

## TRANSPACIFIC Workshop – KU Leuven

“Doctors, Drugs, and Medicinal Knowledge in the Asia-Pacific World (16<sup>th</sup>-18<sup>th</sup>c.)”

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[Within the framework of ERC AdG “The Structure and Impact of Trans-Pacific Trade: The Manila Galleon Trade beyond Silver and Silk”]

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The workshop gathered a diversity of scholars of different and complementary expertise in terms of academic disciplines (history, archeology, medical anthropology, conservation), of geography (Peru, New Spain, East-Asia, the Philippines, Taiwan, the Mariana Islands, the Dutch colonial network...). The aim of the discussion was to grasp the evolving realities and contexts of medical and medicinal circulations through trade, knowledge and practices throughout the Pacific Ocean in the Early-Modern period, characterized in particular by the European colonial enterprises and the connection of the eastern and western routes around the antemeridian of Tordesillas.

The importance and challenges of archival resources to consider these dynamics was made particularly central in the workshop not only through the various repositories and types of archival material used by the presenters but also by the involvement of Antonio Sanchez de Mora of the *Archivo General de Indias* in Sevilla.

The first achievement of the workshop was to replace the question of drugs in the ‘big picture’ of trans-Pacific trade. Linda A. Newson’s keynote lecture was a wonderful introduction and laid the framework for the following presentations and discussions. The talk focused on Peru, New Spain and the Philippines and the circulations within the Spanish empire. Due to the importance of the Manila Galleon in the trans-Pacific trade and in the project, as well as the qualitative and quantitative importance of the Spanish archives (notably the AGI), the Spanish perspective and the western route (from an European or American point of view) was at the core of the workshop, and the Philippines its center of gravity. During the workshop, the involvement of the Portuguese, Dutch or Chinese merchants and communities tended to appear in the margins of the far-western extension of the Spanish imperial system and networks.

Within this framework, drugs and spices have always been a powerful aim for commerce. The acquisition of Asian drugs and spices was one of the main objectives of transoceanic navigation in the early-modern period. Evaluating the place taken by such products in cargo lists is thus of the uttermost importance. It appears clearly that the trade of medicinal substances is aiming at securing the health of the Europeans wherever they might be. Moreover it stresses the key importance of drugs within the knowledge and practices of health preservation and restoration in the early-modern world. The widespread failure of transplantation (with the notable exception of ginger) lead to sometimes counter-intuitive circulations and routes such as the transit via Europe and New Spain of Asian drugs or spices destined to Spaniards in the Philippines. The failure or reluctance to use local therapeutic resources (be it as substitutes) also fueled the import of the (updated) Galenic *materia medica* in the Pacific. The explanation of such commercial dynamics is complex and implies political,

cultural, scientific as well as economic dimensions. In any case, in the long the trend in trans-Pacific commerce shows the increasing importance of commodities over spices or drugs.

The Pacific perspective definitely enriches and complexifies the history of early-modern *materia medica*. Whereas there is no such thing as a 'new' 'pacific' drug appropriated in European medicine (such as cascarilla, guaiac wood or quinaquina, which have gathered substantial scholarship), approaching *materia medica* from the Pacific, highlights the globalized intra- and inter-imperial circulations.

### **Materiality : Products and objects**

The workshop stressed the vitality and relevance of a material approach to medicine. The presentations and discussion pointed to the complex continuum of food, spices and drugs and the sometimes uncertain use of the substances carried on the ships, as cargo of for use on board. This resonates with the importance of diet and *regimina sanitatis* in medieval and early modern medicine.

The variety of materials (herbs, spices, aromatics – barks and nuts –, gums, minerals, animals) was a challenge in terms of conservation and various strategies of preservation : dry, salt, smoke, vinegar, fermentation, distillation (waters and spirits). The 'purging imperative' and the omnipresence of stomach problems can account for most of the remedies shipped. The mention of quince preserve is most probably due to its astringent properties. It is sometimes difficult to understand the rationale for long-distance shipping of purgative remedies when the European *Materia medica* does not lack purgatives. It is notably the case for the frequent mention of Cascarilla in Spanish shipboard correspondence (such as the 1779 *La Perla* voyage from Lima to Cadiz – Prize papers). The correspondence also mentions trials of local plants. The regular mention of antidotes is noteworthy as antidotes were an early type of 'specific' remedies (i.e. adapted to a 'specie' of poison) and as such an exception in the therapeutic arsenal. Cocoa offers a very interesting example of trans-Pacific circulation from America to East-Asian, even though the Chinese were, first, not very interested in cacao and chocolate (they always preferred to drink tea) and, second, at a later period when the atmosphere at the court became increasingly anti-Christian and anti-missionary, its reception in China was quite reluctant, as it was associated to witchcraft.

The materiality of medical trans-Pacific circulation is not limited to *materia medica*. Three particular objects were discussed. 1. The surgeon's chests for onboard health provision. The lists of remedies in the chest shows a growing standardization and the use of 'ready made' compound remedies (waters, ointments, powders, pills) which could reduce onboard preparations and facilitate both the preservation of remedies and their standardized use for specific health issues. 2. Mortars and pestles as evidenced in the archeological surveys of shipwrecks in the Pacific. Though in this instance it remains unclear if they were cargo or actually used onboard to prepare remedies. 3. Stills for desalination or distillation. Whereas the importance of the stills is documented, it is difficult to find evidence of the actual presence of the stills in cargo lists and their actual use onboard. These examples of mortars and stills are symmetric justification for the necessity of transdisciplinary approaches.

### **People and encounters**

The circulation of substances and knowledge (or absence thereof) relied on the participation of a variety of individuals. Portuguese merchants (some of them

*conversos*) took an important part in trans-Pacific trade through their commercial network and agents. The assets recorded in inquisitions trials are important sources to gather information on the commerce of drugs in the Pacific area.

Religious orders, particularly Franciscan missionaries and Jesuits played an important role in health provision mainly for Europeans in the Pacific Islands. Whereas Franciscans were 'specialized' in running hospitals, Jesuits rather dealt with apothecaries. The expulsion of the Jesuits from Spanish territories implied a reorganization of health provision. In the Mariana Islands the apothecary was then taken in charge by a person bearing a name in *CHamoru* pointing to possible interactions between colonial and local medicines.

Naval surgeons were crucial actors of health provision onboard ships but also of the circulation of knowledge in the Pacific, both from the East and from the West. Their role as go-betweens and their interest in local *flora* and *materia medica* is extremely important. We have evidence of the books they took onboard for their journey which inform us on their therapeutic priorities, of their surgical apparatus, and of the remedies (surgeon's chests *supra*) but it is noteworthy that these surgeons were usually the only medical personnel onboard thus blurring the traditional professional identities. They had to deal with both internal and external diseases and remedies in the absence of physicians. Moreover, some of them belonged to religious missionary orders as there is evidence of Naval surgeons being 'friars', thus connecting two networks of healthcare and circulation of knowledge.

It is much more difficult to gather information about indigenous healers, even though it is not impossible to adopt an emic perspective through European sources. In contrast with normative sources, it is clear that, in the Philippines for example, European medicine did not function in isolation from its local environment. From the correspondence regarding the supply of remedies for the Royal hospital for the Spaniards in the Philippines, it appears that between 1720 and 1747, the hospital did not rely on drugs imports from New Spain but turned to the increasing commerce between China and the Philippines as well as the use of substitutes and the preparation of medicines *in situ*. The case of the Philippines shows very important examples of interactions between indigenous, Chinese (Binondo) and European healing traditions and practices. These interactions involve a great deal of religious considerations in the sense that the use of therapeutic products is integrated in systems of knowledge/beliefs and rites. The suspicion of idolatry, witchcraft, sorcery is often present in European sources. The aforementioned case of the reception of cocoa in China is yet another good example.

Throughout the period, there is a tension between, the universal and localized dimension of knowledge and efficacy of cures. This tension affects people, diseases and *materia medica*. In a form of Christianized version of Pliny, the rationale for the presence of particular drugs in nature depends on the local needs (be it in terms of the constitution of local people, or in terms of local diseases according to the climate). This was partly a restraint to the circulation of substitution of drugs. A question arising from this question of locality is the extent to which the 'Pacific' could be considered as a specific medical system, and what its distinct characteristics would be from transoceanic medicine (with its constraint of regimen and environment) and with the specificity of the 'torrid zone' (or tropical medicine).

## **Labels and database**

A large number of sources mentioned during the workshop contained lists of names (things, persons, diseases...). These names can prove very convenient for historians, especially when dealing with large numbers. They can also be misleading and need to be used very cautiously. Several examples of 'misnaming' have been mentioned in the case of *materia medica* where Spanish names would be given to local plants according to their therapeutic properties rather than their actual botanical category (especially at a time when botanical taxonomy and natural history were undergoing a vast reconfiguration). The trans-Pacific circulation of (knowledge about) cacti and their appropriation in China was a very clear demonstration of the challenges of interpreting labels.

Nosology is probably even more perilous. There is a tension within our historical approach between two complementary but conflicting aims. 1. In terms of historical demography, we want to know what the 'actual' diseases were (in terms of contemporary demography). 2. in terms of anthropological history, we want to know what people perceived, understood, experienced (in their own terms), and why they acted the way they did. In the presentations, scurvy (especially), tabardillo and beriberi were often mentioned and discussed. The complex construction of diseases in non-bacteriological frameworks, insisting on climate and non-naturals (regimen) as determinants for disease and remedies makes the interpretation of names/labels quite precarious. Long-term categories and labels are a challenge, especially when it comes to structure and populate a database. The coexistence in the sources of symptomatic descriptions and of nosographic entities, rooted in various cultural contexts, both geographically and chronologically has been a recurring issue in the history of medicine with no simple and straightforward answer.