THE TAOISTS' KNOWLEDGE OF TUBERCULOSIS
IN THE TWELFTH CENTURY

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This paper is to introduce a Taoist record of the mid-twelfth
century, which shows that the priests were aware that the tuber-
culosi was, firstly, a contagious disease, and secondly, a disease
that was caused by a specific agent or parasite. Preventive measures
and methods of cure are also discussed. Having verified it with
some native works of the same period and compared it with the
numerous accounts given in the history of medicine of the West,
we may deduce that the Chinese Taoist priests had gained some
knowledge in this particular respect a few hundred years earlier
than their contemporaries in other countries.

Although the Bible makes some references to the infectious
nature of various diseases, it is rather vague about the phthisis
itself. The ancient Greeks, however, including Aristotle, believed
that phthisis was contagious. Galen (A.D. c. 130-c. 200), the most
distinguished physician after Hippocrates (B.C. c.460 - c.377),
regarded consumptives as being dangerous to live with, and the
disease itself as incurable. In the Moslim world Avicenna (980-1037)
was the first to discover the contagious nature of phthisis 1); it
may be surmised that he was under some Chinese influence. Six-
hundred and fifty years later in his Opera Medica, published
posthumously in 1679, Franciscus Delaboe Sylvius (1614-72) stated
similarly that 'the air expired by consumptives having been
brought close to the mouth and nose of other persons [was] drawn
in and in this way offensive and irritating emanations [were] con-
tinuously carried from the affected party to others, especially
relatives, and when these [were] finally infected with the same
poison, they also [fell] into phthisis.' This is a very clear statement
indeed maintaining that contagion is one of the causes of tuber-

1) Douglas Guthrie, A History of Medicine, Thomas Nelson & Sons,
London, 1958, p. 92; Sung Ta-jen 宋大仁, 'Chung-kuo ho A-la-po tê yi-yao
chiao-lun' 中國和阿剌伯的醫藥交流, Lishi yanjiu 历史研究, I, 1959,
Chung-kuo K'o-hsüeh-shê 中國科學社, Peking, pp. 79-89.

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culous, if not the cause, though Sylvius was not really the first physician in the West to have emphasized this point 1).

Girolamo Francastoro (1478-1553), who died some sixty years before Sylvius was born, is the first to have devoted a full chapter to contagious phthisis. In his *De contagione et contagiosis morbis*, published in 1546, the Florentine physician pointed out the astonishing fact that the 'clothes which a phthisical patient had worn, \[ \ldots \] communicated the disease even after two years; the same [might] be said of rooms, beds, floors, where a sufferer of phthisis [had] died' 2). But around 1650 his theory was still regarded with scepticism by the Faculty of Paris, and most of the northern physicians seemed to have been led to believe that a hereditary disposition was the real cause of the disease 3). Even in Florence an edict to prevent the spread of the disease was revoked in 1754, because there were physicians there who were not entirely convinced of the theory of infection 4). However, the trend in the South during the seventeenth and the eighteenth centuries was that the contagious nature of tuberculosis should be recognized. Thus, the law promulgated by the Republic of Lucca in 1699 stated that 'in future the health of the human body [should] not be harmed or imperiled by objects remaining after death of a person infected with the disease of phthisis' 5). A law enforced in Italy in 1782 demanded that 'the authorities [should] make an inventory of the clothing in the patient’s room to be identified after his death' and also that 'the authorities themselves [should] tear out and replaster the house from cellar to garret, carry away and burn the wooden doors and windows and put in new ones' 6).

Many theories of the causes of contagion were advanced. Hippocrates, in making a diagnosis, studied the sputum of a patient and noticed that 'when the expectoration of a consumptive [emitted] a strong rancid smell in burning' and 'the hair [fell] off, the disease

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3) R. & J. Dubos, p. 33.