Notes

Introduction


2 See, for example, David Arnold, (ed.), Imperial Medicine and Indigenous Societies (Manchester, 1988); David Arnold, Colonizing the Body: State Medicine and Epidemic Disease in 19th Century India (Berkeley, 1993); John Z. Bowers, Western Medical Pioneers in Feudal Japan (Baltimore, 1970); E. Richard Brown, ‘Exporting Medical Education: Professionalization, Modernization, and Imperialism’, Social Science & Medicine, 13A (1979): 585–95; Roy MacLeod and Milton Lewis (eds), Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion (London, 1988); Bridie Andrews and Andrew Cunningham, Western Medicine as Contested Knowledge (Manchester, 1997).


4 I frequently use the term ‘Asian medicine’ in this volume; 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. 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 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’.


6 John Barrow, *Travels In China... 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, 1804), 298.


9 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, 1797), Vol. 3, 380.


11 David Mackay, ‘Agents of Empire: the Banksian Collectors and Evaluation of New Lands’, in Miller and Reill (eds), *Visions of Empire*, 38–57. See also the Reeves MSS, BL Add. MSS, 33982 and 35262; and Wellcome MSS, 5217, items 34–6.


academic title to describe a set of institutions, disciplines and activities usually confined to Western universities which have been concerned with the study of oriental societies and cultures. Finally, it may be considered as a corporate institution primarily concerned with the ‘Orient’ (96). ‘Medical orientalism’ partakes primarily of the first two aspects. For examinations of medicine, imperialism and orientalism, see David Arnold, Colonizing the Body; Elisabeth Hsu, ‘The Reception of Western Medicine in China: Examples from Yunnan’, in Patrick Petitjean, Catherine Jami and Anne Marie ‘Moulin (eds), Science and Empires: Historical Studies about Scientific Development and European Expansion (London, 1992), 89–101; A. Kumar, Medicine and the Raj: British Medical Policy in India, 1835–1911 (London, 1998); Kabita Ray, History of Public Health in Colonial Bengal, 1921–1947 (Calcutta: 1998). For a glimpse of the impact of the colonies on British culture, see the essays in Julie Codell and Dianne Sachko Macleod, Orientalism Transposed: the Impact of the Colonies on British Culture (Aldershot, 1998); Paul Greenhalgh, Ephemeral Vistas: the Expositions Universelles, Great Exhibitions and World’s Fairs 1851–1939 (Manchester, 1988); John MacKenzie (ed.), Imperialism and Popular Culture (Manchester, 1986); Harriet Ritvo, The Mermaid and the Platypus and Other Figments of the Classifying Imagination (Cambridge, MA, 1997).

16 G. Tradescant Lay, The Chinese as They Are: Their Moral, Social and Literary Characters; A New Analysis of the Language; with Succinct Views of Their Principal Arts and Sciences (London, 1841); W. H. Medhurst, The Foreigner in Far Cathay (London, 1872). These are only two of the more popular examples.


18 Davis, The Chinese, 277, emphasis in the original.


21 Balfour, Chinese Scrapbook, 65.


23 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 I found no reference to 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. Such silences, though frustrating, do reveal the degree to which acupuncture was absorbed into orthodox medical culture.

24 The situation in France was slightly different, as at least one nineteenth-century doctor and acupuncture-user (Sarlandière, 1825) 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.

1 **Expectations and Expertise**

1 G. Tradescant Lay, ‘Minutes of the First Annual Meeting of the Medical Missionary Society in China’, in *The First and Second Reports of the Medical


3 See Michael Adas, Machines as the Measure of Men: Science, Technology, and Ideologies of Western Dominance (Ithaca, 1989), 21–69; Jonathan Spence, The Search for Modern China (New York, 1990), 132–6. As David Arnold suggests in Colonizing the Body: State Medicine and Epidemic Disease in 19th-Century India (Berkeley, 1993), India presents a variation upon this theme of enthusiasm, followed by exploration (physical, cultural and intellectual), followed by devaluation. The subcontinent’s fall from grace occurred in two stages, interrupted by the brief Orientalist rediscovery of Indian science and mathematics in the late eighteenth and early nineteenth centuries (43–58).

4 Assessing the accuracy of the claims themselves is properly the province of historians of Chinese medicine and will not be addressed here; readers curious about this point may wish to consult the compendious work of Paul Unschuld, Nathan Sivin, Joseph Needham and colleagues, and other sinologists.


6 John Barrow, 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, 1804), 3.

7 Barrow, Travels, 3. Barrow (1764–1848) was Comptroller to the Embassy, a post he gained through the patronage of Sir George Staunton. He subsequently became Second Secretary to the Navy, and was crucial in shaping its policies of exploration in Africa and the Arctic, as well as government responses to China.


9 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, Vol. 1 (London, 1797), 41.


11 Traditional Chinese diagnosis did not (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 essays exploring this subject are Shigehisa Kuriyama, 'Visual Knowledge in Classical Chinese Medicine', in Don Bates (ed.), Knowledge and the Scholarly Medical Traditions (Cambridge, 1995), 205–34; and Francesca Bray, 'A Deathly Disorder: Understanding Women's Health in Late Imperial China', in Don Bates (ed.), Knowledge and the Scholarly Medical Traditions (Cambridge, 1995), 235–50. Both note that Chinese medicine in this period is known predominantly through the scholarly writings, and hence is itself the medicine of the elite.

14 For a detailed description of the British clinical encounter of the day, see Dorothy Porter and Roy Porter, Patient's Progress: Doctors and Doctoring in Eighteenth-Century England (Stanford, CA, 1989), especially Part II.
15 Staunton, Account, Vol. 2, 62, my emphasis.
17 For more on the creation of cultured bodies, see Ludmilla Jordanova, Sexual Visions: Images of Gender in Science and Medicine Between the 18th and 20th Centuries (Madison, 1989); Catherine Gallagher and Thomas Laqueur (eds), The Making of the Modern Body: Sexuality and Society in the Nineteenth Century (Berkeley, 1987); Thomas Laqueur, Making Sex: Body and Gender from the Greeks to Freud (Cambridge, MA, 1990).
18 Anne Digby documents a medical community dominated by the (affluent) patient. See Anne Digby, Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911 (Cambridge, 1994). Also consider William Bynum, 'Health, Disease and Medical Care', in Roy Porter and George Rousseau (eds), The Ferment of Knowledge (Cambridge, 1980), 212–13; and Porter and Porter, Patient's Progress, Part I. Bray, 'Deathly Disorder', 237–9, notes that the medical attendants of the elite in China, as in Europe, were necessarily (and for the same reasons — lower social status and financial dependence) listeners and negotiators, whatever their occasional claims to the contrary.
19 See Porter and Porter, Patient's Progress, Part II, 5; Bynum, 'Health, Disease and Medical Care', 213; and for more detailed accounts, including discussion of the changes in this patient-centred practice, Stanley J. Reiser, Medicine and the Reign of Technology (Cambridge, 1978), Chapter 1.
20 It 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.
21 The western understanding of the pulse exemplified by Barrow and Staunton was constructed over the course of the eighteenth century; at the beginning of the century, responses to Chinese pulse diagnosis were considerably different. In Chinese anatomy, qi flows through channels linking related organs; the multiple pulse of Chinese medicine is taken from different points
on the arm where such channels pass close to the surface of the body. Thus the Chinese pulse carries complex information about an interrelated system.


23 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. Enrich'd With General And Particular Maps, And Adorned With A Great Number Of Cuts. From The French Of P. J.B. Du Halde, Jesuit: With Notes Geographical, Historical, And Critical; And Other Improvements, Particularly In The Maps, By The Translator* (London, 1738–41), 124.


26 R. 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, 1743), viii, my emphasis.


29 James, *Medicinal Dictionary*, viii.

30 See Michael Barfoot, ‘Brunonianism Under the Bed: an Alternative to University Medicine in Edinburgh in the 1780s’, in William Bynum and Roy Porter (eds), *Brunonianism in Britain and Europe* (London, 1988), 22–45. As well as being medically radical, Brunonianism was associated with social and political radicalism. It is worth noting that Gillan’s expressed ideas on fever, his enthusiasm for bleeding, and in particular his criticism (echoed by Staunton) of a Chinese healer who prescribed stimulants to a British sufferer, are anti-Brunonian.

31 Chris Lawrence, ‘Cullen, Brown, and the Poverty of Essentialism’, in Bynum and Porter, *Brunonianism*, 1–21. Indeed, Lawrence points out that both Brown and Cullen portrayed themselves as ‘supporter[s] of the view that progress in medicine was to be achieved by employing fundamental philosophical principles in order to arrive at a general explanation graced by causal simplicity’ (7). Thus, the absence of system would have condemned Chinese medicine in either case. For further discussions of Edinburgh, the Scottish Enlightenment, and the conflicting roles of Cullen and Brunonianism, see Bynum and Porter, *Brunonianism*; L. Stephen Jacyna, *Philosophic Whigs: Medicine, Science and Citizenship in Edinburgh, 1789–1848* (London, 1994); Chris Lawrence, ‘Ornate Physicians and Learned Artisans: Edinburgh Medical Men, 1726–1776’, in Bynum and Porter (eds), *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), 153–76.


Gillan, ‘Observations’, 282. Given the extraordinary precision with which the appropriate points for feeling the various pulses were located in Chinese medical theory, one wonders if this did more harm than good – the sight 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.


See 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, 1701).

Gillan, ‘Observations’, 280. Cranmer-Byng adds to this the gloss that DuHalde translated the Mo ching, written circa 10th century AD, and published this translation in 1735, with his *Description*.


The Chinese physicians were of course diagnosing a disease of disordered *qi*. For the purposes of this article, *qi* can be defined as ‘universal vital force’; in traditional Chinese medicine, *qi* 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. However, it is clear from their respective texts that both Staunton and Gillan chose to interpret *qi* as referring to a gas in the modern sense rather than in the older sense of *spiritus*. This interpretation seems to have been based primarily on the treatment proposed by the Chinese: acupuncture – which Gillan and Staunton both presented as an attempt to create a physical outlet for a physical substance – ‘opening passages for its escape, directly though the parts affected’.


67 Gillan, ‘Observations’, 284
69 Gillan, ‘Observations’, 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.
71 Incidentally, he was roundly criticized for his presumption in publishing an account; it was considered inappropriate for one of his low status to have views on China, and particularly to criticize his employer’s handling of the political and diplomatic issues involved.
72 Aeneas Anderson, *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.* 2nd edition (Dublin, 1796), 275.
75 Chinese 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; alternatively, he may have seen specimens of the metal which had come to England in trade. For a somewhat more detailed contemporary description of this alloy, see Gillan, ‘Observations’, 292–3 and ff. 149.
76 John Harley Warner, ‘The Idea of Southern Medical Distinctiveness: Medical Knowledge and Practice in the Old South’, in Leavitt and Numbers, *Sickness and Health*, 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, Euro-
pean and American contexts.

in Leavitt and Numbers, Sickness and Health, 313–30.


80 This encounter also sheds some light on Jewson’s hypothesis that consensual diagnosis and treatment formed the foundations of Enlightenment medicine. Anderson’s acceptance of the Chinese mode of diagnosis, in which he read the patient’s body, rather than calling upon the patient’s own account, and subsequently prescribed for him without entering into any dialogue, lends some weight to Porter’s suggestion that consensus-medicine was the province of the relatively elite consumer, and that doctor–patient relationships took other forms when the patient bore other status. See Jewson, ‘Disappearance’ and Jewson, ‘Medical Knowledge and the Patronage System in 18th Century England’, Sociology, 8 (1974): 369–85; Roy Porter, ‘Laymen, Doctors, and Medical Knowledge in the Eighteenth-Century: the Evidence of the Gentleman’s Magazine’, in Roy Porter (ed.), Patients and Practitioners: Lay Perceptions in Pre-Industrial Society (Cambridge, 1985), 283–314.

81 Dr Dinwiddie, quoted in William Jardine Proudfoot, Biographical Memoir of James Dinwiddie…Embracing Some Account of his Travels in China and Residence in India (Liverpool, 1868), 87.

82 See Spence, Search; Jonathan Spence, Memory Palace of Matteo Ricci (New York, 1984); Unschuld, Medicine in China; Mungello, Curious Land.

83 Adas, Machines. See particularly his Introduction and Chapter 1, and 231–4, 248–52, on the relationship with China.

84 See Proudfoot, Biographical Memoir, 47 and his rebuttal of Barrow’s tale of ‘the Emperor’s Favourite Draughtsman’.

85 Barrow, Travels, 306–7. It seems very likely that Barrow borrowed this insight from DuHalde, Description, Vol. 2, 124.

86 Barrow, Travels, 354. It is, of course, suggestive that the passage specifies an ‘Edinburgh Surgeon’. Clearly, the distinction between the Scottish medical mode and its more traditional equivalents was evident by the close of the eighteenth century.


88 Staunton, Account, 380.

89 Proudfoot, Biographical Memoir, 53.

90 Proudfoot, Biographical Memoir, 53, italics in the original.

91 Proudfoot, Biographical Memoir, 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 Spence, _Search_; and mentioned in Bickers, _Ritual and Diplomacy_; and Hevia, _Curious Land._

92 Proudfoot, _Biographical Memoir_, 47–8. In the end, despite his fascination with China’s grand engineering projects, and small technical innovations – for Dinwiddie prepared notes on 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?”’


94 Anderson, _A Narrative_, 177.

95 Cranmer-Byng, _An Embassy_, 96.

96 Anderson, _A Narrative_, 133.

2 The Needle Transfixed

1 The orthographic abandon with which eighteenth-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 Rhyne, following the title page of his _Dissertation de Arthritide_, was also called Ten Rhijne and ten Rhyne, while the _De Arthritide_ is catalogued in the British Library under the surname Rhyne. Similarly, Kaempfer has also been Kempfer, Kemper, Kämpfer and Kämpfer. 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. Western transliterations of Chinese medical terms have in some cases rendered the original terms untraceable, even through context-clues.

2 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, 1701), 337.


4 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*, Vol. 3 (London, 1797), 57–8.

5 See Introduction.


9 The Japanese term for the policy of closing Japan to the outside world.


12 Ten Rhyne himself cites Martinus Martinus, a Jesuit in China, whose work was entitled *Sinicae Historiae decas prima, res a gentis origine ad Christum naturam... gestas complexa* (Munich, 1658); and Jacob Bontius’s enormous *Historia Naturalis & medicas Indiae orientalis*, Book 5 (Amsterdam, 1658). The latter he quoted on the use of acupuncture for colic, but cautioned that Bontius was incorrect on several points. Andreas Cleyer – who went to Japan twice in the 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 theories of the pulse and their diagnostic techniques, rather than on acupuncture and moxibustion. Lu and Needham, *Celestial Lancets*, 276–95 add to this list of predecessors, but acknowledge Ten Rhyne’s position as the first major European spokesman for acupuncture.


16 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 Ancient 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, 1741). Douglas was a surgeon, and a Fellow of the Royal Society.

Among the many roughly contemporary descriptions and diatribes on both gout and quack medicines, the following are notable for their clarity (and frankness) in uniting 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, 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, 1743); and Richard Ingram, The Gout.

Lu and Needham, Celestial Lancets 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.


Carrubba and Bowers, ‘De Acupuncture’, 377–8. Ten Rhyne refers to Iwanga Sokaa and Motogi Shodayu, respectively. Ten Rhyne described the questions as ‘Bothersome trifles, to be sure.’ Carrubba 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 Zen-seishi-Tsuiwa, Vol. 1, Book 2 (1680), 372.


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 (1969): 100–15.

The system of acupuncture is based on the idea of a circulation of this substance, *qi* (or *chhi*, *chi*, 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 pneumonia, 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 terms ‘energy’ and ‘vital energy’ have become standard translations. Lu and Needham, Celestial Lancets, 16, Note a.

A less crucial set of mistranslations derived from the fact that *qi* is a balance of *yin* and *yang* components/energies, the former of which circulates with the blood and the latter of which passes only through these vessels.

Carrubba and Bowers, ‘De Acupuncture’, 382–3. Ten Rhyne did, however, admit that classical physicians had been similarly loose in their terminology,
citing Rufus of Ephesus, another recently rediscovered Classical medical writer.

27 Carrubba and Bowers, ‘De Acupunctura’, 383, my emphasis. The reference to ‘cutting’ is puzzling, as dissection was virtually unknown in Japan at this time.

28 ‘An Account’, Philosophical Transactions, 230–1. 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 Carrubba and Bowers’s smoother modern version) at some length. I have, however, removed most of the measurements of length, leaving only samples to give a flavour of the paradox which must have struck British readers. It seems likely that Kee Miak is a transliteration of *chi mo*, and Rack Miak of *lo mo*.

29 Carrubba and Bowers, ‘De Acupunctura’, 376.


32 Lu 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.

33 Carrubba and Bowers, ‘De Acupunctura’, 376.

34 Carrubba and Bowers, ‘De Acupunctura’, 376.


37 Carrubba and Bowers, ‘De Acupunctura’, 375.

38 Carrubba and Bowers, ‘De Acupunctura’, 375.

39 Carrubba and Bowers, ‘De Acupunctura’, 396.

40 Carrubba and Bowers, ‘De Acupunctura’, 375.

41 Carrubba and Bowers, ‘De Acupunctura’, 376.


46 Carrubba and Bowers, ‘De Acupunctura’, 375.


48 Carrubba and Bowers, ‘De Acupunctura’, 375.

49 Carrubba and Bowers, ‘De Acupunctura’, 375.

50 Carrubba and Bowers, ‘De Acupunctura’, 392.

51 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’, Journal of Chinese Medicine, 29 (1989): 28–32. First, she suggests that Ten Rhyne 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 [seventeenth-century] 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 Rhynė’s Dutch background suggests that explanations in terms of a more physiological outlook . . . were not of primary concern to him’ (29). This argument is perhaps over-schematic, and fails to consider the internationalism of academic medicine; moreover, Ten Rhynė clearly was concerned with developing a systemic explanation for acupuncture, and not just in reporting his observations of it. Hsu’s second gloss, however, is suggestive: she comments in passing, ‘why should a 17th century doctor be interested in pursuing aspects of medical research which had similarities with the scholastic medicine of the Middle Ages?’ (29).

52 Carrubba and Bowers, ‘De Acupunctura’, 391.
53 Carrubba and Bowers, ‘De Acupunctura’, 395.
54 Carrubba and Bowers, ‘De Acupunctura’, 392.
55 In contrast to the status of his writings on acupuncture, Ten Rhynė’s longer account of moxibustion, although important, was only one of several contemporaneous treatises supporting the technique; its influence was thus less striking.
56 Engelbertus Kaempfer, The History of Japan: Giving an Account of the 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, 2 vols (London, 1728). The History and its Appendix from the Amoentitatum Exoticarum were translated by J. G. Scheuchzer. Kaempfer lived from 1651–1716, and was in Japan from 1690–2.
57 Kaempfer, History of Japan, ‘List of Subscribers’. Sloane later gave Kaempfer’s materials to the British Museum, where it formed the nucleus of the East Asian collections.
58 Kaempfer, History of Japan, Vol. 2, 32. 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 resistant [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.’
Again, for more information about medical and cultural responses to gout in this period, see Porter and Rousseau, *Gout*.


Temple, *Miscellanea*, 207, emphasis in the original.

Temple, *Miscellanea*, 211.


Later authors, including acupuncture’s nineteenth-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.


Pierre Bayle, in the *Nouvelles de la République des Lettres* (Paris, 1686), 1013. Quoted in Lu and Needham, *Celestial Lancets*, 286. Michael Boym’s (d.1659) *Clavis Medica ad Chinorum doctrinam de Pulsibus* was published in 1689; it is a translation of a version of the Mo Chueh (Sphygmological Instructions, approx. 940 AD). Boym’s version of it described the twelve 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 cavitatum vel locorum pulsuum et trium partium corporis’ – in other words, he interpreted them as sites by which the pulse of particular parts of the body could be taken.

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
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 moxibustion.


85 Wotton, Reflections, 147, emphasis in original.

86 Wotton, Reflections, 147.

87 For discussion of Floyer, see Chapter 1.

88 Wotton, Reflections, 152.

89 Wotton, Reflections, 153.

90 See Daniel Geoffroy, L’Acupuncture an France au XIXe siècle (Paris, 1986); Lu and Needham, Celestial Lancets; for a very concise introduction to this large area, see Basil Guy ‘China’, in Yolton, Porter, Rogers and Stafford (eds), The Blackwell Companion to the Enlightenment (Oxford, 1991). During this period in France, China also acted as a stand-in for the French church and state, which were obliquely critiqued or praised through this medium. See also Basil Guy, The French Image of China, Before and After Voltaire (Geneva, 1963); and Huguette Cohen, ‘Diderot and China’, Studies on Voltaire, 242 (1986): 219–32. Still further, information about China often served as propaganda for the Jesuit missions there, and for their approach of accommodation; see D. E. Mungello, Curious Land: Jesuit Accommodation and the Origins of Sinology (Honolulu, 1989), Chapters 4 and 10.

91 Mungello, Curious Land, 125, Note 53, 343. I 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 E. Pulleyblank and W. Beasley (eds), Historians of China and Japan (London, 1961) and M. G. Mason, Western Concepts of China and the Chinese (Cambridge, MA, 1939).

92 J.-B. DuHalde, A Description, Vol. 2, 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 include the French in the notes; translations from such works are my own. DuHalde’s description appears virtually unaltered in many later works on Chinese medicine.

93 DuHalde, A Description, Vol. 2, 184.

94 DuHalde, A Description, Vol. 2, 184.
Dujardin, DuHalde, A Description, Vol. 2, 184.

Obviously, this model of a united mind and body was strikingly different from the nineteenth-century ‘mind as function of body’ recently discussed by Winter, Desmond and others (see Chapter 4).

See Anne Digby, Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911 (Cambridge, 1994), 204 and 203 respectively.

On the (restricted) availability of good translations, see Lu and Needham, Celestial Lancets, 36

Gerhard van Swieten, Erläuterungen zu den Boerhaaveschen Lehrsätzen (Vienna: 1755), quoted in Lu and Needham, Celestial Lancets, 293.

Lu and Needham argue for a fairly high level of familiarity with acupuncture in the eighteenth 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, Celestial Lancets.

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. Tome 4, in Diderot and d’Alembert (Premiers Éditeurs), Encyclopédie Méthodique (Paris, 1792), 808–9.


Heister, General System, 314.


F. Dujardin, Histoire de la Chirurgie, Depuis son Origine jusqu’à nos Jours, Tome 1 (Paris, 1774), 77. ‘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 tâtonnements, de conjectures.’

Dujardin, Histoire de la Chirurgie, 77, ‘le plus souvent l’ouvrage de l’imagination; ainsi, toutes les connoissances qu’ils en déduisent, ne sauroient être forts solides’.

Dujardin, Histoire de la Chirurgie, 83, ‘paroîtra ridicule & pitoyable; cependant à travers le brouillard, il perce quelquefois de légères lueurs de vraisemblance’.

Dujardin, Histoire de la Chirurgie: 83, ‘by means of the nerves, veins and arteries’.

Dujardin, Histoire de la Chirurgie, 85, ‘Malgré toutes les hypothèses qui défigurent cet empyrisme, l’expérience a quelquefois servi les Praticiens de la Chine.’

That this shift had not yet taken place in Britain is evident from Gillan and Staunton’s reactions to Chinese practice some years later (see Chapter 1).

Dujardin, Histoire de la Chirurgie, 88, ‘[l]ls ont deux autres remèdes qu’ils empruntent de la Chirurgie, & qu’ils regardent comme spécifiques. Toute
maladies qui résiste à ceux-ci, qui sont le moxa & la ponction avec les éguilles, est rejeté incurable.'

112 Dujardin, *Histoire de la Chirurgie*, 88, ‘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’. 

113 Dujardin, *Histoire de la Chirurgie*, 90, ‘ce remède…jette les malades dans les angoisses qui vont jusqu’à la syncope, quand on porte l’appliquation à un certain excès’. 


115 Dujardin, *Histoire de la Chirurgie*, 91, ‘[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’. 


118 Dujardin, *Histoire de la Chirurgie*, 91–2, ‘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’écarter des principes…Ce qu’on peut dire de plus certain, c’est que, dénués 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’ (91). 

119 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. Of course, this reading does not reflect East Asian practice or understandings of the maps’ function. 

120 Dujardin, *Histoire de la Chirurgie*, 98, 97, ‘la partie malade’ and ‘la partie où le mal a pris naissance’. 

121 Dujardin, *Histoire de la Chirurgie*, 91–2, ‘vents qui se glissent entre le periste & les os: fait dont il prétend s’être assuré par l’observation.’ 

122 Dujardin, *Histoire de la Chirurgie*, 91–2, ‘Un malheur attaché à l’humanité, … qui s’oppose au progrès de nos connaissances, 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’. 

123 Dujardin, *Histoire de la Chirurgie*, 94, ‘[N]otre Médecine est devenues trop discouruse; 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 empyrique, toute imparfaite qu’elle est, même à cet égard, est digne de quelque attention.’

124 Dujardin, *Histoire de la Chirurgie*, 98, ‘La ponction… 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’.


126 James, *A Medicinal Dictionary*, ‘acupuncture’.

127 *The Modern Part of the Universal History*, Vol. 3 (London, 1759), 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 Kang Hsi’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.’ (654).

128 Vicq D’Azyr (ed.), *Médecine*, Tome 4, 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.


130 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, 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 activity, 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.

131 See Maulitz, Morbid Appearances; Christopher Lawrence, ‘Democratic, Divine and Heroic: the History and Historiography of Surgery’, in C. Lawrence (ed.), Medical Theory, Surgical Practice: Studies in the History of Surgery (London, 1992), 1–47; Malcolm Nicholson, ‘Giovanni Battista Morgagni and Eighteenth-Century Physical Examination’, in Lawrence, Medical Theory, Surgical Practice, 101–34. 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 concisely 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’ (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.


133 De la Roche and Petit-Radel (eds), Chirurgie, in Diderot & d’Alembert, Encyclopédie Méthodique, Tome 1, 59, ‘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 enceintes.’

134 De la Roche and Petit-Radel, Chirurgie, 59, ‘Comme cette opération n’est practiquée nulle part en Europe, nous ne nous y arrêterons pas davantage’.

135 Vicq D’Azyr, Médecine, Tome 2, 185, ‘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.’

136 Vicq D’Azyr, Médecine, Tome 2, 185, ‘L’expérience a appris aux peuples de l’Orient que…des ponctions multiples, & plus ou moins profondes, faites avec des aiguilles…deviennent un secours très-efficace, & que souvent les douleurs les plus aiguës s’apparentent aussi-tôt après qu’on a fait cette opération.’

137 Vicq D’Azyr, Médecine, Tome 2, 186–7, ‘Les chinois…pensent que le principe de la plupart des maladies consiste dans des vapeurs nuisibles renfermées dans les parties souffrantes…& 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 consomant.’

138 Vicq D’Azyr, Médecine, Tome 2, 188, ‘acupuncture est un procédé que l’on doit ranger parmi les moyens irritans & stimulans;…elle peut ainsi compter des spasmes violens, & rétablir la sensibilité in les organes où cette fonction a été affoiblie’.

139 All Vicq D’Azyr, Médecine, Tome 2, 188, ‘comme des remèdes fameux dans les autres pays’; ‘ces prétendues humeurs mal-faisantes’; ‘ceux qui conois-
sent bien l’économie animale, & qui ont profondément médité sur la nature des maladies'.

140 Vicq D’Azur, Médecine, Tome 2, 188, ‘Toujours est-il certain que ces effets jettent un grand jour sur plusieurs questions des plus importantes dans l’art de guérir’.


142 Berlioz, Mémoires, 298, ‘l’acupuncture, en dissipant les accidents, démontre que le désordre du système nerveux leur avait donné naissance’.

143 Berlioz, Mémoires, 298, ‘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’.

144 Berlioz, Mémoires, 296–7. For reasons of space, I have omitted the lengthy original.

145 Berlioz, Mémoires, 301. 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 believed 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.’

146 Berlioz, Mémoires, 118, ‘La correspondance des masses du tissu cellulaire n’est pas non plus à négliger dans le traitement des maladies chroniques.’

147 Berlioz, Mémoires, 105, ‘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’.

148 Berlioz cites the Zoonomia as the source of this curious piece of information; it does indicate that the doctrine of local sympathy was fairly widespread, although one wonders whether this particular example came from traditional healing rather than academic medicine – it has a certain earthy particularity to it often lacking in the more ‘elevated’ schools of medicine.


150 Berlioz, Mémoires, 310–11, ‘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.’

151 For more on the subsequent history of acupuncture in France, see Geoffroy, L’Acupuncture; Roger Baptiste, L’Acupuncture et son Histoire: Avantages et
3 Sharpening the Needle

2 Erasmus Darwin actually used the term ‘acupuncture’ in 1794. In Darwin, *Zoonomia; or the laws of organic life*, 3rd edn, Vol. 3 (London, 1801), 254, he asked: ‘In cases of strangulated hernia, could acupuncture, or puncture with a capillary trocar be used with safety and advantage to give exit to air contained in the strangulated bowel? Or to stimulate it into action?’ His use of the term suggests that he was merely using Latin shorthand, and not actually referring to acupuncture as it emerged from China and Japan. Acupuncture is not mentioned elsewhere in his work. It is possible that Coley might have come across this reference, but I think it more likely that his information came from the sources he cited himself.
3 Coley, ‘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 Tympancy’, *The Medical and Physical Journal*, 7 (1802): 235–8.
6 *Universal History*, Vol. 3, 599, my emphasis.
7 *Universal History*, Vol. 3: 647, my emphasis.
12 See Edwin Clarke and L. S. Jacyna, *Nineteenth-Century Origins of Neuroscientific Concepts* (Berkeley, 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.
13 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 morbific vapour or spirit out’ (Coley, ‘A Case’, 237). As Ten Rhyne noted
in his discussion of the type of needles in the *Dissertatio de Arthritide*, the use of puncturing for certain types of fluid retention had been practised in Europe prior to the introduction of acupuncture either as a technique or as a term. Apparently, given the claims of novelty made in the nineteenth century for this operation as a form of ‘acupuncture’, the needle had been entirely replaced by the lancet at some point in the eighteenth century.

14 Coley ‘A Case’, 237–8. The ‘others’ referred to in this quotation are Chinese and Japanese practitioners, not innovative western counterparts.

15 Sir William Temple’s exhortations on the subject took some time to filter into the medical marketplace, perhaps because of their initially limited elite audience.

16 Roy Porter, ‘The Rise of Medical Journalism in Britain to 1800’, in W. F. Bynum, Steven Lock and Roy Porter (eds), *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), 6–28, at p. 18. This collection of essays offers a variety of perspectives, quantitative and qualitative, on medical journalism in late eighteenth- and early nineteenth-century Britain. *The Medical and Physical Journal* was owned by Richard Phillips, whose sympathies were republican and radical, and who pursued medical reform zealously. In 1815, an ‘Address’ from ‘the editors’ (presumably 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.’ ‘Address’, *The Medical and Physical Journal*, 33 (1815): 1.


19 Hugh Murray, John Crawfurd, 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*, Vol. 3 (Edinburgh, 1836), 283–4.

20 John Francis Davis, *The Chinese: a General Description of the Empire of China and Its Inhabitants* (London, 1837), 73. Davis’s account was based on a twenty-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.

21 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, 1818), 216–17, my
emphasis. Abel was a Fellow of the London Society and of the Geological Society, Chief Medical Officer and Naturalist to the Embassy.

22 Abel, Narrative of a Journey, 216–17.
23 Abel, Narrative of a Journey, 218.
24 British responses to the Chinese people were not monolithic, but in general commentators were far more favourably disposed towards the Chinese population and manufactures than towards the government, the Manchu elite and Chinese technological and scientific productions.
25 Henry Ellis, 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 (London, 1817), 40.
26 Ellis, Proceedings of the Late Embassy, 489.
30 Murray et al., An Historical and Descriptive Account of China, Vol. 2, 86.
32 ‘Review. Medical and Surgical Cases: Selected During a Practice of Thirty-Nine Years. – By Edward Sutleffe’, Lancet (April 22, 1826): 102–9, at p. 106.
33 Edward Sutleffe, Medical and Surgical Cases; Selected During a Practice of Thirty-Eight Years, Vol. 1 (London, 1824–5), 45, 272–3.
34 ‘Medical and Surgical Cases’, Lancet, 107.
36 ‘Critical Analysis of English and Foreign Literature Relative to the Various Branches of Medical Science. Division II’, The London Medical and Physical Journal, 48 (1822): 518, emphasis in original. The editors at this point were Roderick Macleod and John Bacot. It is likely, considering his future involvement with the subject of Chinese medicine, that Macleod wrote this review.
37 ‘Retrospective of Foreign Medical Science and Literature, for the year 1819: I. Succinct Analysis of Foreign Periodical Literature’, London Medical Repository, 13 (1820): 33–87. This section was extracted from Bulletins de la Faculté de Médecine de Paris, et de la Société établie dans son sein (February 1819): 38.
38 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 qi


James Morss Churchill, A Treatise on Acupuncture; 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 (London, 1822).

Churchill, Treatise, 4.

Churchill, Treatise, 5.

Churchill, Treatise, 10.

Churchill, Treatise, 10.

Churchill, Treatise, 10.

Churchill, Treatise, 11–12, my emphasis.


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 . . .’, Coley, ‘A Case’, 237.

Churchill, Treatise, 22–3, my emphasis.

See David Arnold, Colonizing the Body: State Medicine and Epidemic Disease in 19th Century India (Berkeley, 1993), 43–58. For a more extended, if problematic, treatment of this period, see David Kopf, British Orientalism and the Bengal Renaissance: the Dynamics of Indian Modernization 1773–1835 (Berkeley, 1969). As discussed elsewhere in this volume, trends in Orientalist scholarship have consistently influenced western perceptions and representations of acupuncture.

Churchill, Treatise, 12.

Churchill, Treatise, 23–4, my emphasis. In Chapter 4, I will discuss the nature of Churchill’s practice, and the implications of his emphasis on experiment for his patients – particularly for ‘labouring persons’.

In fact, this operation preceded the arrival of the Asian form of acupuncture in Europe. Ten Rhyn described puncturing in cases of dropsy in his introductory disquisition on needles. However, it seems to have died out in the intervening years, as nineteenth-century physicians claimed their use of ‘acupuncture’ in dropsy was novel and innovative.

Churchill, Treatise, 25.
Churchill, Treatise, 45.
59 Churchill, Treatise, 71. In fact, this is the same sensation described by modern acupuncturists as following the correct stimulation of an acupuncture point.
60 Churchill, Treatise, 71–2, my emphasis.
61 Churchill Treatise, 85
62 As Stephen Jacyna notes in ‘“Mr Scott’s Case”: a View of London Medicine in 1825’, historians of medicine can legitimately consider the 1820s as either the end of the long eighteenth century or as ‘the outset of a new era in the history of clinical medicine’. Contained in Roy Porter (ed.), The Popularization of Medicine 1650–1850 (London, 1992), 252–86, at p. 254.
63 See Darnton, Mesmerism.
64 This technique has been used again by ‘medical acupuncturists’ in the present century. See below, Chapter 5.
65 Compare Churchill, Treatise, 22–3, with ‘Retrospective of Foreign Medical Science and Literature’, London Medical Repository, as discussed above.
66 The question of the extent and depth of acupuncture’s diffusion and popularity in Britain will be discussed in Chapter 4.
67 For a useful overview see Chris Lawrence, ‘Democratic, Divine and Heroic: the History and Historiography of Surgery’, in Lawrence (ed.), Medical Theory, Surgical Practice: Studies in the History of Surgery (London, 1992), 1–47; see also Winter, Mesmerized, 166–9, on attitudes towards pain, and the use of pain as a tool in the medical campaign against surgeons’ call for equal status.
68 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 Dorothy Rosenberg, ‘Acupuncture and U.S. Medicine: a Socio-Historical Study of the Response to the Availability of Knowledge’ (PhD dissertation, University of Pittsburgh, 1977).
69 Adrian Desmond, The Politics of Evolution: Morphology, Medicine, and Reform in Radical London (Chicago, 1992). In ‘Democratic, Divine and Heroic’, Christopher Lawrence notes ‘During the years of the French wars, British surgeons gradually changed the tone of their histories and began to introduce new themes…British surgeons…increasingly cited France as having had a more distinguished history of surgery’ (p. 6).
70 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.
75 See Winter, Mesmerized for an enlightening presentation of the changing status of subjective experience as a source of authority in experiment and medicine during and after this period. In traditional Chinese acupuncture,
patient sensations do play a 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’s 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.

78 ‘Acupuncturation’, Lancet, 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.
79 ‘Acupuncturation’, Lancet, 201, my emphasis.
82 Scotus, ‘Sciatica treated by Acupuncture, with Dr Alison’s opinion on the mode of its Operation’, Lancet (19 May 1827): 190–1, at p. 190.
83 Alison Winter’s recent work on mesmerism explores at length the pains taken by British medical reformers to strip authority from patient testimony and self-reporting, vesting it instead in professional readings of the patient’s physical signs. The British response to acupuncture confirms this trend, and establishes a slightly earlier starting point for Wakley’s efforts in this direction. See Winter, Mesmerized, Chapter 4.
84 Scotus, ‘Sciatica’, 190.
85 Scotus, ‘Sciatica’, 190.
86 Scotus, ‘Sciatica’, 190.
87 Scotus, ‘Sciatica’, 191.
89 Scotus, ‘Sciatica’, 191.
90 Scotus, ‘Sciatica’, 191. It is worth noting that these objections to acupuncture rehearsed the medical objections to mesmerism which were so soon to follow. See below.
95 ‘Art. XIV’, Edinburgh Medical and Surgical Journal. The author’s rather hesitant phrasing was that ‘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’, 197.
97 ‘Art. XIV Cont.’, Edinburgh Medical and Surgical Journal, 193.
98 ‘Art. XIV Cont.’, Edinburgh Medical and Surgical Journal (1827), 193.
100 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 335.
101 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 337.
102 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 337.
103 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 337.
104 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 338.
105 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 339
106 ‘Art. XIV Cont.’, *Edinburgh Medical and Surgical Journal*, 349.
108 ‘Medical and Physical Intelligence’, 434, my emphasis.
109 ‘Medical and Physical Intelligence’, 434. These results were taken from *Bulletin des Sciences Médicales* (March 1825).
112 Just as a fingernail sketch, of thirty-nine articles published in medical journals between 1802 and 1831, including both foreign and domestic case studies, only eight discuss its mode of action in any detail. Less than five additional cases discuss the MO to the extent of dismissing one or another explanation of it.
119 Finch, ‘Case of Trismus’, 403.
120 ‘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.’ Wansbrough, ‘Acupuncture’, 848.
121 Wansbrough, ‘Acupuncture’, 848. It will suffice 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.
123 James Morss Churchill, *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, 1828), 3.
127 Elliotson, ‘Acupuncture’, 32–3. This description, slightly edited, also formed part of the Appendix to one of several published collections of Elliotson’s lectures. 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,* with notes and illustrations by Nathaniel Rogers (London, 1839), 1081.
128 ‘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’ (Elliotson, ‘Acupuncture’, 32).
131 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, 1987), Part II.

4 Networks and Innovations

1 James Morss Churchill, *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, 1828), 22–3.
4 Churchill, *Cases*, 27.
7 Few were as articulate about their disgust as William Temple (see Chapter 2), but their sentiments seemed much the same.
8 See Chapter 3, text and notes.
10 Churchill, Cases, 46.
11 As the cases of electricity, phrenology and mesmerism demonstrate, professional ambivalence towards amateur experimentation was common. See below, and Iwan Morus, Frankenstein’s Children: Electricity, Exhibition and Experiment in Early Nineteenth-Century London (Princeton, 1998); Roger Cooter, The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-Century Britain (Cambridge, 1984); Alison Winter, Mesmerized: Powers of Mind in Victorian Britain (Chicago, 1998).
12 Churchill, Cases, 75
16 See James Morss Churchill, A Treatise on Acupuncturation; Being a Description of a Surgical Operation Originally Peculiar to the Japones and Chinese, and by them denominated Zin-King, Now Introduced into European Practice, with Directions for its Performance and Cases Illustrating its Success (London, 1822), 71–2.
17 Scott, who was only ever identified by his (extremely common) last name and the location of his practice, 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 Banks referred to Paris in Banks, ‘Observations on Acupuncturation’, The Edinburgh Medical and Surgical Journal, 35 (1831): 323–8. J. Bossy claims that the first hospital experiments were performed in 1825 by Jules Cloquet at Saint Louis, but others in Paris were practising and experimenting on the technique at least a decade earlier. Bossy, ‘The History of Acupuncture in the West’, in Teizo Ogawa (ed.), History of Traditional Medicine: Proceedings of the 1st and 2nd International Symposia on the Comparative History of Medicine – East and West (Tokyo, 1986), 363–400, at p. 376.
19 See Mike Saks, Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine (London, 1995) for a comparatively full version of this argument in Britain. Conversely, in Celestial Lancets: a History and Rationale of Acupuncture and Moxa (Cambridge, 1980), Lu Gwei-Djen and Joseph Needham concluded from the frequent appearances of the term ‘acupuncture’ that the technique as well was commonly practised.
20 For more on these men and others involved in the medical reform movement, see Adrian Desmond, The Politics of Evolution: Morphology, Medicine, and Reform in Radical London (Chicago, 1989).

24 John Tatam Banks, ‘Observations on Acupuncturation’, 324
26 Churchill, *Cases*, 74–5. Many of Churchill’s cases, including this one, were taken directly from the medical periodicals. However, some contain extra details reported to him directly by the practitioners.
30 This and the preceding quote are from Churchill, *Cases*, 72–3.
31 Winter, *Mesmerized*, 109–62. Winter points out that magical language was regularly used to describe science and technology in this period.
32 See Winter, *Mesmerized*. It is also possible that acupuncture’s Chinese origins here acted to protect the therapy from connotations of French radicalism. Certainly it involved little physical contact with the patient, and so avoided the sexual scandal which plagued mesmeric practice.
34 Churchill, *Cases*, 53. Sankey, the surgeon in question, enjoyed the luxury to perform controlled experiments on his patients by virtue of their poverty; one was a fisherman, the other unemployed because of his incapacitating pain.
35 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 and d’Alembert (eds), *Encyclopédie Méthodique*, Tome 1 (Paris, 1792), 185. In France, this overlapping of medicine and surgery would have worked in acupuncture’s favour, given the forced marriage of the two disciplines in the Republic. See Russell Maulitz, *Morbid Appearances: the Anatomy of Pathology in the Early Nineteenth Century* (Cambridge, 1987).
36 Scottish 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 the boundary-crossing ethos of post-Revolutionary French medicine. See J. S. Jacyna, *Philosophic
Whigs: Medicine, Science and Citizenship in Edinburgh 1789–1848 (London, 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.

37 This and preceding quotations, Churchill, Cases, 37.
38 Saks makes a strong-programme argument for this type of response in Professions and the Public Interest.
39 At St Thomas’s, acupuncture was in fact practised by a physician, John Elliotson. However, Elliotson was strongly influenced by Parisian ideas, 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.
41 ‘Hospital Reports: St Thomas’s Hospital’, Lancet, 637.
43 Of course, there is a certain irony in the likening of needling to phlebotomy, given the eighteenth-century role of this comparison in hindering the adoption of acupuncture!
44 T. W. Wansbrough, ‘Case of Rheumatism Successfully Treated by Acupuncture’, Lancet (21 June 1828): 366–7. This comment was drawn from a editorial introduction to Wansbrough’s article at 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 taken in succession from the case books, 30 were cured and the other 12 were judged by John Elliotson to have been inappropriate for needling.
45 They did condemn homoeopathy, mesmerism, and metallic tractors, and their users.
47 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 Stanley J. Reiser, Medicine and the Reign of Technology (London, 1978), especially Chapter 2.
49 Churchill, Cases, 2.
50 Churchill, Cases, 2.
51 Churchill, Cases, 3
'Quarterly Periscope or, Spirit of the Public Journals...Acupuncture (Mr Churchill)', *The Medico-Chirurgical Review, and Journal of Medical Science (Quarterly)*, 4 (1824): 956–7

56 Churchill, *Cases*, 3. The forum within which such attacks took place is unspecified.


60 Churchill, *Cases*, 5.


63 Churchill, *Cases*, 7

64 In the ailments for which he recommended acupuncture, insertion points were commonly located near the site of pain, which may explain his success and the failures of his less discriminating emulators. There is no compelling evidence to suggest that Churchill was using Chinese acupuncture points deliberately or knowledgeably. However, using these sensations as the gauge of correct needle-placement would have inadvertently ensured a closer fit with Chinese body-maps.

65 Churchill, *Cases*, 16.


68 See Chapter 3 for a brief discussion of the origins of the second meaning of ‘acupuncture’ and for more on the singular needle.


72 Report of the Speeches Delivered at the Public Dinner Given at Pennycuik to John Renton, Esq. Surgeon. May 8 1835 (Edinburgh, 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).


77 John Elliotson, ‘St Thomas Hospital. Clinical Lecture delivered by John Elliotson, MD, FRS, Physician to the Hospital, and Professor of the Principles and Practice of Medicine in the University of London. October 22nd, 1832’, *Lancet* (3 November 1832): 161–7, at p. 167.

78 Elliotson, ‘Clinical Lecture’, 167, my emphasis.

79 Elliotson, ‘Clinical Lecture’, 167, my emphasis.


81 Again, see Desmond, *Politics of Evolution*, 382–97.


83 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*, and the missionary publication the *Anglo-Chinese Gleaner*.

84 See also Chapter 3.

85 James Henderson, ‘Article V. The Medicine and Medical Practice of the Chinese’, *Journal of the North-China Branch of the Royal Asiatic Society*, New Series, 7 (1864): 21–69, at 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 witnessed a Chinese acupuncturist at work, or did not recognize the operation as acupuncture.


93 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

94 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, 1845), 12.

95 Robley Dunglison translated Baron Larrey's treatise on moxibustion, adding a long introduction describing the history of the technique and its 'sensible' use. In this introduction, he also mentioned acupuncture. Dunglison later emigrated 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, 1822).


97 The idea that acupuncture was used in some way in difficult pregnancies had a long European pedigree. Ten Rhyn reported that the Japanese neededled 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.


99 Dunglison, New Remedies, 46.

100 Dunglison, New Remedies, 47.

101 Dunglison, New Remedies, 49–50.

102 Robley Dunglison, History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century. Arranged and Edited by Richard J. Dunglison (Philadelphia, 1872). See in particular Chapter 7, ‘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 was developed before the thirteenth century, and 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 them some of their knowledge…The notions which the Chinese possess regarding the structure of the body mainly rest on old [Greek] traditions; superstition preventing them from dissecting (pp. 72–3).


104 Philip, Dictionary, 19.

105 Philip, Dictionary, 19.

106 S. 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, 1871), 4. Indeed, proponents of hypodermic injections and vaccination used acupuncture as evidence for the safety of subcutaneous needling (see, for example, A. N. Hill, ‘Acupuncture the Best Method of Vaccination’, Annual Journal of Public Health, 7 [1917]: 301).

Edwin Lankester (ed.), Haydn’s Dictionary of Popular Medicine and Hygiene; Comprising All Possible Self-Aids in Accident and Disease (London, 1874), 8.

William Fergusson, A System of Practical Surgery (London, 1842), 535. 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.’

Annandale, Surgical Appliances and Minor Operative Surgery (Edinburgh, 1866), 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.


Beck, ‘Acupuncture’: 12. For more on Baunsheidtism, see John Haller, ‘Acupuncture in Nineteenth Century Western Medicine’, New York State Journal of Medicine, 73 (1973): 1213–21. Haller concentrates on the role played by Baunscheidtism in American responses to acupuncture, advancing little direct evidence, but several suggestive coincidences. I have not found direct evidence of allusions of quackery in connection with acupuncture in Britain, perhaps because British medicine remained preoccupied with its French counterpart in this period. For more on the relationship between acupuncture and Baunscheidtism in Germany, see Bossy, ‘History’, 388–90.


See, for example, Arnold and Sons, Catalogue of Surgical Instruments (London, 1885), 51. Acupuncture needles cost 1s. 6d. each, while ordinary suturing needles were 1s. 6d. for six.

Chauncy Puzey, ‘Acupuncture’, in Christopher Heath (ed.), A Dictionary of Practical Surgery (London, 1886), 24–6, at p. 24. Unfortunately, no biographical information about Puzey was included other than that he was a ‘Hospital Surgeon’.

Notes 235
131 Banks, ‘Treatment’, 653, emphasis in the original.
134 This and all immediately preceding quotes are from Craig, ‘Acupuncture’, 618. This is his own summary of the argument presented in that text, and is an accurate reflection.
135 Craig, ‘Acupuncture’, 618.
143 Entries for October 1825, May 1826, November 1832 and May 1833 from ‘Leeds General Infirmary Meetings of the Faculty 1824–1885’, LGI Archives, MSS 5/1. Sadly, little material dating from this period has survived in the Infirmary's archives.
144 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, 1886), 1–16, at p. 3. The pamphlet sold for a shilling, and second edition was issued in 1897. His instrument was available through Arnold and Sons and other distributors, selling for 15s. in 1895. See Arnold and Sons, Catalogue of Surgical Instruments and Appliances (London, 1895), 757.
150 James, ‘Treatment of Lumbago’, 5.
162 By 1909, a doctor at the Leeds General Infirmary was treating both rheumatism and osteoarthritis with salicylic acid, while the use of asepsis and anaesthesia had allowed the return of paracentesis. Records 25, 44, 52, 53, 60, 84 from ‘Register of Case, Dr Griffith Ward. Vol. 1 1908–9’, LGI Archives, MSS 78.
163 J. 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, 1908), 1.
164 James, Sciatica, 3.

Conclusions

1 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, 1884), 268–9.
3 For more on the importance of correspondence in Chinese medicine, see Paul Unschuld, Medicine in China: a History of Pharmaceutics (Berkeley, 1986).
4 See Roger French and Andrew Wear (eds), The Medical Revolution of the Seventeenth Century (Cambridge, 1989).
5 See for example, Robeley Dunglison’s last description of Chinese medicine in his History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century (Philadelphia, 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 Medicinae Sinicae, will at once show their slight knowledge of the human organization…Their physiology is not less contemptible’ (pp. 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, 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 the 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).


12 Even in the case of changing the patient-day by altering waking times, where initial investigations by Community Health Councils took place in response to persistent and nation-wide patient complaints about the organization of their days, Stocking did not regard patients as ‘initiators’.

13 Bonnie Blair O’Connor’s work on vernacular medicine in the US response to HIV/AIDS powerfully demonstrates the impact of consumer networks on medical provision and biomedical research and innovation. In such cases, as in the case of acupuncture, consumers can act as ‘boundary spanners’.

14 The phrases ‘alternative medicine’ and ‘complementary medicine’ are hotly contested and freighted with heavy political and social connotations. For the
purposes of this discussion, it is worthwhile to note that those who support the use of unconventional medicine within the NHS typically refer to the desired practices as ‘complementary’, while those opposing such integration either from within or without the orthodox establishment prefer the term ‘alternative’. When practised under the auspices of the NHS, it has proven virtually impossible for any heterodox therapy to be other than ‘complementary’ to biomedicine. See below, and Mike Saks, Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine (London, 1995).


18 Richardson et al., ‘Proposal’, 3. In Appendix 9, the authors list the BMA recommendations for the use of complementary therapies. These recommend that the GP ‘delegate’ the care of patients to complementary therapists in the same way that they might delegate ‘routine tasks’ to a practice nurse. Such recommendations clearly illustrate the BMA’s vision of complementary medicine as a paramedical support profession.


21 Richardson and Brennan, ‘Complementary Therapy’, 92.


24 Richardson, Service Evaluation, 15.


26 See Chapter 2.

27 See Chapters 3 and 4.

28 Chinese philosophy and literature abound in cheap translations, and aspects of each have been incorporated into British popular culture. Flyers advertising acupuncture are decorated with yin/yang symbols and Chinese dragons, while Tai Chi classes are widely available in council leisure centres.
and church halls. How thoroughly these cultural productions have permeated British life is, of course, more difficult to assess, but their presence is everywhere visible. The fact that only 25 per cent of patients attending the CTC in Lewisham first heard of acupuncture from their physician is, however, suggestive of a widespread awareness of the technique. Richardson, ‘Service Evaluation’, Appendix D.


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