OUTLINE OF THE HISTORY OF ACUPUNCTURE IN EUROPE

By Elisabeth Hsu

INTRODUCTION

This presentation is mainly based on secondary sources of the history of acupuncture.* It will be divided into two sections. The first will report on the practice of so-called “acupuncture” in Europe, and the second on Western inquiries into the principles according to which the Chinese practise acupuncture. The division is artificial because someone who inserts needles into a patient’s body does not necessarily practise *acupuncture*. He can only be said to practise *acupuncture* if he inserts the needles according to the principles of Traditional Chinese Medicine (TCM). However, in the light of the historical data, the division seems to be necessary.

The knowledge of acupuncture in Europe was generally derived from reports by travelling doctors on the one hand, and treatises by Jesuit missionaries on the other. These writers had different training, knowledge and interests, and they emphasised different aspects of Chinese medicine. In other words, we observe a close correlation between the profession of the writers who wrote on Chinese medicine and the content of their writings.

I shall therefore concentrate on the material which was written by doctors and concern more the practice of so-called “acupuncture” in Europe in Section One. The treatises which were mainly written by Jesuits and report on the concepts and modes of reasoning in TCM will be presented in Section Two. In the summary I will give a short outline of the historical events and discuss them in the light of the above observations.

* These secondary sources include a short history of acupuncture in Germany by Arnold (1976), a chapter in Lu and Needham (1980) and a book on acupuncture in France during the 19th century (Geoffroy 1986) as well as a few articles and some doctoral theses (Buet 1977, Heise 1985). In addition, information on 20th century developments has been obtained from interviews with a few acupuncture practitioners including the healer who was the first to teach acupuncture in Britain, and the president of the “Association Francaise de l’Acupuncture” (AFA).

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In the first part of his treatise he discusses the aetiology, the symptoms and the therapy of “podagra” *. In the beginning of the second part he declares that the principles of Chinese and Japanese doctors are far too difficult to explain and that he will therefore limit himself to the discussion of two Chinese and two Japanese figures which represent the meridians. He called the lines drawn on the surface of these figures “vasi” (veins and arteries), which led to much confusion in later times. In the third part, entitled “De Acupuncture”, he discusses different types of needles (silver, golden etc.) and different modes of puncturing (e.g. the needle is inserted by rotation, or it is hammered into the skin with a small hammer). He is aware of the possibility of treating pain by needling a distant acupuncture point. He also understands that needling has an effect on “Qi” (which he translates as “flatus” or “Spiritus”), but he misunderstands its purpose and effect: “... ut flatus ille avolet” (in order to let the breath fly away) finally he gives in a single paragraph, medical indications for acupuncture treatment.

*Podagra: gout of the foot or big toe, but possibly having a wider meaning at this time.

Ten Rhyne was a doctor of the Dutch East-India Company, and his report, based on the information he had gathered in his two-year stay in Nagasaki, is one traveller’s report among others by doctors of the company. It was preceded by J. De Bondt’s (1658) and A. Cleyer’s (1682) publications, and followed by a more extensive and detailed report by E. Kaempfer (1712).


Engelbert Kaempfer gives a more comprehensive account of Chinese medicine. In “Amoenitatum Exoticarum Politico-physicomedicarum Fasciculi Quinque” (1712), one chapter is devoted to acupuncture, one to moxa, and one contains an annotated illustration of *Kusji* (= *Zhenjiu* = Acupuncture and Moxibustion). Like Ten Rhyne, he recognises the therapeutic effects of distant puncturing but not the importance of pulse diagnosis, which he hardly mentions. His attitude towards Chinese and Japanese medicine is, like De

PART ONE: THE PRACTICE OF "ACUPUNCTURE" IN EUROPE

17TH CENTURY

The Dutch doctor W. Ten Rhyne is considered to have written the earliest important report on acupuncture. The word “acupuncture” was probably coined by him.

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Bondt’s, most favourable and his enthusiasm is best illustrated by the following metaphor: he speaks of “the inhuman surgery of the Western world” using “cruelly injuring steel”, while the Japanese are said to cure “with the mild fire of the royal plant Artemisia” (moxa), or by means of “the noble metal of the fine needle” (acupuncture) (cf. Arnold 1976: 33).

The travelling doctors of the Dutch East-India Company had witnessed how acupuncture was practised and were impressed by its therapeutic effects and techniques. Their contact was with Japan rather than China, since the Netherlands had the right of exclusive trade with Japan from 1641 onwards. They recognised the relatedness of Chinese and Japanese therapies and their treatises contained some information on what is nowadays considered TCM, but they also contained much distorted information.

It is striking that Ten Rhyne gives a very detailed account of static, materialist entities such as the material of the needles (which is not of major concern in TCM). His report has often therefore been characterised as being practice-orientated whereas the principles of TCM which he scarcely discusses, in fact form an important part of the practice of acupuncture.

This interest in static, easily observable entities, has to be seen in the context of European science and medicine during the 17th century - a period of most decisive findings for modern science with a fundamental change of outlook. In medicine, two new fields of investigation were developed: physiology and microscopic anatomy. Marked by an interest in iatro-physics, observations in a more physiologic framework were made in Padua. Microscopic anatomy, on the other hand, was much promoted by A. von Leeuwenhoek (1632-1723). Leyden in the Netherlands eventually became a major centre of research, its influence being at its peak during the time of H. Boerhaave (1688-1738), a successful clinician and medical teacher (Ackerknecht 1982).

Ten Rhyne’s Dutch background suggests that explanations in terms of a more physiological outlook – an understanding in terms of functions such as we cultivate nowadays for understanding TCM - were not of primary concern to him. Moreover, why should a 17th century doctor be interested in pursuing aspects of medical research which had similarities with the scholastic medicine of the Middle Ages? Notions such as “elements” (Wu Xing = five Phases) or “Spiritus” (Qi = Energy, Influence) were exactly what European medicine was seeking to overcome.

18TH CENTURY

Kaempfer’s report in 1712 was to be the last one of major importance for more than a century by a traveller who had been to the Far East himself. During the 18th century, particularly in Germany, Chinese medicine was either criticised (eg Staël 1733) or ignored. This lack of interest in Germany may well be illustrated by the fate of L. Heister’s essay “Vom Nadelstechen der Chinenser und Japanenser”. It was printed in his “Chirurgie” in 1789, reprinted in a later edition (1763), but did not appear in his “Kleine Chirurgie” in 1767. Although Heister had a favourable attitude towards Chinese culture, he could not appreciate the Chinese medical system: “...and one wonders how such prudent nations can have such a high opinion of these strange remedies”. This characterisation of Chinese medicine was based on the reports of Ten Rhyne and Kaempfer, which seem to have been the standard sources of knowledge for Chinese medicine up to the 19th century. Who would want to blame its many critics?

In France, Chinese medicine was better known. The Jesuit Du Halde, for instance, includes in his “Descriptions Geographique, Historique, Chronologique, Politique et Physique de l’Empire de la Chine et de la Tartanie Chinoise” (1735) detailed descriptions of Chinese medicine: it contains Kaempfer’s description of acupuncture, refers to the concept of meridians, and includes translations of Chinese medical classics about pulse diagnosis and recipes of various pharmacopoeias. DuJardin’s “Histoire de la chirurgie depuis son origine jusqu’a nos jours” (1744) contains information which he extracted from the publications of the doctors of the Dutch East-India Company. Furthermore, the dissertations which were written on Chinese medicine in France (eg Bridault 1757, Deidie 1787) reflect some interest in Far Eastern medicine.

19TH CENTURY

It was in France that the practice of “acupuncture” was in vogue at the beginning of the 19th century, and from there it spread to other European countries. L.Y.J. Berlioz is considered the first to have used acupuncture needles for treating patients and to write reports on his medical successes. From the time of his first publication (in 1816), until about 1825, needling spread among French practitioners, mainly for treating cases of neuralgia and rheumatism. With a delay of about ten years it spread also to England, Germany and Italy. However, this fashion of needling had a short life. No similar reports from the latter half of the 19th century have been found.

The upsurge of acupuncture at the beginning of the last century is puzzling and the question arises as to what factors conditioned its occurrence. In this essay we cannot discuss the question exhaustively. We can only point to some possible conditioning events. For instance, we may remind ourselves that criticism of Chinese medicine seems to have been very severe in Germany during the 18th century, while more sympathetic treatises on Chinese medicine were published in France at a slow but constant pace. Moreover, the revolution had abolished many old institutions, and as a result, innovations in every field of study were facilitated in France. In medicine, the institutionalisation of hospitals gave access to unprecedented material for clinical observation, physical examination and also for autopsies. When reading of Corvisat, Bichat, Laennec, Bretonneau and many more, one is struck by the almost visible growth of knowledge in pathological anatomy. In this atmosphere, doctors were probably interested in experiments, including those involving the treatment of patients with needles.
To explain the rapid decline of needling, one may want to reason that due to the achievements of clinical medicine, needling was soon overcome. However this reasoning does not hold if we look at the development of medical practices in Germany. Although the situation in Germany was quite different at the beginning of the 19th century, we are tempted to point to a parallel practice of a non-orthodox medicine: the rise of homoeopathy. Unlike needling, homoeopathy did not sink into oblivion, even though, during the latter half of the 19th century, it was in Germany that the advances in clinical medicine were the most rapid.

Unlike needling of the early 19th century, homoeopathic therapies were constantly practised according to a theoretical framework. The principles of homoeopathy were put to forward by Samuel Hahnemann (1755-1843). They were based on his findings that same is cured by same (similia similibus curantur) and stood in stark contrast to the practices of clinical medicine at that time, so-called allopathic medicine. These principles were to be empirically tested and Hahnemann never stopped to integrate new observations into his theoretical considerations which he published in the repeated revisions of the “Organon” (1810-1833). It seems that, apart from other factors, the different attitude towards a theoretical foundation of the practice conditioned the different development of these two non-orthodox therapies; homoeopathy continued to be practised and researched while needling was totally abandoned in the later part of the 19th century.

Most doctors of the early 19th century applied only the so-called “locus dolendi” mode of treatment (Feucht 1961) where localised pain was treated by the local insertion of needles. This practice was not only wrong according to the principles of TCM, but also brutal. It was for instance common to use a large number of needles and to leave them in the body for hours (cf. the report of an Italian doctor that 38 needles left in the vertebral column for eight hours had cured an epileptic child (Geoffroy 1886:135). In the middle of the century, acupuncture needles were totally estranged from their original purpose: they were described as useful for exploring the contents of tumours and for facilitating the coagulation of blood in the vessels etc. (cf. Nouveau Dictionnaire de Medicine et de Chirurgie Pratiques 1864, cit. Geoffroy 1886:148). Sarlandiere (1835) was perhaps the only practitioner who was fully aware of the possibility of treating pain by needling a distant acupuncture point, but he developed an idiosyncratic system of “electro-puncture”.

Nobody seemed to feel the need to consult Chinese sources, not even Abel-Remusat the first professor of Sinology in Europe, at the College de France. In 1825 he wrote a valuable short and critical essay “Sur l’Acupuncture”. His attitude towards the practice of needling was generally favourable, although he concluded that it was a method which needed to be studied at length before its efficacy could be definitively judged. The kind of study he was referring to was by no means that of Chinese medical classics. He smiled at Sarlandiere for believing that Chinese practitioners had any principles on which to base their practice. Sarlandiere, he said, treated the Chinese with much honour while in fact, they appeared to act haphazardly, “guided by intuitions of an ignorant empiricism” (Abel-Remusat 1829:378).

Only a few individuals of the 19th century advocated the investigation of the sources of Chinese medicine. Kerber (1832), for example, compared Ten Rhyne’s and Kaempfer’s reports with a translation of 110 aphorisms of Chinese medicine (by I. Titsing cf. Section Two), and came to the conclusion that European and Chinese acupuncture were two quite different techniques.

Captain Dabry de Thiersant is another person who made inquiries into the original sources of acupuncture, and was the first to go to China after a long lapse of direct contact. He was not a doctor, but he learned Chinese and he wrote a 579-page study on Chinese medicine: 340 pages concerned the treatment of internal, external, women’s and children’s diseases, 70 pages explained acupuncture points, point by point, their location and medical indications, and 70 pages described veterinary medicine. He was aware of a circulating “Qi”, of the “Jing” (meridians) and his four tables of the acupuncture points are very detailed. But his work was ignored or considered scientifically useless (cf. Hubotter 1929) and it had no impact on research into the theory of Chinese medicine.

20TH CENTURY

The 20th-century interest in acupuncture is closely linked to Georges Soulie de Morant. The story goes that he was very impressed by the achievements of TCM during a cholera epidemic in 1908 when he was Consul in Yunnan-fu (Kunming) and that from then onwards, the French diplomat in China pursued the interests of his youth in medicine. Back in France, encouraged by P. Ferreyrolles, he translated Chinese medical classics and began to teach acupuncture. Unfortunately his translations were interspersed with his own ideas and he taught his students in the terminology of Western medicine with which they were already familiar. His work has led to the flowering of the over thirty acupuncture associations in France, each with its own curriculum and its own idiosyncratic theory.

In the late forties and early fifties R. de la Fuye organised the first acupuncture association in France, the AFA, as well as several international congresses. This led to the foundation of the first acupuncture association in Germany (in 1951/52). From Germany the practice of acupuncture spread to other German speaking countries and in the early sixties to England. This picture is of course oversimplified and one should bear in mind that such individuals as Dr. Felix Mann in England began to practise acupuncture independently of the above streams.

Acupuncture as an alternative to orthodox Western medicine has steadily gained in popularity as the statistics of various acupuncture associations show. However, it seems that practitioners have only recently turned their attention to acupuncture as it is practised in China, and it seems to be more recent still that research into the medical classics has been promoted on a larger scale.
PART TWO: WESTERN INQUIRIES INTO THE CONCEPTS AND MODES OF REASONING IN TCM

Yin Yang, Wu Xing, Qi, Xue are some of the key concepts which are nowadays known in the West, among scholars and practitioners (although even nowadays not necessarily with the same meanings as in China). Recently a large number of articles and books have been published; work of Western medical research and of investigations into TCM “theory” (eg in Europe Hubotter, Bridgman, Needham et. al., Forkert, Schnorrenberger, Unschuld, Despeux etc.). This interest in the systemic thinking of TCM and its historical development, the attempt to understand the logic and science of the Chinese people, seems to be unprecedented in European history. Ma Boying speaks of the “Needham period” which began no earlier than the beginning of this century (ca. 1930). While the present mode of inquiry into the concepts of TCM is a fairly recent development, it is striking that discussion of the terminology and theory of TCM were already recorded in treatises of the 17th century. These few treatises will be discussed in the following.

The earliest known text was written in 1654 by Jean Siu, a Chinese doctor who had been converted to Christianity. In the first part of the text, the dysfunctions of the orbs and the predicted course of the disease are described. The second part contains prescriptions for the treatment of wounds and inner lesions. In one passage, acupuncture points are mentioned and translated as the “108 cavities of the body”. This is probably the earliest reference to the acupuncture points in Europe (cf. Buet 1977).

Jean Siu’s text remained unpublished for more than two hundred years. Its translation was given to Toye by pere Vernez in 1854 and published in Toye’s “Note sur l’Art Medico-chirurgicale Chez les Chinois” in 1864. Similarly, the text “La methode du Cong-Fou ou Cinesiologie ou la Science du Mouvement” by pere Amyot (1718-1793) who was one of the last members of the Jesuit mission in Peking, was published well into the 19th century, in Dally’s “Cinesiologie ou Science du Mouvement” (1857). In the late 18th century Isaac Tisiting, a high official of the Dutch East-India Company and thereafter ambassador in China, translated a treatise by a Japanese doctor (cf. Abel-Remusat 1825:374) which consisted of 110 aphorisms, but his translation remained unpublished until Sarlandiere published it in the 19th century.

It is noteworthy that these treatises were all published in the mid 19th century: they had not preceded and prepared the great boom of needling in the 1820’s. On the contrary, it seems that the interest in theoretical considerations of Chinese medicine arose due to the widely practised locus dolendi acupuncture.

The first published treatise by a Jesuit was in 1671, the script dated 21st October 1668 at Quam Cheu in Quantum. “Les Secrets de la Medicine Chinoise qui Consistent en la Perfecte Connaissance du Poux” was written by a missionary who says of himself that he had preached for three years in China and was then banished to Canton. In the introduction he explains that he writes in French (instead of Latin) in order to make the “secrets decouverts” known to everyone, “savants et ignorant”. The treatise itself consists of four parts. The first part contains instructions on how to take the pulse (50 paragraphs), the second cites rules of the pulse, the third part gives predictions about the course of the dysfunctions which are recognised by taking the pulse, and in the fourth part, Chinese medicine is evaluated and compared to other medical practices. The author comes across as a very passionate and enthusiastic person who had practised pulse diagnosis himself and believed in the power inherent in every secret knowledge.

As far as is known, one other Jesuit treatise was published in the 17th century “Clavis Medica ad Chinarum Doctrinam de Pulsibus” (1686) by the Polish missionary Michael Boym (1612-1659). This treatise is of particular interest because it contains translations of the Neijing and the Nanjing; pulse diagnosis is discussed at length. Material from other Jesuit fathers and possibly parts of Boym’s text were assembled by A. Cleyer in “Specimen Medicinae Sinicae, Sive Opuscula Medica ad Mentem Sinensium” which was published in 1682, or possibly even twenty years earlier (Pelliot 1934). Andreas Cleyer was a German doctor with the Dutch East-India Company, but his information was derived from the work of Jesuit missionaries and contained a good deal on pulse diagnosis.

It is interesting that unlike Boym’s publication, Cleyer’s was later repeatedly cited, thanks to floyer (1707), especially in England. Cleyer was a doctor, like Ten Rhyne, Kaemper and floyer; it seems that doctors have tended to be aware only of other doctors’ publications. Finally, the Jesuit J.B. Du Halde of the 18th century (mentioned above) needs to be mentioned for his work which contains a detailed account of TCM and more than one hundred pages of translation from Chinese medical classics including several pharmacopoeias.

In summary, the reports by the Jesuits referred to the conceptual framework determined by pulse diagnosis and the circulation of “Qi”, while it was the technique of needling which caught the attention of the travelling doctors. The doctors came and went, they looked and could not really listen, and moreover their minds had been subject to years of medical training which focused and pre-structured their conceptions. Possibly the Jesuits recognised the importance of diagnosis for the practice of medicine, or more probably, they were struck by the achievements of pulse diagnosis. This seems very likely when one recalls the medical knowledge they were familiar with before they left for China. One had to admit, Jean Siu said, that the Chinese method of taking the pulse (which they did, in his opinion, because they did not know anatomy) was easier, more generally applicable and much more accurate than all the methods which had ever been described by masters and doctors of medicine in Europe (cf. Buet 1977). However the Jesuits’ treatises had hardly any impact on the practice of medicine in the early 19th century.

In the 20th century, when acupuncture practice took off again, the practice was based on directly imported, but still much transformed knowledge of TCM practices in China. In view of the age old presence of Jesuits in France, one wonders how far the Jesuit tradition and its modern representatives (père Larre etc.) could have had an impact on these modern developments in France.
3. SUMMARY
In the 17th century, doctors travelled to the Far East and they reported on their observations. At the same time Jesuit missionaries were working in China. Since they were well versed in the language, they could collect and translate authentic Chinese sources on TCM, sayings of indigenous practitioners or passages of medical classics.

In the 18th century, acupuncture was either ignored or severely criticised, particularly in Germany, while a few “Grandes Oeuvres” in France included a chapter on acupuncture.

In the beginning of the 19th century, needling enjoyed an immense popularity in France which spread to its neighbouring countries. However, it vanished just as rapidly and completely as it had arisen.

In the middle of the 19th century, some fragmentary but accurate treatises on TCM reasoning were published, often as chapters of large tomes by French doctors. These treatises had often been written more than a century earlier, mainly by Jesuits. But, published or unpublished, they did not stimulate the investigation of theoretical considerations in TCM; nor did Captain Dabry’s detailed and didactic work “La Medicine chez les Chinois” (1863).

The practice of acupuncture reappeared in France in the 1930’s and spread from there all over Europe. This time, with some delay, the inquiry into the principles of TCM as well as into the history and development of these ideas has been widely promoted.

The above sketch points out that the assimilation of the practice of acupuncture needling and the investigations into the theory of TCM took place within two separate professional groups in Europe. On the one hand, there were doctors who reported observations of the practice of acupuncture needling: Chinese and Japanese practices during the 17th century, and European practices during the 18th and early 19th centuries. On the other hand, treatises of TCM reasoning were collected and translated mainly by Jesuits. We observe that the first treatises on TCM principles were written at the same time as the first travel reports. However crucial these treatises were for practising and understanding acupuncture, they seem to have had no direct impact on contemporaries, not even on needling practitioners. This dichotomy between the application of the technique and investigations into the theory of acupuncture and TCM has obviously had a long history, and it can still be observed in the 20th century.

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