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The evangelization through medical practices of Spanish Franciscans in 17th century China: Pedro de la Piñuela and *Bencao Bu*

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Abstract: During the 16th and 17th centuries, Catholic missionaries in China adopted the strategy of cultural accommodation to integrate themselves into local society. In addition to advancing their missionary work, this approach also facilitated a broad cultural exchange between the East and the West. Notably, this strategy was not exclusive to the Jesuits; Spanish Franciscans also employed it, with preaching through medical practices serving as one of its prominent components. This article aims to investigate *Bencao Bu* [本草補, *Supplement to Chinese Materia Medica*], a pharmaceutical work in Chinese by Pedro de la Piñuela [石鐸琭, Shi Duolu]. After a brief introduction of the work and its author, the article analyzes the narrative mode employed in *Bencao Bu*, drawing insights from both Chinese and Western medical ideological perspectives, while also evaluating its influence on the traditional Chinese medicine and the Franciscan mission in China.

Keywords: *Bencao Bu*; Pedro de la Piñuela; Franciscan mission; evangelization through medical practices; narrative mode.

La evangelización mediante prácticas médicas de los franciscanos españoles del siglo XVII en China: Pedro de la Piñuela y *Bencao Bu*

Resumen: Durante los siglos XVI y XVII, los misioneros católicos en China adoptaron la estrategia de la acomodación cultural para integrarse en la sociedad local. Además de promover las misiones, este método también facilitó un amplio intercambio cultural entre Oriente y Occidente. Cabe destacar que dicha estrategia no fue exclusiva de los jesuitas; los franciscanos españoles también la emplearon, con la predicación mediante prácticas médicas como uno de sus componentes prominentes. Este artículo tiene como objetivo investigar *Bencao Bu* [本草補, *Suplemento de Materia Médica China*], obra farmacéutica en chino de Pedro de la Piñuela [石鐸琭, Shi Duolu]. Tras una breve introducción a la obra y su autor, se examina el modo narrativo utilizado en *Bencao Bu* desde perspectivas médicas china y occidental, y se evalúa la influencia de la obra tanto en la medicina tradicional china como en la misión franciscana en China.

Palabras clave: *Bencao Bu*; Pedro de la Piñuela; misión franciscana; evangelización mediante prácticas médicas; modo narrativo.

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1. INTRODUCTION

During the late Ming Dynasty (明, 1368-1644) and early Qing Dynasty (清, 1636-1912) — 16th and 17th centuries, as countries like Portugal and Spain expanded their overseas colonization, European Catholic missionaries flocked to China in hopes of spreading the gospel in this East Asian powerhouse. Unlike in the late Qing, China was a strong nation at that time, and the missionaries could not rely on the "gunboat diplomacy" of the secular states to open the doors of China. What is more, the stark cultural differences between the East and the West left both the Chinese population and officials feeling profoundly unfamiliar with the Catholicism introduced by the missionaries. In addition, the implementation of the "Sea Ban" [海禁, haijin] policy during the Ming Dynasty, along with its precautions against foreigners, further intensified the obstacles for missionaries to enter China.[1] Despite the missionaries' various efforts, they were consistently denied the access to China, to the extent that Alessandro Valignano [范禮安, Fan Li'an] (1539-1606) was reported to have lamented: "Ah, Rock, Rock, when wilt thou open, Rock!"[2] This situation persisted until the era of Matteo Ricci [利瑪竇, Li Madou] (1552-1610), when fundamental changes began to take place. The strategy of cultural accommodation became a key to unlocking the doors to China for the Jesuits. Through this strategy, the Jesuits gradually assimilated into Chinese society and Catholicism began to flourish. Due to its remarkable success, this strategy has been a focal point of academic interest.[3]

However, scholars have shown less attention to the Spanish Franciscans compared to the Jesuits.[4] Additionally, due to various factors including the fact that the Franciscan Antonio de Santa María Caballero [利安當, Li Andang] (1602-1669) was one of the mendicants who started the Chinese Rites Controversy, the Spanish Franciscans in China have often been portrayed as resistant to accommodation and provoking conflicts. In this sense, they did not receive a fair evaluation, although the Franciscans, just like the Jesuits, have always been staunch implementers of cultural accommodation, with preaching through medical practices serving as a prominent component. While the Jesuits, aiming to foster an environment receptive to Catholicism within the ruling class, made great efforts to cultivate friendships with the literati and gained trust from the emperor, the Franciscans traveled through towns and villages, immersing themselves among the common people. Having a firsthand understanding of the ordinary rural communities in China, they noticed that evangelization through medical practices achieved significantly better results than mere doctrinal preaching, which can be attributed to the pragmatic mentality of the Chinese general public towards faith. The book *Bencao Bu* [本草補, *Supplement to Chinese Materia Medica*], written by the friar Pedro de la Piñuela [石鐸琭, Shi Duolu] (1650-1704), was a pharmaceutical work that derived from a series of medical practices by the Franciscans. Being an important pharmaceutical work that introduced Western natural drugs, it was recognized as one of the milestones in the introduction of Western medical knowledge into China during the Ming and Qing Dynasties.[5]

With scholars delving deeper into the history of the Franciscan mission in China and the cultural exchanges between China and the West, some attention has been given to the Franciscan strategy of evangelization through medical practices and the book *Bencao Bu*. Severiano Alcobendas provided a biographical introduction to the missionary doctors Blas García [艾腦爵, Ai Naojue] (1635-1699) and Antonio de la Concepción [安多尼, An Duoni] (1665-1749), both of whom entered China from the province of San Gregorio de Filipinas in the 17th century.[6] Cui Weixiao [崔维孝] pointed out that the Spanish Franciscans had established a drugstore in Macau and an infirmary in Guangzhou [广州] to treat and save the sick.[7]

The research on *Bencao Bu* primarily focuses on two aspects. The first involves providing a concise introduction or translation of *Bencao Bu*. In the Chinese academic community, Zhen Xueyan [甄雪艳] and Zheng Jinsheng [郑金生] presented

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[1] Although the Longqing Emperor [隆慶帝] of the Ming Dynasty declared the lifting of the "Sea Ban" and adjusted the policies regarding overseas trade in 1567, the number of open ports was limited and subject to various regulations and restrictions. The Longqing Emperor (4 March 1537 – 5 July 1572), personal name Zhu Zaiji [朱載垕], was the 13th Emperor of the Ming Dynasty, and he reigned from 1567 to 1572.

[2] Semedo 1655, 172. Álvaro Semedo [曾德昭, Zeng Dezhao] (1585-1658) was a Portuguese Jesuit and a missionary in China. His treatise was initially written in Portuguese, and was subsequently translated into various languages, including Spanish, English, French, etc., making a significant impact. As this article is composed in English, the author references its English version here.

[3] There is a considerable amount of research on the missionary strategy and the cultural accommodation of the Jesuits in China; it is not necessary to list it all here. Some representative studies include Rubiés 2005: 237-280; Dunne, 1962; Brockey 2008; etc. Chinese scholars also have conducted comprehensive research on the Jesuit mission in China from various perspectives. For the review, see: Zhou 2017: 299-324.

[4] Early research on the Franciscan mission in China has largely been conducted by Church historians (Pérez 1917, 225-254; Abad Pérez 1974, 5-39; Rosso 1948, 250-274; etc.). In recent decades, scholars' attention towards the Franciscans in China has been increasing, and research perspectives have become more diversified. Chinese scholar Cui Weixiao [崔维孝] and young Spanish researcher Marina Torres Trimállez, in their respective monographs, provided analyses from different views on the history of the Franciscan mission in China, highlighting the cultural interactions between European missionaries and native Chinese societies (Cui 2006; Torres Trimállez 2022). In addition, the attempts of Spanish Franciscans to enter China and their mission in Shandong province have been explored (Jiménez 2014, 425-446; Mungello 2001). Their cultural accommodation and missionary strategies, as well as financial and economic issues, have also been included in the scope of research (Ye 2021a, 163-207; 2021b, 74-81; Ye and Ollé 2021, 469-481; Ye 2022, 403-429). At the same time, the relationship between the Franciscans and the Chinese Rites Controversy has also been subjected to preliminary research (Zhang Kai 2017, 211-419; Luo 2023, 60-66; Canarias 2023, 54-84), etc. Overall, compared to the research on Jesuit missions, the study of Franciscan mission in China still requires further in-depth exploration. In addition to the topic addressed in this work, there are also many ideas for future research, such as, for example, the various trends within the Franciscan order regarding the accommodation issue, the types of Franciscans that arrived in China (1633) via Manila and their perception of China, the reason why many Franciscans did not want to stay in the Philippines but preferred to go to China, etc.

[5] Fan 2012, 122.

[6] Alcobendas 1934, 60-100.

[7] Cui 2007, 124-133.

an overview of the basic information about the book *Bencao Bu* housed in the French National Library. They analyzed the main content of the book and compared it with *Bencao Gangmu Shiyi* [本草綱目拾遺, *Supplement to Compendium of Materia Medica*] written by the Chinese physician Zhao Xuemin [趙學敏] (1719-1805) in the Qing Dynasty.[8] Ye Junyang [叶君洋] conducted a textual analysis of the cultural exchange elements in *Bencao Bu*, but did not contextualize the text within the framework of the Franciscan mission to explore its narrative mode and its dynamic relationship with missionary activities and traditional Chinese medicine.[9]

In the international academic community, Antonio Sisto Rosso's paper described the life of Piñuela and provided information on the main versions of all of his works, including *Bencao Bu*.[10] Joseph Needham mentioned *Bencao Bu* as well, but did not discuss it extensively.[11] Chiara Bocci provided the first French translation of *Bencao Bu* and used 134 footnotes to explain culturally and historically significant yet challenging concepts in the book. This edition offers the necessary cultural background for European scholars to read and understand *Bencao Bu*.[12]

Another aspect explored is the intellectual origin of *Bencao Bu* from the perspective of cultural exchanges. Elisabetta Corsi introduced some traditional European and Chinese pharmaceutical works with the aim of constructing the medical and intellectual background of the book. Additionally, Corsi broadened the observation scope to include the Americas, regarding *Bencao Bu* as an example of the early circulation of medical knowledge and a concrete manifestation of the cultural and intellectual exchanges among the Old World, the New World, and the East.[13]

The research mentioned above is of great significance and has contributed to the understanding of *Bencao Bu* in the academic community. However, few scholars have examined *Bencao Bu* in the context of the Franciscans' mission through medical practices, and little attention has been paid to the narrative mode of *Bencao Bu* itself and its impact on the Chinese medical community as well as the Chinese Catholic community. Did *Bencao Bu* circulate widely in China and had a significant influence on the development of Chinese medicine? What interactions did it have with the Chinese Catholic community? What was its impact on the missionary work of the Franciscan Order in China? To answer these questions, it is necessary to analyze the narrative mode of *Bencao Bu*. Against the backdrop of the cultural divide between China and the West, the distinct contrast in narrative modes between *Bencao Bu* and traditional Chinese *materia medica* works fundamentally shaped how the book was received in China.

2. BRIEF INTRODUCTION OF *BENCAO BU* AND PEDRO DE LA PIÑUELA

Bencao Bu is a pharmaceutical work written in Chinese during the Kangxi [康熙] reign (1661-1722) of the Qing Dynasty by Pedro de la Piñuela. Two versions of the book have been discovered: one is located in the French National Library with the catalog number "Chinois 5332," and the other is preserved in the Archivum Romanum Societatis Iesu (ARSI), with the catalog number "Jap Sin II, 86."[14]

The book consists of one volume, comprising nineteen folios with ten lines per half folio and twenty-four characters per line. It can be divided into three parts. The first part is the preface, spanning two and a half folios, written by Liu Ning [劉凝] (1625-1715), a Chinese literatus from Nanfeng [南豐], Jiangxi [江西] province.[15] The second part is the table of contents, occupying one folio. The third part is the main text, covering fifteen folios. The entire book introduces the properties and uses of thirteen natural medicines, including fragrant herb [香草, xiangcao], stinky herb [臭草, choucao], Luzon fruit [呂宋果, Lüsongguo], convulsion-dispelling stone [避驚風石, bijingfengshi], weld bark [鍛樹皮, duanshupi], heart-protecting stone [保心石, baoxinshi], poison-absorbing stone [吸毒石, xidushi], castor oil [日精油, rijingyou], mint [薄荷, bohe], betel leaves [蔞葉, louye], Chinese broccoli [芥藍, jielan], purslane [馬齒莧, machixian], and tobacco [金絲草, jinsicao]. The book also includes three simple formulas: the formula for hemorrhoids, the formula for smallpox,[16] and the formula for childbirth.

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8 Zhen and Zheng 2002, 205-207.
9 Ye 2024.
10 Rosso 1948, 250-274.
11 Needham 1986, 323-324.
12 Bocci 2014, 151-209.
13 Corsi 2014, 117-148.
14 The analysis and quotations in the following text are based on the version from the French National Library.
15 Regarding the biography of Liu Ning and his contact with Catholicism, see: Xiao 2012, 42-54.
16 "Douzhen" [痘疹] is a term used in traditional Chinese medicine to describe a specific condition. Chiara Bocci translates it as "smallpox," while Elisabetta Corsi translates it as "chickenpox" (See: Bocci 2014: 170; Corsi 2014: 134). In fact, it is often challenging to translate a disease from traditional Chinese medicine to Western medicine, as they are two completely different systems. In general, "Douzhen" in traditional Chinese medicine can refer to a range of diseases characterized by pustules on the skin, such as chickenpox, smallpox, measles, etc. However, strictly speaking, in most cases it is synonymous with smallpox, which ancient physicians paid more attention to and conducted further research on due to its high fatality rate. In this work, it is translated as "smallpox" although it is not an indisputable conclusion given the ambiguous descriptions provided by Piñuela. See: Piñuela, f. 20v. The main text in the original book of the version from the French National Library does not have folio numbers. When citing, all folio numbers are indicated based on the Arabic numerals found in the top left corner of each folio. The same method is used throughout this paper.

Pedro de la Piñuela, the author, had the Chinese name Shi Duolu [石鐸琭] and the art name Zhenduo [振鐸].[17] He was born in 1650 in Mexico City of the Viceroyalty of New Spain.[18] In 1676, Piñuela entered China through Xiamen [廈門], Fujian [福建] province and began his missionary work under the guidance of fellow Franciscan Agustín de San Pascual [利安定, Li Anding] (1637-1697). For the following eight years, Piñuela mainly resided in Fujian province and single-handedly established a missionary area in the north of Fujian, which was centered around Jiangle [將樂] and covered villages such as Taining [泰寧], Jianning [建寧], and Longkou [龍口].

In 1686, Piñuela was sent to Chaozhou [潮州] in Guangdong [广东] province to found a new mission there.[19] In 1687, he traveled alone to Jiangxi province, where he established missions in Nan'an [南安], Ji'an [吉安], and other areas. During his time in Jiangxi, he also made connections with local literati and officials, with Liu Ning being one of the notable figures among them. In 1699, Piñuela was elected as the Provincial Commissar of the Franciscan mission in China. In 1704, he passed away in Chaozhou at the age of 54.

Throughout his 28 years in China, Piñuela conducted extensive missionary work. Not only did he establish multiple missions, but also wrote in Chinese nine religious works and one pharmaceutical work: *Bencao Bu*. Additionally, he compiled, edited and published the *Arte de la Lengua Mandarina* (*Grammar of the Mandarin Language*) in Guangzhou in 1703, which was written by his teacher of the Chinese language — the Spanish Dominican Francisco Varo [萬濟國, Wan Jiguo] (1627-1687).[20] These contributions led Chinese researcher Zhang Kai [张锴] to acclaim Piñuela as the "last shining star of the 'Golden Age' of Spanish Sinology."[21]

3. THE INFLUENCE OF *BENCAO BU* ON CHINESE MEDICINE

After its publication, *Bencao Bu* circulated to some extent in China. However, the two existing versions of *Bencao Bu* do not specify the exact date and place of publication of this book. Nevertheless, Liu Ning wrote a preface, whose timeframe is relatively certain. At its end, Liu Ning noted that the preface was written on "the day of the Feast of Saint Anne, seven days before the Porciúncula Indulgence in the Jixia of the Dingchou year of the reign of Kangxi Emperor" [康熙丁醜季夏博竣古臘大赦前七日聖婦亞納瞻禮].[22]

The Feast of Saint Anne is celebrated on July 26 of each year, precisely seven days before the Porciúncula Indulgence, which is celebrated between the afternoon of August 1 and the sunset of the next day. The term "Jixia" [季夏] was used in ancient China to refer to the last month of summer, usually the sixth month in the traditional Chinese calendar. Thus, the sixth lunar month of the Dingchou [丁醜] year of Kangxi (in the traditional Chinese calendar) corresponded to the period from July 18 to August 16, 1697 (in the Gregorian calendar). Consequently, the preface was written on July 26, 1697. Based on the closing sentence of the preface, which means "it was ready for print for the time being [...] and it was then given to publishers"[23], it can be inferred that the book was printed and published shortly after Liu Ning had written the preface. Therefore, the first edition is highly likely to have been distributed in Jiangxi.

The physician in the Qing Dynasty Zhao Xuemin extensively quoted content from *Bencao Bu* when writing his own work *Bencao Gangmu Shiyi*. Zhao was born in Fujian, but spent most of his life in Zhejiang [浙江]. From the information available, it is known that he only traveled within Fujian and Zhejiang and never set foot in Jiangxi.[24] This fact might indirectly suggest the circulation of *Bencao Bu* in the regions of Fujian and Zhejiang, which is not surprising, as Fujian had always been an

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17 In order to integrate into Chinese society, the missionaries not only adopted Chinese names for themselves, but also followed the practice of Chinese literati and gave themselves an honorary title. There is a controversy over whether this honorary title is a courtesy name [字, zi] or an art name [号, hao]. For related discussions, see: Ye 2017, 119-125.

18 There are some controversies regarding the nationality and ethnicity of Piñuela. The most widely known claim suggests that Piñuela was born to a Spanish father and an indigenous mother in Mexico. This might be a reference to statements made in the biography of Piñuela written by Van Den Wyngaert: "father Hispanic and mother indigenous" ("patre hispano et matre indigena"). See: "Petrus de la Piñuela: Prolegomena: Biographia" In: Wyngaert 1942, 253. Wyngaert's conclusion was derived from a letter written by Piñuela on January 24, 1684, in which the Franciscan referred to himself as "Mexican and Criollo" ("mexicano y criollo"). See: "Petrus de la Piñuela: Epistola ad Provincialem, 24 Ian. 1684." In:Wyngaert 1942, 280. However, as Rosso pointed out, in this context, Wyngaert apparently misinterpreted the word "criollo," which in this case meant Mexican-born Spaniard. See: Rosso 1948, 251, note 4. Perhaps the description in Piñuela's epitaph could provide an excellent definition for his identity: he was "of Spanish Nation and Mexican Homeland" ("Natione Hispani, Patria Mexicani"). See: Huerta 1865, 527. Regardless, Piñuela himself or his contemporaries regarded him as a European or Spaniard, with no mention of him being an American. For instance, in 1679, when reporting the persecution he endured, Piñuela mentioned: "The Chinese authority said 'in their territory, there was a European who bought a house and built a church'" ("en su territorio había un europeo que compró casa, hizo Iglesia"). See: Maas 1917, 38. Jaime Tarín, in a report on the Chinese mission in 1695, conducted a census of the Franciscans in China, considering all friars, including Piñuela, as Spaniards. See: Maas 1917, 120. The lack of relevant documentation presents a difficulty in reconstructing Piñuela's early life and educational background in New Spain. Additionally, there is no conclusive evidence regarding whether he underwent any formal medical training. According to Corsi's research, it seems unlikely that he had access to *Libellus de Medicinalibus Indorum Herbis*, which was the first treatise that described the healing properties of American plants and was edited in 1552 with colored illustrations. See: Corsi 2014, 122. Over his 28 years of missionary work in China, Piñuela had extensive interactions with Chinese society. In this sense, he was also very close to the native Chinese and their culture.

19 For information about Piñuela's experiences in Chaozhou, see: Ye 2021a, 163-207.

20 For the brief biography of Pedro de la Piñuela, see: Rosso 1948, 250-274.

21 Zhang Kai 2017, 20.

22 Piñuela, f. 4r.

23 Piñuela, f. 4r.

24 For research and analysis on the biography of Zhao Xuemin, see : Liang, Zhang, Li and Zhang 2015, 40-43; Huang 2013, 993-995.

important missionary zone for the Spanish Franciscans. The missions in the northern mountainous areas of Fujian were established by Piñuela himself. Over the following years, Franciscans such as Agustín Rico [顧奧定, Gu Aoding] (1660-1692) and José Navarro [恩懋修, En Maoxiu] (1655-1709) successively worked there. The Franciscans also evangelized in Zhejiang. For example, in 1698, Navarro spent 150 taels of silver to purchase a house and build a church in Hangzhou [杭州].[25] It is reasonable to assume that the Franciscan missionaries sent to Fujian and Zhejiang either carried *Bencao Bu* to study it themselves or published and distributed it. Similarly, copies of *Bencao Bu* should have been found in the main Franciscan headquarters in Guangzhou and Manila. This is because publications by missionaries in China had to be reviewed by their colleagues and superiors to ensure compliance with Catholic doctrine.

However, from a nationwide perspective, there is no evidence to suggest that *Bencao Bu* circulated widely in the Chinese medical community. The circulation of the poison-absorbing stone can indirectly indicate this. During the Ming and Qing Dynasties, while Western Catholic missionaries came to China, communication between China and Korea was also frequent, with envoys exchanged between the two countries, promoting mutual understanding. Every once in a while, Korean envoys sent to China were gifted poison-absorbing stones by the Catholic missionaries. The envoys took great interest in these exotic drugs and recorded their properties and effects in their own essays. In addition, many literati in the Qing Dynasty also recorded the poison-absorbing stone in their writings. For example, Zhao Xuemin, in his work *Bencao Gangmu Shiyi*, quoted references about the stone from the works of various literati in the Qing Dynasty, such as Yuan Mei [袁枚] (1716-1797), Wu Zhenfang [吳震芳] (? - ?), Ji Xiaolan [紀曉嵐] (1724-1805), etc.[26] However, most of these records were derived from *Xidushi Yuanyou Yongfa* [吸毒石原由用法, *The Origin and Use of the Poison-Absorbing Stone*] written by the Jesuit Ferdinand Verbiest [南懷仁, Nan Huairen] (1623-1688) or other sources, and they were not directly rooted in *Bencao Bu*.[27] Based on this, it can be inferred that most Chinese literati and traditional medical practitioners did not directly read the original text of *Bencao Bu*.

It is worth mentioning that, due to their similar names, some researchers have linked *Bencao Bu* with *Bencao Gangmu* [本草綱目, *Compendium of Materia Medica*] written by Li Shizhen [李時珍] (1518-1593), a famous physician of the Ming Dynasty. For example, Albert Chan pointed out that Pedro de la Piñuela attempted to present his work as a supplement to *Bencao Gangmu*.[28] Elisabetta Corsi also mentioned that *Bencao Bu* evoked associations with Li Shizhen's work and could be seen as an integration of it.[29]

Indeed, "Bencao" [本草] is a general term used to refer to the entire literature system that records traditional Chinese herbal medicines. Since the Han Dynasty (202 BC – 220 AD), many pharmaceutical works have been titled "Bencao," such as the classic *Shennong Bencaojing* [神農本草經, *Shennong's Materia Medica*], *Tang Bencao* [唐本草, *Materia Medica of the Tang Dynasty*], etc. In *Bencao Bu*, Piñuela did not specifically emphasize Li Shizhen or his *Bencao Gangmu*. On the contrary, in the preface, Liu Ning provided a macro perspective on the development of traditional Chinese medicine and representative medical practitioners, explicitly stating that *Bencao Bu* introduced numerous overseas medicines and that "for each [plant], a description was provided, and its [healing] effects were listed. It truly filled a gap in Chinese *materia medica*."[30] As a Catholic believer and a friend of Piñuela, Liu Ning highlighted the value of *Bencao Bu*. He even elevated the book to the level of the legendary Shennong, who is said to have tried hundreds of herbs to test their medical value, stating that "this compilation, in its preservation of health, can supplement Shennong. Its achievements are indeed remarkable and not to be considered insignificant."[31] Therefore, it can be seen that the title of the book, *Bencao Bu*, was chosen to reflect its supplementation to the traditional Chinese *materia medica* system, rather than solely being a supplement to Li Shizhen and his *Bencao Gangmu*.

However, what exactly did *Bencao Bu* supplement? Despite its intention to supplement the Chinese *materia medica*, it seems to have had little impact on traditional Chinese medicine. Zhao Xuemin, in his work *Bencao Gangmu Shiyi*, quoted the "Western medicines" contributed by Piñuela, which can be seen as acknowledging the role of *Bencao Bu* in supplementing the Chinese medication in a certain sense. However, apart from this, later physicians seem to have lost interest in this exotic medical book. Whether in the past or in modern times, the drugs and usage recorded in *Bencao Bu* have never entered the mainstream of Chinese medical academia, and their clinical application is so rare that many people believed that the book had been lost.

4. THE NARRATIVE MODE OF *BENCAO BU*

The fact that this book did not attract much attention in China is a phenomenon worth exploring. During the Ming and Qing Dynasties, not all medical practitioners were conservative and exclusive. On the contrary, the mindset of physicians during that period was very dynamic, rich in innovation, and often had new and insightful clinical observations. Looking at the timeline, from the middle to late Ming Dynasty, physicians such as Xue Lizhai [薛立齋] (1488-1558), Zhao Xianke [

[25] "P. Fr. Ioseph Navarro: Relatio visitationis missionis seraphicae A. 1698." In: Mensaert 1975, 330-331.
[26] Zhao 1957, 57-58.
[27] For more discussion, see: Chen 2009, 318-320; Zhen and Zheng 2003, 552-554.
[28] Chan 2015, 397.
[29] But Corsi was more cautious and also acknowledged that *Bencao Bu* supplemented Chinese *materia medica* literature in a broader sense. see: Corsi 2014, 117.
[30] Piñuela, f. 3r.
[31] Piñuela, f. 3r.

趙獻可] (1573-1664), Zhang Jingyue [張景嶽] (1563-1640), Li Zhongzi [李中梓] (1588-1655), etc. innovated the medical theory of their predecessors and explored the mechanisms of illness by researching the functions of the spleen and kidney from the point of view of traditional Chinese medicine. During the late Ming, when the plague ravaged the land and various treatment methods proved ineffective, the medical practitioner Wu Youke [吳又可] (1582-1652) dared to break free from conventional thinking and proposed the theory of "liqi" [戾氣, pestilential factors] as the cause of diseases. The therapeutic principles he established have even inspired the present traditional Chinese medicine approach to COVID-19 treatment. During the Qing Dynasty, medical thinking became even more dynamic. Medical practitioners like Ye Tianshi [葉天士] (1667-1747) and Wu Jutong [吳鞠通] (1758-1836) focused on studying the theory of warm diseases [溫病, wenbing] and promoted the further understanding of infectious diseases. Wang Qingren [王清任] (1768-1831), based on the study of ancient texts and personal practical research, rectified some misconceptions about human anatomy made by his predecessors in traditional Chinese society.

These are just a few examples, demonstrating that medical practitioners in the Ming and Qing Dynasties did not rigidly adhere to fixed rules. Instead, they adapted to various situations, excelled in innovation, and flexibly solved practical problems.

From a horizontal perspective, Chinese medical practitioners did not universally oppose foreign influences. Faced with the introduction of Western medicine, many medical practitioners diligently studied it and adopted its beneficial aspects. For instance, Wang Mengying [王夢英] (1808-1868) not only read books like *Taixi Renshen Shuogai* [泰西人身說概, *An Outline of Western Theories on the Human Body*] by Johann Schreck [鄧玉函, Deng Yuhan] (1576-1630) and *Renshen Tushuo* [人身圖說, *Illustrated explanations of the Human Body*] by Giacomo Rho [羅雅谷, Luo Yagu] (1593-1638), but was also against the blind rejection of Western medicine by scholars like Yu Zhengxie [俞正燮] (1775-1840).[32] In the late Qing, Zhang Xichun [張錫純] (1860-1933) was an exemplary figure who bridged the gap between Chinese and Western medicine. He not only provided detailed explanations of Western medicines introduced to China at that time, such as aspirin, antipyrine, and hydrochloric acid, but also discussed Western medical techniques such as subcutaneous injections.

It can be seen that, in the atmosphere of that time, although some people had biases against Western learning and medicine, there were still some renowned medical practitioners who aspired to seek truth from facts and prioritized effectiveness. Therefore, considering both the level of vibrancy in traditional Chinese medicine thinking at that time and the degree of acceptance of Western medicine by the people, it seems that *Bencao Bu* did not deserve to be shunned by medical practitioners. Unfortunately, it did not ultimately gain acceptance by the prevailing traditional Chinese medicine community.

The fundamental reason why *Bencao Bu* was not accepted and remained outside the mainstream of traditional Chinese medicine may lie in its narrative mode, which does not align with the Chinese *materia medica* system. Next, let us take the example of mint as recorded in *Bencao Bu* and select several descriptions of mint from various *materia medica* works in the Ming and Qing Dynasties to explore the similarities and differences between *Bencao Bu* and the traditional Chinese *materia medica* regarding their respective narrative modes:

(1) For hematemesis, squeeze the juice of fresh mint, add a little water and vinegar, mix well, drink it frequently every day, and the condition will be alleviated. For ear pus, extract the juice of mint, add a little water and honey, mix well, and drop it into the ear. For headaches, take two or three branches of mint and wrap them around the forehead and temples. For liver disease with lower back pain, pound two or three branches of mint with pomegranate seeds and take it. Mint can kill roundworms, so take the natural juice, add a little good vinegar, and take it. For dog bites, apply the natural juice of mint with a pinch of salt and take it as well. For centipede bites, pound mint into a paste and apply it with oil and vinegar. If dried mint is powdered and mixed with alcohol for regular consumption, it can prevent insect toxins (Pedro de la Piñuela: *Bencao Bu*).

(2) Mint has a pungent taste that is more pronounced than its bitterness, and it is non-toxic. Its pungent nature corresponds to the lungs, which are related to the skin and hair. Its bitterness corresponds to the heart and has the nature of fire. [...] When invading wind and cold damage the body, the pathogenic factors are on the surface. So we can induce sweating to resolve the condition. Wind-dispelling herbs have an ascending nature and are pungent and warm, so they can disperse pathogenic factors and ward off evils (Miao Xiyong [繆希雍] (1546-1627): *Bencao Jingshu* [本草經疏, *Commentaries on the Classic of Materia Medica*]).

(3) Mint has a pungent taste and a clear and refreshing aroma that spreads. Its power can penetrate the tendons and bones internally, reaching the muscles and surface externally. It can circulate through the organs, traverse the meridians, and, when ingested, it can promote sweating and dispel heat, making it an essential medicine for resolving pathogenic factors through sweating in warm diseases. [...] It is used to treat various conditions [...] such as headaches, eye pain, sinusitis, nasal obstruction, toothache, swollen throat, [...] and all disorders caused by wind-fire stagnant heat (Zhang Xichun: *Yixue Zhongzhong Canxilu* [醫學衷中參西錄, *Medical Essays Esteeming the East and Respecting the West*]).

From the above examples, it can be seen that the traditional Chinese *materia medica* system focuses on the characteristics and properties of herbal medicines, while *Bencao Bu* highlights the specific diseases that can be treated by each herbal medicine.

[32] For more of Wang Mengying's views on Western medicine, see: Dong 2008, 307-310.

Traditional Chinese medicine believes that all diseases have external manifestations and an internal essence. All symptoms [症, zheng] such as cough, fever, headache, etc., are considered external manifestations. Physicians seek and collect information about these symptoms through the four diagnostic methods [四診, sizhen], namely observation, listening, questioning, and pulse diagnosis. Then, they carefully analyze the obtained information to identify the internal essence of the disease from the perspective of the complex theories of Chinese medicine. This essence is known as a syndrome [證, zheng] and usually has four aspects: the nature of the disease (yin or yang [陰陽]), the location (superficial or internal [表裡, biao li]), the characteristic (cold or heat [寒熱, han re]), and the condition (deficiency or excess [虛實, xu shi]).

For example, in the quoted text from *Yixue Zhongzhong Canxilu*, the term "wind-fire stagnant heat" [風火鬱熱, fenghuo yure] represents a syndrome (yang, heat, excess). Through this complex process, each disease is classified into different types based on its differentiated essence, even though they often have the same external symptoms. Therefore, they require different methods of treatment, which is known as "different treatment for the same symptoms" [同病異治, tongbing yizhi]. On the other hand, certain diseases with different external symptoms may be classified as the same syndrome in Chinese medicine, requiring the same treatment approach, known as "same treatment for the different symptoms" [異病同治, yibing tongzhi].

In a word, specific diseases (from the perspective of modern medicine, such as diabetes, fever, tumors, etc.) do not hold as much significance as the essence does for doctors in the context of traditional Chinese medicine.

Similarly, medicinal herbs also have their own nature and are prescribed to treat diseases of different essence according to the theory of Chinese medicine. If someone has a disease that manifests on the surface of the body and has been caused by cold, meaning the internal essence is "superficial and cold," the doctor will give the patient a formula whose effects reach the body's surface and have the characteristic of heat to counteract the coldness. The treatment aims to use herbs to adjust the body and restore harmony. This entire process is called "treatment according to the syndrome" [辨證論治, bianzheng lunzhi].

Chinese *materia medica* works generally follow this approach. Each medicinal herb is not only described based on its specific therapeutic indications, but also classified according to its four natures (cold, hot, warm, or cool), five flavors (pungent, sweet, bitter, sour, and salty), and meridian tropism, which means that certain herbs or substances have an affinity for specific meridians in the body, such as for the Heart Meridian, Liver Meridian, Kidney Meridian, and so on. The descriptions of the medicinal properties of each herb are often based on these theories. For example, the earlier quote from *Bencao Jingshu* describes that "wind-dispelling herbs have an ascending nature and are pungent and warm, so they can disperse pathogenic factors and ward off evils." This discussion on the medicinal properties of mint, highlighting its dispersing and pungent effects, is based on the concepts of the four natures and five flavors. Even though the *Yixue Zhongzhong Canxilu* mentions the use of mint to treat specific diseases such as "headaches" and "eye pain," the author also warned that these conditions must exhibit the syndrome of "wind-fire stagnant heat" in order to be treated with mint.

It is seen that the narrative mode of traditional Chinese *materia medica* places emphasis on theorization and systematization, aiming to construct an academic discourse system that revolves around the core idea of "treatment according to the syndrome" and targets healthcare professionals. In contrast, the descriptions of medicinal substances in *Bencao Bu* do not successfully align with this discourse system. Unlike typical Chinese pharmacopeias that systematically examine drug properties, *Bencao Bu* adopts a more pragmatic approach, concentrating on disease-specific remedies rather than theoretical explorations of *materia medica*. As seen in the previous example discussing mint, the excerpt from Piñuela's writings lists various ailments such as hematemesis, purulent discharge from the ears, headache, liver disease with lower back pain, roundworms, dog bites, and centipede bites. However, there is no mention of the medicinal properties in relation to the four natures, five flavors, and meridian tropism of mint in the passage.[33]

In summary, the most significant difference between the narrative mode of Piñuela's book and the herbal works of Chinese medicine is that the former constructs a dualistic "symptom-medicine" mode. The reader did not need to master complex theories or follow the principle of "treatment according to the syndrome," but simply selected the appropriate medicine to use based on the symptoms. Thus, from the perspective of traditional Chinese medicine, it would be more appropriate to classify Piñuela's work as a collection of tested prescriptions [yanfang, 驗方], which originated from practical experience and lacked a theoretical foundation.[34] To use them, people did not need to analyze the essence of the disease (the syndrome), but only needed to know the external symptoms. From the perspective of the development and research of traditional Chinese medicine, it is evident that *Bencao Bu* does not conform to the narrative mode of the mainstream Chinese *materia medica* system. Instead, it might have been seen as a simplistic work that merely treated the symptoms without addressing the underlying causes, and was thus unlikely to have been accepted by the Chinese medical community.

[33] Piñuela, ff. 15r-15v.

[34] As Corsi pointed out, Piñuela paid particular attention to three antidotes in the book: the heart-protecting stone, poison-absorbing stone, and castor oil (Corsi 2014, 132). This writing approach was highly akin to the "tested prescriptions," which focus more on the external manifestations of diseases (such as the discomforts caused by poisoning), rather than analyzing the causes of illnesses from a theoretical perspective (the internal essence).

5. *BENCAO BU* AND THE FRANCISCAN MISSION IN CHINA

In contrast to its cold reception in the traditional Chinese medical community, *Bencao Bu* played multiple roles in the missionary practices of the Franciscan Order in China. Evangelization through medical practices was one of the important strategies for Catholic missionaries to integrate into Chinese society. Missionaries not only established hospitals, but also provided medical services to Chinese people. They even introduced Western medicine and drugs to the imperial court to serve the royal family and high-ranking officials. For example, in 1693, French Jesuits Jean de Fontaney [洪若翰, Hong Ruohan] (1643-1710) and Claude de Visdelou [劉應, Liu Ying] (1656-1737) successfully treated Emperor Kangxi's malaria with quinine, which earned them great favor.

Represented by Pedro de la Piñuela and Blas García, the Franciscans were active practitioners of the strategy of evangelization through medical practices. Firstly, they often provided medical treatment to people during their missionary journeys. These medical activities can be traced back to the 1630s, when the Franciscans had not yet established a strong presence in China. In 1633, the Franciscan Antonio de Santa María Caballero and the Dominican Juan Bautista Morales [黎玉範, Li Yufan] (1597-1664) successfully entered Fujian to undertake their missionary work.[35] Three years later, Manila dispatched five more Franciscans to China. They were Gaspar Alenda, Onofre Pelleja, Domingo Urquicio, Juan de San Marcos, and Francisco de Jesús Escalona, among whom Juan de San Marcos was a secular friar and also a pharmacist as well as a surgeon. During his time in Fujian, he provided medical treatment to people while preaching. According to Severiano Alcobendas' research, those who sought his medical services were mostly impoverished people, with only a few literati and local officials.[36] During the same period, Onofre Pelleja also practiced the aforementioned strategy and successfully converted a wealthy local man in Fujian to Catholicism on his deathbed.[37] In the 1680s, while carrying out missionary work in Fujian, Lucas Estevan [王路嘉, Wang Lujia] (1639-1691) also worked as a doctor. He was not only invited to treat local officials, but also learned some traditional Chinese pulse diagnosis techniques.[38]

In addition to practicing medicine, the Franciscans also established fixed medical facilities. In 1672, Buenaventura Ibáñez [文都辣, Wen Dula] (1610-1691), who had been away from China for ten years, returned to Macau of China from Manila along with Jaime Tarín [林養默, Lin Yangmo] (1644-1719), Francisco Peris de Concepción [卞芳世, Bian Fangshi] (1635-1701), Juan Martí [丁若望, Ding Ruowang] (1635-1704), and Blas García. Shortly after, García used the medicines he had brought from Manila to establish a drugstore (*botica*) in Macau, where he provided medical services in addition to selling medicines to the local residents. In the same year, the Franciscans entered Guangdong province and received favorable treatment from Shang Zhixin [尚之信] (1636-1680), the *de facto* highest ruler in Guangdong at that time. With the support and help of Shang Zhixin, in 1674 the Franciscans erected the first church in Guangzhou, known as the *Iglesia de Nuestra Señora de los Ángeles*. At the end of 1679, they built a larger and better church named *Iglesia de San Francisco* outside the city of Guangzhou, known to the Chinese as Yangrenli [楊仁裡] Church, which was named after the location where it was built.

Afterwards, with the support of Ibáñez, García relocated the drugstore from Macau to the second church in Guangzhou and set up an infirmary (*enfermería*) with three rooms serving as wards. Subsequently, the Spanish Franciscans established a medical-surgical dispensary (*dispensario médico-quirúrgico*). In this way, thanks to their efforts, "the embryonic form of a modern hospital emerged in the city of Guangzhou at that time, consisting of a drugstore, an infirmary, and a medical-surgical dispensary."[39]

In this hospital, the Franciscans conducted extensive medical practices, providing medical services not only to members of their own order and other missionary orders, but also to the lower-class population in Guangzhou. They even had the opportunity to come into contact with some high-ranking officials and aristocrats due to their medical skills. Compared to the Jesuits, the Franciscans in China generally possessed relatively less scientific and cultural knowledge, which, to some extent, limited their ability to engage in intellectual dialogues on Catholicism and Confucianism with the literati. Consequently, they relied on practical services such as medical treatment to cultivate relationships with the ruling class.[40] As Severiano Alcobendas noted, officials who benefited from their medical care not only offered political protection but also provided financial support, helping to sustain both the hospital and the broader missionary enterprise.[41]

As the missionary work of the Franciscan Order developed in China, their missionary areas gradually expanded as well. Missionaries and believers spread throughout Fujian, Jiangxi, and even as far as Shandong in the north. The hospital in Guangzhou was unable to provide medical services for the missionaries and believers in other areas. In order to ensure the health of the missionaries and continue the strategy of evangelization through medical practices, Piñuela proposed

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35 For more information about the attempts of the Franciscans to enter China, see: Cervera Jiménez 2014, 425-446.

36 Alcobendas 1933, 572-575.

37 "Franciscus a Iesu de Escalona: Relación del Viaje al Reino de la Gran China – Cap. VIII." In: Wyngaert 1933, 286-287.

38 "Lucas Estevan: Epistola ad Provincialem, 23 Ian. 1684." In: Wyngaert 1942, 422-423.

39 Cui 2006: 213.

40 One of the reasons why the Franciscans obtained preferential treatment from Shang Zhixin was that Francisco Peris de la Concepción repaired Shang Zhixin's Western-style clocks with his mechanical skills. See: "Bonaventura Ibáñez: Autobiographia, 3 Mart. 1690." In: Wyngaert 1936: 325. Furthermore, one should not forget that, after the prohibition of Catholicism during the Qing Dynasty, a portion of missionaries who could provide technical and art services were not expelled. For instance, Giuseppe Castiglione [郎世寧, Lang Shining] (1688-1766) was allowed to stay in China, even within the Forbidden City.

41 Alcobendas 1933, 161.

establishing an infirmary within the church in Ganzhou [贛州], Jiangxi, to provide timely treatment for missionaries traveling between the north and the south.[42]

Based on current historical records, it is unknown whether this new infirmary was eventually established, but the results were presumably not optimistic. On one hand, the economic constraints made it extremely difficult for the Franciscans to sustain their daily lives and basic missionary work, let alone raise additional funds to establish medical facilities.[43] Furthermore, at that moment, Juan de San Marcos and Onofre Pelleja had already left China, and Lucas Estevan had passed away in 1691.[44] Blas García remained responsible for the care of the hospital in Guangzhou, with Antonio de la Concepción taking over when García returned to Manila in 1699, where he eventually passed away.[45] Given these circumstances, even if the infirmary were to be established, there might not have been enough doctors available to provide medical services and ensure its operation.

In this complex situation, Piñuela's *Bencao Bu* served as a viable alternative, and an important means to achieve the goal of "pity for both souls and bodies." [神哀矜者亦形哀矜][46] *Bencao Bu* was written by Piñuela after more than 20 years of missionary work in China. It is a summary of his practical experience and creative research in the field of evangelization through medical practices. Unlike García, who resided mainly in Guangzhou, Piñuela traveled to various provinces and actively engaged with the local communities, providing medical care to the common people while spreading the Gospel. Upon examining the letters and reports of the Franciscans, it is found that there are not many records of Piñuela's medical activities during the early stages of his mission in China. For example, during his time in Fujian, whenever encountering patients, Piñuela would often rely on religious means such as baptism and sprinkling of holy water. However, starting from his missionary work in Jiangxi, he frequently implemented the strategy of evangelization through medical practices and began using medicines to treat illnesses and save lives. This transition may reflect Piñuela's gradual accumulation of medical knowledge. Different from other Franciscans who were already doctors before coming to China such as García or Juan de San Marcos, Piñuela's limited knowledge was not enough to enable him to successfully practice medicine, even though he might have had some experience with medication, such as his understanding that chocolate could alleviate asthma.[47] After coming to China, and through nearly a decade of study and practice, Piñuela made significant progress in his medical skills before he began practicing medicine in Jiangxi.

The strategy had a significant impact on the lower-class population, who had a strong pragmatic inclination towards religious beliefs. In 1687, during Piñuela's missionary period in Nan'an, the mother of a 27-year-old Taoist monk was sick, suffering from swollen and suppurating feet. Upon seeing this, Piñuela used tobacco ointment to cure her. Surprised by this incredible result, the young Taoist monk decided to convert to Catholicism. Piñuela publicly administered baptism for him, causing quite a stir.[48]

The tobacco ointment was a medicine commonly used by missionaries at that time. In *Bencao Bu*, Piñuela presented the process of making the ointment, as well as the diseases it could treat. One among them was very similar to the ailment that the mother of the Taoist monk suffered from: "If the feet are painful and swollen to the point of being unable to walk, the oil (of the ointment) should be applied to them." [兩足腫痛, 不能行動, 以油徧抹。].[49]

However, discussing whether tobacco has medicinal properties or the true reason behind the woman's recovery from a scientific perspective may not be as crucial. What is truly significant is that the strategy of evangelization through medical practices played a decisive role in the competition for followers between Catholicism and Taoism that took place in Jiangxi, where the influence of Taoism was predominant and considerably strong, posing a formidable impediment to Catholic evangelization.

This medical practice was not an isolated case. In 1688, during Piñuela's recovery period in Guangzhou, he treated a seriously ill believer from a nearby village, bringing him back from the brink of death and leading his mother, wife, and brothers to convert to Catholicism as well.[50] These medical activities provided important clinical references for Piñuela's writing. *Bencao Bu* is precisely a pharmaceutical text that encapsulates the missionaries' experiences of employing the strategy of evangelization through medical practices.

In terms of the way of learning medical knowledge, the publication of *Bencao Bu* implied the possibility of a new pathway to pass on medical knowledge within the Franciscan order in China. Prior to this, medical education among the Franciscans in this country was primarily based on oral transmission and personal instruction. For example, when Blas García

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[42] Piñuela conducted a detailed analysis of the necessity to establish an infirmary in Ganzhou. For priests in Jiangxi or even further north, when they fell ill, traveling south to Guangdong was a distant journey that could potentially worsen their condition. Additionally, the cost of traveling south was also significant. Moreover, when they needed to travel to Guangdong, it meant a more severe illness, often requiring another priest to accompany them. This would not only increase expenses, but also further weaken the missionary strength of the already understaffed Franciscan Order. See: "Petrus de la Piñuela: Vindicatio Iurium O. F. M. in Sinis, 10. Maii. 1700." In: Wyngaert 1942, 359.

[43] Regarding financial issues of the Franciscan Order in China,see: Ye and Ollé 2021, 469-481

[44] Platero 1880, 220, 243, 302.

[45] Platero 1880, 300-301.

[46] Piñuela, f. 3v.

[47] "Pedro de la Piñuela: Carta al P. Definidor Miguel de Santa María, 14 Ian. 1679." In: Maas 1917, 33; "Pedro de la Piñuela: Carta al P. Provincial F. Antonio de Santo Domingo, 25 Sep. 1699." In: Maas 1917, 73.

[48] "Augustinus A S. Paschali: Relatio Missionis Seraphicae, 4. Oct. 1688." In: Wyngaert 1936, 641-642.

[49] Piñuela, f. 19v.

[50] "Augustinus A S. Paschali: Relatio Missionis Seraphicae, 4. Oct. 1688." In: Wyngaert 1936, 643.

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was in Manila, he learnt medical practices from physicians of the Royal Hospital of Manila, and after arriving in Macau, he also received guidance from a French physician to learn the preparation and formulation of medicines.[51] During his stay in Guangdong, Piñuela also learned about medical treatments from García. Despite ensuring the quality of education to a certain extent, this personalized and one-on-one learning mode had limited efficiency and proved incompetent in simultaneously teaching basic medical knowledge to priests in different regions.

The publication of *Bencao Bu* was, in fact, a process of transforming this two-dimensional teaching mode into a multi-dimensional one. It represented the maximum extension of knowledge transmission in terms of time and space, and provided a means for widespread dissemination of medical knowledge within the Order, allowing priests in different regions to access and benefit from basic medical education. Most Franciscans in China had a good command of the Chinese language, so they would not have faced significant difficulties in reading *Bencao Bu*, which was written in a more colloquial Chinese. It is true that, had *Bencao Bu* been written directly in Western languages, such as Spanish, Latin, etc., it would have been more convenient for the missionaries to read. Nonetheless, there were at least two advantages to use Chinese instead of Western languages. Firstly, missionaries could more conveniently purchase and utilize local medications recorded in *Bencao Bu*, avoiding translation errors that could lead to medication misuse. Secondly, and more importantly, it could serve as a tool for the strategy of evangelization through medical practices, directly guiding Chinese believers who probably lacked proficiency in foreign languages.

Targeting common people, the language of the book is straightforward, easy to understand, and uses common expressions. Besides, the narrative style is concise and brief as well, establishing a binary system between "symptoms" and "medicines." Therefore, readers did not need to have a high level of Chinese literacy or understand complex medical theories to comprehend the content. They simply needed to identify their own symptoms and choose the appropriate medicines. This narrative mode was well-suited to the reality of the Franciscan mission. Apart from some literati and officials, their evangelization activities primarily targeted the general population in rural areas. These individuals had lower levels of education and found it difficult to acquire systematic medical knowledge. Moreover, their economic circumstances prevented them from accessing medical services.

In the context of their helplessness, Franciscan missionaries provided a medication manual that Chinese lower-class people could directly use, enabling them to engage in self-medication. This helped to establish a positive image of the Franciscans as agents of goodwill and virtue and fostered a spiritual dependence on the missionaries among the lower-class population who maintained a utilitarian attitude towards religious beliefs. This image and reliance played an important role in promoting interactions between Catholicism and the Chinese populace, and gaining more believers. As Francisco de Jesús Escalona emphasized, "medicine for conversions is one of the softest and most effective means that there is in the Church of God to attract souls and sometimes it is more useful than theology."[52]

From this perspective, the narrative mode of *Bencao Bu*, which differs from other Chinese *materia medica* texts, turned its disadvantage in the field of traditional Chinese medicine into an advantage for the Franciscan Order's mission among the lower classes in China. Through the medical text (*Bencao Bu*) and the medical practices behind it, the Spanish Franciscans established a distinct form of interaction with Chinese common believers and some literati believers. It is an interaction mode carried out through medical practices with pragmatism at its core and it differed from the evangelization through academic dialogues and debates that the Jesuits adopted, which were mainly conducted with literati and emphasized rational discourse as well as the integration of Catholic teachings with Confucian thought. In fact, within the less educated Catholic communities, this Franciscan mode had dominated the development of the Chinese Catholic mission to some extent.

6. CONCLUSION

In the Tang Dynasty (唐, 618-907), Nestorianism had already been introduced into China. After the establishment of the Yuan Dynasty (元, 1271-1368), the Roman Curia also dispatched missionaries to China in the 13th century. However, due to their failure to assimilate into Chinese local culture, these foreign religions only gained limited dissemination among a small fraction of the population. With the upheavals of war and dynastic changes, the Chinese almost completely forgot about the Catholicism that had once existed in their country. This circumstance meant that China was a religiously untouched area for the early missionaries of the Age of Discovery who arrived in the East.

Facing this vast Eastern country with markedly distinct culture and a cautious attitude towards foreigners, missionaries in the Ming and Qing Dynasties had to adopt the strategy of cultural accommodation. These priests, primarily Jesuits, forged friendships with Chinese literati and gained the emperor's trust through their knowledge of astronomy, mathematics, firearms, etc., aiming to create a friendly environment for Catholicism within the ruling class, and then to spread it throughout the country. In this context, they began writing texts and books in the Chinese language, encompassing humanistic and religious topics to evangelize literati through debates and academic discussions, as well as scientific and technological topics to meet the needs and curiosity of the rulers who sought to harness Western technology to enhance governance.

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[51] "Juan Martí: Magna relatio seraphicae sissionis, 10 Apr. 1702." In: Mensaert, Margiotti and Rosso 1965, 974.

[52] "Es la medicina para las conversiones uno de los medios mas suaves y eficaces que hay en la Iglesia de Dios para atraer las almas y a veces aprovecha mas que la teología." see: "Franciscus a Iesu de Escalona: Relación del Viaje al Reino de la Gran China – Cap. VIII." In: Wyngaert 1933, 288.

Undoubtedly, Jesuits stood out among these "authors," producing a vast number of works in Chinese. On the other hand, Spanish Franciscans, despite their continuous missionary work on Chinese soil since the successful entry of Antonio de Santa María Caballero into Fujian in 1633, predominantly journeyed through towns and villages, living among the common people and teaching them Catholic doctrine. Nonetheless, their emphasis on direct engagement with common people should not overshadow their accomplishments in academic and scientific realms beyond religion. On the contrary, they also published some humanistic and scientific works like the Jesuits, with *Bencao Bu* by Pedro de la Piñuela being a representative example.

When preaching Catholicism in China, Piñuela managed to write *Bencao Bu*. As one of the works introducing Western pharmacological knowledge during the Ming and Qing Dynasties, it stands as a noteworthy testament to the cultural exchanges between China and the West. Examining the impact of *Bencao Bu* on the Chinese medical community, we can observe that, while it circulated in certain regions, such as Guangdong, Fujian, Zhejiang, etc., after publication, its influence did not extend significantly within the traditional Chinese medical community. Its fate cannot be simply attributed to the rejection of foreign medical knowledge by Chinese medical practitioners at that time or to their conservative and rigid mindset. A careful textual analysis reveals that *Bencao Bu* did not fit within the discourse system of traditional Chinese medicine and failed to substantially contribute to its development. Consequently, it was not accepted by the mainstream Chinese medical community, and its medical influence gradually diminished over time.

However, the aforementioned research does not intend to deny the significance and historical importance of *Bencao Bu*. Aside from focusing on its direct impact, such as whether it advanced Chinese society in the fields of science and medicine, we should also pay attention to the role of the book in the context of the Franciscan mission (after all, this was the primary purpose of the missionary's writing). *Bencao Bu* was a crucial text in the evangelization through medical practices of Spanish Franciscans. The dualistic "symptom-medicine" mode in its narrative structure, which was traditionally looked down on in Chinese medicine, proved to be particularly practical for missionaries precisely because it avoids complex medical theories. Its convenience and user-friendly features provided the Franciscans in China with the possibility of self-treatment, sparing them the trouble of traveling to Guangdong when they suffered from minor illnesses. Additionally, it equipped them with a more hands-on and accessible method of gaining followers beyond merely teaching Catholic doctrine.

While the friars did interact with Chinese literati to some extent, their missionary work primarily centered around the ordinary Chinese populace. *Bencao Bu* was written in a straightforward and easy-to-understand language, collecting simplified approaches to herb usage drawn from both theoretical principles and practical experience. This made it directly applicable to the common people, who frequently faced economic hardships and had low levels of education, making it difficult for them to access medical assistance when they fell ill. In such circumstances, these people would establish positive emotional connections with the missionaries whether they relied on medical knowledge from *Bencao Bu* for self-treatment or were healed by the Franciscan friars. The Franciscans gradually gained prestige among the lower-class people through healing and saving lives.[53] The practice of winning spiritual devotion through the healing of the body became a primary missionary strategy for the friars, which fostered positive interactions between the Franciscan Order and the ordinary Catholic communities, and promoted the development of the Franciscan mission in China.

DECLARATION OF COMPETING INTEREST

The author of this article declares that he has no financial, professional or personal conflicts of interest that could have inappropriately influenced this work.

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[53] Just like Juan de San Marcos, the Franciscans "did not really want patients to attribute the miraculous effects to themselves, but to God and the virtue of holy water" ("no queriendo que atribuyesen a él los efectos milagrosos que hacía, sino a Dios y a la virtud del agua bendita.") see: "Franciscus A Iesu de Escalona: Relacion del Viaje – Cap. VIII." In: Wyngaert 1933, 288.

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