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Preliminary Remarks

What nowadays generally is called *Traditional Chinese Medicine* has never been a static set of doctrines. This label instead summarizes a variety of concepts of illness and therapeutic approaches, some of which have undergone considerable historical changes. Countries surrounding China have been deeply influenced by these developments. Many Chinese medical books were imported and even printed in new editions; nevertheless, Japanese scholars and physicians, for example, felt free enough to select from among Chinese teachings and to adapt them, sometimes even ignoring basic ideas. Thus, when discussing the transmission of *Traditional Chinese Medicine* to the West, the term *Far Eastern Medicine* seems to be more appropriate, in order to include the medical theories and therapies derived from Chinese medicine in neighbouring regions.

This study traces the routes of Far Eastern Medicine to Europe during the seventeenth and early eighteenth centuries.¹ It is shown that, besides China, two countries, Japan and Germany, played an important role and that some events in the East-West transmission occurred only because the Japanese were actively pursuing their own studies of Western medicine. In Europe, scholars of the newly found German *Collegium Naturae Curiosorum* managed to set the framework for the reception of this new kind of medicine and medical therapy. However, European observers in the Far East had not understood the differences between Chinese and Japanese medicine, not to mention the underlying aetiology. This inevitably led to further misunderstandings among readers of their descriptions. After a few decades of research and lively discussions, both acupuncture and moxibustion were judged to be exotic ways of treatment not worthy of further investigation.

Early Observations in Japan

The earliest Western observations on Chinese medicine were probably made in South East Asia, but the first written remarks on the matter came from Japan, where the Jesuit pioneer, Franciscus Xavier (1506-1552), had arrived in 1549. While China did not show much interest in opening her gates to Western 'barbarians', Japanese feudal lords welcomed missionaries to their domains; they, in return, lured merchants from Macao to the ports of their patrons. Euphemistic letters and annual reports sent to Goa, Evora and other parts of Europe by Jesuit priests describe a highly developed society second to none in the world outside Europe.

On the southern island of Kyushu, Luis d'Almeida, a Spanish surgeon who had become rich as a

merchant, built a hospital in 1558 after joining the Society of Jesus. Here Japanese physicians were responsible for internal medicine, but d'Almeida and other Western surgeons took care of broken bones and wounds, especially shot-wounds caused by the newly introduced firearms that had posed such considerable problems for the Japanese “metal wound surgeons” (*kinsô-i*)². As this hospital was destroyed in 1585 by invading troops of the Satsuma domain the symbiosis of Eastern and Western practitioners did not last long. Furthermore, the Jesuit order was not founded to take care of the ill and, after its superiors strictly prohibited all medical activities by missionaries in 1612, comments on these matters disappear from their correspondence.³

The Dutch East India Company and Medico-pharmaceutical Studies

The first European physician who studied diseases in the Far East was Jacob de Bondt (1598-1631), a Dane in the services of the Dutch East India Company (*Verenigde Oostindische Compagnie*). His book *De Medicina Indorum* (1642) made him known as a pioneer of tropical medicine. In a posthumous, enlarged edition *Historiae naturalis et medicae Indiae orientalis libri sex* (1658), he touches on a strange healing method. In Japan, he writes, people use a “stylus made of silver or bronze and not much thicker than the strings of a lyre”, which is driven “gently through the vitals”. In cases of “chronic pains of the head, for obstructions of the liver and spleen, and also for pleurisy” the results “surpass even miracles”. De Bondt has never visited Japan but he stresses that he had seen this treatment himself in Java.⁴ There had been similar occasional remarks in the letters sent to Europe by Jesuit missionaries from Japan, but de Bondt’s professional account, published in a medical book, raised much more interest among fellow physicians about this strange therapy.

De Bondt’s work is closely related to the Dutch East India Company and its network of trading posts, which covered a wide area from Persia to Japan. As diseases and military conflicts took their toll, the Dutch Governor-General and the Council of the Indies in Batavia established and expanded a health system with two hospitals and pharmacies in Batavia as well as surgeons in the trading posts and a standardized set of medicaments based on the *Pharmacopoeia Amstelredamensis* (1636). However, drug deliveries from Europe were expensive and risky and local *materia medica* gradually drew the attention of some of the professionals working for the company. They knew that the discovery of previously unknown natural resources even might open up new markets, as the trade in spice drugs had done. During the second half of the seventeenth century this marriage between academic curiosity and practical intelligence started to show its first results.

The *Academia Naturae Curiosorum*

On the other hand, the environment of scholars in Europe changed too, due to the flood of objects and information from overseas. Rarity chambers (*Wunderkammer*, *Naturalienkabinett*, Cabinet of Curiosities, *Cabinet des Curiosités*, *stanze delle meraviglie*) spread over the continent. Not only did these satisfy the curiosity of their owners and visitors, they also changed the way people had of looking at things, of keeping and of showing them, and such displays stimulated comparison and classifi-



Fig.1 *Miscellanea Curiosa*, frontispice (private collection)

cation.⁵ Furthermore, starting in Italy, academic societies were founded to further the exchange of ideas and observations.

The German *Academia Naturae Curiosorum* (College of Those Inquisitive of Nature) was established as early as 1652 by the physician Johann Lorenz Bausch (1605-1665) and three colleagues in the Free Imperial City Schweinfurt.⁶ During an academic pilgrimage Bausch had become acquainted with the *Accademia Secretorum Naturae* in Naples and the *Accademia dei Lincei* in Rome. Yet, in contrast to the Italian model, the German academy, while dealing with natural sciences too, was focused on “the art of healing and the benefit resulting from this for our fellow men”⁷, as the preamble of the statutes declares. The allegorical frontispiece of the academy’s journal specifies the areas of interest: “*anatomia, chymia, botanica, animalia, mineralia, vergetabilia*”.

A register printed in 1685 shows 113 members, most of them physicians from Germany.⁸ Following Italian examples they had received an *agnomen*, alluding to a remarkable action or event in their academic life. Most of these *agnomina* were names of classic personalities with whom the members of the academy enjoyed a spiritual community.

During the first years, meetings and letters served as the only medium of communication. Very similar to the missives by missionaries, the scholarly letters (*Gelehrtenbriefe*)⁹ were sent to a specific addressee, but then passed on, copied, and read by a much wider circle, and sometimes even printed.

The *Collegium Naturae Curiosorum* explicitly regarded itself as a national institution. In order to gain more members and the protection of Emperor Leopold I, the Breslau city physician Philipp Jacob Sachs (Phosphorus) initiated in 1670 the publication of the *Miscellanea Curiosa Medico-Physica, sive Ephemeridum Medico-Physicarum Germanicarum Curiosorum*. After the *Journal des Sçavans* (1665) and the *Philosophical Transactions* (1665) this was the third scientific journal in Europe and the first journal dedicated to medical and natural science. With the exception of a few monographs, most articles were short, sometimes illustrated, observations about diseases, drugs, medical abnormalities, and various natural phenomena. Usually a *scholium* (commentary) was added.

In 1677, the Academy was recognized by Emperor Leopold I and a few years later elevated to the *Sacri Romani Imperii Academia Caesareo-Leopoldina Naturae Curiosorum*. Leopold bestowed titles on its presidents and the directors of its journal and vested them with remarkable privileges, such as the right to award academic degrees and to appoint public notaries and judges. Freedom from censorship further boosted the attractiveness of the Academy.

“Moxa” in Germany

In 1674 a booklet on *Het Podagra* was printed in Amsterdam. Its author, Herman Buschof, a Dutch clergyman in Batavia,¹⁰ had suffered from gout (podagra) for many years. When he finally consulted a *doctoresse* from “Quinam”¹¹, she applied a few cones of a wool-like substance to certain locations on his knees and lit them with an incense stick. The effects were overwhelming and Buschof decided to make this marvellous remedy, which he called *moxa*, known in Europe.

In 1675, an English translation of *Het Podagra* was printed in London but, as in the Netherlands in Britain too, there were few reactions by medical professionals. In Germany the situation was very different. Due to the existence of an organization of physicians exchanging their observation in an academic journal, Buschof's book drew more attention among specialists in Germany than in any other European country.

In 1676 Erich Moritz (1631-1691), assessor at the court-of-justice in Speyer, wrote a message to the city physician, Sebastian Scheffer (1631-1686), in Frankfurt. Soon it was printed as *Observatio D. Eriici Mauriti. De Novo contra Podagram Remedio*.¹² This was the type of news the "never-resting" ("nunquam otiosus") members were longing for. After an *Observatio D. Johann Sigismundi Elsholtii de Moxa sinensi, antipodagrica*¹³ by Sigmund Elsholz (1623-1688), physician of the Elector of Brandenburg, another member in Breslau, probably Philipp Jacob Sachs, took up the task of making a German translation: *Das genau untersuchte und auserfundene Podagra vermittelst selbst sicher=eigenen Genäsung und erlösenden Hülff=Mittels* (1677).¹⁴

Buschof calls his marvellous remedy *moxa*. This word obviously is derived from the Japanese *mogusa*¹⁵ a name used for variety of mugwort plants. Buschof knew that *moxa* was made from plant material and that it came from China and Japan, but he could tell his readers nothing about the plant itself. Thus, members of the Leopoldinian Academy ordered *moxa* samples from Buschof's brother in Amsterdam and started a lively debate about the production and the effects of *moxa*. If it were only the heat that cured, *Moxa Germanica* and other substitutes proposed by members would be as efficient as the "East Indian wool" (*Ost-Indische Wolle*), but if some unknown substance penetrating the skin from the smouldering *moxa* were essential, the original plant had to be found out.

Looking East for Answers

Trying to uncover the true nature of *moxa*, members of the German Academy turned to Andreas Cleyer (1634-ca. 1698), a licensed physician from Kassel, who lived in Batavia after 1662.¹⁶ Under a contract with the Dutch East India Company, he was running the two pharmacies in Batavia and took care of the supplies of drugs and instruments. For Cleyer, membership in an academic German society must have been very attractive. In 1678, soon after he was contacted, he joined the *Collegium Naturae Curiosorum* and because of his pharmaceutical knowledge he received the *agnomen* Dioscorides.¹⁷

Gathering botanical information in the Far East was no one-sided affair among Europeans. As in China, traditional medicine in Japan had its weaknesses when it came to surgery. The memories of bloody battles for hegemony over the empire were still fresh among the elite of the Tokugawa regime. Thus, after the establishment of a permanent Dutch trading post in Nagasaki in 1641, Japanese authorities started to encourage studies in Western methods of treatment. They ordered books, drugs, instruments and, in 1668, even live plant seeds and a Western distillation apparatus. Furthermore, a specialist had to be sent to Japan in order to teach about these matters and to assist in the search for useful Japanese herbs. Cleyer was responsible for the deliveries and the two pharmacists sailing to Japan in 1669 and 1672 had worked in his pharmacy previously.¹⁸

Thus he did not have much trouble in answering questions from Germany about the background of the *moxa*. An excerpt from his reply, dated 20 November 1679, was printed in the *Miscellanea Curiosa*. According to Cleyer, Japanese *moxa* is dried and hackled mugwort but he stresses that the preparation seems to be very important for the virtues of this remedy.¹⁹

Cleyer turned out to be one of the great assets of the Leopoldina. During the 1680s he twice went to Japan as chief of the Dutch trading post. Each time he was accompanied by his German gardener, Georg Meister (1653-1713), who later described a series of Japanese and South East Asian plants in *Der orientalisches-indianische Kunst- und Lustgärtner* (1692)²⁰. Assisted by Meister, Cleyer conducted intensive research on Japanese materia medica and sent letters, sketches, and botanical samples to scholars in Germany and the Netherlands.

One of his correspondents was Christian Mentzel (1622-1701), botanist and personal physician to the Elector of Brandenburg. Between 1683 and 1700 Mentzel translated and published 43 excerpts from Cleyer's letters together with numerous illustrations in the *Miscellanea Curiosa*.²¹ A set of 600 Japanese watercolours Cleyer had acquired in Japan and sent to Mentzel was added to the Elector's collection, under the title *Flora Japonica*.

Jesuit Translations in China

Here we must turn to China, where Jesuit missionaries with an impressive command of Chinese language and script had translated Chinese texts about the pulse, tongue diagnostics and a series of plant drugs, into Latin. This was a pioneer work, yet they encountered difficulties in making it known to scholars in Europe. A manuscript on pulse lore written by the Polish father Michael Boym (1612-1659) was "lost" in Batavia in 1653. A French manuscript about "the secrets of Chinese medicine, consisting of the most perfect knowledge of the pulse", probably written in Canton (*Guangdong*) during the 1660s, was printed in Grenoble in 1671²², but remained almost unnoticed.

Once again, Cleyer played an important role in the transmission of medical knowledge, this time between China and Germany. He and Philippe Couplet (1622-1693) from the Jesuit mission in Beijing had been in contact since 1669. Couplet had sent a bundle of translations and reports about Chinese pulse lore and drugs to Cleyer. From there they went to Dr Sebastian Scheffer in Frankfurt. With the backup of the Academy Scheffer managed to publish them in 1682 under the title *Specimen Medicinae Sinicae sive opuscula medical ad mensum sinensum* (Example of Chinese Medicine, or brief works on medicine in the Chinese spirit).²³ In this work we find translations and descriptions of medical matters, including 30 plates.

As Couplet had helped to facilitate negotiations between the Dutch East India Company and Chinese authorities, he was received in a friendly fashion when he finally came to Batavia in 1681 looking for a passage to Europe. No doubt he and Cleyer enjoyed some stimulating meetings during the following months. In a letter to Sebastian Scheffer,²⁴ Cleyer reports that Couplet had shown to him books from China as well as manuscripts he wanted to publish in Europe. Among them was a manuscript about pulse lore Father Michael Boym had written using the famous *Mojue* of Wang Shuhe²⁵. Cleyer received a copy, and once again the "German connection" proved its value. Within a

Tab. V.

Regula pulsus sui ipsius explorandi, circumducendo dextram ad pulsus sinistrae, sic ut index exploret primum locum pulsuum, uti infra.



Regula pulsus alterius hominis explorandi, sic ut index respondeat primo pulsuum loco, medius digitus secundo, annularis tertio loco.

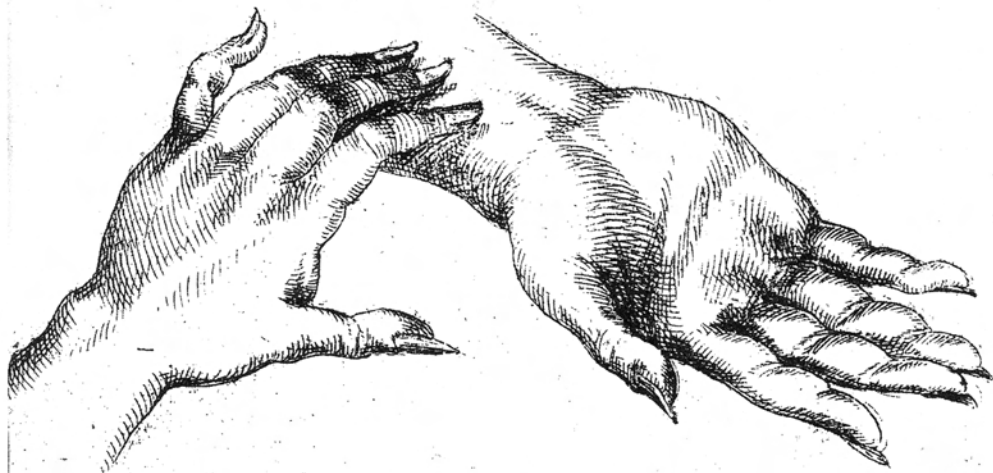


Fig.2 Chinese pulse feeling in M. Boym's *Clavis Medica ad Chinarum Doctrinam de Pulsibus* (private collection)

few years the Leopoldinian Academy published this illustrated text under the title *Clavis Medica ad Chinarum Doctrinam de Pulsibus*, as a monograph in Nuremberg (1685). For the members of the Leopoldina it was appended to the *Miscellanea Curiosa* (Dec. II, Ann. IV, 1686).

The Lure of Pulse Lore

Although the Latin translations from Chinese were of an amazingly high quality, they did not do much to clarify the etiological principles underlying acupuncture and moxibustion. Even today the concept of *qi* flowing through the human body following tracts and channels (*jingluo*)²⁶ is difficult to describe in Western terms and even more difficult to correlate with a concrete physiological substrate. Using a term like “meridian” for the tracts is much too superficial, and in Chinese acu-points are called “holes” (*xue*)²⁷. Thus it is no wonder that the Jesuit pioneers encountered great difficulties despite their careful approach to the Chinese texts. They made a good decision when choosing the term “ways” (*viae*) for the acu-tracts, but as the “twelve ways” in the human body inevitably were associated with circulating “blood and spirit” (*sanguis ac spiritus*)²⁸, Western readers easily came to the conclusion that these “ways” were nothing else but blood vessels.

Furthermore the *Specimen Medicinae Sinicae* and all Western writings on that matter during the following decades nourished the incorrect impression that China knew about the circulation of blood long before William Harvey (1578-1657) had published his *Anatomical Exercise on the Motion of the Heart and Blood in Animals* in 1628.²⁹ Probably the most outstanding adherent of this misconception was the English physician John Floyer (1649-1734), who observed the pulse rate in diseases. To further this aim he had developed a pulse watch that run for exactly one minute. Fascinated with the Chinese teachings he took advantage of many explanations of the *Specimen Medicinae Sinicae* when he finally published his findings as *The physician's pulse-watch* (1707-1710).³⁰

New Initiatives in Japan

For many decades the Jesuit translations mentioned above were the only information coming directly from the motherland of Chinese medicine. Once again we have to turn to Japan as an important stage of East-West interaction.

Under the (probably false) impression that the shogun (emperor) had requested a highly qualified European physician, the Dutch East India Company decided to dispatch Dr Willem Ten Rhijne (1649-1700) to Japan. Ten Rhijne was especially chosen for this task, and he engaged in a great deal of preparation. Before leaving Batavia in 1674 he met Buschof, who asked for more information about *moxa*. He also talked to Cleyer, who during these years was involved in the shipments of herbs and medical instruments to Nagasaki.

In Japan, Ten Rhijne managed to acquire a copy of the “Illustrated manual explaining acupuncture and moxibustion with the aid of the bronze figure and its acu-points” (*Tongren shuxue zhenjiu jing*). This was one of the most influential Chinese classics on acupuncture, and had been written by Wang Weiyi in the eleventh century.³¹ Ten Rhijne also studied *moxa* and collected samples of

Japanese medicaments and acupuncture needles. As he had friends in England, his Latin manuscripts about the treatment of gout with moxa, the cure of diseases with needles, and the system of acu-tracts and channels were printed in London in 1683.³²

Obviously, Ten Rhijne wrote his manuscript solely based on the explanations given to him by Motoki Shôdayu and Iwanaga Sôko³³, two interpreters at the Dutch trading post in Nagasaki. They could read his Chinese book, but only by use of a complex technique of transposing the Chinese text into a Sino-Japanese version. The latter was then rendered into Dutch. According to Ten Rhijne, Motoki was versed in Chinese medicine, but he did not speak much Dutch. On the other hand, Iwanaga enjoyed a slightly better command of the Dutch language but he had no medical knowledge. The process of translation must have been haunting and the results turned out to be very confusing. Numerous footnotes did not do much to elucidate the meaning. Understandably, Ten Rhijne, too, had difficulties with the nature of qi. In his view the Chinese and Japanese used acupuncture to release spirits, winds or bad air that had accumulated at certain locations in the body, causing pain and disease. While the Jesuits prudently wrote of “ways” (*viae*), Ten Rhijne explicitly states that the acu-tracts and -channels in his copperplates were bad representations of arteries and veins (*arteriae et venae*).

Nowadays, Ten Rhijne’s book is famous because it introduced the term *acupunctura* in Europe. However, for contemporary readers it must have been very bewildering. Moreover, Ten Rhijne mixes up Chinese and Japanese medicine. While using the Chinese “Illustrated manual explaining acupuncture and moxibustion with the aid of the bronze figure and its acu-points” to describe some principles and aims of treatment, two of his four copperplates depicting the “arteries and veins” came from Japanese sources and had a different pattern of lines. Furthermore, his illustration of the needles shows a Japanese type unknown in China. These so-called hammer needles (*uchibari*)³⁴ were invented by one Munch Mubun³⁵ and propagated by Misono Isai (1557-1616). Mubun ignored the traditional teachings of acu-tracts and -channels and took the abdomen as a map of the whole body. Only there did diagnosis and treatment take place. With a tiny hammer a golden needle was pushed into the tissue using a variety of techniques. This has nothing in common with Chinese acupuncture but much to do with old Japanese concepts of the abdomen (*hara*) as the centre of human emotions and feelings.

Ten Rhijne also discusses Buschof’s book. Although he stayed in Japan for two years and should have been aware of its wide spectrum of application, he too writes almost entirely about *moxa* as a remedy for gout.

Ten Rhijne’s book was reviewed in the *Philosophical Transactions* of the Royal Society for the Promotion of Natural Knowledge. German physicians kept quiet, perhaps under the impression that they had published something better, and it is also possible that some critical hints Cleyer dropped in his letters influenced his colleagues in Germany. It was left to the Dutch Steven Blankaart to translate excerpts and summaries of Ten Rhijne’s treatises for those who could not read Latin. This *Verhandeling van het Podagra en Vliegende Jicht* (Amsterdam 1684) was reprinted several times and in 1692 translated into German (*Der Chinesen und Japaner Manier, wie selbige alle Kranckheiten durch das Moxa-Brennen und Guldene Nadel=Stechen vollkommen curiren*).

Engelbert Kaempfer's Contribution

In 1689 the German Engelbert Kaempfer (1651-1716) arrived in Batavia. While he was looking for his next position in the service of the East India Company, he stayed at Cleyer's house. Soon the small community of educated people in Batavia knew about his long journey from Sweden via Persia and India to the East and the scientific observations he had made during these years. As there was an urgent need for comprehensive, up-to-date data about Japan they drew Kaempfer's attention to the trading post in Nagasaki. Before leaving for Japan he received careful instructions and a list of books, plants samples and objects to be collected in Japan. A Chinese translation of this list was to help in conveying these requests to the Japanese.³⁶ Among the travellers to Japan during the seventeenth century Kaempfer was the most experienced observer, with a rich knowledge of non-European cultures that enabled him to make comparisons and to put things into a broader perspective.

As a physician he spent much of his time in Japan investigating local diseases and therapies.³⁷ Back in Germany he composed two manuscripts. The work on Japan (*Heutiges Japan*) was published in English (1712), Dutch (1729, 1733), French (1729, 1732, 1733, 1758) and finally German (1777-79) and dominated Europe's image of Japan throughout the eighteenth century. The other one, *Amoenitates exoticae* (1712), provided medical, botanical, geographical and cultural observations covering Persia, India, and Japan. Here we find a chapter on "The acupuncture treatment of colic employed by the Japanese" (*Curatio colicae per acupuncturam, japonibus usitata*) and on "Moxa, an excellent cautery much employed by the Chinese and Japanese" (*Moxa, praestantissima cauteriorum materia, sinensibus japonibusq; multum usitata*).³⁸

Kaempfer did not know much about the art of checking the pulse, but he brought back a Japanese "mirror of moxa locations" (*Kyûsho kagami*)³⁹ together with a rough translation. This text was the first of its kind in the West, and it demonstrated that moxa was not only used for the treatment of gout.

On the other hand, Kaempfer describes acupuncture solely as a therapy for colic, while Ten Rhijne had given a list of diseases,⁴⁰ from grey star and epilepsy to rheumatism and colic, in which needles were said to help. Kaempfer's counterparts had talked to him about *senki*⁴¹, a popular term for pain and diseases in the abdominal area, but his sketch of the location for acupuncture treatment shows a strange array on the abdomen of nine points, arranged in three horizontal lines of three points in each line, that has no resemblance at all to Chinese acu-tract tables. Probably his sources came from the Japanese school of Nagata Tokuhon (1513-1630).⁴²

Furthermore Kaempfer brought back three types of needles. One, the twist needle (*hineribari*)⁴³ was also used in China. The second type was the Japanese hammer needle, (*uchibari*) already presented by Ten Rhijne. The third type, called the tube needle (*kudabari*),⁴⁴ was a seventeenth century invention by the Japanese acupuncturist Sugiyama Wa'ichi (1610-1694)⁴⁵. Sugiyama had been blind since childhood and, after many years of unsuccessful trials, he had devised small cylindrical tubes in order to guide the needles and to control the depths of their penetration.⁴⁶

Further Research and Verdicts

With Kaempfer's publication the first wave of information from the Far East ebbed away. Neither he nor Ten Rhijne were aware that they had mixed up old and new Chinese and Japanese concepts and instruments. The Jesuits in China enjoyed an excellent command of the Chinese language, but they did not know much about medicine. Cleyer, Ten Rhijne and Kaempfer were highly qualified physicians, but they totally depended on Japanese interpreters who had only a limited command of the Dutch language.

Furthermore, in seventeenth century Europe the classical conception of humoral pathology, with its four body humours and the idea of innate heat (*calidum innatum*) residing in the heart was still alive. Ten Rhijne and Kaempfer knew a book attributed to Hippocrates, the *Liber de flatu* (Book of Winds), which discusses the role of wind or *pneuma* in health and disease. When looking for ways to link their fragmentary knowledge about Eastern medicine to Western medicine, to understand it in their own terms, both Ten Rhijne and Kaempfer ended up in classic Greco-Roman traditions. Eastern *qi* became Western winds. Inevitably their views and misunderstandings influenced their readers in Europe.

The members of the Leopoldina did a lot of research especially on the use of *moxa*. Matthias Gottfried Purmann (1648-1721), a surgeon in Breslau, reported in 1692 that *moxa* indeed sometimes had the marvellous effects described by Buschof, Ten Rhijne and Kaempfer, although in other cases it did not work out at all. He speculated about the thinner blood of people in regions of hot climate, considering German blood to be thicker.⁴⁷ Gregor Horst, a respected member of the Leopoldina observed "unfortunate effects" (*unglückliche Würckungen*) when aristocratic patients were treated, thus introducing a social contraindication into the debate.⁴⁸ More and more Buschof's report, which initially had caused such an excitement, looked like an exaggerated adulation by a lucky but naïve Dutch clergyman.

Johann Junker (1683-1759), since 1716 physician at Francke's orphanage in Halle and since 1729 professor of medicine, states in his *Chirurgie* (1722), that *moxa* had come out of fashion.⁴⁹ Additionally, Johann Christian Kundmann (1684-1751), physician at Breslau and member of the Leopoldinian Academy, inserted an outline of moxibustion in his *Naturalien-Cabinet* at the end of a chapter on "Unfortunate and deliberate burnings, by which heavy and incurable diseases and accidents were cured" right before a chapter on "cures by touching and blessing".⁵⁰ Research about *moxa* never stopped completely, but the illusions and eagerness had vanished.

As for acupuncture, there is no source indicating the actual application of needles in Europe during the seventeenth and early eighteenth centuries. Ten Rhijne and Kaempfer knew that in Japan the penetration of needles was very shallow. However, their nomenclature and description evoked disturbing images. As the abdomen was punctured to release what they called accumulated winds, vapours, air or gas, some among their readers imagined that the intestines had to be perforated in order to release intestinal gas. This idea was absurd and extremely dangerous. In 1707 professor Georg Ernst Stahl (1660-1734), father of the famous *phlogiston* theory, had his students in Halle write down a harsh verdict. After summarizing Ten Rhijne's description he closes with a sarcastic remark: "This shows what fantasy leads to. Whoever likes it, may apply it. Everybody may feel free

to try it.”⁵¹

Four decades later the eminent Lorenz Heister (1683-1758), professor in Helmstedt, included a short chapter on the acupuncture of the Chinese and Japanese in the latest edition of his *Chirurgie*. He finds it “remarkable that such intelligent nations hold these strange remedies in esteem ... Such kind of operations are neither conducted in Europe nor thought to be useful”. Further elaborations were not worth the trouble: “Anybody who wants to know more about it should read Ten Rhijne and Kaempfer with amazement.”⁵² Both acupuncture and moxibustion were pushed into the corner of exotic medical curiosities.

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- 1 For more on the history of Chinese Medicine in the West, see Lu Gwei-djen / Joseph Needham, *Celestial Lancets - A History and Rationale of Acupuncture and Moxa*. Cambridge University Press, 1980, Routledge Curzon Reprint, 2002. Han Qi, *Zhongguo kexuejishude xizhuan ji qi yinxiang*. Hebei Renmin Shubanshe, 1999 (韩琦, 中国科学技术的西传社及其影响, 石家庄: 河北人民出版社)。
- 2 Kinsô-i 金瘡医
- 3 For more on the medical activities of Jesuits in Japan, see Schilling, Dorotheus: *Das Schulwesen der Jesuiten in Japan (1551-1614)*. Münster 1931. Schilling, Dorotheus: *Os Portugueses e a introdução da medicina no Japão*. Coimbra 1937. Ebizawa, Arimichi: *Nanban gakutô no kenkyû (zôhoban)* [Studies on Nanban Scholarship]. Sôbunsha, Tôkyô 1978. W. Michel: *Frühe westliche Beobachtungen zur Moxibustion und Akupunktur*. In: Sudhoffs Archiv, Bd.77, Heft 2 (1993), pp. 193-222. W. Michel, *Kômôtyû geka no tanjô ni tsuite*. [On the Birth of Surgery in the Style of the Redhairs] In: Keiji Yamada / Shigehisa Kuriyama (ed.): *Rekishi no naka no yamai to igaku*. Shibunkaku Shuppan, Kyôto, 1997, pp. 231-164. (紅毛流外科の誕生について山田慶兒、栗山茂久編『歴史の中の病と医学』思文閣出版、京都)。
- 4 Jakob de Bondt, *Historiae naturalis et medicae Indiae orientalis*. Lib.5, Chap.33, p.85.
- 5 For more on that matter, see Gabriele Dürbeck / Bettina Gockel / Susanne B. Keller et al. (ed.): *Wahrnehmung der Natur - Natur der Wahrnehmung. Studien zur Geschichte visueller Kultur um 1800*, Dresden: Verlag der Kunst 2001.
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- 10 *Het Podagra, nader als oyt nagevorst en uytgevonden, midsgaders des selfs sekere Genesingh of ontlastend Hulp-Mittel*. Door Hermanus Busschof de Oude van Utrecht, Predikant op Batavia in Oost-Indien. 't Amsterdam [...] 1675.
- 11 Guangnan (廣南) in northern Vietnam
- 12 *Miscellanea Curiosa*, Dec. I, Ann. VI & VII, Obs. 218
- 13 *Miscellanea Curiosa*, Dec. I, Ann. VI, Obs. 224
- 14 *Das genau untersuchte und auserfundene Podagra vermittelt selbst sicher=eigenen Genäsung und erlöenden Hülff=Mittels / Durch Herrmann Busschoof den älteren von Utrecht / zu Neu=Batavien in Ost=Indien wohnhaft / Niederländisch beschrieben / und anietzo ins Deutsche übersetzt von einem aus dem Collegio Naturae Curiosorum*. In Verlegung Esaiae Fellgibels / Buchhändlers in Breßlau, [...] 1677. For an edition including an analysis, see Wolfgang Michel, *Hermann Buschof: Das genau untersuchte und auserfundene Podagra, Vermittelt selbst sicher=eigenen Genaesung und erloesenden Huelff=Mittels*. Haug Verlag, Heidelberg, 1993.
- 15 *mogusa* (艾, chin. *ai*)
- 16 For more on Cleyer, see Eva Kraft, *Andreas Cleyer. Tagebuch des Kontors zu Nagasaki auf der Insel Deshima 20. Oktober 1682 - 5. November 1683*. Bonn 1985.
- 17 Dioscorides, Pedanius (c. 40-90 AD) served in Nero's armies as botanist. His book *De Materia Medica* was a precursor to modern pharmacopeias.
- 18 W. Michel / E. Werger-Klein, *Drop by Drop - On the Introduction of Western Distillation Techniques in 17th-Century Japan*. Journal of the Japan Society of Medical History, Vol. 50, No. 3, 2004, 463-492.
- 19 *Miscellanea Curiosa*, Dec. II, Ann. IV, Obs. I
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- 21 A complete list is given in Wolfgang Michel, *Zur Erforschungs Japans durch Engelbert Kaempfer*. In: *Engelbert Kaempfer, Heutiges Japan*. Herausgegeben von Wolfgang Michel und Barend J. Terwiel. Iudicium Verlag: München, 2001, Vol. 1/2, p. 96.
- 22 *Les Secrets de la Médecine des Chinois, consistant en la parfaite Connoissance du Pouls, envoyez de la Chine par un François, Homme de grand mérite*. Reedited as (Annoyme) *Les secrets de la médecine des chinois, consistant en la parfaite connaissance du pouls*, Éditions Dervy, Paris 1993.
- 23 *Specimen Medicinæ Sinicae, sive Opuscula Medica ad Mentem Sinensium*: [...] Cum Figuris aeneis & ligneis / Edidit Andreas Cleyer Hasso-Cassellanus, V.M. Licent. Societ. Indiae in nova Batavia Archiater, Pharmacop. Director & Chirurg. Ephorus. Frankfurt, Zubrodt, 1682.
- 24 Wolfgang Michel, *Ein Ostindianisches Sendschreiben. Andreas Cleyers Brief an Sebastian Scheffer vom 20. Dezember 1683*. In: *Dokufutsu Bungaku Kenkyû*, no. 41 (Kyushu University, 1991), pp. 15-98.
- 25 Wang Shuhe, *Mojue* 王叔和, 『脈訣』
- 26 *jingluo* 經絡

- 27 *xue* 穴
- 28 Obviously this reflects the Chinese term *xueqi* (血氣), blood-qi.
- 29 For a stimulating analysis of this problem and its interpretation in 20th century historiography of Chinese Medicine, see Nie Jing-Bao, *Refutation of the Claim that the Ancient Chinese described the Circulation of Blood: A Critique of Scientism in the Historiography of Chinese Medicine*. In: New Zealand Journal of Asian Studies, vol. 3, no. 2 (2001), pp. 119-135.
- 30 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*. London, 1707-1710.
- 31 *Tongren shuxue zhenjiu tujing* 王惟一, 『銅人腧穴鍼灸図経』
- 32 Wilhelmi ten Rhyne [...] *Dissertatio de arthritide: mantissa schematica: de acupunctura et orationes tres*, [...] Londini: impensis R. Chiswell; et prostat Hagae-Comitum: Apud Arnoldum Leers, 1683.
- 33 Motoki Shōdayu 本木庄太夫, Iwanaga Sōko 岩永宗古
- 34 *uchibari* or *dashin* 打鍼
- 35 Mubun 無分
- 36 For more on Kaempfer in Batavia, see Wolfgang Michel, *Zur Erforschungs Japans durch Engelbert Kaempfer*, pp.126-135.
- 37 For more on that, see W. Michel, *Engelbert Kaempfer und die Medizin in Japan* In: Detlef Haberland (ed.): *Engelbert Kaempfer. Werk und Wirkung. Vorträge der Symposien in Lemgo (19.-22.9.1990) und in Tokyo (15.-18.12.1990)*. Boethius-Verlag, Stuttgart 1993, pp.248-293.
- 38 Engelbert Kaempfer, *Amoenitatum exoticarum politico-physico-mediarum fasciculi V*. Meyer, Lemgo 1712, pp. 582-589, 589-605.
- 39 *kyūsho kagami* 灸所鑑
- 40 Ten Rhijne, *Dissertatio de arthritide*, p. 186
- 41 *senki* 疝氣
- 42 Nagata Tokuhon 永田徳本. For more on Nagata, see Komatsu, Tatewaki (ed.): *Isei Nagata Tokuhon den*. Kamisuwa, 1901 (小松帯刀, 『醫聖永田徳本傳』).
- 43 *hineribari* or *nenshin* 捻鍼
- 44 *kudabari* or *kanshin* 管鍼
- 45 Sugiyama Wa'ichi 杉山和一
- 46 For more on this matter, see Sugiyama-ryū sanbusho. Tokyo: Sugiyama kengyō itoku kenshōkai, 1932 (『杉山流三部書』, 東京: 杉山檢校遺徳顯彰會).
- 47 Wolfgang Michel, *Matthias Gottfried Purmann (1648-1721) und die Moxibustion*, Studies in Languages and Cultures (Kyushu University), no. 5 (1994), pp.69-80.
- 48 Specimen anatomiae practicae in adademia Giessena aliquot philiatris exhibitum. Adjecta sunt quaedam de moxa. Giessen 1678.
- 49 *Johann Junckers Chirurgie: worinnen alles, was zur Wund-Artzney gehöret, so wohl d. wahren Grund-Sätze, nach d. Stahlian. Lehr-Art, als auch d. chirurg. Operationes, nach d. besten Autoribus in CIII Tab. abgehandelt worden*. Halle: Wäysen-Haus, 1722, p. 624.
- 50 *Rariora Naturae & Artis item in Re Medica, oder Seltenheiten der Natur und Kunst des*

Kundmannischen Naturalien=Cabinets, wie auch in der Artzeney=Wissenschaft. [...] von D. Johann Christian Kundmann, Medico Vratslaviensi der Kays. Reichs=Academ. Natur. Curios. Mitgliede. Breslau and Leipzig, Michael Hubert 1737, col. 933-34.

- 51 *Praxis Stahlianiana, Das ist Herrn Georg Ernst Stahls, Königl. Preußischen Hof=Rath und Leib=Medici, Collegium Practicum, Welches theils von Ihm privatim in die Feder dictirt, theils von seinen damahligen Auditoribus aus dem Discurs mit besonderem Fleiß nachgeschrieben, Nunmehr aber aus dem Lateinischen ins Deutsche übersetzt, mit vielen Anmerckungen und Raisonsnements aus 26jähriger Praxi bekräftiget, erläutert, auch mit Erlaubnis des Herrn Autoris zum Druck befördert worden von D. Johann Storchen, aliàs Hulderico Pelargo, Fürstl. Sächs. Eisenachischen Hof=Medico und Stadt=Physico.* Leipzig, Verlegts Caspar Jacob Eyssel, 1728, p.76.
- 52 D. Laurentii Heisters [...] *Chirurgie, in welcher alles, was zur Wund-Artzney gehöret, nach der neuesten und besten Art, gründlich abgehandelt, und in vielen Acht und Dreytzig Kupffer-Tafeln die neuerfundene und dienlichste Instrumente, nebst den bequemsten Handgriffen der chirurgischen Operationen und Bandagen deutlich vorgestellt werden,* Nürnberg: Johan Adam Stein und Gabriel Nicolaus Raspe, 1747, p. 428 (Vom Nadelstechen der Chineser und Japonaser).

17～18世紀初頭のドイツにおける東洋医学

Wolfgang Michel

欧米において中国伝統医学（Traditional Chinese Medicine, TMC）と呼ばれる医学は近世、近代の東西交流の中で形成された言説であるが、それは当時の中国における各流派の相違を軽視するだけでなく、中国の近隣諸国がそれらの学説を独自の立場から受容し、新たに誕生させた流派の存在までも無視したものである。本論文が示すように、この誤った見解は、「中国医学」がヨーロッパへ伝わった初期の段階にさかのぼる歴史的なものである。当時情報の発信地として大きな役割を果たしたのは中国よりも、むしろ西洋外科学へ強い関心を寄せた日本だった。一方でヨーロッパにおける「中国医学」の受容の枠組を設定したドイツ自然科学院の医師は、現場からの報告の背景について全く知らなかったため、様々な記述を理解できず誤解はさらに深まった。結局、数十年足らずの間に、鍼灸術は得体の知れない、場合によっては危険な治療法として医学の珍品陳列棚に入れられてしまったのである。