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The Unique Phenomena in the Meeting between Western Medicine and Traditional Chinese and Vietnamese Medicine during the 17th and 18th Centuries

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Abstract

Based on academic achievements of, primarily, Chinese and Vietnamese researchers including materials recorded in the form of writings, reports, diaries, and letters sent to Europe by Western missionaries operating in China and Vietnam in the 17th and 18th centuries, and at the same time combining the application of two main research methods of Science and History (historical method and logical method) with other research methods (systematization, analysis, synthesis, statistics, etc.) and especially the comparative method, this article aims to clarify two points of focus. The first is the open attitude of Chinese and Vietnamese rulers in accepting Western medical achievements and the positive, respectful, and admiring views of some missionaries towards different aspects of traditional Chinese and Vietnamese medicine. The second is the contradiction in some Western missionaries' perception and actions when they criticized the superstition in the way of disease diagnosis and treatment of the Vietnamese and Chinese, especially the Taoist priests, however they committed to such approaches in the process of examining and treating indigenous people. The study of some of the phenomena that arose during the connections made between Western medicine and traditional Chinese and Vietnamese medicine in the 17th and 18th centuries as mentioned above would make a certain contribution to the study of the history of the East-West cultural exchange in China and Vietnam in general, as well as the medical history in the two countries, in particular during this period.

Keywords

Western medicine, traditional medicine, China, Vietnam, Christianity, missionary, superstition

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Уникальное явление встречи западной медицины и традиционной китайской и вьетнамской медицины в XVII–XVIII веках

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Аннотация

На основе использования достижений китайских и вьетнамских исследователей, так же как и ученых всего мира, и особенно оригинальных материалов, записанных в форме сочинений, отчетов, дневников и писем, отправленных в Европу западными миссионерами, действовавшими в Китае и во Вьетнаме в XVII–XVIII вв., а также сочетая применение двух основных исследовательских методов науки и истории (исторический метод и логический метод) со специальными исследовательскими методами (систематизация, анализ, синтез, статистика и т.п.), и особенно сравнительный метод, статья призвана прояснить два момента. Первый момент – открытость китайских и вьетнамских правителей к принятию западных медицинских достижений и позитивный, уважительный взгляд некоторых миссионеров на различные аспекты традиционной китайской и вьетнамской медицины и признание ее достижений. Второй момент – противоречивость в восприятии и действиях некоторых западных миссионеров, когда они критиковали суеверия при постановке диагноза и лечении болезни китайцами и вьетнамцами, особенно священниками-даосами, но сами совершали точно такие же ошибки при обследовании и лечении местного населения. Изучение некоторых явлений, которые возникли при контактах между западной медициной и традиционной китайской и вьетнамской медициной в XVII–XVIII веках, внесет несомненный вклад в исследование как общей истории культурного обмена между Востоком и Западом в Китае и во Вьетнаме, так и истории медицины в этих двух странах в рассматриваемый период.

Ключевые слова

западная медицина, традиционная медицина, Китай, Вьетнам, христианство, миссионеры, суеверия

Для цитирования

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Introduction

The 17th and 18th centuries, along with the application of the ‘missionary academic’ (學術傳教 *xueshu chuanjiao*) method in preaching the Gospel in China and Vietnam by Western missionaries [Truong Anh Thuan, 2020, p. 470], European scientific and technological achievements, including medicine, gradually penetrated the societies of the two countries. It was that which initially shaped the leading role of the missionaries as well as the advantage of the missionary path over other paths (commerce, travel, diplomacy, etc.) in the process of introduction and development of Western medicine in China and Vietnam. In fact, the presence of Western medicine in the two countries, where one was the origin of oriental medicine (China) while the other had already formed and developed traditional medicine for a long time (Vietnam), caused the connection between itself and indigenous medicine in the 17th and 18th centuries, giving rise to several unique phenomena¹. While the rulers of China and Vietnam showed an open attitude towards adopting European medicine as well as believing in using medicines brought by the missionaries, many Western missionaries also showed their respect and admiration for the traditional medicine of the two countries and conveyed its values to Europe in many different ways. Another unique phenomenon during this period was that Western missionaries, in their writings, reports and letters showed critical attitudes towards the

¹ For some aspects of the history of Vietnamese medicine see also: [Kalmykova, 1993].

superstitious cure of indigenous Taoist priests and the blindness of the Vietnamese and Chinese for believing in such things. However at the same time, they would apply superstition during medical examinations and treatment of local residents of the two countries.

Indigenous rulers' confidence in Western medicine and Western missionaries' high appreciation of Oriental medicine

In the 17th and 18th centuries, Western medical knowledge was being spread by the missionaries in order to penetrate China and Vietnam. Stemming from curiosity and a desire to understand European therapeutic approaches, especially to meet their own healthcare needs, the kings, Mandarins and aristocracies of the two countries showed a welcoming and highly appreciating attitude towards the missionaries knowledgeable in medicine and openly invited Western medical knowledge. In Cochinchina (Vietnam), during the period from the late 17th century to the second half of the 18th century, the need for the service of missionaries in the field of medicine of Lord Nguyen's government was always in high demand, which caused the ruling class in this missionary area to put pressure on the Portuguese government in Macau at times with statements that were detrimental to trade relations between the two sides, to force the Portuguese to intervene with the Diocese of Macao, sending missionaries who were familiar with Western medicine to Cochinchina [Montézon, 1858, pp. 254–255]. The indigenous rulers also expressed confidence in Western medical knowledge and the missionaries' therapy when the missionaries were appointed to the post of royal physicians in charge of healthcare for the king, royal family, and Mandarins. In fact, during this period, there were seven Jesuits (Barthélemy d'Acosta, Giambattista Sanna, Sébastien Pirès, Jean Siebert, Charles Slamenski, Jean Koffler and Jean de Loureiro) [Saraiva, 2013, pp. 32–33; Montézon, 1858, pp. 387–389; Gaide, 1921, pp. 189–190, 193–196; Dehergne, 1973, pp. 63–64, 137–138, 239–240, 247, 254–255] and two missionaries of The Society of Foreign Missions of Paris (Langlois, Bénigne Vachet) [Gaide, 1921, pp. 190–191; Missions étrangères de Paris, 1680, pp. 31–33] serving in the field of medicine at Lord Nguyen's Dynasty. In the process of working here, Western missionaries were always received with feelings of sympathy, affection, and respect from the king, aristocracy, and Mandarins [Gaide, 1921, pp. 190, 193–194]. At the same time, Lord Nguyen created favourable conditions in material terms and his commitment to protecting Christianity and missionaries [Montézon, 1858, p. 268; Gaide, 1921, p. 190] ensured they could feel secure serving here in the long term. Even in 1750, when the Cochinchina government drastically enforced a ban on Christianity and all missionaries of different religious orders were expelled at that time, this missionary area's ruler still expressed their favour to the Jesuit missionary Jean Koffler – Lord Nguyen's personal physician, allowing him to stay in the royal court to conduct healthcare work [Launay, 1924, pp. 358–363].

In China, the need to use the missionaries who mastered Western medicine of kings, Mandarins, and aristocracies of the Qing dynasty was also raised quite early. The Qing dynasty's kings repeatedly ordered the Mandarins in Guangdong province to strictly control the presence of missionaries in the province, and if any missionaries were discovered to be highly knowledgeable in Western medicine, they were required to report to the royal court and bring them to Beijing to serve as healthcare workers for the king, royal family, and Mandarins [Zhongguo di yi lishi dang'an guan, 1999, pp. 73–74; Zhongguo di yi lishi dang'an guan, 2003, pp. 22, 74, 176–177, 252–255]. Based on the materials recorded by missionaries operating in China in the 17th and 18th centuries, it was possible to know that during this period, operating in the field of medicine in Beijing, were 15 Jesuit missionaries (Isidoro Lucci, Joo Baptista Lima, Joseph Baudino, Bernard Rhodes, Pierre Frapperie, Jean Dominique Paramino, Michel Viera, Gilbert Bordes, Jean-Joseph da Costa, Etienne Rousset, António Gomes, Emmanuel de Mattos, Inácio Francisco, Louis Bazin, Luigi Cipolla, and Joseph Bernard d'Almeida) [Pfister, 1932, pp. 463–464, 476, 555–557, 491; Pfister, 1934, pp. 563, 622, 981, 640, 661, 812, 868–869, 962–965, 886–888], an Augustinian missionary (Anselmo da Santa Margherita) [Dong Shaoxin, 2004, pp. 439–453] and a missionary of the Congregation of the

Mission (Jean Joseph Ghislain) [Ming Xiaoyan, Wei Yangbo, 2007, p. 170]. Respect and affection were frequently mentioned by Western missionaries in charge of the healthcare in the Qing dynasty's royal court in letters or reports sent to Europe when talking about the Chinese rulers' attitude towards them [Pfister, 1932, p. 556; Pfister, 1934, p. 309]. The faith in missionaries' talents and the effectiveness of Western medicine gradually increased through successful treatments for kings, Mandarins and aristocracies. The Chinese rulers also expressed their admiration for some missionaries' medical ethics [Du Hede, 2001b, p. 132] and used noble titles to applaud them [Pfister, 1934, p. 662; Du Hede, 2001b, p. 132].

Notably, while the rulers in China and Vietnam believed in Western missionaries' therapy and openly embraced and experienced Western medicine, some missionaries were attracted by the new and miraculous concepts from the medical examinations and treatment used by the local indigenous physicians – the force representing traditional Chinese and Vietnamese medicine. From then, they showed respect and openness towards the medical achievements of the two countries.

In China, Western missionaries showed their appreciation towards Chinese traditional medicine because of its long-standing history compared to Western medicine. At the same time, they also appreciated the talent of local physicians. The missionaries noted that Chinese physicians were good at feeling the pulse for diagnosing diseases and how they used medicines to effectively cure it [Cao Zongyou, 1999, p. 368], typical for, for example the treatment of smallpox [Du Hede, 2001c, pp. 217–218]. The unique Chinese acupuncture technique also left an impression on Western missionaries [Han Qi, 1999, p. 107; Cao Zongyou, 1999, p. 373]. Through the writings, reports, and letters sent to Europe at that time, Western missionaries introduced the West to the strange and amazing things related to the Chinese physicians' use of minerals or resins and medicaments of animal origin [Du Hede, 2001c, p. 221; Du Hede, 2005, pp. 160, 305; Cao Zongyou, 1999, p. 390]. The missionaries also mentioned many medicinal herbs commonly used in Chinese medicine [Du Hede, 2001b, pp. 115–116; Du Hede, 2001b, pp. 50–56, 115–117, 305–306], as well as the preparation and use, pharmaceutical value, way of combination and treatment effectiveness of medicaments from these medicinal herbs [Xie Henai, 1993, p. 275].

Just like in China, Western missionaries operating in Vietnam in the 17th and 18th centuries in their records also showed their admiration and high appreciation towards local physicians in their ability to diagnose and cure. Although there was no medical university in this country, the missionaries realized that Vietnamese physicians' therapeutic level was not inferior to physicians in Europe [Rhodes, 1653, p. 190]. They could effectively treat several diseases that Westerners thought to be dangerous, such as purpura or venomous snake bites [Du Hede, 2001a, p. 84]. In a statement of the missionary situation in Cochinchina between 1618 and 1621, Jesuit missionary Christoforo Borri said that he and other missionaries witnessed and had interesting first-hand experiences in 'great secrets' in the way of medical examinations and treatments used by Vietnamese physicians [Borri, 1931, pp. 318, 319]. In *Divers Voyages et Missions*, missionary Alexandre de Rhodes also revealed the difference in Vietnamese physicians' fever treatment compared to Western physicians. In Europe, while patients were required to disinfect and inject medicaments, in Cochichins on the other hand, they simply needed to ingest an antipyretic medicine prepared by the local physicians. He also used this medicament from a Vietnamese physician and realized its miraculous effect, when within three days, he had no fever, and his health wholly recovered [Rhodes, 1653, p. 191]. Therefore, for the cases mentioned above, if Western medicaments and therapies seemed incurable, it was quickly and easily cured with medical knowledge that was relatively simple and primarily based on local physicians' experience.

Western missionaries felt quite curious about the diagnostic methods and medical procedures of physicians in Vietnam. When someone was sick, the residents of this country would invite the physicians. They would feel the pulse of the patient for quite a long time with high concentration. After that, if the disease was severe and incurable, the local physicians would definitively answer that they did not have any medicament to cure this disease. If this was not the case, they would agree to cure the patient and provide a specific treatment timeline. Another thing that made the missionaries

feel strange was that the agreement for payment to cure the patient was made in writing before the work was performed. Following this, the physicians would carry out the preparation of the medicaments [Borri, 1931, pp. 316–317; Rhodes, 1653, pp. 192–193]. This happened because there were no pharmacists in this land, unlike Europe. However more importantly, local physicians wanted to protect the secret prescription recipes used to cure diseases. If the patients recovered in the expected time, the physicians would receive the agreed amount. If they failed to cure the disease, the physicians would bear the costs for treatment and medicaments [Borri, 1931, p. 317].

The use of plant and animal parts to produce the medicaments by Vietnamese physicians also drew the missionaries' attention. In *Histoire du Royaume de Tunquin*, missionary Alexandre de Rhodes mentioned that Vietnamese physicians used meat, skin, bones, and especially rhino teeth, nails, and horns to produce medicaments against any venom [Rhodes, 1651, p. 53]. They also used fluids taken from a kind of fruit named 'Miengou' to cure dysentery, headache, and high fever [Du Hede, 2001a, p. 83]. In particular, indigenous physicians fully exploited the pharmaceutical properties of agarwood. In particular, the best agarwood type was called 'Calamba', which had a wonderful aroma with sound effects for heart health and fighting against any venom. The other two types, called 'Aquila' and 'Calambouc', had a quality that was not as good as the first one, however its curing properties were also just as effective [Rhodes, 1653, p. 65]. Just like in China, the Vietnamese used tea as an effective medicine to deal with stomachaches, headaches, sleep deprivation, nephrolith, and colds [Du Hede, 2001a, p. 84]. Western missionaries felt that while European medicaments, when taken, often caused vomiting and damage to the stomach, the medicines prepared by Vietnamese physicians had an aroma and were very nutritious, so that while taking them, patients would not need to eat other foods. Patients had to take the prescribed medicine several times a day. These did not cause side effects, helped the body work naturally, and did not cause pain to patients [Borri, 1931, pp. 316–317].

So far, from the above analyses, it could be seen that, in the 17th and 18th centuries, stemming from the curiosity and desire to learn about Western medicine, especially healthcare needs, the rulers of China and Vietnam showed an open attitude in the process of receiving the advantages of this knowledge, and at the same time, confidence in European missionaries who were good at medicine. Meanwhile, the actual observation and direct experience of the medical examination methods and traditional medicine treatment in these two countries brought Western missionaries exciting and unusual new knowledge and became the source of their admiration. Therefore, besides the significant role in bringing Western medical achievements to the Chinese and Vietnamese at that time, the missionaries also took on the part of a bridge in introducing the knowledge of traditional Chinese and Vietnamese medicine to Westerners through their writings, reports, diaries, and letters sent to Europe². This created a unique phenomenon: a two-way exchange between Western medicine and traditional Chinese and Vietnamese medicine in the 17th and 18th centuries.

Superstition: Western missionaries' criticism of Taoist priest cures in China and Vietnam or criticism of themselves?

In the letters and reports sent by Western missionaries operating in China and Vietnam in the 17th and 18th centuries, some criticism of the superstitious healing method of indigenous Taoist priests could be found and the described fanaticism for such things by the Chinese and Vietnamese. In *Histoire du Royaume de Tunquin*, Jesuit missionary Alexandre de Rhodes said, although at that time, in the mission area in Tonkin (Vietnam), there were quite a lot of talented physicians, the majority of people and especially many figures of the ruling force of this land still blindly believed in the cure based on enchantment, profoundly superstitious praying by the Taoist priests. In the course of treatment with superstitious measures, if the patient's health recovered, the Taoist priest would

² It is important to underline that this early acquaintance of Western people with traditional Chinese medicine only touched upon the specific methods of treatment, apart from basic theory. A more complex investigation and application began in the 20th century. See: [Komissarov, 2009].

boast triumphantly that this success was the result of his superior power and sorcery and requested more pay. Alternatively, in the event of failure, he would feel ashamed and go away quietly. Also, in this document, Alexandre de Rhodes mentioned the fact that Lord Trinh in Tonkin was so convinced of the sorcery-based healing method of the Taoist priests, he allowed the illness of his first son become increasingly more severe which ultimately resulted in his death [Rhodes, 1651, pp. 73–75].

Meanwhile, in China, although the traditional medicine of this country had a long history of development with many outstanding achievements, local physicians however could not cure all diseases that humans had at that time. Therefore, when suffering from strange diseases beyond physicians' knowledge and healing ability, many Chinese believed that such diseases were caused by demons. They approached the Taoist priests' superstitious healing practices, hoping that they would rely on a god's power or some supernatural forces to fight the demons and preserve life for the sick. In a letter written in Nanchang 南昌, Jiangxi Province sent to the Duke of De la Force on 26 November 1704, Jesuit missionary named Fouquet mentioned the blind cult of people towards a Taoist priest Zhang 張 who was given the name Tianshi 天師 by the people, meaning 'heavenly physician', as a result of his ability to use magic to treat many diseases. When this Taoist priest came to Fuzhou 撫州 (Jiangxi), all patients in this area rushed to see him, hoping to end the suffering caused by their diseases. Among them, there was a family with many members suffering from a severe mental disorder. Taoist priest Zhang and his disciples proceeded to treat them with superstitious methods, but in the end, he was unable to cure the disease [Du Hede, 2001a, p. 213]. Therefore, from some evidence as mentioned above, it could be seen that in the 17th and 18th centuries, the Western missionaries operating in China and Vietnam recognized the unscientific nature and expressed a strong critical attitude towards the healing methods based on enchantment, spells, and magic of indigenous Taoist priests – who the missionaries believed were taking advantage of the blind faith of the people to deceive and profiteer.

However, it was quite interesting that, while some Western missionaries criticized the role of superstition in the cure of Chinese and Vietnamese, and especially Taoist priests, they committed to such approaches in the process of examining and treating local people. The researchers could find some details expressing this in documents that missionaries operating in China and Vietnam recorded and sent to Europe in the 17th and 18th centuries. In the letter written in Nanchang 南昌, Jiangxi Province to the Duke of De la Force on 26 November 1704, Jesuit missionary Fouquet said that a family had many of its members suffering from a severe mental disorder and in a moment of desperation, they went to ask for the help of missionary Emeric de Chavagnac (沙守信 *Sha Shouxin*). The Jesuit missionary asked the patients to give up "evil religion" (i.e., Taoism), and at the same time he sent his followers to the patient's home, used the cross, Jesus statue, rosary, and holy water to cure the severe mental disorder for the members of this family [Du Hede, 2001a, pp. 214–215, 247]. In a report on the missionary situation in China written in 1703, Jesuit missionary François Noël (魏方濟 *Wei Fangji*) also said, to rescue those who suffered from demonic possession, missionaries and especially Christian believers used the crosses and holy water [Du Hede, 2001a, p. 236].

Just like the missionaries in China, in the letters and reports of missionaries operating in Vietnam that were sent to Macao or Europe in the 17th and 18th centuries, some notes on Western missionaries' healing methods could be found to be more spiritual-religious rather than scientific. The work of *Divers Voyages et Missions and Histoire du Royaume de Tunquin* missionary Alexandre de Rhodes mentions the miracles created by the use of the cross, a picture of the Blessed Mother, and specifically holy water to cure the blind, save the lives of patients in critical condition or revive the dead [Rhodes, 1651, p. 182; Rhodes, 1653, pp. 96–98, 157]. In particular, Alexandre de Rhodes also said that during Christian evangelization in Tonkin (1627–1630), using only the cross, Bible, and holy water, he and six local Christians saved the life of 272 patients in a commune of this region in less than five days [Rhodes, 1653, pp. 97–98]. Rumors of the miraculous use of holy water

in the treatment of various diseases led to the fact that not only parishioners and non-Christians in Cochinchina and Tonkin (Vietnam) blindly believed in these. They rushed to Western missionaries to ask for holy water. They stored holy water indoors and carried a small bottle to use for themselves and others when they went out. The missionaries found that the people's belief in the holy water's miraculous effects on the healing of many diseases was beneficial for evangelization. Because of this, they zealously provided holy water to parishioners and non-Christians. According to the record of missionary Alexandre de Rhodes, to satisfy the people's needs, every Sunday, he had to bless five large bowls of holy water [Rhodes, 1653, p. 102] by reading the Bible, praying, and adding salt into the water [Rhodes, 1651, p. 184].

Therefore, perhaps at that time with the knowledge of Western science and technology, especially the field of medicine studied by the missionaries in Europe or equipped by them before going to evangelize in the Far East, they could fully know that the cross, Bible, rosary and especially holy water had only religious and spiritual meaning rather than a healing effect. However, it was faith in the religion and the miracle of God which helped expand the influence of Christianity in China and Vietnam in the 17th and 18th centuries. This made Western missionaries operating in the two countries continue to use Christian 'items', especially holy water, as a panacea for healing to save the life of people, and at the same time creating a blind faith of the people in these two countries through the miraculous effects of those things. This inadvertently led them to fall into superstition during the healing process for the Chinese and Vietnamese.

Conclusion

In the 17th and 18th centuries, to realize the goal of 'Christianizing' the nations in the Far East in general as well as China and Vietnam in particular, the Western missionaries, especially Jesuit missionaries, set out and applied a flexible and creative policy of "adapting to indigenous culture." They used the method of 'missionary academic' (學術傳教 *xueshu chuanjiao*), that was, bringing scientific and technical achievements of Europe to the classes in the society of China and Vietnam, especially the ruling and upper classes, to draw attention to and more importantly conquer the faith of these social forces. In this context, Western medicine was introduced into China and Vietnam. In fact, the meeting between Western medicine and traditional Chinese and Vietnamese medicine has led to the emergence of several unique phenomena. The first is the critique of Western missionaries of the heavily superstitious cures employed by the native Taoist priests. However, it is the missionaries who made this mistake in the process of giving medical treatment to the people in China and Vietnam. In particular, while indigenous rulers believed in applying Western medicine, Western missionaries on the other hand, highly appreciated Oriental medicine. The issues mentioned above impacted more or less the results of the Chinese and Vietnamese receiving Western medicine and the propaganda of traditional medicine achievements of the two countries compared to the Western countries in the 17th and 18th centuries.

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