Summary
Although commonly regarded as a late twentieth century phenomenon, acupuncture use in Britain has a surprisingly long history, beginning with its seventeenth century transmission from China and Japan. Acupuncture was in use in the great hospitals of Paris before a second stage of transmission and translation brought it to nineteenth century Britain. Acupuncture’s first wave of popularity and its results in British medical practice can be examined through examples drawn from the *Lancet*, the *BMJ* and other medical periodicals. This historical transmission of acupuncture to the UK can be fruitfully compared to its modern analogue, and historical patterns of acupuncture use can be compared with those displayed in contemporary Britain.

Keywords
Acupuncture, history, cross-cultural, transmission of knowledge, expertise.

Introduction
In a club room in Westminster, about a mile away from the great teaching hospitals of central London, the London Medical Society – a body of vaguely reform-minded doctors, gentlemen all – was settling into post-prandial discussion over a few decanters of port. As a desultory conversation about rheumatism and its intractability faltered, a physician brought up the recent fad for acupuncture. He suggested that the technique was losing its effect as it lost its novelty. Another member, a surgeon by the name of Dendy, responded agreeably that indeed, ‘of late success does not seem to have attended it’. But Dendy had a more cheerful tale to tell – a story of an Earl, a surgeon and a horse named Acupuncture. Dendy told his colleagues that he had used acupuncture for some years and had heard from other users as well:

> Amongst the cures [acupuncture] produced, was one which came within my knowledge, where it benefited both patient and practitioner in a very agreeable manner. The Earl of Egremont was a martyr to rheumatism, and some years since, after having been treated by every medical man of note in London, without obtaining relief, he retired to his seat at Petworth, in despair. A friend of mine, who resided in Sussex at that time, happened to get an early copy of Mr. Churchill’s little work on acupuncture, and tried the remedy therein advocated with perfect success on an old woman who was a protégé of Lady Burrell, the daughter-in-law of the Earl. Her ladyship heard of the cure, and told the Earl what had been done; the result was, that the surgeon was sent for forthwith to try the new process on the peer, into whose tortured person he accordingly introduced two needles.... The effect was, that the Earl, who had obtained no sleep for the past fortnight, that night slept for seven or eight hours. Filled with joy, he gave the fortunate practitioner a check for a large sum, sent him home with post horses, and that day bestowed on one of his favourite racers the name of ‘Acupuncture’. ‘The event’, Dendy concluded, ‘made my friend’s fortune.’
Dendy told his story in March, 1833; sadly the minutes are silent about the responses of his interlocutors, and their own opinions of acupuncture are therefore unknowable. Such historical silences only added to my pleasure in addressing the 20th Anniversary Spring Meeting of the British Medical Acupuncture Society, and in meeting the contemporary colleagues of Mr. Dendy. Although my research on the history of acupuncture in Britain has taken me back – rather unexpectedly – into the depths of the seventeenth century, I began my work intending to study acupuncture-users and proponents working within the National Health Service and the institutions of orthodox western medicine in the twentieth century.

At the heart of my study were questions about how expertise – whether about silk-weaving or about the body and medicine – has moved from one culture to another. In the field of medicine, of course, the transmission of knowledge has long been an ongoing process. The great waves of transmission include the movement of Chinese medicine – including acupuncture, moxabustion, and five element theory – to Japan and its satellite nations; the transfer of Indian medical knowledge to China and Japan around the time of the Buddha; the transmission of classical Greek and particularly Arabic expertise to Europe (through Salerno in Italy) in the early Renaissance, and the Empire-driven transmission of orthodox western medicine and biomedicine from Europe and North America to the rest of the world since the eighteenth century.

Transferred medical knowledge can be divided into three general types:

i. materia medica, of which quinine and rhubarb are the classical examples among many others, including new treatments for malaria and potentially for cancer;

ii. procedures, like inoculation, observed by Mary Wortley Montague in eighteenth century Turkey, and rhinoplasty, an Indian surgical technique, developed apparently in response to a specific punishment for a class of criminals and adopted by British surgeons in the late 18th and early 19th centuries; and

iii. technologies. Here, of course, the acupuncture needle is apparently a perfect example.

In the last twenty years, acupuncture has become a part of the British medical vernacular. Acupuncture treatment is advertised in shop windows on every high street, and its popularity has drawn the fire of both the BMJ and the Lancet. Although contemporary interest in the healing needle is often perceived and presented as a new phenomenon, or as part of peculiarly modern trends and circumstances, acupuncture, in fact – as Dendy’s story suggests – has a long history in Britain, extending back to the seventeenth century, when the first medical and literary descriptions of Chinese medicine were published in London and other European capitals.

This essay will address acupuncture’s history in Britain, and the ways in which acupuncture as a therapeutic mode has been re-shaped by its British context, both now and in the past.

**Acupuncture in Britain, 1683-1901**

Broadly speaking, information about acupuncture has been transmitted to Britain in two waves, the first slowly building over the course of the eighteenth century and peaking in the first decades of the nineteenth, and the second beginning in the late 1950s and 1960s (landmarked by the 1959 foundation of the Medical Acupuncture Society in Britain) and still gathering force today. In terms of the development of a particularly British style of acupuncture, perhaps the most important aspect of the first wave of transmission is the process by which it occurred. From the late sixteenth through the eighteenth century, most information about China came to Europe through the elite corps of Catholic missionaries in Beijing and other urban centres of China. These highly educated men sent back tantalizing reports of Five-Element theory, yin and yang, and Chinese anatomy. These accounts were primarily concerned with Chinese medical theory, rather than with actual medical practices, although two specific techniques did
receive attention in Europe and specifically in England: moxabustion (endorsed by the diplomat Sir William Temple) and pulse diagnostics. In England, information about both was uniformly filtered through European reports and interpretations. One influential book was the 1671 Les Secrets Chinois – directed at the medical faculty and prospective doctors. It described the Chinese use of pulse diagnosis, and advocated its use as a way of elevating European medical practice and the social practice of western doctors. In Britain, a slightly eccentric, but prominent Oxbridge physician named Sir John Floyer took up this theme in the first quarter of the eighteenth century, and spread awareness of Chinese therapeutics to a broad section of the elite medical community, both patients and practitioners. In 1701, he reminded his colleagues and clients,

... it is not fit for any person to reject matters of fact, till by experience he finds them to be false. I hope all I have said will occasion the reader to suspend his rash censure, that the Chinese have not the sphugmick [sic] art they pretend to; 'tis possible that ... 'tis now reported to us very unskillfully by those Europeans, who never understood the Galenic art about the pulses.'

Floyer considered that his readers would ‘be pleas’d to practice according to the Chinese mode, as well as to adorn their houses with their curious manufactures, and to use their diet of Thea’ – that if Britons were satisfied with Chinese goods, and happily drank Chinese tea, surely they would be willing to experiment with Chinese medicine as well.' Although Floyer’s statement seems prescient in hindsight, acupuncture only entered British medical practice over a century later – and 140 years after the first medical account of East Asian needling was published in London.

In 1683 the first report of East Asian medical practices to be written by a medic, rather than a missionary, had arrived in Europe. This text, the first to describe acupuncture in detail, was Wilhelm Ten Rhyne’s Dissertatio de Arthritide, one chapter of which was devoted to Ten Rhyne’s observations on the practice of therapeutic needling. Ten Rhyne had observed acupuncture in person as the medical officer of the tiny Dutch trading settlement in Japan. Information about the Asian world in general, and Japan in particular, was rare and highly prized by European elites, and Ten Rhyne’s report on Japanese medicine was scrutinised avidly. His description of acupuncture was explicit about the presence of specific points appropriate for puncture – and indeed Ten Rhyne noted that specific illnesses were treated by piercing specific points. Ten Rhyne also tried to create an interpretive synthesis between Chinese and western medicine, explaining acupuncture in terms that would have been very familiar and comfortable to doctors trained in humoral medicine. Even the pictures he used as illustrations were a part of this ‘translation’ attempt. Although they were in essence direct copies of the Japanese and Chinese diagrams, the
The same nineteenth century commentator remarked that Ten Rhyne’s successor Englebert Kaempfer – the second major figure in the history of acupuncture in the west – was ‘a clear-headed doctor, who has seen with his own eyes and described with precision’ the operation and its effects. Kaempfer made no attempts to explain acupuncture’s successes in any terms, though he described them with conviction. Like Ten Rhyne, Kaempfer included full body maps of the acupoints, as well as pictures of the equipment associated with the technique – needles, their cases, needle-holders, and hammers to assist in insertion. Kaempfer’s images, however, eliminated the marked acu-channels, and made the whole map entirely symmetrical, in accordance with western rather than East Asian ideas of anatomy.

Despite their differences – differences more closely related to changes in western medicine and medical politics than to the phenomena either observed – both Ten Rhyne and Kaempfer remarked on the gentleness of acupuncture and moxabustion as compared to the orthodox western therapies of their day: bleeding, purging, actual cautery and the like. In his *History of Japan* Kaempfer strove to reassure his European audience about ‘their two principal remedies in surgery’:

*Their very names indeed will appear terrible and shocking to the reader, they being no less, than fire and metal. And yet it must be owned in justice to the Japanese, that they are far from admitting of all that cruel, and ... barbarous apparatus of our European surgery. Red hot irons and that variety of cutting knives and other instruments requisite for our operations, a sight so terrible to behold ... are things which the Japanese are totally ignorant of. Their fire is but moderate, it hath nothing to terrify the patient ... So likewise the metals they make use of in their operations of surgery, are the very noblest of all ... gold and silver, of which they have needles made in a particular manner, which are finely polished, and exceedingly proper to perform the puncture in human bodies*...
Despite these assurances, and the encouragement both Ten Rhyne and Kaempfer offered to European investigations of the technique, I have found no records of anyone taking up their calls to actually experiment with acupuncture in Europe. The early reports about acupuncture and its miraculous cures were considered simply incredible. Moreover, neither the *Dissertatio de Arthritide* nor the *History of Japan* were widely available; only the wealthy and well-connected could purchase the deluxe first edition of Kaempfer’s work, while Ten Rhyne’s text was directed to an elite medical audience.

Information on China in general was more widely available, but did not include detailed information about acupuncture; the accounts which did emerge from China heavily emphasised the exotic aspects of Chinese medicine – one story which was repeated over and over in travel books was that the Chinese stuck foot-long golden ‘bodkins’ into their patients, and then heated them with sticks of incense which had to be lighted by using mirrors made of ice. Moreover, as the eighteenth century progressed, western perceptions of China and to a lesser degree of Japan took a turn for the worse. In 1740, it had been acceptable to hold up the Chinese Empire as a model of good governance before even the Prince of Wales (as DuHalde did in the introduction of his *Description of the Empire of*...
China). By the end of the century, however, Great Britain’s first official delegation to the Chinese Emperor was forced to leave China without a trade agreement and with a new and bitter awareness of Chinese assumptions of superiority.15

The souring relations between Britain and China affected British perceptions of Chinese medical practice. Several members of the mission reported on their experiences with Chinese pulse diagnosis; few had anything complimentary to report. Among their sources of concern was, ironically, the fact that the Chinese physicians interpreted their patient’s bodies independently, and without showing any interest in the patient’s subjective experience of his (for the Ambassadorial party was entirely male) symptoms or illness. Clearly, this type of practice struck them as bizarre, and highly dubious; it is important to remember that western practice at this time depended heavily on self-reporting by the patient, and that moreover the diagnostic use of the pulse was still relatively new. The Britons’ assumptions that their Chinese doctors were frauds – despite their apparent success in curing their patients – were based on their understanding of appropriate medical practice as well as on their growing distaste for the Chinese.16

When the Ambassadorial party arrived at the court, an opportunity arose in turn for their doctor to treat a Chinese courtier (called the Colao or General throughout the original documents). In recounting this incident, Staunton also included a description of acupuncture which illustrates several of the difficulties in medical translation that would become central to nineteenth century interpretations and critiques of needling. The Colao was suffering from violent pains in his joints, limbs, and abdomen, and large swellings in the muscles of the back and down the spinal cord. Again, both Staunton and the mission’s physician expressed surprise and disbelief in the traditional Chinese dependence on pulse diagnosis; but here some of the theory underlying the technique was also detailed:

They considered the pulse as a general interpreter of animal life, which pointed out every condition of the body; and that, by its means alone, the nature as well as seat and cause of disease, could be ascertained without the necessity of any other information relative to the patient. After a full examination of the Colao’s pulses, they had early decided, that the whole of his complaints were owing to a malignant vapour or spirit which had infused itself into, or was generated in, his flesh, which shifted from place to place ... In consequence of this opinion of the nature and cause of the disease, the method of cure was to expel the vapour or spirit immediately; and this was to be effected by opening passages for its escape, directly though the parts affected. The operation had been frequently performed, and many deep punctures made with gold and silver needles (which two metals only are admissible for the purpose), with exquisite pain to the patient...17
By this account, acupuncture acted purely materialistically – by providing a physical vent for a material vapour. In fact, several European authors took the Chinese term, translated here as vapour, to mean flatulence. This is contrary both to Chinese medical theory, and to Ten Rhyne’s account of it, but this type of misunderstanding was foreshadowed in Kaempfer. Hugh Gillan, the embassy’s medical attendant, also contradicted both Kaempfer and Ten Rhyne’s earlier reports by describing acupuncture as ‘exquisitely painful’.18

Staunton’s report continued by remarking sarcastically that the disease failed to respond, and that this failure was blamed on ‘the obstinacy of the vapour’ rather than any fault in diagnosis. He noted that the Chinese faculty proposed the same treatment for abdominal pains as for joint pain – a patently ridiculous statement by western standards, given the difference between the two parts of the body. Staunton concluded by reporting that when last seen the Colao was in good health, thanks entirely to his encounter with western medicine, and subsequent rejection of his Chinese doctor’s acupuncture therapy.

Figure 5. Ten Rhyne’s detailed illustration of the Japanese tools for acupuncture, including a typical needle with grooved ivory handle, and the small hammer (with needle compartment in its handle) used to enable swift and deep insertions of the acupuncture needles.
Of course, it is far from coincidental that travellers began to send back such negative reports of Chinese medicine in this period. The eighteenth century saw the emergence of scientific and medical expertise as the standard by which Europeans assessed non-western civilizations. Although the texts of this period, unlike *Les Secrets Chinois*, did not present East Asian medicine as a template for European practice, they did describe certain techniques as potentially useful additions to the repertory of western medicine – among others the Chinese model of doctor-patient relationships (to which Staunton, as the silenced and disregarded patient, so strongly objected), in which doctors read their patient’s bodies through a complex set of physical signs, rather than as mediated by the patient’s own experiential interpretations. Descriptions of Chinese medical theory continued to emerge from missionary sources, but were rarely a focus of medical attention either in China or Europe. Through the eighteenth century, specific Chinese medical techniques (and in particular acupuncture and moxabustion) were much discussed by the profession, but remained unpracticed in Britain. Responses to Chinese medical theory, meanwhile, fluctuated in accordance with the popularity of two western medical models of the body – humoral and anatomical.

By the end of the eighteenth century, however, a change in western responses to acupuncture was taking place. As western medicine was becoming more interested in science as a source of information and authority about the natural world, young medics were becoming interested in using experiment to test the value of different therapies, particularly in France. Acupuncture, as a technique extrinsic to the western medical and surgical traditions, was available for experimental proof or disproof. Indeed, acupuncture was almost certainly the first surgical technique to be publicly assessed through experiment and clinical trials.\(^{19}\) Reports detailing apparently miraculous rates of cure or relief rapidly traveled to Britain, accompanied by the eye-witness accounts of British medical students in Paris.

British journals initially resisted publishing reports of acupuncture – one editorialised that ‘The first accounts of the virtues of the new remedy were so marvelous, and therefore seemed to savour so much of quackery, that, coming as they did, from persons not of the highest authority, we could not but follow the general example, and decline giving implicit credit for their assumptions.’\(^{20}\) By the second decade of the nineteenth century, however, the trend had produced enough interest in acupuncture that a small but politically and geographically diverse group of orthodox British practitioners took up the technique. The most famous populariser – the Felix Mann of his day – was a surgeon named James Morss Churchill. He recommended acupuncture as a remedy of last resort for a range of chronic medical conditions – indeed, much the same range for which it is recommended by supporters within orthodox medical practice today.

The pattern of the metropolitan response to acupuncture, although not entirely predictable, was not atypical for the period. Experimentation was common and the boundaries between orthodox and alternative medical practice were still in flux. Moreover, acupuncture was a useful tool in a highly competitive medical atmosphere; for surgeons, it was an external application that treated the internal ailments which had been medicine’s exclusive preserve. For doctors, it was a nearly painless alternative to the purges and bleeding so distasteful to their middle-class patients, and therefore a way to retain their custom. Within the profession, interest in Chinese medical theory remained minimal, even as practitioners around Britain took up the needle. Indeed, for the first decades of its use in British medicine, it was acupuncture’s apparent lack of theory which made it attractive and available to a range of orthodox practitioners.

In 1823, James Morss Churchill published an influential monograph on acupuncture. The book was made up of an introduction describing acupuncture’s exotic origins, a body of case
studies, instructions on how to use the technique, and the following caveat about theory:

I have not attempted an hypothesis of the operation. I have by no means made up my mind as to the nature of its action, and rather than venture into speculative reasoning, which would be received as doubtful by some, and visionary by others, I prefer preserving a profound silence.21

Churchill was far from alone in his reluctance. One of his earliest converts to acupuncture’s cause, a surgeon named Jukes, wrote to him about a successful case, concluding:

I send you the history of this case without any comment upon the mysterious nature of this extraordinary operation; yet I am convinced there is something more in it than has been hitherto explained. I have, it is true, some notions (not however fixed) as to its nature; but I would not at present venture to detail them, lest the embers of animal magnetism might be rekindled in the discussion, and the operation from being associated with an exploded theory, sink into an undeserved and premature oblivion, from preconceived prejudice.22

Fear of being tarred as quacks and – in a time of medical reform and upheaval – fear of adopting any rigid theoretical platform encouraged supporters of many medical innovations to be chary of binding their inventions too strongly to any one system. Acupuncture, its supporters argued, could legitimately be taught and performed empirically, given the cases available to illustrate its success. In the absence of theory, Churchill structured his attempt to popularise the technique around creating a standard style of acupuncture practice. His ‘directions’ were authorised by the cases in which his particular mode of practice had succeeded, while alternative modes of use were criticised either explicitly or implicitly. Tellingly, Churchill often linked opposing western interpretations of ‘acupuncture’ with the disreputably foreign origins of therapeutic needling. For example, in his remarks on acupuncture in India, Churchill specifically mentioned its use in abdominal, cephalalgic, and ophthalmic illnesses as illustrative of the erroneous, even superstitious, Indian mode of needling. Examples from each of these disease-categories had been proposed as appropriate occasions for acupuncture by other European proponents.

Churchill’s emphasis on technique hints at a second major set of issues surrounding early British acupuncture. Basically, it raises questions about what makes a medical therapy (or for that matter any other form of intimate knowledge) satisfying, assimilable, believable, and repeatable. The maps of acupuncture channels and points, and indeed any information about that aspect of needling disappeared as acupuncture crossed first the Pacific and then the Channel. The mapped body underlying Asian acupuncture had played no visible role in the French experimental exploration of the therapy, and these were the sparks for British interest in the early nineteenth century. Yet without those maps, and the conjunction of theory and experience which they represented, how was the technique of acupuncture to be systematised and transmitted in an effective form? In general, how important is theory in creating acceptance and naturalising innovation, whether foreign or domestic? Conversely, how satisfying and convincing can even a successful practice be, in the absence of theory?

To the extent that it was ever a mainstream technique in nineteenth century Europe, acupuncture was popular because it was a successful therapy. Obviously, a therapy flourishes not merely because of its clinical efficacy, but also because it meets more broadly pragmatic criteria. It must be simple, easily taught and learned, and – especially in the pre-anaesthesia days of the early nineteenth century – as painless as possible. It must also be intellectually satisfying; ideally, both practitioners and patients must benefit from and believe in the treatment, however they interpret it. Acupuncture, as a foreign technique, had to become assimilated, and had to reduce its apparent absurdity in the eyes of its audience – lay and professional. The therapeutic use of the needle had to be made intelligible in some way. Thus, its
proponents presented it as readily learned and practiced, as effective in intractable cases, and as a source of competitive advantage. They tried to create an intelligible acupuncture by defining it as a specific, available practice, thriving, if unfortunately little known. Subsequent to the publication of On Acupuncturation, a string of case studies was published reporting acupuncture cures, often where the needle was a ‘last resort’. The orthodox practitioners who wrote these reports emphasised the pragmatism of their acupuncture use in tones almost identical to those used by Felix Mann a century later: in a presentation to the BMA’s 1968 Annual Clinical Meeting, Mann ‘admitted to being unorthodox in using [acupuncture] without knowing how it worked. ... He added that if snakes’ blood and crocodiles’ teeth produced cures, he would use them.’ The orthodox practitioners who wrote these reports emphasised the pragmatism of their acupuncture use in tones almost identical to those used by Felix Mann a century later: in a presentation to the BMA’s 1968 Annual Clinical Meeting, Mann ‘admitted to being unorthodox in using [acupuncture] without knowing how it worked. ... He added that if snakes’ blood and crocodiles’ teeth produced cures, he would use them.’

In following acupuncture through its cycles (thus far) of popularity, fading to mediocrity, and to invisibility, and then – today – back again to popularity, it is clear that the consistency and results of its technical practice were as vital to acupuncture’s popularity within medical orthodoxy as its fit with native medical productions and understandings.

**Acupuncture in Contemporary Britain**

Offering members of the BMAS a full description of acupuncture’s recent history in Britain would be otiose. Therefore, in the next section of the paper, I will simply outline some pertinent aspects of the modern transmission and translation of acupuncture, and then discuss what intellectual and practical gains may be made from understanding the long history of British acupuncture.

In 1971, Chinese surgeons operated on the neck of a young male patient, who remained conscious throughout. When his wounds had been sutured, the patient sat up, had a cup of tea, spoke to his doctors and – much to the surprise of a small group of observers – dressed himself and walked out of the theatre. His operation had been performed without chemical anesthetic; the only pain-relief was provided by a set of steel needles, inserted into the patient’s body. The observers in question were American doctors, invited by the China Medical Association to tour medical facilities in the newly open People’s Republic of China. They reported their visit in the *Journal of the American Medical Association*, particularly emphasising the remarkable use of needles – acupuncture – as analgesia even for major surgery. The Americans were swiftly followed by a group of British physicians, who published a very similar account of acupuncture in a letter to the *BMJ* in early 1972, noting that ‘in all cases the patients were conscious, fully co-operative, and appeared to suffer no pain. ... alternative methods of anesthesia were available but not used.’ Like their predecessors, the British medics were astonished by acupuncture anesthesia. These medical delegations preceded Nixon’s visit to China; however, theirs were not the first or necessarily the most influential descriptions of acupuncture to emerge from China in this period. The British and American broadsheets had beaten them to it by several months, with sensational and widely circulated accounts of a foreign correspondent treated with acupuncture while covering the Sino-American negotiations in Beijing. Both medical and popular reports were intimately reflective of a rich political and cultural context, steeped in the politics of the Cold War (it was claimed for example that patients and the observing medics had been brainwashed by Maoists to believe in acupuncture anesthesia), and concerns about the widespread disaffection from science.

This rejection of science as a purveyor of moral or social truths, combined with environmentalism and feminism – and less progressively, with the West’s long-standing affection for orientalism – was reflected in the rise of the New Age movement. For medicine, the New Age has meant rising consumer scepticism, a demand for professional accountability and responsiveness, and calls for ‘natural’ or ‘holistic’ medical
treatments. The exotic spectacle of acupuncture anesthesia was certainly part of its immediate appeal, but so were the politics, and even the philosophy of care underlying the simple technology of surface needling.28 Indeed, despite the fairly substantial disincentive of free (at the point of delivery) orthodox medical care, British medical consumers, no less than their American counterparts, have turned to alternative medicines in numbers which have steadily increased since at least the 1970s. A 1995 WHICH report put British consumer spending on alternative medicine at £60 million a year. Interest is also increasing among GPs and Health Authorities – in 1991, roughly 80% of GPs expressed their willingness to refer patients to complementary practitioners, and by 1993, 65% of District Health Authorities indicated that they supported the availability of at least some complementary therapies on the NHS. In part, user demand reflects the increased availability of information about acupuncture, but it also drives the cycle of increased coverage of unconventional therapies in the popular and medical press.

This positive feedback loop was initially catalysed by the re-opening of Mao’s China, and especially by the Chinese government’s decision to showcase its integrated use of western and traditional Chinese medicine. Both medical and popular presses immediately responded to the novel healing narratives and images – but their responses rapidly began to differ in tone. Where journalistic and medical witness accounts were generally positive, medical commentators in the UK were skeptical at best and often actively hostile. Politics and race played clear roles, but professional and scientific criteria underpinned most medical objections. Medically trained advocates of acupuncture (including, of course, members of the BMAS) have responded by seeking a biomedical, neuroanatomical or physiological basis for acupuncture, creating in the process a ‘science of acupuncture’. This scientific attention to an ancient Chinese therapy – and the fusion treatment which has resulted from it, ‘medical acupuncture’ – in turn has sparked further reports by the popular press.

What does it mean for a GP or hospital consultant to offer her patients ‘acupuncture’? Does the practice which is called acupuncture in an NHS clinic, or a GP’s surgery bear any relation to the practice which goes by the same name in mainland China or in the international Chinese diaspora? Is the availability of acupuncture on the NHS in fact what it appears to be – a radical shift in the therapeutic modes of western medicine? Does it imply or require an acknowledgment, adoption, or adaptation of an alternative model of the body? Or is it an orthodox medical innovation, dressed perhaps in exotic terminology, but rooted in the anatomical body?

Clearly, the practices and technologies that make up western medicine in the last third of the twentieth century are different from those which shaped medical praxis in Europe and the UK at the beginning of the eighteenth and particularly the nineteenth centuries. Within the orthodox British medical profession, however, the transmission and reception of acupuncture in the late twentieth century is remarkably similar to nineteenth century precedents. The ‘medical acupuncture’ of the late twentieth century, like the ‘acupuncturation’ or ‘acu-puncture’ of nineteenth century doctors and surgeons, has adopted from Chinese medicine the idea that needling at or near the surface of the body can have beneficial therapeutic effects. ‘Medical acupuncturists’ have subsequently adapted this insight to biomedical models of the body, rooted in anatomy, physiology and the other collateral sciences – just as did their nineteenth century counterparts. Some have set out to explore with the tools of biomedical science the empirical data of traditional Chinese acupuncture, to ‘validate’ or challenge the efficacy of traditional acupoints, etc. ‘Medical acupuncture’, therefore can reasonably be classed as an innovation, a fusion technique requiring relatively little serious reconsideration of biomedical understandings of the body. Like nineteenth century British acupuncture, ‘medical
acupuncture’ can apparently be readily absorbed into orthodoxy without triggering controversy or continuing publicity. But the example of nineteenth century acupuncture is also a cautionary one: once fused with the orthodox medicine of the day, and separated from its underlying system of knowledge and expertise, acupuncture proved fragile. Its efficacy declined as it was applied unsystematically, and it failed to integrate into the enduring body of medical knowledge, despite its early success in the treatment of otherwise intransient conditions.

The difference in scale and tenor of the late twentieth century British response to acupuncture – and there certainly is a difference – seems to derive less from medical attention to the exotic technique, than from lay and media interest not just in acupuncture, but in the medical and philosophical culture from which it emerged. Unlike the orthodox innovation of ‘medical acupuncture’, traditional Chinese acupuncture demands considerable flexibility in models, not just of the body, but of health and disease. Its growing popularity reveals that the British public is willing – and perhaps even eager – to stretch these established models (as promulgated by orthodox medicine). For over a century, the biomedical model of the body has proven productive, flexible and satisfying for both patients and practitioners. ‘Medical acupuncture’ illustrates precisely the nature of biomedicine’s flexibility and ability to adapt; however, the challenge posed by acupuncture’s popularity may demand a different kind of suppleness on the part of the medical profession: one which seeks not only to assimilate the readily adaptable (usually material) features of alternative medical systems, but to respond to the systems themselves.

Reference list and endnotes

3. Their current hostility is rendered somewhat ironic given their historical support of the technique; in its first years, the Lancet actively supported acupuncture use, while British medics have published their research on acupuncture in the BMJ and its precursors since the 1840s.
5. A longer and much more detailed version of this history is available in Bivins R. Acupuncture, Expertise and Cross-Cultural Medicine. Basingstoke: Palgrave; 2000, from which several sections of this paper are extracted.
6. See for example, the writings of Michael Boym, Andreas Cleyer, Abbé Grosier, and Jean Baptiste DuHalde. Summaries and analyses of their contributions to European acupuncture can be found in Lu GD, Needham J. Celestial Lancets: A History and Rationale of Acupuncture and Moxa. Cambridge: Cambridge University Press; 1980, and chapter two of Bivins R. Acupuncture, Expertise and Cross-Cultural Medicine.
7. Sir John Floyer, The Physician’s Pulse-Watch...To which is added, An Extract out of Andrew Cleyer, concerning the Chinese Art of Feeling the Pulse. London: 1701. p. 431-2.
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Empire; ... of the Original Descent, Religions, Customs, and Manufactures of the Natives, and of their Commerce with the Dutch and Chinese. Together with a Description of the Kingdom of Siam. London: the translator; 1728.


15. The Ambassadorial party was preceded on their journey to Beijing by banners reading ‘English Tribute Articles’ — and The Kian-Lung Emperor sent his greetings to ‘his loyal subject prince George the Third.’ See Staunton G. An Authentic account of an Embassy from the King of Great Britain to the Emperor of China ... Taken chiefly from the papers of His Excellency the Earl of Macartney ... and of other Gentlemen in the several departments of the Embassy. 3 volumes. London: Bulmer W; 1797. Cranmer-Byng JL. An Embassy to China: Lord Macartney’s Journal, 1793-1794. London: Longman’s; 1962.


26. James Reston, the journalist in question, was treated with acupuncture for pain and paralytic ileus after undergoing a standard appendicectomy (under regional anaesthesia). See his account at http://www.acupuncture.com/Experiences/Times.htm.


28. For example, accounts note, with varying degrees of approbation and/or dismissal, that patients given acupuncture anaesthesia were also often given intensive pre-preparation for their operations, to enable them to best assist the surgeons during their operations.
The needle and the lancet: acupuncture in Britain, 1683–2000

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