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SOME REMARKS ON SEMANTICS AND EPISTEMOLOGICAL CATEGORIES IN EARLY SCIENTIFIC TRANSLATIONS

ANGELIKA C. MESSNER

As early as the 1930s, certain European scholars had already started to focus their attention on the "body" as a crucial category of cultural historiography. This particular focus on the "body" was mainly generated by these scholars' insight into the shortcomings of political and economic structural history in the investigation and subsequent restructuring of social changes. The focus of research gradually shifted from "man" as a trans-historical fictive stereotype to the "body" as the new historical category, i.e., only by placing the body as a spatio-temporal category in the centre of our research can we acquire deeper insights into historical change which has significantly shaped lives.²

I do not intend to discuss the wider field of research on the body, since this would mean discussing every existing field of study within the cultural-historical field. Instead I am going to focus on just one single aspect of the history of the body which is related to both the history of translation and the history of "expertise," i.e., medical discourses on the body. This particular aspect is also linked to cultural transfer and the history of the early missionaries in China.

I

The Taixi renshen shuogai 泰西人身說概 (Outline of the Western Theory of the Human Body) [in the following: Shuogai] was the first work (1625 was the ap-

Mauss [1934] 1975, pp. 199-222; Douglas 1981; Haas 2000, p. 91.

Since the 1990s, research interest in the historiography of the body has increased immensely. This is reflected by an enormous flood of monographs and articles within the historic disciplines, and a multitude of organized interdisciplinary lecture series, set up by graduate colleges on the theme of "body-history." For a first overview on the Western hemisphere see Lorenz 2000. The demand for the analysis of those discourses which assert entitlement to be the "professional knowledge, i.e., medical knowledge about the body" was already formulated in 1977 by Figlio. With regard to Chinese studies, Döring states in 1999 that up to now any "methodological instrument for the interpretation of the Chinese perception of men and their bodies" was absent. Nevertheless some fragmentary works do exist. See for instance Huard 1959; Cowdry 1921; Schipper 1978 and 1993; Zito 1994; Farquhar 1994; Kuriyama 1994; Hay 1994; see also Linck 2001.

proximate year of its completion) to exclusively introduce Western anatomy into the Chinese context.³ The *Shuogai* ⁴ differs from the various other works completed by Jesuit scholars at the imperial court between the late 16th and early 18th century; it does not deal with abstract fields of knowledge. This work dealt with a subject which seems far more intimate and obvious: the human body. Nevertheless, as the following analysis will show, it was this subject in particular which turned out to be far more difficult, and moreover, partly even unsuited for translation.

The author was Johann Terrenz Schreck, Chinese name Deng Yuhan 鄧玉爾 (1576–1630). Born near Konstanz, he studied medicine at the universities of Bologna, Montpellier and Padua. Before entering the Societas Jesu in 1616 he was a member of the *Accademia dei Lincei*. In 1618 he travelled to Madrid and Lisbon, where he embarked for India on April 16th or 17th. After reaching Goa at the end of this very year, it was not until May 15th of the following year that he embarked for Macao. After living there for two years he went to Canton in 1621. On June 26th he set off to Hangzhou. Father Terrentius died in 1630 in Beijing, very probably because he took too strong medicaments.

His "Outline on anatomy" contains the most significant clue in written form, showing how the discourse about the body varied in a significant way. Scholars dealing with the historiography of transcultural contacts, until very recently, dwelled mainly on general epistemological influences from the Western hemisphere instead of focussing on such micro-texts. Recent insights into Chinese medical history, however, show a high complexity of these early "translating" and "transfer" practices, emphasising the necessity to include early 19th century Chinese anatomical texts. Within this context it is important to mention the second of altogether three "anatomical" writings which were completed by Jesuit

See the short and general overview on this topic in Holler 2001, pp. 786-802.

Many thanks to the staff of the Bibliothèque Nationale de France, Paris, for providing the manuscript (No. 5131) during the winter break in 2002.

The main focus at the Italian Universities at the beginning of the Renaissance was on medicine and jurisprudence. The teaching of mathematics played a minor role. At the medical faculties one could do further studies in the arts or in philosophy. Afterwards one could proceed with the studies for a doctoral degree facultative in "medicine," i.e., "arts and medicine" or in "philosophy and medicine." The whole course of study was divided into two blocks and took about five years in all. The first two-year course covered the study of Aristotelian logic and natural sciences (physics, *De anima*, *De generatione et corruptione*, *Parva naturalia* etc.). Within the following three years the focus was on the connection between theory and practice, mainly by dwelling on works of Hippocrates, Galen and Avicenna. See Rossi 1997, pp. 293ff.

⁶ See Gabrieli 1936; Innaccone 1998.

Other members of this first established "scientific society" in Europe, in Naples, were Giambattista Della Porta (1535–1615) and Galileo Galilei (1564–1642).

See especially Standaert's 1997, pp. 573ff, discussion of such an approach. But also Bernard 1941; Ho 1991; Bray 1991; Lee 1991.

⁹ Rosner already focussed on this topic in 1970. See Messner 2000a, pp. 207f.; Andrews 1991.

scholars in China before the end of the 17th century: the *Renshen tushuo* 人身圖說 [hereafter: *Tushuo*] (about 1630). This is the translation of the *Anatomie universelle du corps humain* by the French surgeon Ambroise Paré (ca. 1510–1590). The *Tushuo* is important for my argumentation here since two – from altogether 21 – depictions of the human body from this work were added to the *Shuogai*. 12

It is well known that Matteo Ricci (1552–1610)¹³ had established the so-called "accommodation method" as a conversion strategy. ¹⁴ This "inculturation" approach included the absorption of Chinese culture through an active acquisition of the Chinese language, written and spoken, in order to gain friendship with Confucian scholars. ¹⁵ Jesuit scholars not only dressed themselves in Chinese style and adopted Chinese social graces, but even accepted the Chinese rites in the sense of civil practices, this leading to the Chinese Rites Controversy and to the temporary end of the China mission. ¹⁶

Matteo Ricci was the author of the Xiguo jifa 西國記法 (The Western Ars memorativa), also known as "The Jesuit treatise on mnemonic technique" (1625).¹⁷

Many thanks to Professor Nicolas Standaert (Leuven) for having generously sent a copy of this manuscript. See his partial translation and analysis of this work which, as Standaert 1999 shows, is a translation of Paré's *Anatomie universelle du corps humain*, published in 1561.

Paré served as a surgeon under several French kings. His writings were translated into several European languages. The *Renshen tushuo* 人身圖說 stems from Giacomo Rho (1592-1638) or/ and (?) Niccolò Longobardo (1565-1655) and Johann Terrenz Schreck. The exact time of completion is not known. On this point see Standaert 1999. As the third "anatomical" writing one should mention the "Anatomie Mandchoue," a translation by Pierre Dionis' (1643-1718) *L'anatomie de l'homme, suivant la circulation du sang, & les dernières découvertes* (Paris 1690). Father Joachim Bouvet (1656-1730) was entrusted by the emperor with the translation. The translation, however, was interrupted several times because the emperor, in the meantime, ordered the compilation of about twenty short writings on various diseases. The translation was then continued by Dominique Parrenin (1669-1741). Parrenin eventually – again following the order by the emperor – translated it into the Manchu language. The ninety anatomical charts in this "Anatomy" are mostly copies from the *Anatomia Renovata* (Leiden 1673) by Thomas Bartholin (1616-1680). The "Anatomie Mandchoue" consists of eight volumes (*juan*) and one additional volume dedicated to chemistry, toxicology and pharmacy. See Walravens 1996; Holler 2001, pp. 788-789.

See the manuscript No. 5130 in the Bibliothèque Nationale de France, Paris. Standaert 1999, p. 17.

Matteo Ricci came to China in 1582. He also gained an excellent reputation as mathematician and astronomer.

Pfister I, 1932, pp. 22-24. See also Standaert 1999, pp. 352-361, and Übelhör 1968, 1969 and 1972.

¹⁵ See Zingerle 2000, p. 203.

Between 1582 and 1742 there were 456 Jesuits serving in China as mathematicians, geographers, painters and landscape architects. They cared for 151 churches in China. In 1675 the Societas Jesu estimated that there were about 300,000 Christians in China. For the Rites Controversy, see Zürcher 1994, pp. 31-64.

This being the date within the earliest available version of the text. On origin and destiny of this work, see Lackner 1986.

Since we find extracts from this work in the second chapter (*juan* 卷) of the *Shuo-gai* we have to include it in our considerations later on.

H

In order to gain an adequate assessment of the *Shuogai* it is necessary first to discuss the medical knowledge system within the Chinese context of those times, and conversely we have to illuminate the contents of this work in connection with the then dominant epistemology within the European context. The analysis of these respective sources is part of the historiography of cultural contacts between "East and West," i.e., "translingual practices." The invention of a new vocabulary is implicitly inherent in translingual practices, i.e., *termini technici* and the use of already existing terms in an "alien" sense. Bi Gongchen 畢拱辰 (d. 1644, *jinshi* 1616), ²⁰ a converted Confucian scholar, who had the task of additionally correcting the work and subsequently editing it in 1634, was no less confronted with such structural problems than Terrenz Schreck himself.²¹

In content and structure the *Shuogai* follows the *De humani corporis fabrica* (1543) by Andreas Vesalius (Vesal, 1514–1564).²² Although recent medical historical research disagrees with the earlier view of Vesal as the "founder of anatomy," it must be noted that his work marks the beginning of the division of "anatomy" (as knowledge about the intricate network of the bones and the peripheral nerves) from "physiology" (as knowledge about the activities of the inner viscera).²³

At the time of Vesal we observe the process of reorientation within the field of medicine which culminated in the dispute about Galen. ²⁴ In the Middle Ages medicine covered physiology, pathology and therapy, and bore cosmologic characteristics: physiology, the theory of health; ²⁵ pathology, the theory of dyscrasia (disturbances) of harmony, which had to be brought back into eucrasia (balance)

Involving simultaneously the various aspects of the "construction of the self for the other." See for instance Mish 1964. On perceptions of Chinese medical views in Europe at the same time, see Kraft 1975 and 1976.

See Hart 1999a and 1999b; and also the detailed study by Liu 1995 focussing mainly on the time after 1900.

For Bi Gongchen's biography see Hummel 1943–1944, pp. 621-622.

Thus, when speaking of the author of the *Shuogai*, it is always important to remember Bi Gongchen's contribution, since as corrector and editor he has acquired the status of co-author.

See Vesalius [1543], repr. 1964. Many thanks to Prof. Dr. Wolf for generously letting me use two of the valuable reprints from his collection. See Holler 1993. On Vesalius, see O'Malley 1964; Putscher 1991; Wolf 1978; Herrlinger 1964.

²³ Putscher 1991, p. 129.

Here I follow Putscher 1991 and Crisciani 1990. On the development of new knowledge systems within the Renaissance, see Popkin 1988, pp. 669ff.

Health in the sense of harmony of fluids within the "microcosm man" which was seen in correspondence with the "macrocosm world."

through therapy. Within this system of knowledge, the form, shape, and build of the body are of no interest. Instead it was the ancient dietetics (the teaching of the right lifestyle) and the materia medica which counted most. Vesal's anatomy aspired to replace physiology and strove to reconstruct the microcosm "man" without any corresponding affinity to the macrocosm "world." Surgery was to become more important than basic medical knowledge.

This helped lay the foundation for the birth of physiology in the modern sense, i.e., as the teaching of the functions of organs. And we should not underestimate the important role the high quality of the illustrations included played for the high reputation and influence of De humani corporis fabrica26 on subsequent generations of physicians within the European context.

Each of the illustrations No. 2 and No. 3 shows a highly muscular - nowadays we would maybe say a "fitness-styled" - body. The stretched style is obviously necessary in order to show every single muscle and every single sinew. The depictions simultaneously generate and support the specific anatomic scrutiny and interest of the scholar. The artist was mediator between this specific scrutiny and medical interest, since Leonardo da Vinci had generally been interested in the intricate network of the bones and the expression of their movements.²⁷

The Shuogai lacks any pictorial representations of the body;²⁸ nevertheless the main focus was also on the intricate network of the bones and on the explanation of the brain as the central organ for all functions of life within the human body. Like the Fabrica by Vesal, the Shuogai begins with the enumeration and description of the bones, including the teeth, continuing with explanations of the skin, a description of the consistency of the ligaments and sinews, flesh and fat, the blood vessels, arteries and veins. Of crucial interest is the fact that no single chapter is dedicated to the description of the inner viscera, which is absolutely in keeping with the European disinterest in this topic at that time. The specific anatomical interest in the inner viscera in Europe only developed gradually, long after the publication of the Fabrica.²⁹

The focus was on the "reconstruction" of the living on the basis of morphology and function. This focus was based on the presupposition of God as the donator of life - a presupposition still asserted in Renaissance medicine. Hence medicine had the task of carefully penetrating and probing the human body, and a physician could only heal on the basis of God's providence. 30 This specific epistemology might have encouraged anatomical inquiry and scrutiny of the fleshly

It is important to mention here the cooperation between Vesal and Tizian. See Putscher 1991. pp. 126f.

See Putscher 1991, p. 129.

With the exception of the above-mentioned depictions from the Renshen tushuo in manuscript No. 5130 in the Bibliothèque Nationale de France, Paris.

The Renshen tushuo, however, devotes a comparatively long passage to the description of the inner viscera.

See Crisciani 1990, pp. 118-139.

body forms as manifestations of a hidden intent, like searching for "the motivating ideas behind words." But what did this specific focus on muscles, the predominantly muscular body mean? Kuriyama's study on the emergence of a particular view of personhood in the sense of "a self possessing muscular will," which cannot yet be found within the Hippocratic 33 writings but in Galen's, 4 makes sense. It was the gearing to "power and fight," which found its articulation within the "muscular styled" body. The emergence of the specific "aesthetics of the muscular" demanded a special concern for the muscles inherited by the conception of an autonomous self.

The conception of the soul as the supreme purpose and simultaneously as the very cause of any bodily processes, which are not explainable through movements and powers at the physiological level, was the basis for this early Greek self conception. The muscles and the entire intricate network of the bones, language-learning for instance, every sensory perception were thought of as "products" of the soul's will and its leading function. The power of the soul (psychike dynamis), as the mediator between divine Providence and human activity, had been thought of as the fundamental element of human life per se. It was this conception which Terrenz Schreck articulated in his anatomy, when he wrote that "every movement and every single emotion depend on the movement of the blood" and that therein "the power of the soul (linghun 靈魂) is manifested specifically."35 Such underpinning orientation is equally evident in the overall notion of divine (dazhu 大主 or tianzhu 天主) wisdom which manifested itself in the Creation of the human body as a small world (xiao tiandi 小天地).36 But, this teleological argumentation must not be interpreted in the sense of an argumentation that has been "grafted on" for missionary purposes: scientific understanding, even in the case of Andreas Vesalius, was essentially based on the belief in God, which is evident not only in his writings but also in the title of his work: fabrica refers to Creator (faber, opifex).³⁷

The whole world, including the human body, had to be scrutinized for signs of the manifestations of God.³⁸ These ideas were derived from a view of the world

Kuriyama 1999, here p. 128, intends to reconstruct this specific anatomical scrutiny within Greek philosophy.

³² Kuriyama 1999, p. 146.

Hippocrates from Kos (ca. 460–375 B.C). The *Corpus Hippocratum* is the collected form of about 60 single fragmentary writings by Hippocrates.

Galenos from Pergamon (130–200 B.C.). Among his most important writings is his work on anatomy in 15 volumes. He shaped the concept of quality and humours, which can be seen as the completed form of the ancient (hippocratic) humour pathology.

Shuogai, manuscript No. 5131, p. 21a. On the problem of translating "soul" into Chinese, see Lee 1991, pp. 8ff.

³⁶ Shuogai, manuscript No. 5131, p. 1a.

For further remarks on this point, see Wolf 1978, p. 107.

³⁸ Blum 2004, p. 17.

generating from a specific yearning that can be detected in the anatomical interests of the Renaissance scholars. Thus, this specific yearning for an accumulation of knowledge of the human body by scrutinizing it in detail and making it visible to one's fellow human beings, was not just a longing for the accumulation of knowledge. This yearning or longing was deeply spiritual, since it was held that the exacter one's knowledge about His (God's) crafts became, the closer one might be to the glory of the Almighty. This is the core message in the Chinese language, so it would be a big mistake to assume that the translation was only undertaken as one of the various means of converting the Chinese people.³⁹

However, at the same time we have to call into question whether Terrenz Schreck and the respective Chinese corrector had the possibility at all to "transfer" this spiritual yearning and the associated promise into the Chinese context. As we have already seen, this specific scrutiny implicated many different elements like muscles, tendons and sinews, nerves, the differentiation between veins and arteries, to mention the most significant ones only.

All these elements, including the differentiations mentioned within Chinese medical thinking, were without any special significance if they "existed" at all. Correspondingly, within the Chinese context we lack any concept of a monotheistic God, such as the Creator, hence we do not find traces of a yearning which could have manifested itself in a specific anatomical scrutiny.

Hence, the attempt to translate the term "muscle" meant searching for makeshifts like "lump of flesh" (roukuai 肉快) for "muscle"; "fine sinews of flesh" (rou xi jin 肉細筋) for "muscle fibre"; whereas by "fine sinews" (xi jin 細筋) the authors must have meant the "nerves," since they explained that the "fine sinews" entirely derived from the brain and then extended to the whole body. ⁴⁰

The chapter with the title "Luobu" 絡部 is dedicated to the blood vessels in general. With *luo* 絡 the authors must have meant the "veins" and with *mai* 脓 the "arteries." Whereas the first three terms "muscles, nerves, and tendons" did not play any significant role in Chinese medicine, ⁴² and the translation of these terms required the invention of neologisms, the case of *luo* and *mai* was much more complicated. These two terms had already been assigned other meanings in Chinese medical discourses. But these meanings were different from those Father Terrentius wanted to translate. *Luo* within the Chinese context meant "something which connects" or "ties on to," a "net." The term belonging to *luo* is *jing* meaning "to go through" or "the thread of a material/fabric." *Jingluo* 經路 nowadays is commonly translated as "channels and network vessels" or as "meridians." The network vessels are the channels and "ways" in which *qi* 氣 and blood (xue 順) flow. They are not identical with the blood vessels. This network is not

As Zhu [Chu] Pingyi 1999, p. 53f., wanted to show.

Shuogai, manuscript No. 5131, p. 15b.

⁴¹ Shuogai, manuscript No. 5131, pp. 12b-14b. See also illustration No. 4.

On this specific point, see for instance Lee 1958; Rosner 1978.

visible, and it connects all bodily fundamental substances and inner viscera. The inner viscera were to be perceived in the sense of "systems of functions." In this view any disharmony within a certain channel is seen as a manifestation of disharmony within the corresponding inner organ, i.e., organ system.

This view is also reflected in the various depictions of the human body in Chinese medical works. The scrutiny of the physician has been directed towards the channels, whose exact course was important to know. Hence, the respective depictions of the inner viscera are comparatively "poor." Simultaneously, closest attention was paid to the inner viscera in this system of knowledge

The flow of qi within the human body is – according to a phrase in the Huang-di neijing Suwen 黄帝内經素間 (The Inner Canon of the Yellow Lord: Basic Questions; about 100 B.C.) "like a circle without beginning and end." This fundamental theorem within Chinese philosophy and medicine is not translatable into any European language. qi is neither to be perceived as an unchangeable primordial substance nor just as life energy or vital force. Within Chinese epistemology of that time no difference was made between energy and matter; what interested most was its function, not the definition.

Terrenz Schreck obviously had no other choice but to perceive qi as "elementary and atmospheric air." Both Aristotle's philosophy of nature and Galen's physiology of the late Renaissance passed down the terms "life odem" or "spiritus" the "air one breathes" was related to the blood and the "heart fire," i.e., the *calor innatus*. These terms were fundamental to the explanation of life. Accordingly, Father Terrentius wanted the term qi to describe "air" and not qi (in the Chinese sense). He wrote that yellow blood and qi (air) flowed in the luo (in his system denoting "veins"). The Chinese epistemology air itself consisted of qi. The terms $yang\ qi\ 陽氣$, $yin\ qi\ 陰氣$, and $jing\ qi\ 精氣$, within this epistemology basically denoted all bodily processes.

The translation of the "four elements" into Chinese obviously held similar difficulties. Schreck translated them as the "four phases" ($si\ xing\ \square$ 行). ⁴⁸ With the "four phases" he wanted to describe the four fundamental elements from which everything in the world is made, since the "four elements" denoted the primary qualities (hot or cold) and the secondary qualities (dry or humid) within the various bodily contents. Terrenz Schreck translated air, one of the "four elements" (viz. fire, water, earth, and air) by qi. Whereas the "four elements" are the source

⁴³ See Messner 2000a, pp. 199f.

See Unschuld 1998, p. 22. Nowadays it is generally held that the texts were compiled in three steps between the 2nd and the 8th century B.C. On origin and bibliographic history of the *Suwen*, see Keiji 1979 and Unschuld 2003.

On the most complex translation history of qi into European languages, see Kubny 1995.

On the history of the conception of *Spiritus naturalis*, vitalis and animalis within the European context, see Klier 2002.

⁴⁷ Shuogai, manuscript No. 5131, p. 14a.

⁴⁸ Shuogai, manuscript No. 5131, pp. 32a.

and elements of everything, the term wu xing $\pm i7$ within the Chinese context meant the various generating and overcoming orders, which figured as the fundamental models of interaction and cyclical movement of each category, phenomenon and thing within nature, time and place, within the human body and social action. The term xing meant "to do, to act, to move" and was used to differentiate the fundamental phases and powers, which take effect in every process of transformation and interaction. Qi itself is movement and process.

Herein incidentally lies the fundament for the conception of the relational configuration of the inner viscera. Within the "five phases" (wu xing) paradigm no single organ can claim to be the sovereign of the others. And, although the heart at times has been called the "sovereign," it was at the same time the child of the liver and as such depended on the harmonious qi-flow of the liver.

Thus, the other incommensurability clearly visible in the anatomy by Father Terrentius concerns the hierarchy within the human body. The late Renaissance concept of the body consisted of three organs which were thought of as "reigning" the body: the liver (responsible for nutrition and growth), the heart (the vital faculty, the life principle) and the brain (as the psychic faculty which controlled and regulated all mental activities). The idea of the "innate heat" (calor innatus) - Schreck's translation was "primordial fire" (yuan huo 元火) and "calor" (re xing 熱性) - and the idea of the soul (linghun) as the supreme purpose were both basic elements for the explanation of the origin of vitality and self-movement of the living being. This innate heat was perceived as being in the heart (because of the blood) and also in the fat.

The authors especially focus on the five sensory organs which – together with consciousness (zhijue 知覺) and intelligence (congming 聰明) – were thought of as guided and controlled by the brain. ⁵¹ All emotions like joy (xi 喜), anger (nu 怒), happiness (le 樂), love (ai 愛), sorrow and torment (ai 哀), sadness and melancholy (bei 悲), shame (xiu 羞), and fear (ju 惧) were based on the blood and were seen as functions of the soul (linghun). ⁵²

Evidence of such hierarchic conception can also be seen in the Xiguo jifa (Ars memorativa, 1625?) by Matteo Ricci. We find passages from the Xiguo jifa in the Shuogai:

The Creator (zhu 主) provided the human being with the Spirit (shenhun 神魂), which is the brightest (lingwu 靈悟) apprehension of all things and phenomena (wanwu 萬物). [...] The location (suo 所) of memory (jihan 記含) is the brain. [...] This is the "room" (shi 室) of the memory. [...]⁵³

⁴⁹ See Klier 2002, and Fuchs 1992, pp. 37f.

⁵⁰ Shuogai, manuscript No. 5131, pp. 2a, 11b, 12a and 14b.

⁵¹ *Ibid.*, p. 21a.

⁵² Ibid.

Shuogai, manuscript No. 5131, p. 24a. See also Lackner 1986, p. 20.

For every single sensory organ Terrenz Schreck explains the respective hierarchical structure, why for instance the eyes, the ears, the mouth and the nose are located within the brain. Since they act in closest connection with the brain, the "sovereign" of every single sensation, they are necessarily located in the head.⁵⁴ In contrast to this, emotions were seen as instruments of the soul.

This view thus contradicted the indigenous Chinese medical view en vogue at that time, saying that the five or seven emotions were "decentralized" processes, manifestations of essence *qi* (*jing qi*) which totally correlated with the respective inner viscera.⁵⁵

Ш

"Jede Aussage hat Voraussetzungen, die sie nicht aussagt." 56

At this point it is necessary to determine the core argumentative components within the Taixi renshen shuogai. Terrenz Schreck's efforts to attract his readers' interest in the careful investigation and scrutinizing of the human body were mainly based on his reference to the term gezhi zhi xue 格致之學 (verification studies; "inquiring into and extending knowledge"). 57 This term was well known within the Chinese context and had been used at least since Song times, denoting the category of study by scholars who were interested in historiography and the study of the classics.⁵⁸ Since these times gezhi zhixue indicated the accumulation of knowledge per se. The physician Zhu Zhenheng 朱震亨 (1282-1358) used this term to denote "acquiring technical knowledge." When he demanded the incorporation of medical knowledge into the canon of general knowledge, he argued that medical knowledge would not only perfect moral and theoretical teaching, but more than that, medical knowledge, he argued, was the key for the acquisition of practical knowledge (shixue 實學) per se.59 Between 1865 and 1900 gezhi zhixue was used to denote "modern science," and in the early 20th century its modified version kexue App was used as the Chinese equivalent of "science" in the Western sense. Nevertheless, until now we do not exactly know the various categories along which learning was organized in pre-modern Chinese context. From the somewhat fragmentary information, we can only detect that medical knowledge until the early 20th century never focussed on individual inner organs as morphological entities. Quite on the contrary, physicians focussed on the relational activities of the various elements within the whole bodily system; they were interested more in precise knowledge of bodily manifestations like wrinkles and lines,

⁵⁴ *Shuogai*, pp. 26a.

⁵⁵ See Messner 2000a, pp. 163-171, and Messner 2000b, pp. 197-217.

⁵⁶ Gadamer 1986, p. 52.

⁵⁷ Shuogai, manuscript No. 5131, pp. 2a and 2b, especially also p. 34a.

On the semantics of *gezhi* within the Chinese context, see Elman 1999, p. 9; Elman 2000, pp. 461f., and Peterson 1975, pp. 396ff.

⁵⁹ See Elman 1999, pp. 10-11.

bony ledges, hair lines or the colour and make-up of the skin, on which acupuncture points could be detected.

This comparatively different view can be seen as mainly responsible for the disinterest in anatomy. The few passages within the *Huangdi neijing Suwen* and *Lingshu* which refer to dissection of the human body seemingly base on one single dissection, which we find reported in the *Hanshu* 漢書 bibliography of the usurper Wang Mang 王莽 for the year A.D. 16: It stated the dissection of Wangsun Qing 王孫慶 who was blamed for being an ally of Zhai Yi 濯義, a rival of Wang Mang. After his capture Wangsun Qing was killed and his body was measured and weighed carefully on Wang Mang's order. 60 It is important to note the strong aspect of punishment in this "story." Kuriyama showed in detail that all information in early medical writings (about length, dimensions and size of bones and blood vessels, capacity of the viscera etc.) stems from this single dissection. 62

Moreover, the earliest handbook on forensic medicine, the Xi yuan jilu 洗笼 (Collected writings on "Washing away the wrongs") by Song Ci 未終 (1247)⁶³ did not influence medical knowledge. The listing and pictorial depiction of those parts of the human body which potentially could be injured very severely 4 were obviously used for one single purpose only, namely to instruct those officials who had to solve crime and murder cases. Obviously, it was not intended to increase medical knowledge. Hence, when Terrenz Schreck incorporated a few passages from the Xi yuan jilu into his anatomy, 65 – this too has to be interpreted as a sign of great misunderstanding and incommensurability. This specific interpretation is necessary if we want to keep the respective perspective of the then prominent epistemology within the Chinese context. From the European perspective, however, Father Schreck's incorporation was more than "natural," since scrutiny of the human body implicated the revelation of the Almighty. The exacter man's knowledge of morphology and functions of the various parts of the body was, the closer he could approach God's mystery.

IV

The incommensurability within the "translation" of the first anatomy into Chinese was by no means based on a mere tactic to convert Chinese people, i.e., when

Hanshu, juan 99b: 69b, vol. 12, pp. 4145-4146.

This aspect can also be seen in early dissection in the European context. See Pozsgai 1999, p. 166.

See Kuriyama 1999, pp. 156ff.

See translation and analysis in McKnight 1981. The beginnings of forensic medicine within the European context were not until the early 17th century. See McKnight 1981, p. xi.

See illustration No. 8.

Shuogai, manuscript No. 5131, pp. 40a-42b.

Terrenz Schreck slipped the teaching of God as the Creator⁶⁶ into his writing, he did not use anatomy intentionally as a tool for converting people.⁶⁷ Since the history of anatomy within the Western context was not just based on various specific "cognitive passions"⁶⁸ like curiosity, horror and amazement, but essentially by a longing for spiritual fulfilment, this longing forced scholars to expose every, even invisible, morphological structure whose exact knowledge promised to be a fast track to the divine miracle and at the same time part and parcel of worship. This program of exposing every morphological structure within the human body is not found within Chinese epistemology at the time the *Shuogai* was compiled.

In the light of this, the references to divinity scattered throughout the work could indeed be seen as the main argument, i.e., the message of God as the core argument for which the anatomy only served as window dressing. But it should also be pointed out that this message was already inherent and implicit in Schreck's account of the bodily "facts." Hence, the earliest "translation" of Western anatomy by Terrenz Schreck did not suffer under any significant misrepresentation. Pure scientific knowledge – without reference to God – within the late European Renaissance was not thinkable. 69

It is striking, however, that Schreck especially focused on the sensory organs with the accompanying specific configuration of the brain as a somehow external sovereign over the mental functions within the *Shuogai*. This single specific configuration can be found in Chinese medical learning about two hundred years later. This specific view, however, had no significant influence on the levels of therapy and healing within further Chinese medical thinking, i.e., the practice in general remained unaffected by this view.

The analysis put forward in the previous sections certainly needs expansion and refinement. An adequate estimation of Jesuit activities in the early 17th century, for instance, would also require exact information about the paradigmatic changes aimed for by the Catholic Church's reforms at the Council of Trento (1545–1563), which mainly referred to the purification of Catholicism and the in-

The term "God" as creator explicitly appears twelve times in the *Shuogai*, manuscript No. 5131, pp. 11b, 14a, 23a, 24a, 26b, 27a, 31a, 34b, 37a and 37b, 39b.

This being the tenor of recent writings on the history of science by Chinese scholars. See especially Zhu Pingyi 1996, and Zhang Qiong 1999.

⁶⁸ I am borrowing this term from Daston 2003, pp. 78f.

See for instance Poppi 1988, pp. 675f.

It would go beyond the scope of this article to introduce in detail, for instance, the Yilin gaicuo 際体改錐 (1830) by Wang Qingren 主语行 (1768–1831). It is important to note, however, that Wang's very critical view of the ancient medical texts included the demand for a careful investigation of the morphological structure of the inner viscera. He himself, as he reported, had performed dissections of corpses, which as victims of epidemics had been buried in shallow graves only. At the same time, he mentioned two converted Chinese scholars from the early 17th century, who explicitly focused on the brain as the central control organ of any mental process. On this point see Messner 2000a, pp. 200ff. On Wang's general insights, see Ma 1963; Andrews 1991 and 1994.

tensification of the faith: the participants of the Council discussed the meaning and use of the sacraments, they debated the discipline of the episcopate and of the clergy and only after this did they discuss the believers' discipline. The construct of "European heathens," which followed, stimulated a renewed interest in the "inner mission" and the strengthening of folk religion. 71 The analogy of this Catholic reform with the then emerging formation of Western European states is obvious. 72

We could further focus on the special relationship between the Kangxi 康熙 emperor (r. 1662-1722) and the transmission of Western medicine, since the emperor himself was cured by Jesuits in 1692, but did not allow the spread of this knowledge among his population.73

And last but not least, we could take into consideration the most difficult question, namely whether Yasuo Yuasa was right when he wrote that

although Chinese medicine, including acupuncture, has been the focus of much interest lately, it is difficult for it to affect modern medicine because its view of the body is completely incompatible with the accepted principles of physiology. 74

This statement from an outstanding and well known Japanese philosopher suggests the insurmountable incommensurability between Western and Chinese views on the human body. If this view is used as a foundational category of our research, any "translation" of one view of the body into another cultural setting is absolutely impossible.75 This would result in a negative answer to the question whether "a subject can actually grasp an object which simultaneously is subject of a different culture."76 If we take into account that Matteo Ricci, Niccolò Longobardo, Terrenz Schreck, Dominique Parrenin, and Giacomo Rho undertook the task of "translating" a body whose basis was "control from the outside." and compare this with the view of the body within the Chinese context of that time. i.e., a body whose fundament was the "control from within itself," we might agree with Yasuo Yuasa.

On the other hand, if we take into account that every "translation" per se passes on the moment of a distinct distance, which translators have always tried to overcome, and yet failed to do so completely,77 the brief account of the early history of science and thought I have given above must be seen as a fragmentary trace whose moments of commensurability still await discovery.

See Dietrich 1994, pp. 202-221.

On this point, see Faschingeder 2002, p. 5.

See Fang Hao 1983, p. 802; Young 1974; Walravens 1996; Standaert 2001, p. 794. See also the article by Jami 2002, where she focusses on Kangxi's motivations and strategy for setting up scientific institutions.

Yasuo Yuasa 1987, p. 219.

⁷⁵ See Messner 2003, p. 274.

See Reich and Wei 1997, p. 5.

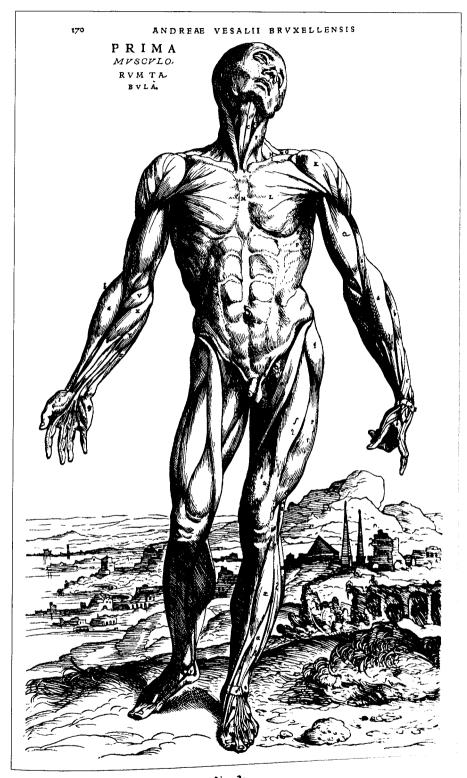
See Gadamer 1960, p. 362.

Illustrations

別 致 人欲類 時 则 \$ C. 熄 露在而類而 私何不各區脈 知随别 兹更其所机以 再幹敷以而藏 五 精施藏 出之视 31 人妙所理库物 英區:之為

No. 1:

Taixi renshen shuogai 泰西人身說概 [manuscript No. 5131 in the Bibliothèque Nationale de France, Paris], p. 24a.

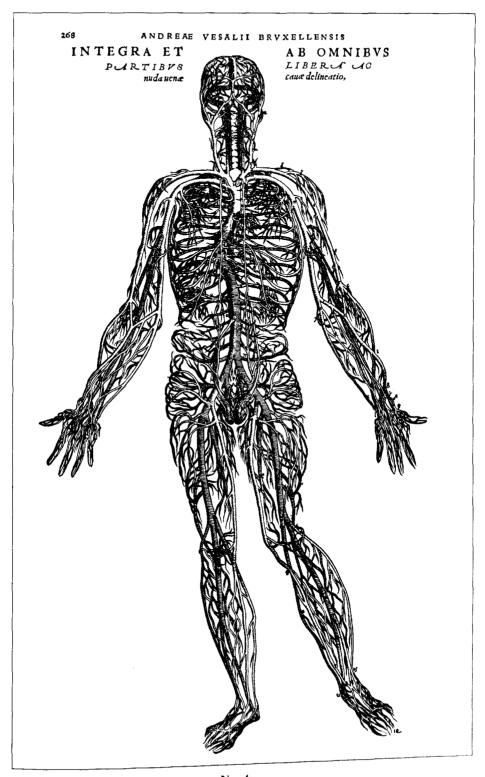


No. 2:
"Muscle man No. 1" from Andreae Vesalii Bruxellensis, Scholae medicorum Patauinae professoris, de Humani corporis fabrica Libri septem (Basilae 1543, repr. Bruxelles 1964), p. 170.



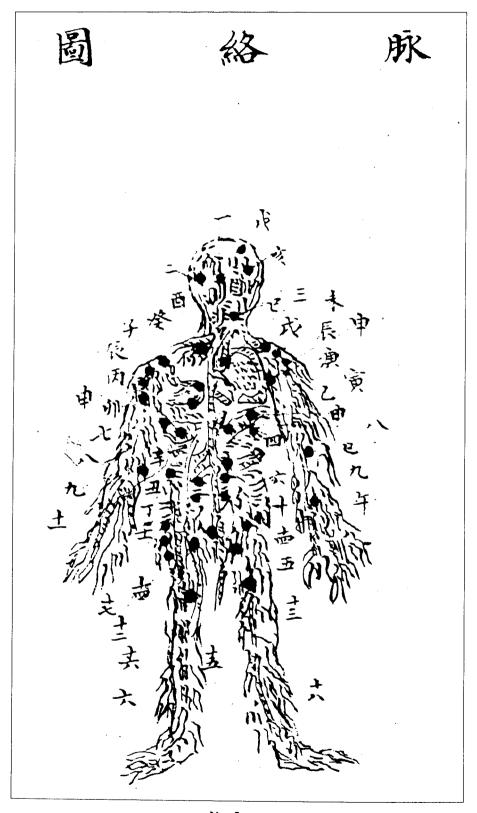
No. 3:

"Muscle man No. 2" from Andreae Vesalii Bruxellensis, Scholae medicorum Patauinae professoris, de Humani corporis fabrica Libri septem (Basilae 1543, repr. Bruxelles 1964). p. 174.



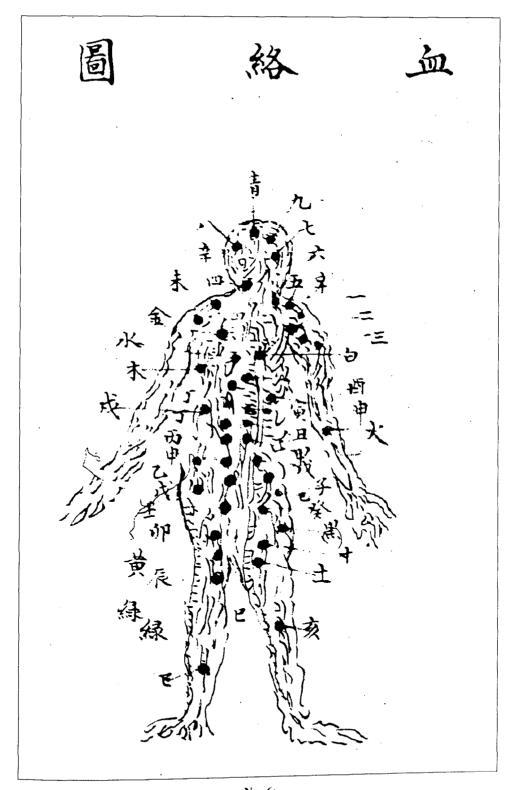
No. 4:

[&]quot;Vein man" from Andreae Vesalii Bruxellensis, Scholae medicorum Patauinae professoris. de Humani corporis fabrica Libri septem (Basilae 1543, repr. Bruxelles 1964), p. 268.

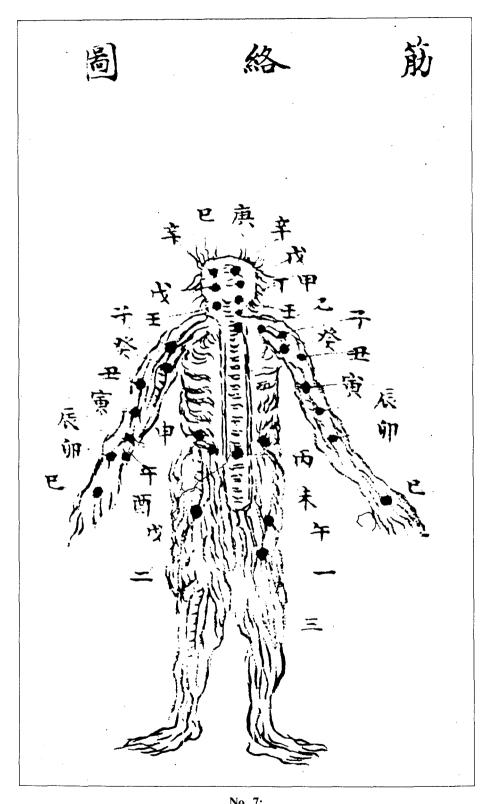


No. 5:

[&]quot;Representation of the human body's arteries" from Renshen tushuo 人身圖說, juan 3, p. 4b.



No. 6: "Representation of the human body's blood vessels" from *Renshen tushuo* 人身圖說, *juan* 3, p. 2b.



No. 7: "Representation of the human body's nerves" from *Renshen tushuo* 人身圖說, *juan* 3, p. 7b.



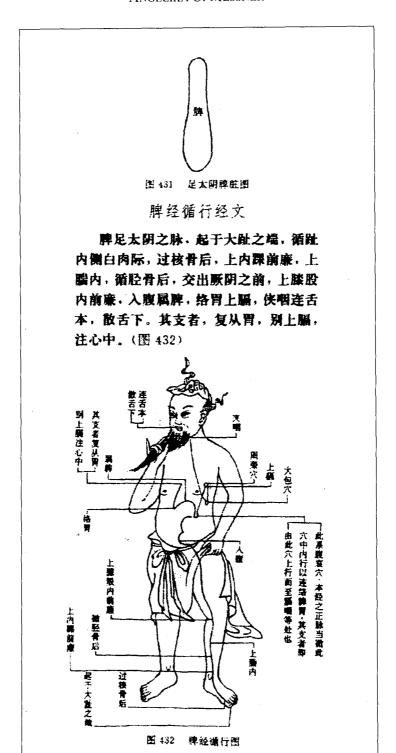
图 422 手太阴膀脏器 肺经循行经文

肺手太阴之脉,起于中焦,下络大肠, 还循胃口,上膈風肺,从肺系横出腋下。 下循腦内, 行少阴心主之前, 下肘中循臂 内上骨下腺,入寸口上鱼,循鱼际出大指 之端; 其支者, 从腕后直出次指内震, 出 其端。(图 423)



No. 8:

"Representation of the lung (above) and the related hand Taiyin-channel (at the bottom)" from Yizong jinjian 醫宗金堅 [1742]. Edited by Wu Qian 吳謙 (1723-1795) et al. (repr. Beijing: Renmin weisheng chubanshe 1963, 1998), p. 976.



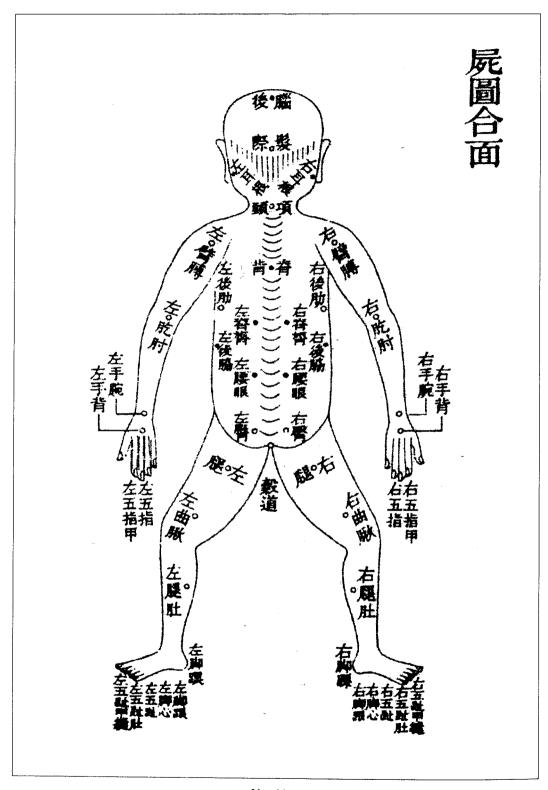
No. 9:

"Representation of the spleen (above) and the related channel (at the bottom)" from Yizong jinjian 醫宗金堅 [1742]. Edited by Wu Qian 吳謙 (1723-1795) et al. (repr. Beijing: Renmin weisheng chubanshe 1963, 1998), p. 982.



No. 10:

[&]quot;Representation of the large intestine (above) and the related channel (at the bottom)" from Yizong jinjian 醫宗金堅 [1742]. Edited by Wu Qian 吳謙 (1723-1795) et al. (repr. Beijing: Renmin weisheng chubanshe 1963, 1998), p. 977.



No. 11:

[&]quot;Dorsal View of the Body Surface (showing mortal and nonmortal wound locations)" from Xi yuan jilu 洗冤集練 [preface dated 1854] reprinted in McKnight 1981, p. 79.

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明末清初医学科学译文的价值及其范畴评价

本文从明末清初中西医学交流的角度,以中国历史上第一部西方解剖学杰作的中译本《泰西人身说概》为个案进行研究。该书描述了人体的形态及功能,并且贯穿了"人的全部都是由'天主'创造的"这一作为当时欧洲解剖学发展的基石的信念。本文希望澄清,在《泰西人身说概》中,"天主"的多次出现,不应该被理解为说服中国人信仰上帝,而是因为上帝的概念是当时欧洲科学的关键因素,此书不仅反映了十七世纪早期欧洲医学的成就,而且也是文艺复兴时期欧洲学者在认知兴趣上的直接见证。《泰西人身说概》很清楚地表明,虽然在世界任何角落人的身体在大致上是一样的,但是由于文化的差异,人们对身体的理解在很大程度上是不同的。