuracy, yet interpreted it -- line by line -- materially: “They make use of two external Remedies, Fire and the Needle, both of which are thought very efficacious, to exterminate the causes of distempers, (which they call Obstructions) and to give room to the obstructing matter, as the cause of pain (which they call wind) to escape from its prison.”¹⁵⁷ He was certainly better served by his translators, since the concept of clearing obstructions in the flow of some substance is a more accurate rendering of Japanese theory than the idea of opening an actual vent for some physical gas. However, the materialistic translation of the complex, multivalent term “Chi” by the simple word “wind” has been maintained, making the more sophisticated metaphor of obstructions or energy blockages unassimilable. Instead, Kæmpfer returned to the explanatory form put forward in Ten Rhyne’s translation, albeit elaborated to the anatomical standard of the day:

As to the cause of it, and of colicks in general, the natives are of the opinion, that it is not at all a morbific matter lodged in the cavity of the guts ... but that the seat of it is in the membranous substance of some other part of the abdomen, as for instance of the muscles, the peritoneum, the omentum, the mesentery, or the guts, and that by stagnating there, it turns into a vapour, or rather into a very sharp sower[sic] spirit, as they express it themselves, which distends, cuts and corrodes the membranes wherein it is lodged. Upon this same theory is grounded their method of cure: whenever this spirit is let out of the narrow prison it hath been confined to, and set at liberty, that very moment, they say, the pain which it hath occasioned by distending those sensible parts wherein it lay, must cease.”¹⁵⁸

Unlike Ten Rhyne, Kæmpfer did not believe that an anatomical basis for the Chinese and Japanese maps of the body would be found. It is worth noting that he studied at Uppsala with Olof Rudbeck, an anatomist and a “scientific pioneer on lymphatic circulation.” Where Ten Rhyne had studied with Franciscus Sylvius, absorbing his fascination with iatrochemistry and fermentation (ideas which would make the idea of morbid gases developing in the sick body

¹⁵⁷Kæmpfer, op.cit., vol. II, p.63
¹⁵⁸Kæmpfer, op.cit., vol. II, p 29 (?)
quite compelling), Kämpfer was trained to seek and expect detailed anatomical explanations, and had a relatively advanced picture of the layers of the circulatory system.\textsuperscript{159} His skeptical response to the Japanese explanation for acupuncture was visible in his description of the technique, and especially when he described the placement of the needles: "The precepts and rules of this pricking art are very different, with regard chiefly to the hidden vapours ... the supposed cause of the distemper."\textsuperscript{160} This skepticism was far less in evidence when he wrote about moxa.

Another example of his skepticism, and one which derives from his reliance on anatomical understandings of the body and disease lies in his treatment of the ideas of acu-tracts or channels, and the role of remote needling. Kämpfer explicitly noted the importance in Japanese medicine of properly placing needles or moxa, informing his readers that "the main business lies in the choice of the part, on which either of these operations is to be performed."\textsuperscript{161} But Kämpfer's images, although accurately locating the acupuncture points, did not illustrate the acu-tracts on which they were placed. (see Figure Five) In erasing this admittedly confusing and unorthodox surface map, the justification for precise placement was also obliterated.

Kämpfer certainly knew that the Japanese hypothesized remote origins for diseases:

The Main art lies in the knowledge of the parts, which it is proper to burn in particular distemper. ... one would reasonably imagine [based on idea that moxa is drawing out the humours] that place to be the most proper which is nearest to the affected part, yet the operators frequently choose such others, as are not only very remote from it, but would be found, upon an Anatomical inquiry, to have scarce any communication with it, no more than by the common integuments.\textsuperscript{162}

Kämpfer offered his audience the examples of indigestion, where moxas were placed on shoulders; cases of pleurisy, where treatment was applied to the vertebrae; and toothache, where it burned the adductor muscle of the thumb.

\textsuperscript{159}John Bowers, \textit{Western Medical Pioneers in Feudal Japan}. op.cit. p. 33, 41. Franciscus Sylvius (Franz de la Böe) 1614-72, a professor of medicine at Leiden. He was an early advocate of iatrochemistry, which "moved medicine from Galenic dogma to a recognition that health and disease were based on the chemistry of the body". Bowers 1970, p.32
\textsuperscript{160}Kämpfer, p.32. My italics.
\textsuperscript{161}Kämpfer p.31
\textsuperscript{162}Kämpfer p.41-42
In reporting this remote treatment of pain, he noted with some disdain, "I am sensible, that the most skillful Anatomist would be at a loss to find out any particular correspondence of these remote and differing parts with one another."\textsuperscript{163} Where Ten Rhyne had been willing to experiment, Kæmpfer was incredulous. In his dissertation, published just after his return to Europe, Kæmpfer was slightly more forthcoming; he offered some information about Japanese explanations for remote treatment, but his doubts were very much in evidence:

The place subjected to the tinder harmonises with the affected part, though there be very often no known anatomical connection ... Considering the places cauterised, you would think the unexpected successes illusory ... The results do not allow us to accuse them all of deception, yet sound reasoning does not permit us to testify in defence of all of them.\textsuperscript{164}

He simply could not accept this essential element of the practice of acupuncture and moxibustion, precisely because there was no anatomical explanation or structure underlying it. Thus the Western audience was exposed to a progression of combined images and explanations, none complete, of the Asian body map and the therapies based on it. Presentations of Asian medicine ranged from that of Cleyer, who included images both of the viscera and of the acu-tracts connected with them, but did not describe acupuncture; to Ten Rhyne, who described acupuncture and illustrated the channels and vessels of Chinese anatomy, but did not seem to grasp the mechanism of remote needling; to Kæmpfer, who erased the channels, despite being aware -- and telling his audience -- that they formed a part of the Japanese practice of acupuncture. None were complete.

Strangely Familiar: Western Response to Moxibustion

... for the way of curing by fire, I found twenty things to give me an opinion of it.... Sir William Temple, 1680\textsuperscript{165}

\textsuperscript{163}Kæmpfer p. 42
\textsuperscript{165}Sir William Temple, Miscellanea. By a Person of Honour. London: Edward Gellibrand. 1680.
News of moxibustion reached Europe more than a decade before acupuncture made its appearance, largely through the experience of the Reverend Hermann Busschof, whose gout was cured by a native healer in Batavia through the use of moxa. In 1677, the diplomat Sir William Temple was stricken by the gout, and having despaired of his physicians’ competence to cure it, was tempted by an acquaintance to try the remedy Busschof had portrayed so favorably. That Temple did so immediately upon reading Busschof’s “ingenious little Book” about moxa indicated as much about his dissatisfaction with European medicine as about any interest in the medical practices of the East. He himself set out the reasons prompting his experiment with tart candor:

I pretended not to judge of the Indian Philosophy, or reasonings upon the cause of the Gout; but yet thought them as probable as those of Physicians here; and liked them so much the better, because it seems their opinion in the point is general among them, as well as their manner occurring; whereas the differences among ours are almost as many in both, as there are Physicians that reason upon the causes, or practice upon the cure of that disease.

Clearly, his choice was shaped as much by the distasteful professional behavior of European practitioners as by the attractiveness of the Asian explanation of the gout ("a malignant vapour that falls upon the joint between the bone and the skin that covers it...") and moxa (as a source of the heat necessary to dispell that icy vapor). Temple did not merely find the squabbling of his physicians repugnant; he considered their arguments and training dangerously theoretical:

I had past Twenty years of my life, and several accidents of danger in my health, without ANY USE OF PHYSICIANS; and from some experiments of my own, as well as much reading and thought upon that subject, had reasoned myself into an opinion, that the use of them and their methods (unless in some sudden and acute disease) was itself a very great venture, and that their greatest practicers practised least upon themselves, or their friend. I had ever quarrelled with their studying art more than

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166 Hermann Busschof was a missionary; he was acquainted with Wilhelm Ten Rhyne in Batavia, and wrote the introductory poem in De Arthritis extolling moxibustion. The theories they express as to the nature of gout are almost identical, and it seems likely that Busschof derived much of his medical material directly from Ten Rhyne.
167 Temple, op.cit. p.211-213
168 Temple, op.cit. p.211-213
nature, and applying themselves to methods, rather than to remedies; whereas the knowledge of the last is all that nine parts in ten of the world have trusted to in all ages.169

Busschof's book was designed to appeal precisely to these disaffected consumers; it was written as a lively Socratic dialogue, emphasizing the practical use of moxa, its efficacy, and relative painlessness and safety. Busschof offers the same wind-based explanation for gout as Ten Rhyne, without exploring at all the Chinese system underlying it. Indeed, while acknowledging with the importance of correctly placing the moxas, he considered the idea of precise points, determined by the nature of the disease rather than its expression in each particular case, to be ludicrous; in his opinion this map explained why, with so effective a therapy to cure it, gout still gripped Asia.

Moxa was successful in curing Temple's gout, and his essay describing this cure was written as a grateful letter to the man who introduced him to the burning. The essay contained enough information to allow other sufferers to experiment with moxa if they chose to do so -- including the note that the moxas were to be applied in loco dolenti. It also included a final reason adduced by Temple for his decision to use moxibustion; this last argument held profound implications for the fate of acupuncture. Temple noted that he had heard of fire used by the Egyptians, and had seen slaves scarred by the marks of the cautery iron, and that he had himself been frequently burned as a child to cure his chillblains and had seen fire used for various therapeutic reasons -- putrefied wounds, ulcers, and "casual applications of fire to the lower parts..." to cure frenzies. He concluded that "it was but a tenderness to Mankind that made it less in use amongst us, and which had introduced Corrosives and Caustics to supply the place of it, which are indeed but artificial fires."170 This assumption of familiarity, however misplaced, gave an enormous boost to the early use of moxibustion in the west; it would be completely absent from the European and British responses to acupuncture.

Temple's essay was published in 1680, by popular demand (according to him and his publisher). It had circulated privately for several years beforehand, and was well-received, with several editions issued. Busschof's

169 Temple, op.cit. p.207. Emphasis in the original.
170 Temple, op.cit. p.211.
treatise, meanwhile, had been published in English in 1676, the same year it had come out in Dutch. Moxibustion was then pursued, with the addition of diagrams and some theory, in the texts of Andreas Cleyer, Ten Rhyne and Kämpfer. Further information about the substance of the moxas and their preparation was divulged, and in general it was commended. Kämpfer alone expressed concern that its powers were overrated by some reporters, including Busschof: “Bushofius ... went too far, when he recommended the Moxa to his Countrymen in Europe, as an infallible remedy for gout. I have reason to apprehend that many a patient in Germany found himself disappointed in his expectation....”¹⁷¹ He mentioned that Andreas Cleyer had received a letter from a Dr. Valentini, complaining about disappointing results from moxa. Kämpfer reasoned that while moxa worked admirably in the heat of the East, it could not be expected to work as efficiently in the chill of Europe, since the cold made muscles and membranes stiffer, and perspiration weaker. These accounts do give more detail about the Japanese and Chinese point maps, but with no more conviction than was seen in descriptions of its use in acupuncture. The material practice was central to the narratives, and certainly to the positive response.

In contrast to the enthusiasm with which the technique, at least, of moxibustion was received, the initial response to acupuncture in Europe was at best uninterested and at worst critical. The crucial difference was in the existence within the tradition of classical and modern western medicine of a precedent for moxibustion: actual cauterity, in which the flesh was scorched, blistered or charred with either a flame or a red-hot iron, although not in vogue by the late seventeenth century, was at least familiar. Consumers, as well as physicians and surgeons were aware that fire had a medicinal value, and in many cases, even possessed an explanatory hypothesis for how the healing effect of fire was produced. Admirers of acupuncture, as portrayed especially by Ten Rhyne could not call on such a resource; of course, for many, the exotic nature of acupuncture had its own appeal. Isaac Vossius, who was fascinated by things Chinese in any case, was delighted with acupuncture:

¹⁷¹Kämpfer, op.cit. p.39.
longer. Such things have often been seen by us ... either greatly mitigating or even totally removing by these means those pains to which the flesh is heir.\textsuperscript{172}

His description probably did little to encourage the actual use of the technique in Europe. Needles, it seems, were quite terrifying enough, without being a cubit in length and piercing the brain.

It is puzzling to the modern reader to come across 18th century descriptions of acupuncture and moxa as terrifying or frightful, and as so horrifying to their patients as to be unusable. That a culture which considered phlebotomy as an everyday preventive therapy and took mercury until the teeth were loosened in the jaw turned squeamish at the point of a needle offers a striking illustration of the power of custom and familiarity, and conversely the fear of the novel in medicine -- not just among doctors, but among their far more powerful clientele.\textsuperscript{173} Kæmpfer addressed this issue directly, acknowledging in his description of these “two principal remedies in surgery” that, “Their very names indeed will appear terrible and shocking to the reader, they being no less, than fire and metal.” In reassuring his readers about the safety of acupuncture and moxibustion, he also critiqued the harsh expedients of western surgery:

And yet it must be owned in justice to the Japanese, that they are far from admitting of all that cruel, and, one may say, barbarous apparatus of our European surgery. Red hot irons and that variety of cutting knives and other instruments requisite for our operations, a sight so terrible to behold ... are things which the Japanese are totally ignorant of.\textsuperscript{174}

By contrast, Kæmpfer argued, the Japanese techniques were gentle: “Their fire is but moderate, it hath nothing to terrify the patient, ... likewise the metals they make use of in their operations of surgery, are the very noblest of all ... gold and silver, of which they have needles ... which are finely polished, and exceedingly proper to perform the puncture in human bodies...”\textsuperscript{175} Ten Rhyne’s extraordinary passage recalling the saws, hammers, files, and above

\textsuperscript{172}Isaac Vossius, \textit{De Artibus et Scientiis Sinarum}, p.76 1685 quoted in Lu and Needham, 1980 p.286.
\textsuperscript{173}Later authors, including acupuncture’s 19th century advocate James Morss Churchill, scoffed at this fear, and at the idea that it was fear of the needle which drove away the pain. By then, of course, needles would have been more familiar to medical consumers.
\textsuperscript{174}Kæmpfer, op.cit. p. 30 
\textsuperscript{175}Kæmpfer, op.cit. p. 30
all the many varieties of needles employed in conventional western surgery was a less explicit treatment of the same issue.

Within the profession, reactions to Asian physic depended in part on shifts in opinion particularly about how and where medical education should be administered and on what constituted medical authority. Ten Rhine’s remarks about the education of Chinese and Japanese doctors were typical of the former debate. In respect to the latter, Pierre Bayle produced a remarkably lucid contemporary commentary in his review of an essay on Chinese medicine by Michael Boym:

...it is easy to see ... that the physicians of China are rather clever men. True, their theories and principles are not the clearest in the world, but if we had got hold of them under the reign of the Philosophy of Aristotle, we should have admired them very much, and we should have found them at least as plausible and well based as our own. Unfortunately, they have reached us in Europe just at a time when the mechanick Principles invented, or revived, by our Modern Virtuosi have given us a distaste for the ‘faculties’ [of Galen] and for the calidum naturalis and the humidum radicale too, the great foundations of the medicine of the Chinese no less than that of the Peripateticks.176

Bayle’s insightful response was unusual, and although he did not condemn the medical practices brought back from Asia on the basis of their newly-obsolete language, he also did not recommend them.

Curiosity Pricked: Lay Responses in France and Britain

We may no doubt be surprized to find the Chinese (who are so little versed in the science of anatomy, which is the most important part of physic for discovering the causes of diseases) reasoning as if they understood it. They supply what is wanting in this part by experience, and by their skill in determining by the pulse the disposition on the inward parts, in order to restore them to their natural state by proper medicines. And when all

176 Pierre Bayle, in the Nouvelles de la République des Lettres, 1686, p.1013. Quoted in Lu and Needham, p.286 Michael Boym (d.1659)’s Clavis Medica ad Chinarum doctrinam de Pulsibus was published in 1689; it is a translation of a version of the Mo Chueh (Sphygmological Instructions, approx. 940 a.d.). Boym’s version of it described the 12 acu-tracts and Chinese ideas of circulation, but did not detail acupuncture. He did produce several quite accurate illustrations of acupoints, but described them as “Delineatio cavitationum vel locorum pulsuum et trium partium corporis” (“A delineation of the pulses of the cavities, or loco, and the three parts of the body”). - - in other words, he interpreted them as sites by which the pulse of particular parts of the body could be taken.
is done, no more sick persons die under their hands than do under those of the most able physicians in Europe. DuHalde, 1741

In general, the European supporters and popularizers of Chinese and Japanese medicine like William Temple and Isaac Vossius, did not engage with the Chinese theories and models of the body portrayed by Ten Rhyne, Kämpfer, and Clever. They concentrated on describing the remedies themselves, and either dismissed the theories while praising the "empirical" practices which those theories had produced and explained, or failed to mention the theories at all. Critics of the therapies, however, exposed and attacked the systems of which they were part. Like other information about the non-western world, especially Asia, these medical systems were used as evidence addressing the broader debates of the day. In Britain, for example, responses to Chinese five element theory or the Japanese body map were colored by the debates on the value of Ancient versus Modern learning.

William Wotton, who leaned towards the Moderns, used China as an example of the failures of Ancient learning, although he simultaneously attacked those who claimed for Chinese culture and discoveries precedence over the Greeks. He drew upon the new materials coming from China to support the importance of Modern discoveries, especially in medicine, and simultaneously to discredit those opponents who claimed China as an exemplary nation, whether in medicine or in government:

... the Chinese physick is wonderfully commended by Dr. Vossius and Sir William Temple ["The Physicians excel in the knowledge of the pulse and of all simple medicines, and go little further:""] Neither need they; ["for in the first, they are so skillful, that they pretend not only to tell by

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177 Père J-B. DuHalde, A Description Of The Empire Of China And Chinese-Tartary, Together With The Kingdoms Of Korea And Tibet: Containing The Geography And History (Natural As Well As Civil) Of Those Countries... With Notes Geographical, Historical, And Critical; And Other Improvements, Particularly In The Maps, By The Translator. London: Edward Cave. Vol. I 1738, vol. II, 1741. In this edition, the pages are mispaginated, so that there are two sets of pages sharing the numbers 229-236, but sharing nothing else. The quotation comes from the second page 235. See also note 74.

178 Obviously, Floyer (and a few others like him) who supported not a discrete technique but rather the use and value of pulse-diagnosis did engage with the underlying theoretical structures. Floyer, however, barely mentioned particular (surgical) therapies like acupuncture or moxabustion.

it, how many hours or days sick man may last; but how many years a man in perfect seeming health may live; and by simples they pretend to relieve all disease that Nature will allow to be cure.["] What this boasted skill is, may be seen in the little tracts of the Chinese physick published by Andrew Cleyer... 180

"Because few will ... have patience to go through them," Wotton proposed to give his audience a "short specimen ... by which one may judge the rest."181 He translated into English several pages of Cleyer's translation of a Chinese text on Five Element theory (see appendix). While other parts of Cleyer's book described quite pragmatic medical practices, this section was highly symbolic and allusive, creating a dissonance to western ears which Wotton reinforced by using very flowery translations of Cleyer's Latin. Unlike Floyer, who translated the same passages in his Physician's Pulse Watch, Wotton made no attempt to express the Chinese ideas in language compatible with Western medicine.

Wotton also drew his audience's attention to Cleyer's extensive selection of Chinese figures, which depicted the acu-tracts and their related viscera, describing them as "tedious" notions:

The anatomical figures annexed to the tracts, which also were sent out of China, are so very whimsical, that a man would almost believe the whole to be a banter, if these theories were not agreeable to the occasional hints that may be found in the travels of the missionaries.182

Wotton had his own reasons for criticizing Cleyer's figures, which were less westernized than those used by Ten Rhyne; however, in summoning those images as the ultimate proof of the absurdity of Chinese medical knowledge, he indicated also the reaction he expected them to produce in other British readers. Wotton closed his discussion of China's ancient learning by acknowledging their undeniable expertise with simples, but his conclusions damned with faint praise indeed:

This however, does no prejudice to their simple medicines, which may, perhaps, be very admirable, and which a long experience may have taught the Chinese to apply with great success; and it is possible that they may sometimes give not unhappy guesses in ordinary cases, by feeling their patient's pulses; still this is little to physick as an art ...183

180Wotton, op.cit. p.147
181Wotton, op.cit. p.147
182Wotton, op.cit. p.152
183Wotton, op.cit. p.153
In France, China and things Chinese were serving political as well as intellectual ends. The Philosophes had seized China as a stick with which to beat their opponents, largely because the Confucian texts had been interpreted as a religion of reason and natural law.\(^{184}\) New information about China flowed into Europe in the form of the *Lettres édifiantes et curieuses écrits des missions étrangères*; between 1702 and 1776, thirty-four volumes of these essays were published, and their contents were further disseminated in the publications of learned societies throughout Europe (e.g. the *Philosophical Transactions*). Jean-Baptiste DuHalde, who took over editing the *Lettres édifiantes et curieuses* with the ninth volume, presented China in profoundly positive light. His personal contribution to this proto-sinology, *Description géographique, historique, chronologique, politique et physique de l'Empire de la Chine*, published in 1735 and translated into English in 1741, was a major mid-century source of opinion about China both in France and England.\(^{185}\) The general description of Chinese medical theory and the Chinese idea of the body which this work provided formed the basis of many later French treatments of


\(^{185}\) Mungello, op.cit. p.125 (note 53) and p.343. I would suggest that the French sought, not so much a "culture idol," but a culture analogue, upon which to project desired changes in domestic government, etc. Of course, it is necessary to carefully distinguish between the goals of the Jesuits who selectively transmitted information about China back to Europe; the goals of their immediate editor, DuHalde; and the goals of the French reformers and radicals who employed the material provided in the *Lettres édifiantes* to a variety of ends. I would most confidently apply my interpretation to the last group. See also A. Brou, S.J., "Les jésuites sinologues de Pékin et leurs éditeurs de Paris," *Revue d'histoire des missions* 11 (1934): 551-566, and E. Pulleyblank and W. Beasley (eds.), *Historians of China and Japan*. London: Oxford University Press, 1961.
the subject; indicatively, DuHalde entitled this long, and often insightful passage "System of the human body, &c. according to the ancient, but erroneous, Anatomy of the Chinese." His introduction to the subject continued in much the same vein:

It cannot be said that Medicine has been neglected by the Chinese, for they have a great number of ancient authors who treat of it ... But as they were very little versed in natural philosophy, and not at all in anatomy, so that they scarcely knew the uses of the parts of the human body, and consequently were unacquainted with the causes of distempers, depending on a doubtful system of the structure of the human frame, it is no wonder they have not made the same progress in this science as our physicians in Europe.\textsuperscript{186}

This "doubtful system of the human frame" was in fact another, perhaps more intelligible version of the material covered by Ten Rhyne, Cleyer, and Kæmpfer. DuHalde also included a translation (by the missionary Père Hervieu) of a Chinese tract on pulse diagnosis, explaining that the use of the pulse made Chinese medicine unique. "They pretend, by the beating of the pulse only, to discover the cause of the disease, and in what part of the body it resides: in effect, their physicians predict pretty exactly all the symptoms of a disease, and it is chiefly this, that has rendered the Chinese physicians so famous in the world."\textsuperscript{187} He described how physicians felt the pulses and then told their patients, without questioning them at all, their symptoms and disease. "I speak not here of those quacks who profess the art merely to get a livelihood, without either study or experience: But of the skilled physicians, who, it is certain, have acquired a very extraordinary and surprising knowledge in this matter." Accompanying this passage was an anecdote detailing a Chinese physician's successful cure of a missionary, which DuHalde characterized as one "among the many instances that I could bring to put this assertion out of doubt..."

Duhalde's treatment of the Chinese system was, in general, a sympathetic one, and he made several efforts to explain Chinese practice in

\textsuperscript{186}J-B DuHalde, op.cit. Vol II, p.183. Throughout this chapter, I have chosen to use the contemporary English translations of French works when they exist, rather than giving the quotations in French. When no contemporary English version exists, as with the Encyclopédie Méthodique, I have retained the French as giving a more authentic view of the phenomena of transmission. DuHalde's description appears virtually unaltered in many later works on Chinese medicine.

\textsuperscript{187}DuHalde, op.cit. Vol. II p.184
western terms. For example, in describing pulse diagnosis, he tried to rationalized the Chinese practice of feeling the pulse at more than one location: "In the motion of the pulse, there are two things to be observed: the place where it is perceptible, and its duration: this has obliged the Chinese Physicians to point out the places in the body where the pulse may be examined, and the time of its beating."\textsuperscript{188} Similarly, rather than making a literal translation of Five Element theory as Wotton had done to such damaging effect, DuHalde sketched it in as the "the knowledge of the exterior bodies, which may cause alterations in the body of man." He briefly listed the elements (earth, metals, air, fire and water) and their relations with organs and seasons, then noted "They [the Chinese] reason in much the same manner as we do, concerning the agreement and disagreement of these elements with the body of man, to account for the alterations and diseases [co]incident thereto."\textsuperscript{189}

DuHalde was writing while the hydraulic metaphor and understanding of the body, in which was embedded an emphatic commitment to the union of mind and body, was still among the acceptable models for the body in Europe. Within this model, with its focus on fluids and ferments, westernizations of Chinese theory were possible, and Ten Rhyne, Floyer, and DuHalde explored similarities between the two systems by this means. However, this model was increasingly replaced by magnetic and electric models in the second half of the century.\textsuperscript{190} These forces, although closely akin to Chi as it was understood in Asia, produced conceptions of the body and disease less accommodating to the materialistic spin which Chinese theory had received in its initial western incarnation. "Wind" certainly was no longer a viable operator, yet that translation of Chi had become established; in addition, the association of yin and yang with the old Galenic forces of calidum innatum and humidum radicale indissolubly linked Chinese theory to the declining system of academic physic.

Lay authors rarely included acupuncture in their descriptions of Chinese medicine, focusing instead on pulse diagnosis and herbal medicine. DuHalde never mentioned acupuncture explicitly. Indeed, the bare existence of moxa and acupuncture was indicated only in a passing reference by a classical

\textsuperscript{188}DuHalde, op.cit. Vol. II p.184
\textsuperscript{189}DuHalde, op.cit. Vol. II p.184
\textsuperscript{190}See Digby, op.cit. pp. 204 and 203 respectively.
Chinese commentator included with a translated herbal. It described them as "... sharp instruments and matches, to expel outward distempers." Given DuHalde's focus on China and his dependence on the accounts of the Jesuit missionaries, it is possible that he was either unaware of the techniques or considered them, despite the protestations of Kämpfer and Ten Rhyne to the contrary, exclusively Japanese. Wotton, however, was at least aware of Ten Rhyne's work; nonetheless, acupuncture was not included among his targets.

Acupuncture was not completely invisible in Europe, and surprisingly accurate interpretations of the available texts about it seem to have been made by a small minority of readers.¹⁹¹ For example, the response of the anatomist Gerhard Von Sweiten in 1755 indicates a sophisticated and very open-minded reading of Ten Rhyne:

The acupuncture of the Japanese and the cauterity of various parts of the body with moxa seem to stimulate the nerves and thereby to alleviate pains and cramps in quite different parts of the body in a most wonderful way. It would be an extraordinarily useful enterprise if someone would take the trouble to note and investigate the marvellous communion which the nerves have with one another, and at what points certain nerves lie which when stimulated can calm the pain at distant sites. The physicians of Asia, who knew no anatomy, have by long practice identified such points."¹⁹²

Von Sweiten was a physician as well as a scientist, and was European. Although few commentators on acupuncture combined knowledge of western and eastern understandings of the body with such aplomb and enthusiasm, medical men were certainly more aware of acupuncture as a specific medical (or, more usually, surgical) practice than were the laity, while continental Europeans were similarly advantaged in relation to the British.¹⁹³

Eyeing the Needle: Medical Interpretations of Acupuncture

¹⁹¹ On the (restricted) availability of good translations, see Lu and Needham, p.36
¹⁹² Gerhard van Swieten, Erläuterungen zu den Boerhaaveschen Lehrsätzen. Vienna, 1755, quoted in Needham and Lu p. 293
¹⁹³ Lu and Needham argue for a fairly high level of familiarity with acupuncture in the 18th century; While this may be the case in continental Europe, I have found evidence only of low-level awareness of the technique in Britain. See Lu and Needham,
C'est à ceux qui connoissent bien l'économie animale, & qui ont profondément médité sur la nature des maladies, à décider si nous devons regretter que ce moyen ne soit jamais employé parmi nous. Felix Vicq D'Azry, 1792

Temple, Wotton, Vossius and DuHalde built their interpretations of Asia, and of Asian medicine upon the reports of men either in China and Japan or recently returned from those countries. However Ten Rhyne and Kæmpfer were not replaced by informants with similar training and interest in medicine. As the stream of specifically medical observations dried up, and perhaps more importantly, as the vernacular secondary literature on the East expanded, these texts of reaction began to shape the response of the European medical community. Heister's *General System of Surgery*, first published in German in 1718, was a widely available and quite popular work. It was translated into English in 1743, and went through several English editions. In part because it was explicitly designed for the benefit of medical students and busy practitioners, and in part because of its availability, the *General System of Surgery* played an important role in the early British response to acupuncture. Heister described the technique concisely and exclusively in terms of its material operation:

Somewhat akin to scarification is the famous operation of the Chinese and Japonese (sic), termed Acupuncture. Those nations, rejecting scarification and phlebotomy as pernicious, have recourse to their Acupuncture and Cauterization, or burning with the Moxa, as their most potent remedies in all disorders. The first of these operations they perform with a large gold or silver needle ... which they strike into the flesh, either with their hand or the little hammer ...

Heister's presentation made it clear that thirty years of exposure to acupuncture had in no way lessened the horror of the needle. Scarification, the technique to which acupuncture was analogized, was a form of bleeding in which a region was cupped and the resultant bruised swelling was then incised by a lancet or an array of lancets; nonetheless, piercing the flesh with a needle seemed to Heister "desperate and severe" by comparison. The half-page entry gave no rationale for the therapeutic action of the needles, nor described the existence of specific, favored insertion points. Heister excused his brevity by the fact that acupuncture had not "been received by any of our

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195 Heister, loc.cit.
European nations; and therefore as the process is so much to be abhorred, we shall not here give a prolix account thereof," and referred interested readers back to Ten Rhynne and Kæmpfer. This type of caveat was common throughout the century, suggesting that medical interest in acupuncture remained at a theoretical rather than a practical level.

Following the publication of DuHalde’s detailed and popular account of China, and with the additional spark provided by occasional notes on Chinese medicine in the *Lettres Edifiantes* which he edited, the French medical community began to show more interest in the subject of the needle. Consequently, Dujardin, in his 1774 *Histoire de la Chirurgie* gave a far more considerable treatment to acupuncture than had Heister. Moreover, Dujardin presented it in the context of Chinese medical theory. This did not necessarily work in acupuncture’s favor -- Dujardin described the theory in unflattering terms: “Comme ils n’ont point de physique, presque aucune connaissance des parties du corps humaine & leurs usages, ni par conséquent des causes des maladies, leur Médecine, dénuées de tout principe, n’est qu’un amas informe de systèmes, de tâtouments, de conjectures.”

Chinese “surgery” came in for particular censure, since the anatomy on which it was based was “le plus souvent l’ouvrage de l’imagination; ainsi, toutes les connoissances qu’ils en déduisent, ne sauroient être forts solides.” Despite these criticisms, Dujardin provided his audience with an outline of this “imaginary” anatomy, drawn largely from DuHalde’s account and thus presented with some insight and sympathy. Dujardin himself conceded that, “Toute cette physiologie paroîtra

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197 F. Dujardin, *Histoire de la Chirurgie, depuis son origine jusqu’à nos jours. Tome Premier.* Paris: L’Imprimerie Royal. 1774. p.77. “As they have no physics [natural philosophy?], almost no knowledge of the parts of the human body and their functions, their Medicine, devoid of all principle, is only a shapeless mass of systems, gropings [towards truth], conjectures

198 Dujardin, loc.cit.

199 Compare Dujardin’s critique with DuHalde’s earlier remarks: “But as they were very little versed in natural philosophy, and not at all in anatomy, s that they scarcely knew the uses of the parts of the human body, and consequently were unacquainted with the causes of distempers, depending on a doubtful system of the structure of the huma frame, it is no wonder they have not made
ridicule & pitoyable; cependant à travers le brouillard, il perçé quelquefois de légères lueurs de vraisemblance."200 In particular, he appreciated the metaphor of the body as a lute, in which each of the parts, "par le moyen des nerfs, des veines, & des artères" sounded a note peculiar to itself and its condition.201 Dujardin also included DuHalde's descriptions of the rest of Chinese diagnostics, noting that color of eyes, and face, the sound of the voice, the state of the tongue, and what tastes were craved or loathed by the patient, were all used to determine the state of sufferer.

Dujardin strongly criticized the theoretical and diagnostic importance given to the pulse and to physical signs by the Chinese -- and implicitly by modern European medicine as well. In place of those theories, he extolled the long experience of Chinese and Japanese physicians: "Malgré toutes les hypothèses qui défigurent cet empyrisme, l'expérience a quelquefois servi les Praticiens de la Chine."202 It is worth noting that "empiricism" had become a relatively positive term in French medicine, and no longer denoted quackery. Dujardin's positive use of it demonstrates a remarkable shift from the earlier focus in the European response (particularly among the laity) on theory as a mark of value. That this shift had not yet taken place in Britain is evident from the responses of Gillan and Staunton to Chinese practice. After depicting several cases as evidence of his view that experience was the active force behind the evolution of the Chinese emphasis on pulse diagnosis. Dujardin turned from theory to practice, and from DuHalde's account to those of Cleyer -- which he described as "souvent inintelligible" -- and Ten Rhyne.

Dujardin culled various drug remedies from Cleyer's text, focusing on the more exotic examples, like the use of woman's milk to remedy opthalmia, then fixed his gaze on moxibustion and acupuncture. "[I]ls ont deux autres remèdes qu'ils empruntent de la Chirugie, & qu'ils regardent comme spécifiques. Toute maladies qui résiste à ceux-ci, qui sont le moxa & la ponction avec les éguilles, est réputé incurable."203 He began by describing moxa and its centrality in Japanese therapeutics, noting that prisoners were given seasonal

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200 Dujardin, op.cit. p.83
201 Dujardin, loc. cit.
202 Dujardin, op.cit. p.85
203 Dujardin, op.cit. p.88 "They have two other remedies, which they borrow from Surgery, and which they regard as specifics. All maladies which resist these, which are moxa and puncture with needles, are reputed incurable."
leave to have moxas applied, and that the Japanese population, almost to a person, bore scars from the treatment. To make that central role clear and tangible to his French audience, he explained that moxa was taken even by the healthy, “au renouvellement des saisons, à peu près de la même manière qu’en Europe on a recours à la saignée & à la purgation, pour diminuer la pléthore ou prévenir l’orgasme des humeurs.” Dujardin repeated Ten Rhyne’s caution that, although the treatment was not as painful as it sounded when sensibly applied -- infants were able to bear it without wailing -- “ce remède ... jette les malades dans les angoisses qui vont jusqu’à la syncope, quand on porte l’appliquation à un certain excès.” Dujardin essentially offered his readers a convenient summary of Temple, Ten Rhyne, and Busschof’s descriptions of moxa, mixed together and presented with mild approbation. Intriguingly, as he moved away from the second-hand theoretical information presented by DuHalde to the material detail of the primary sources, Dujardin’s tone became more positive.

Of Dujardin’s disquisition of acupuncture, the most important part was his interpretation of Chinese and Japanese theories on needle-placement. He reported the existence of “des figures singulières” upon which were marked “les endroits” where moxa and acupuncture were to be performed. These points encompassed all of their science and skill in surgery. As well as including point maps carefully copied from Ten Rhyne’s figures, Dujardin spent a considerable time describing them textually:

[O]n y voit la marche des vaisseaux, telle qu’ils imaginent. Les endroits qu’il faut piquer, sont désignés par des points verts, & ceux qu’on doit brûler, par des points rouges. La connaissance de ces endroits a paru si importante, qu’ayant été depuis érigée en art, elle est exercée par des espèce d’Experts comme sont chez nous les Bandagistes, &c

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204 Dujardin, op.cit. p.88 “At the change of seasons, in nearly the same manner that in Europe we have recourse to bleeding and purgation, to diminish plethora or prevent an overflow of humours.”
205 Dujardin, op.cit. p.90 “this remedy ... throws the sufferers into agonies which verge on syncope [fainting], when it is taken to a certain excess.”
206 Dujardin, op.cit. p.91
207 Dujardin, op.cit. p.91 “One sees on them the paths of the vessels, as they imagine. The places which should be pricked are designated by the green dots, and those which should be burned, by red dots. The knowledge of these places seemed [was considered] so important as to have since been set up as an art, it is excercised by a species of Experts, like, among us, the Bandagistes.”
Dujardin seems to have interpreted these maps, with their strange, surface-etching lines, as expressing empirical (and inaccurate) knowledge of the nerves, and circulatory system.

Les lieux de l'application diffèrent, selon le genre des maladies, le caractère des humeurs & la nature des parties subjacentes. Les préceptes de l'art tiennent à la distribution des vaisseaux & aux mouvements du sang, que les Chinois & les Japonais connoissent mieux, à ce que prétend Ten Rhyne, qu'aucune nation de l'Europe...

He was incredulous in the face of Ten Rhyne's claim that the Japanese possessed a superior understanding of the circulation -- how, he exclaimed, could such purely practical, observation-based knowledge be more advanced among a people who had never opened a single cadaver than among the French, "qui avons porté l'angiologie & les autres parties de l'Anatomie à la démonstration la plus complete..." By this reasoning, the anatomically informed would have little to gain by close study of the Asian body map, and could rely instead on their own superior knowledge of the nerves and circulation. However, unlike most preceding and subsequent European authors on acupuncture, Dujardin did not therefore simply dismiss the maps, or the principles which they represented. Instead, he argued that the Asian map, and especially the protocols which accompanied it were the products of vast experience and, on that basis, was prepared to accept it as a guide:

Il ne faut pas croire qu'une légère erreur dans le local précis, fût un obstacle au succès du remède; cependant plusieurs faits prouvent qu'il importe de ne point s'écarte des principes. ... Ce qu'on peut dire de plus certain, c'est que, dénus d'anatomie comme ils sont, ils ne peuvent tenir les principes qu'ils se sont faits dans l'application du moxa & des aiguilles, que d'un nombre infini d'expériences qu'ils multiplient sans cesse.

208Dujardin, op.cit. p.91-2 "The regions of application differ according to the type of illnesses, the character of the humours, and the nature of the underlying parts. The precepts of the art are related to the distribution of the vessels and the movement of the blood, which the Chinese and the Japanese understand better, Ten Rhyne claims, than any nation in Europe..."

209Dujardin, op.cit. p.91-2 "It is not necessary to believe that a slight error in the precise location will be an obstacle to the success of the remedy; however, several facts [events] prove that it is important not to stray from these principles ... What one can say most certainly, is that, devoid of anatomy as they are, they could only have gotten the principles which they [apply] in the application of moxa and of the needles from an infinite number of experiences which they multiply incessantly." p. 91
Dujardin’s later discussion of the practice of acupuncture detailed the nature and shapes of the different types of needle and their modes of insertion. It also shed some light on exactly what aspect of the maps and diagrams he considered the “principes” from which he advised European would-be acupuncturist not to stray. He frequently referred to the instructions which Ten Rhyne had published to accompany his Mantissa Schematica: that nerves should only be punctured superficially, for example, that tendons and sinews should be avoided, and that the illnsses of old and young, fat and thin people required different depths of needles. From these examples and from cautions he gave, it seems that Dujardin saw the maps as charting locations throughout the body which were safe to puncture in the case of illness in any particular part. This interpretation was a fair reading of Ten Rhyne’s argument. The needle is described as entering “la partie malade” and “la partie où le mal a pris naissance.” Dujardin also repeated Ten Rhyne’s observation that these maps and figures were displayed outside the homes or shops of acupuncturists, notifying potential clients of their skills, implicitly aligning these maps with advertisement.

Finally, Dujardin approached the question of acupuncture’s mode of action. He thought little of the materialist version which Ten Rhyne put forward as the Japanese explanation -- “vents qui se glissent entre le perioste & les os: fait dont il prétend s’être assuré par l’observation.” He, too, was aware that Ten Rhyne had been interested in flatus before he arrived in Japan, and took that into account in evaluating the “wind” hypothesis:

Un malheur attaché à l’humanité,... qui s’oppose au progrès de nos connoissances, c’est que les Observateurs, même de bonne foi, mais prévenus, rapportent tout ce qu’ils voient à l’idée qui les occupe. Cette idée favorite est un enfant gâté, que l’imagination pare toujours aux dépens de la raison & de la vérité.

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210 As was discussed above, Ten Rhyne particularly stressed the idea that anatomical knowledge, combined with experiment and experience, could guide Europeans in performing acupuncture if they chose not to follow the Chinese maps.
211 Dujardin, op.cit. pp.98, 97
212 Dujardin, op.cit. pp. 91-92
213 Dujardin, op.cit. pp. 91-92 “A misfortune attached to humanity, ... which opposes itself to the progress of our knowledge, is that Observers, in all good faith, but forestalled, bring all that they see back to the idea which occupies them. This favorite idea is a spoiled child, which the imagination always adorns at the expense of reason and truth.”
He nonetheless included a lengthy anecdote told by Ten Rhyne of a moxibustion cure of gout. In this story, Ten Rhyne was the witness to an amazing overnight recovery; after describing the incident, Ten Rhyne exclaimed over the idea of an accord or sympathy between the parts of the body, depending on vessels unknown to European medicine. Dujardin did not credit this claim any more than he had the claim that Japanese physicians understood the circulation better than Europeans. However, he did make Ten Rhyne's interjection the grounds of a strong criticism of contemporary French medicine:

Point du tout; c'est d'abord que notre Médecine est devenues trop discoureuse; c'est que chez nous l'étude des parties a fait négliger la science pratique de l'ensemble, ou de cette conspiration des parties entr'elles, si bien observée par Hippocrate & par tous les vrais Médecins: en cela seul, la Médecine des Chinois, toute empirique, toute imparfaite qu'elle est, même à cet égard, est digne de quelque attention.¹²¹⁴

Dujardin's own conclusion as to acupuncture's *modus operandi* was at best humoral, and that its action was certainly weak: "La ponction suit, dans ses effets, à peu-près la même marche que le moxa; elle n'agit vraisemblablement qu'en appelant dans la partie irritée une plus grande affluence d'humeurs, à moins que l'imagination, dispensatrice de tant biens & de maux physiques & moraux, n'aide l'action de ce remède."¹²¹⁵ Although Dujardin was not wildly enthusiastic about acupuncture, he did present it as a legitimate therapy, based on experience and empirical success. The *Histoire* was an influential source book on surgery in France; and Dujardin's treatment of acupuncture (like DuHalde's treatment of Chinese theory) shaped future accounts.

However, the sympathetic and serious approach to Chinese medicine and acupuncture taken by DuHalde and Dujardin was by no means indicative of a universal shift in attitudes -- obviously, their mood was not transmitted to Gillan, Staunton or Barrow. Nor was the translation of DuHalde's *Description*

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¹²¹⁴ Dujardin, op.cit. pp. 94. "Not at all; it is first, that our medicine has become too rambling; it's that with us, the study of the parts came to neglect the practical science of the whole, or of that conspiracy of parts among themselves, so well observed by Hippocrates and by all true physicians: in this respect alone, the medicine of the Chinese, entirely empirical, entirely imperfect as it is, still in this respect, is worth of some attention."

¹²¹⁵ Dujardin, op.cit. p.98 "The puncture follows, in its effects, nearly the same path as le moxa; very likely it only acts by calling to the irritated part a greater flood/crowd of humours, unless the imagination, dispenser of all physical and moral ills and well-being aids the action of this remedy."
representative of the information which was available in English. The most readily available English-language accounts of acupuncture were those in medical and surgical dictionaries and compendia. These sources followed Heister in assuming that acupuncture was a form of bloodletting.

Kַּנֵּפֵר and Ten Rhyne had made it clear acupuncture had nothing to do with bleeding -- that the Japanese and Chinese were opposed to phlebotomy as unnecessarily draining good as well as tainted blood from the sick person. However, from the 1720s until the turn of the century, the most common definition of acupuncture in English-language medical dictionaries was some form of “a particular way of bleeding, by making a great many small punctures with a sharp instrument, made of gold or silver.”\textsuperscript{216} Entries always included the fact that this was a technique “much practiced in Siam, Japan, and other Oriental nations...” and often also mentioned details like the use of the needle “even on the bellies of women with child...” designed as much to shock as to inform their audiences.\textsuperscript{217} Ten Rhyne’s detailed material description of the needle and of the acupuncturist’s sphere of practice had been transmitted successfully; the nature and modus operandi of acupuncture, and the body maps which illustrated and accompanied them, had not.

The separation of the tool from the aims for which it was used had a profound effect; the types of analogy which filled the space between the Asian mode of acupuncture and the needle’s therapeutic use in Europe created conditions unfavorable to the adoption of acupuncture. I have found no record of the use of acupuncture in Britain during this period (although there are hints of acupuncture practice elsewhere in Europe during the 18th century). A simple explanation for acupuncture’s failure to thrive in British medicine can be found in the pages of the many medical dictionaries and compendia of the 18th and early 19th century. Of 24 such works, 6 failed to mention acupuncture at all, and all but one of the remaining volumes described it as a form of bleeding. As an alternative to venesection, acupuncture would have had little to offer to British doctors and surgeons: bleeding in small amounts

\textsuperscript{216}By R. James, MD A Medicinal Dictionary; including Physic, Surgery, Anatomy, Chymistry, and Botany, in all their branches relative to medicine ... and an introductory preface, tracing the progress of physic, and explaining the theories which have principally prevail’d in all the ages of the world. 2 Vols., London: T.Osborne, 1743. Vol. 1, Pt. 1, “acupuncture” [pages unnumbered].
\textsuperscript{217}James, loc.cit.
was considered ineffective in any illness, while bleeding with needles which terrified the patients would have seemed madness to men struggling already against the blandishments of both regular and irregular competitors in a marketplace where the consumer had the upper hand. Moreover, those consumers who had heard of acupuncture were likely to have low opinions of it, at least if they had read of it in English. One of the few anglophone lay texts to describe the technique at all spoke of acupuncture as “another way of bleeding, which may be called acupuncture, or pricking several holes in the part affected with a large needle.”218 In portraying the remedy as it was practiced in Japan, the authors were more prolix, paraphrasing Kämpfer’s account a length. Their account of the practice itself was essentially neutral, but they set it in the familiar context of incompetent and ill-educated physicians, and a medicine without anatomy or physical knowledge. Unlike acupuncture, moxibustion was apparently in use in Europe; indicatively, the authors of the Universal History felt no need to define the term, when discussing its origins in Asia. All but three of the dictionaries I examined described moxa at some length, and with varying degrees of approbation.

Galvanizing the Needle

... aussi peut-on dire que ce peuple, s’il n’est pas le plus éclairé, le plus savant, est le plus raisonnable, le plus doux, & le plus humain des peuples de la terre, celui par conséquent, qui mérite le plus d’être imité... La médecine y est une pure et dangereuse charlatanerie; cependant les médecins excellent dans l’art de tâter le pouls, & prédissent assez bien de cette manière l’etat futur du malade.” Vicq D’Azyr, 1792 219

218 The Modern Part of the Universal History, London: T. Osborne, C. Hitch and L. Hawes, A. Millar, J. Rivington, C. Ware, and S. Bladon.1759. Vol. 3, p.649. Intriguingly, the Universal History does mention the existence of specific points proper to the operation of acupuncture, in the context of a long story about the Emperor KangHsi’s desire for a translation of western anatomical texts. Upon receiving such a translation, “that prince, recollecting that he had seen, among other of his rarities, a statue of about three feet high, cast in copper, on which were, as he imagined, all the veins and arteries, delineated in their proper places, ... To their great surprize, they found those lines all parallel to each other, and almost all of the same length, without any the least resemblance either to veins or arteries, or answering to their true situation or number. ... [T]hey soon found that those lines were traced on the figure with no other view than to point out the place that were proper to let blood at, by the operation lately mentioned, called acupuncture, or by the help of coarse needles, in cases of rheumatism, gout, sciatica, &c.” p.654
After DuHalde's general account of Chinese medicine and Dujardin's specific description of acupuncture in his history of surgery, a more nuanced view of Chinese medical theory and practice was available in France. New models of the body and of disease were also emerging. Over the course of the eighteenth century, medical practitioners increasingly incorporated the findings of the new morbid (or pathological) anatomy with the puzzle-solving techniques of classical diagnostics; to borrow Maulitz's distinction, "general" pathology, rooted in Galenic humoralism, became first "anatomical" and then "physiological" pathology. The newest models of bodily function retained humoral pathology's emphasis on the body as a system existing in dynamic equilibrium, but sought experimentally accessible physical substrates for that system. Primary among these models were those based on the nervous system or nervous fluid, and after Galvani's 1791 report on animal electricity, galvanism. Galvanism (or electricity) was swiftly, if controversially, identified

Séméiotique & La Nosologie; La Thérapeutique Ou Matière Médicale; La Médecine Militaire; La Médecine Vétérinaire; La Médecine Légale; La Jurisprudence De La Médecine & De La Pharmacie; La Biographie Médicale. c'est-a-dire, les vies des Médecins célèbres, avec des notices de leurs ouvrages.. Paris: Panckouke, 1792. Tom. IV, p.808-9 This quotation indicates some of the ambivalence with which China and things Chinese were regarded by the close of the eighteenth century, with its urgings that China should be imitated, despite its flaws; similarly, its medicine was dangerous, and exceptional at the same time.


For a detailed examination of late eighteenth and nineteenth-century nervous models, and their close relationship with galvanism and electricity, see Edwin Clarke and L.S. Jacyna, Nineteenth-Century Origins of Neuroscientific Concepts, Berkeley: University of California Press, 1987, especially Chapter 5. The authors focus on Germany and romantic biology, but also discuss French and British medical science. One drawback to their work is that in documenting the changing notions of the nerve and of nervous activite, they look at the leading edge, without observing its vast distance from the lagging edge. Thus they discuss the decline of ideas of nervous fluid in the late eighteenth century, while medical practitioners in this study were citing "nervous fluid" well into the 1850s and beyond.
as the active principle of the nerves -- and, particularly in Britain, both were casually discussed as fluids, even imponderable fluids. Acupuncture certainly benefited from the less materialistic interpretation fostered by this climate, and in particular from the doctrine of local sympathy which was emerging as medicine and surgery were drawn together by the increased status of the latter, and by the political climate of the Revolution.\textsuperscript{222} Essentially, "local sympathy" was a medical interpretation of surgery's specific anatomy, filtered through the older conceptions of humoral pathology and physiology. Also influential in the increasing visibility in the needle was the availability and popularity of mesmerism. The similarities between the mesmeric fluid and the circulating vital energy of Chinese medicine are striking.\textsuperscript{223} However, acupuncture was explicitly linked, when and where the more sophisticated interpretation of Chinese medical theory was available, to galvanism and electricity. It was this affiliation with broader medical and scientific questions and innovations which eventually enabled the practice of acupuncture to cross the Channel.

The new connection with medicine (and therefore with internal, invisible forces and states) seems to have been essential to the integration of acupuncture with French practice. During this period, acupuncture and moxibustion were each defined twice in the vast reaches of the \textit{Encyclopédie Méthodique}, both in its volumes on medicine and in those on surgery. While surgery had for a century or more been in the vanguard of medical change (and would continue to be so in Britain for several decades), French medicine

\textsuperscript{222}See Maulitz, 1987, op.cit.; Christopher Lawrence, "Democratic, Divine and Heroic: The History and Historiography of Surgery," in C. Lawrence (ed.) \textit{Medical Theory, Surgical Practice: Studies in the History of Surgery}, London: Routledge 1992, pp.1-47; Malcolm Nicholson, "Giovanni Battista Morgagni and Eighteenth-Century Physical Examination," in C. Lawrence (ed.) \textit{Medical Theory, Surgical Practice: Studies in the History of Surgery}, London: Routledge 1992, pp.101-134. Although the union of medicine and surgery in revolutionary and immediately post revolutionary France is not the major theme of Nicholson's article, he deals with the subject consicely and clearly: "The cognitive consequence of this union ... was a body of medical knowledge in which internal disease was newly conceived in localised, structural anatomic terms, as opposed to the whole-body humoral pathology of eighteenth-century physic," p.122 The "intellectual invasion of the body by surgeons" (to use Lawrence's phrase) was paralleled by a manual exploration of the body by physicians.

was beginning to produce more radical offshoots. This shift was exemplified in the treatment of acupuncture in the Encyclopédie Méthodique. In de la Roche and Petit-Radel’s Chirurgie, the description of acupuncture was short, and added little to Heister’s coverage of ninety years earlier. Like Heister, de la Roche et al. likened acupuncture to scarification, noted its centrality to Japanese and Chinese practice, and mentioned the precious metals of which acupuncture needles were made. The horror of these needles had perhaps decreased in the intervening years; these authors expressed shock only when discussing where those needles might be inserted:

Les Nations dont nous parlons, quoique d’ailleurs très-industrieuses et très-sensées, exécutent cette étrange opération, non-seulement à la tête, mais encore aux bras, aux jambes, et à plusieurs autres parties; ils vont même jusqu’à percer le ventre des femmes enceintes224

They ended their article with the dismissive comment that, “... Comme cette opération n’est pratiquée nulle part en Europe, nous ne nous y arrêterons pas davantage...”225

Moxa, on the other hand, was discussed at greater length, although with no new additions of information. The link between moxa and western external applications was made particularly clearly by the surgeons, to the point of suggesting that the name alone was of Asian origin, and had merely been adopted to distinguish a particular Europe practice:

Moxa: C’est le nom que l’on donne au Japon à une manière d’appliquer le Cautere actuel ou plutôt à la substance, dont on se sert pour cette application. On a adopté ce nom en Europe pour désigner une méthode à-peu-près semblable que l’on a commencé. depuis M. Pouteau, à pratiquer en France, & dont nous avons parlé à l’articles Cautere actuel.226

The remainder of the article comprised a lengthy quotation from Dujardin, including instructions on how to perform moxa, and that it was less painful than might be expected. The authors noted the existence of point-maps, but

224 de la Roche and Petit-Radel (eds.), Chirurgie, in Diderot & d’Alembert, (éds.), Encyclopédie Méthodique, Paris: Panckouke, 1792. Tome Première, p.59. ‘The nations of which we speak, although [otherwise] very industrious and very sensible, perform this strange operation not only on the head, but also on the arms, legs, and several other parts; the even go as far as piercing the abdomens of pregnant women.”
225 de la Roche and Petit-Radel, loc.cit.
226 de la Roche and Petit-Radel, op.cit. tom. II, p.
gave neither examples nor illustrations of the points or how they were involved in Japanese practice.

The volumes on medicine, edited by Félix Vicq d'Azyr, engaged with acupuncture on an entirely different level. The entry opened with a detailed comparative summary of Ten Rhyné and Kämpfer's accounts of acupuncture --- critically noting those points where the two disagreed, and using those points of discordance to widen the brief of acupuncture. For instance, where Ten Rhyné reported the use of acupuncture for many illnesses and Kämpfer limited it only to the colic, Senki, Vicq D'Azyr firmly supported the former. He reeled off lists of the conditions which the needle was used to cure in Japan, from headaches to cholera to epilepsy. He closed this list by repeating the received wisdom that, "Dans toutes ces maladies, on perce, dit-on, l'endroit même où est le siège du mal, ou celui dans lequel le mal a pris naissance." However, the article was to be more that a précis of previous sources; Vicq D'Azyr intended to make his entry on acupuncture conform structurally to the model for western therapies. To that end, he organized the multifarious maladies for which acupuncture was recommended into a set of four broad Latin categories --- comata, spasmi, dolores, and fluxus. Having tackled the sources and the applications of acupuncture, he moved on to discuss its medical roots: "L'expérience a appris aux peuples de l'Orient que, dans tous ces cas, des ponctions multipliées, & plus ou moins profondes, faites avec des aiguilles ..., deviennent un secours très-efficace, & que souvent les douleurs les plus aiguës s'apaisent aussi-tôt après qu'on a fait cette opération." He also very firmly placed both remedy and illnesses within the jurisdiction of medicine, rather than surgery.

Vicq D'Azyr described the tools of acupuncture precisely and at length, in terms of both the materials with which they were made, and their dimensions. At even greater length, he described the manner of inserting the needles; in the process, he gave a thumb-nail sketch of his interpretation of Asian medical theory, to explain why the pierced flesh was pressed subsequent to puncture. This explanation was very much in the materialist mode

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227Vicq d'Azyr, op.cit. tom. II, p.185
228Vicq d'Azyr, loc.cit. "Experience taught the people of the Orient that, in all these cases, repeated and more or less profound punctures, made with needles, were a very effective aid, and that often the most acute pains were soothed immediately after they had done this operation."
Les chinois ... pensent que le principe de la plupart des maladies consiste dans des vapeurs nuisibles renfermées dans les parties souffrantes, irritent ou déchirent, & dont il n’est besoin, pour guérir, que de les delivrer. C’est, suivant le système adopté par ces peuples, ce que produisent l’acupuncture, en ouvrant à ces vapeur mal-faisantes des issues favorables, & le moxa, en les attirant à la surface du corps, & en les y consument.229

After recommending to his readers the point-maps of Ten Rhyne, Kämpfer and DuHalde, Vicq D’Azyr turned to his own reflections on the technique. This section, in particular, was a novelty in treatments of acupuncture, and illustrated its changed status within French medicine. First, Vicq D’Azyr ranked acupuncture with other, western therapies: “acupuncture est un procédé que l’on doit ranger parmi les moyens irritans & stimulans; ... elle peut ainsi compter des spasmes violens, & rétablir la sensibilité dans les organes où cette fonction a été affoiblie.”230 Second, while he agreed that the benefits and power of acupuncture had been exaggerated in its countries of origin (“comme des remèdes fameux dans les autres pays”); that its use in those countries exposed their anatomical ignorance; and even that their system of “ces prétendues humeurs mal-faisantes auxquelles ils croient donner issue par l’acupuncture” was ill-founded, Vicq D’Azyr did not condemn acupuncture as ridiculous. Even the system, he noted, was no more absurd than many others. Instead, he handed the judgment over to “ceux qui connoissent bien l’économie animale, & qui ont profondément médité sur la nature des maladies.” Let them decide, he declared, whether the French should regret that the technique had never been used among them.231 In contrast to this long and innovative discussion of acupuncture and its potential, Vicq D’Azyr’s treatment of moxa was desultory at best, and merely summarized the primary source material as presented by Dujardin.

By the end of the eighteenth century, it was becoming clear, at least to the French experimentalists, that acupuncture could have uses, and not just in the clinic. Vicq D’Azyr closed his essay on acupuncture with the enticing remark that “Toujours est-il certain que ces effets jettent un grand jour sur

230 Vicq d’Azyr, op.cit. tom. II, p.188. "acupuncture is a procedure which we should rank with the irritants and stimulants ... it thus can reckon with violent spasms and re-establish the sensibility of organs where that function is enfeebled."
231 All Vicq d’Azyr, loc.cit.
plusieurs questions des plus importantes dans l’art de guérir...” Vicq D’Azyr also published this essay separately, and apparently spoke on the subject to the Société de Médecine de Paris as well. Very early in the next century, a group of young French clinicians took up the idea, eager at first to explore general medical questions through acupuncture, and then to explore acupuncture itself.

L.V.J. Berlioz (father of the composer) was the first to examine acupuncture in accordance with the rules of the new clinical medicine. He ran the first known European trials of the technique in 1810 in rural Bordeaux. The results of these trials were presented in a paper given to the Société de Médecine de Paris, and were influential in interesting other experimentally inclined practitioners and clinicians—Dr. Haime of Tours, Jules Cloquet, Pelletan, and others. The source of Berlioz’ own interest in acupuncture is not entirely clear. His discussion of it arose in the context of a set of prize-questions about phlebotomy, so it is ironically quite possible that the prevailing (mis)interpretation of acupuncture as an obscure method of letting blood actually led to the technique’s first major success on the European stage. Berlioz himself expressed great puzzlement that a century had passed without a practical test of acupuncture’s curative potential: “Les éloges donnés à l’acupuncture par Kœmpfer et Then-Ryne [sic] sont justes et mérités. On a lieu d’être étonné que, depuis un siècle et plus que ce moyen curatif est connu en Europe, aucun médecin ne l’ait essayé jusqu’ici.”²³² Berlioz’s account placed particular stress on the low risk of acupuncture, and its efficacy in nervous disorders. “... le procédé de l’opération est peu doloureux, et le succès est si prompt, que les accidents se calment ou cessent entièrement aussitôt que l’aiguille a été introduite à la profondeur de quelques lignes...”²³³ Berlioz gave his colleagues two general rules relating to the use of acupuncture, one negative and the other positive; in the former, he declared acupuncture

²³²L.V.J. Berlioz, Mémoires sur les maladies chroniques, les évacuations sanguines et l’acupuncture. Paris: Chez Croullebois 1816 p.298. “The eulogia given to acupuncture by Koempfer and Ten-rhynhe, are just and merited. We have reason to feel surprized, that although an age or more has elapsed, since this curative measure has been known in Europe, no physician has made a trial of its efficacy.” This translation of Berlioz’ words was made in 1822 by James Morss Churchill.

²³³Berlioz, loc.cit. “the process of this operation is painless, and the success is so prompt that the attacks are calmed or cease entirely as soon as the needle has been introduced to the depth of several lines.”
useless, in any cases where "la maladie reconnaît pour cause une turgescence sanguine ou l'inflammation." The latter, which stood as a corollary to the first rule, he observed that "l'acupuncture, en dissipant les accidens, démontre que le désordre du système nerveux leur avait donné naissance." In other words, wherever acupuncture was successful, then the illness it cured must by definition originate in a nervous disorder. This construction of acupuncture's power and actions made it useful as a diagnostic, as well as an therapeutic aid. However, the rules also made acupuncture vulnerable to claims that it operated only by mental effects -- through the imagination rather than the body. When Berlioz propounded his rules, the idea of a remedy calling upon the mind to cure the body bore little or no pejorative burden. His own laudatory words illustrate the positive light in which he viewed mental action "Les affections nerveuses simples démontrent spécialement combien l'acupuncture mérite l'attention des médecins; car il est peu de remède qui jouissent d'une activité aussi prompte, et qui produisent des effets aussi merveilleux ..." Berlioz offered two case studies as evidence for his claims, and to illustrate the correct way of using acupuncture alongside with other medical therapies of the day, Neither showed acupuncture as a miracle cure, but they demonstrated its efficacy and immediacy, and the ease with which patients accepted it.

Berlioz' text, although more modern in its style and content than Viq D'Azyr's article in the Encyclopédie Méthodique, shared with it a certain contained relish for the exotic. One of the more striking reatures of Berlioz' presentation of acupuncture was its introduction. Designed apparently to explain how so strange a technique came into being, it gave little credit to the scientific authority or intelligence of its Asian inventors:

The savage peoples living in the torrid and temperate zones were and are in the habit of marching almost nude when they go into combat. They [therefore] experience the necessity of imprinting on their bodies some particular signs, which ... enable them to recognize themselves. The operation which they practice to that end having been by chance done on injured parts, the resultant relief ensured its repetition in analogous circumstances. The need for signs graven on the skin having ceased with the progress of civilization, and the piqûres seemingly procuring the

234 Berlioz, op.cit. pp.297-8
235 Berlioz, loc cit.
236 Berlioz, op.cit. p.298 “Simple nervous affections particularly demonstrate how acupuncture merits the attention of physicians; because there are not many remedies which display such prompt activity and produce such marvellous effects...”
cure only of a tiny number of maladies, the usage was lost in most nations. This remedy has been conserved only by the Chinese and the Japanese, their neighbors, where all the first institutions are sacred... It is from these people that we take the method of acupuncture: it does not belong, by any report, to the [category of] sanguineous evacuations; it can only sometimes aid to establish the indications for it. 237

Acupuncture, in this tale was derived from “savage” battle rituals and sheer chance, and was preserved by a superstitious veneration of traditions and the past; certainly, it was no scientia in its native lands. This story comprised almost the entirety of Berlioz’ treatment of China, Chinese medicine and the Asian origins of acupuncture. He risked reminding his readers of the East only at one other point in his narrative, in his response to criticisms of his acupuncture practice advanced by the Société de Médecine de Paris.

The Société, while awarding him an honorable mention for his essay on phlebotomy, of which his account of acupuncture was a part, was scandalized by his liberal use of the needle. In his second case study, having seen from an accident in the first that needles penetrating the epigastric region did no apparent harm to his patient, he inserted the needles so deeply, that he had reason to believe that he had pierced the stomach. “Cette opération a été accusée de témérité par les membres de la Société de Médecine de Paris, composant la commission nommée pour faire le rapport sur les ouvrages envoyés au concours de 1811...” Berlioz claimed that their censure had such weight with him that he considered suppressing his observations entirely, but decided that they might raise questions useful to the art of medicine. Thus, he published them anyway -- and defended them to the hilt. At first calling on veterinary medicine and on the harmless results of his earlier accident, he finally argued that as the Japanese had been practicing in the same way for centuries, he did not consider his experiment to have been rash.

Earlier in the same book, Berlioz discussed at some length the doctrine of local sympathies, and especially their importance in the treatment of chronic illness: “La correspondance des masses du tissu cellulaire n’est pas non plus à négliger dans le traitement des maladies chroniques.” 238 Central to his version of this doctrine was the idea that the sympathetic reaction could occur at a site more of less remote from the stimulated region -- and that the

238 Berlioz, op.cit. p.118
stimulation of the skin could activate a sympathetic reaction within particular organs: “l'excitation de la peau stimule par sympathie les membranes muqueuses; mais telles ou telles région de l’enveloppe cutanée ont plus de rapport avec telle ou telle autre région tapissée par les membranes muqueuses.”

He supported his interpretation with examples of sympathetic links between the shoulders and the stomach; the fat of the legs and the secreting glands of the lungs; the soles of the feet and the nasal fosses; the bronchial membrane and the intestines; and the scrotum with the gorge and all the apparatus of respiration. Berlioz even cited Erasmus Darwin's observation that a bit of ginger in the anus cured impotence as proof of his theory. Obviously, such an understanding of the body would be highly congenial to the adoption of acupuncture, and of its underlying body-map. However, Berlioz never mentions the existence of either specific points suitable to acupuncture, or of point-maps generally. In this reticence (or quite possibly ignorance, given his apparent initial assumption that acupuncture was a form of bleeding), Berlioz was emulated by subsequent clinicians and experimentalists.

Berlioz concluded his discussion of acupuncture with a repetition of his first rule of thumb, and further remarks on acupuncture's safety and painlessness:

Lorsque l’acupuncture est utile, la douleur qu'elle cause n'est jamais très-vive; si le malade en est incommodé ou fortement effrayé, il est rare qu'il éprouve du soulagement. Il est des circonstances, comme après les fortes contusions, ou la distension des muscles, dans lesquelles l'opération est fort peu douloureuse, et le malade en demande la répétition. p.309-310

Berlioz called enthusiastically for further experimentation with and on acupuncture. He speculated that needles, combined with galvanism, in the right ventricle might re-start the heart after asphyxiation, and urged that the technique should be tested on animals (the technique was tried successfully by an experimenter some years later). He closed with a direct blow at the idea

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239 Berlioz, op.cit. p. 105
240 Berlioz cites the *Zoonomia* as the source of this curious piece of information; it does indicate that the doctrine of local sympatly was fairly widespread, although one wonders whether this particular example came from traditional healing rather than academic medicine -- it has a certain pragmatic ring to it often lacking in the more "elevated" schools of medicine.
that acupuncture acted by counter-irritation, and proposed his own model for its actions, as well as a way in which that model might be tested. There were, he scolded, doctors,

...ce qui porte à croire que l'acupuncture n'agit point en détruisant une irritation par une autre; ... je le répète, elle n'a jamais plus de succès que lorsqu'elle est peu ou point douloureuse. Il paraît, au contraire, que ce remède agit en stimulant les nerfs, ou en leur restituant un principe dont ils étaient privés par l'effet de la douleur... Vraisemblablement la communication du choc galvanique produit par un appareil de Volta, accroîtrait les effets médicaux de l'acupuncture.²⁴²

Berlioz' insistent linkage of acupuncture with galvanism foreshadowed much of the French experimental response to the treatment. In the great Paris hospital of St. Louis, Pelletan and Jules Cloquet took up the thread, and began to explore the idea that galvanic fluid was in some way the explanation for acupuncture's curative effects. These experiments, the rather inconclusive results of which were read at the Academy of Sciences, in their turn prompted more interest.²⁴³ News of them reached Britain, and became a part of acupuncture's British form, as well as an important tool in the hands of the needle's British popularizers. Indeed, these final experimental interpretations of acupuncture, worn down to its inerradical empirical core by a century of translation and transmssion, were the foundation upon which the British practice of acupuncture was actually based, all historical lineages and claims notwithstanding. The fact that after Dujardin, none of the French authors actually included maps of the acupuncture points and channels inevitably shaped both the practice and the rhetoric of British acupuncture as it crossed the Channel and entered the public forum.

²⁴²Berlioz, op.cit. pp 310-311. "...who are inclined to believe that acupuncture only acts by destroying one irritation with another ... to them, I repeat, it never has more success than when it produces little or no pain. It seems, to the contrary, that this remedy acts by stimulating the nerves, or by restoring to them a principle of which they [were] deprived through the effects of the pain. ... Very likely, the communication of galvanic shock produced by Volta's apparatus would increase the medical effects of acupuncture.

²⁴³See Appendix for a full British account of these experiments.
Ten Rhyn’s “Chinese” images: Note the flaps of dissected “skin” hanging from the figures, in accordance with Western, rather than Chinese anatomical conventions. Note also the very European features of the frontal image. They bear a striking resemblance to the portrait of Ten Rhyn which was the book’s frontispiece.
Ten Rhyn's frontal "Japanese" image (detail). Although the features of the figure are European, the surface-mapping is more faithful to the Japanese originals than are the "Chinese" images with their dissected skin.
Chapter Three

Shaping the Needle:
British Interpretations of Acupuncture, 1802-1830

... how much soever our theory may exceed theirs, it will be well if their practice, upon examination, do not prove more safe and agreeable than ours, whilst they draw the main part of their medical assistance from ... from gentle purgatives, emollients, alteratives, and other salubrious remedies, calculated to strengthen, rather than fatigue and weaken...”

Universal History, 1759

In the eighteenth century, acupuncture was invariably described in terms of and in conjunction with its exotic Asian context, even though those descriptions generally separated the technique from the theories that explained it in China and Japan. Moxibustion, on the other hand, existed in the medical literature independently of its origins; for example, moxa was frequently listed under the techniques of actual cauterization and adustion, to which it was likened, or under the herb artemisia, from which the moxa tinders were made. By the end of the eighteenth century, moxa was familiar enough to be mentioned as a treatment option, albeit a slightly unusual one, without further explanation. Although moxa and acupuncture were first reported to the European audience in similar tones and by the same individuals, moxa had the advantage of familiarity -- at least by analogy. Lacking this quality, the practice of acupuncture languished especially in Britain, despite the encouraging tones in which it too was initially reported. The eye-witness authority of Ten Rhyne and Kämpfer which eventually tempted the French to experiment on acupuncture evidently left the mass of British practitioners unmoved.

Unpracticed, and in Great Britain barely even discussed within the profession, acupuncture was submerged in terse and inaccurate dictionary entries, and often mocking compendia articles in the decades preceding its French rediscovery at the close of the century. The first flicker of British professional interest appeared in 1802, when a surgeon in Bridgenorth -- hardly a metropolitan center -- published a case study on tympany.\footnote{244}{(Anon.) The Modern Part of the Universal History, London: T. Osborne, C. Hitch and L. Hawes, A. Millar, J. Rivington, C. Ware, and S. Bladon. 1759 Vol 4, p.647}

\footnote{245}{Erasmus Darwin actually used the term “acupuncture” in 1794, In Zoonomia; or the laws of organic life. 3rd ed. corrected. London: J. Johnson, 1801. in Volume III, p. 254, he asked: “In cases of strangulated hernia, could}
Conventionally, this disease, characterized by enormous fluid retention in the abdominal cavity, was treated by the operation of paracentesis, or piercing the abdomen with lancets to release the excess fluid. Coley described the particulars of his case, and the successful results of the standard treatment in this instance. At the end of his study, however, he addressed a question to his colleagues:

In the peritoneal Tympany could occasional benefit be derived by acupuncture of the abdomen? ... This operation, I believe, never was practiced much, if at all, in this country ... [B]y the Chinese and Japanese it has always been an operation of practice, in a great number of disorders to which those people are liable, but particularly in a disease very analogous to tympany.²⁴⁶

Coley's question suggests that sufficient information about acupuncture was available to spur him to first speculate on the technique, and then urge its investigation and use by his colleagues. The context of Coley’s suggestion makes it clear that his interest in acupuncture derived from defects in the existing therapies for tympany, and to that extent was pragmatic. However, it is also evident that Coley was aware of acupuncture essentially as a curiosity, a piece of possibly useful arcana: “the method ... is both curious and but little known...”²⁴⁷

Coley cited two sources of information, Heister's 18th century surgical compendium, and an account of acupuncture in the popular Universal History, From the Earliest Account of Time. The latter, from which he quoted extensively, “for more public information, and to conclude the subject...,” was not a specialized medical publication but a popular lay resource -- confirming the availability of information about acupuncture to interested consumers as

²⁴⁶Coley, “A Case of Tympanites, in an Infant, relieved by the Operation of the Paracentesis. With Remarks on the Case; and a Critical Analysis of the Sentiments of the Principal Authors who have written on the Disease. To which is subjoined an Account of the Operation of the Acupuncture, as Practised by the Japanese in the Diseases analogous to the Tympney.” The Medical and Surgical Journal, 7, No. 36 (1802): pp.235-6.
²⁴⁷Ibid, p.235
well as to the seemingly indifferent medical audience. The *Universal History* gave far more information, both about acupuncture and about Chinese and Japanese medicine generally than did Heister, and was more positive in tone. Thus, where Heister described needling as "so desperate and severe an operation," the *Universal History* called it "this easy and curious operation of acupuncture." In its description of Chinese medicine, the *Universal History* also revealed the degree of lay ambivalence towards the emerging medical emphasis on science:

To what we have hinted above of their ignorance of physic, let us add their extreme aversion to anatomy, at least to that part of it which is called dissection; and which is so rooted into them, that no kind of benefit that can be obtained from it, hath ever been able to reconcile them to it, and to make them look upon it in any other light than as a most inhuman practice. ... Thus they ... exclaim against the anatomizing of human bodies, and it is much to be questioned, whether the principle upon which they argue hath not saved more lives among them, than ever anatomy did among us.

Yet a few words later, the authors concluded their critique of Chinese medical knowledge by adding, "we have already had occasion to hint what wretched physicians and surgeons the generality of their practitioners ... are, for want of better skill in anatomy and natural history." The credibility gap created by the simultaneous distaste for and fascination with the new authority of the material in medicine had narrowed by the 19th century, but the popular horror of dissection remained powerful, as did the orthodox traditions of bleeding and purging which had preceded anatomical and clinical observation. In their perceptions of dissection and of traditional medical practices, the British lay public would have been in complete agreement with their Chinese opposite numbers; thus, the reports of stasis and of resistance to

248ibid, p.235

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anatomical study which so discredited Chinese medicine in the eyes of the profession would not necessarily have harmed it in the eyes of the public.

Coley's apparent aim in publishing his "quire" was to promulgate trials of acupuncture's efficacy in Britain. Notably, although both the professional and the lay books, including the _Universal History_, either implied or explicitly stated that acupuncture was a kind of bleeding, Coley made no such link, choosing instead to give no western rationale for acupuncture. Instead, he offered various pragmatic inducements to his fellow surgeons, above all emphasizing the operation's putative safety. In introducing a lengthy description of its use in Japan, he stressed the innocuousness of needling: "As the frequency of the operation demonstrates at least its safety, it may yet perhaps be thought by the English Surgeons on some occasions to be worth imitating..."²⁵³ For Coley, and in his opinion for surgeons in general, acupuncture was valuable and attractive as a potential substitute for an orthodox but more dangerous and complicated operation; he explicitly noted that, "being a more simple operation than the paracentesis, it would of course have preference..."²⁵⁴

Perhaps the admirable simplicity with which acupuncture could be practiced influenced his interpretation of its underlying theory; both in his description of acupuncture and in the history he quotes, it is a treatment designed "to reach the seat of the morbific matter and ... [give] it proper vent."²⁵⁵ The idea that acupuncture worked by physically allowing the body to vent its diseased contents, drawn from Ten Rhyne's original interpretation of Japanese and Chinese medical theory, had been modulated by the eighteenth century European commentators. However, these newer interpretations of acupuncture had either not arrived in England, or were unsatisfyingly controversial.²⁵⁶ Coley's decision to restate the most manifest, material understanding of both term and treatment foreshadowed the British profession's response to acupuncture for the next half century. Those

²⁵³ Ibid, p.235
²⁵⁴ Ibid, p.235
²⁵⁵ Ibid, p.235
²⁵⁶ See Edwin Clarke and L.S. Jacyna, _Nineteenth-Century Origins of Neuroscientific Concepts_, [Berkeley: University of California Press, 1987] for more on controversies surrounding "nervous fluid" and electrical explanations. Remember also that this was a time when in Britain excess rationalism in philosophy and science was clearly seen to lead to bloody political madness.
promoters and users who focused on this aspect of acupuncture more or less took the term "acu-puncture" as literally defining and delimiting the applicability and effect of the technique, a stance which led to the development of 'acupuncture' as an alternative to lancing or otherwise physically draining the body of excess fluid or gas, as in oedema. Nevertheless, Coley's article, through the 18th century excerpt he provided, did offer more than the idea that the needle could replace the lancet in this operation. His selection from the *Universal History* included information about the needles to be used and the importance of selecting the correct point and depth for puncture. Moreover, it offered acupuncture as a substitute for painful caustic treatments in "topical" ailments as well:

[T]he benefit which hath accrued from the acupuncture, in that one disease, hath encouraged others to apply it indifferently to other parts of the body, ... and, by a due care and precaution not to prick any nerves, tendons, or other considerable blood vessels, have cured their patients by it, without putting them to the excruciating torture which attends to that of the Moxa, or other caustics.

The explicit attack on moxa in this passage is somewhat puzzling; in 1759, when the *Universal History* was written, moxa had only recently entered the British surgical armamentarium, as Sir William Temple's exhortations slowly filtered through the medical market. Its prominence as a novelty may explain why moxa was named as the representative caustic. Of course, its supporters presented it as less painful than the caustic and cauterity to which it was compared.

Coley's article, printed over two decades before acupuncture's peak of popularity in Britain, appears as an anomaly in the chronology of British acupuncture, garnering recognition for neither its author nor its subject. The

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257 In fact, the *Universal History* excerpt itself offers a perfect example of whence this understanding of acupuncture's function and functionality sprang; as the author describes the application of acupuncture in Japan, he mentions the practice of compressing the site of puncture, "in order to force the morbid vapour or spirit out..." p.237. As Ten Rhynie noted in his discussion of the type of needles in the Dissertation de Arthiritide, the use of puncturing for certain types of fluid retention had been practiced in Europe prior to the introduction of acupuncture as a technique or as a term. Apparently, given the claims of novelty made in the 19th century for this operation as a form of "acupuncture", the needle had been entirely replaced by the lancet at some point in the 18th century.

258 Coley op. cit. p.237-8. The "others" referred to in this quotation are Chinese and Japanese practitioners, not innovative western counterparts.
paper was never cited by Coley's successors despite their frequent recitations of acupuncture's western pedigree. The Medical and Physical Journal, in which Coley published his contribution, was "a high-visibility news-sheet", and one which built its reputation on a "preoccupation with speed and punctuality."259 It was not, however, particularly cheap; in 1802, a year's subscription cost 15s 6d, (approximately £40 in 1992).260 Its editors were also adamant in their objections to quackery, and refused to print material which they categorized as such -- acupuncture clearly did not leave a bad taste even on their sensitive palates. The MPJ encouraged reader participation, and often published readers' responses in the Journal; From the fact that no such material followed Coley's article, it can be fairly assumed that acupuncture triggered no overtly hostile response. How this provincial practitioner came to be interested in acupuncture, and why his article inspired no similar interest in his colleagues is unclear; perhaps his speculative tone was unconvincing. Alternatively, the fact that his query centered on the use of acupuncture for tympany, an acute ailment which did have an established, if cumbersome and dangerous treatment, might have limited his audience both in size and range. Whatever the reason for the invisibility of the 1802 article, the fact remains that there were only scattered references to Chinese or Japanese medicine in the emerging English medical press between 1802 and 1822. Even such mentions as did occur were vague about the treatment they describe. For example, acupuncture may have been the Chinese treatment described in 1815

259 Roy Porter, "The Rise of Medical Journalism in Britain to 1800," in Bynum, Lock and Porter (eds.), Medical Journals and Medical Knowledge: Historical Essays, London: Routledge, 1992, 6-28. p. 18. This collection of essays offers a variety of perspectives, quantitative and qualitative, on medical journalism in late 18th and early 19th century Britain. The MPJ was owned by Richard Phillips, whose sympathies were republican and radical, and who pursued medical reform zealously. In Vol. 33, no. 191 (1815) an "Address" from "the editors" (presumably, written by Samuel Fothergill, listed as editor on the masthead) noted that, "communications with the name of the author will always claim a priority, and that even these will be distinguished as the subject may be of a temporary or transient nature. By attention to the latter, their Journal has now become a register for events which are partly forgotten, by fresh ones which arise, more interesting for their novelty...." p.1.

260 Jean Loudon and Irvine Loudon, "Medicine, politics and the medical periodical, 1800-1850," in Bynum, Lock and Porter (eds.), Medical Journals and Medical Knowledge: Historical Essays, London: Routledge, 1992, 49-69. They credit the MPJ with a "cool analytical approach to medical politics ... head and shoulders above most anti-establishment journals." p.60
as "a species of mesmerism or animal magnetism. as practised by certain sects of illuminati in Germany..."\textsuperscript{261} Certainly this analogy to animal magnetism was made explicit by critics of acupuncture in later years, when both techniques were better known in Britain.

**Chinese Whispers: Lay Accounts of Chinese Medicine, 1810-1840**

"...we cannot but respect the mental labours of the physician, though the absurdity of his doctrines, and the perversion of intellect, are rendered manifest in all his precepts." Murray et al., 1836\textsuperscript{262}

The process by which acupuncture, and Chinese medicine in general came to the attention of the British public, as the Coley article suggests, was a complicated one. It occurred partly through medicine and the medical press, and partly independent of it. Compendia like the *Universal History* were not the only lay sources which played substantial roles; another major source of information in 19th century Britain were the published travelers' tales of China. The Macartney mission, in particular, was recognized by contemporaries as having whetted British appetites for Chinese tales; its primary effect was: "to draw a greater share of the public attention towards China, and to lead gradually to the study of the language, literature, institutions and manners of that vast and singular empire -- a field which had hitherto been occupied almost exclusively by the French."\textsuperscript{263} This increased attention -- and consequent consumer demand -- led to a spate of first hand accounts from British travelers, including the members of a second official Embassy to China. Most of these included some discussion of Chinese science

\textsuperscript{261} "Medical and Philosophical Intelligence. 'State of Medicine in China; by M. Page, of Orleans.'" *The London Medical and Physical Journal* 33, No. 193 (1815): pp. 247-248.

\textsuperscript{262} Hugh Murray, John Crawfur, Peter Gordon, Captain Thomas Lynn; William Wallace, and Gilbert Burnnet, *An Historical and Descriptive Account of China; Its Ancient and Modern History, Language, Literature, Religion, Government, Industry, Manners, and Social State; Intercourse with Europe from the Earliest Ages; Missions and Embassies to the Imperial Court; British and Foreign Commerce; Directions to Navigators; State of Mathematics and Astronomy; Survey of its Geography, Geology, Botany, and Zoology* in 3 vols, Edinburgh: Oliver & Boyd, 1836; Vol. III, pp. 283-4.

\textsuperscript{263} John Francis Davis, *The Chinese: A General Description of the Empire of China and Its Inhabitants*. London: Charles Knight, 1837. p.73. Davis's account was based on a 20 year residence beginning with the 1816 Lord Amherst embassy to Peking, by the end of which he was serving as His Majesty's Chief Superintendent in China.
and in particular Chinese medicine, although many authors seemed to base their "observations" on the reports of Barrow and Staunton, rather than any personal experiences. These newer reports of Chinese medicine were not always very promising, and even the more enthusiastic narrators tended to interpret its cures as purely empirical and fortuitous:

The practice of medicine of the Chinese is entirely empirical ... I had the opportunity of conversing with one of the most respectable native practitioners of Canton, and found him entirely destitute of anatomical knowledge. He was aware of the existence of such viscera as the heart, lungs, liver, spleen, and kidneys, but had no notion of their real situation, and through some strange perversity placed them all on the wrong side of the body. ... Although ignorant of all rational principles of practice, he had arrived through his own experience, or that of others, at some rules of high utility; making a very clear distinction between those local diseases which can be cured by mere topical applications, and those which can only be acted upon through the medium of the constitution. He had some vague notions of a humoral pathology, which he seemed to have perpetually in his mind whilst answering my different questions; talked of ulcers being outlets to noxious matter; and divided both his diseases and remedies into two classes, the hot and cold.\(^{264}\)

Of course, in this passage, Abel, the Chief Medical Officer of the Amherst Mission, told his audience somewhat less than what they might have read in the eighteenth century writings of Kämpfer, Dujardin and the Encyclopédistas -- but he was British, freshly returned, and writing and publishing in English. The texts of this period were available, both linguistically and economically, to a far wider British audience.

As in earlier encounters, many reporters expressed frustration with the inadequacy of the available translations. In this wave of communication, the culturally specific dialects of science in Britain and China received particular (if biased) attention:

The difficulty of our intercourse, arising from the impossibility of finding adequate terms in the Chinese language for medical phrases, prevented my obtaining much accurate information respecting the details of his practice. The only general fact at which I could arrive respecting it, was, that he

\(^{264}\)Clarke Abel, *Narrative of a Journey in the Interior of China, and of a Voyage to and from that Country, in the Years 1816 and 1817; Containing an Account of the Most Interesting Transactions of Lord Amherst's Embassy to the Court of Pekin, and Observations on the Countries which it Visited*. London: Longman, Hurst, Rees, Orme, and Brown. 1818.p.216-7 Abel was a Fellow of the London Society and of the Geological Society, Chief Medical Officer and Naturalist to the Embassy. My emphasis.
depended greatly on purgatives for driving out “the heat of the body,” and for producing a favourable change on local disorders.\textsuperscript{265}

The travellers tended to stress the exotic qualities of medicine, either as they observed it, or as it was described to them. Abel, in fact, drew on earlier authors to supplement his more mundane observations. In quoting from DuHalde, Abel also revealed that although he was aware and curious about moxa, and specifically questioned his informer about it, he knew little or nothing of acupuncture: “To act upon the imagination as well as the body, it is asserted that the part to which the moxa is to be applied is often first pricked with gold pins, and that itinerant practitioners in the north of China, fire it with much ceremony by the assistance of a convex mirror of ice.”\textsuperscript{266} Clearly he had no idea that the “pins” themselves were a therapeutic system, rather than just a bit of persuasive showmanship.

The tone in which Abel described Chinese medicine was often scoffing, matching his overall response to China. As the British presence and trade in China expanded, British attitudes towards the Chinese hardened; responses to Chinese technology, science and medicine in particular were affected, becoming increasingly negative.\textsuperscript{267} Moreover, some members of the British elite had already concluded that China was a known quantity, and that there was little remaining to be discovered about the Chinese. As nothing of intellectual value had yet been exported, there seemed little prospect of such knowledge existing. Henry Ellis, the Third Commissioner of the Amherst Mission, prefaced his published journal of that mission with the comment that, “I much doubt the possibility of collecting any new information respecting China. The more modern works of our countrymen Sir George Staunton and Mr. Barrow ... have satisfied curiosity up to the date of [the Macartney embassy], and as centuries have produced less change in China than a generation in Europe, variety is not now to be expected ...”\textsuperscript{268} Ellis did in fact

\textsuperscript{265} Abel, op.cit. p.216-7
\textsuperscript{266} Abel, op.cit. p.218
\textsuperscript{267} British responses to the Chinese people were not monolithic, but in general observers were far more favorably disposed towards the Chinese population and character than towards the government, the Manchu elite and Chinese technological and scientific productions.
\textsuperscript{268} Henry Ellis, \textit{Journal of the Proceedings of the Late Embassy to China; comprising a correct narrative of the public transactions of the Embassy, of the voyage to and from China, and of the journey from the mouth of the Pei-ho to the return to Canton. Interspersed with observations upon the face of the country, the polity, moral character, and manners of the Chinese Nation,}
make one unique observation relating tangentially to Chinese medicine: "In the Koong-fu, or postures of the Tao-tse ... their supposed influences upon disease may be traced a practice something analogous to animal magnetism." His analogy was a critical one: animal magnetism as a medical practice was being debated in Britain, with its opponents describing it as medical fraud and as a provocation to indecency between medical practitioners and their female patients.

Even the most sympathetic accounts of China -- almost inevitably secondary sources rather than first-hand reports -- were critical of contemporary Chinese medical practice. The comprehensive *Historical and Descriptive Account of China*; was compiled by scholars from the Royal Society and King's College, London. It brought together information drawn from eighteenth- and nineteenth-century European and British accounts of China, and was intended to provide a complete record of China's history, people, culture, interactions with Europe, and intellectual and commercial productions. The authors of the *Historical and Descriptive Account of China* presented a picture of a pragmatic, cheerful and industrious nation, but one utterly uninterested in abstract thought. The poor progress of Chinese medicine was thus the more surprising: "Medicine is so interesting as a science, and, as an art, so extremely useful, that we might have expected a practical people like the Chinese to have distinguished themselves by making great progress in it." Yet despite the "voluminous works" on medicine, the imperial college sponsoring its development and "the early and important discoveries" about the body made in China, Chinese medicine remained inferior:

[Its early discoveries] have been so mixed with fantastic theories and superstitious observances, that they have never been able to found upon them a system, either of sound science or successful practice. The circulation of the blood, unknown to the most learned of the ancients, and considered in Europe as perhaps the most splendid of modern discoveries, has for 2000 years been familiar to Chinese physicians. The glory, however, which they may thereby justly claim, has been greatly obscured by such irrational applications, as to have made it doubtful

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London: John Murray 1817. p.40

269Ellis, op.cit. p.489.


whether they would not have been better without possessing this knowledge. ...272

The Chinese interpretations of their lauded centuries of experience were dismissed unequivocally as unscientific -- "it is difficult to imagine that such conclusions can have been founded on any grounds either of reason or observation" -- and only the desire of contemporary Chinese practitioners to learn from Westerners saved them from a similar fate.273 One remark in particular is relevant to the British response to acupuncture: Murray and his colleagues noted that the Chinese physicians were "misled ... by a theory of the equilibrium of fluids invented under the dynasty of Song; and also by the application to science of the mystical cosmogony of the Yang and the Yin." They considered these ideas, fundamental to Chinese explanations of acupuncture's mode of action, to be expressions of the fact that medicine in China was "completely under the dominion of astrology, superstition, and idolatry." Drawing heavily on Barrow's version of the Macartney mission's encounters with "miserable" Chinese medicine, they concluded that, "there is no nation among whom this important art is in a more inefficient state."274

Despite their active support for medical missions to China, British medical periodicals showed little interest in publishing the accounts of Chinese medicine which the missionaries sent home. While missionaries might be considered authorities on the practice of acupuncture in China or Japan, their observations had no impact on British needling. Indeed, a medical text which incorporated material from Dr. Robert Morrison, a prominent medical missionary in China, was clearly considered by its Lancet reviewer to be an oddity.275 The long quotation from this work's Appendix, extending to four pages, was among the most extensive extracts from missionary reports of Chinese medicine to appear in the Lancet. Early in the passage, Morrison remarked that "I by no means anticipate very important and useful discoveries from the Chinese in this department of human knowledge; for since the genius of Bacon threw open the gate of experimental science, the

272Murray et. al. op.cit., loc.cit.
274Murray et. al. op.cit., Vol. II, pp. 87-88
European mind has outstripped all that ever preceded it." The remainder of the extract named several of the classical texts of Chinese medicine; described the Chinese view of the circulation and of Yin and Yang energies and recited at some length the exotic legendary history of Chinese medicine. Like the travel narratives, the writings of medical missionaries in China placed a strong emphasis on the esoteric; dependence on written texts led an over-exposure of the elite academic medicine rather than on mundane medical practice. It also virtually obliterated contemporary Chinese practice: the use of ice mirrors was considered fabulous (and unnecessary) even by Chinese practitioners by the 19th century, and the ancient history of medical practices bore little relationship to their daily use. Likewise, the focus on the exotic traits of Chinese practice contrasted starkly with the developing style of presentation used to introduce new techniques, including acupuncture, in the medical press.

Acupuncture in the Medical Periodicals, 1810-1822

Commentators describing acupuncture in Asia frequently remarked on the striking fact that it did not involve any blood loss, and was not intended to do so. However, as in the eighteenth century, they had some difficulty in making themselves believed on this point by the medical audience. In 1822, a writer for the London Medical and Physical Journal included a brief comment on the subject of Chinese needling (still not identifying the practice as acupuncture) in his review of several new books on moxabustion:

In the northern provinces of China, we are told that deep punctures are first made in the body, upon which balls of moxa are burnt. These punctures are made with needles, and the skill is to determine their number and depth. We are rather startled by the information that these deep punctures are not to draw blood: but this rests on the authority of the Abbé Grosler, and we fear the prop is but slender.277

The term “acupuncture” was used to describe a therapy for ophthalmic diseases; however, this “new modification of acupuncture” did not accord well

277"Critical Analysis of English and Foreign Literature Relative to the Various Branches of Medical Science. Division II." The London Medical and Physical Journal 48, No. 286 (1822): p.518. The editors at this point were Roderick Macleod and John Bacot, MRCS. It is likely, considering his future involvement with the subject of Chinese medicine, that Macleod wrote this review. Emphasis is original.
with the original. The operation recounted in this 1820 article instead resembled "in nature and results, both dry cupping and the process [of bleeding] by scarification." Here, needling explicitly operated by "the abstraction of blood by insertion of the needle into various parts of the body... hence the title of the process." In naming the new technique "acupuncture", its originators were combining the literal interpretation of acupuncture as any kind of puncture with needles with the conviction that the therapy must involve blood-letting as its active principle.

The article in which this alternative form of acupuncture appeared was a "Retrospective of Foreign Medical Science and Literature for the Year 1819." As such, it was composed of information, usually on one or two selected topics, drawn from a range of foreign journals, summarized and annotated by an unnamed English author. In this case, the format grouped this description of acupuncture as a new sort of phlebotomy with an entirely different story of acupuncture and its uses. This second "acupuncture" corresponded more closely with its Asian antecedent. The report detailed three French cases of the "instantly successful application" of the needle for convulsions and chronic rheumatism. Paradoxically, this summary -- apparently from the same pen as its immediate predecessor -- showed some familiarity with aspects of Chinese practice, despite the contrary appearance created by the author's earlier analogy between acupuncture and phlebotomy. The writer noted that the diseases for which acupuncture was indicated in Chinese practice ranged from coma to apoplexy, dysentery, and various "congestions of the head and abdomen." He was even sufficiently at ease with acupuncture to dissect out information about its mode of action from the French article, remarking that it could be considered to be "neither an evacuant nor revulsive; since it induces no discharge, and the introduction of several needles is not more

278 "Retrospective of Foreign Medical Science and Literature, for the year 1819: I. Succinct Analysis of Foreign Periodical Literature." London Medical Repository 13, No. 73 (January 1, 1820): p. 33-87 (this section was extracted from Bulletins de la Faculte de Medecine de Paris, et de la Societe etablie dans son sein. No. 1 (February 1819). p.38

279 In this case, the tendency to translate Chinese theoretical terms quite physically and literally may have served the meaning of the Chinese text better than it usually did. The phrase "congestions of the head and abdomen" approaches a physical description of the Chinese model of diseases for which acupuncture is useful -- those in which the natural flow of the chi (vital energy) has become blocked, creating pools of misplaced energy -- congestions of chi.
efficacious than one." In this section of the article, the reviewer also reported -- without comment -- certain more extreme aspects of French practice:

In some cases [Haime] has plunged the needle so deeply into the epigastrium as certainly to wound the stomach, without bad consequence. Berlioz ... proposes to perforate the right ventricle of the heart with the needle, in cases of asphyxia, and make it the medium of gastric excitation.  

Nonetheless, the review concluded positively, emphasizing acupuncture's freedom from danger or inconvenience (despite French exuberance in its application) and its relative painlessness.

Considering the inconsistency with which acupuncture was presented even within this one article, it is unsurprising that the British profession was not convinced to adopt the technique. Of these precocious medical sources, one proposed it tentatively as an exotic substitute for the lancet; one linked it to the already suspect French invention, animal magnetism; and the third presented it as a form of phlebotomy and then suddenly noted that it did not act as bleeding was believed to do -- nor in any other known way -- but that it was nonetheless successful and painless. The tone of each article suggested that some low-level awareness of the technique existed within British medical community -- for example, by calling the ophthalmic bleeding operation "a new modification of acupuncture" -- but all treated the term as needing definition and explanation. Acupuncture was still indistinct and largely unknown to the British medical public in 1820; the process had, however, already accumulated multiple interpretations and meanings. This multiplicity brought with it confusion and contradiction rather than flexibility. The term "acupuncture" was stretched to cover the several dissimilar uses of the needle, each of which incorporated different and often flatly contradictory instructions on how and when to apply the needle. Moreover, in Britain, no single theory managed to capture acupuncture, or to explain its range of actions. Under these circumstances, the focus of acupuncture's most prominent advocates on creating a single interpretation of the term and correspondingly one unique set of rules to guide applications of the needle seems quite reasonable. As with certain other medical innovations -- for example, the use of the stethoscope in diagnosis or antisepsis in surgery --

\[^{280}\text{London Medical Repository (January 1, 1820) op. cit. p.52}\]
\[^{281}\text{All quotes from London Medical Repository (January 1, 1820), loc.cit.}\]
acupuncture was unified less by any consensus theory, than by the emergence of a dominant (although not exclusive) mode of practice.\textsuperscript{282}

"for which it is most particularly recommended": James Churchill and the Singular Needle.

In 1822, the first English monograph on acupuncture was published. Written by a young and previously obscure surgeon named James Morss Churchill, \textit{A Treatise on Acupuncture} was unquestionably the most influential British source on acupuncture of the 19th century.\textsuperscript{283} Although Churchill opened \textit{On Acupuncture} with a conventional summary of the western lineage of acupuncture, his treatise rapidly diverged from its acknowledged predecessors. As his title indicated, Churchill focused on the practice of acupuncture, rather than on exotic descriptions of it or theories of its action. He highlighted the investigative and sceptical nature of his inquiry into, and the pragmatic basis of his support for "acupuncture":

Under the impression ... that there exists a desire for speculation and discovery on the one hand, regulated and qualified by a moderate and proper degree of scepticism on the other, I shall presume a medium of the two extremes, and proceed without apology or preface to my subject, trusting that the interesting facts which I have to relate will elicit such attention and investigation as will kindle a desire in some men, at least, to become acquainted with a process, which appears to rival the most successful operations for the relief of human suffering.\textsuperscript{284}

However, Churchill did preface his subject; before he presented any "directions for its practice" or case studies of its success, he made a determined effort to separate the practice of acupuncture, which he wished to incorporate with British practice, from its indigestible foreign associations. The exotic quality of the treatment, its origin in the East, its luxurious implements -- the gold needles and ivory mallets which escaped neither Coley, nor the

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\textsuperscript{282}See Lindsay Granshaw, "'Upon This Principle I Have Based A Practice': The Development and Reception of Antisepsis in Britain, 1890-1914," in John Pickstone (ed) \textit{Medical Innovations in Historical Perspective}, New York: St. Martin's Press, 1992.

\textsuperscript{283}James Morss Churchill, \textit{A Treatise on Acupuncture; Being a Description of a Surgical Operation Originally Peculiar to the Japenese and Chinese, and by them denominated Zin-King, Now Introduced into European Practice, with Directions for its Performance and Cases Illustrating its Success}. London: Simpkin and Marshall, 1822.

\textsuperscript{284}Churchill (1822) op.cit. p.4
anonymous 1820 reviewer -- all were structurally bracketed away from Churchill's argument, appearing only in a quotation describing acupuncture's Asian past. Churchill also distanced himself from the Chinese and Japanese originators of acupuncture, explicitly denying them credibility, and basing claims for acupuncture on the firmer authority of European experience:

I should not have taken the tales which are told of the wonderful cures effected by this operation amongst the original founders of it, as sufficient authority for recommending it, nor would I admit the fables which are promulgated by these people, as evidence of its efficacy, had not this efficacy been witnessed by European spectators on its native soil, and at length experienced in our own hemisphere; and even latterly, in our own country.\textsuperscript{285}

British eyes would, of course, see more clearly than Continental ones, let alone those of its Asian originators. In fact, Churchill repeated this process of devaluation, even as he rhetorically wondered why acupuncture had not yet become common:

It is a little strange, that the surprising efficacy, of which so much has been boasted by its eastern professors, and the safety at least with which acupuncture may be performed, having been so fully demonstrated; ... that it has not met with an earlier encouragement amongst us. It is probable, that the hyperbole in which it has been related, has induced the sober minds of our Northern soil, to treat these relations as the fictions of the Eastern imagination, and to reject them without examination, as fables...\textsuperscript{286}

By this formulation, Churchill located responsibility for the credibility gap with the apparently fabulous nature and exotic origins of acupuncture, and not with the British practitioners who ignored it. Moreover, Churchill pointed to the lack of critical investigation by the early supporters of acupuncture, Ten Rhyne, Kaempfer, Bidloo, and Viq-d'Azyr: "neither of them had undertaken to put its merits to the test, by actual experiment."\textsuperscript{287} The French, by filling this gap with experimental science, legitimated this neglected operation.\textsuperscript{288} Thus he managed to justify previous medical resistance to even the investigative use of needling, while implying that a continuation of such

\textsuperscript{285} Churchill (1822) op.cit. p.5
\textsuperscript{286} Churchill, (1822) op.cit. p.10
\textsuperscript{287} Churchill, (1822) loc.cit.
\textsuperscript{288} Churchill, (1822) loc.cit.
resistance would be hide-bound. And yet, the ultimate validation was still to come:

[I]t remains for the medical profession to ascertain its claims to attention by the test of experience, and having undergone the ordeal of experimental inquiry, it will, I have no doubt, so fully develope [sic] its merit, as to obtain a conspicuous rank in medical estimation, as a valuable curative measure.\footnote{Churchill, (1822) op.cit. p. 11-12}

It is by experience -- by practice -- that acupuncture was to be tested and judged; experiment and theorization would follow naturally.

Churchill's rhetoric was of the most modern; empiricism, in its scientific sense, rang out from his introduction and its invitation to sceptical investigation. Yet this invitation was, after all, in many ways simply a longer and more detailed version of Coley' 1802 query. What made this work so much more provocative and influential? Of course, a monograph would necessarily be more visible than a lone journal article, but Coley's article was not even discussed by the readers of the journal in which it appeared. No letters responded to his query and no follow-up articles were printed. Quite the opposite reaction greeted Churchill's treatise. How was it different? First, the call specifically to experiment was new, as was the separation of acupuncture from its Asian sources and the subsequent bow to France. The most remarkable difference, however, lay in Churchill's attention to teaching the technique and practice of acupuncture, and in his emphasis on case studies (as opposed to testimonials or merely chained citations of authorities) as evidence.

The rhetorical efforts made by Churchill as he introduced acupuncture point out the level of scepticism which he expected to greet his thesis; and his response to the sceptics dwelt upon practice to the entire exclusion of theoretical concerns or appeals. His description of how to use the needles first pointed out acupuncture's virtues as a surgical alternative: "The method of performing the operation is simple and easy, requiring neither practice to give dexterity, nor adroitness that it may be done with propriety."\footnote{Churchill, (1822) op.cit. p.13} Moreover, and this would certainly have been an attractive feature in the competitive medical environment, Churchill observed that the use of this therapy could be limited to surgeons: "Anatomical knowledge of the human body is, however, necessary; as an imprudent application of it, by an operator ignorant of the
structure of the part into which he introduces his needle, might be productive of bad consequences."\textsuperscript{291} At this historical moment, of course, anatomical knowledge was still more or less the specialized fruit of a surgical education, and Churchill's ostensible aside -- "(and no other ought to perform this or any operation.)" -- was actually a strong assertion of surgical priority.\textsuperscript{292}

Even in his use of the familiar quotation from the \textit{Universal History} Churchill concentrated on practice. The extract acted only as a description of the original methods of applying acupuncture.\textsuperscript{293} It was (again) a text used to prod the curious to action, but here it was not offered heuristically, as "worth imitating", much less "to conclude the subject."\textsuperscript{294} Although Asia, as the sole source of information on acupuncture's historical use, was as yet inextricable from discussions of its applicability, Asian methods of acupuncture were no longer offered as normative. Churchill's deployment of the passage implied that the outlandish attractions of acupuncture's history could and should be separated from the serious business of promulgation and popularization. It might grab the attention of a reader, but in itself was unconvincing. In fact, Churchill referred to the quotation minimally; its account of the remarkable cure of Senki he credited only to the extent that it raised the bare possibility that experiments with acupuncture on abdominal and visceral complaints might be informative. Churchill's only other nod to eastern expertise -- and a very unusual one -- related to Indian practice:

The Indians, however, do not confine their practice of Acupuncture (or Zin-King, as they call it) to diseases of this kind. They puncture the head in all cases of Cephalagia, in comatose affections, Ophthalmia, &c. They puncture the chest, back and abdomen, not only to relieve pain of those parts, but as a cure for Dysentery, Anorexia, Hysteria, Cholera Morsus, Iliac Pasion, &c. \textit{Local diseases of the muscular and fibrous structures of the body also afford them occasions for its performance; and it is for diseases of this class only, that I have hitherto practised it, and for which I would expressly recommend it.}\textsuperscript{295}

\textsuperscript{291}Churchill, (1822) loc.cit.
\textsuperscript{292}Churchill, (1822) op.cit. p.13-14.
\textsuperscript{293}See appendix one for a complete transcription of this recurrent passage.
\textsuperscript{294}Remember that Coley's introduction of his piece was "It may yet perhaps be thought by the English Surgeons on some occasions to be worth imitating; and as the method of doing so is both curious and but little known, the following detail of it, from the volume mentioned, is transcribed for more public information, and to conclude the subject..."
\textsuperscript{295}Churchill, (1822) op.cit. p.22-3. My emphasis.
From the Indians, then, came the “correct” model of acupuncture as therapy for rheumatism and gout, but also the discarded practice of using the needle to treat what were in the West essentially medical, rather than surgical problems. Certainly, Indian practice could not be seen as authoritative if it was only half right.

For Churchill, the type of evidence which could convince his colleagues of acupuncture’s efficacy was easily defined:

The success of my own subsequent practice, warrants a recommendation of it in almost any terms I could give it; but I shall content myself in laying before my readers, the opinion and experience of some physicians of eminence, accompanied by a relation of some cases of my own ... on a better foundation than which it cannot at present rest for public examination...  

Clinical success and rigorous (at least by the medical standards of the time) experimental investigation: by his own estimation, these were Churchill’s most powerful tools in the promotion of a new and, inescapably a foreign and exotic surgical therapy. He was anxious to present the strongest possible case, to the point that he emphasized what evidence he has discarded as strongly as what he would eventually use:

Neither sufficient time has elapsed, nor a proper selection of cases been made since this operation has been known to me, to have afforded me, either a large number of experiments, or a great variety of diseases on which to try the effects of it: it is true I have employed it on some few, and I have it in contemplation to encrease the list, by giving my experiments a wider range, but at present I should not be doing justice to my subject, to form conclusions on such imperfect evidence; I shall therefore confine myself, merely to the description of the good effects, which I have witnessed in diseases of a rheumatic character, and in those injuries of the fibrous structures of the body, which are often observed to arise, (particularly in labouring persons) from violent exertion.  

This statement also illustrated Churchill’s strategic limitation of acupuncture’s applicability; he included no cases in which “acupuncture” took its literal meaning, acting merely as a more delicate lancet, despite the early appearance of this usage in the medical literature.

\[\text{\cite{Churchill1822}}\]

\[\text{\cite{Churchill1822}}\text{ op.cit. pp. 23-4. My emphasis. In chapter 4, I will discuss at length what this passage reveals about Churchill’s practice, and the implications of his emphasis on experiment for his patients -- particularly for labouring persons.}\]

\[\text{\cite{Churchill1822}}\text{ In fact, this operation preceded the arrival of the Asian form of}\]
Churchill spent a substantial portion of his energies on framing acupuncture, and especially on describing its European, and particularly its French roots and presence. For example, he raised acupuncture's long, if unacknowledged history in the European medical canon, citing Berlioz' Mémoire sur les Maladies Chroniques, les evacuations sanguines et l'acupuncture. Berlioz noted: "The eulogia given to acupuncture by Koempfer and Ten-rhyne, are just and merited. We have reason to feel surprised, that although an age or more has elapsed, since this curative measure has been known in Europe, no physician has made a trial of its efficacy."\textsuperscript{299} In his citation of Berlioz, Churchill included Berlioz' comments on the safety and simplicity of acupuncture, and its efficacy in nervous disorders, and nervous symptoms. Churchill used the words of another French proponent of acupuncture, Dr. Haime of Tours, to stress again the difference between acupuncture and bleeding and to warn once more against the over-use of acupuncture, citing Chinese and Japanese practice as a bad example.

Churchill also used this quotation to describe French scientific investigations of acupuncture. Haime discussed the role of Berlioz's experiments in interesting him in acupuncture; Churchill used this example to display first the conviction that these experiments produced in one reputable (if French) doctor, then the beneficial results that followed for the patient. Only after this presentation of his French sources and a final admiring description of their detailed experiments on acupuncture's electrical properties, did Churchill present his cases. With strategically understated confidence, he declared: "I doubt not but I shall make it appear that the beneficial effects of the remedy employed, are sufficiently flattering to deserve the esteem I hold it in, and to justify me in bringing the subject into general notice."\textsuperscript{300}

The cases which followed offered a detailed and instructive view of Churchill's technique in using acupuncture. For the purposes of the present discussion it is sufficient to note that the operations he performed could easily have been repeated from the information he disclosed. He did not mention acupuncture in Europe. Ten Rhyne described puncturing in cases of dropsy in his introductory disquisition on needles. However, it seems to have dies out in the intervening years, as 19th century physicians claimed their use of "acupuncture" in dropsy was novel and innovative.

\textsuperscript{299}Churchill, (1822) op.cit. p. 25
\textsuperscript{300}Churchill, (1822) op.cit. p. 45
either acupuncture points or acupuncture channels; instead, he provided very
detailed information on the placement of his needles at the seat of pain. In the
cases of acute muscular afflictions, cramps and spasms which he drew from
his own practice, Churchill portrayed the effects of acupuncture as producing
instantaneous and enduring relief. Churchill also offered a letter from
another surgeon, Edward Jukes. In this letter, Jukes reported his own
successful use of acupuncture on yet a third surgeon, Mr. Scott, whom Jukes
and Churchill credited with introducing the treatment to England. As well as
illustrating the kind of network which linked acupuncture users, this report
included Jukes' fascinating description of the sensations produced by the
acupuncture: "I should have stated that the sensation, described as resembling
somewhat an electrical effect, was experienced from two of the needles only;
the first and the last of those which were introduced."\textsuperscript{301} Despite making this
explicit link to electricity -- among the most popular explanatory systems in
the medicine of the day -- Jukes refused to speculate on acupuncture's mode of
action. In this respect, his letter exemplified what would become a trend
among British users of acupuncture, although unlike many of his colleagues,
Jukes was frank about the reasons for his refusal:

I send you the history of this case without any comment upon the
mysterious nature of this extraordinary operation; yet I am convinced
there is something more in it than has been hitherto explained. I have, it
is true, some notions (not however fixed) as to its nature; but I would not
at present venture to detail them, lest the embers of animal magnetism
might be rekindled in the discussion, and the operation from being
associated with an exploded theory, sink into an undeserved and
premature oblivion, from preconceived prejudice.\textsuperscript{302}

Churchill, too, explicitly resisted forming a hypothesis on the question of how
acupuncture produced its cures, closing with words similar to Jukes', if less
frank: "I have not attempted an hypothesis of the operation. I have by no
means made up my mind as to the nature of its action, and rather than venture
into speculative reasoning, which would be received as doubtful by some, and
visionary by others, I prefer preserving a profound silence."\textsuperscript{303} He noted that
some of his readers would doubtless be surprised at his reticence.

\textsuperscript{301}Churchill, (1822) op.cit. p. 71 In fact, this is the same sensation described by
modern acupuncturists as following the correct stimulation an acupuncture
point.
\textsuperscript{302}Churchill, (1822) op.cit. pp. 71-2 My emphasis.
\textsuperscript{303}Churchill, (1822) op.cit. p.85
Interpretive Responses to *A Treatise On Acupuncture*

Churchill's *Treatise*, the first full-length presentation of acupuncture to the British profession, already contained the seeds of two of the major complexities surrounding the practice of acupuncture in Britain. First, acupuncture proved frustratingly intractable to orthodox medical theory and was already being perceived and presented as such. Churchill's extended title gave away his strategy for dealing with this intractibility, and offered some part of an excuse for it: "*Being a Description of a Surgical Operation Originally Peculiar to the Japanese and Chinese, and by them denominated Zin-King, Now Introduced into European Practice, with Directions for its Performance and Cases Illustrating its Success.*" Acupuncture was defined by its exotic origins, but also by its practice in Europe; as a surgical operation, it could legitimately be explained and taught empirically, given the cases available to illustrate its success. Finch's hints about animal magnetism indicate an additional reason for Churchill's silence on the subject; it would have been difficult to promulgate a theory tarred with the combined brushes of quackery and revolutionary radicalism.\(^{304}\) Churchill instead structured his attempt to popularize the technique around creating a standard style of acupuncture practice. His "directions for its performance" were authorized by the cases in which that particular mode of practice had succeeded, while alternative modes of use were criticized (or linked more strongly to the dangerous foreign origins of the treatment).

This emphasis on technique brings up a second major set of issues surrounding acupuncture. It raises questions about what makes a medical therapy (or for that matter any other form of intimate knowledge) satisfying, assimilable, believable -- and repeatable. The maps of acupuncture channels and points, and indeed any information about that aspect of needling disappeared as acupuncture crossed the Channel. The mapped body of Asian acupuncture had played no visible role in the French experimental exploration of the therapy, and these were the spark for British interest in the early nineteenth century. Yet without those maps, and the conjunction of theory and experience which they represented, how was the technique of

\(^{304}\)See Darnton, op.cit.
acupuncture to be systematized and transmitted in an effective form? How important is theory in creating acceptance and naturalizing innovation, whether foreign or domestic? Conversely, how satisfying and convincing is even a successful practice in the absence of theory?

To the extent that it was ever a mainstream technique, acupuncture was popular because it was a successful therapy. Obviously, a therapy flourishes not merely because of its clinical efficacy, but also because it meets more broadly pragmatic criteria. It must be simple, easily taught and learned, and, especially in the pre-anaesthesia days of the early 19th century, as painless as possible. It must also be intellectually satisfying; ideally, both practitioners and patients must benefit from and believe in the treatment, however they interpret it. Acupuncture, as a foreign technique, had to become assimilated, to appear less absurd to the eyes of its audience. The therapeutic use of the needle had to be made intelligible in some way. Thus, Churchill presented it as readily learned and practiced, as effective in intractable cases, and as exclusively surgical. He tried to create an intelligible acupuncture by defining it as a specific, available practice, thriving, if unfortunately little known. Subsequent to the publication of *On Acupuncture*, a string of case studies were published reporting acupuncture cures, often in cases where it was a "last resort." In following acupuncture from this initial, promising series of successes to its eventual slump into clinical mediocrity, it will be essential to examine the consistency and results of its technical practice as well as its fit with native medical productions and understandings.

In choosing to discuss only the practice of the technique, Churchill chose not to interpret it within any established system of medical theory. This decision, seconded by Jukes, not to speculate, not to offer any explanation of acupuncture's empirical successes raises questions about the nature of their response to the technique, and about their accuracy in judging the tastes and susceptibilities of their audience. To a significant degree, Churchill must be considered a good judge of his peers; Churchill's *On Acupuncture* provoked a strong response in the British medical press, and sparked interest in the treatment across a wide spectrum of the medical public. It was reviewed and cited, sometimes with other texts on acupuncture, in the medical press, and

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305 The question of the extent and depth of acupuncture's diffusion and popularity in Britain will be discussed at length in the next chapter.
these reviews were accompanied by a spate of case studies. Like the book, this reaction was punctuated by passing references to the exotic and the novel; however, the response to Churchill’s book was concerned with theory as well as practice -- although the two concerns were rarely addressed simultaneously. Similarly, the tone of commentators on the book makes it clear that Churchill's text was well targeted. His decisions neither to dwell on its exotic origins and reportedly miraculous powers, nor to speculate on how acupuncture produced cures were described as “judicious and unassuming.”

The tone of moderation, scepticism, and scientific empiricism set by Churchill's opening words -- “There exists a desire for speculation and discovery on the one hand, regulated and qualified by a moderate and proper degree of scepticism on the other” -- echoes through the commentaries.

The wave of interest following upon Churchill's publication, however, can only partially be attributed to the persuasiveness or content of his monograph. That the level of interest in the technique had been increasing (albeit from a very low starting point, and in reaction to the European response) was indicated by the two 1820 notes on the subject. In the contemporary literature, there were also references to earlier acupuncture practitioners, notably in Dumfriesshire, Scotland. More generally, French clinical and scientific practices were gaining adherents in the British profession, making Churchill’s use of French sources and investigations far more effective than it would have been in 1810 or 1820. Nonetheless, *On Acupuncture* seems to have provided the spark. Acupuncture, if not yet mainstream, at least seemed poised to become a part of the medical discourse; mentions of it appeared in the medical press, in some general periodicals, in

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306 Intriguingly, the American response to Churchill's book, published in the US half a decade later was substantially more hostile, and described the tone as at best, “the tone of youth” and at worst as arrogant and boastful. See Rosenberg thesis.

medical encyclopedia and textbooks, and in the published case reports of several London hospitals.

The medical periodicals presented three basic types of articles about acupuncture. Of these, case studies were by far the most frequent, and can be divided into the categories of foreign and domestic reports. The journals also published the results of experiments investigating the physiological properties and effects of acupuncture, and broader articles essentially reviewing and examining the existing literature on acupuncture, usually with an aim to critique and clarify the therapy and its place in British practice. Obviously, these latter are the richest source of information about the tenor of acupuncture's reception, and offer the clearest picture of the processes by which acupuncture was judged, assimilated or rejected by its proponents' intended audience, the diverse medical communities of Britain.308

"Any means, however ridiculous, which tends to alleviate human misery...": Analyzing Acupuncture, 1822-1830.

In March 1822, less than six months after its publication, the Treatise on Acupuncture was the subject of an analytical review in the London Medical Repository. The article began by citing the earliest European source of information about acupuncture, noting that these sources recommended its use in gout and rheumatism as early as the seventeenth century. This feature was shared by the majority of the reviews, as well as by entries on acupuncture in medical and surgical compendia. In this article, the long delay between these early publications and the eventual introduction of the technique into practice was presented without explanation. Typically, this rhetorical problem was addressed either by interpretive silence or with an extenuating response along the lines of Churchill's critique of hyperbole. In this case, the reviewer moved immediately from the romance of its employment "in countries situated far beyond the Ganges" to a generally positive, although not wholeheartedly encouraging assessment of acupuncture's introduction and use:

308 Of course, using these articles in such a way does require some care. They are generally anonymous, presumably produced by the editors of the journals in question, but not necessarily so.
We consider the present attempt of Mr. Churchill to introduce acupuncture into British practice deserving of our notice, both from the judicious and unassuming manner in which the endeavor is made, and because we really do think that such an operation may be serviceable in the affections against which it has been employed in Eastern practice.309

The author noted that “The relief afforded by the operation was both immediate and permanent.”310 But the heart of his reaction to acupuncture had as much to do with the on-going redefinition of medicine as with the technique itself: “We can see no reason for condemning any particular method of cure until it has actually been tried, and found ineffectual. The cases which the author has given, are very interesting.”311 Bluntly, this reviewer was promoting the idea of experiment and case studies as authoritative, and as the appropriate way to judge the value of a medical or surgical technique.

Although the review was framed as an analysis, it also contained detailed instructions on how to perform acupuncture, including details on how the instruments were improved, and were not merely sewing needles. Its author already assumed his audience to share some familiarity with the growing literature on the subject of acupuncture, and again noted the painlessness of the procedure:

The instrument that Mr. Churchill employs, is the one improved by Mr. Jukes, and which appears to be the best adapted of any for the purpose. The method to be employed is the following: - - “The handle of the needle being held between the thumb and fore-finger, and its point brought into contact with the skin covering the part affected, it is pressed gently, whilst a rotatory motion is given it by the finger and thumb, which gradually insinuates it into the part; and by continuing this rolling the needle penetrates to any depth with facility and ease. The operator should now and then stop to ask if the patient is relieved; and the needle should always be allowed to remain five or six minutes before it is withdrawn” This mode of introducing the instrument neither produces haemorrhage nor pain; for the fibres are rather separated than divided by the passing of the needle. The introduction of more than one is seldom requisite.312

310 ibid. p.236
311 ibid. p.236
312 ibid. p.237
One part of these instructions explicitly involved consulting the patient about his or her unique response to needling (and in a way that anticipated almost immediate relief). The transition to a entirely external reading of the sick body was not complete but it had begun, and acupuncture as it was being performed in the West relied on patient self-reporting.  

This review, the first available, incorporated Churchill’s emphasis on practice over theory, noting without comment Churchill’s decision not to offer a theory respecting the rationale of the remedy. The author did offer his own interpretation -- one which attempted to integrate acupuncture’s effects into western scientific physiology.

There appears to be but one way in which it can act: and which may be explained conformably to the theories of those very learned and ingenious physiologists, K. Sprengel, and G. Prochaska, which refers those diseases to certain states of the galvanic influence, present in the nervous and muscular fibres, different from that necessary to the healthy function of the part.

Although he did not recite the scientific pedigree of acupuncture, it seems clear that acupuncture’s experimental frame and Churchill’s tone of rational scepticism positively influenced the reviewer’s analysis. Acupuncture, as a completely new and extrinsic technique could be explored and evaluated by the new criteria of experimental empiricism, in a way that surgery’s established techniques could not be.

Responses to Churchill’s book, and to acupuncture as a therapy continued to appear throughout the decade. In November of 1823, the Lancet’s first volume reports on acupuncture. The article repeated the 1802 pattern of a brief contemporary account encouraging experimentation, followed by a lengthy and detailed quotation from a historical source. However, in this case, the author returned to the early medical sources, using the 1683 account of

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313 In traditional Chinese acupuncture, patient sensations do play a small role in finding the precise location of acu-points, but without the assistance of a map of the channels and a sense of the relationship between different points, only the patient’s unique electrical sensation would identify an active point. Jukes’ letter and this review are unusual in reporting this sensation -- perhaps Jukes was simply lucky in his insertion, but he was certainly a close observer.
314 ibid. p.237
Ten Rhyne's text rather than merely recycling the by-now standard description from the *Universal History*.

_Acupuncture._ Much has lately been said of the efficacy of this remedy in various affections; and well-marked cases in which it has been decidedly beneficial, have been published to the world. In rheumatism, trismus, anascara, it has been tried and with success. The facility with which it may be used, leads us to hope that this remedy may meet with a trial from many intelligent practitioners, who may give to the profession a fair and important result of their observations. Acupuncture is a remedy of very ancient date. In the Philosophical Transactions for 1683, is a notice of a book written by Dr. Ryne, in which an account is given of ... the various means that the Japanese made use of at that time in the treatment of their complaints, among which is Acupuncture.315

The author's diligence in seeking out this source could be ascribed either to a greater interest in, or a greater access to the early material; alternatively, this could be interpreted as an attempt to strengthen the credibility of acupuncture (and to dispell its lingering alien aura) by establishing it in the European medical tradition. The article continued with a lengthy quotation from the *Transactions* account of Ten Rhyne, describing the acupuncture needles and the tools with which they were used in great detail. It also noted the existence of normative acupuncture points, although without detailing their locations or how they were believed to function: "The chirurgeons keep by them images, wherein all the places in the body proper for the needle, are designed by marks."316 Thus, although the format for this article paralleled that of Coley's 1802 essay, the emphasis was different; the introduction could cite well-marked cases and the quotation, though ancient and in language already archaic, was from a medial source and one far more directly related to the original accounts of the practice. Significantly, the author of this account was careful to close on a note appropriate to the empiricism of the new clinical medicine: _"The author himself was an eye witness of the use of this puncture on a souldier [sic], who, being afflicted with violent disorders of the stomach, and frequent vomitings at sea, suddenly relieved himself by pricking a thumb's-breadth deep into four different places about the region of his pilorus."_317

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316 Ibid. p.201. Of course, a contemporary reader would probably have interpreted this statement in terms of the familiar anatomical models of the day, rather than a surface map of specific points.
317 Ibid. p.201. My emphasis.
The questions of what precisely acupuncture was -- what operations with needles could be subsumed under the term of acupuncture and what ailments it could treat -- and of how acupuncture produced its healing effects were much discussed. The preliminary articles discussing acupuncture were essentially optimistic -- perhaps because the sceptics initially expected acupuncture to sink beneath the weight of its own exotic mystery. However, few of these British analysts were willing to take as firm a stand about acupuncture's mode of action as the prompt reviewer cited above. Far more typical were readings which either ignored the issue or which came to no conclusion about how acupuncture produced its therapeutic effects. An article in the former category, published by The Medical and Physical Journal uniquely illustrated the frankly social construction of medical credibility as it took place in the case of acupuncture. Its author referred to a set of Churchill case studies which had been recently published and to Churchill's anticipated second monograph on acupuncture, "a body of evidence which shall dissipate the most obstinate scepticism." He noted, however, that the Medical and Physical Journal did not share that residual scepticism: "For our own parts, we are not at all sceptical on this subject: we are fully sensible that the operation has been followed by immediate and permanent relief in many instances, particularly in that of a nobleman of high rank in the county of Sussex, and who has contributed very largely to extend its reputation, and to enlarge the sphere of its practice" 318 The social status of the client in this case was shared by the technique he promoted. But the profession was bent on greater freedom from its patrons than this statement suggests. The author concluded with an attempt both to support acupuncture against occasional failures and to bolster professional authority as based on reasoned observation:

[B]ut we are also aware of its having been employed in vain in fully as many cases ... We do not at all intend to depreciate the utility of this simple and easy remedy by this statement, but ... to put our brethren in possession of the per-contras side of the account, -- lest, if they should meet with a disappointment upon their first occasion of their applying the needles, they may hastily and rashly abandon the practice, as supposing it to be founded in delusion. 319

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319ibid., p.57
The fragility of acupuncture, arising from its definition solely in terms of its practice and its exclusive dependence on success for support, made it especially vulnerable to rejection if it failed of its curative effect. No theory existed to validate its cures, or to explain its failures, and proponents of acupuncture were clearly swift to realize this weakness in Churchill's strategy.

From 1826 on, the *Lancet* entered the fray on the side of acupuncture. In their scathing criticisms of acupuncture's detractors, the *Lancet* articles illustrate how acupuncture was seen by its doubters, as well as how their arguments were countered by the more strident supporters of the new therapy. One particularly revealing article described the conservative reaction of the Edinburgh medical establishment:

Acupuncture has been recently performed in the wards of the Royal Infirmary for the first time during the last session. The subject of the experiment was a man affected with a severe form of sciatica, which had resisted... a variety of applications. The needle was inserted three times, and during, and for some time after each introduction, he was, or fancied himself, considerably relieved. The pain however returning... the idea of prosecuting the practice further was of course abandoned. It seems indeed to have been received with indifference by the profession of Edinburgh, many of whom identify it with one of those bubbles which the effervescence of French invention casts upon the stream of public opinion, where floating awhile on the surface, admired by the crowd, it at length bursts, and "vanishes into thin air." Dr. Graham [a Professor at Edinburgh] ... even ventured a jest on this singular addition to modern practice, by assimilating its application to the conversion of "the seat of honour" into a pincushion. No doubt the resemblance between the parts and the operation was sufficiently strong to warrant the professor's jocular simile; but any means, however ridiculous in its nature or use, which tends to alleviate human misery deserves a more impartial trial than dismissal into a joke; and it is probable that acupuncture, though sometimes uncertain in its results, is of parallel importance and utility with the multitude of medical agents, which are enumerated in every system of surgery and of medicine ... there is besides, something involved in this remedy, beyond the mere value of its efficacy in the treatment of disease or the question of its total inefficiency which many assert. The relief in those instances in which it happens is so obvious and instantaneous that curiosity is intensely excited to discover the a manner in which such sensible effects are produced. The attempts to explain this mystery ... have been extremely numerous and various. Of these, irritation, electricity, oxidation of the needles, and the mental emotions produced by their application appeared the most feasible explanations of that difficulty; but they have each in turn yielded to the opposition of contradictory facts.\textsuperscript{320}

\textsuperscript{320}Scotus, "Sciatica treated by Acupuncture, with Dr. Alison's opinion on the
The author, pseudonymously named Scotus, then described the evidence offered against each of these theories. He concluded with a discussion of the evidence against “mental impressions” as the explanation of acupuncture's effects, but with apparently little hope of convincing his audience: “Notwithstanding the insurmountable objection [raised previously], and the obvious disparity between the power of a mental impression ... and the extraordinary results of this operation, this view of the subject is beginning to become fashionable amongst the profession.”  

Scotus argued that the rarity of cures produced by mental impressions, considering how often they might be expected “completely destroys all analogy between them and the almost invariable effects produced by acupuncture.”  

He also noted that one objector to acupuncture dismissed the French clinical success of acupuncture as due to “the greater susceptibility of the people of that country to intense feeling, and despairs of the ever producing much good in the phlegmatic and philosophical inhabitants of the North.”  

Even French authorities were suspect in the North, despite the strong ties between the medical communities of Edinburgh and Paris. This article and others like it suggest that opponents of acupuncture were apparently no longer passively waiting for it to fade away, while at least some of its supporters were using it as a way of demonstrating the failings of the elites. But outside these explicitly opposed factions, acupuncture's period as an apparently growing and thriving transplant was coming to a close, at least among those physicians and surgeons who were interested in medical theory.

As acupuncture's initial prominence in the medical press decreased, frustration with its enigmas surfaced. _The Edinburgh Medical and Surgical Journal_ finally joined the discussion with a lengthy and detailed review of recent monographs on acupuncture. All the texts reviewed were foreign; nonetheless, the author of the review article clearly considered acupuncture as sufficiently established in Britain that the journal's previous reticence on the subject required explanation. His tone was remarkably similar to that of Churchill's remarks about the Chinese “fables” about acupuncture's properties: “The first accounts of the virtues of the new remedy were so

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mode of its Operation,” Lancet XII, No. 194 (May 19, 1827): pp190-191. p.190

321ibid., loc.cit.
322ibid., p.191.
323ibid., loc.cit.
marvelous, and therefore seemed to savour so much of quackery, that, coming as they did, from persons not of the highest authority, we could not but follow the general example, and decline giving implicit credit for their assumptions."

However, he explained, the journal could finally discuss the topic legitimately:

...these assertions have been re-echoed from almost every quarter of Europe; observations have been made... at many continental schools of eminence; the several accounts given by unconnected writers agree remarkably in every essential particular; the alleged facts have been put to the test of a full and minute train of experience by one of the most scientific of the Parisian physicians, in a great public hospital, and under the eyes of its pupils...

Nonetheless, this author presented himself as still doubtful. He agreed that acupuncture's successes could not result from outright fraud on part of its supporters, but he was disgruntled by the mystery of its action:

[T]he utmost ingenuity of its favourers has been unable to discover, in a long course of minute inquiries, any rational way of accounting for its effects; and what is perhaps of more consequence, they have been unable to detect any physiological change or phenomenon co-ordinate with its operation. There is in short a total want of every sort of evidence in its favour as a remedy, except that most treacherous kind, the evidence of succession.

Under these circumstances, he argued that "a philosophical mind" must discard the technique as a placebo -- especially because of the sorts of diseases in which it succeeded. Logically, reasonably, the medical community must "sentence acupuncture to banishment from regular practice, as being nothing else than a variety of animal magnetism." But then he turned back to the evidence presented over almost a decade, showing acupuncture as a "powerful remedy" for neuralgia, rheumatism, muscular spasms and as also effective in gout, palsy, ophthalm, pleurisy and erysipelas. Unlike Scotus, he called for more information on effects of acupuncture on the mind, saying that none of authors systematically study the mental states of their patients:

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325 ibid., p.191.
326 ibid., p.191-2
327 ibid., p.192
...a little precise information on the relative success of treatment under these and other analogous circumstances, might go far to determine what truth there is in the conjecture, to which one is naturally apt to be led, and which (strange as it may seem,) has hardly been started, and not at all investigated in any of these treatises before us, -- that acupuncture belongs to the class of remedies which acts through the medium of emotions of the mind. p.197

It is intriguing that by this point, acupuncture's Asian origin, although mentioned in the context of the standard pedigree, was less important than its French restructuring. This author clearly had more information about how acupuncture functioned in Asia, and about how it was taught than his predecessors at the beginning of the decade (he noted that there were traditionally 337 spots, that diseases are treated by puncture of specific ones among these, and described the examination process of acupuncturists in China). Nonetheless, it was the materialist understanding of Asian theory in its most simplistic form which was discussed in the article: "The Japanese ... entertain the notion, that all diseases spring from the presence and accumulation of certain airs in different parts of the body; a very convenient theory in regard to the operation of acupuncture, the needles being supposed to act simply by letting these airs out." The author immediately dismissed this straw-man, and concentrated instead on the theories of mental impressions, electricity, and irritation.

The reviewer focused on France, where acupuncture "does not appear to have ever received much notice from practitioners till within the last twelve years. The merit of having brought it under their serious attention in recent times must be divided, as often happens with neglected discoveries, among several individuals." The individuals he named were all French, and all experimentalists; he too cited Berlioz's 1811 Memoire to the Parisian Society of Medicine, and the Society's subsequent dismissal of Berlioz as "a rash experimentalist." He credited Cloquet with the first adequate experiments, by merit of his situation at the great public hospital, St. Louis: "it is to M. Cloquet alone that the credit is due of having first instituted a series of experiments of

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328 Art. XIV. [Review of recent work on Acupuncture, continued.]."The Edinburgh Medical and Surgical Journal 27, No. 91 (1827): p.334-349. p.334
sufficient extent to permit the practitioner to make up his mind regarding the real merits of the practice.\textsuperscript{330}

Yet although the clinical studies proved the efficacy of the needles, the attempts to clarify acupuncture's mode of action through science and experiment were not altogether successful. The major results of this experimentation, as this reviewer presents them, were negative:

[It is found, that the rapidity or perfection of the cure bears no reference either to the extent or time of appearance of the red aureole, or to the sensation felt at the moment of the introduction of the needles or soon afterwards, or to the occurrence or degree of oxidation, or to the transmission of electrical current. ... on the whole, they tend to show, either that it operates through the mind, or that it acts by withdrawing a morbid accumulation, or rectifying an aberration of the nervous fluid.]\textsuperscript{331}

In other words, they eliminated few theories and confirmed none, while failing even to answer empirical questions about practice such as how long to leave the needle in. More importantly, the experiments indicated no method by which to determine whether or not the needle was having an effect without depending on the patient's response.

This review assessed the developments of the three major theories, noting how they each failed, and how each nonetheless offered some assistance to understanding and rationalizing acupuncture's curious effects. For example, in the case of the electrical explanations, the author noted,

[Although the electric theory cannot stand the test of examination in the shape in which it was thus originally conceived, it must be admitted to be very difficult to account for the effects of acupuncture without having recourse either to the properties of the electric fluid, or to those properties of the nervous fluid, by which it is associated with electricity.]\textsuperscript{332}

The reviewer described himself as forced to accept, for lack of a better explanation, a theory based on new ideas of the relationship between electricity and nervous action:

It is by uniting these currents [i.e. nervous currents going in many directions] more directly than the nervous organization admits of, or by diffusing and moderating local currents of preternatural force or quickness, that ...the acupuncture needles operate. ... various nervous-electric currents must really pass through the parts into which the

\textsuperscript{330}ibid. p.193
\textsuperscript{331}ibid., p.199-200
\textsuperscript{332}"Art. XIV. [Review of recent work on Acupuncture, continued.]." The Edinburgh Medical and Surgical Journal 27, No. 91 (1827): p.334-349. p.335
needles are inserted, and then needles, as being good conductors unite them together. For ... the annular oxidation so universally remarked on the needles can arise from nothing else than the union of so many opposite currents...333

In fact, this theory called on the latest evidence on the behavior of both the nerves and electricity in predicting that the needle acted as a switch or preferential channel for the body's equivalent of the galvanic fluid.

But, perhaps because of the uncomfortable novelty and experimental intractability of his hypothesis, the author returned to the tempting theory of the mental action of the needles: "It is certainly very natural to expect that the operation of acupuncture should be attended with peculiar impressions on the mind. ...and there is certainly enough of formality and apparent mysticism ... to inspire the patient with a portion of that confidence, which forms the cause and sine qua non of success in the case of animal magnetism..."334 Churchill's attempt to standardize the practice of acupuncture, while maintaining its wide therapeutic appeal was seen by this contemporary as dangerously close to the unexplained rituals of mesmerism. The writer was candid enough to admit that he was, simply, reluctant to accept acupuncture however it was supported:

...such is the unwillingness of most people to admit the remedial virtues of acupuncture at all, and such, it may be added, is our own hesitation to admit them to the extent which the argument now used implies, that, -- without any special reason, without any other reason, in short, than the known uncertainty of medical facts when unconfirmed by repeated experience, -- it is exceedingly difficult to grant the premise, on account of the magnitude and singularity of the conclusions.335

This residual unwillingness seems to have derived from acupuncture's intractability to theory. No satisfying explanation of its success could be found, and those successes were therefore suspect. Nonetheless, the author concluded that "the permanency of the cure ... is apparently irreconcilable not only with the effects of confidence in an imaginary remedy, but likewise with the therapeutic effects of all mental impressions whatsoever."336 Empirical results still had some authority, and cures, whether explicable or mysterious, were

333 ibid., p.337
334 ibid., p.337
335 ibid., p.337
336 ibid., p.338
still valued by both practitioner and patients. Moreover, he considered that Cloquet, his major source, to be reliably sceptical despite his French birth.

It is necessary to add, that the chief facts are taken from the experience of the most recent investigator, M. Cloquet, who ... commenced his experiments with prejudices by no means favourable to the treatment, and who still ... looks upon it with a degree of distrust, such as a philosophic mind cannot easily lose sight of, on comparing its simplicity, efficacy, and celerity, with the complexity, uncertainty, and tediousness of the former methods of cure.337

Even those traits so valued by Churchill -- simplicity, efficacy and celerity -- could become reasons to distrust cures produced by the needle. Simplicity and safety, while admirable, were not seen as transparent evidence of greater merit, or as grounds to discard theories that could be explained within the western medical tradition. With more resignation than delight, the reviewer concluded:

it is impossible to deny a great part of the facts which have been mentioned, without refusing credit to human testimony altogether. In the foregoing abstract, an attempt has been made to appreciate the truth and value of the works analysed, by the evidence which they themselves afford; and personal experience has seldom been referred to, because although we have had some experience in the matter, it has not been extensive enough to entitle us to try by it the elaborate and multiplied researches of our authors. It is not unreasonable to insist, that those who are inclined to sneer at acupuncture, of whom there are not a few, will submit to be guided by the same principle.338

The reviewer was hardly ardent; rather he presented himself as inescapably forced to credit the incredible, at least to the extent of putting it forward for yet more trials.

The depth and extent of this analytical review make it clear that even after a decade of study, use and diffusion, no available theory could easily engorge the complete range of restorative phenomena presented by acupuncture. Earlier in the decade, the journals had still hoped for some kind of scientific clarification of acupuncture's mode of action, and one genre of writing on the treatment had been devoted to reporting European experimentation on acupuncture's physiology. In 1825, several journals published accounts of French experiments on the "electro-magnetic" or

337Ibid., p.339
338Ibid., p.349
“galvanic” phenomena related to acupuncture. They did not achieve consensus about the results, or even about the appropriate experiments to perform. These assays are described in some detail, and employ surprisingly sophisticated methodologies. All were dedicated to discovering whether “the electrical fluid” was the cause of acupuncture’s healing properties. Certainly, each of the French experimentalists had discovered that inserting needles into living bodies would produce electrical effects measurable by their equipments. However, the relationship of those effects to the effect of acupuncture on the sick body was made no clearer. The Medical and Physical Journal provided a vivid example of this confusion. Its report stated clearly that experimentation had proved, “that perceptible quantities of this [galvanic] fluid are always disengaged by a needle plunged into a part of the human body affected with pain. The quantity is extremely small; ... Nevertheless, its effects may be rendered sensible...”  

M. Pelletan thinks these galvanic phenomena unconnected with the curative effects of the operation; which opinion is founded upon the circumstance of the relief being in no case in proportion to the quantity of the fluid disengaged; and that very marked effects result from the acupuntation, even with a needle terminated by a non-conductor. ... he infers that, in the cases alluded to, the effects were the result of the oxidation of the metal.  

Nonetheless, both the experimenter and his English interpreter insisted upon the “incontestable success follow[ing] the use of the acupuntation, particularly in rheumatic affections.” A second article, without describing the experiments in any detail, concurred with the conclusion that galvanism cannot explain acupuncture: “Its efficacy does not appear to depend in any degree on the galvanic action.” However, a third article, “On the electro-magnetic phenomena observed in acupuncture,” came to the opposite determination, concluding that users of acupunture must be careful that “the

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340 ibid., p.434. My emphasis.
341 ibid., p.434. These results were taken from Bulletin des Sciences Medicales, Mars. 1825.
needle used in acupuncture should not be made of gold, silver, or platina, for neither of these metals are capable of being acted on while they remain in the body.\textsuperscript{343} This series of conclusive but contradictory results would certainly not have inspired potential users of the technique, much less pleased those of its promoters who were attempting to explain and theorize it persuasively in the context of the new medical science.

However, not all of acupuncture's supporters committed themselves to discovering the therapeutic mechanisms behind acupuncture's successes. In the numerous case studies, whether extracted from foreign journals or published as original communications, the opposite trend was visible. Few of these users were even interested in commenting on the debate over acupuncture's mode of action, much less in offering an opinion on the subject.\textsuperscript{344} Instead, they offered the details of each application, discussions of the needles or other apparatus used in their versions of the acupuncture operation, and strictures on which ailments are appropriately treated with the needles. They also modified the technique. Their authors often showed great enthusiasm for acupuncture. In 1823, Frederic Finch, a surgeon in Greenwich, declared:

Having in the course of the last month, resorted to acupuncturation, with manifest advantage, in a case of fixed pain in the lumbar region, I am therefore persuaded that it is a means of relief which deserves to be extensively known and generally adopted ... The Profession must feel much indebted to Mr. Churchill for bringing this ingenious and valuable practice into notice.\textsuperscript{345}

Finch then described as his own innovation the use of needle-pricks to provide outlets of oedematous fluid without scarring, calling this too "acupuncturation." The advent of acupuncture and its new use for needles seems to have triggered a reconsideration of the tool in surgical practice. Later that year, Finch published a second case in which he had tried


\footnotesize{\textsuperscript{344}Just as fingernail sketch, of 39 articles published in medical journals between 1802 and 1831, including foreign and domestic case studies, only 8 discuss its mode of action in any detail. Less than five additional cases discuss the MD to the extent of dismissing one or another explanation of it.}

\footnotesize{\textsuperscript{345}Frederic Finch, "Case of Anascara in which Acupuncture was successfully employed, and the Fluid discharged by it." \textit{London Medical Repository} 19, No. 111(March 1, 1823): p.205-6.}
acupuncture for tetanus. Here, his inclination to experiment received encouragement from experience and analogy, not theory: “the frequent opportunities I have had of witnessing the manifest benefit it has afforded in rheumatic patients, by producing almost instantaneous relief, particularly in those cases where there was a rigidity of the muscles” had led him to believe that acupuncture might alleviate the stiffness of tetanus.\textsuperscript{346} Enthused by this hypothesis, Finch “determined to avail myself of the first opportunity to make a trial of it in that disease.”\textsuperscript{347}

Another surgeon followed a similar path to the use of acupuncture, and became a similarly ardent supporter: “Having witnessed the instantaneous, and I may add, astonishing effect of Acupuncture as a remedial means in the first case that came under my notice, I resolved to give the operation a fair trial in every instance wherein its use should be indicated.”\textsuperscript{348} Wansbrough, the author of that endorsement was also careful to indicate who could expect such successes in the practice of acupuncture — only “in the hands of a skillful surgeon”. would acupuncture show itself “a powerful agent.” Rather more contentiously (at least within the medical politics of the time), Wansbrough also asserted that only to a liberal mind would this “convey the pleasurable gratification of affording to human suffering instantaneous relief, by a more expeditious and efficacious mode than any other remedy in such cases hitherto known and employed.”\textsuperscript{349}

Liberal or not, Finch was not alone, either in his enthusiasm or in his hunch that “acupuncture may be employed in various ways in surgery with advantage.”\textsuperscript{350} By 1823, the Senior Physician of the Kent and Canterbury Hospital was also using “acupuncture” simultaneously and without differentiation both as a more delicate lancet in cases of oedema, and in its formulation as mysterious but effective therapy for rheumatism and sciatica. Carter declared that in the former category, “I shall employ acupunctura, which I have found in several instances safe and effectual...,” while in the

\textsuperscript{346}Frederic Finch “Case of Trismus, &c., approaching to Tetanus, supervening to a lacerated Wound, successfully treated by Acupuncture.” \textit{London Medical Repository} 19, No. 119 (November 1, 1823): pp.403-4. p.403
\textsuperscript{347}ibid., p.403
\textsuperscript{349}ibid., p.846
\textsuperscript{350}Finch, “Case of Anascara” op.cit. p.205-6.
latter category, "acupuncture was of decided efficacy... the operation put the disease to flight." And of course, Carter returned to the theme of safety. Evidently, judged by the number of times proponents mentions safety, this aspect of acupuncture's practice was more important to these practitioners than anything else, including how the treatment attained its results -- and acupuncture's safety was clearly seen as one of its most attractive and persuasive features. Finch summed up the reasons for promoting acupuncture quite bluntly: "[I]t effects its purpose in the most easy manner, and should it fail, is productive of little or no inconvenience or uneasiness to the patient." Unlike bleeding or administering purges, mercury, or leeches, acupuncture didn't hurt, and wouldn't scare the patients away, even if it did not actually heal them. Wansbrough, after inciting "timid practitioners" to try acupuncture, took notice of the questions about acupuncture's mode of action, but only to critique a theory, not to offer one of his own: "I shall not here hazard an hypothesis of the modus operandi of acupuncture on the animal oeconomy; but at the same time I am free to confess myself sceptical on the creed that its effects by the escape of air from the cellular membrane through the punctures made by the needles." But he was patently unconcerned, concluding blithely "I believe it to depend on those mysterious operations of nature that will ever be beyond the reach of human ken, and which by consequence constitute the ne plus ultra of physiological research." In an editorial comment following the case studies, the Lancet gently mocked Wansbrough's enthusiasm, his assertions of "the magical effects of the needles: and his military metaphor -- "Doubtless, the author receives all the 'blessings' and thanks which successful generals are wont to receive. We only doubt, whether he ought not to have a corona muralis. His despatches are

352Finch, "Case of Trismus," op.cit., p.403
353Wansbrough,op.cit., p.848. It will suffice simply to point out that this is an even more simplistic form of the mis-translated Chinese theory of acupuncture's mode of action. Whether or not Wansbrough was aware of the origins of this theory is unclear, but clearly the theory was circulating in some way.
interesting.\textsuperscript{354} But his decision not to theorize was unremarked and unremarkable.

\textbf{Acupuncture Established?}

\textit{Without the fostering care of a great name, my prophecy has been verified, and acupuncture is now employed, not only in the Eastern Hemisphere, in France, and in America, but throughout the British Dominions, and in our London Hospitals, under the auspices of men, who stand deservedly high in the ranks of literature and science.} Churchill, 1828

Throughout the decade, British authors of acupuncture case studies consistently noted that the technique remained virtually unknown, or at least undervalued in Britain. Yet by the end of the decade, the term did not need to be defined or explained, and certainly, journals no longer felt it necessary to explain their inclusion on articles on the technique. So how popular was acupuncture, and how well-known? Was it at all integrated into the surgical canon of the times? In addressing these questions, it is important to look beyond the representations and discussions of acupuncture in the medical periodicals. Despite their importance in disseminating innovations and imports, the impact of the medical journals was ephemeral; they addressed a wide variety of different audiences, but they were not intended to instruct the next generation of practitioners, nor -- at least by the nineteenth century -- to speak to the wider public. And they were not necessarily designed as a lasting information resource.\textsuperscript{355} Medical encyclopedia and compendia were intended both to instruct and to endure; if a technique was attractively described in one of these resources, it gained a greater chance of surviving the shift of medical generations. Information about acupuncture did appear in a distorted form in such sources during the 18th century, and by the 1830s the technique had an established place in this genre of medical literature.

The \textit{Cyclopaedia of Practical Medicine}, a product of the tensions between medical radicalism and conservatism, offered a substantial body of information on acupuncture in 1833.\textsuperscript{356} The article, written by John Elliotson, opened with a

\begin{footnotesize}
\textsuperscript{354} Wansbrough, op.cit., p.848
\textsuperscript{356} John Elliotson,"Acupuncture" in John Forbes, Alexander Tweedie, John Conolly, (eds.) \textit{Cyclopaedia of Practical Medicine; Comprising Treatises on the
\end{footnotesize}
description of the piercing operation which also went by the name of "acupuncture," and with a long descriptions of acupuncture's history and practice in China and Japan:

The most obvious purpose of this operation, is to allow the escape through the skin of the fluid of oedema or anascara; or of the blood when superficially accumulated; but -- from an idea that various disorders arise from a subtle and acrid vapour pent up, -- it has been had recourse to by the Chinese, for the purpose of giving vent to this vapour, from time immemorial.\textsuperscript{357}

Throughout this description, Elliotson persistently interpreted the Chinese theory explaining acupuncture as referring to a physical accumulation of gas. Moreover, he provided the exotic details which had disappeared from the medical periodicals -- golden needles and ivory hammers are lovingly described, as is the existence of acupuncture points, and the importance ascribed to by Asian practitioners. Elliotson also described the path by which acupuncture became known to western medics, reciting the conventional sources, from Ten Rhyne to DuJardin and Viq-d'Azyr. Unlike his journalistic colleagues, Elliotson offered an explanation for, and critique of European disinterest in the therapy:

Owing partly to the frightfulness of running needles into the flesh, and the high improbability of any benefit from such a practice, a hundred and seventeen years elapsed before any European practitioner made trial of it. DuJardin, in his "Histoire de la Chirurgie," and Viq-d'Azyr, in the "Encyclopedie Methodique," mentioned it about a century after Ten Rhyne had published; but only to congratulate the world that the statements of the latter, and of Koempfer, had not induced anyone to practise it. The first European trials were made by Dr. Berlioz of Paris, in 1810. Its power proved so extraordinary, that he employed it very extensively; and numerous French practitioners imitated his example with the same results. A body of similar English testimony followed; and acupuncture affords a striking instance of a good remedy discovered from a groundless hypothesis, and condemned, without a single trial, for more than a century.\textsuperscript{358}

\textsuperscript{357}ibid. p.32.
\textsuperscript{358}ibid. p.32-3. This description, slightly edited, also formed part of the Appendix to one of several published collections of Elliotson's lectures. In John Elliotson, \textit{The Principles and Practice of Medicine; Founded on the most extensive experience in public hospitals and private practice; and as developed in a course of Lectures, delivered at University College, London; With Notes and Illustrations by Nathaniel Rogers. London: Joseph Butler. 1839, this passage
With this description of acupuncture’s arrival and scientific validation, Elliotson’s narrative changed; after the breathless exoticism of the introduction, it suddenly became pragmatic, even directive in tone. The article laid out precisely which ailments acupuncture has successfully treated, and quantified acupuncture’s merits:

Of 129 rheumatic cases treated by Dr. Jules Cloquet, about 85 yielded to acupuncture. Of 34 published by others, 28 were cured. The writer of this article employed it in St. Thomas’s Hospital, and published his results.... Of 42 cases, taken in succession as they stood in the hospital-books, 30 were found to have been cured; and the remaining 12 had clearly not been adapted for the remedy...\(^{359}\)

Elliotson included in his entry instructions on acupuncture practice, and comments on how safe and painless the operation was. He concluded it with a concise examination of theories on acupuncture’s mode of action, opening with the obvious:

The modus operandi of acupuncture is unknown. It is neither fear nor confidence; since those who care nothing for being acupunctured, and those who laugh at their medical attendant for proposing such a remedy, derive the same benefit (if their case be suitable) as those who are alarmed, and those who submit to it with faith. Neither is it counter-irritation; since the same benefit is experienced when not the least pain is occasioned as when pain is felt. Galvanism, likewise, fails to explain it; because although the needle frequently becomes oxidated, and affords galvanic phenomena, while in the body, these phenomena bear no proportion to the benefit derived; equally take place when acupuncture is produced on a healthy person; and do not take place when needles of gold or silver.\(^{360}\)

The form of Elliotson’s article, and its contradictory emphases on historical exoticism and contemporary pragmatism were typical of the longer entries on acupuncture. Alternatively, authors mentioned and described acupuncture in the context of the illnesses for which it was indicated, or with a group of similar therapies. This style of presentation closely paralleled the way in which acupuncture (like other new techniques) was taught to medical students, at least by John Elliotson in his lectures at St. Thomas’ Hospital and University College, London.

\(^{359}\) Elliotson, op.cit. p.32
\(^{360}\) Elliotson, op.cit., p.32
In terms of gauging the breadth and depth of the interest in acupuncture, and of the British response, two factors should be considered beyond merely enumerating the frequency, length and tone of articles published on the subject. First, British case studies were often published more than once; two or more journals might pick up a case study and reprint it, with or without citing the original source. In fact, Churchill and Elliotson frequently cannibalized their own and other supporters' published materials in subsequent publications. Churchill referred to this reprinting as a kind of validation of the material re-presented:

I now proceed to furnish impartial evidence to the truth of what I have advanced, and that it may come before the public in the most unsuspicious light, I shall enumerate but few cases of my own; nor is it my wish to avail myself of all the unpublished ones, with which I have been furnished by their respective authors -- abundant materials have been supplied by our medical periodicals ...

Second, many of the case studies and all of the experimental studies printed about acupuncture were picked up as part of regular surveys of the foreign medical literature. Clearly, there was sufficient interest in acupuncture to prompt this kind of borrowing; on the other hand, the level of repetition and the dependence on foreign sources argues for a paucity of acceptable submitted material on the subject. At least one journal, the *London Medical and Physical Journal*, actively sought domestic case studies on acupuncture during this period.

Of course, pragmatism was the primary cause of this interest in acupuncture, and of the positive response to it. The explicit and omnipresent emphasis on safety and efficacy expressed in the case studies, the monographs, and in many of the analytical articles illustrates the importance that this aspect of acupuncture held in the eyes of acupuncture's medical popularizers. In a crowded market, an inexpensive, relatively painless, and entirely exclusive technique which could effectively treat the common pains of

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361 Churchill, (1822) op.cit., p. 22-3
362 I have found no evidence of experimental investigations of acupuncture in Britain in the period from 1802 to 1830, although as has been noted above, clinical evaluations were performed and quantified by its British supporters. For more information on the transmission of medical and anatomical knowledge from France to Britain during this period see Russell C. Maulitz, *Morbid Appearances The Anatomy of Pathology in the Early Nineteenth Century*. Cambridge: Cambridge University Press, 1987, especially Part II.
workers, and the rewarding, but rarer ills of the middle class was not to be scoffed at, as long as it worked -- or at least did no harm. In the early years of acupuncture's use in Britain, its successes were public and impressive, and readily available for consumption through the medical journals. Foreign and local cures were described in detail in the expanding medical press (which was, in any case, looking for new material with which to fill its pages) and in lectures to London students, as well as in monographs, published volumes of lectures, and medical compendia. While some evidence contradicting the rhetoric of safety was also published, it was generally presented as exceptional or as an example of improper use of the needle.

In the decade following the publication of Churchill's monograph, acupuncture was presented to the British medical public in greater detail and in an infinitely more accessible form than ever before. The explosion of the medical press, and its fragmentation allowed for more views and innovations to gain visibility to a wider range of the medical profession than was imaginable in the 18th century. The use of acupuncture was still on the peripheries of regular medicine after a decade of British evaluation and practice; however, this position of precarious normality was significantly different from one on the medical fringe. Unlike mesmerism or patent medicines, neither form of acupuncture was ever excoriated by the medical press. Its most out-spoken opponents linked it to animal magnetism, but only implicitly; doctors who supported acupuncture remained within the orthodox medical establishment. Evidently they also either retained or expanded their patient base; Churchill in 1822 was practicing in the slightly seedy Leicester Square area, while the Lancet in 1829 found him better-situated in Grosvenor Square. Moreover, a diverse range of medical practitioners (although not apparently a large number of them) took up acupuncture. The technique was used both in private practice and in the great London hospitals. Acupuncture was taught to medical and surgical students, and had a place in the durable resources of medical practice, the encyclopedias, dictionaries and compendia.
Chapter Four

Tempering the Needle: The Persistence of British Acupuncture, 1828-1890

...it is for the doubting and hesitating, to impeach the veracity, or prove the credulity of the many, who have produced, witnessed, or felt the truly beneficial effects of acupuncture."Churchill, 1828.\textsuperscript{363}

In 1823, James Morss Churchill had pledged to bring his medical audience an “appendix” on acupuncture, presenting a collection of cases in which the needles had been successfully deployed. Five years later, the book, \textit{Cases Illustrative of the Immediate Effects of Acupuncture, in Rheumatism, Lumbago, Sciatica, Anomalous Muscular Diseases, And in Dropsy of the Cellular Tissue; Selected from various sources, and intended as an Appendix to the Author’s Treatise on the Subject}, finally appeared; as promised, a series of thirty case studies formed the bulk of the text. They represented the day-to-day use of acupuncture by eleven British medical men, both surgeons and physicians, between 1821 and 1827. Churchill clearly intended the book to be a practical guide for acupuncture users as well as a repository of evidence supporting the technique; consequently, the cases were richly detailed, describing the symptoms of each patient and the exact manner in which the needles were placed, inserted and removed. In their minutiae, the voices of the individual practitioners, and occasionally even those of the healed patients, can be heard, making it possible to reconstruct much of the process by which acupuncture diffused through Great Britain, geographically and socially.

Networks and Witnesses: Persuasion and Diffusion Beyond the Printed Page

\textit{I have been induced to try it, merely at the urgent request of the sufferers. I have, however, always been anxious to avoid the importunities of patients, and merely to employ this valuable agent, in cases that appear adapted for its use.} Churchill, \textit{Cases}, 1828.\textsuperscript{364}

\textsuperscript{363}James Morss Churchill, \textit{Cases Illustrative of the Immediate Effects of Acupuncture, in Rheumatism, Lumbago, Sciatica, Anomalous Muscular Diseases, And in Dropsy of the Cellular Tissue; Selected from various sources, and intended as an Appendix to the Author’s Treatise on the Subject}, London: Callow and Wilson, 1828, p.22-3.
\textsuperscript{364}Churchill, \textit{Cases} op.cit. p. 17.
As the author of Britain's first monograph on acupuncture, Churchill became the center of a network of acupuncture-using practitioners. He drew upon this network, as well as his private practice, to supply cases for his "appendix," but -- in recognition, perhaps of the changing standards of proof in medicine -- he borrowed extensively from the "abundant materials [that] have been supplied by our medical periodicals..." 365 Churchill and his colleagues used acupuncture on middle-class and wealthy patients as well as on their working-class and charity patients, demonstrating that the needle was no longer considered likely to frighten away paying clients. Churchill's clientele included an admiral and member of the House of Commons (incidentally, also an inventor), several gentlewomen, two laborers, a world-traveler, a gentleman of independent means, and one working woman. Those of the other ten practitioners were similarly varied, ranging from an earl to a well-digger to a naval pensioner. Of the thirty sufferers, nine were women, and sixteen were recognizably working-class or poor, while the remainder were either of independent means, wives, or shop-owners. Many of these individuals shared a trait transcending the boundaries of class and gender: half of the thirty sufferers turned to acupuncture as a last resort; others, while not as desperate, had tried other remedies without success.

The story of Miss Wildman, a milliner treated by Churchill exemplifies this attitude toward the needle, and also demonstrates one of the routes by which information about acupuncture diffused into the lay community. In a letter written at Churchill's request, Wildman described her peregrinations in search of a cure for persistent pain following a fall; after massage, moxas, frictions, embrocations, bleeding, and finally electrical treatments in London, she said, "I was recommended as a last resource to try puncturation, which was performed by Mr. Churchill with the greatest success." 366 This recommendation was offered by an "establishment" physician at Guy's Hospital in London, whose use of electrical stimulation indicated that he was himself moderately progressive. Wildman had apparently never heard of acupuncture before it was recommended to her, and the physician himself did not practice needling, but knew of Churchill's success with the implement. For Wildman (and probably for the referring physician) the decision to try

366 Churchill, Cases op.cit. p. 27.
acupuncture was born of desperation. Nonetheless, Churchill’s report of her case made it clear that if Wildman considered acupuncture a last resort, she also believed it was an avenue worthy of active pursuit. He wrote that when she came to him in 1822, “I considered it a hopeless case, but at her earnest request, introduced needles...”

Both expressed some surprise at the almost instant cure effected by acupuncture. “Last resort” cases like Wildman’s undoubtedly offered dramatic proof of acupuncture’s unique powers -- the needle not only healed, but healed in cases where no other technique, orthodox or experimental, had been effective -- and Churchill may have chosen them strategically; however, the fact that acupuncture remained a therapy of last resort also suggests that incredulity was an important component of the British response to acupuncture. Indeed, one woman of quality only allowed herself to be needled (at the suggestion of her practitioner) when she had reached the breaking point: “when acupuncturation [was] proposed, she consented to the operation with this remark, ‘anything to relieve me from this agony.’”

When the operation swiftly and completely relieved her facial neuralgia, its success dumbfounded the doctor as well as the patient. In particular, her physician had been surprised by their unassisted therapeutic power: “Although I have performed this operation many times, and been present when others performed it, I have never seen a case in which the efficacy was so decided, on in which the relief ... was more inquestionably [sic] attributable to the action of the needles.”

The patient, meanwhile, refused to allow her doctor to remove the needles, fearing that the pain would immediately return. Instead, she proposed to have a servant watch her as she slept, to prevent any risk from the needles; clearly, like her working-class counterparts, she remained unpersuaded of the durability of her cure. Eventually, her doctor did convince her to “consent” to the needles’ removal, on the grounds of therapeutic efficacy.

The practitioner’s need to placate and negotiate extended beyond the sickroom, and acupuncture’s wealthy lay supporters were fully capable of exploiting their power to further diffuse the technique. Sir Isaac Coffin (the admiral and M.P.) not only sent for Churchill to needle his rheumatic hip whenever he was in London, but insisted that his Sussex practitioner both

368Churchill, Cases op.cit. p. 67
369Churchill, Cases op.cit. p. 69
treat him with acupuncture and send reports of all of his acupuncture cases directly to Churchill, for inclusion in his Cases. Lay promoters of acupuncture were often those who most completely despair of orthodox medicine, often after years of brutal and ineffective, but highly traditional and theoretically sound medical treatment.\textsuperscript{370} The most prominent lay proponent of acupuncture was the third Earl of Egremont, George O’Brien. His enthusiasm for acupuncture was well-known to the wider medical community, and his zeal apparently extended to lobbying the medical press.\textsuperscript{371} Thomas Martin, who became the Earl’s surgeon, described O’Brien’s conversion in a letter to Churchill. He began with no small boast:

In my hands [acupuncture] has been singularly fortunate, and successful in its effects; and I flatter myself it will afford you no small share of gratification to hear of the rapid strides it is making towards popular favour, in consequence of my having introduced it successfully in the case of a noble Lord, residing in this county ... His Lordship sent for me, having heard of my previous successful cases, through the medium of his noble Daughter, who had witnessed them...\textsuperscript{372}

The Earl had been confined to his bed for five weeks with sciatica, and no established remedy, medical or surgical had relieved his condition; George O’Brien had, from his daughter-in-law, a first-hand account of an acupuncture-cure and he was desperate enough to send for Martin on the strength of his relative’s testimony. After his sudden release from pain, Martin and acupuncture equally soared in his regard: “There are no bounds to his Lordship’s gratitude and delight: he went almost on purpose to Brighton, a distance of thirty miles, to make it known amongst the nobility and faculty there.”\textsuperscript{373} Martin was sent home in his lordship’s coach with a fat check and the lucrative assurance that his name would ring in the ears of the Earl’s acquaintance. Apparently, Churchill himself subsequently treated the Earl in London, for “a slight attack of rheumatism...,” at which time he cannily secured permission to further broadcast the case.

The medical press, and in particular the medical periodicals had been central to the early diffusion of acupuncture. However, although the press played an enormous role in the original diffusion of information about

\textsuperscript{370} Few were as articulate about their disgust as William Temple (See Chapter Two), but their sentiments seemed much the same.
\textsuperscript{371} See Chapter Three, text and footnote 63.
\textsuperscript{372} Churchill, \textit{Cases}, op.cit.. p.44-5.
\textsuperscript{373} Churchill, \textit{Cases}, op.cit.. p.46
acupuncture -- certainly not all of its users in the 1820s and 30s learned of it directly from Churchill' monograph -- by 1828, the practice was clearly being spread through other channels as well. Well-connected patients like Sir Isaac Coffin and the Earl of Egremont communicated their experiences with acupuncture to their equally well-connected acquaintances, extending the credibility of the therapy at the same time. Indeed, several journals eventually reported on this phenomenon of elite amateur activism. While some disparaged its results as mere medical modishness, others did regard acupuncture's upper-class support as enhancing its authority.\textsuperscript{374}

Poor patients likewise told their families and friends of the technique which they believed had restored them to health, although the impact of their support was strictly local. T.W. Wansbrough treated a 70-year old man, troubled with lumbago brought on by years of working outside in all weathers. In talking with this man, Wansbrough learned to his surprise that he had walked nearly a mile specifically "to be relieved by my needles," about which he had in somehow heard.\textsuperscript{375} A few days later, another ancient appeared at his door, with the same problem, asking for the same treatment -- three needles into the muscles of the lower back. He had been sent by Wansbrough's earlier patient. Some time after these two patients had been treated successfully, a third old man, formerly "a labouring gardener" in the same area, arrived also requesting acupuncture. In seeking professional medical assistance, the men were making an investment; in specifying acupuncture, they were expressing confidence in it, and Wansbrough complied with their requests. These cases indicate that paying clients, even when of a lower social rank than their medical practitioner -- those who could not send for the doctor, but had to seek him out -- were able to take some control over the therapeutic encounter. Moreover, they illustrate that information about acupuncture had filtered through to the working classes, and suggest the very local but clearly effective means by which this diffusion occurred.

Within the profession as well, local networks were emerging and played a role in the diffusion of information about acupuncture. At the March 18, 1833 meeting of the London Medical Society, after a somewhat rambling discussion of rheumatism, one member of the Society asked his colleagues

\textsuperscript{374}See Chapter 3.
\textsuperscript{375}Churchill, \textit{Cases}, op.cit., p. 75
their opinion of acupuncture as a therapy for that ailment. He mentioned that it had failed in his own “limited experience.” A fellow surgeon, named Dendy, replied, “And in mine too. When first it was proposed, it certainly effected some singular cures, but, of late, success does not seem to have attended it.” However, Dendy then regaled his colleagues with a story of one such “singular cure” involving a surgeon, an Earl and a horse named Acupuncture. The story was yet another version of Martin’s successful cure of the Earl of Egremont. Once again, this case offered an argument for acupuncture which was sure to appeal to this company of moderate medical reformers and mid-level practitioners; Dendy proceeded his narrative with the note that this was a cure which “benefited both patient and practitioner in a very agreeable manner.” Dendy also gave a more careful account of the Earl’s pre-acupuncture sufferings than had Martin or Churchill, observing in particular the inability of the established London doctors to cure his ailments - - a failure which again could not itself fail to please the moderate reformers who made up his audience:

The Earl of Egremont was a martyr to rheumatism, and some years since, after having been treated by every medical man of note in London, without obtaining relief, he retired to his seat at Petworth, in despair. A friend of mine [Martin], who resided in Sussex at that time, happened to get an early copy of Mr. Churchill’s little work on acupuncture, and tried the remedy therein advocated with perfect success on an old woman who was a protégé of Lady Burrell, the daughter-in-law of the Earl. Her ladyship heard of the cure, and told the Earl what had been done; the result was, that the surgeon was sent for forthwith to try the new process on the peer, into whose tortured person he accordingly introduced two needles, keeping them in for twenty minutes. The effect was, that the Earl, who had obtained no sleep for the past fortnight, that night slept for seven or eight hours. Filled with joy, he gave the fortunate practitioner a check for a large sum, sent him home with post horses, and that day bestowed on one of his favourite racers the name of “Acupuncture.” The event made my friend’s fortune.

Dendy’s version makes several things clear: first, that no experimenting was done on the Earl. The old woman under Lady Burrell’s protection had been Martin’s “clinical material,” and only after the success of acupuncture in her case had erased the doubts of the observers did the Earl hear of it; similarly,

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377 ibid., loc.cit.
378 ibid., p.817-818.
Churchill's first four patients, whose cases he reported in the Treatise, were all poor. Three were laborers, and one was a woman who had turned to a public (charitable) hospital for medical care. Secondly, the Earl actively sought out "the new process" as an alternative to the failed techniques of establishment medicine; thirdly, Churchill's monograph was the source of Martin's information and provided the template for his practice of needling. But Dendy ended his monologue with the cheerless postscript that "As regards my own experience, however, I may state that I have lately had three cases in which I have tried this remedy without advantage." Thus acupuncture's success -- and the fortune it had made for one practitioner -- was bracketed by its subsequent failures. Neither Dendy nor his fellow medics offered any suggestions as to why acupuncture might have ceased to be effective (or, for that matter, why it had ever succeeded) and the conversation lapsed.

Like the case-studies put forward in Churchill's second monograph, Dendy's story and the convivial setting in which it was told offer clues about both the public disappearance of acupuncture, and its persistence away from the spotlight of the medical periodicals. Local groups, like the London Medical Society, molded equally by the tradition of gentleman's amateurism and by the newer demands of competition and professionalization, provided a forum within which medical men could socially and privately discuss and evaluate new developments, and quietly exchange expertise. Along with mesmerism, galvanism, new drugs, the use of the stethoscope in auscultation and myriad other medical innovations of indeterminate worth, acupuncture was considered and discussed at these social gatherings. Dendy's tale about acupuncture, narrated as acupuncture disappearing from the printed media of therapeutic practice, reflected the ambivalence of professional responses to the healing needle.

The informal connections forged by individual practitioners also played a vital role in the diffusion of acupuncture. As Dendy told his audience, Thomas Martin had managed to get an "early copy" of Churchill's Treatise, and this copy had in turn "made his fortune" by enabling him to relieve the aching Earl: Churchill and Martin had met and become friends while training at the United Hospitals, Guy's and St. Thomas's in London. Churchill himself had initially learned of acupuncture not from reading the published French reports of it, but from another surgeon, Scott of Westminster; his interest was
aroused by privately communicated or directly witnessed successes with needling. Scott may have seen acupuncture performed in Paris, as Tatam Banks noted that he had done. Indeed, even before Churchill published his Treatise, he was forging links other British practitioners interested in or using acupuncture. Scott had asked a fellow surgeon to perform acupuncture on him and witness and record the results, and this second physician had sent those results to Churchill. Indeed, the act of witnessing was a frequent point of contact and potential transmission, and one which also illuminates contemporary structures of authority and its propagation. Churchill and his successors regularly listed the names of prominent observers who were in attendance upon successfully cured acupuncture patients, implying that their presence added weight to the reported results.

Although it has been argued that acupuncture was, from its introduction, a fringe or "quack" medical practice, its initial proponents in nineteenth-century Britain (as in eighteenth-century France) were by no means considered radicals or quacks -- or at least were not so regarded because of their use of acupuncture. Instead, most of its proponents were precisely the moderate medical reformers and mid-range GPs and surgeons who formed

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380Scott, who was only ever identified by his (unfortunately common) last name and the (almost equally common) location of his practice (Westminster), has unfortunately proven completely untraceable beyond Churchill's brief reference to him -- a reference periodically repeated in the medical journals' discussions of acupuncture's history. Tatam Bank's reference to Paris occurred in Banks, "Observations on Acupuncture," The Edinburgh Medical and Surgical Journal, 35, No. 107 (1831) pp. 323-328. "'They drew,' he said, 'like a blister.'"


382See Mike Saks, Professions and the Public Interest: Medical power, altruism and alternative medicine, London: Routledge, 1995 for a comparatively full version of this argument in Britain. Conversely, Lu Gwei-Djen and Joseph Needham, (Celestial Lancets: A history and rationale of acupuncture and moxa, Cambridge: Cambridge University Press, 1980) concluded from the frequent appearances of the term "acupuncture" that the technique as well was commonly practiced.
the bulk of the medical public in the first half of the nineteenth century. Thus, the London Medical Society, where the Earl of Egremont's case had been so vividly retold, was publicly critical of the Royal Colleges but was not marked by the level of radicalism characteristic of the Westminster Medical Society (where discussions included no technique so apolitical as acupuncture). Only a scattering of medical “prominents” leavened this mass, including John Elliotson (1791-1868) and James Wardrop, and they were prominent in London hospitals and Court bedchambers as well as in radical circles. The former had been educated at Cambridge as well as Edinburgh and Guy's Hospital; became a Fellow of the Royal College of Physicians at the age of 31; held the Chair of Medicine at the new London University, and was Physician to St. Thomas' Hospital. But Elliotson was also a founding member of the London Phrenological Society and the London Mesmeric Society; when scandal erupted at his use of mesmerism on female patients at St. Thomas's. His involvement with mesmerism, rather than his frequent employment of the needle in the wards of St Thomas's, forced Elliotson to resign his positions and found the London Mesmeric Infirmary. James Wardrop (1782-1869) was first Surgeon Extraordinary to George IV during his Regency, then the official Surgeon during his reign. His training was far less exalted than Elliotson's; he apprenticed with his surgeon uncle, then toured the hospitals of London and Paris. Wardrop sided with the radicals in the struggle for medical reform, writing the scathingly satirical “Intercepted Letters” column for the Lancet, and eventually refusing a baronetcy for his services to the king. Nonetheless, he died a Fellow of the Royal Colleges of Surgery of both London and Edinburgh.\(^{383}\)

As was typical of the membership of provincial, suburban, and metropolitan medical societies, most of the men who publicly took up acupuncture depended on their practices for income and for “clinical material.” Churchill noted that he could not perform the experiments necessary to establish acupuncture's active principle because of the small size of his practice, and complained about his lack of access to the hospitals. Other proponents of needling reported on single cases even after multiple case

\(^{383}\)For more on these men and others involved in the medical reform movement, see Adrian Desmond, \textit{The Politics of Evolution: Morphology, Medicine, and Reform in Radical London}, Chicago: Chicago University Press, 1989. See also the Medical Registers, etc.
studies had become the norm, precisely because they saw little chance of getting another in their limited practices. A surgeon in Ayr, reporting late in the century on a solitary case in which in acupuncture had relieved the pain of a man dying from cancer, acknowledged apologetically that “one case goes only a short way in establishing any method of alleviating or curing the pain of this formidable disease, but a long interval may pass before another presents itself in a small provincial town with a sparse surrounding population. Hence my reason for publishing a single case.”  

As the reconstruction of medicine along scientific lines proceeded apace, the power of private practitioners to influence or inform medical practice diminished, and this may have harmed acupuncture’s prospects. Moreover, in private practice, patient satisfaction was of paramount interest; doctors had not yet firmly established themselves as the unique interpreters of the body, or as purveyors of exclusive insights into health and disease. Laymen and women, as well as midwives and unorthodox practitioners, still claimed to be authoritative observers of the body, and certainly still demanded (and received) treatments based on their self-diagnoses. The difficulty most of acupuncture’s professional users had in performing clinical tests on acupuncture, combined with the changing standards of medical journalism, partially explain acupuncture’s near invisibility in the medical press between 1835 and 1870.

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Needle in a Haystack: The Declining Visibility of Acupuncture, 1828-1870

When I told him I could, I thought, relieve him in five minutes without his taking a drop of medicine, he imagined I was joking and replied, "you'll be more successful than I take you for then." He did not, in the smallest degree object to my using the needles... John Tatam Banks, Surgeon, 1831

Among Churchill's collection of case studies, several chronicle patients responding to their operations in ways that indicate a curious disbelief of their own senses; sufferers react as if they cannot credit their own ongoing experiences of complete relief from painful symptoms. For example, a cellarman named Field felt no pain after his acupuncture operation, but "he was sceptical as to its having removed the disorder, for his first attempt to move, after the needles were withdrawn, was made with the greatest caution; and when he found that he was really freed from the disease, he could not divest himself of the fear that it would immediately recur."386 The simple and painless (and, since he was needled in the loins while lying flat, invisible) operation of acupuncture did not fulfill Field's expectations of an operative performance, despite its therapeutic efficacy; moreover, he had previously been disappointed by the far more dramatic and visibly active methods of conventional practice. A working woman treated by the same Mr. Wansbrough whose flamboyant military metaphors had so amused the Lancet was reported by him to have been equally dubious of her cure:

Although perfectly freed from pain, it was enough to excite a smile to witness the woman's scepticism on the success of the operation; she could scarcely credit her senses, for when desired to turn on her back she obeyed with hesitation, and doubt, dreading lest she should encounter the 'pain'. ... It was very gratifying to see the poor creature sit up; her countenance beamed with delight, equaled only by her astonishment and grateful thanks for the 'wonderful cure' I wrought her.387

Wansbrough presented this woman's dubiety as a subject for pitying amusement; another surgeon, operating on a local (and apparently successful) farmer, treated his cautious response with more respect. Mr. Welbourn, whose bluff doubts are quoted in the epigraph to this section, was firmly in control of

386 Churchhill, Cases op.cit. p. 34
387 Churchhill, Cases op.cit. p. 74-5. Many of Churchill's cases, including this one, were taken directly from the medical periodicals. However, some contain extra details which were apparently reported to him directly by the practitioners.
his treatment. He “allowed” Banks to use the needles, despite clearly considering the treatment useless; however, he allowed his practitioner to treat only one leg in this experiment. The needles were painful, and Welbourn compared their sensation to that produced by blistering.\textsuperscript{388} The pains of his punctured leg were relieved, but Welbourn, unlike his doctor, was in no hurry to credit the needles with a cure:

The other leg continuing to torment him, I was anxious to proceed in my work, which he would not permit, -- stating that he “had, he thought, for one day had quite enough, and would like to stop to know how the left leg went on.” ... So delighted was he at having one leg and hip free from pain that, upon my departure, he wavered a good deal whether to have the other done or not; at last he determined to wait and see the result of what had been done.\textsuperscript{389}

Only after a week of complete relief was the farmer convinced; he then promptly sought out Banks, and “allowed me to acupuncture the other.”\textsuperscript{390}

Case studies involving professional and wealthy patients contained fewer explicit expressions of patient disbelief -- and of course, the patient's self-reports and reactions were not presented with the same amused paternalism by their practitioners. Another of Wansbrough's patients, the “corpulent” Mr. A.W., “on learning that I possessed the means of affording him instant ease, sent for me to come to him immediately, and bring my ‘needles’ with me.” After being cured of the lumbago which had resisted bleeding, embrocations and purging, Mr. A.W. “got up ... expressing the greatest astonishment at what he termed the ‘magical effect of the needles’!!!”\textsuperscript{391} A.W.'s amazement and his gratitude, it seems, were directed at the practice and not the practitioner, and he emerged from Wansbrough's account with his dignity intact. Although in this case and several others, patients summoned a practitioner specifically to be needled -- indicating that they possessed some knowledge of the treatment -- they did not necessarily expect much benefit from it. For example, Thomas Martin noted that his noble patient's “gratification was only exceeded by his astonishment.”\textsuperscript{392}

\textsuperscript{389}ibid., pp. 325-6.
\textsuperscript{390}ibid., pp. 325-6.
\textsuperscript{391}Churchill, Cases op.cit. pp. 72-3.
\textsuperscript{392}Churchill, Cases, op.cit., p.46
Apparently, even his daughter-in-law's eye-witness report of a cure produced by the needle had not persuaded George O'Brien that acupuncture was likely to succeed. Practitioners often required a comparatively higher standard of proof from acupuncture; one surgeon, William Sankey, told his audience that in each of his cases, "[i]n order to be certain of the effect of acupuncture, no medicine or external application was employed" other than the needles themselves. Given that few, if any established treatments were displayed unaccompanied by other interventions, Sankey's strict control demonstrated both that the new "scientific" standards were readily applied to novel techniques, and that he believed acupuncture particularly vulnerable to challenges.

The painstaking care Sankey devoted to establishing beyond doubt the centrality of acupuncture in his patients' cures reflected an accurate assessment of the medical climate. As acupuncture was becoming visible and recognizable within the British therapeutic culture, it also became the object of less friendly scrutiny, largely from establishment physicians. The physicians, of course, had the most to lose from general acceptance of acupuncture; as Vicq-d'Azyr observed in the 1790s: "toutes les maladies pour lesquelles ce moyen de guérir est recommandé, sont entièrement de ressort de la Médecine." The technique of acupuncture -- the penetration of the body's surface by an implement, for a therapeutic purpose -- would naturally fall into the category of surgery, and indeed, most of its early proponents in Britain were surgeons. However, many of the diseases for which Churchill and his fellow popularizers recommended the needle were ailments commonly the province of physicians -- systemic illnesses, like rheumatism, gout, sciatica, lumbago and epilepsy, rather than specific ones. In his Treatise on

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393 Churchill, Cases, op.cit., p. 53. Sankey, the surgeon in question, had the luxury to perform controlled experiment on his patients by virtue of their poverty; one was a fisherman, the other unemployed because of his incapacitating pain.

394 Felix Vicq D'Azyr, (ed) Médecine. Contentant, L'Hygiène; La Pathologie, La Séméiotique & La Nosologie; La Thérapeutique Ou Matière Médicale; La Médecine Militaire; La Médecine Vétérinaire; La Médecine Légale; La Jurisprudence De La Médecine & De La Pharmacie; La Biographie Médicale. c'est-a-dire, les vies des Médecins célèbres, avec des notices de leurs ouvrages, in Diderot & d'Alembert, (Premiers Éditeurs), Encyclopédie Méthodique. Paris: Panckouke, 1792. T.1, p.185. In France, this overlapping of medicine and surgery would have worked in acupuncture's favor, given the forced marriage of the two disciplines in the Republic. See Maulitz
Acupuncture, Churchill had clearly targeted surgeons, for whom this was an attractive and appealing trait, offering as it did a way of expanding the surgical role. This presentation of acupuncture undoubtedly restricted its audience and pool of potential supporters; only four of the practitioners reporting in Cases were medically rather than surgically trained.395

Moreover, in the Cases, Churchill gave a concrete example of the professional benefits that accrued to acupuncture in this respect. He described a case in which he had been called to treat a woman with a muscular injury, typically a surgically-treated ailment. “The usual remedies were persevered in” without effect until her husband “suggested the employment of a physician” -- in other words, until the failure of surgical interventions, led the husband to suspect an underlying ailment requiring a systemic rather than a specific therapeutic approach. Churchill responded to this economic and social threat by offering a middle path: “I advised acupuncture, which was readily submitted to.”396 The outcome, as he portrayed it, was beneficial to both patient and surgeon, curing the former, and expanding the business and the authority of the latter. These claims combined market-invasion with a break from the traditional hierarchy of British medicine. No matter how slightly they regarded acupuncture as a potential threat, it is unsurprising that it met with a fairly rapid response from physicians and medical conservatives.397

Even as early as 1826, the medical journals contained hint of skeptical -- even mildly hostile -- responses to acupuncture occurring beyond the printed page. The Lancet, which strongly supported the technique, frequently carried acupuncture success stories taken from the records of St. Thomas’s Hospital.398

395Scottish doctors present something of an exception to this rule, perhaps because the close ties between Edinburgh and Paris enabled the younger generation of Scottish physicians and surgeons to absorb some of the boundary-crossing ethos of post-Revolutionary French medicine. See Jacyna, Philosphic Whigs: Medicine, Science and Citizenship in Edinburgh 1789-1848. [London: Routledge, 1994] especially his chapter on Pathology. He argues that surgery in Edinburgh. was taught as more or less all-encompassing (in the French manner) but that it remained profoundly empirical in the sense that it was not taught as limited by theory or jargon.
396All preceding quotations, Churchill, Cases, op.cit., p.37
397Saks makes a strong-program argument for this type of response in his Professions and the Public Interest: Medical power, altruism and alternative medicine, London: Routledge, 1995.
398At St. Thomas’s, acupuncture was in fact practiced by a physician, John Elliotson. However, Elliotson was strongly influenced by Parisian ideas, almost
In August, 1826, the editor appended to such a case report a bracketed fulmination against those who disparaged acupuncture:

We are informed that a Dr. Yeats, in the delivery of a Croonian lecture at the College of Physicians, a short time since, classed together the stethoscope, *acupuncture*, metallic tractors and phrenology -- and declared them to be alike, "ephemeral follies". This is, perhaps, well enough for the College of Physicians -- it is quite in accordance with their *cobwebed* [sic] prejudices, but we cannot help expressing our disgust at such *bigotry*.399

The editor (and the comments, though unsigned, certainly have Wakley's inimitable touch) then took the battle to the College elite, implying that their own motives were none too pure: "There is an 'ephemeral folly,' ... which is well worthy of all satire -- we mean the pompous advertisement paragraphs which ... appear in the columns of a fashionable morning paper, announcing that Dr. Yeats has returned ... from attending Duke A. or Lord B." As the editor noted correctly, if with somewhat unseemly glee, "This 'ephemeral folly' is intended, we have no doubt, as a *metallic tractor*."400 Certainly, in these early days of the *Lancet*'s history, the mere fact that the Royal College of Physicians disapproved of a technique was sufficient accolade for the *Lancet*. But the grouping of medical innovations which this passage reported, and to which the editor objected so strongly, is itself revealing. The quotation was deployed, in the first instance, to poke fun at the knee-jerk traditionalism of the Royal Colleges, and to discount their moral and professional authority by focusing on the greed of their members. However, care was necessarily taken by the *Lancet* commentator to ensure that his repetition of Yeats' criticism did not harm acupuncture. The association of acupuncture with the stethoscope was harmless, if not actively favorable for the use of the needle: the older generation of practitioners who were resisting the newfangled diagnostic aid were unlikely to convert to acupuncture in any case, while younger doctors would find the link between acupuncture and the latest in medical technology certainly including the post-Revolutionary rapprochement between surgery and medicine, and the subsequent overlap between medical and surgical spheres and techniques of practice. See Russell Maulitz, *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century*, Cambridge: Cambridge University Press, 1987.


400ibid. p.637
quite appealing. Likewise, phrenology was popular, not just in the medical community but also with the paying public. These two links went, therefore, unremarked by the editor. However, the analogy drawn by Yeats between acupuncture and metallic tractors was a different matter. Metallic tractors were the tools by which an American doctor named Perkins had claimed to be able to cure all pain and disease (and which he had patented and sold with considerable success in both countries for several years); as a medical fad which had been recently discredited through "scientific tests", any association between it and the already slightly outré technique of needling was dangerous to the survival of the latter within the orthodox medical community. Thus the anonymous editor focused his retort specifically that part of Yeats' remarks, displacing the connection from acupuncture to advertising.

Later in the same year, the Lancet's editors returned to the topic, this time in an advisory role. Again, the context was a case report, in which persistent sciatica was cured by acupuncture (the newly healthy patient, after two weeks of daily needling, reportedly "has his joke, for he votes the Doctor to be "a bit of a bore...""). However, where the earlier article broadly attacked the motives and credibility of acupuncture's discreditors, in this report, the editor turned his attention to describing the proper use of acupuncture -- only by implication were those who dismissed acupuncture labeled as merely incompetent or over-hasty:

We are well persuaded that many valuable remedies in particular cases have fallen into disuse, and are condemned as "follies of the day," because they are indiscriminately used. An old friend of ours was in the habit of using three trite considerations on the subject of venesection -- the time when, the place where, and the manner how. These observations are applicable to acupuncture.  

Again, the use of implied analogy also served the promotional aims of the article; acupuncture was likened to a well-established technique, the mode-of-action of which was less than certain (although much theorized). Of course, there was a certain irony in the likening of needling to phlebotomy, given the eighteenth-century role of this comparison in hindering the adoption of acupuncture!

From the *Lancet*’s robust rebuttals, it is apparent that opponents of acupuncture typically described it either as a fad or as therapeutically weak, rather than as quackery. The *Lancet* actively condemned such portrayals as “the sneers of certain learned sages.”\(^402\) Indeed, the level of the *Lancet*’s activity is one of the few remaining signs that the technique was so regarded - - the Royal Colleges made no formal statements or policy against the use of acupuncture, and certainly admitted acupuncture users to membership.\(^403\) @@@ However, while physicians continued to assert their primacy over these revenue-producing illnesses, surgeons were acquiring new and more profitable avenues of expansion than could be opened by acupuncture.\(^404\) Unlike surgeons, physicians had no traditional preference for external applications. Indeed, their initial hostile response to the use of the stethoscope in diagnosis reflects their resistance to even such circumstantial linkages with the surgeons (whom they regarded as a lower order) as might be fostered by the visible use of instruments and the hands.\(^405\) Thus acupuncture had little immediate appeal to physicians, especially as its British proponents frequently asserted the importance of anatomical knowledge for its users. Those physicians who did support acupuncture, like John Elliotson at St. Thomas’s Hospital, tended to use it alongside more definitively medical remedies. By the early 1830s, when the first flash of interest in acupuncture had well and truly faded, even Elliotson was recommending internal treatments like colchicum or iron for severe cases of rheumatism and gout (although he did simultaneously

\(^{402}\) T.W.Wansbrough, “Case of Rheumatism Successfully Treated by Acupuncture.” *Lancet* 1827-8, No. 251 (June 21, 1828): pp. 366-7. This comment was drawn from a editorial introduction to Wansbrough’s article. p.366. A further editorial remark reminded the reader of an article published elsewhere (in the Medico-Chirurgical Transactions) in which the records of St. Thomas’s Hospital showed that of 42 cases of acupuncture take in succession from the case books, thirty were cured and the other 12 were judged by John Elliotson to have been inappropriate for needling.  

\(^{403}\) They did condemn homeopathy, mesmerism, and metallic tractors, and their users.  


\(^{405}\) Remember that the early connection drawn between the stethoscope and the needles (in this case, as mere novelties, unworthy of further consideration) was made by a speaker at the Royal College of Medicine. For further discussion of the medical response to the stethoscope, see S.J. Reiser, Medicine and the Reign of Technology, London: Cambridge University Press, 1978, especially Chapter 2.
mention acupuncture's usefulness in mild chronic cases). Driven to respond, Churchill more strictly limited the circumstances in which he recommended acupuncture, but did not eliminate "medical" ailments from his list of the needle's appropriate targets.

Acupuncture, Empiricism, and Skepticism

A theory founded upon nature, that should bind together the scattered facts of medical knowledge, and converge into one point of view the laws of organic life, would thus on many accounts contribute to the interests of society. ... There are some modern practitioners, who declaim against medical theory in general, not considering that to think is to theorize; ... and happy therefore is the patient, whose physician possesses the best theory. Erasmus Darwin, Zoonomia, Vol. I, p.1-2, 1794

Churchill's second monograph on acupuncture, with its "appendix" of cases, appeared in Britain just as acupuncture's prominence in the medical press began to subside. Acupuncture had produced six years of mixed results since his A Treatise on Acupuncture came out in 1822, and measured tones were replacing the initial enthusiasm expressed, for example, by the Lancet. But although Churchill's new book was indelibly marked by shifts in the decade's response to the technique, he did not greatly retrench on his early claims for the needle. He intended the Cases rather to solidify acupuncture's status in the canon of British practice, and to prevent further slippage in its popularity. Churchill declared this aim openly: "I shall, in the following pages, endeavor to substantiate the claim which acupuncture so deservedly has to the attention of those, who still remain sceptical as to its effects."406

Churchill claimed in his introduction that the prominent practitioner, Dr. Matthew Baille had convinced him of "the necessity of publishing additional cases of the success of this therapeutical agent...."407 Not unreasonably, Churchill attributed some of the continued skepticism to the fact that "novelties in the curative art" generally met with extreme responses, with people either espousing them wholly and rashly, or ignoring them completely:

Thus it has been with the subject under consideration [i.e. acupuncture], for while many have never practised it, others have expected too much from it, and after a few indiscriminate trials, have abandoned it as

406Churchill, Cases op.cit.. p. 2
407Churchill, Cases, loc. cit.
useless. But I am happy to produce confirmation of its magical powers, from the pens of men, whose veracity and disinterestedness cannot be doubted.\footnote{Churchill, \textit{Cases}, op.cit., p. 3}

Evidently, Churchill was concerned primarily with assuaging the doubts of his fellow-professionals, indicating the growing authority of the medical profession and their correspondingly increased control of the therapeutic encounter. While Churchill clearly remained convinced of acupuncture’s value -- “its magical powers” -- the tone of this introduction contrasted sharply with his earlier writings, including the exultant 1823 article on the same subject in which he announced this “appendix” as forthcoming.

In 1823, Churchill had expected scepticism to greet his monograph on acupuncture: "When I published my little treatise on acupuncturation, I expected to be questioned about it by individuals ... too polite to tell me that I had asserted what was not true; at the same time that their countenances clearly indicated the incredulity with which they viewed it."\footnote{James Morss Churchill, “On Acupuncturation,” \textit{The London Medical Repository} 19 No. 113, (May 1, 1823): p.372.} He had detailed his concern that acupuncture be used appropriately “because many valuable remedies are lost sight of, from being injudiciously employed by those who are too fond of analogical deductions.”\footnote{ibid., p.372} However, writing a year after the publication of his \textit{Treatise on Acupuncturation}, Churchill also clearly felt that acupuncture was, if not completely established as a part of orthodox surgical practice, at least well on its way to general use and acceptability:

Its success has now been so conspicuous, that I can assume an air of triumph, and dare anyone to express his disbelief in what I have asserted respecting it. I am continually hearing of successful case from respectable members of the profession... I select the subjoined cases for the perusal of your readers, that they may be induced to practise an operation that is so simple, so painless, and so convincingly efficacious ...\footnote{ibid., p.372}

When the \textit{Appendix} was finally published, it was framed as a defensive action rather than a proclamation of acupuncture’s adoption. The medical journals contained few, if any, criticisms of acupuncture’s individual supporters; in comparison with their sarcastic treatment of the medical men
who promoted animal magnetism or homeopathy, acupuncturists were left unscathed — the harshest comment I have found in respect to Churchill was a criticism of his 1823 exultation as “the language of youth.”\footnote{Quarterly Periscope or, Spirit of the Public Journals. ... Acupuncture (Mr. Churchill), The Medico-Chirurgical Review, and Journal of Medical Science (Quarterly) 4, No. 16 (March 1824): p.956-7} Nonetheless, Churchill felt himself personally attacked: “For the part I took in advancing the practice I have been assailed by some with unmerited abuse, while others have pitied me as a visionary, and considered the relief ascribed to it, to be the result of mental influence over the corporeal sufferings of those, whose understandings are weak ...”\footnote{Churchill, Cases op.cit. p.3} The reference to “mental influence” was a thinly veiled allusion to animal magnetism, by then a practice decidedly unacceptable in orthodox medical circles; Churchill responded to it with the same sharpness shown by the *Lancet’s* editor when acupuncture was compared to metallic tractors. Although Churchill did not openly accuse these unnamed attackers of medical bigotry, he suggested it, and at the same time implied that they were over-simplifying the relationship between the mind and the body: “the latter ought to be reminded, that their explanation of its success, involves in it a subject of physiological inquiry, quite as intricate as any other causes for the unintelligible phenomena, which accompany the actions of needles when inserted into the various tissues of the body.” Notwithstanding his own apparent belief in the therapeutic power of imagination, Churchill strategically disputed the assertion that acupuncture acted by mental influence as requiring “a mode of reasoning that it would be very unphilosophical to indulge in, and which is at utter variance with the general laws of nature.”\footnote{Churchill, Cases op.cit. p.3-4.}

In building his bulwark around acupuncture’s gain, Churchill chose his materials and evidence quite carefully. For example, he used the French physician-acupuncturists, and their experimental explorations of the properties of acupuncture as evidence supporting the use of the therapy — “The French, with their characteristic zeal for the advancement of medical science, practise this neglected operation with increasing success; and the results of their investigations ... verifies the praises which have been bestowed by others upon it.” However, Churchill also used *Cases* to distance
himself from the French experimentalists -- again, a strategic move designed to sever ties between acupuncture and the excesses of French medical and political radicalism on one hand and their despised Gallic "effervescence" on the other. Although he repeatedly expressed his interest in experimental studies of acupuncture, Churchill observed that, the French experiments had produced no information "that can be converted into any useful purpose ...". He presented their work as, in fact, having failed to discover an adequate rationale for the cures produced by acupuncture and tarred French practice with the traditional English accusation of flightiness: "... many more suppositions, and fanciful ideas, have been indulged by others of the French; and they have been led to practice acupuncture in cases particularly unadapted for it." In the end, experimentation was worthy of notice only when it was subjugated to empirical aims. These somewhat contradictory opinions paint an amusing picture of Churchill weighing the authority attached to French clinical and experimental science against the instinctive distaste for things French among his colleagues. Clearly, Churchill knew that experimentation, with its implied rigor and record of attacking medical fraud, would be a sturdy support for acupuncture, if convincingly deployed; but was equally aware that an association with the French who performed those experiments could easily undermine the technique's credibility in Britain.

The laboratory investigations were, Churchill concluded, still valuable as models for future work; indeed, he finally admitted (as he had not in the Treatise or in his shorter essays) that theory had a role in shaping acupuncture practice: "... [C]ould a rational theory be established, its practical utility would become much more efficiently manifested, by the precision with which we could adapt it to individual cases of disease." For the first time, Churchill included copious descriptions of the various theories and their flaws; he also justified his own failure to perform "such experiments as the subject demands." with the excuse that his personal practice was too small to support it. Without coming out explicitly in favor of any theory, he presented one as the most likely:

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415 Churchill, Cases op.cit. p. 15-16.
417 Churchill, Cases op.cit., p.5.
It has long been supposed that the nerves are the *media* by which a fluid [a word which he qualifies as "in absence of one more definite, and in accordance with popular opinion"] analogous to the galvanic, is circulated or conveyed to the remotest parts of our structure; ... and as the effects of acupuncture are so instantaneous, it is very natural to infer, that they proceed from, or are effected by, some principle, like to, or connected with, the electric, pervading the animal machine. \(^{418}\)

His hypothesis was firmly based on the latest theories of the nervous system, but Churchill offered only his own practical experience of acupuncture, and the experiential evidence of his patients' senses to support it.

My attention was excited to this view of the subject soon after I began to practice the operation, by the feelings it so often produces; for on the introduction of a needle, the patient frequently experiences sensations at a remote distance from it, resembling an electrical aura. Involuntary twitchings of the muscles are also produced, and if the needles be divested of their handles, upon the application of the thumb and finger of the operator ... a degree of numbness will be occasionally produced, that affects the arm. \(^{419}\)

Churchill noted that the feelings he described were same as those reported by Pelletan and Cloquet, and that they discovered and described these feelings completely separately -- thus, "the effects which we felt, must be ascribed to a real cause for them, and not to mere chimerical ideas..." \(^{420}\) His statement also gives the modern reader some evidence on which to judge his own technical skills; the sensations he described were, as in his first essay, identical to those described in the Chinese and Japanese traditions as resulting from the correct penetration of an acupuncture point. \(^{421}\)

Churchill still saw it as worthwhile to deny any firm and exclusive attachment to a particular theory, even the one he advanced himself. He explicitly stated, "I am free to confess that I have still no theory to offer, on the physiological changes produced by the needles, or that are 'co-ordinate with their operation.'" \(^{422}\) Instead he aimed to counter the blurring of technical definition which he sensed was reducing the effectiveness and lowering the credibility of acupuncture. Perceptively (and consistently), he

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\(^{418}\) Churchhill, *Cases* op.cit., p.5-6  
\(^{419}\) Churchhill, *Cases* op.cit., p.6-7  
\(^{420}\) Churchhill, *Cases* op.cit., p. 7  
\(^{421}\) In the ailments for which he recommended acupuncture, insertion points were commonly located near the site of pain, which may explain his success and his less discriminating emulators' failures.  
\(^{422}\) Churchhill, *Cases* op.cit. p. 16
judged that the truly appealing aspect of acupuncture was its success, above and beyond its fit with one theory or another, and he framed his argument, finally, as atheoretical:

[Acupuncture] is, at present, a mere matter-of-fact business; and our ignorance is the less to be regretted, while I can state, from personal observations of some years, and from information derived from others, that in those diseases for which I have particularly recommended it, it often effects a cure after all other apparent means have failed: sometimes immediately; at other times after several days repetition.\textsuperscript{423}

Unsurprisingly, he continued to tout the safety of acupuncture -- comparing its few bad effects to those produced by bleeding:

I have never known an accident to arise from acupuncture, nor a single untoward symptom to have been produced, unless a slight degree of faintness should be so considered; but even this may be ascribed, with great propriety, to the operations of the mind; as I have known it to occur merely at the thought of the operation, as well as of many others, amongst which bleeding may be familiarly ranked. [Note again the analogy to the mysterious but firmly rooted remedy of bloodletting] \textsuperscript{424}

Churchill then offered his carefully selected cases; their textual mass and the vivid manifestations of acupuncture's healing powers which they detailed, illustrate his continued reliance on empirical rather than theoretical criteria of success and suasion. The cases which Churchill selected specifically portrayed empirical successes swaying both patients and practitioners; of course it is impossible to know whether his selection incidentally or deliberately justified his strategy.

1829-1840: Subsidence

Churchill's \textit{Cases} did not receive the generous press coverage given to his \textit{Treatise on Acupuncture}; in fact, I have found no mention of it in the medical press. This lacuna was symptomatic of a broader lack of journalistic interest in acupuncture as a means by which to cure or relieve pain; from 1820 until 1830, the \textit{Lancet}, the \textit{Medical and Physical Journal} and the \textit{Edinburgh Medical and Surgical Journal} had between them published 29 articles on acupuncture. Between 1830 and 1840, the same three journals

\textsuperscript{423}Churchill, \textit{Cases} op.cit. p. 17
\textsuperscript{424}Churchill, \textit{Cases} op.cit. p. 20
published 21 articles on acupuncture. Although numerically the journals' second decades much resemble the preceding one, they in fact reflect a very different level of response to the use of the needle against rheumatic and neuralgic pain and disease. By 1830, another medical use of the needle was sharing the name “acupuncture” with the British adaptation of the Asian therapy; the second technique involved repeatedly piercing the skin with a needle to release oedematous fluid. In the first decade of British acupuncture, the dominant meaning of the term was that referring to the relief of pain -- the therapy which had grown from originally Chinese roots. Only two of the 29 journal articles described the use of the needle as a safer lancet or trochar as “acupuncture”. However, after 1830, the two meanings were co-dominant and often conflated -- Churchill’s singular needle had not survived the decade of its conception. Of the 21 articles discussing “acupuncture,” nine used the term to describe the mechanical alleviation of oedematous conditions. This often successful operation was solidly grounded in the surgical tradition; in treating the oedema symptomatic of several constitutional disorders, these “acupunctureists” made no claims about the underlying medical conditions. Thus, although the use of the term was contested by some observers, many of acupuncture’s supporters (notably Churchill, by 1828) accepted the secondary meaning and the cures recorded under it. The curative needle was threatened with disappearance, and its more pragmatic proponents sought goodwill and publicity wherever it could be found.

It is difficult to reconstruct the nature and effects of historical absences; lacunae only mutter on the subjects of causation and perception. But of course, unlike the brief flowering of British acupuncture, its longer public decline was naturally characterized by silences; quantitation, although suggestive, is ultimately unsatisfying. Fortunately, the published record of needling in Britain is a tapering and not a severed thread. The handful of articles on acupuncture in the medical press between 1828 and 1856 does cast some light onto the reasons for their own scarcity.

John Renton, a Scottish physician, presented several successful acupuncture case studies in 1830. He acknowledged that, “Notwithstanding the encouragement which the writings of Cloquet held out for the relief of

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425See Chapter 3, p. -- (4) around footnote 13 -- for a brief discussion of the origins of the second meaning of “acupuncture”. See Chapter 3, “for which it is most particularly recommended” for more on the singular needle.
neuralgic and rheumatic affections by means of acupuncture, it does not appear, if we may judge from the few cases upon record, that the practice has been generally adopted in this country." After strongly supporting the technique, Renton offered his own explanation for its failure to thrive:

... if the system is too much undervalued now, it is equally true, that it was very much overvalued by those who first recommended it to notice. The utility of a specific is very readily suspected when its infallibility is given out for the removal of too many diseases, and more particularly of those between which no analogy can be traced....

But mere disappointed expectations, although damaging to any novel medical practice, were not the sole, or even the most important factor in British resistance to acupuncture. Rather, it seemed obvious, if regrettable, to Renton that a cure with a mysterious mechanism would be naturally suspect: "when, moreover, no satisfactory explanation can be afforded of the modus operandi of the reagent, professional people, unhappily for the interests of medical science, are too apt to reason upon the authenticity of the facts averred, instead of adopting the more simple and direct method of determining their value by subjecting them to the test of farther experience." In other words, claims pressed on the basis of empirics rather than theory were inevitably judged doubtful or meretricious.

For Renton, himself active in politics, the impact of theory on professional responses to medical innovations would have been especially clear; this was a period of particular turbulence within the medical professions, when the links between politics and medicine were more visible and more hotly debated than ever before. From the power of mesmeric

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427 Renton, op.cit., p.100
429 Report of the Speeches Delivered at the Public Dinner Given at Pennycuik to John Renton, Esq. Surgeon. May 8 1835. Edinburgh: Andrew Jack and Co. 1835, At this dinner, published in celebration of the Parliamentary Reform Bill of 1832, Renton noted the involvement of the medical community in the politics of the day: "I have been told that a medical man has nothing to do with politics. This was invariably the opinion of those whose political opinions were at variance with my own ... Their sincerity, however, might well be questioned, considering what tools they made of medical men, whose names it would be invidious in me to mention." p.5 He concluded: Remember, Gentlemen, we live in no ordinary times. The reform bill ... was an epoch in a nation's history." p.6
trances to the use of the stethoscope to new interpretations of comparative anatomy, the theories by which medical novelties were explained and authorized were inevitably politically inflected; these inflections shaped/determined the reception given to each innovation by the different factions of the medical community.\textsuperscript{430} Churchill probably intended his theory-free presentation of acupuncture render it available to the broadest possible spectrum of users. However, his caution may have reduced acupuncture's appeal in a period when the medical periodicals were themselves active participants in the debates of the day. With the medical press divided into opposing camps, an innovation's ability to strengthen or weaken one side of the politically imbued debates was as important in determining its access to print as its healing potential.

Despite his acknowledgment that the enigma of acupuncture hampered its acceptance and impugned the credibility of its supporters, Renton did not place a great premium on discovering the mode of action. In fact, he argued that the attempts to account for its effects had themselves harmed the popularity of the therapy: "Indeed, the different attempts which have been made to account (as by electricity for example) for the curious physical and physiological phenomenal produced by acupuncture, have been very injurious to the successful diffusion of the practice..." Renton, unfortunately, did not specify how the experiments had harmed acupuncture's image, but presumably it was by their persistent failure to produce convincing evidence for any explanatory theory. With some frustration, he described the (perhaps inevitable) result of Churchill's empirical strategy in a medical culture which was increasingly interested in scientific models of causation and proof:

...\textsuperscript{431} Accordingly we find, that the very rapidity and perfection of the cures have acted as causes why the efficacy of the remedy has been doubted, and that its boasted remedies have been imputed more to mental action... than to any real good effects resulting from the operation itself.

Many of the articles on pain-relief acupuncture which did appear after 1830 had foreign origins, indicating that European medics continued to use acupuncture, and that the journals were at least still willing to publish on the


\textsuperscript{431}Renton, op.cit. p.101.
subject -- thus we know that needling had not suddenly been rendered discreditable by some event which escaped the written record. Doubtless the authority of the European reports contributed in some degree to the maintenance of low levels of acupuncture use in Britain. However, given the periodic bouts of xenophobia expressed particularly within orthodox English medicine, these foreign sources could not have been as persuasive as the domestic equivalents of which there was so definite dearth. For this deficiency, Tatam Bank's 1831 article suggested another explanatory factor, and one which may have proven crucial in reducing acupuncture's visibility in the medical press. Acupuncture was increasingly perceived to be impotent in cases of acute muscular or nervous pain. Clearly, these were exactly the cases in which the patient would have been most likely to call in a surgeon, and despite the example of Scottish physicians like Renton and Banks himself, surgeons were still more commonly acupuncture-users than their medical colleagues.

This surgical predominance, rooted in the traditional designation of external and internal treatments as respectively surgical and medical, and sponsored by Churchill's initial presentation of acupuncture, greatly complicated the process of educating the next generation of potential acupuncture-users. At this crucial point in the extra-textual diffusion process, the transmission of acupuncture seems to have stalled. The skepticism which surfaced in Churchill's accounts of the happily healed, and which pervaded Dendy's re-telling of the Earl of Egremont's cure, took far less benign forms in the lecture theaters and hospital wards where acupuncture was presented to the crucial next generation of practitioners. As acupuncture's first British decade closed, those students who were exposed to the technique heard it described in cautious tones and understatements, if they heard of it at all. An 1832 clinical lecture at St. Thomas Hospital, presented by Dr. John Elliotson exemplifies the climate of doubt, and sheds some light on its causes. Elliotson was describing "a case of rheumatism" (not, notably, a patient with that illness) which he had treated that week at the hospital. He had employed acupuncture, and the patient had left the hospital cured. Yet Elliotson's review of the case showed no vestiges of the triumphalism which had marked even his own earlier reports of the healing needle. Instead his tone was disbelieving: "The case of rheumatism I will not pretend to say was real, and,
therefore, I cannot say that I cured the patient; but he went out well." The doctor's uncertainty was directed in the first instance towards the patient's self-report of his pain -- "He said he had a violent pain in the back, that was relieved by heat, but I could not see the pain or its effects. It was not attended by quickness of the pulse, or foulness of the tongue." The pain was not physically marked upon the body, not externally legible, and was thus automatically dubious. Elliotson's medical response thus had two goals; his first, and ostensible aim was to cure the patient; his second, made explicit only to his medical audience, was to establish an independent, external assessment of the patient's complaint. In practice, Elliotson reconciled these goals by choosing acupuncture as the therapeutic instrument. Bluntly (or perhaps I should say, pointedly), the needle was to test his veracity, serving either to cure or to punish him.

He said he had pain, and, as I have just observed, relieved by heat, and therefore it was a proper case for sticking needles in his back. If he was shamming, I knew he would not like the remedy; but [if] it was real, acupuncture was a proper measure. He had a needle introduced on each side of the back, which was allowed to remain two hours every day, and in three or four days he said he was perfectly well...

Yet although it was the patient whom Elliotson expressly doubted, acupuncture too came across as suspect. The dubiety surrounding the very existence of the patient's "rheumatism" certainly lessened the impact of an acupuncture cure for it. The selection of the needles as suitable punishment, if the patient was in fact "shamming" cast them in no pleasant light either; acupuncture, in this scenario was at best harmless but intimidating, and at worst, sufficiently terrifying to scare off a man hardened to deceit. Finally, even considering the case in the most favorable light, acupuncture was presented as curing only such pain as could be "relieved by heat..." and was unaccompanied by physical disease -- hardly a daunting or unique brief.

Elliotson was not speaking solely to the students at St. Thomas Hospital who surrounded him. Rather, at this point the professional paths of diffusion

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433 Elliotson, loc.cit. My emphasis.
434 Elliotson, loc.cit. My emphasis
reunited; Elliotson's lectures were syndicated by the *Lancet*, and thus were addressed also to the far greater, if less privileged, crowd of practitioners and students who read his lectures there, week by week. Later, they were collected into several highly orthodox multi-edition collections of his oeuvre, in which form they retained their references to acupuncture but were scrupulously edited to remove all mentions of the mesmerism which led to Elliotson's medical fall from grace. Elliotson had been an early and prominent supporter of acupuncture, and it is certainly possible that this very public demonstration of his own continued (if not convinced) use of needling was intended to buoy the technique. But acupuncture's support was suffering in part because of a general trend in patient care -- specifically from a change in the form of the medical encounter. Western doctors had finally overtaken traditional Chinese physic in the process of creating an externally legible body and in establishing the medical man as the authoritative reader of that physical text. The patient's experiential pain, at least pain which inscribed no sensible signs on the body, was no longer a central part of the diagnostic system.

In Churchill's arguments, acupuncture was defined almost exclusively by its analgesic efficacy; it could cure or relieve patients when they had no organic illness (as signified by the very visible signs of inflammation or fever), or when they had "nervous affections," a category the vagueness of which hints at the diagnostic invisibility of its constituent ailments. But these complaints, if they were to be taken seriously, required a level of patient involvement which no longer fit the (aspirational) professional paradigm of the medical encounter. The level of control exercised even by poor patients in reporting both their symptoms and the degree to which they were relieved by acupuncture was far too great to be readily accepted by a medical profession which was building an exclusive authority over the experience of illness. Elliotson's skepticism exemplifies this shift.

1840-1870: Submergence

*The Empire of Medicine has just passed through one of those unaccountable paroxysms of credulity to which, from time to time, it seems ever to have been subject ... folly will have its turn. Even Medicine is not always vigilant and sometimes Aesculapius nods.*

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Where the medical tone of the 1830s had been turbulently radical, the decades which followed were defined by the medical establishment's minor concessions to the moderate reformers and uncompromising rejection of the radicals. In this climate, and with the Opium Wars further tainting British responses to China, the moderate reformers who were the backbone of British acupuncture use had little to gain by publishing additional case-studies on acupuncture. The radicals who might still have benefited from -- and would certainly have enjoyed -- its establishment in the face of Royal College mockery had limited access to the medical periodicals and to the "clinical material" necessary to the production of acceptable articles. Consequently, during the 1840s and fifties, the medical periodicals were almost completely silent on the subject of acupuncture. The *Lancet* and the *Edinburgh Medical and Surgical Journal* each published only one article on the therapeutic needle between 1840 and 1849. Both reported on purely mechanical uses of acupuncture, but the Scottish article, an extract from the German *Journal fur Chirurgie und Augenheilkunde*, left open the possibility of a slightly more complex *primum mobile*. The incident recounted (notably in the *Journal's* column for "Surgical Pathology and Therapeutics") involved the reduction of a strangulated hernia, usually accomplished by a complicated and dangerous operation:

Dr. Daser, before having recourse to the operation for strangulated hernia, with a view of trying the effect of acupuncture, for the purpose of evacuating the gaseous contents of the strangulated portion of the intestine, made two punctures in it with a long fine needle. No gaseous matter apparently escaped, but the patient complained of acute pain, and loud gurgling sounds were heard in the abdomen, immediately after which the hernia was spontaneously reduced. Dr. Daser attributed this fortunate occurrence to the prick of the needle having excited the contractility of the intestine...437

*The Provincial Medical and Surgical Journal*, precursor to the *British Medical Journal*, printed two very different articles referring to acupuncture. The first was an abstract of Italian experiments on acupuncture's efficacy in

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436 Again, for a more detailed, but still concise summary of this period, see Desmond, op.cit., pp. 382-397.
cases of asphyxia and drowning; such foreign investigative reports typified
the vehicles through which information about acupuncture was disseminated
in the medical media in this interval of submergence. However, the second
article was the text of an after-dinner speech given to the Westminster
Medical Society in 1842; its subject was Chinese medicine, and it briefly
mentioned acupuncture. This essay was an exemplar of a new and rapidly
growing genre of medical writing, directed towards the satisfaction of
curiosity and not to the creation of new medical orthodoxies. Within that
genre, the article was unusual only in being so fully reported by an
established medical periodical; this anomaly can be explained by the fact that
the paper was read to an established medical society, whose meetings were
regularly reported in the PMSJ. Usually, articles discussing Chinese medicine
appeared in the burgeoning sector of Asia- or mission-focused (and produced)
journals, like the Chinese Repository, printed in Canton from 1832. The
Chinese Repository was available in Britain, and was popular enough to go
through two editions as annual volumes. By the 1840s, it was publishing
translations and commentaries on classical Chinese medical texts, as well as
their philosophical and religious counterparts, and general gossip about the
British expatriate community in China.438

While the number of articles specifically discussing pain-relief
acupuncture declined, coverage of China and Chinese medicine in general
increased, particularly during and just after the Opium Wars, when interest in
and access to China was great (if predominantly hostile). Once again,
missonary activity was fostering cross-cultural transmission of knowledge.
This time, however, the missionaries were British, Protestants, and if medically
trained, trained also to expect little practical benefit from the study of non-
western medicine. Furthermore, after the 1820s, they were no longer
providing information about an unknown phenomena when they described
acupuncture. Despite the ambiguities surrounding the therapeutic needle in
European and British practice, it had acquired a western pedigree. Supporters
and detractors of acupuncture in Britain turned to the European literature for
evidence and interpretive authority, rather than to missionary accounts. After

438 This class of periodicals ranged from the scholarly and elite Journal of the
Royal Asiatic Society and its more accessible offshoot, the Proceedings of the
North China Branch of the Royal Asiatic Society, to the professional China
Medical Journal, to the missionary publication the Anglo-Chinese Gleaner.
all, the views of Chinese medicine presented by observers in China were rarely flattering, and heavily emphasized the exotic and bizarre.\textsuperscript{439} Thus, one doctor published a diatribe against Chinese medicine in which much was made of the exotic names given to variants of the pulse, and the more alien aspects of Five Element theory were lovingly detailed. He then described acupuncture in China as, "where a bone or muscle or joint is in a state of inflammation, chronic or acute, a substantial stiletto is thrust into it and stirred about in a most reckless manner producing the most terrible consequences, sometimes causing death, or making the patient a cripple for life..."\textsuperscript{440} Moreover, the medical missionaries who provided British authors with their new material were as materially interested in down-playing Chinese medical expertise as their Catholic predecessors had been in polishing China's image.\textsuperscript{441}

The Visible Needle: Sites of Persistence 1840-1870

Unlike the periodical press, medical compendia and dictionaries frequently discussed acupuncture in greater detail -- although not necessarily with greater approbation -- as the century progressed. This shift began as new editions were released in the late 1830s and 40s; the additions and expansions reflected a continuing exploration of acupuncture which although limited in its nature and aims, far exceeded that indicated by the periodical coverage. In 1820, Robert Hooper's \textit{Lexicon Medicum} described acupuncture as "bleeding performed by making many small punctures."\textsuperscript{442} In 1839, the seventh edition

\textsuperscript{439}See also Chapter 3.
\textsuperscript{440}James Henderson, "Article V. The Medicine and Medical Practice of the Chinese," \textit{Journal of the North-China Branch of the Royal Asiatic Society}. New Series, No. 7 (December 1864): 21-69. p.57. It is worth noting that the use of acupuncture in China during this period was by no means confined to inflammatory conditions -- indeed, Henderson's description sounds more like a botched western acupuncture operation. It is possible that Henderson never witness a Chinese acupuncturist at work, or did not recognize the operation as acupuncture.
\textsuperscript{441}The medical missions were founded and funded on the twin assumptions that China was medically ill-served and that the provision of superior western medical care would open the way for Christianity and civilization (and of course, the profitable trade which seemed inevitably to follow). Obviously, a picture of Chinese medicine as not merely occasionally effective but as worthy of adoption, or of Chinese medics as competent healers would conflict with the narratives of suffering and squalor which elicited mission funding and justified their presence.
\textsuperscript{442}Robert Hooper, \textit{Lexicon Medicum; or Medical Dictionary; containing and Explanation of the terms in anatomy, physiology, practice of physic, materia medica, Chemistry, pharmacy, surgery, midwifery; and the various branches
("revised, corrected and enlarged" by a physician named Klein) included a more substantial entry, which began by correcting the idea that needling was a form of phlebotomy. Acupuncture was redefined as "an operation which consists in the introduction of a needle into any part of the body with a view to the relief or cure of disease." The entry referred to acupuncture's Asian origins but expended more effort on a description of its passage through France and Europe, noting experiments on animals and the modification of acupuncture to combine it with galvanism. Klein made it very clear that the British model of acupuncture practice differed from (and by implication, was superior to) its European and its Asian uses use; he first observed that "British practitioners confine this operation to muscular, tendinous, and aponeurotic [nervous] parts; but the Orientals pierce the abdomen with needles for relief of colic and other affections." Later, he expanded, without enthusiasm, on the variety of illnesses for which acupuncture was employed in China and Europe:

Acupuncture is employed in a great variety of diseases. In China and Japan it is used in abdominal affections, apoplexy, convulsive diseases of all kinds, fever, gout, rheumatism, gonorrhoea, and many other cases. On the continent of Europe it has been tried with more or less apparent success in most diseases of which pain is the principal symptom, -- as rheumatism, neuralgia, gastrodynia, pleurodynia, headach, toothach, &c.445

Once again, he followed this information about what he clearly saw as the irrational enthusiasm of the Asians and Europeans for the needle with a contrasting description of the sensible and limited practices of the British Isles:

In this country, acupuncture is not generally considered worthy of any confidence, except in cases of local pain, quite unattended with any inflammatory action: that form of chronic rheumatism in which the nerves are chiefly implicated ... is the disease in which this remedy has been found most unequivocally useful.446

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443 Robert Hooper, Lexicon Medicum; or Medical Dictionary containing and Explanation of the terms in anatomy, physiology, practice of physic, materia medica, Chemistry, pharmacy, surgery, midwifery, and the various branches of natural philosophy connected with medicine, 7th edition revised by Grant Klein. London: Longman, Orme and Co. 1839. p.33
444 Ibid., loc.cit.
445 Ibid., loc.cit.
446 Ibid., loc.cit.
Finally, Klein noted that the use of the needle "to afford exit to the fluid effused in anascara and oedema" was both more effective and "much less dangerous" than the traditional treatment of scarification.\footnote{ibid., loc.cit.} Grant was decidedly lukewarm in his praise of acupuncture, but the entry included all of the information about the operation of acupuncture which was considered requisite to its practice in Britain. The novice practitioner could learn from this entry in what conditions to use the needle, how to site its insertion, how exactly to insert it into the cutis, and how long to leave it embedded in the flesh.

John Elliotson's collected lectures, also published in book form in 1839, gave its readers even more advice on treating patients with acupuncture. These volumes described acupuncture in the context of the single illness for which Elliotson still considered needling appropriate: chronic or acute rheumatism without inflammation. Although Elliotson had begun to dismiss acupuncture's utility in other complaints, for this form of rheumatic pain, he remained an enthusiastic supporter of the needle: ""It is in this description of the complaint that you will find acupuncture of great use. ... Acupuncture is not an absurd remedy. It is a strong one; but I am quite satisfied that it is a real remedy, if it be properly applied"\footnote{John Elliotson, The Principles and Practice of Medicine; Founded on the most extensive experience in public hospitals and private practice; and as developed in a course of Lectures, delivered at University College, London; London: Joseph Butler. 1839 "Rheumatism," p.1018-1025} His depiction of acupuncture in the main text included no information about its origins; the technique and its uses alone were detailed. However, the published version of the Principles included an appendix on acupuncture drawn from his contribution to the Cyclopedia of Practical Medicine. Here, acupuncture was portrayed as having wide-ranging applications and benefits, and the reader was reminded at length of the needle's exotic history, Asian and European.

Medical dictionaries, though naturally less prolix than the medical compendia, also slightly expanded their coverage of acupuncture after 1830. Because their entries were so compressed, the information which was selected for inclusion reveals what their editors considered to be the essentials of acupuncture practice (and of its appeal to their readers). An 1845 dictionary,
for example, offered its prospective audience of medical students three ways to sum up acupuncture: "Acupuncture: ... an operation originally practiced in China and Japan. It consists in the adroit introduction of a gold or silver needle into various parts of the body affected with pain or swelling; and is sometimes productive of temporary relief. The modus operandi of the remedy is not obvious." Acupuncture's connection with Asia and its mysterious mode of action were still worthy of note, as was the unpredictability of its therapeutic effects. As with other minor operations defined in its volumes, the Pentaglot Dictionary then referred its reader to a more detailed source -- in this case, Churchill's Treatise on Acupuncture.

Robley Dunglison, who was a prominent promoter of moxibustion in the 1820s, and who had initially approved of acupuncture as well, gave an ambivalent description of needling in his 1842 edition of the Medical Lexicon: A New Dictionary of Medical Science. Dunglison first explicitly categorized acupuncture as "a Surgical operation;" then revealed that it was "much in use amongst the Chinese and Japanese;" and finally that it consisted of "puncturing the parts with a very fine needle." He noted its recent popularity for "obstinate rheumatic affections, &c. and apparently with success." Then, bizarrely, Dunglison observed that acupuncture was also a mode of abortion "in some countries" -- hardly a fact likely to recommend the

449 Shirley Palmer, A Pentaglot Dictionary of the terms employed in Anatomy, Physiology, Pathology, Practical medicine, surgery, obstetrics, Medical jurisprudence, materia medica, pharmacy, medical zoology, botany, and chemistry in two parts, London: Longman and Co. 1845 p.12
450 Robley Dunglison translated Baron Larrey's treatise on Moxa, adding a long introduction describing the history of the technique and its "sensible" use. In this introduction, he also mentioned acupuncture. Dunglison was educated in Edinburgh and London, and was a Fellow of the Royal College of Surgery before emigrating to Philadelphia, where he became prominent in US medicine. See D.J. Larrey, On the Use of Moxa as a Therapeutical Agent;Translated from French, with notes and an Introduction containing a history of the substance, by Robley Dunglison. London: Thomas and George Underwood 1822.
451 Robley Dunglison, Medical Lexicon. A New Dictionary of Medical Science, containing a concise account of the various subjects and terms; with the French and other synonyms and formulae for various officinal and empirical preparations. Third edition, expanded and enlarged. Philadelphia: Lea & Blanchard, 1842. p.21
452 ibid., loc.cit.
treatment to the respectable medical practitioner, especially in an era when
the profession was struggling to augment its moral authority.\textsuperscript{453}

In his \textit{New Remedies: Pharmaceutically and Therapeutically
Considered}, Dunglison described acupuncture in greater detail but with much
the same emphases. He observed that, "Although acupuncture is really an
ancient therapeutical agent, attention to it has been so much revived of late
years, and its use has been so largely extended, that it may be looked upon as
constituting one of the novelties of therapeutics."\textsuperscript{454} Again, acupuncture was
described in terms of inserting needles into the body to relieve pain; it was
further estranged from European traditions through Dunglison's comment
that it was unknown to Greeks, Romans and Arabs, and indeed had been used
only by the Asians, "by whom it was regarded as one of the most important of
remedial agents." Dunglison credited the experimentalist and clinician Jules
Cloquet with the revival of acupuncture in France and Europe generally, and
painted a vivid if apocryphal tableau of its use in the hospitals of Paris:

... it [acupuncture] was for a long period a fashionable article in the
hospitals; so much so, it is affirmed, that attempts were even made to heal
a fractured bone by it without the application of any appropriate
apparatus! and at one time, it is said, the patients in one of the hospitals
actually revolted against the \textit{piqueurs médecins}.\textsuperscript{455}

His tone in this passage indicates the degree to which French authority had
been devalued in British and North American medicine. Dunglison then moved
to the mechanics of puncturing, indicating that puncture was always \textit{in loco
dolenti}. The dependence of the physician on his patient in this stage of the
operation was considered worthy of remark, but was not absolute: "where the
feelings of the patient do not point out the spot, it must be suggested by our

\textsuperscript{453}The idea that acupuncture was used in some way in difficult pregnancies
had a long European pedigree. Ten Rhyne reported that the Japanese need'ved
the foetus to quiet it in cases where its movements endangered the mother but
he did not connect this with abortion -- his tone implied that this action
preserved both mother and infant. The mere idea of interfering with the
uterus in this way seems to have horrified western doctors, and it was
frequently cited as an example of Asian incompetence and anatomical ignorance. However, no other authors explicitly described it as a form of
abortion.

\textsuperscript{454}Robley Dunglison, \textit{New Remedies: Pharmaceutically and Therapeutically
Considered. Fourth Edition} (With Extensive Modifications and Additions.)
Philadelphia: Lea and Blanchard, 1843, pp. 45-53.p.45

\textsuperscript{455}ibid., p.46
knowledge of anatomy and physiology." Dunglison turned to the modus operandi of acupuncture; unlike his predecessors, he asserted that acupuncture undoubtedly operated through "a new nervous impression, produced by the needle in the parts which it penetrates." Dunglison also left no doubt as to the fact that he considered this to be a very weak source of power over the body. Thirty years later and teaching in Philadelphia, Dunglison completely repudiated acupuncture, explicitly because of its contemptible Chinese and Japanese origins.

Acupuncture's origin was considered a weak point by many medical commentators writing during and after the Opium Wars. While even its less convinced supporters drew careful lines between acupuncture practice in Great Britain and in Asia, critics took the opposite tack. In 1864, Robert Kemp Philip, writing for the educated lay market, described acupuncture as "a very painful mode of curing certain chronic diseases by puncturing the part freely by one or a series of sharp, strong needles." He then closely linked its British practice with the mode of needling used in China. Unlike advocates of the needle, Philip claimed that "The only difference in the practice consisted in the Eastern surgeons using pure gold for their needles, while the Europeans employed those made of steel...." He dismissed its early popularity, ascribing it to the faddishness of medicine: "like all new fashions in medicine, was, for a

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456 Ibid., p.47
457 Ibid., p. 49-50
458 Robert Dunglison, History of Medicine from the Earliest Ages to the Commencement of the Nineteenth century. Arranged and Edited by Richard J. Dunglison, Philadelphia: Lindsat and Blakiston, 1872. See in particular Chapter VII. "Medicine of the Chinese and Japanese." It begins with a section entitled, "Causes of their imperfect civilization," and becomes steadily more negative throughout the chapter. Dunglison concluded that all of China's accurate knowledge and useful expertise, developed before the 13th century, had its origins elsewhere: "...it is highly probable that they had previously had communication with the advanced nations of Europe, and that they had acquired from the same of their knowledge." p.72 "The notions which the Chinese possess regarding the structure of the body mainly rest on old traditions, which probably originated from the Greek physicians of Bactriana; superstition preventing them from dissecting. ... A single glance at the plates given by Cleyer in his Specimen Medicinae Sinicae, will at once show their slight knowledge of the human organization. ... Their physiology is not less contemptible." p.73
460 Ibid., loc.cit.
time, extensively adopted.” and concluded optimistically: “The practice is now almost abolished from English surgery.”

In fact, and doubtless to Philip's disgust, acupuncture was well represented even in the medical compendia designed for the household market. In Beeton's Medical Dictionary, the acupuncture was give a short but fairly complete citation, mentioning “the East”, but focused on European and British practices and innovations:

It has been practised both in Paris and England with satisfactory results in different kinds of diseases, primarily neuralgic pains and chronic rheumatism. The needle, which is of steel, is passed by a slight rotatory motion to the required depth, and allowed to remain from a few minutes to several hours. The needles are sometimes used as conductors of the galvanic fluid to the deep-seated parts, and are sometimes made hollow in order to convey some sedative solution.⁴⁶¹

Haydn's Dictionary of Popular Medicine and Hygiene was similarly brusque in its acknowledgment of the Chinese; its editor saved space for a proposed modus operandi for the needle: “It has been suggested that the relief caused by the proceeding is owed to the fluid contained in the nerve sheaths being thus allowed to escape. It is a very favourite proceeding with the Chinese.”⁴⁶² All of the popular sources, whether advocating or denigrating acupuncture, agreed on two aspects of acupuncture: its goal was the relief of chronic pain (or those diseases characterized by chronic pain), and its mode of application was that of “thrusting needles ... into the painful part.”⁴⁶³

Intriguingly, those durable publications which specifically targeted surgeons did not always follow the trend of extending their coverage of acupuncture. The Surgeon's Vade Mecum, published in 1839, grouped acupuncture with the minor operations. Its editor, Robert Druitt, summed up the treatment in two dismissive sentences: “Acupuncture is easily performed by running in a sufficient number of needles with a rotary motion. Its utility is very problematical.”⁴⁶⁴ In 1842, another surgical compendium described

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⁴⁶¹S.O. Beeton, Beeton's Medical Dictionary. A safe guide for Every Family. Defining in the plainest language, the symptoms and treatment of all ailments, illnesses and diseases. ... And a full explanation of Medical and Surgical terms, London: Ward, Lonck and Tyler, 1871. p.4
⁴⁶³ibid., loc.cit.
⁴⁶⁴Robert Druitt, The Surgeon's Vade Mecum, A handbook of the principles and
only the use of the needle to treat oedema was mentioned -- and that technique was not even referred to as acupuncture.⁴⁶⁵ A text book on minor surgery published in 1866 included acupuncture for the relief of pain, but only in a short section describing "the application of counter-irritants: "Acu-puncture ... is generally classed among the counter-irritants. It consists in introducing needles into the tissues, and allowing them to remain there for a certain time. Acu-puncture is most frequently employed in painful nervous affections, especially in sciatica."⁴⁶⁶ Rheumatism, lumbago and gout were not among the many conditions which this textbook taught young surgeons to treat, and acupuncture was not mentioned in the treatment strategies listed under individual ailments even for tetanus, oedema, or sciatica. In 1884, The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases and Operations confined its definition of acupuncture to the operation of puncturing to reduce oedema.⁴⁶⁷ None of these surgical texts acknowledged the Asian origins of acupuncture.

The Science and Art of Surgery had been revised and edited by an assistant professor of Clinical Surgery at University College Hospital named Marcus Beck, who two years previously had been involved with the compilation of a state-of-the-art medical dictionary. This volume, A Dictionary of Medicine, Including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to Women and Children, contained a long and generally positive description of acupuncture, written by Beck. In his entry for acupuncture, Beck described acupuncture as "an ancient mode of treatment for the relief of painful affections, now but little used, consisting in the introduction of fine round needles through the skin to a varying depth."⁴⁶⁸ He

⁴⁶⁵William Fergusson, A System of Practical Surgery. London: John Churchill, 1842. In his "Chapter VI Operations on the Scrotum, Testicle, Prepuce and Penis," Fergusson noted that "Some years ago this method of treatment attracted a good deal of attention; but as far as I can see it has undeservedly passed out of notice again, -- perhaps in consequence of the over-sanguine statements of those who advocated the plan ..." p.535.

⁴⁶⁶Annandale, Surgical Appliances and Minor Operative Surgery, Edinburgh: Maclachan & Stewart, 1866 p.52 Annandale was a FRCS of Edinburgh, Lecturer on Surgery and Assistant Surgeon to Edinburgh Royal Infirmary, and had been the Demonstrator of Anatomy at the University of Edinburgh


⁴⁶⁸ Marcus Beck, "Acupuncture" in Richard Quain (ed.), A Dictionary of
noted that knowledge of the technique had been transmitted to Britain from Japan and China two centuries previously, and that the technique was used in Britain only for lumbago and sciatica, "in which affections it undoubtedly gives relief." Beck subsequently turned to a careful, step-by-step description of the entire operation -- a description which clearly reflected personal experience with the technique:

The operation is thus performed. The patient is laid upon his face, tender spots are sought for ... The needles are then pushed in vertically for a depth of from one and a half to two inches, and allowed to remain from half an hour to two hours. ... In sciatica it is recommended, if possible, to make the needle actually penetrate the nerve. This is known by the patient complaining of a sudden shooting pain down the back of the leg.

The success of the operation obviously still relied heavily on the patient's experience and self-reports, despite Beck's use of physician-centered terms. Beck had his own opinion about acupuncture's mode of action, at least in some cases; the theory he supported combined the materialist interpretations of acupuncture's early history in Europe with newer anatomical and physiological knowledge: "The mode of action is uncertain, but in sciatica, it has been supposed that the puncture of the nerve sheath allows the escape of fluid."

Beck's article also indirectly addresses the reluctance of regular medical journals to print articles on acupuncture. In the course of describing the diverse operations which shared the name "acupuncture" (all of which he clearly considered to be secondary claimants to the name), Beck mentions "a modification invented by Baunscheidt." In this associated operation, forty shallow punctures were made into the body by an array of cutting needles set into a spring-loaded device with a flat circular head "the size of a crown piece." The bleeding wounds thus produced would be painted with an irritant "which gave rise to an eruption like herpes." It was the purifying suppuration of this eruption, rather than the actions of the needles themselves, which was meant to be therapeutic. Unpleasant as it may sound, this treatment had a wave of popularity; Beck noted, "This was at one time in

\[\text{\textit{Medicine, Including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to Women and Children}, London: Longmans, Green and Co., 1882, p. 12.}\]
\[\text{\textsuperscript{469}ibid., loc.cit.}\]
great repute as a quack remedy for all sorts of diseases." It was never accepted by orthodox practitioners, and I have not found any other contemporary discussions of Baunscheidt's invention which liken it to acupuncture. A stronger connection between acupuncture and irregular medicine in this period could have been made in the area of male infertility where one shady group of practitioners promote the idea that a needle inserted into the perineum or prostate could cure impotence, premature ejaculations, and "nocturnal emissions." Again, I have found no direct link between pain-relief acupuncture and this particular therapeutic use of the needle. However, in the eyes of medical editors, even the purely linguistic link embodied in the shared instrument could have tainted the practice of pain-relief acupuncture with implications of quackery. Finally, Beck briskly cited the list of illnesses in which the mechanical effects of needling were considered to be beneficial; except for aneurisms, all involved the simple release of fluid. He clearly distinguished this group or operations from the use of the needle to relieve pain, in part by their use of different instruments: the former required the cutting-edged surgical needle, while the latter involved a round pointed needle with a cylindrical or grooved handle; this type of needle was designated as an "acupuncture needle" and was sold under that name and at a substantially higher cost than the surgical needles (possibly because their thinness required them to be more highly tempered). Both of these orthodox, if perhaps uncommon, techniques were distinguished from the "quackery" of Baunscheidtism.

Christopher Heath, also a member of the University College London faculty -- in fact he was the Professor of Clinical Surgery and Beck's immediate superior -- edited a Dictionary of Practical Surgery which was published in 1886. Acupuncture was given substantial coverage in this

\footnote{ibid., loc.cit. For more on Baunscheidtism, see John Haller, "Acupuncture in Nineteenth Century Western Medicine," New York State Journal of Medicine 73, (May 15, 1973): pp. 1213-1221. Haller concentrates on the role played by Baunscheidtism in American responses to acupuncture, advancing little direct evidence, but several suggestive coincidence. I have not found direct evidence of allusions of quackery in connection with acupuncture in Britain, perhaps because British medicine had less communication with German medicine in this period.}

\footnote{See Haller, op.cit.. for more detail; also C.F. Lallemand, A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhea, London: John Churchill, 1847; A Court Physician, Reproductive Disorders, Spermatorrhagia, Exhausted Brain, Etc. London: 1876.}
surgical compendium, with a three-page entry written by a surgeon named Chauncy Puzey. Puzey described the tools of acupuncture and its uses, initially distinguishing none of them as primary:

Acupuncture may be performed according to circumstances, with a round-pointed or sewing, or with a cutting-edged or surgical needle. Its uses are various as a stimulant, as a counter-irritant; for the purpose of evacuating or dispersing fluids from various parts of the body; and the term may also be applied to the use of needles in the operation of tattooing, which is almost confined to ophthalmic practice.\[^{472}\]

However, as the article continued, Puzey made it clear that "acupuncture" was still conventionally used to describe the operation of needling for pain-relief: "the term acupuncture is more generally applied to the use of needles for the relief of various painful affections, such as neuralgia and muscular pain, and stiffness consequent upon injury or chronic rheumatism."\[^{473}\] After describing the needles themselves and the proper insertion techniques for this form of acupuncture, he noted that it had been anciently used "amongst the Orientals, " and pointed out that in their hands, "the effects are said to be marvellous" — unusually, he did not hint that "marvellous" could be read as unbelievable. However, he did observe that" the records of English surgery do not throw much light upon the subject ... its success has been by no means constant."\[^{474}\]

Puzey referred to the recent operations made by Erichsen on sciatica ( in the process noting that the patient's sensations determined the proper depth of the needle) and by two other surgeons on chronic muscular pain. Inevitably, he reiterated the persistent complaint that no mode of action had been determined and proven, but he also implicitly dismissed the linkage between Baunsheidtism and acupuncture proper: "In the recent edition of Agnew's Surgery is shown an instrument for producing superficial acupuncture in the treatment of local pain; but here the effect may be clearly defined as counter-irritant."\[^{475}\] In addition, acupuncture had recently been tried in cases of fracture (where it was intended to stimulate circulation) and in the treatment of aneurism. It was this final mechanical use of the needle to reduce the

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\[^{473}\] ibid., op.cit.. p.24-5

\[^{474}\] ibid., op.cit.. p.24-5

\[^{475}\] ibid., op.cit.. p.24-5
pressure on swollen arterial vessels and prompt the growth of thick scar tissue at the delicate site which had captured Puzey's attention, and the remainder of the article was devoted to the topic.

Medical Periodicals and the Limits of Local Culture
"My object in communicating the following cases is to show the advantage of acupuncture as a remedy in the treatment of some forms of rheumatism and neuralgic affections." John Tatam Banks, 1856

The close proximity of Beck, Heath, and Puzey is suggestive of the existence of self-perpetuating local cultures of acupuncture practice. University College Hospital in London may have been such a pocket, and the Leeds General Infirmary certainly was one. The articles which broke the journalistic silence on acupuncture confirm this picture. The first substantial periodical piece on acupuncture to appear after 1840 was written by John Tatam Banks and published in the Lancet in 1856. Banks reminded readers of his writings on acupuncture "more than twenty years ago," and asserted that his opinion of acupuncture's powers had only been confirmed in the intervening decades: "The experience of many years has confirmed my opinion of the value of acupuncture. I have ordered it in numerous cases -- almost always with success -- never (that I am aware of) with ill effects." Banks only mentioned China and Japan in passing, comparing their long history of successful acupuncture use with that of England where in his opinion, acupuncture was yet awaiting the "unprejudiced trial it deserves." Banks considered this English prejudice against the therapy to derive from two sources -- skepticism of the unfamiliar and fear of the needle:

The proposal to put a needle into the flesh as a remedial process is apt to excite a smile of incredulity, if not of ridicule; for few persons are inclined to think it probable that any benefit can arise from such a practice, and by many it is looked upon as a formidable remedy at best, while really it occasions but very trifling pain, and often scarcely any whatever.477

After this introduction, Banks turned to his argument in support of the needle, which he presented in two sections. First, he printed a letter from "a surgeon

477 ibid., p.652.
and gentle man," describing how he fatigued and overheated himself by riding a "hard-pulling horse" on his medical visits, finally returning home in the chill of the night. This malignant combination resulted in first fever, then incapacitating pain and stiffness of the chest and body -- so much so that the surgeon, John Wrangham, thought he was bleeding internally, and called Banks to his assistance:

[O]n your arrival, I rejoiced to find that you did not participate in the gloomy view I had taken of the case, but regarded it as one of a neuralgic and rheumatic character... You proposed acupuncture, which, I confess, I was inclined to oppose, having no predilection for such a remedy, and being somewhat an infidel as to any beneficial effects to be anticipated. You, however, were so confident (I may say so positive) that relief would follow the insertion of the needles, that I consented to the remedy..."  

Naturally, acupuncture was effective, and Wrangham found himself once again able to breathe freely, but still experiencing muscular pain; "encouraged as I was by the great relief in my breathing, I now on my part anxiously wished for the introduction of other needles, along the course of the fibres of the several muscles affected. ..." Banks inserted such needles, and his colleague was immediately relieved. The letter concluded in a tone of surprise and even wonderment -- "I find it difficult to express in words the rapid and most extraordinary relief -- as if by a charm -- afforded by the insertion of the needles..."  Wrangham subsequently took up acupuncture himself.

Banks resumed the narrative; he offered his readers the by-now stock cautions -- acupuncture could not cure rheumatism rooted in organic illness, nor treat cases where the site of pain was inflamed -- before extolling its benefits in "rheumatic or neuralgic pains, either acute or chronic ... or those of an erratic kind, (no matter where situated)." In particular, he asserted that acupuncture "will not only afford relief, but in most instances effect a cure." Then Banks turned to the second part of his argument, taking on one of the most esteemed medical compendia, Dr. Copland's Dictionary of Practical Medicine. Copland had scoffed at acupuncture as a therapy for rheumatism and neuralgia, and Banks quoted from his text before attacking it: "'I have seen it

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478 ibid., loc.cit.
479 ibid., loc.cit.
480 ibid., p.652-3
481 ibid., p.653.
much resorted to in several case with success; but I am not aware of much permanent benefit having been produced by it. The practice has fallen into its deserved disuse.' " Banks' reply was couched in sarcasm:

Now this is a somewhat singular statement. Dr. Copland admits that he has "seen it resorted to in several case with success" and yet says that "the practice has fallen into its deserved disuse." He says that he is "not aware of much permanent benefit having been produced by it"; it is surely but just to inquire whether he is aware, in the several cases in which he saw it resorted to with success, that permanent benefit was not produced by it? At all events, a remedy that, "in several case has been resorted to with success" should be fairly tried; and found from repeated failures, to be of little utility before it receives condemnation from so high a quarter. ⁴⁸²

From sarcasm, Banks turned to experience, reiterating his claim that acupuncture frequently produced permanent cures. He concluded, "I should not have said thus much, did I not feel anxious to draw the candid attention of my professional brethren to a most valuable but much neglected remedy." ⁴⁸³

Banks apparently had not attached himself to any theoretical interpretation of acupuncture's effects, even after a additional twenty years of practice. However, in this stage of acupuncture's British sojourn, his reluctance to hypothesize was no longer shared by the majority of his colleagues. William Craig, a surgeon in Ayr, was treating a shoemaker troubled by a stubborn and extremely painful recurrent tumor. "While pondering over the case, and having no confidence in any known method of treatment for the removal of pain," he was inspired to try acupuncture. ⁴⁸⁴ In 1859 Craig had written a text on the use of acupuncture for facial neuralgia in which he constructed a new version of a French theory of acupuncture's action; his argument was "-- That electric fluid and nervous fluid are identical." Pain, at least in the case of tic doloureux, he believed to be caused by "an accumulation of nervous fluid in the nerve affected" The needles employed in acupuncture acted as conductors for this electro-nervous fluid, and thus "the pain is instantly removed upon ... insertion." ⁴⁸⁵ (See Figures Six and Seven)

⁴⁸²ibid., loc.cit.
⁴⁸³ibid., loc.cit.
⁴⁸⁵ibid., p.618. This is his own summary of the argument presented in that text, and is an accurate reflection.
Craig drew an analogy between the stabbing and aching pains produced by his patient's tumor and those of acute neuralgia or tic doloureux, and determined to try the needles; his experiment was explicitly theory-driven. It also proved effective; Craig claimed that their success "was indicated at once by the countenance of the patient, which from being careworn and anxious became placid and cheerful."\(^{486}\) Clearly, the practitioner's necessary dependency on patient testimony to determine the success or failure of the treatment remained an undesirable feature of acupuncture. However, the needle also had a strikingly visible effect on the malignant tumor; it was able "to deprive it of its vitality."\(^{487}\) New tumors replaced the vitiated one, and the patient died, but he died without pain. Craig was aware of the importance of multiple cases in the propagation of medical practices, but he argued that the urgent need for an effective analgesic made early publication imperative: "The instant relief from agonies of the most excruciating character, and the deliverance from fears of their permanent continuance, is an object of the greatest importance to the patient, and cannot be uninteresting to him who seeks the best means of alleviating human suffering."\(^{488}\) He also commented on a Canadian report (published in the *Medical Times and Gazette* for 1865) of a successful acupuncture cure of tetanus, claiming that it was exactly the result predicted by his theory.

T. Pridgin Teale, of the Leeds General Infirmary was less inclined to theorize than Craig had been; his use of the technique was not prompted any particular theoretical interpretation of the needle but was instead the fruit of local culture and networks. Acupuncture had been "for years a favourite traditional practice at the Leeds Infirmary." Pridgin Teale indeed seemed puzzled about acupuncture's previous obscurity:

\[^{489}\] It is my wish to record some facts concerning a method of treatment which, though boasting of great antiquity, and capable at times of doing good service, seems in a great measure to have dropped out of use, or at any rate to be at the present day but little employed or even known in many parts of the kingdom.

\(^{486}\) *ibid.*, loc.cit.
\(^{487}\) *ibid.*, p. 619.
\(^{488}\) *ibid.*, loc.cit.
Like all of the latter-day proponents of acupuncture, Teale was as anxious to limit the applications and expectation of acupuncture as he was to promote its use in the cases which he considered appropriate. His introduction to the case studies illustrated his dilemma: "I do not profess that acupuncture succeeds in half, or even one third of the cases in which we use it; neither can I offer more than a conjectural explanation of its mode of action. When it does succeed, the relief it gives is often instantaneous."\(^{490}\) His caution, and that of his colleagues, echoes and reinforces Renton's early claim that acupuncture had been recklessly promoted in the past.

Another subject about which Teale was cautious was his opinion of acupuncture's mode of action. After presenting five case studies taken from the Infirmary's records, Teale turned almost reluctantly to the question of theory: "When ... we leave the facts and attempt to ... explain how the remedy acts, it must be confessed that we tread on very uncertain ground. It is therefore with some diffidence that I venture ... to suggest what appears to be a possible and reasonable explanation of results so definite and remarkable."\(^{491}\) Teale began by offering two categories of ailments for which acupuncture was suitable; the first, muscular disability, was uncontroversial and well-grounded in the British tradition of acupuncture. The second, which he himself called "a somewhat artificial one," was more revealing of his attitude towards/perception of the therapeutic needle. He wrote, "whenever a fixed pain has existed for some time and has resisted ordinary means of relief, general and local, I try acupuncture..."\(^{492}\) In other words, acupuncture was decidedly not an "ordinary means of relief," useful and traditional as it was; rather it was again employed as a last resort, although one of which good things were expected at least half of the time. Using these categories and the evidence of his senses, Teale explored the question of modus operandi. He had observed that an aureole often formed around the needle in successful cases of acupuncture; he combined this observation with the Victorian interest in nutrition through a conviction that both muscular injury and chronic pain were the results of insufficient nutrition of the tissues. This starvation was caused by inadequate blood supply either to the tissue or to its nerves. From this core, Teale derived a theory by which to explain both the relief of pain

\(^{490}\)ibid., loc.cit.
\(^{491}\)ibid., loc.cit.
\(^{492}\)ibid., loc.cit.
and the restoration of muscular power and capacity. The needle, he argued, produced "a temporary congestion and corresponding increase in the caliber of the vessels and in the blood supply," essentially priming the arterial pumps and thereby inducing an increased blood supply and proper bodily nutrition.\footnote{ibid., p. 568.}

Teale's article, like Tatam Banks', illustrate the power of formal and informal networks in preserving acupuncture through the years of its invisibility. Banks had learned of acupuncture in Paris during its British heydays; he continued to use it successfully for twenty years. Obviously, as an established user, Banks had no need of the periodical press to remind him of the needle's potential. Moreover, he was apparently converting neighboring surgeons whenever he had opportunity to do so, largely by treating them (or their patients) successfully. The Leeds Infirmary too began to use acupuncture in the 1820s or thirties, since Teale recorded his father's use of acupuncture on its wards; his father had preceded him in the post of Surgeon to the Infirmary, holding that office during the relevant period. Pridgin Teale Senior's colleagues had also used acupuncture, and it had become established as orthodox, if not ordinary practice. Teale also used acupuncture in his private practice, which implies that the affluent as well as the destitute of Leeds were accustomed to the needle -- certainly he recorded none of the skepticism so characteristic of more isolated acupuncture practices. Finally, Teale added a note to the effect that a similar situation had existed at the Birmingham Hospital; however, in Birmingham the use of acupuncture had died out with the retirement of the reforming generation. Presumably, the apprenticeship system which had so benefited Teale's career also acted to promote the use of acupuncture.

By the 1880s, articles on acupuncture were, if not a regular feature of the medical periodicals, at least not strikingly unusual. Acupuncture had returned to the public forum to the extent that, in 1885, two papers on the therapy were presented to the Annual Meeting of the British Medical Association in Cardiff. One was read in the section on Medicine, while the other occupied a parallel place in the Surgery division. The latter was given by J. Brindley James, a Member of the Royal College of Surgeons, who presented a mechanical device designed to simplify acupuncture. After the
meeting, he was persuaded by "the solicitations of numerous professional friends" to publish his conference paper and a set of associated case studies as a short pamphlet entitled "The Treatment of Lumbago and Rheumatic Pains by the Percusso-Punctator." His "Percusso-Punctator" consisted of an array of five needles at one end of a spiral-grooved metal shaft, encased in an ivory handle; by twisting the shaft, the needles could protrude or be withdrawn to any controlled depth, and the shaft also could be electrified. James saw this tool as a means by which to promote the use of acupuncture in the treatment of lumbago, rheumatism, sciatica and other ailments:

For years, I have obtained the most satisfactory results by acupuncture, effected through the means of a simple needle; but the very success of this system of treatment has induced me to seek and devise a means of facilitating, and thereby propagating, its application to a very wide extent.

Brindley James, like his predecessors, was eager to communicate with other acupuncture users, and described himself as highly gratified, "to hear my own views warmly advocated by no less and authority than Mr. Macnamara" who presented, "among other satisfactory examples culled from his own extensive and distinguished practice," several successful acupuncture cases to the South London district meeting of the Metropolitan Counties Branch of the British Medical Association. Macnamara used "simple acupuncture" to grant his patients "complete immunity from pain," and James confirmed that he too had been satisfied with the results of acupuncture.

James then described forty-three cases in which he had used either his mechanical needles or a simple sewing-needle; these cases gave few details about the patients involved other than the symptoms they presented, only occasionally listing their ages. They included persistent pain related to injury, nervous shock, rheumatism, hemicrania, brow-ague, dental neuralgia, sciatica, stiff neck and pleurodynia. In each of these complaints, he employed variously simple acupuncture, his percusso-punctator, and electro-puncture.

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494 J. Brindley James, "Treatment of Lumbago and Rheumatic Pains by the Percusso-Punctator. Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Cardiff, 1885." London: Bailliere, Tindall and Cox, 1886, 16pp. p.3 The pamphlet sold for a shilling, and second edition was issued in 1897.
495 ibid., p.6.
496 ibid., p.6-7
But the majority of his studies described either of lumbago (of which he included ten cases; all relieved "by acupuncture applied by means of the Percusso-Punctator") and vertigo (nine cases, all relieved by "acupuncture over the back of the neck and the temples"). He noted that he had not included rheumatic cases because he had successfully treated so many of them, and described one typical and typically successful example. In all, he recounted the cases of thirty-five men and eight women, all of whom left his surgery well, and on most of whom he had demonstrated, at least to his own satisfaction, the advantages of his gadget. He then turned to the unmechanized needle: "... previously to my adoption of my own invention ... the satisfactory results which had repeatedly followed the application of simple detached needles, and which had led me to seek in mechanical contrivance, a surer and easier method of resorting to the same, deserve a few words of notice..."

Enthusiastic as he was about his Percusso-Punctator, James clearly wished to promote acupuncture in any form, mechanical or manual. He told of three cases in which the simple needle "acted like a charm," and concluded that he was "deeply confident that its beneficial results will prove gratifying in the extreme."

James had discussed neither the history of acupuncture in Britain (much less in Asia) nor any theory explaining its effects. He was essentially uninterested in the debate, and defined as his "modus operandi" the operation itself: "It is of a most simple character: puncture, by means of needles, of the skin over the seat of the lesion."

In this respect in particular, James' article differed from that of his medical counterpart, Dr. G. Lorimer of Buxton. Lorimer began with a long history of the needle -- its ancient use in China and Japan, Ten Rhyne's transmission of it to the West, and the involvement first of the French Encyclopedists, then of their experimentalist successors, to whom he credited the first consideration of acupuncture "to practical effect." He cited Elliotson's *Cyclopedia of Practical Medicine* entry as the "best account of the subject," combining as it did the history of acupuncture and the results of Elliotson's experience with the treatment at St. Thomas's, but noted "in modern times, it

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497 ibid., p.9-10.
498 ibid., p.13-14.
500 ibid., p.5.
seems to be entirely disregarded and forgotten." Lorimer speculated on how this state of disregard had come about:

Why acupuncture has passed into neglect it is not easy to explain. It may be that, in some conditions for which it has been used, it has been superseded by other and better means ... It may be that it has suffered at the hands of charlatans; and it may be, as had been suggested, 'that there is some general disinclination to use a remedial agent whose modus operandi cannot in some way be connected, analogically or otherwise, with that of the remedies which common use of universal experience has sanctioned.'

Lorimer's goal was to prove that this neglect was undeserved, and that acupuncture remained a "prompt, efficient and reliable remedy." He first eliminated discussion of all the illnesses in which acupuncture, although effective, had been superseded by yet more effective means; sciatica cases, for example, had been in the past prime candidates for acupuncture therapy, "but it [acupuncture] appears now to be eclipsed by the more formidable process of nerve-stretching." Instead, he chose to focus on rheumatism -- for much the same reasons cited by James for its omission. His audience was presented with five successful and three failed cases of acupuncture use in rheumatic ailments; this selection was intended both to demonstrate the power of the needle and to verify, point by point, the conditions and limits which Lorimer had set upon the healing capacity of needling. He offered three cases of acupuncture for the relief of pain alone, a use for which he considered it less well adapted, then turned to a discussion of the modus operandi. Here he cited the various electrical and nervous explanation, but asserted that Teale's nutrition hypothesis was the most likely. Lorimer's interpretation of Teale's strongly reductionist explanation, however, reveals an underlying difference between the surgeon's and the physician's responses. Teale had considered that illness and disuse had reduced the size of the arteries supplying blood to the disabled region, rendering the "mere act of will" impotent to force sufficient blood into the muscle and thus enable it to act. In his model, acupuncture, by creating a temporary congestion, expanding the vessels and

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502 ibid., pp. 956-7
503 ibid., p.957.
504 ibid., loc.cit.
allowing enough blood to build up that the muscle could be nourished and thus regain its activity. In other words, acupuncture produced a purely local and physical effect. Lorimer reported these views as "not improbable, and ... not inconsistent with the conditions necessary for healthy muscular action." But he added a caveat: "How far, however, the primum mobile in the change is nervous agency, acting secondarily through the vascular supply of the affected muscles is open to question." Lorimer was not yet willing to give up either the systemic interpretation of these illnesses, or of acupuncture's effects.

In 1893, the first recognizably modern case study of acupuncture was published, fittingly enough in the Lancet which had long, if sporadically, supported the technique. It was authored by yet another Edinburgh-trained physician, E. Valentine Gibson, who had done his research as the senior medical resident at the Devonshire Hospital in Buxton, before moving to the more prestigious Victoria Infirmary in Glasgow. Although he made no mention of Lorimer, their geographical proximity is suggestive; Buxton was not a large town. Gibson's article reported on one thousand cases of primary sciatica, but was focused on "the treatment of one hundred cases by acupuncture." He presented his evidence without introduction -- and with the assistance of (rudimentary) statistics. He observed, for instance, that he had eight male cases for each female, gave lists of age groups, and, more strikingly, created general categories into which every case was slotted, without reference to the idiosyncrasies or environment of the particular patient. Thus every case was defined solely by whether the patient was afflicted on the right, left or both sides of the body. Gibson reported his results with similar brevity:

The results on discharge from the hospital of 100 consecutive cases of sciatica treated by acupuncture are as follows: 56% were cured, 32 per cent. were much improved, 10 per cent. were improved, and in 2 per cent. there was no improvement. These results I consider very satisfactory, considered the chronic nature and the severity of the majority of the cases. ... Acupuncture I consider very valuable.

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505 ibid., loc.cit.
507 ibid., p.860.
Like Wansbrough, Gibson critiqued an established medical source whose praise of acupuncture was lukewarm; Dr. Gowers, an authority on the nervous system had written in his textbook *Diseases of the Nervous System* that “simple acupuncture along the course of the nerve ... gives temporary relief, as does any superficial pain, but the cases are very few in which it has a permanent effect.” Gibson however, did not turn to sarcasm to voice his disagreement; rather he challenged Gowers’ acupuncture technique: “I presume he must refer to cutaneous acupuncture, and not to acupuncture of the nerve itself, which was the method employed in these cases. The patient can always tell when the nerve has been pierced by pain shooting down the leg ...”\(^{508}\) Implicitly, Gowers was both old-fashioned and imprecise. Gibson’s new technique, of course, bore little resemblance to either the British or the Asian traditions of acupuncture; however, in a passage further detailing his method, he made the intriguing note that “even if the nerve is missed, the needle, passing in close proximity, must exert[sic] counter-irritation.”\(^{509}\) This statement suggests that for all his apparent certainty, Gibson had seen effects which did not match his expectations, or fit his theoretical interpretation of acupuncture’s mode of action.

As well as employing statistics, Gibson was innovative in considering the results of post-mortem studies of sciatic patients, and using their evidence (albeit acquired at second-hand) to support his interpretation of acupuncture: “As I have had no opportunities of post-mortem examination I quote from Dr. Gowers.” Gowers’ research had found “swelling and redness of the sheath and sometimes ... small haemorrhages, and ... slighter alterations in the interstitial tissue with secondary damage to the nerve fibers.” Gibson argued that if these findings revealed the true pathology of sciatica, “the treatment by acupuncture is a rational one, more especially in the earlier stages of the disease, but even in the later stages puncturing the thickened nerve sheath may promote absorption....”\(^{510}\) He gave no credit to the nutrition theory of acupuncture’s action, turning instead to the pure reductionism of an earlier -- and a later -- era. Acupuncture, he asserted, “must give outlet, however small, to more or less of the exudation...” and relieve the tension produced by the

\(^{508}\)ibid., p.861  
\(^{509}\)ibid., loc.cit.  
\(^{510}\)ibid., loc.cit.
swelling of the nerve sheath and the blood vessels around it. Nonetheless, he had high hopes for the future use of the needle:

[I]f every case of sciatica beginning acutely or subacutely were to be treated by absolute rest, together with acupuncture, ... and at the same time, any rheumatic or gouty tendency were treated by suitable remedies, I do not think there would be the number of chronic and relapsing cases that one so often sees.\(^{511}\)

The End of the Beginning: British Acupuncture 1890-1901

As the stigma which had attached to the “quack” use of the needle in infertility and as a panacea faded out, both generations of British acupuncture users submitted articles on the technique to the periodical press. The first generation, those who had begun to use the needle in the 1820s, continued to promote it primarily with empirical evidence and pragmatic arguments. The second generation consistently linked the technique with theories explaining its effects -- though not necessarily with the same ones. However, their theories were not drawn from the mainstream of British medicine, and certainly were not absorbed into it through the medium of articles on acupuncture. For all their orthodox credentials and even honors, the second ripple of acupuncture-users, practicing mainly in the provinces, seemed a group slightly apart.

Despite their moderate success in returning the topic of acupuncture to the medical periodicals and public forums of the profession, acupuncture's late-nineteenth century supporters were unable to restore the technique to its earlier prominence. In part, their failure was related to innovations in medical and surgical treatment of pain. Salicylic acid, uncomplicated, unthreatening and easily delivered in “tabloid” form, had become the medical analgesic of choice for gout and rheumatism, while the technique of subcutaneous injections of anaesthetics -- advocated by J. Brindley James alongside the percusso-punctator in the 1883 second edition of his pamphlet -- was increasingly popular for sciatica. Indeed, by 1908, J. Brindley James gave a paper on sciatica to the BMA Annual Conference in which he exclusively advocated injected sulphuric ether, re-writing his past practice at the same time. He noted: “The sciatic nerve ... has frequently been cut down upon or stretched or acupunctured for the relief of pain...” with inconsistent results; he then described the injection treatment, asserting that “...I have always

\(^{511}\)ibid., loc.cit.
treated my cases of sciatica by this method." The only drawback to this therapy which he was willing to recognized was the irrational distaste for injections, "which is felt because it is what the public call 'an operation,'" which would surely be removed by knowledge of the cures which were produced. These treatments, if not yet completely explained by the theories and science of the day, were at least considered to be explicable; acupuncture was notoriously intransigent to theory. Furthermore, as medical science became more persuasive, therapies which resisted or seemed to resist experimental validation were threatened. Therapies which had long been considered "irregular", like homeopathy and hydropathy, were at least temporarily able to counter the authority of orthodox medical science with alternative systems of validation, developed in a parallel set of professional institutions, groups and publications. But acupuncture, as an orthodox but not mainstream therapy, depended on the activities of individual practitioners for publicity, and validation. And, like J. Brindley James, individual practitioners moved on, turning to new therapies and more promising avenues to prominence. The needle lacked even the momentum produced by controversy -- an odd minority practice was unlikely to receive the experimental attention given to the new diagnostic entities of bacteriology or the wide-spread but not yet stable practices of anaesthesia or antisepsis.

Between 1895 and 1970, popular and professional awareness of acupuncture as an available, therapeutic mode was minimal. After Gibson's 1893, the Lancet and the British Medical Journal maintained a complete silence on the subject of acupuncture for thirty years. Between 1930 and 1969, the BMJ published six short and skeptical articles on acupuncture, while the Lancet continued its silence. On the other hand, academic interest in Chinese medicine in general, including acupuncture, continued to increase in the first half of the twentieth century. Aided by a century of diligent collection and improved translation of Chinese medical manuscripts -- efforts, ironically, spearheaded by the medical missionaries both to illustrate China's need for

512J. Brindley James, *Sciatica and its Treatment. Being a Paper Read in the Section of Medicine at the Annual Meeting of the British Medical Association, Sheffield, 1908*, London: British Medical Association, 1908; p.1
513Ibid., p.3.
Western medical aid, and to facilitate their own work in spreading the gospel of scientific medicine -- physician-historians and orientalists constructed more sophisticated versions of Chinese theories of the body and disease. Moreover, Chinese scholars, some trained in Britain, also began to produce histories of Chinese medicine and acupuncture. This work, much of it directed at popular as well as academic audiences, provided a more stable foundation for the modern transmission of information about acupuncture to Britain and the West.
These illustrations show Craig's needles placed in or near several major acu-points. Craig may have selected these point particular points entirely empirically, either because needles introduced at these points removed pain more effectively, or because he relied on patient self-reports and observed local movements to determine whether he had accurately penetrated the offending nerve. In traditional acupuncture, patients typically report distinctive sensation -- often analogized to an electrical current or shock -- when an acu-point is punctured. Of course, it is also possible that Craig had, or had seen Chinese maps of the acupuncture points and chi channels; several had been transmitted to Europe. However, his writing gives no indication that he was aware of such maps or of their role in traditional Chinese acupuncture.
Conclusions

Memorandum on Certain Drugs, Formerly Used in Europe: ... the enumeration as it stands will be sufficient to indicate the identity in several instances, and in others the similarity between the 'drugs' used 200 years ago in England and those at present employed in China. It is natural to assume that in the seventeenth as in the nineteenth century, the drugs enumerated were prescribed in accordance with particular theories in regard to the etiology and pathology of the diseases being treated. On this assumption the conclusion is justifiable that the theories of disease in this country and in the Far East were very nearly, if not altogether identical. Surgeon-General C.A. Gordon, Chinese Imperial Maritime Customs Service, 1884.\(^515\)

Surgeon General Gordon was an astute and sympathetic observer, both of Chinese medicine and of his own time; under his editorship, the annual medical reports of the Chinese Imperial Maritime Customs Service took on some of the functions of a learned journal for the amateur botanists, naturalists, and orientalists who served as medical officers for the CIMCS.\(^516\) The similarities which Gordon observed and reported between Chinese medicine -- its pharmaceuticals underpinned by ideas of magical and systematic correspondence, and its nearly-humoral quality -- and earlier western medical theory were valid ones.\(^517\) Yet Gordon couched his statement decidedly in the past tense; the beliefs shared by earlier generations of Chinese and European physicians were now the sole and undesirable property of the uninformed Chinese doctor. Gordon's words highlight the particular importance played by the timing in the transmission of acupuncture. Humoral medicine, even underpinned by scholastic anatomy as it was in seventeenth century English and Scottish medicine, depended on vital principles very similar in their qualities and actions to the Chinese vital fluid, \textit{chi}.\(^518\) Had

\(^{515}\text{C.A. Gordon, An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Customs Service, from 1871 to 1882. With Chapters on the History of Medicine in China; Materia Medica; Epidemics; Famine; Ethnology; and Chronology in Relation to Medicine and Public Health, London: Baillière, Tindall and Cox, 1884. pp. 268-9.}\)


\(^{517}\text{For more on the importance of correspondence in Chinese medicine, see Paul Unschuld, Medicine in China: A History of Pharmaceutics. Berkeley: University of California Press, 1986.}\)

\(^{518}\text{See French and Wear, (eds) The Medical Revolution of the Seventeenth Century, Cambridge; Cambridge University Press, 1989}\)
acupuncture been transmitted in conjunction with its theory in the first half of the seventeenth century, the practice might still have seemed alien, but the explanation behind it would have been easily assimilated. However, the technical expertise required to translate the specialized medical texts of China was rare even when Ten Rhyne was making his observations, and usually was confined to the Catholic missionaries. Acupuncture was transmitted to Europe with Ten Rhyne's approximations to Chinese medical theory, into a climate in which humoral and even hydraulic models of the body were being challenged by the proponents of mechanism and anatomy -- in Britain, in particular, Baconians were gaining control over constructions of the body. The residue of theory which had adhered to the needle through the process of transmission was brushed aside by empiricism, and the separation between acupuncture's material and intellectual technology was complete.

At the beginning of the nineteenth century, an opportunity arose to reunite the needle with its rationale. In Britain, galvanic, mesmeric and nervous models of the body all relied on a hypothetical active fluid -- a fluid which again was strikingly similar to Chinese descriptions of chi -- to unite the locally sympathetic tissues and organs into a functioning system. The resemblance between these models and the model of the body which explained acupuncture was remarkable. But by this time, acupuncture had already begun to take on a western form. Authors writing about the technique referred to an established canon of writing on acupuncture, all of which drew upon Ten Rhyne or Kämpfer as final authorities. The disjunction between practice and theory, material and cultural aspects of acupuncture had become fossilized.

"Acupuncture" and Assimilation

Over the course of the nineteenth century, a therapeutic technique which its users called acupuncture was employed in Britain, from Ayr to Brighton, in private practice and public hospitals, and in rural as well as urban communities. The medical practice signified by the name "acupuncture" was stable and consistent only in one respect: it always involved the insertion of a needle or needles into the body of the afflicted individual. In every other respect, "acupuncture" was mutable. The needles could be intended, as in the traditional Chinese practice from which British

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519See Map 1.
acupuncture was so indirectly derived, to relieve through some unknown means the pain of a wide range of systemic complaints. However, the term "acupuncture" could also signify a range of limited, mechanical processes involving the needle as a medical instrument. In its first British incarnation, as a means for relieving local pain, acupuncture was defined and promoted by a surgeon as a surgical technique; nonetheless, the needle came to be used by physicians, and appeared as frequently in medical dictionaries and compendia as in their surgical counterparts. Between 1822 and 1893, acupuncture was discussed in medical clubs and societies, and at professional meetings, and became established as an orthodox medical alternative in a range of illnesses.

Of the thirty acupuncture users about whom I was able to discover biographical information, half had some public consultancy work, although in most cases it was with dispensaries or local infirmaries, rather than the great urban hospitals. Fourteen were physicians (of whom at least eight trained in Scotland and two at Oxbridge). Among this group of acupuncturists were three Fellows of the Royal College of Surgeons in London and a similar number of Fellows at the Royal College of Physicians. Four acupuncture-users are known to have traveled to Paris, and one explicitly noted his experiences there as the source of his interest in acupuncture. Within the orthodox profession, this was a diverse group; its members were bound together by a degree of moderate support for medical reform, and an equally temperate taste for acupuncture.

On the other hand, although information about and use of acupuncture was widely dispersed, the practice of needling for the relief of pain was not necessarily common, even at the peak of its popularity in the late 1820s. It is essential to differentiate between techniques or therapies like acupuncture, which were considered to be within the boundaries of orthodox practice and those that were in fact a mundane part of medical life, like bleeding or using the stethoscope. Physicians and surgeons in Britain had unobtrusively employed acupuncture before it was reported in the British medical press — witness the Mr. Scott, whom Churchill cites as the first practitioner of acupuncture in England and the mysterious acupuncturists of Dumfriesshire, cited (but never named) by several contemporary authorities — and medical professionals continued to practice acupuncture after it fell from favor. Some, including surgeons at Leeds Infirmary, trained students or junior staff to use
the technique and effectively perpetuated the use of acupuncture in their own local areas. Others convinced medical colleagues to employ the needle, or benefited from the stories of successfully cured patients. These personal networks and local traditions proved insufficient to permanently sustain the theory-free form of acupuncture practiced in Britain, precisely because acupuncture-users could not draw on the intellectual and emotional resources committed to theory. Instead, justifications of acupuncture depended almost entirely on its rate of empirical success, which in turn fluctuated wildly, depending on the practitioner and the disease being treated.

Acupuncture certainly did not fail to thrive in nineteenth-century British medical practice because of any violent opposition to its use. Nor, in this phase of its diffusion, had it brought with it any exotically indigestible understandings of the body. Early proponents constructed a niche for acupuncture in treating ailments which resisted established therapies, and relied on acupuncture's tactical value -- initially to surgeons competing with physicians, and later to orthodox practitioners competing with medical irregulars -- to promote its use. However, unattached to established theories, acupuncture made no claims on medical traditions or political loyalties, and supported none convincingly. In contrast to the eighteenth century, nineteenth century discussions about acupuncture were not integrated with the lay or medical debates of the day, and if this protected its users from hostility (like that expressed by Wotton two centuries before), it also severed them from the more formal sources of credibility and professional support. This was the inevitable result of the strategy and rationales on which promoters of the technique relied to bring acupuncture into orthodox practice.

Acupuncture seems to have had little effect on the practice of medicine and surgery in nineteenth century Britain. The use of acupuncture in Britain led to no general reconsideration of Chinese medical theory, nor to the adoption of the ideas underpinning its use -- it would have been surprising if a technique which was associated at least as closely with France as with China in the minds of its users, and which had been stripped of its theoretical context a century earlier had produced such effects. In fact, professional responses to Chinese medicine -- and especially those of the medical missionaries -- became more hostile as the century progressed despite the acceptance of acupuncture
as a treatment modality in Britain. This trend was to some extent balanced by the rise of scholarly curiosity and investigations into the subject, but neither development effected the decidedly low-key practice of acupuncture in the Victorian era. On the other hand, the therapeutic use of the needle in acupuncture does seem to have led to a general reassessment of the instrument's medical and surgical potential.

After Churchill's 1822 publication of the Treatise on Acupuncture focused medical and surgical attention on the needle, it was rapidly taken up as an instrument to relieve oedema with reduced risk of infection or gangrene. Over the century, other uses for the needle were developed, some under the sheltering name of acupuncture. Lu and Needham, and Rosenberg have proposed that acupuncture was important in the shift from the ivory lancet to the needle in vaccination; the technique of using a needle to press closed an artery or vein in surgery was called first called acupuncture by its inventor; and an innovative acupuncture-user claimed credit for introducing the subcutaneous injection of local anesthetic. Haller and others have noted that acupuncture-users proposed the use of the needle also as an exploratory tool, and as a way to treat the acute dangers of aneurisms. In the former process,

520 See for example, Robeley Dunglison's last Chinese medicine in his History of Medicine from the Earliest Ages to the Commencement of the Nineteenth century, Arranged and edited by Richard J. Dunglison, Philadelphia: Lindsat and Blakiston, 1872. About the Chinese, he comments: "[T]heir anatomical information has been so very incorrect and confused as to scarcely deserve mention. A single glance at the plates given by Cleyer in his Specimen Medicinæ Sinicae, will at once show their slight knowledge of the human organization ... Their physiology is not less contemptible." p, 73-4 and "The other principles of Chinese medicine are equally devoid of rationality with their theory of the pulse."p.76, or John Wilson, (then the Inspector of Naval Hospitals and Fleets) Medical Notes on China, London: John Churchill 1846: "The healing art among the Chinese, with much pretension to learning and practical power, is in a very rude and inefficient state: it is, in fact, a chaos of unfounded conceits, contradictory notions, and pompous phrases. Doctrinally, it has close analogy with thee system of Pythagoras, as amplified, illustrated, and applied to medicine by Hippocrates; although it does not possess the coherence and methodical beauty which the former gave to his speculations, nor the keen observations of natural actions, close study of their relations, and acute practical precepts of the latter." p.233


522 John Haller, "Acupuncture in Nineteenth Century Western Medicine," New
the needle acted as a probe, to discover and sample tumors, cysts, or other irregularities in the body's texture; in the latter, the needle was either manipulated to produce minor local bleeding and consequent clotting at the neck of the aneurismal sac, or to scratch the inner walls of the aneurism, causing them to produce more stable scar tissue.\(^{523}\) Obviously, these operations have little in common with Chinese acupuncture, and share only slightly more with its western form as an empirical, surgical analgesic. Indeed, they express the very materialism which interpreted the complex Asian practice of acupuncture as simply and solely the therapeutic pricking of the body. The men who proposed these applications for the needle emphasized their novelty; however, they at least implicitly acknowledged a debt to the medical import in their choice of the name "acupuncture." To this limited extent, the nineteenth century cross-cultural transmission of acupuncture can fairly be said to have affected the development of British medical and surgical practice. It is debatable, however, whether (at least after its British transformation), the status of acupuncture as a cross-cultural technique greatly altered the effects which the technique of analgesic needling would have, had it been an entirely native medical innovation.

**Acupuncture**

Since the 1960s, acupuncture has again been introduced into the medical practice of Great Britain. In many ways, this phase of transmission and response reproduces eighteenth and nineteenth-century attempts to integrate the needle into medicine practice. The three waves of transmission examined here share three characteristics First, each phase of transmission followed a surge of popular interest in China -- the first two waves coincided with Chinoiserie fads -- sparked by increased access to Chinese culture. Second, each transmission of acupuncture occurred in the context of medical contention and change. Third, in each case, the process of transmission came about and was inflicted by the actions and interests of comparatively few members of the medical profession, acting more or less individually.

The most striking similarity, of course, is that as in each preceding surge in the visibility of British acupuncture, the current popularity of the

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technique comes at a time of contention, competition and change in the structures and values of orthodox western medicine. When Ten Rhyne described acupuncture in the seventeenth century, he was addressing a community in metamorphosis; mechanism and Baconian empiricism were challenging Galenic/scholastic approaches to disease, and consumers were increasingly choosing between these systems as they selected a medical practitioner. Unsurprisingly, the stresses of transition first became evident where the established Galenic therapeutic modes had long been found wanting; gout was one such point. The proper treatment of gout was also a subject which traditionally had divided physicians from surgeons. However, neither conventional surgery nor orthodox medicine offered a safe cure for the disease, and the rigid resources of mechanism had not provided a compelling explanation for gout. The needle certainly offered the former, and as interpreted by Ten Rhyne, acupuncture provided evidence for the latter; these conjoined attributes enabled the alien technique to impinge upon the European debate. Gout, where three tributaries of change in European medicine converged, remained a visible locus for acupuncture use until salicylic acid became the consensus therapy in the second half of the nineteenth century.

In Regency Britain, as well, competition between surgeons and physicians, and contention between modernizing reformers and status quo traditionalists created a niche in which acupuncture could flourish. From the mid-century on, surgeons and physicians were competing less strongly with each other than with irregular practitioners; as an orthodox alternative acupuncture retained some tactical value in the struggle. In particular, orthodox practitioners employed the needle for exactly the chronic painful and nervous conditions -- for example sciatica, arthritis, neuralgia, hypochondria, and migraines -- which attracted so much irregular attention. In the absence of more successful or more flexible analgesics, acupuncture could be publicly defended on empirical grounds even in a climate which

525 See Chapter Two, pp. 57-8.
526 See Chapters Three and Four.
increasingly valued theoretical and experimental justifications. With the fin-de-siècle resolution of the conflict between regular and irregular systems, brought about largely by the overwhelming success of both new models of disease and new modes of clinical knowledge, acupuncture lost its strategic value. Simultaneously, the marginalization of the diseases for which acupuncture had been considered appropriate eroded its visibility. In contemporary medicine, these trends have been reversed. The demographic shift towards the aged has created a vast market for geriatric medicine, while quality-of-life concerns have returned chronic and painful conditions to medicine's center-stage. The ways of conceptualizing and treating illness which have dominated orthodox western medicine throughout the 20th century are themselves proving unsatisfactory in relation to these re-discovered diseases. Orthodox and alternative therapies are once more in competition, and practitioners from a range of medical systems are contending for authority and credibility, as well as business.

Paradoxically, the fact that traditional Chinese medicine (along with westernized versions of Chinese practices) is among the contenders for acceptance and status in contemporary British medicine indicates both of the similarity of this transmission process to those which preceded it, and its essential difference. As in the eighteenth and nineteenth century, acupuncture has risen to prominence in conjunction with a spike of interest in China and Chinese culture. Each time, this interest has coincided with increased access to China (or at least information about China) -- in the twentieth century, this expansion took the form of the re-opening of China to the West in the late Sixties and early Seventies. However, where previous generations of the British public knew China primarily through its exported material goods, modern British consumers from across the economic and educational spectrum can also purchase -- indeed are deluged with -- the less tangible products of Chinese culture. Western medical professionals continue to separate the technique and technology of acupuncture from the theories underlying it, but the integrated original form is actively practiced as well, both within the institutions of orthodox British medicine and beyond them. Nineteenth-century scholars of China laid the foundation for this increased access, through their collection and translation of medical and philosophical writings. These documents, and the twentieth century interpretive
scholarship which built upon them enabled acupuncture to be transmitted intact, carrying the encoded assumptions of Chinese medical theory embedded within the observable practice of needling.

The successful transmission of apparently discrete medical practices seems surprisingly dependent upon the inclusion of intellectual technology (expertise) along with its material counterpart. The importance of medicine's immaterial components can be assessed by comparing the results of the deliberate missionary effort to export western medical practices to China with those of the haphazard and fragmented transmission of acupuncture in the opposite direction. European medical missionaries rapidly learned that transplanting medical practices from one cultural milieu to another required the conjoined forces of empirical success and compelling explanations for those results. Early efforts had demonstrated that merely providing free medical care, and relying on word of mouth to spread the news of its empirically-proven superiority could lead to undesirable results. In response to high levels of eye-infection and blindness among the Chinese, the first British medical facility in China was dedicated to treating ophthalmic disease—literally as well as figuratively, it was an endeavor designed to bring light to the people.\textsuperscript{527} However, although the facility soon acquired a wide-spread reputation, it was not necessarily the one intended by its founders. One popular Chinese woodcut showed a man in Chinese dress, having his eyes gouged out by two European medical men. Western medicine was subsequently exported as a package: as they demonstrated medical and surgical procedures, the medical missionaries also expounded their theories, their models of illness and health, and their views of the body. Even the forms of western medical education were exported. Doctors ordered anatomical charts and chemistry sets from Britain, and reported their classes to eagerly awaiting the arrival of these tools. A major effort followed to translate basic western medical and scientific texts into Chinese. Western medicine flourished in China, although it neither replaced traditional Chinese medicine, nor remained untouched by its new environment.

In contrast, acupuncture was transmitted to and propagated in Europe piecemeal through the actions and interests of individual western medical practitioners. After the first wave of transmission, these practitioners had no knowledge or experience of acupuncture as it was practiced in its native context, nor even, as non-Chinese speakers, access to the basic texts. Since neither the Chinese nor the Japanese made any attempt to export their medicine to Europe, and, at least initially, the few medical men who spoke Chinese were fully occupied in translating Western medicine into Chinese, the theory remained obscure and distant from the practice of acupuncture, and acupuncture failed to take root in British practice.

In contemporary Britain, the Chinese conception of the body as a dynamically balanced whole, and the style of medical practice which developed in response to that conception have greatly contributed to acupuncture's popularity. The alien nature of the theoretical constructions of traditional Chinese medicine has become an attractive feature for medical consumers disgusted with orthodox bio-medicine. Similarly, some medical practitioners have adopted needling in part because the slower pace and more intimate tone of acupuncture-practice better matches their own sense of how the doctor-patient interaction should be. In this stage of acupuncture's British history, the efforts of individual practitioners remain central to the spread of acupuncture within the medical profession. However, the return of the conditions which have favored medical boundary-hopping in the past -- contention, competition, change and the availability of alternatives (both to consumers of medicine and to providers of medical care) suggests that medical consumers will regain at least a measure of their former control over the therapeutic encounter. Desperate and dissatisfied consumers, and in particular consumers for whom Chinese theory is at least as accessible and comprehensible as the abstruse doctrines of bio-medicine, have little to lose from adopting exotic alternatives. Driven in part by patient demand and in part by economic necessity, the British National Health Service has begun a program in Lewisham, a depressed area of London, evaluating the effectiveness of acupuncture in illnesses resistant to conventional therapies. Although the definition of acupuncture offered in this experimental clinic's literature might almost have come from a nineteenth-century dictionary -- "Acupuncture: Traditionally a branch of Chinese medicine, in which needles
are inserted into the patient's body as therapy for various disorders..." the technique is practiced, from the taking of patient details through diagnosis to the needling itself, entirely according to traditional Chinese guidelines, by a Beijing-certified acupuncturist.\textsuperscript{528} Assimilation, even for a technique which remains unexplained by western theories, no longer necessarily entails dilution.

**Directions for Future Research**

The work presented here, describing the path of acupuncture's transmission to Britain and some of the ways in which the technique was reshaped and redefined by its Western proponents, is necessarily preliminary. Further research will nuance this picture, and give it depth. In particular, detailed local studies of Leeds General Infirmary and the spa community at Buxton have the potential to expose a more intimate history of responses to the needle, while the Centre for Complementary Medicine at Lewisham guarantees the availability of such personal responses in the modern period. Indeed, further work on the modern history of acupuncture promises useful insights not merely for lay understandings of the needle, but also in relation to the impact of increasing professionalization and regulation on the diffusion of cross-cultural practices. The modern transmission of acupuncture has been driven by forces outside of the medical profession; what does this suggest about the appeal of cross-cultural medical practices? What does it reveal about lay perceptions of modern medical culture? Studies of acupuncture's twentieth century manifestations in the West should also shed light on the relative importance of increased lay and professional access to Chinese medical theory on responses to acupuncture. The more complete modern transmission can act as a foil to the partial communication characteristic of earlier western approaches to acupuncture.

In the eighteenth and nineteenth centuries, acupuncture, as a candidate for the East-to-West transmission of medical expertise and understanding, was neither a natural choice, nor an inevitable failure. Its complex and often obscured relationship with Chinese models of the body

\textsuperscript{528} Janet Richardson, "Complementary Therapy in the NHS: A Service Evaluation of the First Year of an Outpatient Service in a Local District Hospital." Lewisham: Health Services Research and Evaluation Unit, Lewisham Hospital NHS Trust, 1995. p.10
(themselves first inaccessible and then unassimilable in the West) and its apparently irreducible strangeness to western eyes rendered acupuncture immediately suspect. However, its contemporary success in Britain demonstrates that these inhibiting factors were products of particular historical moments and events -- as indeed may be its current popularity. In studying the cross-cultural transmission of medical knowledge, it is occasionally necessary to peel away the visible generalities -- the clashing models of health or the body, the alien quality of individual therapies, or of moments in time -- to discover the specificities which drive each episode of assimilation or rejection; from those points a more reliable, if less predictable pattern may emerge.
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