


Article

An Encounter between Christian Medical Missions and Chinese Medicine in Modern History: The Case of Benjamin Hobson

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Abstract: This article discusses how and why Christian medical missionaries established their foothold in Chinese society through the medical career of Benjamin Hobson, who was active in China from the late 1830s to the 1850s. Apart from his evangelical work among the Chinese, one of his key contributions was the new medical vocabularies he created to communicate medical knowledge. In addition to literary considerations, Hobson had his strategies for sharing modern medical knowledge. Moreover, he was prepared to debate with the Chinese over the validity of the pulse theory. The debate did not happen, however. His intention to establish the case for the superior position of Western medicine was not contested. His medical texts, at best, became the necessary underpinning for introducing modern Western medicine to China. When Western medical college projects took place in China at the turn of the century, biomedicine took over as the key paradigm, with Hobson's medical texts being of limited use.

Keywords: Benjamin Hobson; Christian Medical Missions; medical vocabularies; modern Western medicine



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1. Introduction

In world history, faith and healing are interwoven in many instances. People's religious beliefs, rituals, and healing systems are all part of their cultural identity. For this reason, medicine is a contested field between religions. By 1817, Robert Morrison, a pioneer Protestant missionary in China, had already observed the worship of healing deities among the Chinese and translated their religious titles, such as the “T’heen hwa Shin-moo” (*Tianhua Shengmu* 天花聖母: “the Sacred Mother who superintends children ill of the small pox”) and “Hwuy-fuh Foo-jin” (Huifu Furen 惠福夫人: “the patroness of barren women”) (Morrison 1817, p. 111). Starting from Macao and moving to other ports in Southeast Asia, Morrison and other pre-Opium War Protestant missionaries had been familiar with their potential competitors among the many Chinese folk religions—the promise to heal was one of many areas of competition. When he started his missionary work, Morrison co-created a dispensary in Macao with John Livingstone, a surgeon of the East India Company. They hired a Chinese herbalist to work “hand in hand” with Western medicine while offering medical care (Wong and Wu 1936, pp. 307–8). No doubt Morrison wanted to establish the favorable credentials of medicine for preaching the Christian message. Not being a qualified medical practitioner, Karl Gützlaff, for another example, delivered some form of healing for the sick as an itinerant preacher (Lutz 2008, pp. 46–47). Sharing the view that medicine was the key, Walter H. Medhurst called on professionally trained medical doctors to participate in Christian missions in China (Medhurst 1838, pp. 534–35). William Lockhart and Benjamin Hobson, fully qualified medical practitioners, were early examples of medical missionaries of the London Missionary Society (LMS) in China. In the nineteenth century, medical missionaries were the agents for bringing the Christian faith, religious discourses and Western medicine to China (Choa 1990; Wu 2000). Their ultimate objective was to establish a foothold in Chinese society and to proselytize the Christian faith.

Benjamin Hobson deserves special attention in the history of medical science in East Asia. Not only was he a medical missionary in China between 1839 and 1858, but the medical books that he produced “were published in Japan where they appeared in fourteen thin octavo volumes both in Yedo and Miaco.” These books in Japan featured the insertion of “interlineations and various notes in Japanese, bearing on the meaning of the text” (Wong and Wu 1936, p. 366). Recent studies show that his medical books were keenly sought-after publications in China and Japan.¹ As a bridge by which East Asians explored Western medicine, Hobson’s Chinese translations of Western medical texts were fine examples of ongoing cultural negotiations, religions included. His production of such medical texts has become the subject of several research articles. First of all, a textual analysis by Chan Man Sing and his research team shows how Hobson collaborated with Chinese translators in “co-authoring” two medical texts, namely *Xiyi Luelun* (《西醫略論》 *First Lines on the Practice of Surgery in the West*) and *Fuying Xinshuo* (《婦嬰新說》 *Treatise on Midwifery and Diseases of Children*) while creating a higher cultural position of Western medicine that might appeal to Chinese readers through the translation process (Chan et al. 2013). Furthermore, Su Ching draws on Hobson’s missionary correspondence and other significant archival reports to trace and discuss how *Quanti Xinlun* (《全體新論》 *Treatise on Physiology*) was produced from the perspective of the history of printing in modern China (Su 2018). Sun Zhou discusses some salient features of Hobson’s translation strategy in the creation of medical terms in *A Medical Vocabulary in English and Chinese* (Sun 2010).

This article builds on the current scholarship to address how and why Hobson’s translation of medical texts could help to promote Christian missions in China. Although Hobson’s case cannot fully reveal the multiple contests between Christianity and popular Chinese religions, it is helpful for recognizing how religions and medicine were connected in the bigger picture of Christianity in world history. In particular, this study takes a closer look at Hobson’s intellectual background and his unique mission approach in order to make sense of his cosmopolitan views of Chinese and Western medicine in practice.

2. Benjamin Hobson: His Stories and His Mission Approach

A word about Benjamin Hobson’s social and academic background is helpful. He was born in 1816 into a pious family in Welford, Northamptonshire, and his father was a pastor in an independent church, a self-governed congregation that operated outside the Church of England (the Anglican Church). Hobson was brought up in a family with an intensely religious atmosphere. After his five-year apprenticeship at the Birmingham General Hospital (1830–1835), he studied at the newly founded University College London, where he completed a Bachelor of Medicine degree (1835–1838) and subsequently became a member of the Royal College of Surgeons in 1838. Responding to the missionary call to China as a medical missionary, Hobson joined the LMS, which intended to send him to China where he would be stationed in Canton (Su 2018, pp. 94–95). Naturally, he started his work in Macao, but the circumstances before and after the Opium War made him stay in Macao longer, and he was subsequently deployed to Hong Kong.

Facilitating the Chinese to learn from modern Western medicine defined Hobson’s medical missionary career. While working in Macao, Hobson had already apprenticed some Chinese assistants and achieved some remarkable outcomes. In the Medical Missionary Society hospital under his supervision in Hong Kong, he had already “fitted a small chemical laboratory, for the instruction of some young men, so as to prepare them for the study, and afterward fit them for the practice, of medicine and surgery, amongst their countrymen” (Anonymous 1845, p. 13). He persuaded the Edinburgh Medical Missionary Society to commit its advocacy and fundraising to building a medical school in Hong Kong. Subsequently, he convinced John Francis Davis, the second Governor of Hong Kong to grant a piece of land to build a medical school (Hobson 1846, p. 7). Between 1845 and 1847, he had his furlough in Britain, where he furthered his campaign to start a medical school. “[T]here is no university, college, or examining board, to educate or exercise any control over native practitioners, so that their knowledge is confined to books that were written

2000 years ago, utterly false and absurd in theory, and ineffective in practice”, Hobson writes in his fundraising booklet (Hobson 1847, p. 3). In the same booklet, Hobson also told his readers that he had some successes in training up a student named Apoon, whose knowledge and skill in eye surgery was favorably recognized by the colonial surgeon and the inspector of naval hospitals (Hobson 1847, p. 4). However, the medical school project was abortive after he returned to Hong Kong in 1847. There were three reasons for this. Firstly, the China Medico-Chirurgical Society, based in Hong Kong, had firmly supported the project; however, it ended up being dissolved.² Secondly, he raised only £350 from his acquaintances in Britain, an amount far from adequate to start a medical school. Thirdly, he was unable to identify competent Chinese students in Hong Kong (Wong and Wu 1936, p. 360). Apart from medical education, Hobson carried out evangelical work in the hospital. He engaged with an experienced evangelist, Kew A-gong (屈亞昂), whose duties included “reading and expounding the sacred Scriptures, with prayers, to the patients, assembled for this purpose every morning before opening the dispensary” (Anonymous 1845, p. 11).

Hobson followed the same work pattern but modified some of his focus when he moved from Hong Kong to Canton in 1848 and from Canton to Shanghai in 1857. To begin with, Canton had a socio-political setting that was different from Hong Kong’s. Christian missionaries did not earn instant respect in the community. Yet, thanks to the great work of Dr. Peter Parker, whose merits in delivering effective treatments to ordinary people and Chinese officials were widely recognized. Lin Tse-hsu (林則徐) was one of his patients and considered Parker trustworthy (Spence 1980, pp. 42–48). When Hobson started his work in Canton, Parker had already returned to the US after his second career as a diplomat in China. Apart from the medical credentials that opened the door for future medical missionaries in Canton, Hobson inherited from Parker another essential asset, an evangelist associate, Liang Fa (梁發). Liang had shown competence in evangelical work, which Parker described as follows: “His prayers are most fervent, and his Christian views strongly evangelical. His illustrations of the Scriptures are clear, and his appeals frequently powerful in their impression upon his auditors” (McNeur and Seitz 2013, p. 101). Co-working for seven years, Hobson made time to equip Liang with biblical knowledge further and supported him throughout his difficulties with his family and health. He spoke highly of Liang, saying that “he has kept steadfastly to the truth as he has learned it in the Bible, and to the day of his death, never turned his back upon it, nor was ashamed of it in the presence of his enemies or friends” (McNeur and Seitz 2013, pp. 110–11). Liang assisted Hobson in the conduct of Christian services in the hospital. One of the key Chinese converts from Hobson’s hospital was Chau Lai Tong (周勵堂). Chau later worked as a preaching assistant and the graphic illustrator for Hobson’s Chinese medical text (Wong forthcoming). In Canton, Hobson continued teaching Chinese medical apprentices, Ho King Mun (何景文) being an outstanding example (Wong 2023, p. 341). Of all his duties, he attached the most significant importance to writing and translating Western medical texts from English into Chinese. He kept it as his top priority in Canton and subsequently in Shanghai as well. His stay in Shanghai was rather brief; he spent considerable energy on producing medical texts. His achievements in this area won universal praise. Hobson’s medical texts were, according to William Lockhart, “of incalculable benefit to the Chinese... [and] worth the labor of a lifetime”. He further pointed out its exemplary value of creating “a good influence on the mind of the Chinese”, which he believed could convince the Chinese to “value foreign intercourse” (Lockhart 1861, pp. 157–61). Arthur Tidman, the LMS’s foreign secretary, regarded Hobson’s medical texts highly for their “very beneficial effects among the native professors of medicine and surgery in China”.³ John G. Kerr, an American medical missionary in South China, attached great value to preparing “young men in the healing art”. In order to make it possible, he pointed out, “textbooks in the various departments must be prepared in their language”. Kerr rightly pointed out that Hobson was “the first one to undertake this in Chinese”. He praised the value of these texts, as they “have laid the foundation for the introduction of rational medicine” in both Japan

and China (Kerr 1878, pp. 17–18). Wong Chimin regarded Hobson's medical texts as "his greatest contribution to medicine in China". Wong elaborated that "the difficulty of such compilation can be easily understood when it is borne in mind that all technical terms had to be coined and translated into Chinese characters for the first time" (Wong 1950, p. 15).

Hobson was keen to disseminate modern Western medical knowledge because he thought it was the best way to win converts in China. It could pave the way for the Chinese to recognize the Christian missions' contribution and readily accept this religion. In 1860, two years after his return to Britain, Hobson reflected upon his entire twenty-year career in China and wrote up an extended essay entitled "The History and Present State of Medicine in China", which was published in five parts under the same title in *Medical Times and Gazette*. In his writings, he conveyed a positive view of the Chinese people as sensible and practical:

The Chinese may be briefly described as indefatigable and industrious in their habits, and eminently a practical, matter-of-fact people. I should say of them, judging from my own experience of their character, that were a clear-thinking race, not profound in any scientific pursuits, and yet possessing a logical mind, the result of early habits of attention. Their perceptive faculties are excellent, their memories retentive, and their ability to acquire information on any subject considerable. They certainly are not a dull, unobserving, or unimprovable race; their cranial and mental developments all favor the opinion that they are, on the contrary, naturally endowed with a quick understanding...

The Chinese are proverbially great utilitarians (in its ordinary signification); they, therefore, neglect the study of the natural and abstruse sciences, because they appear to them unproductive of any immediate benefit. (Hobson 1860a, p. 400)

In other words, disseminating medical knowledge among the Chinese was of particular significance because Hobson believed that the Chinese could excel at it after they realized the value of such knowledge. He further reflected that it was a key to opening China's door to the spread of Christianity. He wrote,

Medical science is ennobled by promoting the introduction of Christianity in heathen lands. Antipathy of race is strongly felt both in India and China, but they cannot exclude disease; and with all their prejudices, every barrier is removed rather than not receive the benefit of foreign medical skill...

The poor, the maimed, the blind, the deaf, and the lame, were found there daily; and accidents and casualties were received and attended to at any time; a large number of copies of Holy Scripture, religious tracts, and treatises on astronomy, medicine, etc., were widely diffused by the patients on returning to their different hamlets and homes. Preaching by the missionary (foreign or native), and healing of the sick (labouring under all forms of the disease), by the Medical man, have gone hand-in-hand together most harmoniously; and if one thing more than another has served to conciliate the goodwill of the people, and recommend to their regard the sublime truths of the Bible, it has been the working of such an institution as this, in the manner specified above. (Hobson 1861, p. 34)

Hobson healed the sick, translated Western medical texts, and published tracts. These actions were aimed at spreading the Gospel.

3. A Medical Missionary's Translation Strategies

To Benjamin Hobson, the unavoidable question when creating new medical vocabularies in Chinese was whether or not to follow existing Chinese medical terms. While translating some medical terms from English to Chinese, he had to be mindful of the medical connotations behind these terms, some of which had prevailed for centuries among the Chinese. That decision might help reinforce or weaken the authority of traditional Chinese medicine, while creating a superior position for Western medicine in his trans-

lated texts. Studies show that Hobson created some new Chinese terminology for such medical terms as anatomy, blood vessels, nerves, inflammation, and pancreas (Sun 2010, pp. 467–70). Yet, several interesting examples reveal his translation strategies from the missionary perspective.

Hobson's cautious adoption of specific Chinese medical terms might help to prepare the way for some intended Christian meanings to be conveyed in a subtle way. An example was his translation of "kidney" into "*neishen* 內腎" (lit.: "inner kidneys"), while equating "testes" to "*waishen* 外腎" (lit.: "outer kidneys") and, logically, "scrotum" to "*waishen nang* 外腎囊" (literal meaning: "outer kidney pouch") (Hobson 1858, p. 28). The usage of a pair of interconnecting words of "ne" (inner) and "wa" (outer) adheres to the conventional belief shared among the Chinese about the role of the kidneys (腎) in the male body in general and the correlation between the kidneys' health and men's potency in particular. This very Chinese concept of health was effectively implemented in the Western medical text that Hobson produced. Of course, Western medicine did not imply any connection between the kidneys and testes in any way similar to the Chinese notion of "external" and "internal" kidneys, nor was there any mention of a direct link between the kidney's function and men's sexual health. Rather, in his ensuing discussion of the physiological features of ejaculation, Hobson warns young men not to indulge in sexual pleasure. Not only does he oppose masturbation, which he considers harmful for health, but he also cautions his readers against having sex with prostitutes for fear of catching syphilis and causing grave consequences to themselves and their wives (Hobson 1991, pp. 252–53). In this way, his moral admonitions were built upon the medical knowledge that he disseminated. In doing so, the Christian notion of chastity—confining sex to within the institution of marriage—went along well with his medical teaching that used existing Chinese medical vocabulary.

Another type of adoption was to borrow a Chinese term of a similar nature—displaying similarities with Chinese concepts yet with an added sense of severity. Hobson translates "cancer" into "*yongju* 癰疽" (lit.: "blister"/"severe abscess") (Hobson 1858, p. 43). Of course, "carbuncle" is the relevant medical term to refer to "*yong* 癰" in today's medical paradigms, a phenomenon now known to be caused by a bacterial infection. It thus differs from the pathology of most cancer types. However modern Hobson's medical education had been, germ theory had not yet been established as a standard in medical reasoning, so bacterial infection was undoubtedly unknown. Moreover, whilst removing cancerous tumors by surgical procedures was a commonplace practice among Western surgeons at the time, Chinese medics were not yet receptive to the idea of surgery. As Hobson remarked in 1847, "all anatomical research [is] discountenanced and forbidden. Surgical operations, except of the most trivial kind, are never attempted" (Hobson 1847, p. 3). Cancer could be lethal, and surgery was the most feasible cure. To convince the Chinese to undergo surgery, Hobson was skillful in framing cancer as a "trivial" disease, something like a blister or abscess, and named it accordingly. It could be seen as a translational strategy to enhance the doctor–patient relationship, giving the patient the confidence to undergo a necessary procedure to cure cancer. Studies show that medical missionaries were quite famous for their surgical successes in removing cancerous tumors.⁴ As such, medical missionaries established a positive reputation among the Chinese, poor and rich alike, because Chinese medicine practitioners did not undertake surgical procedures to remove tumors.

A further note by Hobson might also explain why the removal of tumors had become a topic of much excitement among the missionaries. He tried to be a myth-buster concerning the opinion that the Chinese "are peculiarly the subjects of unnatural enlargements and large growths [of tumors]". He remarked,

In the West, tumours are removed by operation almost as soon as they appear, and hence are rarely seen; still, a large number come under the care of Hospital Surgeons and are reported in the Medical Archives. In the East—I speak more particularly of China—the excision of tumours by the knife of the native practitioner is scarcely if ever practised: I have never heard of a single case. The consequence is, that the tumours go on increasing, both in number and size, from year

to year, and from their position and unnatural proportions, excite attention and produce the conviction of their greater frequency among the people. The reports of the Medical Missionaries also naturally foster this. (Hobson 1860c, p. 633)

There were, of course, many instances that had no direct implication for the transmission of any Christian message. An interesting case in hand that shows Hobson did not necessarily follow the prevailing practice by the Chinese is his translation of “gout”, which he translates into “*jiu jiao bing* 酒腳病” (lit.: “wine foot disease”) (Hobson 1858, p. 36). This was a neologism, as Hobson did not want to introduce Western medical terms to ailments that Chinese medicine might otherwise regard as the cause and effect of gout. The traditional Chinese medical theory had attributed the cause and related symptoms to “*tongbi* 痛痺” or more generally “*tongfeng* 痛風” (lit.: “pain wind”), according to a leading medical practitioner in the Ming dynasty, Yu Tuan 虞搏 (1438–1517).⁵ Traditional Chinese medicine regards it under the nosology of “*bizheng* 痺症” (diseases relating to “*bi* 痺”), a result of the intrusion of such external factors as “*feng* 風” (literal meaning: wind), “*shi* 濕” (literal meaning: humid), “*ren* 熱” (lit.: “hot”), and “*han* 寒” (lit.: “cold”) into the human body. These factors cause considerable pain effects on the circulation of “*qi* 氣” (lit.: “air”), blood, and the meridian system. The question here is why Hobson did not merely follow the prevailing Chinese names, as he had done elsewhere, by calling it “*tongbi*” or “*tongfeng*”. I can think of two possible explanations. Firstly, Hobson wanted a more direct attribution to the source of the disease—the excessive consumption of wine. Secondly, he did not want to mix Western medicine with the Chinese theory about the intrusion of external factors—such as wind, humidity, heat, and cold—into the human body—something similar to the Hippocratic theory of the elements (earth, air, fire, and water) and their influences on body fluids (black bile, blood, phlegm, and yellow bile). It was because he, alongside Europe’s modern medical experts, rejected Galenic medicine and regarded the Hippocratic theory of the elements as “absurd” (Hobson 1860a, 401). Of the two, I think the first explanation could be more probable. Hobson did not do away with all the translated terms that might have roots in the Hippocratic theory of elements. For example, Hobson translated rheumatism into “*feng shi* 風濕” (lit.: “wind humid”) (Hobson 1858, p. 39). Perhaps, Hobson was faithful to the history of the English language—rheumatism was adopted in the 17th century, and it shared the notions of cause by the internal flow of “watery humour”.⁶ Nowadays, Western medicine attributes the symptomatic features of the “*bi* 痺” to a wide range of possible diseases, such as neuritis and arthritis, a new area of medical knowledge that emerged in the 20th century. It is out of the question that Hobson did not reference neuropathy, which is part of the modern etiology of gout. Rather, his translated term that directly relates to wine consumption finds a matching place in medical explanations nowadays, as alcohol is a cause of hyperuricemia, a significant factor in developing gout.

4. Does Western Medicine Outshine Chinese Medicine?

The question of whether Western medicine outshone Chinese medicine would have been a principal question in Hobson’s mind, setting Chinese notions of health on a collision course with new Western learning. Of all aspects of Chinese medicine, the pulse theory had become the subject on which Hobson was most critical. He stated,

Who can say, with this theory before them, that the Chinese know anything about the true circulation of the blood! ... But the Chinese are not only ignorant of the circulation, but of the cause of the pulse; the propelling power of the heart, and the conducting power of the arteries are altogether unknown. There is no pulse for that important organ, the brain, or the spinal marrow, muscles, and bones, etc. But while they write learnedly about the wonderful properties of the pulse, and palm a lie upon the public, in professing to distinguish its minute and varied forms, yet I have never met with one Chinese Medical Practitioner, who dared affirm to my face that he had done so; or was willing to try his boasted skill upon any patient of mine, though offered a considerable reward, to point out any well-known disease by the pulse alone. The doctrine of the circulation of the blood

being so important, I entered upon it very freely in a Treatise on Physiology, and I rather expected, as it ran counter to their views, and, if received, would in time prove fatal to their darling and much-vaunted theory, that it would meet with opposition and ridicule. (Hobson 1860b, p. 477)

In his *Quanti Xinlun* 全體新論 [*Treatise on Physiology*], Hobson criticized the use of pulse theory to diagnose patients (Hobson 1991, pp. 200–1). He considered William Harvey's 17th Century theory of blood circulation to be the true and total replacement of Chinese pulse theories. He oversimplified the use of pulse theories in clinical practice. Yet he made a conceited comment that his criticism "was generally admitted to be true, or at least unobjected to and unopposed in any way" (Hobson 1860a, p. 477). Seemingly he did not gain deep knowledge in this area, nor any profound thoughts regarding different schools of thought. What needs to be pointed out here is that Hobson was not the first one who rejected the validity of Chinese pulse theories. From the early nineteenth century onwards, there had already been books and reports that refuted Chinese pulse theories from European sinologists and their medical associates, such as the collaborative studies of Jean-Pierre Abel-Rémusat and François-Albin Lepage. Their writings inspired medical practitioners to discuss the Chinese notions of pulses in medical periodicals, like *Medical Times*, and *Boston Medical and Surgical Journal*, as well as some other who opted for anonymity while writing reports in popular periodicals, like *Indo-Chinese Gleaner* (Barnes 2005, pp. 258–64). Walter H. Medhurst, among other China missionaries, likewise considered the Chinese pulse theories ungrounded. He pointed out that practitioners of Chinese medicine likened blood circulation to a Chinese notion of cosmology of "unceasing revolutions of the heavens and the earth." In this regard, a rudimentary form of Chinese religiosity was embedded in the Chinese pulse theories.⁷ Yet, he reminded his readers that European doctors before the birth of experimental science linked medicine with astrology (Medhurst 1838, pp. 110–11). If one could presume that Medhurst's book was one of Hobson's sources, one could argue that Hobson took a step further to confront his Chinese readers regarding the paucity of pulse theories in Chinese medical knowledge.

Furthermore, Hobson pointed out four significant obstacles confronting the advancement of Chinese medicine, namely (1) the lack of anatomy and proper pathology, (2) poor symptomatology, (3) the underdevelopment of knowledge in diseases in the domain of the brain and nervous system, and (4) "theorising and drawing deductions on mere speculation" (Hobson 1861, p. 33). He was of the view that Western medicine outshone Chinese medicine. He thought it required a direct intervention from the central governmental level. He remarks that "no radical improvement will be effected until Schools of Medicine are formed under the auspice of the Government, and placed under the direction of foreign Medical teachers, or intelligent natives educated in foreign Medical Schools" (Hobson 1861, pp. 33–34). The first Western medical school for the Chinese was established in 1887, the Hongkong College of Medicine for Chinese, fourteen years after Hobson's death. If Hobson's wish was to see the founding of a proper medical college in Peking, it happened in 1906 when the Peking Union Medical College was established. In recent studies, however, the momentum to modernize Chinese medicine gradually increased due to the subtle interaction between proactive government policies and receptive practitioners of Chinese medicine (Lei 2014). Both medical colleges in Hong Kong and Peking had strong links with missionary societies. As such, medical missionaries continued to play a critical role in developing medical education in China.

5. Conclusions

Benjamin Hobson's missionary career provides us with a fascinating case study to discuss the interactions between religion and culture by introducing Western medicine into mid-nineteenth-century China. He set a daring task for himself—"to give the Chinese a rational system of medicine." This he delivered with some success—"at least a short reference to the medical publications... to promote the benefits of the healing art in China" (Hobson 1861, pp. 33–34). This article sets out the early stage for scholarly discussion as to

how and why medicine became a contested area for religions in modern China and Hong Kong. In his last chapter of *Treatise on Physiology*, Hobson made three quick references to the Christian faith—God’s creation of humanity, the immortal soul of humanity, and humanity’s humility before God (Hobson 1991, pp. 275–79). In spite of his Christian theological orientation, the book became a bestseller from the number of pirated editions and reprints. The Chinese literati considered his medical texts to be valuable sources of new medical knowledge. Wang Tao 王韜, for example, stated in his diary entry on 2 May 1859 that Guan Sifu 管嗣復, a translator of Hobson’s medical texts, attested to the popularity of *Quanti Xinlun*. The book won many praises, and it attracted many buyers who did not mind paying a higher price to obtain a copy (Wang 1987, p. 111).

In this way, the logic of the medical missionaries’ contributions in relation to the promotion of Christian missions may have sprung from the belief that Western medicine was superior, rendering Christianity more credible under the aegis of medical missionaries. In this way, Hobson wanted to show in his writings and in his work as a medical missionary that Western medicine was superior to Chinese medicine. Interestingly, he could not avoid using Chinese terms associated with Chinese medical concepts in the translation project. In other words, if Hobson convinced the Chinese that Western medicine was superior, the “Chinese appearance” of Western medicine would be a factor in transmitting this idea. The coexistence of two different sets of medical knowledge in his translated works shows the complexity of referring to cultural concepts in Western medicine.

Last but not least, we come to the question of how to make sense of Hobson’s medical texts in the bigger picture of historical encounters between modern Western medical science and Chinese culture. Hobson intended to fight over the Chinese pulse theories. He met with no objection. Nor was there any dramatic encounter between Hobson and any Chinese medicine practitioner (or any priest of Chinese religions). But rather than considering this as a triumph of Christian/Western culture, it should be stressed that Hobson was a product of the last generation prior to biomedical science in the West. His medical education took place during the 1830s, at a time when the filth theory of disease prevailed, emphasizing unsanitary conditions and overcrowding as reasons for certain diseases, which would in due course engender the sanitary movement. As he returned home in 1858, the germ theory of disease began to be spearheaded by Louis Pasteur and, subsequently, Robert Koch (Snowden 2020, pp. 184–232). Hobson’s medical texts, at best, became the necessary underpinning for the rise of more advanced biomedicine. If Hobson thought a medical college was essential to equipping the Chinese with Western medicine during the 1840s and the 1850s, it was even more so at the turn of the century, as can be seen in the history of the Hongkong College of Medicine for Chinese and the Peking Union Medical College (Bullock 1980; Ho 2017). In this way, Christianity presented itself as a more complicated entity for modernity and faith, while Christian hospitals and biomedicine went hand-in-hand in the first half of the twentieth century in China (Klassen 2011). Of course, this was totally beyond Hobson’s original medical remit.

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Notes

- ¹ Hobson's contributions to the development of Western medicine in East Asia are constantly attracting historical interests from historians and medical practitioners. For recent studies in the past decade, see the following research articles (Bosmia et al. 2014; van der Weiden and Mori 2014).
- ² The China Medico-Chirurgical Society consisted of leading doctors in Hong Kong. It had been a scientific association that searched for a suitable venue to display specimens of natural history and morbid anatomy as well as to manage a medical library. But it had a rather short history (Rydings 1973).
- ³ Together with church and political leaders, Arhtur Tidman, the foreign secretary of the LMS, made a public appeal for a bigger sum of donation for the China mission field under the LMS (Anonymous 1859, p. 6).
- ⁴ Peter Parker hired Lam Qua, a Chinese painter, to create dozens of images about patients who developed different sizes and forms of tumour and received surgery from him (Barnes 2005, p. 291; Heinrich 2008, pp. 39–62).
- ⁵ Yu Tuan 虞搏 rejected the shamanistic tradition of medicine. He was a follower of the medical school of Zhu Zhenheng 朱震亨 (1281–1358). Yu's most influential medical text is *Yixue Zhengzhuang* 醫學正傳 (*Medical Classical Texts*). Yu spent considerable efforts in the examination of gout (Huang 2011, pp. 235–39).
- ⁶ *Oxford English Dictionary*, s.v. "rheumatism". Internet Access: https://www.oed.com/dictionary/rheumatism_n?tab=meaning_and_use#25597652 (accessed on 30 September 2021)
- ⁷ Wang Yuanyu 黃元御, a leading imperial physician serving in the court of Qianlong Emperor in the eighteenth century, was one of the great physicians who developed sophisticated pulse theories in a chapter in his medical text entitled *Suling Weiyun* 素靈微蘊. He advocated that there was a strong link between the Chinese notion of cosmology and pulse theories as well as the Chinese notion of well-being.

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