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Jesuit Understandings of Abnormal Behavior in Early Modern Chinese Medicine

During the early modern period, European scholars displayed a growing interest in French, Italian, German, and Polish Jesuit missionaries and their books about China. Both Jesuits and the scholars back in Europe became intrigued by the transference of ideas between the East and West. The Jesuits educated Chinese scholars about European science, astronomy, and mathematics. They also documented China's history, political structure, and culture, which became invaluable to Europe's knowledge and perception of China. In addition to these topics, the Jesuits formed an interest in Chinese etiology, physiology, and anatomy. Although the Jesuits learned a great deal about these foreign medical theories and practices, these two regions rarely influenced each other's medical practices between the sixteenth and eighteenth centuries.¹

Overall, the Chinese displayed a limited interest in European medicine and though Chinese imperials expressed enthusiasm for the subject, Chinese physicians rarely incorporated it into their work. The Jesuits, on the other hand, were eager to learn about new medical theories. They studied Chinese philosophy and culture, which played an important role in Chinese etiology, physiology, and ontology. Despite their diverse background in Chinese culture, medicine, and language, the Jesuit texts often incorporated Western medical terms into their books, which held no relevance in China. This raises new questions about the Jesuits' work. Did the Jesuits grasp the complexities of Chinese physiology, etiology, ontology, and the philosophies intertwined in each topic? If so, then why did they use Western medical terms in their explanations?

¹Ana Carolina Hosne, *The Jesuit Missions to China and Peru, 1570-1610: Expectations and Appraisals of Expansionism*, (New York, NY: Routledge, 1988), 50.

Moreover, these questions are crucial to the discussion of abnormal behavior in China during the sixteenth to eighteenth centuries. Most early modern European texts concurred that irrational behavior was often the effect of a mental ailment or “mental malady.” By the sixteenth century, many European physicians, scholars, and clerics produced dozens of texts devoted to these maladies, which became widely circulated to the European scholars and elites.² In contrast, Chinese medicine did not devote texts or studies solely on what I refer to as “abnormal” behavior. The Jesuits (who wrote about Chinese medicine,) claimed the Chinese saw abnormal behavior as a symptom of a physical ailment or illness, which concurred with the ancient medical texts used during the late imperial period of China (the end of the Ming Dynasty and first century of the Qing Dynasty.) Yet these Jesuit authors appeared confused or misguided when they were forced to explain Chinese medical theories in extensive detail.³

The historiography on this subject is limited at best and there are few primary or secondary texts that delve into European interpretations on Chinese abnormal behavior. Did Jesuit missionaries have a firm grasp as to how the Chinese understood mental abnormalities? Did language and translation pose significant problems? Translating from Chinese to Latin or a vernacular language required skill, yet language alone was not enough: Chinese philosophies, cultural attitudes, etiquette, and societal normalities were equally involved in the translation process.⁴

The goal of this paper is to determine the root cause of the Jesuits’ inaccuracies and determine if the issue involved translation or concepts and philosophies. Most of the primary sources used in this paper refer to humoralism and Galenic medicine, which were popular

² Mary Lindemann, *Medicine and Society in Early Modern Europe*, Cambridge, NY: Cambridge University Press, 2010), 46-48.

³ Lindemann, *Medicine and Society in Early Modern Europe*, 46-48.

⁴ Shigehisa Kuriyama, *The Expressiveness of the Body: and the Divergence of Greek and Chinese Medicine*, (New York, NY: Zone Books, 1999), 99.

Western medical theories, but had no relevance in the East. I focus on particular Jesuit texts as well as some European texts that relied upon Jesuit accounts. This paper tries to determine why the Jesuits incorporated Western medical theories into Chinese explanations of abnormal behavior.

Part one examines the creation and rise of the Society of Jesus and the Jesuit missions to China. In addition, it discusses the divergence between medical theories between China and the West. Although the Jesuits possessed an open attitude towards Chinese medicine, the same cannot be said for European scholars back home who often criticized Eastern medicine and found it inferior. In addition, it is possible some Jesuits possessed certain preconceived notions about Eastern medicine as well. Part two discusses how most Chinese medical texts analyzed mental abnormalities in an etiological context compared to early modern European theories. Part three examines the primary accounts from Jesuit and other European authors who touched upon abnormal behavior and disease.

PART ONE: A) Jesuit Missionaries in China

Early modern Jesuit missions were pivotal to the rise of scientific, educational, cultural, and religious globalization and had a significant influence on China. From 1583 to 1723, five hundred and sixty three Jesuits left Europe and embarked on Eastern voyages with the hope of spreading Catholicism. Some did not survive the voyage nor did every surviving Jesuit produce a written account. Almost three hundred Jesuits travelled to China while the others went to India, Japan, and South-East Asia.⁵ According to historian R. Po-chia Hsia, “The impressive Jesuit Chinese corpus was in fact produced by one fifty-nine European fathers, with eighteen engaged

⁵ R. Po-chia Hsia, *The Catholic Mission and Translations in China 1583-1700*, (New York, NY: Cambridge University Press, 2007), 22.

in translation... among the eighteen Jesuit translators, eight were Italian, five Portuguese, three French and two Belgians.”⁶ The French were known for their “late” arrival to China, but during the eighteenth century, they became one of the most dominant nationalities to travel and study China, coming in second to the Italian missionaries.⁷

Jesuits were part of the Society of Jesus, a Roman Catholic religious order. Former knight, Saint Ignatius of Loyola, became a priest and founded the group in 1540 after Pope Paul III approved of the new religious order. The Society of Jesus was particularly influential to the rise of the European Counter-Reformation. Spanish Jesuit priest, Francis Xavier founded the Jesuit China mission, yet he never made it to mainland China and died of a fever on the island of Shangchuan, Taishan, China, waiting for the boat to take him mainland. Despite this, he inspired other missionaries during the mid-sixteenth century. The Jesuits continued their missionary work until 1773, when Pope Clement XIV dismantled the order as a result of pressure by the Bourbon monarchs.⁸

The Society of Jesus was known for its renowned academic education and provided education to Catholics throughout Europe. They installed schools for clerical students and boys of the laymen class and did not charge tuition. By 1556, more than thirty Jesuit colleges were available in Austria, France, Italy, Spain, and Portugal. Younger students studied the humanities such as grammar, poetry, and rhetoric. After they turned eighteen, they studied physics, natural metaphysics, mathematics, ethics, science, Aristotelian philosophy, and theology with a special focus on Thomas Aquinas, while becoming well versed in Latin, Greek and Hebrew grammar. Older Jesuits often taught the younger generations. German Jesuit mathematician and

⁶ Hsia, *The Catholic Mission and Translations in China*, 44.

⁷ Hosne, *The Jesuit Missions to China and Peru, 1570-1610*, 49-50.

⁸ Hosne, *The Jesuit Missions to China and Peru, 1570-1610*, 50.

astronomer, Christopher Clavius, joined the Jesuit order in 1555. He attended the University of Coimbra in Portugal and taught mathematics and science in the Collegio Romano from 1564 until his death in 1612. He also taught Italian Jesuit priest Matteo Ricci mathematics, cosmology, and astronomy.⁹ Ricci became one of the founding figures of the Jesuit-Chinese missions.

Each Jesuit was well rounded while also harboring a particular academic focus. According to Joseph, “Some were specialists in astronomy, some in engineering or botany, but all were intellectually versatile and accurate observers.”¹⁰ Despite this rich educational background, the Jesuits’ medical education was shrouded in ambiguity. Michael Edwards states, “The Founding *Constitutions* of the Society (1558) forbade the study of medicine by members of the order...the main aim of this prohibition was to prevent Jesuits practicing as physicians, but restrictions were also placed on the use of anatomical material within teaching.”¹¹ Despite these restrictions, Jesuit missionaries (and the scholars who wrote about Chinese medicine) demonstrated some physiological and pharmacological knowledge as opposed to the young clerics and laymen attending European Jesuit colleges. According to Timothy Walker, “Most permanent Jesuit colonial missions around the world operated medical facilities, typically an infirmary and a pharmacy...the same intellectual proclivities that led missionaries to study indigenous languages and customs also led them to gather detailed information about native healing arts.”¹² Jesuit missionaries often possessed some medical knowledge as they faced new terrain, diseases, and threats in the East.

⁹ Michael Edwards, “Body, Soul and Anatomy in Late Aristotelian Psychology,” Ed. Manning, Gideon. *Matter and Form in Early Modern Science and Philosophy*, (Boston, MA: Brill, 2012), 55-56.

¹⁰ Joseph Needham, *Science and Civilisation in China: Volume 6: Biology and Biological Technology*, (New York, NY: Cambridge University Press, 1984), 568.

¹¹ Edwards, “Body, Soul and Anatomy in Late Aristotelian Psychology,” 56-57.

¹² Timothy Walker, “Enduring Echoes of Garcia de Orta’: the Royal Hospital Gardens in Goa and Evolving Hybridization in Portuguese Colonial Medical Culture,” Ed. Palmira Fontes da Costa, *Medicine Trade and Empire*, (Burlington, VT: Ashgate, 1988), 226.

These missionaries also fully immersed themselves into Chinese elite culture and society. Although the Society of Jesus pledged allegiance to the Pope, they maintained intellectual independence that was sometimes seen as a threat to the Vatican.¹³ Jesuit missionaries believed cultural immersion provided the best opportunities to promote Catholicism and convert others. According to historian Hui Li, “The Chinese were deeply untrusting of foreigners, and the activities of the Portuguese and Spanish merchants in south China exacerbated the xenophobic attitudes of the natives.”¹⁴ Gaining the Chinese population’s trust, especially the elite and literati, was paramount. The Jesuits formed connections between Confucianism and Christianity in order to find commonality between the two regions. The Roman Catholic Church most likely viewed this comparison as offensive.¹⁵

Between the sixteenth and eighteenth centuries, Jesuit missionaries introduced Western science, mathematics, and astronomy in the hopes of impressing the Chinese elites.¹⁶ Li states, “Science was the bait that missionaries used to guide the natives to the Christian faith.”¹⁷ Science and technology became integral for the Jesuits’ welcoming and assimilation into China. Ricci influenced this immersion when he first arrived at Macau in 1582 and eventually was allowed to enter the “Forbidden City” in 1601. It was known as the Chinese imperial palace during the Ming dynasty, located in Beijing. Ricci made a strong impression on the imperial court. Historian Karla Simon claims Ricci, “impressed these scholars with his breadth of knowledge about Chinese thought...much of the fascination with Catholicism in the Ming court and official

¹³ Thomas Banchoff and Jose Casanova, *The Jesuits and Globalization: Historical Legacies and Contemporary Challenges*, (Washington D.C.; Georgetown University Press, 2016), preface NP.

¹⁴ Hui Li, “Jesuit Missionaries and the Transmission of Christianity and European Knowledge in China.” *Transnational Encounters in Asia*. Volume 4. 2012, 1.

¹⁵ Li, “Jesuit Missionaries,” 5.

¹⁶ Sangkeun Kim. *Strange Names of God: The Missionary Translation of the Divine Name and the Chinese Responses to Matteo Ricci's Shangti in Late Ming China 1583- 1644*, (New York, NY: Peter Lang, 2004), 147-149.

¹⁷ Li, “Jesuit Missionaries,” 5.

bureaucracy was driven by the science and mathematics that Ricci carried with him.”¹⁸ Simon claims that Ricci strongly immersed himself in Chinese ideas and concepts and as a result, the imperial court became increasingly trusting of him.

This assimilation into Chinese culture largely depended upon language skills. Italian Jesuit Alessandro Valignano’s voyage to Japan ended in disappointment as the missionaries faced language restrictions and could not fully immerse themselves into Japanese society. Learning from his past mistakes, Valignano stressed the Jesuits of China needed a thorough knowledge of the Chinese language if they were to be successful. From 1580 to 1582 the missionaries studied Chinese and when they arrived in southern China, they dressed as Buddhist monks in order to blend in with Eastern society. In 1595 Ricci installed a new policy that required the Jesuits of China to adopt the etiquette and lifestyles of the Confucian literati and officials. The Jesuits believed winning the elites’ trust would provide a gateway for Christianity, which the elites would pass down to the lower classes.¹⁹

The Jesuit missionary trips occurred in the final years of the Ming Dynasty and the early years of the Qing Dynasty, which became problematic as they produced different obstacles for the Jesuits. Although primarily influenced by religion, the Jesuits possessed an academic and scholarly curiosity beyond theology. According to Needham, “Christian missionaries could travel much more widely inside China once the Jesuit mission had been established in Peking in the early 17th century...the Jesuits were keen observers, scientifically trained, and prepared to report on the positive as well as the negative aspects of Chinese culture, unlike proselytisers of

¹⁸ Karla W. Simon, *Civil Society in China: The Legal Framework from Ancient Times to the “New Reform Era,”* (New York, NY: Oxford University Press, 2013), 86.

¹⁹ John W. O’Malley, *The Jesuits: Cultures, Sciences and the Arts 1540-1773*, (Toronto: University of Toronto Press, 1999), Chapter 16 np.

many other Christian sects.”²⁰ Missionaries faced different adversities depending upon the dynasty and emperor. Li states, “The late Ming was more open to the different philosophies and religions because of political fragmentation within the empire. While the early Qing was also heavily fragmented, the ethnic differences between the rulers and the subjects made the emperor look increasingly toward traditional Confucianism to gain legitimacy and support.”²¹ The change from Han Chinese to Manchu rule in 1644 strongly affected Jesuit interactions within China.

The Ming Dynasty displayed more curiosity about the Western world while the Qing Dynasty focused on promoting their legitimacy by following traditional Confucian ideologies. Yet the Qing Dynasty appeared more receptive to the Christian message. In fact, according to Jonathan Porter, “the Shunzhi emperor (1644-1661) fell under the influence of the Jesuit missionary Adam Schall von Bell, so much that the emperor addressed him affectionately as ‘grandpa.’”²² Despite the differences between the Ming and Qing Dynasties, many Jesuit missionaries eventually became seen as trustworthy by the Chinese elite as is shown by Schall’s nickname. They assimilated to Chinese society through clothing, etiquette, language, and their European knowledge in science in order to gain the trust of the Chinese. In addition, the Jesuits argued Confucian and Christian ideologies shared a common allegiance to God’s law. They justified this connection claiming they could accommodate Confucianism because it was more of an ethical or moral system rather than a religious code. It appeared the Jesuits straddled a line in order to appease both the Chinese and the Roman Catholic Church.²³

The Jesuits contributed to scientific knowledge in China during this time as some emperors such as Emperor Kangxi, (1654-1722) indulged Western theories and practices.

²⁰ Needham, *Science and Civilization in China*, 568.

²¹ Li, “Jesuit Missionaries,” 1.

²² Jonathan Porter, *Imperial China 1350-1900*, (Lanham, MD: Rowman & Littlefield, 2016), 147.

²³ David Martin Jones, *The Image of China in Western Social and Political Thought*, (Houndmills: Springer, 2001), 18.

According to historian Xiaoyuan Jiang, “Emperor Kangxi on the one hand indulged in the Western science and technology brought by the Jesuit missionaries, and on the other hand, advocated the ‘Western doctrine with Chinese ‘origin’ theory.’”²⁴ While Jesuits were keen to learn about Eastern medicine, the Chinese appeared less interested in European medicine. In fact, Western medical science was not brought into China until church hospitals were established in the mid-nineteenth century. Medicine appeared to be one facet that remained largely segregated between the West and East during the early modern period.

B) Early Modern European Medicine and Its Criticisms of Chinese Medicine

Perhaps one of the most noteworthy differences Western and Eastern medicine was the depiction of the human body. Chinese physiology and etiology focused on the living body. Their aversion towards cadavers created significant anatomical blind spots and left room for European skepticism. This is evident in numerous works including, *The Modern Part of an Universal History Volume 8* from 1759, which compiles various Jesuit missionary accounts about the history of China. *The Modern Part* states, “To what we have hinted above of their ignorance of physic, let us add their extreme aversion to anatomy, at least to that part of it which is called dissecting.”²⁵ The targeted audience was very likely European as the text criticizes the Chinese for rejecting dissection.

Chinese medical texts and illustrations did not include muscular structures or tissue within the body. Forty years prior to Ricci’s voyage to China, Italian physician Andreas Vesalius wrote *On the Fabric of the Human Body* in 1543. His work contained vivid illustrations of

²⁴ Xiaoyuan Jiang, “The Study of Heaven in Ancient Chinese Culture.” Ed. Lu, Yongxiang. *A History of Chinese Science and Technology, Volume 1*, (Beijing: Shanghai Jiao Tong University Press, Springer, 2014), 114.

²⁵ *The Modern Part of an Universal History, Volume 8: from the Earliest Account of Time Compiled from Original Writers*, (London, UK: 1759), 196.

muscles, tissue, and the venal structure of the body and ultimately revolutionized Western anatomical knowledge.²⁶ Although Chinese medical theories and practitioners ignored anatomical accuracy, Chinese medicine did exhibit certain strengths. *The Modern Part* claims, “According to the generality of authors, who have wrote of this nation, the circulation of blood hath been known amongst them from time immemorial; though, for want of a tolerable skill in anatomy, they neither know how it is performed, nor how to make those improvements from it.”²⁷ Ancient Chinese medicine recognized blood circulation at least two thousand years prior to Western medicine as English physician William Harvey did not discover blood circulation until 1628.²⁸

Early modern European medical theories and practices differed from the Chinese, which is why it remains so puzzling that Jesuits used Western medical terms. Western medicine derived from ancient Greek philosophes, in particular Hippocrates and Galen. Hippocrates formed humoralism while Galen expounded upon it, thus forming Galenic theory. Humoralism theorized that the human body contained four liquids: black bile, yellow bile, blood, and phlegm. Each “humor” or liquid consisted of cold or hot and wet or dry characteristics. Each humor also possessed distinct personality traits. Every person had a unique balance of the four humors, which explained different personalities. External forces such as wind, nutrition, and sleep could affect a person’s humoral balance. A humoral imbalance caused disease and illness.

Humoralism and Galenic theory dominated Western medicine until the nineteenth century, yet some early modern scholars began questioning these ideas especially as more

²⁶ Kuriyama, *Expressiveness of the Body*, 8.

²⁷ *The Modern Part of an Universal History Volume 8*, 196.

²⁸ Kuriyama, *Expressiveness of the Body*, 8-10.

anatomical studies unfolded.²⁹ In 1628, Harvey discovered blood circulation and rather than believing blood, phlegm, black bile, and yellow bile required equilibrium within the body, he suggested that blood was the only humor of importance. Various European medical communities initially rejected his ideas, however they became increasingly popular by the mid seventeenth century. Although many aspects of early modern European medicine were steeped in ancient Greek philosophies, new knowledge and medical discoveries were gradually accepted and integrated into Western medicine and anatomy.³⁰

Islamic influences were also integral to European medicine in the Middle Ages. One of the most famous writings of the Islamic Golden age was Persian polymath Avicenna's book, *The Canon of Medicine*, from 1025 C.E. It was translated into Latin and circulated throughout Europe and remained prominent until the early modern period. He discussed how sick people left a "sickness" in the air, which suggested air-borne diseases. Over time, more Arabic publications underwent Latin translations and circulated throughout medieval and early modern Europe. These works often examined the best ways to test new medicines and new surgical instruments.³¹

More importantly, Islamic and ancient Greek medicine influenced early modern European theories about mental maladies. These physicians and scholars believed certain humoral imbalances could trigger mental maladies such as madness, mania, melancholy, and hysteria. By the mid sixteenth century, the study of the malady melancholy gained popularity

²⁹ Margaret Lock and Vinh-Kim Nguyen, *An Anthropology of Biomedicine*. (New York, NY: John Wiley & Sons, 2011), 1534.

³⁰ William Harvey, *On the Motion of the Heart and Blood in Animals*, (London, UK: George Bell & Sons, 1889), 122.

³¹ Nancy Siraisi, *Medieval and Early Renaissance Medicine*, (Chicago, IL: University of Chicago Press, 1990), 12-25.

among the English scholarly community as Timothy Bright, Robert Burton, and Richard Napier all published books about melancholy in Latin and vernacular languages.³²

Galenic theory proposed that melancholy formed from the liver's overproduction of black bile within the body.³³ The spleen removed the bile through the splenic vein, making its way to the stomach through "Galen's duct" where it reached the intestine to be excreted as waste. However, an unhealthy or corrupted spleen might lose the ability to secrete toxins like black bile, causing the spread of toxins throughout the body. Since black bile consisted of cold and dry qualities, an overheated liver disrupted humoral equilibrium and created blockages, producing an overabundance of blood and black bile.³⁴ As a mental ailment, melancholy caused a slew of symptoms that varied depending upon the patient such as convulsions, insomnia, loss of appetite and fatigue, often causing intense fear, sadness, uncontrollable passions, and severe emotional outbursts. Early modern English medical writer John Pechey (1655-1716) and German physician Michael Etmüller (1644-1683) described how too much salt in the body generated melancholy and could cause ill nourishment and dry up the blood.³⁵

European mental maladies such as melancholy, mania, and madness posed many theoretical inconsistencies. The term "madness" has become a source of confusion among many historians because early modern texts gave the term multiple meanings. Galenic medicine attributed madness with the adustation [burning] of hot humors including yellow bile and blood. Yet some physicians including Burton, believed madness was a general or umbrella term for all

³² Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England*, (Burlington, VT: Ashgate Publishing Company, 2007), 15-30.

³³ Robert Burton, *The Anatomy of Melancholy: What It Is with All Kinds, Causes, Symptoms, Prognostics and Several Cures of It: 1621*, Courier Dover Publications (London, UK; Catto and Windus Piccadilly, 1883), 494.

³⁴ David J. Rothman, Steven Marcus, and Stephanie A. Kiceluk, *Medicine and Western Civilization*, (New Brunswick, NJ: Rutgers University Press, 2003), 159-162.

³⁵ John Pechey, Michael Etmüller and Christiaan Marggraf, *A Plain Introduction to the Art of Physick*, (London: Printed for Henry Bonwicke at the Red Lion in St. Paul's Church-Yard, 1697), 81. University of California Medical Center Library, San Francisco, History Collection.

mental maladies. Burton claimed there were four types of madness: delirium, frenzy, melancholy, and lastly mania, which he claimed was the most dangerous form of madness.³⁶ Yet Burton contradicted his own work as he also referred to madness as a raving fury and, “far more violent than melancholy, full of anger and clamour.”³⁷ Many early modern medical texts often used the word “madness” in reference to the disease “mania.” These symptoms included an alienation of the mind, disregarding fear, violent outbursts, delusions, hallucinations, and the inability to sleep, which were the same symptoms of mania.³⁸ Jane Kromm asserts, “In some cases, as medical treatises were translated from Latin into a vernacular tongue, the more specific term ‘mania’ would be rendered into the less scientific ‘madness.’”³⁹

Melancholy, mania, and madness often posed many interconnections. Burton explained, “Inveterate melancholy is incurable. If cold, it degenerates often into epilepsy, apoplexy, dotage, or blindness. If hot, into madness, despair, and violent death.”⁴⁰ European authors formed a connection between the adustation (burning) or overabundance of humors and mental maladies. The fumes produced by overheated blood spread to the brain, affecting mental faculties and behavior.

Chinese medicine, on the other hand, analyzed mental abnormalities quite differently. Chinese practitioners followed traditional or ancient Chinese medicine, using texts dating back to B.C.E. such as the *Huangdi neijing*. These texts did not display interest in human dissection and ignored muscular tissue, which bothered most European physicians and scholars.⁴¹ According to *The Modern Part*, “They [the Chinese] have not one rule to teach them how to argue closely and

³⁶ Burton, *The Anatomy of Melancholy*, 80.

³⁷ Burton, *The Anatomy of Melancholy*, 88.

³⁸ Jane Kromm, *The Art of Frenzy: Public Madness in the Visual Culture of Europe, 1500-1850*, (New York, NY: A&C Black, 2003), 22.

³⁹ Kromm, *The Art of Frenzy*, 21-22.

⁴⁰ Burton, *The Anatomy of Melancholy*, 80.

⁴¹ Kuriyama, *Expressiveness of the Body*, 8-12.

regularly...but trust wholly to the light of their reason, and the justness of comparing their ideas together in one, and in the clear and succinct arrangement of their periods, lively and energetic expressions, bold metaphors and allusion, in the other.”⁴² The Chinese’s anatomical naivety gave some Western scholars ammunition to criticize Chinese medical theories. In addition, many believed that Chinese medical texts used “poetic” and “metaphorical” language as opposed to scientific explanations.

These criticisms unearthed new questions as to whether the Jesuit missionaries accurately represented Chinese medicine to their European audiences. For example, translation often posed a problem. Present-day Chinese translators can most likely commiserate with these early modern European missionaries who deciphered the Chinese language. First, a direct translation of Chinese results in what appears to an English speaker as a jumble of nouns, pronouns, and verbs, unorganized by English standards. Secondly, Chinese characters might not directly translate into English as cultural aspects often dictates whether certain words or phrases are synonymous between two languages. Europeans made suppositions that assumed Western medicine followed a more scientific path than Chinese medicine based upon translation, language, and word choice.⁴³

These issues are still prevalent among Chinese-to-English translators and should not be ignored when examining the Jesuit accounts of Chinese mental abnormalities. Shigehisa Kuriyama addresses this problem in his work, *The Expressiveness of the Body* and compares the Chinese *qiemo* to ancient Greek, Islamic, and European pulse diagnosis. Early modern European scholars believed the two practices were synonymous and while they did share some similarities, they were not mirror reflections of one another. *Qiemo* was the study of the *mo*, which flowed

⁴² *The Modern Part of an Universal History Volume 8*, 194.

⁴³ Kuriyama, *Expressiveness of the Body*, 99.

within the body, but was not synonymous with blood. These errors and assumptions must be taken into account when analyzing Jesuit texts and the European scholars who relied upon them.

In addition to translation concerns, Western superiority often seeped into European analyses of Eastern medicine. Scholar Ari Larissa Heinrich's book *The Afterlife of Images*, touches upon this problem when discussing Chinese smallpox illustrations. These drawings depicted children with smallpox, posed with a toy or in a fairly normal position for a child. When the French minister Henri Bertin viewed these images in 1772, he claimed "It seems to me, according to the symptoms described in the treatise and depicted in the hideous figures accompanying it, that smallpox in China is infinitely more malignant than in Europe."⁴⁴ The Chinese, however, saw these illustrations as a guide for recognizing, managing, and treating cases of smallpox, often through the process of inoculation and vaccination.

Heinrich goes further to discuss how earlier Jesuit missionaries compared Chinese characters to ancient Egyptian hieroglyphics. He claims, "Some missionaries believed that the Chinese had an almost natively hieroglyphic way of seeing or 'reading' the world and processing its visual information- a belief not at all consistent with protolinguistic theories advanced first by the Jesuits that linked Chinese writing to hieroglyphics and the history and culture of ancient Egypt, whereby pictures *were* words, and words pictures."⁴⁵ Men like Bertin integrated nationalism and prejudice into their evaluations. Historians should not generalize that all European interpretations incorporated these suppositions, but these examples should give scholars reason to pause.

⁴⁴ Ari Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body Between China and the West*. (Durham, NC: Duke University Press, 2008), 2.

⁴⁵ Heinrich, *The Afterlife of Images*, 5.

PART TWO: Late Imperial Chinese Medicine – Abnormal Behavior

Part one provided insight into European etiology and physiology, while discussing the potential errors in translation, language, and concepts. Part two examines Chinese etiology in relation to abnormal behavior during the sixteenth to eighteenth centuries. Chinese and European approaches are rarely compared as Chinese medicine did not equate sporadic and irrational behavior as a “mental malady.” Their practitioners believed excessive anger or fear or irrational laughing were aspects of physical diseases, while the Jesuits and European scholars categorized certain behaviors with certain maladies such as melancholy, mania, madness, hysteria, delirium, and frenzy.⁴⁶

Regardless of their different physiological, etiological, and philosophical theories, abnormal behavior existed in both cultures and both defined it as the inability to conform to societal expectations imposed upon the region’s population. Behavior that strayed from cultural conformity could be characterized as “abnormal.” The first Chinese record of abnormal behavior dates back to the fourteenth century B.C.E. By the twelfth century B.C.E. abnormal behavior involved the performance of magic.⁴⁷ Disorders of the head were connected or often associated with malevolent agencies in the wind and this theory continued well into the eleventh century C.E. In the eighth century B.C.E. the *Kuan Tzu*, one of China’s earliest politico-philosophical works, stated there were institutions that cared for the deaf, blind, mentally impaired, deformed, and insane people that are cared for until they recover.⁴⁸ Ancient China had institutions for the mental abnormalities, thus supporting the notion that this behavior existed and were recognized by Chinese communities.

⁴⁶ Lindemann, *Medicine and Society in Early Modern Europe*, 44.

⁴⁷ Theodore Millon, *Masters of the Mind: Exploring the Story of Mental Illness from Ancient Times to the New Millennium*, (Hoboken: John Wiley & Sons, 2004), 7.

⁴⁸ Charles Le Blanc and Susan Blader, *Chinese Ideas About Nature and Society: Studies in Honour of Derk Bodde*, (Hong Kong, Hong Kong University Press, 1987), 238.

The *Nei Ching* is one of the earliest and most renowned works on Chinese medical literature, dating back over two millennia. It described hallucinations, irrational crying, laughing, and what is referred to now as epilepsy. According to the *Nei Ching*, many abnormal behaviors derived from excessive anger. Moreover, all of these ailments recommended systematic acupuncture therapies. In the fourth century B.C.E., the *Shan Hai Ching* listed over twenty drugs that could help diminish anger, fear, and jealousy. Sixteenth to eighteenth century Chinese medicine relied upon these ancient medical texts and their medical theories did not significantly evolve. Some European critics felt the Chinese medical tradition stagnated development.⁴⁹

Chinese etiology attributed diseases as well as mental symptoms to ancient theories about the imbalance of the yin and yang as well as Confucius' theory of the "Five Phases" or *Wu Xing*. Yin and yang provided a conceptual or philosophical explanation about the world. They were once seen as oppositional cosmic forces, yet by the late Ming and early Qing dynasties, the definition changed and they became seen as complementary. This theory believed in balance, which was applied to the *Wu Xing* or the Five Phases. The *Wu Xing* placed the yin-yang theory in a physical context and explained the interaction between different organs, astrology, cosmic cycles, and the properties of medicinal remedies. Confucian scholars combined yin-yang and *Wu Xing*, which was used in many forms of traditional Chinese fields.⁵⁰

The theory of yin and yang related to equilibrium, which could help determine a person's psychological stability and exhibited some parallels to humoralism, which stressed humoral balance. Confucius' *Wu Xing* believed these were the five phases or the five types of *qi* (also referred to as *ch'i*). The Five Phases were wood (spring), metal (autumn), fire (summer), water (winter,) and earth (transitional seasonal periods). They described the cycles of generation and

⁴⁹ Millon, *Masters of the Mind*, 7.

⁵⁰ Chiang, *Psychiatry and Chinese History*, 20-28.

destruction. These phases corresponded with the five organs, which were the eye, the ear, the nose, the mouth, and the body. The sensations of vision, hearing, smelling, tasting, and touching also corresponded with the organs and molded to both Confucian and Taoist ideologies, making this medical philosophy highly popular in China. The Five Phases or *Wu Xing* explained the interconnection between organs within the body. The relationship between the phases and the organs supposedly revealed excesses and deficiencies within the organs that could help determine disease.⁵¹

Traditional Chinese medical fields often concurred that the mind and body were integrated, which might explain why abnormal behavior was not categorized as its own ailment. Millon claimed that Chinese culture and medicine was often “situation centered,” whereas Western medicine often focused on the individual.⁵² Traditional and ancient Chinese medicines believed preventive measures were essential in order to maintain a strong immune system.⁵³ One of the first Chinese sources that discussed emotional disturbances was the *Huangdi neijing* also known as the *Inner Canon of the Yellow Emperor*, dating back to the first century B.C.E.⁵⁴ Historian Howard Chiang argues the *Huangdi neijing* connected emotions and illnesses. Anger, joy, pensiveness, worry, and fear were the five basic emotions according to this text. Chiang states, “Throughout the imperial period, the predominant medical worldview assigned a manipulative effect on the physical body to the imbalance of these five emotional states,

⁵¹ The Yang was depicted as force, masculinity, heat and dryness, while the Yin was depicted as softness, femininity, coldness and moistness. Brett D King, William Douglas Woody, and Wayne Viney, *History of Psychology: Ideas and Context*. (London, UK: Routledge, 2016), 43-50.

⁵² Millon, *Masters of the Mind*, 8.

⁵³ Ben Tabachnik, “Adaptogens- Natural Protectors of the Immune System,” Avshalom Mizrahi, Stephen Fulder, and Nimrod Sheinman, *Potentiating Health and the Crisis of the Immune System*, (New York, NY: Springer Science+ Business Media, LLC, 2013), 153.

⁵⁴ Howard Chiang, *Psychiatry and Chinese History: Studies for the Society for the Social History of Medicine*, (New York, NY: Routledge, 2015), 3.

primarily through the movements of *qi* in the viscera.”⁵⁵ The term *qi* was integral to the early modern Chinese medical theories about emotions and illnesses.

Qi was not only an essential part of early modern Chinese medicine, but also in early modern Vietnamese (*khi*), Japanese (*ki*), and Korean cultures as well (*gi*). Current English translations define *qi* as “breath,” “air,” or “gas,” but in a less literal sense, *qi* is a “material energy” that provides energy flow and life force. *Qi* has different forms and is an active entity as well as a material substance. According to historian Paul Unschuld, “Qi refers to behavioral patterns seen to occur through spatial extension of a physical medium...reluctance to recognize *qi* as a unique concept has caused it to be misrendered as ‘energy,’ or ‘vital force,’ despite the fact that it is a firmly established neologism among English-speaking students of Chinese medicine.”⁵⁶ Emily Wu describes *qi* as a life force that permeates and penetrates all living beings within the universe, however in a medical context, *qi* functions within the human body. The *qi* of the human body derived from one’s parents, the nutrients from food and water, and the natural air. The spleen, kidneys, stomach, and lungs related to digestion and absorption in the body and provided nutrients to the body. If these organ functions remained balanced, the *qi* was sufficient.⁵⁷

Ancient or traditional Chinese etiology claimed that disease arose from a disharmonious *qi* or an imbalance of the yin and yang, and analyzed the body using “pattern discrimination,” which was a guide required for successful and individualized treatment. Chinese practitioners

⁵⁵ Chiang, *Psychiatry and Chinese History*, 3.

⁵⁶ Paul Unschuld, *Approaches to Traditional Chinese Medical Literature: Proceedings of an International Symposium on Translation Methodologies and Terminologies*, (Boston, MA: Kluwer Academic Publishers, 1989), 59.

⁵⁷ Wang and Zhu, *Basic theories of Traditional Chinese Medicine*, 84-85.

used visual, inquiry, listening and smelling examinations as well as palpitations.⁵⁸ For example, an “upflaming liver fire” was a disease described by headaches, red face, nosebleeds, profuse menstruation, vomiting of sour or bitter fluids, and a slippery and string-like pulse. Behavioral traits include rashness, impulsiveness, and impatience.⁵⁹ According to Nigel Wiseman, “Upflaming of the liver fire is a liver-gallbladder heat depression pattern. It may be caused by the transformation of liver qi depression into fire, by severe emotional disturbance, or by damp-heat evil lying depressed in the inner body.”⁶⁰ The upflaming liver fire proposes that emotional disturbances or evil within the body could lead to the extreme heat of the liver and gallbladder. This example depicts the Chinese medical connection between abnormal behavior and disease.

Perhaps one of the most well known terms describing this mental abnormality is *kuang*, which often translates to “madness.” According to historian Vivien Ng, “The notion that madness could be a [purely] *mental* illness was never advanced, not even by those who saw a distinct relationship between emotions and madness...behavioral disorders were certainly recognized...but only as manifestations of physiological dysfunction.”⁶¹ Ancient Chinese medical descriptions of mental disturbances described them as symptoms of a physiological disease.

Although early modern European theories questioned whether mental maladies stemmed from physical diseases, they stressed that abnormal behaviors were distinct ailments. Certain Chinese medical texts reported emotional disturbances, but they were described as symptoms of

⁵⁸ “Patterns are based on three broad groups of information: 1) Signs and symptoms, 2) tongue examination, and 3) pulse examination. It is the comparison and corroboration of these three groups of information which differentiate one pattern from another.” Bob Flaws, *The Secret of Pulse Diagnosis*, (Boulder, CO: Blue Poppy Press, 1995), 3.

⁵⁹ Zhong Yi Xue Ji Chu, Translation by Nigel Wiseman, *Fundamental of Chinese Medicine*, (Brookline: Paradigm Publications, 1996), 173.

⁶⁰ Bob Flaws and James Lake, *Chinese Medical Psychiatry: A Textbook & Clinical Manual*, (Boulder, CO: Blue Poppy Press, 2001), 173.

⁶¹ Vivien Ng, *Madness in Late Imperial China: From Illness to Deviance*, (Portland, OR: University of Oklahoma Press, 1990), 50. Bob Flaws and James Lake, *Chinese Medical Psychiatry*, 8.

a physical disease. It should be noted that “madness” and “insanity” are not necessarily prominent in ancient or early modern Chinese medical texts.⁶² During the late imperial period, Jesuit missionaries occasionally referred to “madness,” yet this could be a mistranslation. This gives scholars reason to pause before assuming the word “madness” reflected the early modern Chinese understanding of abnormal behavior.

Language and cultural translations were and remain integral to the study of Chinese mental abnormalities. For example, recent historians define *kuang* as “madness” and as “mania,” yet early modern European physicians defined these terms as specific mental maladies. The other popular Chinese word is *dian*, which Nigel Wiseman defines as “withdrawal.” Yet Baiceng Lou argues that “withdrawal” is not a common translation for the word.⁶³ Elisa Rossi states, “As in *kuang*, there therefore also ‘disorder;’ in *dian*: an uncontrolled emotionality, disorganized behaviour, and a giving way of the sense of reality are described. The loss of contact with the surrounding world is exemplified by the lack of adherence to social norms.”⁶⁴ *Dian* could pose more relation to madness since it is attributed with an unhappiness of the heart and a “speaking that has no order.”⁶⁵ Rossi claims these terms display commonalities with the early modern European idea of “madness” as a severe mental malady. *Dian* and *kuang* exemplify depict how language and etiology can influence the accuracy of these medical translations.

PART THREE: Primary Jesuit Accounts of Chinese Medicine

⁶² Kromm, *The Art of Frenzy*, 22.

⁶³ Baiceng Lou and Nigel Wiseman, *Soothing the Troubled Mind: Acupuncture and Moxibustion in the Treatment and Prevention of Schizophrenia*, (Brookline: Paradigm Publications, 2000), xxiv.

⁶⁴ Elisa Rossi and Laura Caretto, *Shen: Psycho-Emotional Aspects of Chinese Medicine*, (New York, NY: Elsevier Health Sciences, 2002), 129.

⁶⁵ Rossi, *Shen: Psycho-emotional Aspects of Chinese Medicine*, 129.

Part three delves into the Jesuit and European scholarly texts that address abnormal behavior within China. These selected works display questionable content and possible inaccuracies concerning translations, language, and concepts. European scholars did not possess an extensive background in the Chinese language or culture. Therefore they relied upon the Jesuit texts. By studying these documents, historians might gain more insight as to how the Jesuits grasped and understood Chinese medicine through the analysis of mental abnormalities.

This section focuses on French Jesuit missionaries from the sixteenth to the mid-eighteenth centuries as well as some Polish and Italian Jesuit accounts. Polish Jesuit missionary Michel Boym (1612-1659) wrote an extensive history on China during the transitional period from the Ming to the Qing Dynasty.⁶⁶ He was a scientist with a background in botany and produced works about Asian fauna and flora, (animals and plants.) Like many Jesuit accounts on Chinese medicine, his work spoke to a European audience and he also wrote Chinese-to-Latin dictionary, which was published in 1667 and a Chinese-to-French dictionary, which was published in 1670. There is little information regarding Boym's medical knowledge other than his father was physician to the King Sigismund III of Poland. Despite this, Boym possessed some medical knowledge, which was evident in his works. Boym was not the first Jesuit missionary to write about China, however he was the first to introduce classic Chinese medicine to the West in the 1650's. He translated Chinese medical theories regarding yin and yang, *Wu Xing* or the Five Phases, and translated the *Huangdi neijing* for Jesuit and other European scholars.⁶⁷

Boym's primary focus was botany and the pharmacological benefits of certain roots, plants, and herbs. He wrote, *Specimen medicinae Sinicae (Chinese Medical Plants)* as well as

⁶⁶ Xiaoli Li, "Michel Boym: The First European Who Wrote About Chinese Medicine," Journal of Traditional Chinese Medicines, Volume 1, 2014. 3.

⁶⁷ Li, "Michel Boym," 1-3.

Clavis medica ad Chinarum doctrinam de pulsibus, (*Key to the Medical Doctrine of the Chinese on the Pulse*.) His work introduced methods of healing unknown to Europe, herbal remedies, and the study of the pulse. He initiated new interests in Chinese physiology, anatomy, and etiology that would take hold during the mid seventeenth and eighteenth centuries.⁶⁸

Perhaps one of the most renowned texts about Chinese medicine stemmed from French Jesuit and historian Jean-Baptiste Du Halde (1674-1743). His work, *The General History of China* was four-volume series was published in 1736 and by 1741, English physician Richard Brookes translated them into English. The collection became widely popular among European physicians and scholars. French philosopher Voltaire commended Du Halde's work, claiming, "Although it is developed out of Paris, and he hath not known the Chinese, [he] gave on the basis of the memoirs of his colleagues, the widest and the best description the empire of China has had worldwide."⁶⁹ Du Halde did not travel to China, which raises some concerns about the accuracy of his work. He compiled seventeen different Jesuit missionaries' accounts and produced a volume series based upon their letters. The first two chapters of Du Halde's fourth volume discussed the causes, symptoms, and remedies for various diseases.⁷⁰ These chapters provide insight into the Jesuit perception of Chinese etiology and examined many diseases that produced behavioral abnormalities.

Chinese medicine did not define abnormal behavior as a malady like Western European medicine. According to Du Halde, Chinese medicine believed certain "distempers" derived from

⁶⁸ Li, "Michel Boym," 1-3.

⁶⁹ Voltaire, *Le Siècle de Louis XIV, Catalogue de la plupart des écrivains français qui ont paru dans le Siècle de Louis XIV, pour servir à l'histoire littéraire de ce temps*, or *The Age of Louis XIV*, (Oxford: The Voltaire Foundation, 1751).

⁷⁰ Jean-Baptiste Du Halde, *The General History of China: A Geographical, Historical, Chronological, Political, and Physical Description of the Empire of China and Chinese-Tartary, Corea and Thibet. Including an exact and particular account of their customs, manners, ceremonies, religion, arts and sciences*, Translated by Richard Brookes. Volume 4, Third Edition Corrected, (London, printed by J. Watts, 1741), 1-80.

the heart, which could lead to a multitude of issues, including behavior that deviates from “normal” social standards. Distemper was a common word used in early modern European medical texts when describing etiologies of mental maladies and was widely used by the Jesuits when describing mental abnormalities in China. His description of abnormal behavior concurred with ancient Chinese medical texts such as the *Shan Hai Ching* or the *Nei Ching*. Sixteenth to eighteenth century Chinese practitioners believed irregular behavior derived from external winds that penetrated the heart, known as *xin*. According to Chiang, the common translation for *xin* is “heart-mind” as Chinese medicine believed emotions stemmed from the heart.⁷¹ Yanhua Zhang explains how the connection between the heart and mind is also evident in Chinese-to-English translations. He claims, “The English expression ‘I am in a bad mood’ in Chinese would be ‘The circumstance/condition /sentiment of my heart is not good’...Joy is literally ‘opening the heart.’”⁷² This translation further advocates the interdependence between language and culture. Early modern Europeans most likely saw this example as evidence of the Chinese language as “flowery” or “metaphorical.” In reality, the Chinese explanation for moods and feelings derived from the heart.

The General History of China is a European attempt to understand and define Chinese physiology and etiology. This work was most likely for a Western audience due to the usage of Western medical and philosophical terms, which were not expressed in Chinese medicine. The usage of Western medicine is evident when Du Halde used the term “animal spirits” when describing emotions and abnormal behavior. According to Du Halde, “The operations of growth, nourishment, etc. are vital operations and ascribed to the Chinese *tsing*. Those of perception, both by the internal and external senses, are animal operations. The animal spirits, according to

⁷¹ Chiang, *Psychiatry and Chinese History*, 3-5.

⁷² Yanhua Zhang, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China*, (Albany, NY: State University of New York Press, 2007), 40.

the ancients, are nothing but a subtle air, a very fine breath, and this exactly answers to the *ki*.”⁷³ In this work, he compared the vital spirits to *tsing* and the animal spirits to *ki* also referred to as *qi*. European medicine defined “spirits” as a subtle vapor or air that flows within the blood stream. Galenic theory stated that three major spirits existed within the body: the natural, vital and animal spirits. The natural spirit resided in the liver and travelled throughout the veins to the heart. From there, natural spirits converted into vital spirits, which resided within the heart where blood flow regulation and body temperature occurred. The arteries transported the vital spirits throughout the body where they eventually travelled to the brain using the carotid arteries, converting into animal spirits.⁷⁴ The animal spirits used these ventricles to travel down the spinal cord, controlling motor function, sensation and muscle movement.⁷⁵ These spirits accounted for heart and brain activity.

Perhaps Harvey explained the Western concept of spirits best when he compared the spirits and blood to a glass of red wine. He said, “In short, that the blood and these spirits signify one and the same thing, though different- like generous wine and its spirit; for as wine, when it has lost all its spirit, is no longer wine, but a vapid liquor or vinegar; so blood without spirit is not blood, but something else-clot or cruor.”⁷⁶ It should be made clear that the spirits did not represent the soul. In fact, early modern European physicians created a distinction between the two, claiming that spirits helped channel and carry signals and information throughout the body, allowing the corporeal body to function. Some philosophies theorized the spirits sent messages to

⁷³ Du Halde, *The General History of China*, 73.

⁷⁴ Modern medicine states that four interconnected ventricles exist within the brain and the third ventricle has a continuous connection with the central canal of the spinal cord. Sidney Ochs, *A History of Nerve Functions: From Animal Spirits to Molecular Mechanisms*, (New York, NY: Cambridge University Press, 2004), 30.

⁷⁵ Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context*, (New York, NY: Cambridge University Press, 2006), 48.

⁷⁶ Harvey, *On the Motion of the Heart and Blood in Animals*, 122.

the soul, often seated in the brain, yet the soul did not account for brain activity or the function of the nervous system.⁷⁷

Another inaccuracy involved Du Halde's comparison of spirits to *qi* as he described them both a subtle air and reflections of one another. But is this truly the case? According to historian Yu Huan Zhang, the *Great Dictionary of Chinese Characters* attributes twenty-three definitions to the character *qi*.⁷⁸ Like the spirits, *qi* derives from a philosophical context that was implemented into a medical context. *Qi* flowed through every aspect of heaven and earth and was originally described in relation to the clouds. It was a part of rivers, seas, mountains, forests, animals and people. The Western idea of spirits only pertained to living objects, but not necessarily rivers or mountains. From this point, *qi* served as a physiological and anatomical explanation for bodily functionality of humans, referred to as the system of *jing luò*. According to Zhang, "The word *jing* has several meanings including warp, longitude, manage, deal or trade in, pass through, undergo...the idea of continuity or connectivity is present in all of these meanings...In Chinese medicine, the word *jing* is used to name the main pathways through which *qi* and blood circulate to connect all parts of the body."⁷⁹ The word *luò* means an "interwoven structure" or "net" and comprises a "finer level of circulatory pathways that branch from the *jing*."⁸⁰ As stated previously, Chinese medicine acknowledged blood circulation for more than two thousand years before Western Europe. Yet ancient or traditional Chinese medicine believed this was the circulation of *mo*.

While *jing luò* could possibly be seen as synonymous with the circulatory system, many Chinese historians argue that spirits and *qi* are not the same. According to scholar Nigel Ching,

⁷⁷ Schmidt, *Melancholy and the Care of the Soul*, 1-25.

⁷⁸ Yu Huan Zhang and Ken Rose, *A Brief History of Qi*, (Brookline, MA: Paradigm Publications, 2001), Chapter 4 np.

⁷⁹ Zhang and Rose, *A Brief History of Qi*, Chapter 4 np.

⁸⁰ Zhang and Rose, *A Brief History of Qi*, Chapter 4 np.

“*Qi*, which is the most fundamental aspect of Chinese medicine, is a substance and a concept that does not exist in the Western world, neither linguistically nor philosophically.”⁸¹ *Qi* penetrated and flowed through the entire universe and there were over a dozen forms of *qi*, however the medical form that correlates most to the concept of the spirits is *Zheng qi*, which creates body movement, governs bodily substances and organs, and *Zang-Fu Zhi qi*, which promoted the proper functionality of the organs and the organ system.⁸² In comparison, the *qi* is not a mirror reflection of the Western concept of spirits. It cannot be denied that similarities exist between them, however, scholars such as Du Halde oversimplified the complexity of *qi* either for the targeted audience or due to his limited understanding.

At the same time, Du Halde also displayed many accurate accounts of Chinese medicine. For example, he claims, “In Ravings and Madness, a full and strong Pulse is good, but if it be found deep and slender in the three usual Places, it is a very bad sign: I never heard that any Physician was able to cure such a disease.”⁸³ In this context, Du Halde referred to the pulse using similar language expressed by traditional Chinese medicine and Chinese practitioners. *Qimo* was the study of *mo*’s movement using twelve different sites on the body. According to Kuriyama, “The finger placed lightly on the right wrist, at the *cun* position, diagnosed the larger intestines...under each finger then, doctors separated a superficial (*fu*) site, felt near the body surface, from a sunken (*chen*) site deeper down.”⁸⁴ Hippocrates and Galen did not place the same emphasis on pulse diagnoses nor were there multiple sites on the body to examine. Unlike pulse diagnosis, *qimo* determined abnormal blood flow within the body using different fingers and placement on the wrists, which connected to different organ functions.

⁸¹ Nigel Ching, *The Fundamentals of Acupuncture*, (London, UK: Singing Dragon, 2017), 69.

⁸² Misha Ruth Cohen, *The New Chinese Medicine Handbook: An Innovative Guide to Integrating Eastern Wisdom with Western Practice for Modern Healing*, (Beverly, MA: Quarto Publishing Group, 2015), 21.

⁸³ Du Halde, *The General History of China*, 453.

⁸⁴ Kuriyama, *Expressiveness of the Body*, 25.

Despite some incorrect interpretations, Du Halde appeared to understand how the Chinese defined the cause of distempers through winds. He often characterized madness as a mental or emotional symptom rather than an ailment in itself. Du Halde chose his words carefully and defined distemper as a deranged condition of either the body or the mind. Chiang, states, “Most physicians thought that madness occurred when the Heart (*xin*) or its residing Spirit (*shen*) could not fulfill their functions.”⁸⁵ To further complicate matters, the Chinese word for “spirit” (*shen*) was not part of the equation. Confucian scholar Wang Chong of the Eastern Han dynasty claimed that *shen* was only a disembodied form of *qi*, just like ice is simply melted or unfrozen water.⁸⁶ Yet these ideas are not explained in Du Halde’s work.

In many cases, Jesuit missionaries or scholars appeared skeptical about the validity of Chinese medicine. The published book, *China and France, or Two Treatises*, was a compilation of written observations by Austrian Jesuit missionary Johann Grueber, and Belgian Jesuit missionary Albert d’Orville, published in 1676. Unfortunately, the book does not specify their names in relation to specific stories, resulting in some anonymity for the reader. In one account, one missionary became ill during his time in China. One of the missionaries stated, “Their [Chinese] physicians, answered the Father, are notable in discerning by the Pulse, the nature and qualities of a disease; but their knowledge is not so extraordinary in prescribing remedies for they govern themselves by guess.”⁸⁷ This quote suggested skepticism about the Chinese practitioner’s pharmacological skills. The missionary continued, “When I fell sick, about forty days distance from the City of *Pekin*, one of the Kings Physicians visited me, at the request of

⁸⁵ Chiang, *Psychiatry and Chinese History*, 60.

⁸⁶ Emily Wu, *Traditional Chinese Medicine in the United States: In Search of Spiritual Meaning and Ultimate Health*, (Lanham, MD: Lexington Books, 2013), 178.

⁸⁷ *China and France, or two treatises. The one, of the present state of China ... From the observation of two Jesuites [Johann Grueber and Albert d’Orville] lately returned from that country*, (London, UK: T.N. for Samuel Lowndes, 1676), 75.

Father *Adam Schall*...he uncovered both my Arms as far as the Elbows, placing them upon a Table, and felt the Pulses of both arms...after all this, I had almost a mind to discover to him my disease, but Father *Adam* interrupted me, and told me, that he knew it better then I did.”⁸⁸ The author felt *qiemo* provided little help, yet Father Schall stopped him from blurting out the disease before the Chinese practitioner finished. Schall’s motivations remain unknown and perhaps Schall did not want him to disrespect the practitioner. Another possibility was that Schall understood the differences between *qiemo* and pulse diagnosis.

Regardless, Father Adam placed a higher faith in Chinese medicine and physicians, which the sick missionary discussed in *China and France, or Two Treatises*.

When the physician was sate down, he described with a wonderful majesty by disease, and all its properties and circumstances, assigning to them the time of their first beginning in such an exact manner, that I was strangely surprised. He appointed me some potions but by the small advantage that I received from the, I found that he had been more skilful to guess at my disease, then to prescribe remedies. They never let any man bleed, as we do...they cure the Pox very well, with certain mixture of Herbs; so that this disease is not so mortal.⁸⁹

The missionary seemed surprised by the Chinese physician’s ability to diagnose the disease and provide herbal remedies that aided in illness’ severity. At the same time, he believed the practitioner’s remedies were more likely conjectures. In fact, according to *The Modern Part of An Universal History Volume 8*, the authors claimed Chinese physicians and practitioners excelled at diagnosing distempers and diseases, but lacked other important skills. *The Modern Part* states, “This misfortune is, that they are more expert at discovering the distemper, than happy at prescribing proper remedies for it...they have no apothecaries among them; but every

⁸⁸ *China and France, or Two Treaties*, 76-77.

⁸⁹ *China and France, or Two Treaties*, 77.

physician prepares his own prescriptions.”⁹⁰ This theory correlates with the book *China and France, or Two Treaties*, in which the author describes how the Chinese physician’s remedy did little to aid his symptoms. In addition, both *China and France, or Two Treatises*, and *The Modern Part*, are based upon the original accounts from Jesuit missionaries.

Jesuit writers intermingled Western and Eastern medical constructs, which became problematic as European scholars relied upon these texts when discussing Chinese medicine. This is perhaps most evident when discussing mental abnormalities or distempers. According to *The Modern Part*, “As to the proper time for performing the operation, they exclude extreme hot or cold weather, when the animal spirits are either dispersed and exhausted, or else too clogged and stagnated.”⁹¹ As discussed prior, animal spirits pertained to brain activity and emotional distempers in Western medicine but had no relevance in Chinese medicine. Early modern European medical texts often agreed that the irregularity of the animal spirits often explained mental maladies.⁹² The medical discussions in *The Modern Part* and *China and France* produced similar ideas about animal spirits and distempers that correlated with Du Halde and possibly Boym.

The Jesuit medical accounts of China became instrumental for European scholars eager to learn about Chinese medicine. English physician John Floyer built upon these accounts and wrote, *The Pulse Watch Volume II*, in 1710. His work was largely based upon Boym’s Chinese to Latin translation of *Mong Ching* originally written by Shu-Ho during the late 200’s C.E. Floyer also studied Dutch physician Andreas Cleyer, who edited and expounded upon Boym’s *Specimen medicinae Sinicae* in 1682. Floyer tried to make sense of Chinese physiology in

⁹⁰ *The Modern Part of an Universal History*, 195.

⁹¹ *The Modern Part of an Universal History*, 312.

⁹² Schmidt, *Melancholy and the Care of the Soul*, 1-25.

relation to the mind's functionality, but this proved difficult. For example, he explained, "The *Calidum Innotum* of the *Greeks*, and the *Calor Primogenius* of the *Chinese*, is the Animal Spirits, by which the help of different Organs, produces all the Natural, Vital, and Animal Actions."⁹³ Once again, this Galenic explanation of brain activity did not depict how the Chinese understood emotions or abnormal behavior.

Floyer seemed to rely upon Western medicine without understanding the culture or language of China. Yet Du Halde's work used this Western comparison as he claimed, "Distempers or disorders caused by Wind and Humidity, that is by certain cold Humours, require poisonous and moist Remedies."⁹⁴ He compared wind and humidity with cold humors such as phlegm and black bile. Traditional Chinese medicine theorized that sharp winds and cold airs that penetrated the heart could induce distempers or emotions. The heart, also known as the "heart-mind" was the seat of emotions and these winds could supposedly alter emotions and cause distempers. It appears that Du Halde understood the Chinese theories, but still compared the process with humoralism. This example suggests he altered his descriptions in order to help the reader more so than himself. Moreover, Jesuits such as Du Halde, would most likely be aware of Chinese medical texts and their lack of Galenic theory. It is also possible Du Halde used Western terminology to fill in holes or gaps of information. His usage of humoralism also suggests his attempts to find commonality between two different medical practices.

Jesuit missionaries often described distempers and abnormal behavior with Western terminology rather than using Chinese medical theories. For example, the book, *The Travels of Several Learned Missioners of the Society of Jesus*, is a compilation of letters published in 1714, written by Jesuit missionaries who travelled to India, China, and America. In one letter from

⁹³ John Floyer, *The Pulse Watch: Volume II or An Essay to Discover the Causes of Diseases and a Rational Method of curing them by Feeling of the Pulse*, (London, UK: Sam Smith, 1710), 256.

⁹⁴ Du Halde, *The General History of China*, 481.

1709, Father d'Entrecolles wrote about the Kangxi Emperor to the Father Procurator-General of the missions of India and China. Kangxi deposed his favorite son and heir to the throne. The son was apparently cruel, beat his subordinates, lay with his father's concubines, and was said to buy children for his pedophilic pleasures. Deposing the prince caused the Emperor anguish. Father d'Entrecolles stated, "You may very well imagine how uneasy these domestick Disorders made the Emperor; they threw him into a deep Fit of Melancholy, attended with such a violent Palpitation of the Heart, that there was Cause to fear for his Life."⁹⁵ In this case, Father d'Entrecolles connected the malady melancholy to conditions of the heart.

Palpitations can occur due to exertion, agitation, or illness and form a strong and irregular heartbeat. Melancholy was not simply a form of depression, but was often associated to symptoms present-day scholars equate with manic-depressive disorder, schizophrenia, epilepsy, and mania as well as depression. In this case, Father d'Entrecolles formed a connection between depression, anxiety, and the agitation of the heart using Western medical ideas. These concepts could be unrelated, however the connection between emotions and the heart was actively prevalent in Chinese medicine.⁹⁶

There were few cases where Chinese and Jesuit scholars came together to produce joint texts on medicine. French Jesuit Louis le Comte participated in the French mission to China in 1687 and became increasingly frustrated by Chinese medicine's "stagnation" as it still followed ancient medical texts. Yet there were some cases where the Chinese and Jesuits collaborated such as the work, "Manchu Anatomy." Kangli Emperor wanted a new medical book with more descriptions of human anatomy based upon Western medical books. Comte remarked, "Neither are they altogether ignorant in anatomy; nay they grant a circulation of the blood and humours,

⁹⁵ John Lockman, *The Travels of Several Learned Missioners of the Society of Jesus*, (London, UK: T. Piety, 1767), 166.

⁹⁶ Schmidt, *Melancholy and the Care of the Soul*, 1-2; Lockman, *The Travels of Several Learned Missioners*, 166.

but all their notions are so general, confused and most an end so false, that I am afraid in this place to particularize them.”⁹⁷ This quote illustrates European criticism of Chinese medical theories, however le Comte credited a “circulation of the blood and humours.” Perhaps le Comte found connections with Western medicine, but suggesting humoral theory and “blood circulation,” (which was not the exact term used by Chinese medical texts,) had a connection to Eastern medicine was an assumption that could cause confusion.⁹⁸

Various Western and Eastern scholars contributed to “Manchu Anatomy” and after five years, the book was finally finished, however the Emperor only made two or three copies and felt the book did not require massive circulation. According to Kue-Hing Young, “When it was finished, however, the Emperor declined to authorize its publication, judging that it was not like any ordinary book to be left to the discretion of the ignorant. The right to read manuscripts was granted to a privileged few who were not allowed to borrow them or take notes.”⁹⁹ This frustrated and upset the Jesuit missionaries, who thought Western anatomical knowledge would become influential to Chinese medicine and felt the hoarding of medical information was ineffective. Did the lack of transference of Western medicine to China affect the Jesuit translations of Chinese medicine to the West? Chinese imperials restricted medical knowledge, which bothered the Jesuits and perhaps influenced their biases.

It is difficult to discern whether these European authors understood the complexity of Chinese medicine, in particular relation to excessive emotions or mental abnormalities. From page seventy-three to seventy-four, Du Halde described physiological bodily functions purely based upon Galenic theory. However, on the next page he stated, “As of all the passions which

⁹⁷ Kue-Hing Young, “French Jesuits and the ‘Manchu Anatomy’ – How China missed the Vesalian Revolution.” Volume III. Canadian Medical Association Journal, September 21, 1974, 568.

⁹⁸ Young, “French Jesuits and the “Manchu Anatomy,” 568.

⁹⁹ Young, “French Jesuits and the “Manchu Anatomy,” 566.

ruffle us Anger does the most mischief, so of all the malignant Affections of the Air Wind is most dangerous, especially Wind that comes thro' any narrow Passage which is cold and piercing, and which comes upon us unawares."¹⁰⁰ In this sense, he portrayed an accurate depiction of abnormal behavior in China. However, he continued, "It [the wind] insinuates itself into the Body, penetrates the Nerves and Arteries, and often causes sharp Pains of the Gout, Palsy, and such-like grievous diseases...the cold Air shuts up the Pores, and thence comes an heap of ill Humours."¹⁰¹ Du Halde described early modern Chinese theories about emotional and mental abnormalities with accuracy, yet continued to reference humoralism and animal spirits within his work.

Conclusion

By studying the accounts of Jesuit missionaries and European scholars, we gain a better insight into their understanding of Chinese mental abnormalities. Translation posed significant problems as some Jesuits such as Du Halde, did not travel to China or immerse themselves into Chinese culture. According to Marta Hanson, not only did the Jesuits write accounts the European Jesuit scholars back home, they performed a series of translations written in Chinese and became well versed in translating Western scientific theories into Chinese. This raises questions as to whether the Jesuit usage of Galenic theory including the spirits and humoralism was used for European scholars who might struggle to understand Chinese medicine without the immersion into Chinese language and culture.¹⁰²

¹⁰⁰ Du Halde, *The General History of China*, 75.

¹⁰¹ Du Halde, *The General History of China*, 75.

¹⁰² Marta E. Hanson, "The Significance of Manchu Medical Sources in the Qing." Proceedings of the First North American Conference on Manchu Studies (Portland, OR, May 9-10, 2003): 131-142.

Jesuit medical texts abided by the Chinese theory that mental abnormalities were merely symptoms of a physiological illness rather than a malady. The primary documents focused upon in this paper suggest the authors had a clear understanding of wind's penetration to the *xin* or heart-mind and they recognized the Chinese theory in which thought and emotions resided, which did not conform to European or Galenic theories. Yet the comparison of *qi* and spirits, *qimo* and pulse taking, and the usage of animal spirits to explain brain activity in Chinese medicine raised concern. While these authors recognized the differences between mental abnormalities in China versus mental maladies in Europe, there were still Western descriptions of behavior and maladies present in their works. Moreover, they often oversimplified certain terms such as *qi* when comparing it to the Western spirits.

It appeared the Jesuits understood Chinese theories about mental abnormalities and more importantly, they could place these ideas into an Eastern context. Inaccuracies arose whenever they compared Chinese medicine with Western medicine. Yet in almost every account, these books were intended for a European audience. The Jesuits immersed themselves and assimilated to Chinese culture and language, yet the targeted audiences did not share this same experience. Rather than providing a strict Chinese interpretation, the authors tried to form "common ground" that would speak to the readers. The comparison between Chinese and Western medicine oversimplified certain medical terms and led to multiple inaccuracies, yet the Jesuit authors displayed a strong understanding of the Chinese language, translation, and culture that was imbedded in Chinese medical theories.

This study plays an integral role in world history as it examines the culture, language, and medicine between different regions. Many cultures throughout the world recognize abnormal behavior as the inability to conform to one's societal social standards, yet the consensus ends

there. Different regions form their own interpretations about about mental abnormalities using medical and cultural analyses. Mental abnormalities pose ambiguities and ambivalences within our own societies as it involves philosophy, medicine, culture, and theology. The study of mental abnormalities requires a strong assimilation and understanding of a region. The Jesuits explored Chinese theories about abnormal behavior, yet their published works found comparisons between *qi* and spirits, the humors and *Wu Xing*, and referred to Western medical terminology. There is debate as to whether this was done for European audiences or if the Jesuits used Western terminology to help them navigate and understand abnormal behavior in China.

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