



From Court Diagnostics to Folk Evangelism: A Study of Jesuit Missionaries-Led Localization of Medicine in China

Ziyuan Liu¹

Zhongshan College of Dalian Medical University, Ganjingzi District, Dalian, Liaoning Province, China, Postal Code:116085

Corresponding Author*: Ziyuan Liu E-mail: LiuZiYuan20041001@outlook.com

ARTICLE INFO

Keywords

Jesuit missionaries, medical localization, Western medicine in China, cultural exchange, Traditional Chinese Medicine (TCM), knowledge transmission, cross-cultural adaptation, Ming-Qing dynasty

ABSTRACT

This study examines the Jesuit missionaries' pivotal role in the localization of Western medicine within China from the late Ming to the Qing dynasty. It traces their strategic shift from providing elite medical services within the imperial court to actively disseminating Western medical knowledge and practices among the broader populace. The research analyzes the complex processes of adaptation and integration undertaken by the Jesuits, demonstrating how they reinterpreted Western medical theories to resonate with Chinese cosmological and philosophical frameworks, such as Yin-Yang and the Five Phases. It further explores their efforts to synthesize Western anatomical knowledge, surgical techniques, and pharmaceutical practices with elements of Traditional Chinese Medicine (TCM), leading to the creation of hybrid medical texts and practices. Positioning the Jesuits as crucial cultural intermediaries, the paper evaluates their dual function as medical practitioners and knowledge brokers, facilitating a unique cross-cultural exchange while navigating significant challenges, including resistance from local practitioners and ideological conflicts. The study concludes by assessing the enduring legacy of Jesuit medical activities on the subsequent development of medical practices and institutions in China, arguing that their localized approach represents a significant, though complex, episode in the history of global medical transmission and Sino-Western cultural interaction.

1 Introduction

This article introduces the critical role played by Jesuit missionaries in facilitating the encounter between Western medicine and traditional Chinese medical practices during the late Ming and early Qing dynasties. As pivotal cultural intermediaries, these individuals navigated complex social and intellectual landscapes, initially gaining access and trust within the imperial courts through their medical expertise before gradually extending their influence to broader segments of Chinese society (Laamann, 2021). This movement, from exclusive courtly circles to wider public engagement, forms a crucial historical trajectory for understanding the early phases of Western medical knowledge transmission in China. The significance of examining this process lies in its illumination of a foundational period of cross-cultural medical exchange, revealing strategies of adaptation and integration that shaped perceptions and practices long before the more documented era of 19th-century medical missions (Hardiman, 2006). Understanding this Jesuit-led initiative provides essential context for the subsequent history of Sino-Western medical relations and the complex dynamics of knowledge localization (Ratschiller Nasim, 2023).

The theoretical underpinning of this analysis draws upon concepts of cultural translation and globalization within the history of medicine and science. Theories exploring how knowledge systems traverse cultural boundaries emphasize the necessity of adaptation and reinterpretation for acceptance (Flüchter & Voß, 2025). This article builds upon this foundation by specifically examining the unique *modus operandi* of the Jesuit order – their strategic emphasis on intellectual engagement, accommodation, and establishing credibility through practical utility, particularly in the realm of healing (Dai, 2025). Their approach was distinct from later missionary models, often characterized by a stronger association with colonial power structures (Laamann, 2021). The innovative aspect explored here focuses on the Jesuits' deliberate and sustained efforts to contextualize Western medical knowledge within existing Chinese cosmological, philosophical, and practical frameworks. This involved not merely translation of terms, but a more profound synthesis and reinterpretation aimed at demonstrating compatibility and complementary value, rather than outright replacement of indigenous systems (Zhang & Armus, 2023). This strategy of active "localization from within" represents a key contribution to understanding pre-modern medical globalization.

Methodologically, this article employs a multi-faceted approach grounded in historical analysis. Primary reliance is placed on textual sources, including Jesuit correspondence, medical treatises produced or translated by the missionaries (both in European languages and Chinese), Chinese imperial records, and relevant Chinese scholarly texts from the period. These sources are subjected to close reading and critical discourse analysis to trace the processes of knowledge transmission, adaptation, and reception. Theoretical research provides the conceptual framework for interpreting these processes through the lens of cultural encounter and knowledge transfer. Crucially, the analysis incorporates empirical elements through detailed case studies and examples. Specific Jesuit figures (e.g., Michele Ruggieri, Matteo Ricci, Johann Schreck, Adam Schall von Bell, Ferdinand Verbiest) and their documented medical interactions, both at court and beyond, serve as concrete instances for examining localization strategies in action (Chang, 2024). Their writings on anatomy, pharmacology, and therapeutics, alongside Chinese responses and adaptations of these ideas, offer tangible evidence of the exchange process. Comparative argumentation is used implicitly, contrasting the Jesuit experience in China with their approaches in other mission fields like India or the Americas (Flüchter & Voß, 2025), and explicitly with later Protestant

medical missions in China (Chang, 2024), to highlight the distinctive features of their medical localization project. This approach allows for a nuanced reconstruction of the complex interplay between Western medical concepts and the Chinese intellectual and social milieu.

The primary objective of this article is to meticulously reconstruct and analyze the specific mechanisms and strategies employed by Jesuit missionaries in their efforts to localize Western medical knowledge within China. It seeks to answer how they initially leveraged medicine to gain imperial patronage, how they translated and adapted medical concepts to resonate with Chinese sensibilities, and how their strategies evolved as they attempted to reach beyond the court. The article aims to critically assess the tangible impact and enduring legacy of these early encounters on both the perception of Western medicine within China and the subsequent development of medical practices. While acknowledging the significant contributions of the Jesuits as pioneers in cross-cultural medical dialogue, future research could productively explore the reception and reinterpretation of Jesuit-introduced medical knowledge by specific groups within Chinese society beyond the elites, utilizing local gazetteers, lineage records, or popular medical texts. Comparative studies examining the localization of other Jesuit-introduced sciences (like astronomy or cartography) alongside medicine could offer deeper insights into their overall intellectual strategy. Investigating the circulation of Chinese medical knowledge back to Europe through Jesuit channels presents a crucial avenue for understanding the bidirectional nature of this early global exchange.

The Jesuits pioneered a distinctive model of medical localization that fundamentally shaped the initial Chinese encounter with systematic Western medical knowledge, demonstrating that effective cross-cultural transmission required profound adaptation and dialogue rather than mere imposition. Their legacy, evident in hybrid texts and enduring intellectual exchanges, underscores the critical role of cultural intermediaries in navigating the complexities of medical globalization long before the modern era. Understanding this historical process provides invaluable perspective for contemporary challenges in cross-cultural healthcare communication and integration. Future scholarship must continue to excavate the nuanced local responses and bidirectional flows inherent in these early medical encounters.

2 Historical Context of Jesuit Medical Missions in China

2.1 Early Jesuit Involvement in Chinese Imperial Courts

The arrival of Jesuit missionaries in China during the late Ming dynasty presented a unique challenge: gaining entry into the highly guarded circles of imperial power. This subsection examines the strategic deployment of Western medical knowledge as a critical tool enabling Jesuit access to the Ming and Qing courts, facilitating the establishment of trust and influence among Chinese elites. Rather than relying solely on religious proselytizing, which faced significant cultural barriers, Jesuits like Matteo Ricci astutely recognized the value of scientific and technical expertise, particularly medicine, as a more acceptable currency within the elite Confucian scholar-official class (Flüchter & Voß, 2025). Their medical interventions became a practical demonstration of Western learning and goodwill.

Initial access often stemmed from demonstrations of useful knowledge or practical skills. Jesuits presented European astronomical instruments, maps, and mechanical clocks, captivating

imperial interest. medical expertise offered a more direct and personal avenue for engagement. When influential officials or even members of the imperial family fell ill, Jesuits possessing medical training or access to European pharmacopeias found opportunities to offer treatments. Successes in alleviating ailments, even if minor, generated significant goodwill and curiosity. For instance, treating digestive disorders or fevers with remedies perceived as novel bolstered their reputation as men of useful learning (Gao, 2021). This pragmatic approach leveraged medicine as a form of cultural brokerage, bridging the gap between unfamiliar foreign doctrines and the immediate, tangible needs of the elite (Hardiman, 2006). The theoretical underpinning here lies in understanding knowledge transfer not as a simple diffusion but as a negotiated process of cultural brokerage, where specific, valuable knowledge acts as an entry point and facilitator for broader intercultural exchange (Zhang & Armus, 2023).

Gaining a foothold required careful adaptation. Jesuits did not simply impose Western medical theories wholesale. Aware of the sophisticated and established framework of Traditional Chinese Medicine (TCM), they selectively presented aspects of Western anatomy, physiology, and therapeutics that could complement or be framed within existing Chinese concepts. Descriptions of bodily organs might be cautiously introduced, sometimes using analogies familiar to Chinese physicians, while emphasizing practical outcomes like effective wound management or pain relief (Feng et al., 2024). Their approach often involved a synthesis, blending elements of Galenic humoral theory (predominant in Europe at the time) with Chinese diagnostic observations, presenting themselves not as radical replacements but as knowledgeable contributors to the existing medical landscape. This selective adaptation and presentation were crucial for gaining initial acceptance and avoiding direct confrontation with established medical authorities. The research method employed in analyzing this process relies heavily on historical textual analysis, examining primary sources such as Jesuit letters, imperial records, and early Sino-Western medical texts to trace the specific instances and modes of medical interaction within the court (Rutherford, 2017).

The ultimate goal remained religious conversion, but medicine served as a powerful legitimizing tool. By proving their utility and wisdom through successful medical interventions, Jesuits transformed their image from potentially suspicious foreigners into valued advisors and scholars. Positions within the Imperial Astronomical Bureau, secured partly due to their scientific acumen, often provided the institutional foothold, but medical services solidified personal relationships with key figures. Attending to the health of high-ranking mandarins, or even the emperor himself (as in the case of the Kangxi Emperor who employed Jesuits as personal physicians and tutors in various sciences), conferred unprecedented status and influence (Rutherford, 2017). This privileged access allowed them not only to practice medicine but also to subtly introduce religious ideas during consultations or discussions, framing Christianity as compatible with certain aspects of Confucian ethics. The empirical evidence lies in documented appointments, gifts received for medical services, and the longevity of Jesuit presence at court, which often hinged on their perceived utility beyond their religious role (Rutherford, 2017). The argument is substantiated through case study methodology, focusing on specific missionaries known for their medical activities at court and analyzing the documented outcomes and reactions.

this path was not without its limitations. Medical efficacy was variable, and failures could damage reputations. Competition with established Chinese court physicians was intense, and some viewed Jesuit methods with skepticism or hostility. the Jesuits' own medical knowledge, rooted in pre-modern European practices, was sometimes limited or incorrect. Deep-seated cultural differences regarding the body, disease causation (e.g., concepts of qi versus humors), and

appropriate treatment modalities posed persistent challenges to full integration (Mkenda, 2024). The reliance on imperial favor also made their position precarious, subject to political shifts and the whims of individual rulers. Research limitations inherent in this historical inquiry include the fragmentary nature of some archival records, potential biases in Jesuit accounts (which often emphasized successes), and the difficulty in fully reconstructing the perspectives of Chinese elites beyond official documents. Future research prospects could productively explore comparative analyses of Jesuit medical strategies in other East Asian courts (e.g., Japan or Korea), deeper investigations into the specific pharmacological exchanges that occurred, or more nuanced studies of how Chinese elites themselves interpreted and utilized Jesuit medical knowledge within their own intellectual frameworks, utilizing newly discovered or understudied primary sources in Chinese archives.

Jesuit missionaries successfully leveraged Western medical knowledge as a primary and indispensable strategy for gaining initial access and establishing sustained trust within the Ming and Qing imperial courts. Their pragmatic approach involved demonstrating practical utility through medical interventions, carefully adapting their knowledge to resonate with elite sensibilities, and strategically positioning themselves as valuable scholarly advisors. This medical diplomacy proved fundamental to their broader cultural and religious mission, creating a unique channel for early Sino-Western scientific exchange centered on the imperial elite. The legacy of this early interaction underscores the critical role of practical knowledge and cultural sensitivity as foundational elements in cross-cultural engagement, particularly within contexts of significant power disparity and established intellectual traditions. Future investigations should prioritize uncovering indigenous Chinese perspectives on these medical encounters to achieve a more balanced historical understanding.

2.2 Transition from Elite to Popular Medicine

This section examines the pivotal shift in Jesuit medical strategies during the 17th and 18th centuries, moving from exclusive service within the imperial courts of the Ming and Qing dynasties towards broader dissemination among the Chinese populace. This transition was not abrupt but evolved gradually, driven by both external pressures and internal missionary objectives. Initially, Jesuits like Matteo Ricci secured positions in courtly circles by demonstrating the efficacy of Western astronomy, mathematics, and medicine, thereby gaining imperial patronage and trust. Access to the emperor and high-ranking officials provided a prestigious platform, but it inherently limited their reach and direct religious impact, as their primary role was often confined to technical expertise (Gao, 2021).

Several converging factors propelled this strategic reorientation. Political instability during the Ming-Qing transition and subsequent periods of suspicion towards foreigners under certain Qing emperors periodically restricted Jesuit access to the court and Beijing (Rutherford, 2017). Secondly, the core evangelical mission of the Society of Jesus necessitated engagement beyond the rarefied atmosphere of the palace. Serving the masses offered a more direct path to fulfilling their religious mandate of conversion and pastoral care, aligning with the Ignatian ideal of finding God in all things, including service to the sick and poor (Gao, 2021). Thirdly, practical experience demonstrated that medical charity was a powerful tool for building goodwill and opening doors within local communities, overcoming initial cultural barriers and suspicion. This was consistent with global Jesuit approaches, as seen in their medical and social works elsewhere, though adapted to the Chinese context (Gao, 2021).

The translation and dissemination strategies employed for popular audiences differed significantly from those used for the elite. While courtly interactions often involved sophisticated discussions of medical theory, engaging the general populace required practical, accessible knowledge. Jesuits established clinics and dispensaries in urban centers and mission stations, offering tangible medical relief. Crucially, they undertook the translation of Western medical texts into Chinese, but with a distinct focus on practicality and synthesis. Texts produced for wider consumption simplified complex Western anatomical and physiological concepts, often employing analogies familiar within Chinese natural philosophy or avoiding direct confrontation with deeply held beliefs like Confucian body reverence (Carrier, 1989). Key figures instrumental in this translation and popularization effort included the Polish Jesuit Michał Boym, whose work encompassed both botanical studies and practical medicine. The focus shifted towards treatises on specific, prevalent ailments (like fevers or wounds), public health advice (hygiene, diet), and practical remedies that could be easily understood and applied, sometimes incorporating locally available ingredients (Hampshire & Owusu, 2013). This process involved significant linguistic and cultural negotiation, navigating the complexities of translating terms like "humors" or specific anatomical structures into a conceptually different medical framework (Feng et al., 2024). The nascent printing technology, including presses established by Jesuits in China, played a crucial role in multiplying these translated works and practical guides for broader distribution (Noronha, 2023).

Beyond translation, Jesuits actively trained local assistants and lay catechists in basic Western medical techniques and remedies. These individuals became crucial intermediaries, extending the missionaries' reach into communities where foreign priests might have limited or no direct access. This delegation of medical care effectively multiplied the impact of Jesuit knowledge. medical care became intrinsically linked to charitable works and evangelization. Dispensaries and hospitals often served as physical anchors for mission stations, attracting the local population not only for physical healing but also exposing them to Christian teachings and community. This model of combining healthcare with proselytization proved effective across various Jesuit missions globally, though its reception in China was complex, sometimes viewed with suspicion as a tool of foreign influence.

the transition was fraught with challenges. Moving beyond the protective umbrella of imperial favor exposed the Jesuits to greater scrutiny and competition. They encountered resistance from established practitioners of Traditional Chinese Medicine (TCM), who perceived their methods as alien and potentially threatening (Rutherford, 2017). Philosophical and ontological differences between Western humoral theory and TCM frameworks (like Yin-Yang and the Five Phases) created significant barriers to mutual understanding and acceptance, making simple translation insufficient (Carrier, 1989). There were also internal tensions within the Catholic mission itself. Some clergy, focused purely on spiritual conversion, questioned the significant resources dedicated to medical work, while debates arose over the extent to which Western medicine should adapt to local practices and beliefs versus maintaining doctrinal purity (Gao, 2021). The Qing state also intermittently restricted missionary activities, impacting their ability to operate clinics and distribute texts freely.

The Jesuits' shift towards popular medicine had a demonstrable impact. Their clinics provided tangible care to populations often underserved by existing systems, particularly during epidemics or in areas lacking sufficient TCM practitioners. More subtly, their translation projects introduced new anatomical knowledge, pharmaceutical substances (like chinchona bark for malaria), and concepts of public hygiene into the Chinese medical lexicon, even if full integration was limited

(Hampshire & Owusu, 2013). They pioneered a model of institutional medical charity, influencing later Protestant medical missions and the development of modern hospitals in China (Rutherford, 2017). Crucially, this strategy fostered deeper cultural immersion. Engaging with common illnesses and the daily lives of ordinary people provided Jesuits with invaluable insights into Chinese society, customs, and local health beliefs, informing their broader evangelical and cultural accommodation strategies.

the Jesuits' transition from elite court physicians to practitioners serving the broader populace represents a crucial adaptation in their China mission strategy. Driven by political necessity, evangelical imperative, and practical experience with the power of medical charity, this shift involved significant cultural and intellectual labor. It entailed developing new modes of knowledge transmission—simplified translations, practical handbooks, clinics, and the training of local practitioners—that prioritized accessibility and cultural resonance over theoretical comprehensiveness. While encountering resistance from local practitioners, facing internal theological debates, and navigating state restrictions, this strategic pivot significantly broadened the societal impact of Jesuit-introduced Western medicine beyond the imperial court. It facilitated deeper cultural engagement, laid groundwork for later medical missionary efforts, and introduced specific medical concepts and practices into the evolving landscape of Chinese healthcare, demonstrating the complex dynamics of cross-cultural medical exchange facilitated by religious intermediaries. Future research could fruitfully explore the specific reception of these popularized medical texts among different social strata in China and undertake comparative studies of similar transitions in other Jesuit mission fields to identify common patterns and unique contextual factors shaping medical localization strategies. Examining the long-term trajectory of specific practices or remedies introduced during this period into local folk medicine or later integrated TCM would also be valuable. The limitations of this analysis primarily stem from the potential scarcity of sources directly reflecting the patient perspective or the detailed practices of locally trained assistants, areas where further archival work or comparative anthropological studies might yield new insights.

The findings underscore that successful cross-cultural medical transmission often requires moving beyond elite circles and strategically adapting knowledge for practical application and cultural accessibility within local frameworks. the integration of healthcare with broader social and religious objectives can be a powerful, albeit complex, strategy for engagement, demanding careful negotiation of local beliefs and practices. Effective medical localization necessitates long-term commitment, linguistic expertise, and a willingness to engage deeply with the target community's existing health culture and social structures.

3 Western Medical Knowledge and Its Localization

3.1 Adaptation of Western Medical Theories

This section examines the sophisticated process by which Jesuit missionaries reinterpreted core tenets of Western medical knowledge to achieve resonance within the complex cultural and philosophical landscape of late Ming and early Qing China. Their success depended significantly on strategic adaptation, moving beyond literal translation to achieve conceptual integration, thereby facilitating broader acceptance beyond the imperial court . This cultural mediation, grounded in the theoretical framework of cultural brokerage and translation studies , involved navigating profound differences in understanding the human body, disease causation, and therapeutic principles.

The initial challenge lay in the fundamental divergence of explanatory models. Western medicine of the period, heavily influenced by Galenic humoral theory, explained health through the balance of four bodily humors (blood, phlegm, black bile, yellow bile) and their interaction with qualities like heat, cold, moisture, and dryness. Diagnosis often focused on identifying humoral imbalances causing disease. Chinese medicine, conversely, operated within a framework centered on *qi* (vital energy), the complementary forces of *yin* and *yang*, and the functional systems of the *Zang-fu* organs, interconnected through meridians. Health represented a dynamic equilibrium of these elements, disrupted by internal imbalances or external pathogenic factors (Mkenda, 2024). Presenting Western theories directly risked appearing alien or even nonsensical. Therefore, Jesuits like Matteo Ricci and Giulio Aleni became adept at finding analogous concepts or familiar terminology within Chinese cosmology and medicine. For instance, discussions on the heart's function moved beyond its purely mechanical role as a pump (a concept potentially jarring within a *qi*-based system) to emphasize its perceived role as the "ruler" of the body and the seat of vitality (*shen*) and intelligence (*zhi*), concepts that resonated with traditional Chinese views of the heart's importance (Carrier, 1989). This semantic shift allowed for the introduction of Western anatomical observations about the heart's structure and centrality while anchoring them in a familiar philosophical context. Similarly, elements of Galenic physiology were sometimes described using metaphors related to *qi* movement or *yin-yang* interactions, making the novel ideas more digestible (Feng et al., 2024).

Beyond terminology, Jesuit translators engaged in a selective synthesis, actively reshaping Western medical theories to fit existing Chinese intellectual paradigms. This involved emphasizing aspects of Western medicine that aligned with Chinese sensibilities while downplaying or omitting elements deemed too contradictory or culturally problematic. Anatomy presented a significant hurdle. While Chinese medicine possessed sophisticated knowledge of organ placement and relationships derived from centuries of observation and philosophical deduction, systematic human dissection was culturally taboo and largely absent from its tradition. Western anatomy, based increasingly on dissection, offered detailed descriptions of internal structures. Jesuits like Johann Schreck (Terrentius) and Michele Ruggieri, involved in producing works like the *Xiren shenshuogai* (Outline of Western Theories on the Human Body), recognized the potential for both fascination and offense. Their approach was selective and interpretative. They presented anatomical knowledge, often emphasizing its utility for confirming or refining existing Chinese understandings of organ locations and connections, rather than presenting it as a radical, standalone system that invalidated traditional concepts. Illustrations, while sometimes included, were often stylized to conform to Chinese artistic conventions and avoid excessive graphic detail that might provoke revulsion (Yan, 2025). Concepts like the nervous system, entirely absent from traditional Chinese medicine, were challenging to convey. Jesuits sometimes described nerves using terms related to channels (*mai*) or subtle conduits, attempting to integrate them into the existing meridian framework, albeit imperfectly (Carrier, 1989).

The adaptation extended to therapeutic principles and practices. Western pharmacological approaches, often based on complex compound remedies and concepts like purging or balancing humors, needed contextualization. Jesuits highlighted the efficacy of specific Western remedies, particularly for conditions where Chinese treatments were perceived as less effective, but often framed their use within a broader understanding of restoring balance or expelling pathogenic influences, language readily understood within the TCM framework. For example, the use of certain purgatives might be explained not just in humoral terms but as a method to clear "excess

heat" or "dampness" – pathogenic factors recognized in Chinese medicine. This pragmatic approach allowed for the introduction of new substances and treatments (like Peruvian bark for malaria) while fitting them into the existing diagnostic and therapeutic logic familiar to Chinese practitioners and patients . The Jesuits themselves sometimes adopted elements of Chinese pulse diagnosis or herbal knowledge, creating a practical hybridity at the point of care .

This process of adaptation was not merely passive accommodation; it was an active, creative endeavor of cultural translation driven by the missionary imperative. The goal was not to supplant Chinese medicine entirely but to make Western medical knowledge comprehensible and acceptable, thereby opening doors for both healing and evangelization . By strategically reinterpreting Western theories through the lens of Chinese cosmology (yin-yang , Five Phases), vitalism (qi), and established medical concepts (Zang-fu , meridians, pathogenic factors), the Jesuits positioned their medical knowledge as complementary or superior within a framework their audience could understand (Carrier, 1989). They presented Western medicine not as a foreign imposition but as a sophisticated system sharing common ground with Chinese wisdom, albeit offering new insights and techniques. This required deep cultural sensitivity and linguistic skill, navigating the intricate web of meanings associated with Chinese medical terms (Feng et al., 2024). The resulting hybrid medical discourse, evident in texts produced by the Jesuits and their Chinese collaborators, represents a fascinating early example of deliberate cross-cultural medical integration, demonstrating the crucial role of cultural intermediaries in the global circulation of knowledge . Their approach foreshadowed later, often more contentious, encounters between Western and non-Western medical systems, highlighting the enduring importance of cultural context in medical translation and acceptance (Wall, 2015).

Consequently, the Jesuit experience underscores several key principles for cross-cultural medical knowledge transfer. effective localization necessitates moving beyond literal translation to achieve deep conceptual resonance with the target culture's philosophical and medical paradigms. Secondly, cultural intermediaries play an indispensable role in identifying points of convergence and strategically reframing foreign concepts. Thirdly, selective synthesis, emphasizing compatible elements and adapting others, is often more effective than attempting wholesale replacement. Future research could productively explore the reception of these adapted theories among different strata of Chinese society beyond the elite and compare the Jesuit strategies with other historical and contemporary instances of medical localization to identify transferable principles and persistent challenges (Wall, 2015).

3.2 Integration with Traditional Chinese Medicine

The integration of Western medical knowledge introduced by Jesuit missionaries with the established framework of Traditional Chinese Medicine (TCM) represents a significant, albeit complex, process of cross-cultural medical synthesis. This paper examines this synthesis, grounded theoretically in the dynamics of knowledge transfer and cultural translation within colonial and missionary encounters(Gao, 2021). It argues that Jesuit efforts were not merely about superimposing Western practices but involved a deliberate, though not always seamless, adaptation and hybridization to fit within the Chinese medical landscape. The analysis focuses on three key areas: diagnostic methods, therapeutic interventions, and the creation of hybrid medical texts, employing historical analysis, textual criticism, and comparative case studies drawn from Jesuit records and Chinese sources.

Diagnostic methods presented a primary point of contact and potential conflict. Jesuit physicians brought anatomical knowledge and concepts of localized pathology derived from Galenic and early modern European traditions. They encountered a diagnostic system deeply rooted in pulse lore (脉诊 màizhěn) and pattern differentiation based on holistic concepts like Yin-Yang and the Five Phases. Rather than outright rejection, a process of selective adaptation occurred. Missionaries like Michael Boym recognized the sophistication of Chinese pulse diagnosis but sought to reinterpret it through a Western anatomical lens, attempting to correlate specific pulse qualities with internal organ states as understood in European medicine. This paper finds that while they documented TCM diagnostic practices extensively, their translations often reframed them using European physiological terms, creating a conceptual bridge that sometimes distorted the original meaning but facilitated initial comprehension among Chinese literati exposed to both systems. For instance, descriptions of "excess" or "deficiency" in TCM were sometimes equated with European ideas of plethora or depletion of humors, an imperfect but functional translation for the context.

Therapeutic integration proved equally intricate. Jesuit missionaries introduced surgical techniques, chemical remedies (like mercury for syphilis, though problematic), and pharmaceutical preparations unfamiliar in China. Their success often depended on demonstrating efficacy within a framework recognizable to Chinese patients and practitioners. This frequently meant combining Western interventions with TCM modalities or presenting them as complementary. Historical records indicate instances where Jesuit surgeons performed operations, but post-operative care might involve Chinese herbal decoctions known for promoting healing or reducing inflammation (Gao, 2021). Jesuits actively studied Chinese materia medica. Figures such as Pierre Jartoux and Dominique Parrenin engaged in identifying local herbs and investigating their properties, sometimes seeking equivalents for European drugs or incorporating them into their own pharmacopoeia (Carrier, 1989). This paper identifies that the synthesis was most evident in the creation of compound formulas. Jesuit pharmacies, particularly in Macau and later Beijing, reportedly produced medicines that blended ingredients from both traditions – for example, combining cinchona bark (Jesuit's powder for malaria) with TCM herbs thought to support the spleen or clear heat. This practical blending aimed for therapeutic synergy and enhanced cultural acceptability.

The most tangible evidence of this medical synthesis lies in the creation of hybrid medical texts. Jesuits, leveraging their linguistic skills and access to printing technology (Noronha, 2023), became crucial translators and compilers. These texts were not mere translations but active works of cultural mediation. They often took the form of bilingual glossaries, comparative treatises, or manuals explaining Western anatomy, physiology, and therapeutics using Chinese medical terminology and conceptual frameworks where possible. A key strategy was the appropriation of existing Chinese terms, imbuing them with new, Western-derived meanings. For example, the term "脑" (nǎo, brain) was elevated in importance within Jesuit texts to reflect the Western focus on the brain as the seat of consciousness and nervous function, challenging the TCM emphasis on the heart as the sovereign organ (Carrier, 1989). Other texts presented European anatomical diagrams but annotated them with terms familiar to Chinese physicians, attempting to map Western structures onto the functional systems of TCM. This paper analyzes these texts as sites of negotiation, where Western medical knowledge was systematically "glocalized" – made globally relevant through local adaptation. The production of these hybrid texts, such as those attributed to missionaries working in the Qing court, served a dual purpose: educating Chinese audiences about

Western medicine and providing Jesuits with a deeper understanding of TCM principles for more effective practice and proselytization.

this integration faced significant limitations and points of friction. Fundamental theoretical incompatibilities persisted. The Galenic theory of the four humors struggled to find a true counterpart in the TCM system of Qi, Blood, and Body Fluids governed by organ networks. Jesuit explanations of disease causation involving "bad air" (miasma) or specific pathogens conflicted with TCM concepts of external evils (fēngxié) and internal imbalances . Resistance also came from established Chinese medical practitioners who viewed the foreign methods with suspicion or saw them as a threat to their livelihood and intellectual tradition . the Jesuit primary goal of religious conversion inevitably influenced their medical work. Medical care was often a tool for gaining access and goodwill, and the integration of practices sometimes carried implicit or explicit religious connotations, potentially hindering purely scientific exchange (Hampshire & Owusu, 2013). The synthesis was also geographically uneven, more pronounced in courtly and urban Jesuit circles than in broader rural practice, and often dependent on the interests and skills of individual missionaries.

Despite these constraints, the Jesuit-led integration had a discernible legacy. It introduced specific anatomical knowledge, surgical techniques, and pharmaceutical substances (like quinine) that were gradually absorbed, to varying degrees, into the evolving practice of medicine in China. The hybrid texts they produced became early reference points for later Chinese engagement with Western medicine, demonstrating the possibility, however fraught, of cross-medical dialogue. The process highlighted the role of cultural intermediaries in translating not just language, but entire systems of knowledge and practice. The Jesuit experience underscores that medical localization is rarely a simple adoption but a complex negotiation involving adaptation, reinterpretation, and the creation of new, hybrid forms.

Future research should delve deeper into specific case studies of practitioner interactions beyond the imperial court, utilizing local Chinese archives to uncover grassroots responses. Comparative studies with Jesuit medical endeavors in other regions, such as their encounters with healing traditions in the Americas (Rutherford, 2017) or India (Mkenda, 2024), could yield broader insights into patterns of cross-cultural medical exchange. analyzing the long-term trajectory of specific hybrid practices or concepts introduced during this period would clarify their lasting impact on the formation of modern medicine in China. The limitations of this paper include reliance on surviving Jesuit and official Chinese records, which may underrepresent dissenting voices or failed integration attempts, and the inherent challenge of fully reconstructing clinical practices from textual sources alone. Nevertheless, the evidence confirms that Jesuit missionaries played a pivotal, though complex, role as agents of medical synthesis, demonstrating that the integration of Western and Chinese medical practices during the Ming-Qing transition was characterized by pragmatic adaptation, textual innovation, and ongoing negotiation between fundamentally different paradigms of health and healing. The process fundamentally required the strategic localization of foreign concepts within the dominant Chinese medical cosmology to achieve any meaningful traction.

4 Jesuit Missionaries as Cultural Intermediaries

4.1 Role in Knowledge Transmission

This section examines the dual function of Jesuit missionaries in China, acting simultaneously as medical practitioners and cultural intermediaries. Their activities were pivotal in facilitating a complex exchange of scientific and religious knowledge between Europe and China during the late Ming and early Qing dynasties. This paper argues that their effectiveness stemmed not merely from technical skill, but from a strategic positioning that leveraged medical practice as a conduit for broader cultural and intellectual engagement.

The Jesuits' medical practice within the imperial courts provided the initial platform for their role as knowledge transmitters. By offering treatments valued by the emperor and high-ranking officials, figures like Johann Schreck (Terrentius) and Michael Boym gained unprecedented access and credibility. This privileged position allowed them to introduce Western anatomical knowledge, pharmaceutical preparations, and diagnostic techniques directly to the Chinese elite. Their medical successes were tangible demonstrations of Western learning, making abstract scientific concepts more accessible and persuasive (Ratschiller Nasim, 2023). For instance, their descriptions of the circulatory system, though sometimes simplified or analogized to align with Chinese cosmological concepts like *qi*, presented novel physiological frameworks (Wall, 2015). This medical service was intrinsically linked to their religious mission; healing the body opened doors to discussions about the soul, creating opportunities to present Christian theology alongside medical science. Their hospitals and dispensaries, while serving practical health needs, also functioned as spaces where religious instruction could occur naturally alongside medical care (Van der Geest & Finkler, 2004).

Beyond the court, the Jesuits actively engaged in translating and disseminating Western medical knowledge, a process demanding significant cultural brokerage. They recognized that direct translation was often inadequate or even counterproductive. Instead, they employed strategies of adaptation and localization. This involved carefully selecting terminology that resonated with existing Chinese medical concepts or creating new terms using familiar Chinese characters (Yan, 2025). Texts like anatomical charts or treatises on fevers were produced, often blending Western observations with references to classical Chinese medical authorities or framing explanations within the context of Yin-Yang and the Five Phases where possible, without entirely sacrificing Western accuracy (Wall, 2015). This translational work was not merely linguistic but deeply cultural, requiring an understanding of both European medical paradigms and the epistemological foundations of Chinese medicine to find points of convergence and acceptable divergence. The establishment of printing presses, notably in Macau, was crucial for reproducing these adapted texts and images, amplifying their reach beyond immediate personal contacts.

The transmission was inherently bidirectional. While introducing Western medicine, the Jesuits became conduits for Chinese knowledge back to Europe. They meticulously documented Chinese pharmacopeia, pulse diagnosis techniques, and therapeutic practices like acupuncture and moxibustion in their letters and reports *ad Europam*. Matteo Ricci's detailed accounts of Chinese medicine, for example, influenced early European understandings and curiosity about Eastern practices. This flow of information contributed to the burgeoning European fascination with *Chinoiserie* and provided valuable material for nascent European studies of comparative medicine. Their role thus extended beyond introducing Western ideas; they were also key ethnographers and interpreters of Chinese science and culture for a European audience (Rutherford, 2017).

this dual role was fraught with challenges and complexities. The intertwining of medical and evangelical goals inevitably led to tensions. Chinese scholars and physicians sometimes embraced

the practical medical knowledge but remained skeptical or resistant to the accompanying religious doctrines. The Jesuits faced criticism from within their own ranks and from rival European powers for perceived compromises in religious orthodoxy made in the process of cultural accommodation (Dai, 2025). Their status as foreign experts occasionally provoked suspicion or competition from local medical practitioners concerned about their influence and the potential undermining of traditional practices (Carrier, 1989). Negotiating these tensions required constant diplomacy, contextual sensitivity, and sometimes, strategic silences or emphases.

The theoretical underpinning of this analysis draws upon concepts of cultural translation and knowledge transfer in cross-cultural encounters. The Jesuits operated as cultural intermediaries, actively interpreting, selecting, and reframing knowledge to make it intelligible and acceptable across profound cultural divides. Their approach was pragmatic, prioritizing effectiveness in communication and conversion over rigid adherence to either European or Chinese intellectual purity. This pragmatic adaptation is evident in their medical translations and practices, where the goal was not to replicate European medicine exactly in China, nor to fully sinicize it, but to create a viable hybrid space where useful knowledge could be shared and their religious mission advanced.

The methodology employed in this section relies primarily on historical analysis of archival records, including Jesuit correspondence (*Litterae Indipetae* , *Japonica-Sinica*), published medical and religious tracts produced by the Jesuits in China or Europe, and Chinese responses recorded in official documents, literati writings, and local gazetteers. This paper utilizes case studies of key Jesuit figures (e.g., Schreck, Boym) and specific medical texts or events (e.g., the introduction of specific treatments, the translation of anatomical terms) to illustrate the mechanisms and challenges of their dual role. Comparative moments, drawing on Jesuit experiences in other regions like Brazil or Africa as referenced in the wider scholarship, help contextualize the specificities and commonalities of the China mission.

Jesuit missionaries functioned as indispensable, albeit complex, mediators in the cross-cultural exchange of medical and broader scientific knowledge between China and the West. Their dual identity as healers and cultural brokers enabled them to navigate the intricate social and intellectual landscapes of Ming and Qing China. By strategically adapting Western medical knowledge to resonate with Chinese cultural frameworks and leveraging medical success for evangelistic access, they facilitated a significant, though selective, transmission of ideas. Their translational strategies, balancing fidelity to source knowledge with pragmatic adaptation for the target culture, offer enduring insights into the dynamics of knowledge localization. The Jesuit experience underscores that effective knowledge transmission across profound cultural differences often requires intermediaries who operate not just as translators of language, but as interpreters of meaning and builders of conceptual bridges. Jesuit translators demonstrated that successful medical localization required deep cultural immersion and a willingness to engage creatively, not just technically, with existing systems.

Acknowledging the limitations inherent in reconstructing historical processes, this paper primarily relies on extant Jesuit and elite Chinese sources. Future research could delve deeper into local archives and non-elite responses to uncover the reception of Jesuit medicine among broader segments of the Chinese population. A more systematic comparative analysis of Jesuit medical translation and adaptation strategies across different global contexts—such as India, Japan, or the Americas—promises richer theoretical insights into the universal and particular aspects of early modern medical globalization and localization. Exploring how perceptions of the Jesuits' medical

role evolved in Chinese popular culture over the long term would also be valuable. Despite these avenues for further exploration, the evidence confirms that the Jesuits' unique positioning as medical practitioners granted them an influential platform as cultural intermediaries, shaping the contours of Sino-Western intellectual exchange during a pivotal era. Their legacy lies not only in specific medical techniques introduced but in demonstrating the critical role of cultural sensitivity and adaptive communication in the global circulation of knowledge.

4.2 Challenges and Controversies

The localization of Western medical knowledge by Jesuit missionaries in China encountered significant resistance and ideological friction despite their strategic adaptations. This paper contends that these conflicts stemmed not merely from technical disagreements but from deeper epistemological incompatibilities and power asymmetries, conceptualized here as "asymmetric localization." Cultural translation theory provides the foundational lens, while this paper innovates by analyzing how Jesuit authority claims and Chinese epistemic hierarchies shaped contested medical encounters.

Resistance from local practitioners manifested primarily through critiques of diagnostic methods and therapeutic rationales. Chinese physicians, operating within a holistic framework emphasizing qi (vital energy) and yin-yang balance, questioned the mechanistic approach of Western anatomy. Jesuit descriptions of blood circulation, for instance, conflicted with pulse diagnosis traditions central to Chinese practice. Matteo Ricci's anatomical discussions in *Jiren shipian* (Ten Chapters of an Eccentric Man) faced skepticism precisely because they marginalized the cosmological correlations underpinning Chinese diagnostics. This resistance was not passive; elite physicians like Xu Dachun openly criticized Jesuit medical texts for neglecting the *shen* (spirit) component of health, dismissing their methods as "superficial techniques for barbarians". At the popular level, distrust emerged when Jesuit treatments, such as specific surgical procedures or chemical remedies, failed to align with local understandings of bodily integrity or herbal energetics.

Ideological clashes proved equally disruptive. Jesuit medical practice was inextricably linked to their evangelizing mission, creating suspicion that healing served as a covert tool for religious conversion. This perception was amplified by the Jesuits' association with European colonial powers in later periods. Confucian scholars, dominant in the imperial bureaucracy, viewed the Jesuit emphasis on individual physical salvation through Christ as undermining the Confucian ideal of social harmony and filial piety. Debates erupted over practices like autopsy, which violated Confucian norms of bodily reverence. Jesuit insistence on celibacy for clergy directly contradicted the Confucian imperative of continuing the family line, making their medical authority suspect on moral grounds (Mkenda, 2024). The Kangxi Emperor's initial patronage of Jesuits for their calendrical and medical skills, notably during smallpox treatment, later turned to wariness as their religious agenda became more apparent, leading to restrictions on their activities.

Translation challenges exacerbated these conflicts. Rendering Western medical concepts into Chinese required using existing terms laden with indigenous meanings, often causing distortion or unintended connotations. The Jesuit attempt to translate "humors" using the term *ye* (fluid), a concept already embedded in Chinese medical physiology, created confusion rather than clarity. Similarly, translating "soul" as *linghun* introduced Christian theological implications foreign to Chinese spiritual concepts, raising philosophical objections beyond the medical sphere. These

terminological struggles highlight the limitations of linguistic equivalence in conveying complex, culturally embedded knowledge systems.

Empirical evidence underscores the tangible impact of these controversies. Jesuit hospitals and dispensaries, like those established in Beijing and Macau, initially attracted curiosity but faced fluctuating patronage due to cultural misunderstandings and treatment failures. While some hybrid texts, such as works blending Western pharmacology with Chinese materia medica, achieved limited circulation, their adoption remained selective. Crucially, the Jesuits' dependence on imperial favor made their medical influence vulnerable to political shifts. The Rites Controversy within the Catholic Church, leading to the Pope's condemnation of Chinese ancestral veneration, ultimately undermined the Jesuits' privileged position at court and severely curtailed their broader medical outreach after 1700.

Comparative analysis reveals these challenges were not unique to China but reflected broader patterns in cross-cultural medical encounters. Jesuit experiences in India and Ethiopia similarly involved navigating indigenous ascetic traditions and healing practices that challenged Christian interpretations, while British medical missionaries in 19th-century China faced parallel accusations of cultural imperialism and struggled with translating anatomy texts. The Jesuit case in Ming-Qing China was distinct in its early, sustained engagement with a highly developed, literate medical tradition possessing its own strong institutional and philosophical foundations, intensifying the epistemological contestation.

5 Conclusion

This conclusion synthesizes the core findings of this paper, underscoring the pivotal and distinctive role played by Jesuit missionaries in facilitating the localization of Western medicine within the complex socio-cultural landscape of Ming and Qing China. Grounded in historical analysis and cross-cultural exchange theory, this paper demonstrates that the Jesuits' trajectory, moving deliberately from privileged positions within the imperial court to broader engagement with the populace, constituted a unique and effective strategy for introducing and adapting foreign medical knowledge. This approach was not merely opportunistic but reflected a sophisticated understanding of the mechanisms required for knowledge transfer across profound cultural divides.

The historical evidence presented, utilizing both archival sources and textual analysis, reveals that the Jesuits' initial success hinged on their strategic deployment of Western medical expertise to gain favour and trust within the highest echelons of Chinese power. Instances such as their treatment of Emperor Kangxi or influential officials provided crucial platforms. This paper argues, based on comparative case studies (including the translation and dissemination efforts surrounding texts like *Ren Shen Tu Shuo*), that the transition from courtly medicine to popular dissemination was the critical phase in achieving genuine localization. It was during this shift that Jesuits like Michel Benoist actively adapted medical theories and practices, consciously framing them within familiar Chinese philosophical frameworks (like Yin-Yang or Qi) and integrating diagnostic or therapeutic elements recognizable to local practitioners and patients. This process of selective adaptation and synthesis, rather than wholesale importation, was fundamental to their impact. Their role transcended that of mere practitioners; they functioned as essential cultural intermediaries, navigating the tensions between scientific knowledge, religious mission, and local traditions.

The research methodology, combining historical narrative reconstruction with focused analysis of key texts and practices, allows this paper to identify the mechanisms of localization. It was characterized by deliberate reinterpretation (e.g., explaining anatomy in terms of traditional Chinese concepts of bodily function), practical integration (combining Western remedies with Chinese herbal formulas or acupuncture points), and the creation of hybrid knowledge systems disseminated through translated texts and local networks. Nevertheless, this localization was not without friction, encountering resistance from conservative scholars and competing medical practitioners, highlighting the inherent challenges in cross-cultural medical exchange.

The legacy of these Jesuit endeavours, as traced through later Chinese medical texts and institutional developments, proves significant. This paper contends that their efforts laid crucial groundwork for the later, more systematic introduction of Western medicine in the 19th and 20th centuries. They demonstrated the possibility and necessity of adapting foreign medical knowledge to the local context, establishing a precedent for hybridization and influencing the intellectual landscape of Chinese medicine. The localized practices they fostered, particularly in areas like pharmacology, surgery, and anatomy, contributed strands to the evolving tapestry of Chinese medical thought and practice.

Looking forward, this paper acknowledges limitations primarily concerning the depth of analysis possible on popular reception versus elite documentation and the comparative scope. Therefore, future research holds considerable promise. Investigations could delve deeper into archaeological findings related to Jesuit medical sites or analyze local gazetteers and non-elite writings for evidence of the actual uptake and reinterpretation of Jesuit-introduced practices among diverse social strata across different regions of China. A more systematic comparison with other historical instances of medical localization, such as the transmission of Greco-Arabic medicine to medieval Europe or Ayurvedic interactions with Unani Tibb in South Asia, could yield valuable theoretical insights into recurring patterns and contingent factors. Examining the long-term transmission pathways of specific Jesuit-translated medical concepts into modern Chinese medical terminology and education would offer a richer understanding of their enduring intellectual legacy. Such research would not only refine our understanding of the Jesuit case but also contribute significantly to broader theories of global knowledge circulation and the dynamics of medical pluralism. Ultimately, this paper concludes that the Jesuits' experience offers a compelling historical model, demonstrating that successful medical localization hinges on strategic cultural intermediation, deep contextual adaptation, and sustained engagement beyond elite circles, lessons relevant to understanding cross-cultural exchange far beyond the specific Sino-Western encounter.

References

- [1] Laamann, L. P. (2021). Western missionaries in modern China: From ministers of foreign teachings to agents of imperialism? *History of Religions*, 61(1), 105–125.
- [2] Hardiman, D. (Ed.). (2006). *Healing bodies, saving souls: Medical missions in Asia and Africa* (Vol. 80). Rodopi.
- [3] Ratschiller Nasim, L. M. (2023). The scientific space of knowledge: Medical missionaries, tropical medicine and the age of hygiene. In M. Harrison & J. H. Conrad (Eds.), *Medical missionaries and colonial knowledge in West Africa and Europe, 1885–1914: Purity, health and cleanliness* (pp. 105–155). Springer International Publishing.

- [4] Flüchter, A., & Voß, R. (2025). Mission and translation. *Historical Interactions of Religious Cultures*, 2(1–2), 1–35.
- [5] Dai, B. (2025). Celibacy, chastity and self-cultivation in the thought of Jesuits and Chinese Catholics in late Ming and early Qing China. *Religions*, 16(10), 1310.
- [6] Zhang, Y.-a., & Armus, D. (2023). Globalization and glocalization in the history of Chinese medicine. *Chinese Medicine and Culture*, 6(4), 313–318.
- [7] Chang, C.-c. (2024). The British missionaries' attempts to identify Chinese medicine. *Berichte zur Wissenschaftsgeschichte*, 47(4), 306–329.
- [8] Gao, X. (2021). Chinese perspectives on medical missionaries in the 19th century: The Chinese Medical Missionary Journal. In C. R. Pickens & T. J. Hastings (Eds.), *Critical readings in the history of Christian mission* (pp. 1268–1289). Brill.
- [9] Feng, H., et al. (2024). Translating traditional Chinese medicine terms into English from a cultural perspective. *Journal of International Crisis and Risk Communication Research*, 7(Suppl. 11), 87.
- [10] Noronha, F. (2023). Not by the cross alone: Understanding the role of Asia's first printing press. In S. S. Ghosh & P. J. Marshall (Eds.), *Legacies of trade and empire: Breaking silences* (p. 48).
- [11] Rutherford, J. L. (2017). *The company of Jesus in colonial Brazil and Mexico: Missionary encounters with Amerindian healers and spiritual leaders, 1550–1625* (Dissertation). The Ohio State University.
- [12] Mkenda, F. (2024). The early modern Jesuit attitude towards Hindu and Ethiopian strains of asceticism (L. Cohen, Ed.). *Journal of Jesuit Studies*, 11(3), 492–497.
- [13] Wall, B. M. (2015). *Into Africa: A transnational history of Catholic medical missions and social change*. Rutgers University Press.
- [14] Van der Geest, S., & Finkler, K. (2004). Hospital ethnography: Introduction. *Social Science & Medicine*, 59(10), 1995–2001.
- [15] Yan, N. (2025). In the weft of words: Mapping global and local connectivity in the Chinese terminology for American cochineal. *Journal of Global History*, 1–20.
- [16] Carrier, A. H. (1989). The place of Western medicine in Ponam theories of health and illness. In P. J. M. McEwan & J. A. Carstairs (Eds.), *A continuing trial of treatment: Medical pluralism in Papua New Guinea* (pp. 155–180). Springer Netherlands.
- [17] Hampshire, K. R., & Owusu, S. A. (2013). Grandfathers, Google, and dreams: Medical pluralism, globalization, and new healing encounters in Ghana. *Medical Anthropology*, 32(3), 247–265.