Review

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MEDICINE AND CULTURE

OPEN

Jean-Pierre Abel-Rémusat: Doctor and Sinologist

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1 Introduction

Throughout his life, Jean-Pierre Abel-Rémusat (1788–1832) (Fig. 1) was in contact with the medical art, through his family, through his studies, through a few moments of practice, through his various interests and in many of his written.

Abel-Rémusat was born into a family which provided him with an important intellectual and social network and which naturally oriented him toward medicine. His father, Jean-Henri Rémusat (1730–1805), was indeed one of the king's six privileged surgeons. Generally speaking, in the words of Landresse, Abel-Rémusat's executor, "the name of Rémusat is honorably known in this part of province; several members of this family traded with the Levant, and one of them, who was established in Constantinople, had the opportunity to render some services to Michel Fourmont, during the latter's trip to Greece." Michel Fourmont was the brother of Étienne Fourmont (1683–1745), the famous orientalist, author, among other works, of the first catalog of oriental manuscripts in the Royal Library.

Jean-Pierre Abel-Rémusat showed from his youth, troubled by a serious accident, a curious, passionate mind and inclined to naturalistic observation. He thus constituted a herbarium arranged according to a classification system that he himself had developed. I will not insist here on this fine example of "serendipity" which is the encounter with the famous Chinese herbarium held by the great collector Charles-Philippe Campion, abbot of Tersan, who would be at the origin of Abel-Rémusat's career as a sinologist and would have been in some way the catalyst. From now on, a taste for science and a passion for learning about China will be the two engines of his intellectual life.

2 Abel-Rémusat: medical student and doctor

Certain circumstances pushed Abel-Rémusat, on the death of his father in 1805, to choose a medical career, even if it was without enthusiasm, as Landresse notes: "he sacrificed his vocation and all his tastes, to follow the wish of the one he had just lost." From then on, Abel-Rémusat carried out his research related to China for several years [from 1811 to 1814, he published, said Silvestre de Sacy, son *Mémoire sur l'étude des langues étrangères chez les Chinois,* son *Uranographie mongole* (*Memories of China people learning foreign languages*), sa *Dissertation sur la nature monosyllabique de la langue chinoise* (*On the monosyllabic nature of Chinese*),et le plan d'un *Dictionnaire chinois* (*Chinese dictionary*)] and, in suffering, his medical studies, as he wrote on January 27, 1813, to his friend François-Philoclès Jeandet (1788–1860): "I have my medical examinations to pass, which is of all my business the one I abhor most."

Notwithstanding these psychological difficulties, our author defended on August 25, 1813, at the Faculty of Medicine of Paris his thesis devoted to diagnosis by examination of the tongue, entitled *Dissertatio de glossosemeioticesive de signismorborum quae e lingua sumuntur, praesertimapud Sinenses* (*On the Symbolic Meaning of Chinese as a Universal Language*). Before returning to the content of this work, where the candidate succeeded in combining China and medicine, it is useful to make a quick reminder about medicine and its teaching in Paris in 1813.

3 Medicine in Paris in 1813

The Paris School of Medicine held a prominent place in the European medical community in the early years of the 19th century; Foreign doctors and students flocked to the French capital, where hospital medicine became essential compared to that exercised in libraries and at the bedside of the sick. It was indeed at this time that the Parisian anatomo-clinical school developed, under the impetus of Bayle (1799–1858) and Laennec

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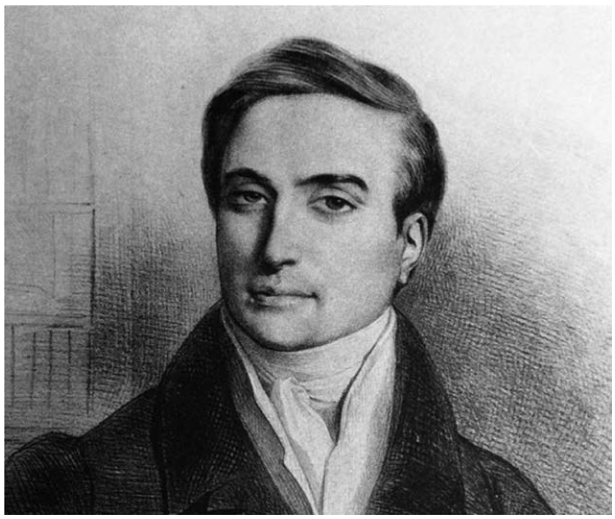


Figure 1 Portrait of Jean-Pierre Abel-Rémusat (source from: https://img1.liveinternet.ru/images/attach/d/1/131/324/131324057_JeanPierre_AbelR_233musat.jpg).

(1781–1826): the local lesion became the essence of the disease, and pathological anatomy was booming under the impulse of Dupuytren (1777–1835) and Cruveilhier (1791–1874), with a continuous practice of dissection. Napoleon's physician, Corvisart (1755–1821), developed a systematic analysis of hospitalized patients based on observable vital manifestations.

The Faculty of Medicine of Paris also symbolized the domination of the Parisian school. The buildings of the faculty were on either side of the rue des Cordeliers, separated by the place of the School of Medicine; they included amphitheatres, a library, a museum, dissecting pavilions, a botanical garden, etc. Clinical teaching was divided into three chairs, the internal clinic (Corvisart, Leroux), the external clinic (Pelletan, Boyer), and the advanced clinic (Dubois, Petit-Radel). The faculty also had a dual role as a government adviser and a center for scientific research. In 1813, 2334 students were enrolled for all 4 years of study.

This very intense moment of birth of a "hospital medicine" had its actors, several of whom were part of Abel-Rémusat's thesis jury. The dean of the faculty since 1810 was Jean-Jacques Leroux des Tillets, born in 1749 and died of cholera in 1832—like Abel-Rémusat; he was co-editor with Boyer and Corvisart of the Journal de Médecine, Chirurgie et Pharmacie.

The composition of Jean-Pierre Abel-Rémusat's thesis jury, as announced on the second page of the version published by Didot, was as follows:

> "André Marie Lallement (1750-1830); chief surgeon of the Salpêtrière: examiner
> Alphonse Leroy (1742-1816); surgeon, obstetrician: examiner
> Philippe Jean Pelletan (1747-1829), chief surgeon of the Hôtel-Dieu: examiner
> Pierre François Percy (1754-1825), who was chief surgeon of the Grande Armée: president of the jury
> Philippe Pinel (1745-1826), famous for having introduced the "moral treatment" of diseases of the mind, was also a renowned clinician, chief physician of the Salpêtrière under the Revolution, the Empire and the Restoration: examiner
> Guillaume Dupuytren (1777-1835), assistant surgeon to Pelletan at the Hôtel-Dieu then chief surgeon (1815): examiner."

4 Jean-Pierre Abel-Rémusat's medical thesis

In reality, the composition of the jury on the day of the defense was not exactly as announced, as our author reports to his friend Jeandet:

> "At 8 a.m., I also had news about my thesis. I corrected the proof in the evening; (…) payment of 220 F for examination and diploma fees and on Wednesday finally reception ceremony. Instead of the examiners marked on the printed sheet, I had Pinel, Chaussier [François Chaussier (1746-1828)], Lallement and Leroy. Pelletan was absent and Dupuytren was present only during sometimes."

In the same letter, after specifying that he had spoken Latin for an hour and that he had explained the aphorisms as Laporte du Theil would have done, Abel-Rémusat continues:

> "Finally, with the exception of Leroy, who in his argument also sinned against language and common sense, and who revolted all those of the listeners who heard him, everything happened wonderfully. I had a prodigious number of listeners, at least 150, nevertheless the Theses are, from what I saw yesterday, very little followed at the moment."

Written in Latin, Abel-Rémusat's thesis includes a four-page introduction, a 12-page dissertation and a page of quotations in Greek taken from the Hippocratic corpus. Its ambition is to compare diagnostic practices based on tongue examination in Europe since Hippocrates and in China. For the Chinese part, Abel-Rémusat seems to have based himself, without his saying so explicitly, on the *De indiciismorborum ex linguae coloribus & affectionibus cum figurisaeneis & ligneis*, sixth part of the *Specimen medicinae sinicaesive, Opuscula medica admentem sinensium* published in Frankfurt in 1682, edited by Andreas Cleyer and probably due to Michel-Pierre Boym, Polish Jesuit born in Lwow in 1612, died on the border of Vietnam and Guangxi in 1659.

In Chinese medicine, this diagnostic technique, called *She Jian* (舌鉴), *Cha She* (察舌), or *She Zhen* (舌诊), really developed between the Song dynasty (960–1279) and the Yuan (1279–1368). The first synthesis work exposing the examination based on the aspect of the tongue (color, coating, shape) appeared in 1341 under the title *Ao Shi Shang Han Jin Jing Lu* (《敖氏伤寒金镜录》 *The Golden Mirror of Attacks by Cold*), in 1 juan, transmitted and increased by Du Ben (杜本 1276–1350),

a doctor of the Yuan period, where we find the description of 36 tables of aspect of the language (Fig. 3). In the early Qing (1644–1911), Zhang Deng (张登) considered in his *Shang Han She Jian* （《伤寒舌鉴》*Examination of the tongue in cases of cold injury*, 1668) that the diagnosis based on the observation of the tongue was superior to that based on taking pulses, which shows the importance of this technique in the arsenal of doctors.

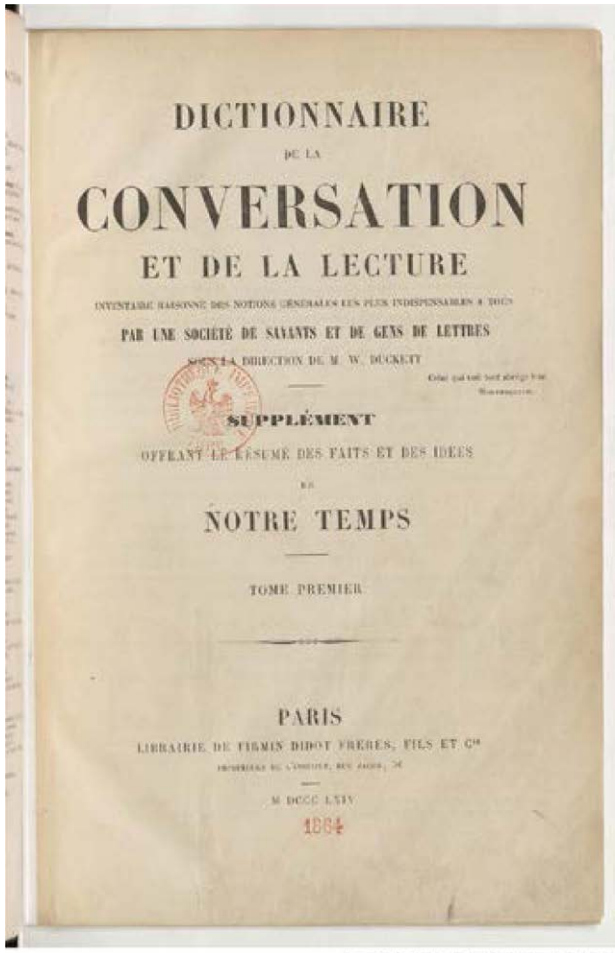
In his introduction (*Procœmiumexcusatorium*, p. v–viii), Abel-Rémusat underlines that many Chinese writings concerning the natural sciences would deserve Europeans to take a serious interest in them. The same goes for medicine, despite the abstruse style adopted by Chinese doctors. After having, as will become a commonplace in his wake, accused Cleyer of having stolen and published under his name the writings of Boym, our author explains that he chose, for lack of space, to study only the examination of the language. The thesis then has 12 paragraphs, a conclusion and, as we have seen, a page of quotations from the Hippocratic corpus.

Abel-Rémusat makes, in the first paragraph, a reminder of the links established between the state of the tongue and the disorders of the viscera. Hippocrates brings together, due to the theory of humors, language and urine. Other much more recent authors, such as Bordeu and Pinel, have also taken an interest in it. Chinese doctors have also written on the question, most often in agreement, says Abel-Rémusat, with the Hippocratic proposals. The second paragraph gives an anatomical description of the language (Galien, Morgagni). Sections 3, 4, and 5 address the four aspects of language (volume, color, consistency, movement). Paragraph 6 reports the Chinese considerations on Lingua merèrubra, the "purely red language": it is a paraphrase of the text found in Cleyer's *De indiciismorborum ex linguae coloribus et affectionibus* (p. 8).

Paragraph 7 describes white tongue with yellow tip, while paragraph 8 focuses on yellowish tongue. Paragraphs 9 and 10 deal with the black tongue, a sign considered very fatal both by Chinese doctors and by Hippocrates. Paragraph 11 focuses on the dry, rough (scabrida), contracted, rough tongue, called phrenetica by Hippocrates; the issue of canker sores is also addressed. Paragraph 12 and last passes quickly on the movements (tremors, etc.) of the tongue. In conclusion, Abel-Rémusat considers that he has shown the great convergence between European and Chinese observations. It ends with the need to rely not on the second-hand works of Du Halde, Jartoux, Osbeck, Buchoz, and others, but on the Chinese texts themselves, without giving further details.

5 Abel-Remusat as doctor

In 1838 appeared in volume 46 of the *Dictionnaire de la conversation et de la lecture* an extremely critical, not to say malicious, biographical note written by a certain


DICTIONNAIRE

DE LA

CONVERSATION

ET DE LA LECTURE

PAR UNE SOCIÉTÉ DE SAVANTS ET DE GENS DE LETTRES

SUPPLÉMENT

OFFRANT LE RÉSUMÉ DES FAITS ET DES IDÉES

DE

NOTRE TEMPS

TOME PREMIER

PARIS

1864

Figure 2 The inner cover of the book *Dictionnaire de la conversation et de la lecture* published in Paris in 1864 (source from: https://catalogue-erouge.com/uploads/media/catalogue_cover/0001/26/dffb17f509b-d704309a3a0a5e61915357e6b3418.jpeg).

Pierre Hyacin the Audiffret (1773–1841), polygraph specialist among other subjects of Alain-René Lesage (or Le Sage, 1668–1747), whose complete works he published (Fig. 2). Audiffret, who concluded his note by emphasizing that "an easy elocution and above all a constant pusillanimity concealed his hateful and vindictive character and his habitual malevolence. All in all, Rémusat gained more by being read than known (…)," thus evoked Abel-Rémusat's short career as a practitioner:

To combine practice with theory, he frequented hospitals, and circumstances soon made it his duty. Sleazy in one eye and the only son of a widow, he had been able in 1808 to escape the rigors of conscription: but the general invasion of our frontiers, the inevitable consequence of our memorable reverses, having necessitated, in 1813, a recall of the freed conscripts of the last six years, Rémusat had no hope of being exempted. It was then that the interest he had inspired in M. Silvestre de Sacy earned him the active benevolence of this learned Orientalist, and consequently the protection of Clarke, Minister of War. Appointed assistant-major surgeon to the new branches of the military

hospitals of Paris, and some time later deputy to the chief physician of the Montaigu hospital, he rendered to France and to humanity services honorably recorded in the Biographie des Vivants, and in that of the contemporaries. Will we believe that in the so-called Portable Biography of Rabbe, he did not blush to disavow the facts and to repudiate the praises, for fear that the government of the Bourbons would withdraw its favors from a man who had nursed the soldiers of Napoleon! It is indeed from the time of the restoration that dates the literary fortune of Abel Rémusat, who ceased to exercise a profession where courage is no less necessary than talent. Two new chairs of oriental languages having been created at the College de France, in November 1814, on the proposal of M. de Sacy, that of Chinese language and literature was given to Rémusat, who was also charged with making the catalog of all Chinese books in the Royal Library.

Abel-Rémusat would therefore have practiced in the military hospital of Montaigu, which was a few steps from the Collège de France, at 26 rue des Sept-Voies (today rue Valette). The note on Rémusat published in the Biographie des hommes vivants, mentioned above, mentions: "(...) and he later showed that this title was not for him a vain formality, by the care he gave, in 1814, at the slaughterhouses of Paris." He was then placed, in all probability, under the direction of the chief surgeon of the armies during the Revolution and the Empire, Pierre-François Percy (who had been, let us recall, president of his thesis jury); which Percy distinguished himself after March 30, 1814, during the occupation of Paris by Allied troops against Napoleon, by a "humanitarian" devotion that transcended his political past:

After the entry of the allies into Paris in 1814, encouraged by M. de Chabrol, he dared to put himself at the head of the service of the sick and wounded Russians, Prussians, etc., of whom twelve thousand were without asylum, without linen, without bread, without surgeons. In 36 hours, he collected them in the slaughterhouses, and we know the favor and the praises obtained by this administrative coup. The Emperor Alexander gave him thanks and decorated him with the diamond cross of St. Anne, second class.

The exact chronology of the medical exercise of Rémusat in the military hospitals is hardly documented, just as we do not know who he treated at this time, soldiers of the Empire or wounded Russians... we see to what extent individual history depended more than ever, in these troubled times when everything was going so fast, on the political and military conditions of the moment. On the other hand, Audiffret's acidic remark on the political opportunism of Abel-Rémusat—appointed to the College de France by the Restoration—is perhaps based on the notice devoted to our author in the Biographie universelle and portable of contemporaries:

> "At twenty-five, he received a doctorate from the faculty of Paris; but satisfied to have obtained this title, he soon ceased to practice medicine, and it is wrong that the Biographies Michaud and Arnault did him the honor of having given care to the wounded soldiers who had been brought together in the slaughterhouses of Paris."

Abel-Rémusat therefore only practiced medicine for a very short period, and under very specific conditions, as assistant surgeon to the branches of the military hospitals in Paris or as assistant to the chief physician of the Montaigu hospital in 1813–1814. Forced by family contingencies to pursue medical studies, his relationship with medicine, whether it was the most contemporary of Parisian hospitals or that mentioned in some Chinese documents, very quickly became purely theoretical, while remaining marked by a great curiosity.

6 Abel-Rémusat's view of Chinese medicine as sinologist

On August 31, 1813, 6 days after Abel-Rémusat's defense, a medical thesis entitled *Historical Research* on *Chinese Medicine*, the work of 103 pages was published the same year by Didot Jeune, in Paris. It was a rather skilful synthesis of the information given on the question by the writings of the missionaries, the exchanges between Amiot and Bertin, as well as the observations of Cossigny or Macartney, for example. And it was again the same year that Abel-Rémusat published a review of the work of Lepage, a man he had met personally, as he reports in a letter of September 1813 to his friend Jeandet:

> "Mr. Lepage, author of the thesis on Chinese Medicine, came to visit me. He is a very modest man and has good reason to be so. I have alternately caressed it with kindness, and crushed it by the splendor of my erudition. He testified to me a synceral repentance [sic] of his fault, and told me that he would not have taken such a subject, if he had known that a person like me existed (compliment very well turned as you see). I forgave him his temerity: I had witnessed his act, and I had judged him from then on."

In his review of Lepage's thesis, Abel-Rémusat began by treacherously pointing out that Lepage had chosen the quickest route to the study of Chinese medicine: not learning the language but relying on secondary sources. Yet the rest of the review was on the whole quite laudatory. We find in the following passage one of his favorite themes, namely that the very probable obscurity and ridiculousness of the Chinese conceptions are amplified by the lack of talent of the translators, and that a more precise knowledge of the technical Chinese language is needed. to better judge things:

> "Emboldened by these judicious reflections and by the extreme accuracy with which he analyzed the works, not the best, but the least bad, that we have on this subject, Mr. Lepage makes known the physiological bases

on which the medical system rests. Chinese people; and from this statement, one should conclude that these are either very bad doctors, if they behave according to their principles, or very bad reasoners, if, starting from such principles, they never succeed in heal their sick. In truth, in the sciences of observation, experience and theory are not so intimately linked that the progress of one is always in proportion to the perfection of the other, and Chinese doctors would not be the only ones who supported a reasonable practice of absurd reasonings and ridiculous explanations. But granting that Chinese physiology is very obscure, I believe that one can doubt that it is so to the point that Boym, and according to him, M. Lepage suggests. In China, as in Europe, science has a technical language, expressions and tricks, of which a knowledge, even extensive, of the general language does not give a perfect understanding. Boym, a stranger to the art of healing, has followed, in translating medical books, the literal meaning of words, regardless of what doctors restrict them to; that is to say, he most often translated without hearing, and I ask which one of our theoretical works would not run the risk of being disfigured by passing through the hands of such an interpreter."

It should also be noted, for those who have studied the history of forensic medicine (or forensic knowledge) in China, that both Lepage and Abel-Rémusat mention the existence of the *Xi Yuan Lu* (《洗冤录》 *Records for Vindication*):

"Finally, the treatise on forensic medicine entitled Si youan and analyzed in the Memoirs on the Chinese (T. V), provides Mr. Lepage with the means of proving succinctly that this important application of medical knowledge to the search for crimes and to the solution questions of jurisprudence, is not in China as imperfect as one would have reason to suppose."

6.1 The king's library

Abel-Rémusat constantly proclaimed the need to use original Chinese texts and not translations. But what Chinese medical books did he have access to? In his Memoir on the Chinese books of the king's library, Abel-Rémusat rectifies certain entries in the Catalog of Étienne Fourmont published in 1742. The entry CCCXVIII thus concerns the *Wai Ke Shu Yao* (《外科枢要》 *The Core of External Medicine*, a 1571 work by Xue Ji (薛己) on skin conditions); Abel-Rémusat rightly notes that waike means "external medicine" or "surgery." The following entry relates to a *Wan Bing* (万病) that our author completes as *Wan Bing Hui Chun* [万病回春, a treatise on general medicine by Gong Tingxian (龚庭贤) published in 1587]; he takes the opportunity to remark that "in these sorts of works, the indication of the curative means immediately follows the description of the symptoms, and Chinese medicine is still too little advanced for us to separate therapy from nosography." Moving on to the CCCXXI notice, Abel-Rémusat misleads himself by asserting, about the *Shang Han Zhang Tu* (《伤寒掌图》 *Pictorial Handbook on Cold Damage*): "It is neither a question of wounds nor of tyranny, and the words where the author thought he saw this idea, simply mean peripneumonia, chest fluxion." The term "peripneumonia," coming directly from Hippocrates and still used regularly in the time of Rémusat, designated the "inflammation of the pulmonary parenchyma." The nosological category *Shang Han* (伤寒, Cold damage) is in fact much broader and more complex, and refers to a set of often feverish conditions whose origin is the action of harmful cold. Abel-Rémusat's assertion can only be based on a hasty reading of the text, in the light of medical knowledge which, in this case, becomes anachronistic and too quickly summoned.

"Médecine et chirurgie. Matière médicale
261. W. tenRhynedissertatio de arthritide; mantissaschematica: de acupunctura, et orationestres de chymia, de physiognomia, de monstris. *Londini*, *Chiswell*, 1682
268. Mémoires sur l'électropuncture considérée comme moyen nouveau de traiter la goutte, les rhumatismes et les affections nerveuses, et sur l'emploi du moxa japonais en France, suivis d'un Traité de l'acupuncture et du moxa, principaux moyens curatifs chez les peuples de la Chine, de la Corée et du Japon, par le chev. Sarlandière. *Paris, l'auteur,* 1825. – Traité de l'acupuncture ou zin-king des Chinois et des Japonais, par James Morss Churchill, trad. de l'angl. par R. Charbonnier. *Paris, Crevot,* 1825. – Note sur les phénomènes électro-magnétiques qui se manifestent dans l'acupuncture, par M. Pouillet.
269. Secrets de la médecine des Chinois, consistant en la parfaite connoissance du pouls, envoyés de la Chine par un François. *Grenoble, Charvys,* 1671
270. Quaestiomedica, an infirmis a morboviribusrepar and is *GinSeng?* proponebat Lucas-Aug. Folliot de Saint-Vast. *Paris,* 1736. – Dissertatio de glossosemeiotice, sive de signismorborumquae e lingua sumuntur, praesertimapudSinenses, auctore Abel-Rémusat. *Paris*, 1813
271. Specimen medicinaesinicae, siveOpusculamedicaadmentemSinensium, cum figurisaeneis et ligneis, edidit And. Cleyer. *Francof. Zubrodt,* 1682. 30 figures anatomiques très curieuses; avec la transcription des mots chinois en caractères originaux, de la main de M. A.-Rémusat.

Botanique
296. Flora sinensis, fructus floresquehumillimeporrigensser. et pot. principiac dom. Leopoldo Ignatio Hung. regi… emissa in publicum a P. Mich. Boym, Soc. J. *Viennae-Austriae, Rictius*, 1656
297. Flora cochinchinensis; Joa de Loureiro, 1790
298. Idem, mais trad. en allemand, 1793
299. Mémoire sur le ginseng et le Canada, Lafitau, 1718.
Ouvrages chinois
1601. *Pen thsaokang mou.* Traité général d'Histoire naturelle, par Li-chi-tchin. Édit. de 1637
1602. Le même ouvrage, édition de 1765. 13 cahiers. Ces treize cahiers ne forment que le quart de l'ouvrage environ.
1603. Chinese treatise of the vaccine, originally printed at Canton in 1805, now lithographied in *London*, in 1828 (en chinois)
1604. *Kwaye* Traité de botanique en japonais, avec fig., 5 cahiers in-4, cartonnés à la japonaise, dans un portefeuille."

Among this collection of works, one will notice a complete edition of *Ben Cao Gang Mu* (《本草纲目》 *The Grand Compendium of Materia Medica*), which could have been used for the unfinished project of Abel-Rémusat to study natural substances in China; note also the presence of Cleyer's treatise, which he drew heavily on for the writing of his medical thesis, as we have seen previously.

6.2 Acupuncture

As Jean-Jacques Ampère (1800–1864) pointed out in his "De la Chine et des travaux de M. Abel Rémusat," Abel-Rémusat showed only mediocre interest in Chinese medicine. The passing fashion of acupuncture in Paris for a few years nevertheless caught his attention:

Although he was a medical doctor, Mr. Rémusat did little to elucidate Chinese medicine; no doubt she had put him off by the bizarre and superstitious practices which she mixes with her recipes. That much vaunted science of the pulse, by means of which the Chinese physicians believe they can discern thousands of variations in its movement, and, by this help alone, recognize the state of the organs; all this subtle and probably chimerical diagnostic apparatus, although it seduced Bordeu, had not found favor in the face of M. Rémusat's skepticism: so he said wittily, in connection with a presentation of the physiological bases of Chinese medicine, that one should conclude that the Chinese are either bad doctors, if they behave according to their principles, or very bad reasoners, if, starting from such principles, they manage to cure their patients. The vogue for acupuncture provided him with the opportunity to give some details on this process, used in China and Japan, and perhaps too quickly abandoned among us.

In fact, the use of needles to puncture certain points on the surface of the body experienced a few years of glory in France (and in some European countries), roughly speaking between 1815 and 1825. Acupuncture and moxibustion had been described, at from observations made mainly in Japan, by Wilhelm Ten Rhijne in 1683 in his Dissertatio de arthritide or Engelbert Kaempfer in his Histoire naturelle (published in 1729 in French translation); but it was not until the beginning of the 19th century that a few audacious people attempted to put into practice, in a rather curious way, the information available in Europe at that time. This is how Louis Berlioz (1776–1848), doctor—and father of the composer Hector Berlioz—published in 1816 his Memoirs on chronic diseases, blood evacuations and acupuncture in which he recounted his trials. Having to treat a young woman suffering from "nervous fever," rebellious to all the therapies offered, Berlioz recalled his readings: "I thought of acupuncture. I proposed it, it was tried. The patient used a sewing needle coated with Spanish wax towards her eye; she introduced it herself perpendicular at first, and then parallel to the abdominal walls, to avoid pain. From the first bite, the accidents ceased as if by magic, and the calm was complete.

Other authors, from the famous surgeon Jules Cloquet (1790–1883) to the anatomist friend of Magendie (1783–1755) Jean-Baptiste Sarlandière (1787–1838), who proposed electro-acupuncture, or even to the doctor Pierre Pelletan (1782–1845), who attributed the action of the needles to "electrical energy," became enamored for some time with what they called acupuncture. The latter even became a fashionable topic in vaudeville, as evidenced by this excerpt from Eugène Scribe's Charlatanism:

> "Delmar:
> This will encourage others! and then, I think of it, there is a vacant place at the Paris Academy of Medicine.
> Circle:
> Why don't you line up?
> Remy:
> Me! and titles?
> Delmar:
> Titles! to the academy! it is luxury. Have you adopted any innovation, any system? why don't you take Acupuncture?
> Circle:
> Oh yes! the needle system?
> AIR from Fanchon's vaudeville
> To cure you are pricked,
> Economic system,
> Who, since that moment,
> Spreads
> Joy in our families;
> Because we have in stores
> More good needles
> What good doctors."

Abel-Rémusat followed this movement carefully and published a critical article on the question in 1825, the very year of the first performance of Le Charlatanisme:

A process which, since antiquity, has been one of the main means of curative medicine for the Chinese and the Japanese has been put back into use in Europe for several years, and particularly recommended in France for a few months. As it happens with everything that seems new and singular, this process found enthusiasts and detractors: some saw in it a sort of panacea with a marvelous effect, others an operation which could have the most serious consequences. serious. On both sides, facts have been cited and observations not presenting themselves quickly enough nor in sufficient number, have invoked the experience of the Asians, usually so disdained in matters of science. Independently of academic memoirs and journal articles, a few pamphlets have been printed to throw light on this interesting point of therapy and physiology. Those whose titles we have transcribed at the beginning of this article will be the subject of a short analysis and some reflections. They were published at a time when acupuncture had become the subject of general attention but the enthusiasm had already died down, and perhaps

in a few months it would be replaced by indifference. The works which we are about to report will at least remain, because they contain either ingenious views or well-made experiments, and both can become of some use to practitioners.

Abel-Rémusat is particularly interested in the controversies of physiology to which the hypotheses concerning the mode of action of acupuncture, in connection with the nervous system, give rise:

It is above all in questions relative to the action of the electric fluid on the nervous system that the difficulties arise which separate the vitalists from the physicists, difficulties perhaps insurmountable, but which, at least, are far from having been overcome. so far.

Commenting on Sarlandière's work and his electropuncture process, our author mentions its "occult virtue":

It is therefore necessary to resort to a means of explanation that Hippocrates does not suggest and this is what is done by supposing that electropuncture changes the mode of being of the very nerves which cause pain to be felt, disturbs a vicious mode of action and sensibility; the nerves of the suffering part are modified by sudden and repeated shocks, and the pain is distorted.

After these reflections far from the geographical origin of acupuncture, Abel-Rémusat returns to the need to have recourse to Chinese or Japanese books:

At a time when the hopes which some practitioners had founded on the happy effects of the introduction of needles were still in full force, many people would have liked the books in which the physicians of China and Japan recorded the results of their particular observations should be consulted, and that all that could be appropriate to enlighten on the real advantages of this process should be drawn from them. One should indeed suppose that men who for so long have made such frequent use of acupuncture would have had occasion to observe the efficacy of this curative means, and to distinguish the cases where it can be usefully employed, from those where he would be powerless or even dangerous. M. Sarlandière has worked to satisfy this wish, by publishing the translation of a small Japanese work on this subject, and some observations which relate to the same object, and which chance has brought him within reach of collecting.

Translated by Isaac Titsingh (1745–1812), this small Japanese booklet proposed by Sarlandière, which Rémusat had in his hands after the translator's death, specifies for example that the important thing is the choice of places (367 points) where to insert the needles, or the depth and direction they should follow. The text also reveals the existence of copper figures (mannequins) for learning. This information seems to reassure Abel-Rémusat, even if he is convinced that acupuncture has no scientific basis:

We see that acupuncture is not practiced in Japan without rules and without method, nor abandoned to the whim of the men who practice it. But what can all these precautions mean, when, in profound ignorance where these doctors are of the situation of the organs and their connections, they regulate themselves solely on the principles of a blind routine, or on the still more absurd theory of fantastic physiology!

The fact that in case of syncope it is necessary to prick the upper part of the neck, that in case of kidney pain one must prick the hock, or even that against dry coughs n prick the external part of the arm, does not seem enough for Abel-Rémusat, sure of his medical knowledge, to change his opinion of Chinese doctors. The latter are referred to their archaism and their lack of rigorous method:

M. Sarlandière, considering how far apart all these places are, supposes that physicians seek to act by derivation; it is, in my opinion, doing them a lot of honor to lend them such a clear idea of the phenomenon of revulsion. On this occasion, as on many others, they seem to be acting haphazardly, according to the suggestions of an ignorant and credulous empiricism.

7 Conclusion

If Jean-Pierre Abel-Rémusat, despite a solid medical training received in a very stimulating scientific context, showed little enthusiasm for the profession of doctor, it was because his intellectual passion was entirely focused on the nascent study of Chinese civilization. At the same time, this scientific training could only keep him away from an internal analysis of medical texts from China. The epistemological moment of the early 19th century left no room for an empathetic desire to understand the Chinese explanatory and curative system in the face of disease. The innovative dynamism of the currents of Parisian hospital medicine, full of conceptual noise and conflicting fury, could only take an interest in old notions by engulfing them and reducing them to experimental technical protocols.

On the other hand, the method at work in medical research, a method that Abel-Rémusat knew well, could only encounter and influence the analytical approach that he put into practice as a sinologist. He also continued to take an interest in publications concerning medicine, and regularly published reviews. In a review of François Magendie's (1783–1855) Précis elementaire de physiologie, published in 1825, Abel-Rémusat clarifies what may well be his intellectual credo:

There are a host of things in the phenomena of life that M. Magendie does not explain, and this is what the true friends of science will always have to congratulate him on. In his explanations he is almost never a mechanic, chemist, or vitalist exclusively: he takes from all opinions what seems to him supported by experience; he rejects with severity all that is deprived of this support;

and, in this case, the most famous names do not prevent him from condemning in his notes the most ingenious systems and those which have obtained the most favor; often he does not even enter into any discussion on this subject, and whenever the truth has seemed to him demonstrated on one point, he has deemed it useless to make his readers run through the circle of errors through which one had passed to find it. Such are the advantages which should recommend this Precis to students, who will acquire, in reading it, those habits of criticism and that spirit of investigation so necessary in a science in which one must, as in all the others, henceforth submit oneself without subject to the yoke of observation and experience.

In this sense, if the practice of medicine hardly tempted Jean-Pierre Abel-Rémusat, and if the "old" Chinese medical system only aroused in him a doubtful pout, his curiosity concerning the most recent research within of the Parisian medical community of the early 19th century helped to forge his own intellectual approach. In a way, clinical observation and philological rigor combined in him to develop a historiographical method as demanding as the method developed by the doctors of his time.

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