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Translating Surgery and Alchemy Between Seventeenth-century Europe and Siam

Tara Alberts*

ABSTRACT

René Charbonneau (1643–72) traveled to Siam (modern-day Thailand) in 1676 as a lay auxiliary to a band of French missionary priests. It was intended that he would practice his skills as a surgeon to treat missionaries and the indigent poor in the mission hospital established in Ayutthaya. An examination of the few letters that survive in his hand reveal fascinating insights into some of the treatments he used. Details emerge which suggest how far healers like Charbonneau were transformed as they moved into new contexts: how they were able to experiment with new techniques and cures, and how they were often required to reconceptualize their approaches for new audiences. This article explores Charbonneau’s life and career in seventeenth-century Ayutthaya to reassess the “foreign” healers in the history of Thai medicine, and to explore the methodological complexities of reconstructing the medical world of Ayutthaya.

In 1730 an ecumenical funeral was held in Ayutthaya, the royal capital of Siam (modern-day Thailand). Present were representatives of various Catholic communities –Portuguese, French, Vietnamese, Spanish, and Siamese – the Protestant head (*Opperhoofd*) of the Dutch factory and his assistant, and various “people of other religions”.¹ The man being laid to rest was René Charbonneau (c. 1646-1730), a “venerable elderly gentleman” of eighty-four, whose passing was “regretted by all the Christians and even the pagans”.² Charbonneau was born in Les Herbiers, Poitou, France, the son of a tenant farmer.³ By the time of his death he had lived in Siam for over fifty years. Fluent in Thai and knowledgeable about the country, his advice was sought by locals and by visitors.⁴

He was probably known to the Siamese by the noble title *ok phraya* (ออกพระยา), and addressed as *chaokuhn* (เจ้าคุณ, “lord”): honors granted by the former king, Phra

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¹ Bhawan Ruangsilp, *Dutch East India Company Merchants at the Court of Ayutthaya: Dutch Perceptions of the Thai Kingdom, c. 1604-1765* (Leiden: Brill, 2007), 45.

² Paul Aumont, ‘Mémoires de M. Aumont,’ in Adrien Launay (ed.), *Histoire de la mission de Siam : documents historiques* 2 vols (Paris: P. Téqui, 1920), I: 266. Also spelt Cherboneau and Cherbonneau.

³ Bernard Martineau to superiors in Paris, Phuket (Junk Ceylon), 26 November 1686, printed in Joseph Grandet, *Les Saints Prêtres Français du XVIIe siècle. ... Troisième Série. Prêtres Angevins* (Angers: Germain et G. Grassin, 1898), 359.

⁴ Bénigne Vachet, “Mémoires de M. Bénigne Vachet” in Launay, *Histoire* (cit. n. 2), I :317.

Narai (r. 1656-88), when the latter appointed him governor of Phuket in around 1682.⁵ Many of the French also recognized his ennobled status, referring to him as *Sieur René*. In 1715 a Catholic missionary had written to the French governor of Pondicherry recommending Charbonneau as someone “highly esteemed by all the foreigners in this kingdom, who very often consult with him about their business, and appoint him as arbiter in their quarrels”.⁶ “The Siamese also respect and honor him greatly”, he continued. “They always treat him like one of their old mandarins, who has been responsible for the government of a province, and who throughout all the time of his governorship pleased [everyone] greatly.”⁷

Charbonneau had arrived in Siam in 1676 in a much more humble role: as house servant (*domestique*) or valet to a group of priests from the French missionary society, the Missions Étrangères de Paris (MEP). He had been selected due to his piety and his knowledge of surgery.⁸ The missionaries intended to make medical care a key plank of their proselytization strategy in Siam, where “missionaries apply themselves to the cure of illnesses of the body in order to come more easily to that of the soul.”⁹ They had established a small cottage hospital in Ayutthaya where Charbonneau was to serve as a surgeon: bandaging, bloodletting, and handing out simple remedies.¹⁰ Yet his designation as a “*chirurgien*” in the French sources masks the increasing complexity of his role and the transformation that he underwent.

This article explores Charbonneau’s life as a healer in Ayutthaya and reconstructs his trajectory from servant and surgeon to provincial governor. In Section

⁵ Simon de la Loubère, *Du Royaume de Siam*, 2 vols. (Paris: veuve Jean-Baptiste Coignard, 1691), vol. 1: 177. Nicolas Gervaise describes the “*ocpraya*” as the “second order of nobility”, Nicolas Gervaise, *Histoire naturelle et politique du Royaume de Siam* (Paris : Claude Barbin, 1688) : 122. On the five ranks of Thai civil nobility see Robert B. Jones, “Thai Titles and Ranks”, *Cornell Southeast Asia Programme Data Paper*, 81 (1971):127. For the titles of previous governors of Phuket see Dhiravat na Pombejra, ‘Towards an Autonomous History of Seventeenth-century Phuket’, in *New Terrains in Southeast Asian History*, ed. by Abu Talib Ahmad and Tan Liok Ee (Athens, OH: Ohio University Press, 2003): 292-3, which suggests that previous governors had the rank of *phra* (พระ), the third rank. Other histories of Phuket give his name and title as *okphraya khlung Charbonno* (ออกพระชาลลาง ชาร์บอนโน) See also G.E. Gerini, “Historical Retrospective of Junkceylon Island”, *Journal of the Siam Society* [JSS], 2 (1905): 121- 268 (146-150, 162); Michael Smithies, ‘Les gouverneurs français de Phuket, Bangkok et Mergui au XVIIe siècle’, *Aséanie* 7 (2001): 59-78 (63ss).

⁶ Mgr De Cicé to M. Hébert, 1715, in Launay, *Histoire* (cit. n. 2) : II, 102.

⁷ Cicé to Hébert (cit n. 6), 102.

⁸ Called ‘domestique’ in Jacques de Bourges, *Relation du voyage de Monseigneur l’Evêque de Beryte* (Paris : Denis Bechet, 1668), 168 ; ‘valet’ in Loubère, *Du Royaume de Siam* (cit. n. 5), 351.

⁹ “Autres nouvelles enuoiées de Siam en 1677”, Archives de la Mission Étrangères de Paris [AMEP], Paris, vol. 859 : 26.

¹⁰ “Lettre de M. de Berithe escrite de Siam à M. d’Heliopolis au mois d’Octobre 1667”, AMEP 857 : 224.

I, I set the scene, mapping out the medical, scientific, and cultural world of Ayutthaya. I address how any attempt to reconstruct histories of seventeenth-century Siam is hindered by silences and disarticulations in the archive. Due to the destruction of Ayutthaya in 1767 during a Burmese invasion, only a small number of contemporary Thai-language sources related to medical practices survive.¹¹ To catch sight of many aspects of life in the capital historians therefore often turn to European sources of the period. These accounts provide many details of Siamese medical practices, but these appear only in translation: sketched perceptions derived from fleeting experience.

The resultant mistranslations have reverberated throughout the historiography. I explore Charbonneau's place in traditional narratives of Thai medicine, and argue for a re-assessment of the self-fashioning and translation practices of "foreign" experts like Charbonneau as they were re-made by the Ayutthayan context.¹²

In Section II and II I turn to the range of treatments used by Charbonneau. I show how, with careful contextualization, European sources can be mined for evidence of how concepts, materials, and techniques were translated in Siam. In these sections I trace both how the practices of "foreign" healers like Charbonneau were modified in translation, and how new contexts created the space for the transformation of healers themselves. As a healer in Ayutthaya, Charbonneau did not restrict himself to his former (and in France, regulated) "art" of *chirurgie* "which teaches diverse manual operations on the human body for the healing of injuries, wounds, fractures etc."¹³ He was quick to adopt wider responsibilities – of researching and compounding medicines, and of training others in internal medicine and surgery. Most importantly he strove to learn new techniques, especially those which were deemed valuable to local audiences: how to use unfamiliar *materia medica*; new approaches to diagnosis and cure; and "alchemical" techniques for the purification of metals and preparation of medicinal substances.

Of course, the intimate, personal relations between healer and patient only rarely leave an archival trace. We are fortunate that we can catch occasional glimpses

¹¹ Somchintana Thongthew Ratarasarn, *The Principles and Concepts of Thai Classical Medicine* (Bangkok: Thai Kadai Research Institute, 1989): 29-30.

¹² On the complexity of Thai concepts of "foreignness" in this period see Edward van Roy, *Siamese Melting Pot. Ethnic Minorities in the Making of Bangkok* (Singapore: ISEAS Publishing, 2017); John Smith, "State, Community, and Ethnicity in Early Modern Thailand, 1351-1767", unpublished PhD thesis (University of Michigan, 2019). On the broader literature concerning the figure of the mediator, broker or go-between see the Introduction to this volume, *Osiris* 37.

¹³ *Dictionnaire de l'Académie française*, 1st Edition (Paris: Jean Baptiste Coignard, 1694), I : 187.

of Charbonneau in action. His posterity is formed in institutional archives, with all the consequences this has for the survival of only certain aspects of his story: the few letters in his hand that survive are from his time in the service of the Missions Étrangères.¹⁴ The experiences of patients themselves, and their understandings of his cures, are, of course, even more obscure. How might we reconstruct the translations in which Charbonneau was engaged, given the light footprint he has left in the written record? Reading across multiple sources, I consider how patients may have understood techniques and materials utilized by practitioners like Charbonneau.

In tracing Charbonneau's travels, I follow in the wake of a number of historians who have used micro-histories to disrupt or nuance conclusions drawn through more broad-brush mappings of global circulations.¹⁵ As John Paul Ghobrial argued, a close focus on the "moving stories" of such individuals "can reveal new geographies that we do not see otherwise" and can help to "unsettle, to surprise, and to oblige us to revise our traditional views".¹⁶ I trace how local contexts shaped Charbonneau's translations, and analogously, how he himself was transformed. I show how these translations and transformations created opportunities to lay claim to new forms of authority and value.

I. Lost Leaves and (Re)discovered Gems: Constructions of Medicine in Ayutthaya

Sources for the History of Thai Medicine

The destruction of the Ayutthaya by the Burmese in 1767 included the wreckage of the kingdom's intellectual capital, with books and manuscripts burnt or

¹⁴ Charbonneau's letters were preserved due to sections which provided publishable information about the missions. Parts of a letter written in October 1677 (cit n. 96), for example, were excerpted in Anon, *Relation des missions et des voyages des evesques vicaires apostoliques, et de leurs ecclesiastiques es Années 1676 & 1677* (Paris : Charles Angot, 1680), 183-4.

¹⁵ See especially Natalie Zemon Davis, *Trickster Travels: A Sixteenth-century Muslim Between Worlds* (London, 2008); Sanjay Subrahmanyam, *Three Ways to be Alien: Travails and Encounters in the Early Modern World* (Waltham, Mass., 2011); Jonathan Gebhardt, 'Microhistory and Microcosm: Chinese Migrants, Spanish Empire and Globalization in Early Modern Manila', *Journal of Medieval and Early Modern Studies*, xlvii, 1 (January 2017); John Paul Ghobrial (ed), "Global History and Microhistory", *Past & Present* Volume 242, Issue Supplement 14 (2019).

¹⁶ John-Paul Ghobrial, "Moving Stories and What They Tell Us: Early Modern Mobility Between Microhistory and Global History", in Ghobrial (cit. n. 16), 243-280 (279).

scattered.¹⁷ During the reign of Rama I (r. 1782-1809), there began a concerted attempt to re-construct the lost leaves of Ayutthayan intellectual heritage, by recovering as far as possible texts of law, Buddhism, and of medicine.¹⁸ Texts which had survived, often in provincial temples, were gems which transmitted the essence of the lost golden age. Further texts were rediscovered the nineteenth and early twentieth centuries. “Traditional” medical practices became a key area of investigation.

During the reigns of Chakri kings Mongkut (r. 1851-68) and Chulalongkorn (r. 1868-1910), in parallel with the introduction of “modern” or “western” (ฝรั่ง *-farang*) medicine, ran programs of textual recovery and revision, undertaken to identify historical medical texts.¹⁹ A canonical corpus of urtexts – representative of a supposedly national tradition – was established. The seventeenth-century *Tamra Phra Osot Phra Narai*, discussed below, for example, was “rediscovered” by Krom Luang Wongsa, the chief physician of the royal court, at this time when “traditional medicine was fiercely challenged by Western medical knowledge.”²⁰ These texts were also brought to a wider public: an edition of this *Tamra* was printed in 1917 by Prince Damrong Rajunubhab (1862-1943).²¹ Necessarily, these compilations often involved the deconstruction of texts and their translation – out of the formats of palm-leaf manuscripts and *samut kboi* (สมุดข่อย- folding books of paper made from *Streblus asper* bark) into modern print and onto paper; out of the poetic obscurity of premodern Siamese. The colonial context of the nineteenth- and twentieth-centuries inevitably shaped the ways in which “traditional” Thai medical systems were reconstructed from

¹⁷ See Chris Baker and Pasuk Phongpaichit, *A History of Ayutthaya. Siam in the Early Modern World* (Cambridge: Cambridge University Press, 2017): 253-8.

¹⁸ See especially Jean Mulholland, “Thai Traditional Medicine: Ancient Thought and Practice in a Thai Context” *JSS*, 67 (1979): 82-3; James Nelson Riley, Fred L. Mitchell Jr. and Dan Bensky, “Part Two - Thai Manual Medicine as Represented in the Wat Pho Epigraphies: Preliminary Comparisons” *Medical Anthropology*, 5 (1981): 155-94; Nopphanat Anuphongphat and Komatra Chuengsatiansup, “Krom Luang Wongsa and the House of Snidvongs: Knowledge Transition and the Transformation of Medicine in Early Modern Siam”, in Tim Harper and Sunil S. Amrith (eds), *Histories of Health in Southeast Asia. Perspectives on the Long Twentieth Century* (Bloomington: Indiana University Press, 2014): 19-43 (21).

¹⁹ Riley, Mitchell and Bensky, “Thai Manual Medicine” (cit. n. 19), 157-60; C. Pierce Salguero, *Traditional Thai Medicine: Buddhism, Animism, Ayurveda* (Prescott, AZ: Hohm Press, 2007), 11-18.

²⁰ Anuphongphat and Chuengsatiansup, ‘Krom Luang Wongsa’ (cit. n. 19), 21.

²¹ *Tamra Phra Osot Phra Narai* (Pranakhon: Sophinipattanakorn, 1917). Through this printed version, the *Tamra* became a popular text to be distributed as part of a cremation volume, given out to mourners. See Jean Mulholland, *Medicine, Magic and Evil Spirits. Study of a Text on Thai Traditional Paediatrics* (Canberra: ANU Press, 1987): 10-12; Junko Iida, “The Invention of Medical Tradition in Thailand: Thai Traditional Medicine and Thai Massage” in Hans Pol, C. Michael Thompson and John Harley Warner, *Translating the Body: Medical Education in Southeast Asia* (Singapore: NUS Press, 2017): 273-94, and Salguero, *Traditional Thai Medicine* (cit n.20) 7-9.

these texts and set against or alongside “modern” or “Western” frameworks.²² For example, the texts often set out the principles of Thai medicine in a way which emphasized synergies with explanatory frameworks found in Ayurvedic medicine to emphasize the equal intellectual legitimacy and scholarly heritage of the Thai system through reference to an ancient and recognized system.²³

These drives for textual rediscovery have had a number of consequences for historians. In many cases we now only have access to nineteenth- and twentieth-century recensions of earlier texts. The principles by which copyists established the “correct” version of texts are often opaque. The emphasis on a stable, national tradition has often meant that many other aspects of continuing knowledge-complexes were replaced by these texts made canonical by accidents of survival and rediscovery. Due to a lack of surviving evidence, for example, it is difficult to know how far the theories and practices of the *mo ratsadon* (หมอราษฎร์ - doctors who treated commoners) and the *mo luang* (หมอหลวง - those who practiced royal medicine) overlapped. All the surviving texts dating back to early periods relate to the latter. Necessarily in this paper I therefore focus mainly on royal medicine, which certainly came to inform the practices of many different types of practitioners throughout central Siam. However, we should be alert to the diversity of approaches amongst practitioners and patients outside of the royal court, which remain obscure in many sources.

Due to the limited nature of the Thai-language material, scholars continue to draw on contemporary European accounts of pre-modern Siamese medicine. Early modern European accounts were often rather schematic, and tended to see Siamese medicine as one practice, characterized with vague generalities. This was partly due to difficulties in gaining access to texts which would have illustrated the underlying principles: recipe compendia, treatises, and other materials used by healers were often professionally privileged, and jealously guarded.²⁴ No seventeenth-century European accounts refer to having been able to study such documents. There were a wide range

²² Chatichai Muksong and Komatra Chuengsatiansup, “Medicine and Public Health in Thailand: From an Elitist View to Counter-Hegemonic Discourse” in Laurence Monnais and Harold J. Cook (eds), *Global Movements, Local Concerns: Medicine and Health in Southeast Asia* (Singapore: NUS Press, 2012): 226-45.

²³ Jean Mulholland, *Herbal Medicine in Paediatrics. Translation of a Thai Book of Genesis* (Canberra: ANU Press, 1989): 12.

²⁴ Viggo Brun and Trund Schumacher, *Traditional Herbal Medicine in Northern Thailand*, 42-6; Salguero, *Traditional Thai Medicine*, 8-9. Jana Igunma, ‘Aksoon Khoom: Khmer Heritage in Thai and Lao Manuscript Cultures’, *Tai Culture*, 23 (2015):1-8 (7)

of healers in Ayutthaya, Siamese and foreign, all with their own traditions of knowledge transfer. Secrecy and the gradual induction of tyros were important parts of medical training. Moreover, training in many skills was necessarily “hands on”. Learning some practices, from acupuncture in China, to surgery in Europe, to the “manual science” of massage in Thai medicine, could be done without translating between intellectualized and haptic understanding.²⁵ As scholars studying Thai healing traditions in later periods have emphasized, in addition to information encoded in writing, healers would often need to learn additional theory, ingredients, techniques, and incantations which would only be passed on in person.²⁶

Perhaps the most influential contemporary account of Siamese medicine is that of Simon de la Loubère (1642-1729), who travelled with a French embassy to Siam in 1687-8. He set the tone for later depictions, writing that “Medicine cannot merit the name of a Science amongst the Siamese.”²⁷ He outlined what he saw as the four main deficiencies of Siamese medicine. First, he considered that healers lacked crucial technical skills, exemplified by their ignorance of surgery. “Their chief ignorance”, he began, “is to know nothing of Surgery, and to have need for Europeans, not only for Trepanns and for all other difficult surgical operations, but even for simple bloodletting.”²⁸ Second, Thai medicine was presented as unsystematic, exemplified by a lack of “principles” and a failure to understand certain mechanisms of cure. “They do not trouble themselves to have any Principle of Medicine, but only a number of recipes, which they learnt from their Ancestors, and in which they never change a thing.”²⁹ Third, knowledge was often patchy and misapplied, emblemized by Thai approaches to and uses of chemistry/alchemy: “They are ignorant of Chemistry, even though they love it passionately, and though many amongst them boast of possessing the most rare secrets. Siam, like all the rest of the Orient, is full of two sorts of people in this regard: imposters and dupes.”³⁰ Finally, he criticized what he saw as a lack of

²⁵ Loubère describes massage, see *Du Royaume* 1: 242, See also Riley, Mitchell and Bensky, “Thai Manual Medicine” (cit. n. 19), 161.

²⁶ For example Louis Golomb, *An Anthropology of Caring in Multiethnic Thailand* (Urbana: University of Illinois Press, 1985); Viggo Brun, “Traditional Thai Medicine”, in Helaine Selin (ed.), *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures* (Kluwer Academic Publishers, 2003): 115-132.

²⁷ Loubère, *Du Royaume* (cit. n.5), I: 239.

²⁸ Loubère, *Du Royaume* (cit. n.5), I: 239.

²⁹ Loubère, *Du Royaume* (cit. n.5), I: 240.

³⁰ Loubère, *Du Royaume*, (cit. n.5), I: 244.

curiosity, which meant that these deficiencies were never remedied. He bemoaned an “ignorance” of anatomy, for example.³¹

His depiction has informed most subsequent descriptions of seventeenth-century medicine in the kingdom in both the European and Thai-language scholarship.³² Consequently, certain understandings of the differences and boundaries between “Siamese” medicine and “Western” medicine – each treated as immutable, definable categories – have colored many attempts to explore the interplay between the variety of healers operating in Ayutthaya. Due to this framing, European medical practitioners in seventeenth-century Ayutthaya are often presented in general histories of Thai medicine as introducing “Western” (or even “modern”) medicine to Siam.³³ Charbonneau, for example, is depicted as an “agent of modernisation”, standing as a symbol of an initial Thai encounter with various reified categories of knowledge: “European” surgery, “French” medicine, “Western” science.³⁴ In these narratives Narai, in his patronage of figures such as Charbonneau, is often compared to nineteenth-century reformist monarchs Mongkut and Chulalongkorn as utilizing “Western” knowledge to introduce “scientific” principles to improve public health. However, if we carefully contextualize Charbonneau against the intellectual world of seventeenth-century Ayutthaya, a much more nuanced picture emerges.

Knowledge and Exchange in Seventeenth-century Ayutthaya

The city of Ayutthaya is a compelling site in which to explore medical, scientific, and intellectual exchange. In recent years a number of historians have demonstrated the value of rewriting histories of premodern circulations from de-centered perspectives, and of de-emphasizing narratives that seek to find origins for

³¹ Loubère, *Du Royaume*, (cit. n.5), I: 239.

³² See for example Mulholland, *Medicine* (cit. n. 19), 7-9; Santisuk Sobhanasiri, “Prawattisat kan phatthana kan phaet phaen thai kan phaet phuenban lae kan phaet thanglueak nai prathet thai.” in *Dan kan phaet phaen thai kan phaet phuenban lae kan phaet thanglueak*, edited by Vichai Chokevivat, Suwit Wibulpolprasert, and Prapoj Petrakard (Bangkok: DTAM, 2010): 1-65.

³³ On narratives of “modernisation” in Thai historiography see especially Muksong and Chuengsatiansup, “Medicine and Public Health” (cit. n. 23).

³⁴ See for example Somrat Charuluxananan and Vilai Chentanez, “History and Evolution of Western Medicine in Thailand”, *Asian Biomedicine*, 1 (2007): 97-101(98); Jean Affie, “Sous le règne de Rama V (1868-1910), l’adaptation du Siam à la modernité occidentale” In: *Vietnam: Le moment moderniste* (Aix-en-Provence: Presses universitaires de Provence, 2009), 26-41. See also Ian Hodges, “Western Science in Siam: A Tale of Two Kings”, *Osiris* 13 (1998): 80-95; Thanet Aphornsuvan, “The West and Siam’s Quest for Modernity. Siamese Responses to Nineteenth-Century American Missionaries”, *South East Asian Research*, 17 (2009): 401-31

today's modernities.³⁵ Ayutthaya offers up a range of such new vistas. Peripheral now in many narratives of global exchange, by the late sixteenth century, it was a crucial node: networks of trade, pilgrimage, and diplomacy connected the city to communities and markets around Southeast Asia, China, Japan, India, the Middle East, and Europe.³⁶ There was “no city in the Orient”, wrote a French diplomat in 1686, “where one sees so many different nationalities [...] and where is spoken so many different languages.”³⁷ Ayutthaya was a place where “translation, interpretation, and multilingual conversations were part of everyday life”, something which is reflected in much of the surviving literature of the period.³⁸

The seventeenth century in particular was a time of great openness to foreign trade and ideas, especially under the reign of Narai.³⁹ Royal patronage of domestic and foreign learned men, skilled in medical, astronomical, mathematical, literary, sacred, and divinatory scholarship and arts, was expansive. Observers noted with interest how many “foreigners” were employed in various branches of government; as mercenaries; as engineers and city planners; and as ritual specialists, astronomers, and physicians. European commercial companies and religious societies supplied artisans and experts – “some skilled, some useless”, in the words of historian Bhawan Ruangsilp – to gain favor at court, including physicians, glassblowers, chandlers, metal-workers, gardeners, and mining experts.⁴⁰ The presence of the missionaries in Ayutthaya was also due to royal interest in foreign lands.

Yet this interest in “foreign” knowledge and skills was not – as some visitors assumed – born of a sense of inferiority of local expertise. Rather, it was an important part of the wider fashioning of the monarch as an idealized Buddhist monarch. Thai Buddhist concepts of kingship celebrated the figure of the *cakravatti* monarch – the

³⁵ See for example Heather Sutherland, “Southeast Asian History and the Mediterranean Analogy”, *Journal of Southeast Asian Studies*, 34 (2003): 1-20; Natalie Zemon Davis, “Decentering history: Local Stories and Cultural Crossings in a Global World”, *History and Theory*, 50 (2011): 188-202.

³⁶ See especially Baker and Phongpaichit, *A History of Ayutthaya* (cit. n.18).

³⁷ Alexandre Chaumont, *Relation de l'ambassade de Mr le Chevalier de Chaumont à la cour du Roy de Siam* (La Haye: Isaac Beauregard, 1733) : pp.

³⁸ Baker and Pasuk, *History*, 207. See also Christopher Joll and Srawut Areem “Thai adaptations of the Javanese *Panji* in Cosmopolitan Ayutthaya”, *Southeast Asian Studies*, 9 (2020): 3-25.

³⁹ See especially Dirk van der Cruyssen, *Siam and the West 1500-1700* (Chiang Mai: Silkorm Books, 2002); David K. Wyatt, *Thailand: A Short History*, second edition (New Haven: Yale University Press, 2003): 88-103; Muhammad Ismail Marcinkowski, *From Isfahan to Ayutthaya: Contacts Between Iran and Siam in the 17th Century* (Singapore: 2005).

⁴⁰ Ruangsilp, *Dutch East India Company* (cit. n 1), 142; Keith Branigan and Colin Merrony, “The Gardens of the Royal Palace at Ayutthaya”, *Journal of the Siam Society*, 87(1999):17-31 18-19; Van der Cruyssen, *Siam and the West* (cit. n. 40), 236-5, 382, 391.

“wheel turner” world emperor – in whose realm multitudes choose to come and shelter.⁴¹ He was judicious and learned. At a time when trade and diplomatic links with distant lands were increasingly important for the region’s political economy, his kingly virtues were made manifest by the sight of foreigners bringing gifts, pledging themselves to his service, and adding to the intellectual riches of his realm.

This period was more broadly a golden age of cultural, literary, and intellectual production, encouraged by the court to reflect its own glories.⁴² The court and nobility sponsored an increased production of *samut kboi* and manuscripts in temples, many of which had their own palm plantations for manuscript production.⁴³ Alongside and often bound with Buddhist scriptures, temple archives housed materials on topics including astronomy, alchemy, divination and medicine, including pharmacopoeias and collections of healing prayers.⁴⁴ Learning was highly lauded amongst courtiers, with value placed on the possession of treatises or manuals (ตำรา - *tamra*) of various “principles” or “sciences” (ศาสตร์ - *sat*, from the Sanskrit *sāstra*): of medicine, astrology, divination, alchemy, cosmology and warfare. Scholars sought to translate, explain, and interpret (แปล *prae* or แปลา *plae*) just as those versed in alchemy (แปลธาตุ *praethat*) sought to explain and transmute (*prae*) the elements (*that*).⁴⁵

Facility with elegant literary forms and elaborate courtly registers which used a number of Sanskrit and Pali loan-words, were also increasingly important at court.⁴⁶ In around 1672 the court astrologer (*Pbra Horathipbodi* – พระโหราธิบดี) completed the first normative guide to the prosody of the Thai language, the *Chindamani* (จินดามณี).⁴⁷ The

⁴¹ Baker and Phongpaichit, *History* (cit. n 18), 207.

⁴² Baker and Phongpaichit, *History* (cit. n. 18), 149-50; Charnvit Kasetsiri, *The Rise of Ayudhya. The History of Siam in the Fourteenth and Fifteenth Centuries* (Kuala Lumpur: Oxford University Press, 1976), 7-10.

⁴³ Jana Igunma, “Southeast Asia II: The Mainland” in Michael F. Suarez and H.R. Woudhuysen (eds), *The Oxford Companion to the Book*, vol. x (Oxford: Oxford University Press, 2010): pp. ; John Guy, *Palm-Leaf and Paper. Illustrated Manuscripts of India and Southeast Asia* (Melbourne: National Gallery of Victoria, 1982), 66-7.

⁴⁴ See Justin McDaniel, *Gathering Leaves and Lifting Words. Histories of Buddhist Monastic Education in Laos and Thailand* (Seattle: University of Washington Press, 2008): 85-6.

⁴⁵ The definitions are from Jean-Baptiste Pallegoix, *Dictionarium linguae Thai, sive siamensis interpretatione latina, gallica et anglica illustratum* (Paris: Imperatoris impressum, 1854). In modern Thai the distinction between แปล, *prae* to turn, change, convert, become and แปลา *plae* to translate, interpret, to mean is more clearly drawn and “to translate, explain, mean” is *plae*. See Domnert Garden and Sathienpong Wannapok, *Thai-English Dictionary* (Bangkok: Amarin, 1999).

⁴⁶ B.J. Terweil, “The Introduction of Indian Prosody among the Thais”, in Jan E.M. Houben (ed.), *Ideology and Status of Sanskrit: Contributions to the History of the Sanskrit Language* (Leiden: Brill, 1996), 307-326 (322).

⁴⁷ This was probably begun in the sixteenth century. Terweil, “Introduction” (cit. n. 47).

work takes as its allegorical title the name of the “wishing gem”, or “jewel of thought”, which was sought by alchemists, analogous to the “philosophers’ stone” described in other traditions.⁴⁸ The metaphorical jewel offered in this case was itself an intricate work of translation, setting out how Sanskrit and Pali verse forms could be used with the Thai language.⁴⁹

In written reports produced for the king, detail, empirical verification, and elegant prose were important. The preparation of detailed reports was a necessary prelude to any decision being made.⁵⁰ Diplomats were instructed to record in forensic detail everything they saw in foreign lands.⁵¹ Royal physicians and pharmacists investigated *materia medica* brought into the city, kept detailed records of the treatment of the royal family.⁵²

Recipes and treatment approaches suggested by foreign medical experts like Charbonneau were recorded in pharmacopeia such as the *Tamra Phra Osot Phra Narai* (King Narai’s Medical Treatise).⁵³ Prepared by officials in the royal pharmacy, the *Tamra* described the causes of certain illnesses and recipes for their cure, prepared for members of the royal court by Siamese, Chinese, Indian, and “western” (*farang*) physicians during the reigns of Narai and Petratcha. Royal medical texts and pharmacopeia (ตำรับ - *tamrap*) had much in common with Buddhist sermon scriptures, often being written using the Pali-Thai-Sanskrit hybrid ritual language, the Khmer *khom* script, and the palm leaves typical of such texts.⁵⁴

This was also practical knowledge. In 1695 we see the Brahman ritual specialists (พรหมณ์ - *phram*) of the court being called upon to examine a list of medical herbs “in the Brahman language”, and to set it out again in “an Indian tongue” so that

⁴⁸ Derived from the Sanskrit *Cintāmaṇi*, (“thought-gem”). Monier Monier-Williams, *A Sanskrit-English Dictionary* (Delhi: Motilal Banarsidass, 1986 [1899]), 398.

⁴⁹ Terweil “Introduction” (cit. n. 47), 314-6.

⁵⁰ See Ian Hodges “Time in Transition: King Narai and the Luang Prasoet Chronicle of Ayutthaya”, *JSS* 87 (1999): 33-44 (36-8).

⁵¹ See for example Kosa Pan, *The Diary of Kosa Pan 1686: Thai Ambassador to France, June-July 1686* trans. by Visudh Busayakul, ed. by Dirk van der Cruyse and Michael Smithies (Chiang Mai: Silkworm Books, 2002).

⁵² For example the *Tamra Phra Osot Phra Narai*, discussed in more detail below. For medical note taking at court in a later period see Leslie Anne Woodhouse, “A ‘foreign’ princess at the Siamese court: Princess Dara Rasami, the Politics of gender and ethnic difference in nineteenth-century Siam”, unpublished PhD dissertation (University of California, Berkeley, 2009): 105.

⁵³ *Tamra Phra Osot Phra Narai* (cit. n. 22); C Phichiansunthon, M Chawalit, and W Chiruang, *Kham atthibai tamra Phra Osot Phra Narai* [An explanation of Phra Narai’s Medical Treatise] (Bangkok: Amarin, 2001).

⁵⁴ Mulholland, *Medicine* (cit. n.22),15-16

supplies could be ordered from Surat via the Dutch.⁵⁵ Record-keeping extended to matters of public health. In 1682 Narai heard that the French missionaries were distributing remedies during a smallpox epidemic. He ordered his court physicians to accompany them, and to provide an exact report of houses visited and successes achieved.⁵⁶ A similar report was also requested from the missionaries.

This is the context in which we should understand that Charbonneau was operating: in a polylingual, cosmopolitan city; amidst an explosion of scholarly production; under the patronage of a royal court which valued learning which could be practically applied. Reading Charbonneau's story against the broader context of Ayutthayan intellectual culture we find new ways to interpret this moment of exchange. Turning now to examine in more detail the variety of treatments that Charbonneau offered, we see a range of responses to the treatments he attempted to translate. Most importantly, we see how this context could re-shape "foreign" experts, translating them, their knowledge and their techniques into new frames.

II. Charbonneau the Surgeon

Charbonneau's value to the missionaries who brought him to Siam lay in his knowledge of surgery. As we have seen, ignorance of surgery was viewed by Europeans as a chief deficiency of Thai medicine. The surgeons of most Europeans' imagination were not learned men. In many missionary letters, surgery is grouped with other manual skills: missionary Pierre Langlois, writing to the directors of the Parisian seminary in 1674, for example, recommended, "If you wish to bring some lay Frenchmen with you [...] Do not bring one who cannot read and write and who knows not either surgery, tailoring, fur-making or carpentry."⁵⁷ In France, professional bodies and guilds fought to establish and maintain distinctions between the spheres of physicians, apothecaries, and surgeons. While the first university chair of surgery had been created in Paris in 1673, surgery was still largely considered a lowly profession,

⁵⁵ Hendrik E. Niemeijer (trans.), "Letter from the Phrakhleng on behalf of the King of Siam Phetracha (r. 1688-1703) to the Supreme Government, 12 February 1689" in *Harta Karun. Hidden Treasures on Indonesian and Asian-European History from the VOC-Archives in Jakarta* (Jakarta: Arsip Nasional Republik Indonesia, 2014): document 19.

⁵⁶ "Journal de la Mission", AMEP, 878: 189.

⁵⁷ Pierre Langlois to Paris seminary, 1674, AMEP, vol. 857, 311.

concerned with manual treatments which it would be inappropriate for physicians, much less clerics, to carry out themselves.⁵⁸

Yet on the missions, the MEP acknowledged, surgeons were often more highly regarded. On his voyage to Siam, missionary François Pallu (1626-84) reported how a surgeon he encountered was “listened to like an oracle”, winning respect from many.⁵⁹ So it proved for Charbonneau. His travelling companion, missionary le Roux, described how Charbonneau’s skills won friends on the ship from Surat to Siam. “God in his mercy has made it so that they all love us,” he wrote. “Brother René has helped with surgery the majority of these different Nations, which has contributed in no small measure to winning their affection for us.”⁶⁰

The missionaries saw certain surgical practices as crucial to their medical provision. Due to a lack of trained surgeons, Pallu urged that missionaries should learn “a little surgery, including the use of a knife or razor, which is not too difficult to learn.”⁶¹ Louis Laneau (1637-96), head of the mission in Siam, agreed: “all missionaries in these lands must be doctors (*medecins*)”, he wrote in 1684. “Each should have a surgeon’s case – not one of those large expensive ones, merely one supplied with good lancets, good scissors, a razor to cut flesh, one or two needles for sewing and a spatula.”⁶² Familiar surgical practices were joined to a range of other medical approaches. Mirroring the Buddhist monks of Siam, Laneau introduced lessons in basic surgery and medicine in the Ayutthaya seminary.⁶³ These were to be taught by auxiliaries like Charbonneau, but also by local Siamese and Chinese practitioners. Seminarians were taught to bandage and suture wounds, to mix remedies, to administer purges, and to let blood. They were also taught the rudiments of pulse medicine by a Chinese physician, which they used to determine whether or not moribund babies would die, so they could be quickly and secretly baptized without the knowledge of their parents.⁶⁴ Missionaries went as far as to push against canon law

⁵⁸ Of course, such distinctions were in practice often blurred. See Laurence Brockliss, and Colin Jones, *The Medical World of Early Modern France* (Oxford: Oxford University Press, 1997); Christelle Rabier, “La disparition du barbier chirurgien: Analyse d’une mutation professionnelle au XVIII^e siècle”, *Annales, Histoire, Sciences Sociales* 65 (2010): 679-711.

⁵⁹ Pallu to Superiors, in Launay, *Histoire* (cit. n.2) I: 68.

⁶⁰ Cited in Bourges, *Relation* (cit. n. 8), 181-2.

⁶¹ François Pallu to Paris Seminary, Surat, 1663, in Adrien Launay, *Lettres de Monsieur Pallu* (Paris : Les Indes Savantes, 2008).

⁶² Laneau to Seminary, 22 November 1684, AMEP 852, 130.

⁶³ On the Wat (temple) as a place of medical training see Mulholland, *Medicine* (cit. n. 22), 20.

⁶⁴ Aumont, “Mémoires”, in Launay *Histoire* (cit. n. 2), II: 64.

injunctions which prevented clergy from performing certain procedures, attempting (unsuccessfully) through letters seeking “clarification” from the Roman Congregation de Propaganda Fide, to redefine “surgical incisions” in such a way that would permit them to perform, *in extremis*, major amputations without incurring ecclesiastical penalties.⁶⁵

The library of the Ayutthayan seminary contained a range of medical treatises which missionaries could borrow. Charbonneau also brought over a number of medical books.⁶⁶ Missionary Étienne Paumard (1640-90) copied notes from these books “into a little compendium” while travelling to Siam with Charbonneau.⁶⁷ Paumard “finally became a doctor himself by dint of deepening his study of these things he had contemplated”, leavening his medical notes with spiritual insights, and learning from experience: “he neglected nothing in order to become skilled.”⁶⁸ Crucially, apart from Charbonneau and his books, the sources of Paumard’s knowledge were found in Ayutthaya: “to these European sciences he joined those of the country. He informed himself very carefully about the manner in which illnesses are treated and the remedies used here.”⁶⁹ Paumard, unlike Charbonneau, never became proficient in Thai. It is tempting to imagine Charbonneau acting as an intermediary to assist his apprentice in learning from unnamed local experts.

To some extent, then, the knowledge-complexes of medicine and surgery as they were increasingly understood in France were disarticulated, with certain techniques abstracted and acquired as supplementary tools. These complexes were not “French” or “European”: we see individuals transforming practices as they move into Siam. Most interestingly, we see Charbonneau and other healers learning hybrid practices from scratch after they have left Europe.

To consider how certain practices might have been understood by the Siamese, I will focus now on one of the most common treatments offered by surgeons in Europe – bloodletting. For European observers such as Loubère, it was striking that this practice seemed to be a relatively recent innovation in Siam. For Loubère this epitomized Siamese “ignorance” of surgery. “Nowadays”, he asserted, “the Siamese

⁶⁵ See my *Conflict and Conversion: Catholicism in Southeast Asia, 1500-1700* (Oxford: Oxford University Press, 2013), 114-5.

⁶⁶ Vachet “Mémoires” (cit. n. 4), 326. Sadly the titles of these for the most part are now lost.

⁶⁷ Vachet “Mémoires” (cit. n. 4), 326.

⁶⁸ Vachet “Mémoires” (cit. n. 4), 326.

⁶⁹ Vachet “Mémoires” (cit. n. 4), 326.

use bloodletting, as long as they have a European surgeon, and sometimes in place of bloodletting they use scarification cupping (*les ventouses scarifiées*) and leeches.”⁷⁰ Clearly cupping and leeches do not qualify, as far as Loubère is concerned, as “surgery”: for him bloodletting meant venesection or phlebotomy, where a larger quantity of blood was drawn.

The presence of a large variety of healers in Ayutthaya, trained in a range of Chinese, Ayurvedic, and Muslim practices which had their own traditions of bloodletting, suggest other routes by which some of these treatments may also have entered the Siamese medical marketplace.⁷¹ It seems that Charbonneau was practicing during a brief window of time in which European-style bloodletting joined these other bleeding practices to enjoy a degree of modishness in Ayutthaya in the seventeenth century. The missionaries offered bloodletting to the indigent sick in their hospital, and to patients they visited at home. They successfully petitioned Narai and his successor Petratcha (1688-1703) to allow them to set up mass treatment programs involving bloodletting and the administration of purgatives as measures to tackle severe outbreaks of epidemic disease in 1682 and 1696.⁷²

We have very little evidence to ascertain how these practices were understood by ordinary people. However, we have one interesting account of bloodletting in court, recounted by Claude de Forbin (1656-1733), a member of a French embassy to Siam. According to Forbin, Narai returned one day from an elephant hunt feeling very ill. After four days, his doctors were all agreed that he needed to be bled, presumably on the advice of one of his European physicians. There were by this time, in addition to Charbonneau, at least two other Frenchmen whose medical advice was listened to in court: Daniel Brochebourd, a French Huguenot from Sard who was a surgeon for the Dutch East India Company; and Étienne Paumard, the missionary who began his medical training under Charbonneau.⁷³ However,

⁷⁰ Loubère, *Du Royaume* (cit n. 5), I: 243.

⁷¹ See for example D.C. Epier, “Bloodletting in Early Chinese Medicine and its Relation to the Origin of Acupuncture”, *Bulletin of History of Medicine*, 54 (1980): 337-67; Neil Pemberton, *Leech* (London: Reaktion Books, 2012); Naseem Akhtar Qureshi et al, “History of Cupping (Hijama): a Narrative Review of Literature”, *Journal of Integrative Medicine*, 15 (2017): 172-81.

⁷² See Tara Alberts, “Experiments in Dealing with Epidemics in Seventeenth-century Siam”, *Asian Medicine* 16 (2021): 153-76.

⁷³ On Brochebourd see Dhiravat na Pombejra, “Ayutthaya as Cosmopolitan Society: A Case Study of Daniel Brocheboorde and his Descendants” in D. N. Pombejra (ed), *Court, Company and Campong. Essays on the VOC presence in Ayutthaya* (Ayutthaya: Ayutthaya Historical Study Centre, 1992), 25-42

There was a difficulty with this remedy: because the Siamese regard their King like a divinity, they dare not touch him. The matter was taken before the council, and a mandarin suggested that a great curtain be set up, through which the king could put his arm, so that the surgeon could bleed him without knowing that it was the king.⁷⁴

Forbin was greatly displeased, and proposed instead that

If bleeding was absolutely necessary, there was a French surgeon, being from a country where we bleed without difficulty kings and princes when necessary, he could be used and that I was sure His Majesty would not regret the confidence placed in him. The king approved of my advice and there was no cause to repent of it as the prince recovered his health.⁷⁵

If Forbin's account is accurate, it is striking for a number of reasons. First, performing this treatment on a member of the royal family involved breaking a number of taboos. Most forms of surgery involved physically touching the body, while bloodletting necessarily entailed penetrating the skin to bring about a shocking gush of blood. Indeed German physician Englebert Kaempfer, who spent some time in Siam in the 1680s, contrasted the "savage employment" of a "sharp point of deadly steel, dripping with blood" in "Western" surgery, "with its grim attitude towards human beings" to gentler, more compassionate treatments of "the East" – acupuncture and moxibustion.⁷⁶

But the sacral authority of a semi-divine monarch in Siam was reflected in the systems which emphasized the otherness and untouchability of his body.⁷⁷ Since the reign of Narai's father Prasat Thong (r. 1629-56), protocol concealed the king from view: he seldom appeared outside the palace, and when he did, his subjects were obliged to avert their eyes.⁷⁸ The physicians given care of his body performed elaborate rituals before offering treatment, and approaching his person was only done when necessary. The *Tamra* notes with reverence the names of special unguents prepared for use when the king's massage doctors (*mor nuad*) performed their treatments.⁷⁹

⁷⁴ Claude de Forbin, *Le voyage de Forbin à Siam : 1685-88* (Paris : Zulma, 1998), 57-8.

⁷⁵ Forbin, *Voyage* (cit. n. 76), 57-8.

⁷⁶ Englebert Kaempfer, *Exotic Pleasures. Fascicle III. Curious Scientific and Medical Observations*, trans. and ed. by Robert W. Carrubba (Carbondale and Edwardsville: Southern Illinois University Press, 1996), 109-110. Of course, there were other practices of bloodletting in Chinese medicine, but a much smaller quantity of blood was drained. See Henry McCann, *Pricking the Vessels. Bloodletting Therapy in Chinese Medicine* (London: Singing Dragon Press, 2014), 17, 49-57. See also Hansun Hsiung, "Use me for your test", also in *Osiris* 37.

⁷⁷ Baker and Phongpaichit, *History* (cit. n. 18), 143-7.

⁷⁸ Baker and Phongpaichit, *History*, (cit. n. 18). See also Alan Strathern, "Sacred Kingship under Narai of Ayutthaya. Divinisation and Righteousness", *Journal of the Siam Society*, 107 (2019): 49-77.

⁷⁹ *Tamra* (cit n. 22), prescriptions 64-69. See also the discussion in Thongthaw, *Principles*, 252.

These othering restrictions extended to language norms which wrapped the king in mystery. His name was not revealed until his death, “for fear, they say, that it be profaned by the indiscrete tongue of some impious subject.”⁸⁰ Similarly, a Thai king’s blood was not blood. Like the rest of his body, it was distinguished by the elevated register used to discuss it. “Royal language” (ราชาศัพท์ - *rachasap*) introduced an additional layer of translation: those who wished to discuss or address royalty used vocabulary derived from Pali and Sanskrit, prefaced by the particle *phra* (พระ – noble, holy). His feet, for example, were not feet (เท้า-*thao*), they were feet (พระบาทยุคคล - *phrabatyukskon*), which was also the term used for Buddha’s footprints. He had an armpit (พระกัจฉะ - *phrakatcha*) rather than an armpit (รักแร้- *rakrae*); passed excreta (พระบังคน - *phrabangkhan*) rather than feces (อุจจาระ- *utchara*), and became sick (ประชวร- *prachuan*), not sick (ป่วย- *puai*).⁸¹

Royal blood (พระโลหิต – *phralohit*) had special significance. Should it be necessary to execute someone with royal blood, he should be placed in a velvet sack and beaten to death with a sandalwood cudgel, ensuring that no drop of his blood fell on the ground. Indeed all blood was powerful and potentially dangerous.⁸² Elaborate rituals were required to take the “inauspiciousness, evil, danger and misfortune” out of the city should bloodletting – through violence or childbirth – occur within the royal palace.⁸³ Rebels against royal authority were to be executed without letting it touch the realm.⁸⁴ This rule is reflected in the sentence imposed on the heroine of the seventeenth-century folk epic *The Tale of Khun Chang Khun Phaen*: “Cleave open her chest with an axe without mercy,” ordered the king. “Don’t let her blood touch my land. Collect it on banana leaves and feed it to dogs.”⁸⁵

While some underpinning theories of royal medicine found in the *Tamra* and other treatises of royal medicine resonate (albeit slightly misleadingly) with European

⁸⁰ Gervaise, *Histoire* (cit n. 5), 78, 241-2. See also Baker and Phongpaichit, *History* (cit. n. 18), 148.

⁸¹ On royal language as medical jargon see Somchintana Ratarasarn, *Principles* (cit. n. 11), 287-8.

⁸² For a fascinating contemporary example of the polysemic meanings of blood see Erik. Cohen, "Contesting Discourses of Blood in the 'Red Shirts' Protests in Bangkok." *Journal of Southeast Asian Studies* (2012): 216-233.

⁸³ Chris Baker and Pasuk Phongpaichit, *The Palace Law of Ayutthaya and the Thammasat* (Ithaca: Cornell University Press, 2016):108.

⁸⁴ Chris Baker and Pasuk Phongpaichit (trans. and eds.), *The Tale of Khun Chang Khun Phaen* (Chiang Mai: Silkworm Books, 2010), 801, ft. 30.

⁸⁵ Baker and Phongpaichit, *The Tale* (cit. n. 86).

concepts of the humors, blood did not have the same qualities, nor did blood loss have the same effects. The body element *lom* ลม (air/breath, often translated as “wind”) circulates the body, putting blood, which embodies all four of the elements, in motion and promoting the smooth circulation of the four types of body element (ธาตุ – *that*).⁸⁶ Piercing the skin, if done incautiously, can risk a loss of *lom*, a subsequent imbalance of the elements, and a failure of their proper circulation.⁸⁷ Similarly, in a comparative consideration of bloodletting in Europe and China, Shigehisa Kuriyama has demonstrated how different emphases on dangers posed by corruption vs dispersal, or on retention vs loss (of energies, vitalities, fluids etc), led to divergent understandings of the prophylactic and curative potential of bloodletting in the two medical systems.⁸⁸

Given these differences in understandings of blood it is intriguing that bloodletting was adopted briefly at court and practiced more widely on patients in the capital. Its brief adoption suggests perhaps the effectiveness of experts’ attempts to explain the efficacy of the procedure, and the extent of their own expertise which justified the breaching of taboos and medical norms. Or it may rather suggest the appeal of novel, exotic, or even outlandish approaches in moments of crisis: something not “fully” translated, exactly, but effective precisely due to its lingering “foreignness” and strangeness.

It is also unsurprising that the heyday of European-style bloodletting was brief and limited. Outside of the court, European surgeons continued to offer the treatment – especially to fellow Europeans – but they always seemed to struggle to find adequate equipment. In his letters, Charbonneau requests needles, scalpels, scissors, and syringes for cleaning wounds and delivering clysters.⁸⁹ Later letters from the superiors of the Ayutthaya mission requested that all who travelled to Siam were furnished with sets of lancets for bloodletting, suggesting that they had still not found suitable local materials or artisans to fashion these tools.⁹⁰ It seems that European bloodletting was not adopted widely: eighteenth- and nineteenth-century accounts continued to

⁸⁶ As was the case with European translations of the concept of *qi* in Chinese medicine as analogous to Galenic notions of *aer*, or of *pneuma/spiritus*, translating the concept of *lom* has often caused difficulties for outside observers. See Thongthew, *Principles*, (cit. n. 11), 79-80, 184.

⁸⁷ Thongthew, *Principles* (cit. n. 11), 80.

⁸⁸ Shigehisa Kuriyama, “Interpreting the History of Bloodletting”, *Journal of the History of Medicine and Allied Sciences*, 50 (1995): 11-46.

⁸⁹ Charbonneau to Houdan, 8 October 1677, AMEP vol. 857. 411.

⁹⁰ E.g. Laneau (cit. n. 64).

complain that the Siamese were “ignorant” of bloodletting.⁹¹ The polyglot Thai dictionary printed by MEP missionary Jean-Baptiste Pallegoix in 1854 also suggested a limited role for “surgeons” of the bloodletting sort in the Thai medical landscape. A “surgeon” was a หมอบาดแผล – *mo batphlae* – that is a doctor (*mo*) who attends to wounds (*bat phlae*) while his scalpel was merely a มีดผ่าฝี (*mit pha fi*) – a knife to lance abscesses: his incisions were not primarily to drain blood.⁹²

The limited translation of bloodletting in the seventeenth century was perhaps analogous to the period of popularity enjoyed by moxibustion in late seventeenth- and early eighteenth-century Europe.⁹³ We can speculate that where it was tried, the purpose, mechanism, and consequences of European bloodletting – indeed its meaning – was perhaps similarly disarticulated and mistranslated in Siam.

III. Virtuous Elixirs

If translations of the scalpel skills of the traditional French surgeon failed to “stick”, what of Charbonneau’s other knowledge? His letters give us some insight into diseases he encountered and the range of treatments he employed, and perhaps also the perceived preferences of his patients – what would “translate” well. He requests two expensive electuaries: *teriacque* (theriac) and *comfession des jacinte* (confection of hyacinth).⁹⁴ Theriac, which combined a large number of drugs including opium with snake flesh, honey, and minerals, featured in a large number of cures for pestilential illnesses and was a panacea against all sorts of poisoning. Confection of hyacinth, a

⁹¹ François Henri Turpin, *Histoire Civile et Naturelle du Royaume de Siam* (Paris : Chez Costard, 1771), 139 ; D.B. Bradley, “Siamese Theory and Practice of Disease”, *Bangkok Calendar*, 1865, 53- (85-6).

⁹² Pallegoix, *Dictionarium* (cit. n. 46), 441,439. American physician and missionary Dan Beach Bradley reported in 1865 that most Siamese physicians avoided such practices, and “dare not open a boil with a lancet or even a needle”. Bradley, “Siamese Theory” (cit. n. 93). This language had changed by the time of (medically trained) George MacFarland’s *Thai-English Dictionary* (Stanford: Stanford University Press, 1944), where “surgery” was ศัลยศาสตร์ *sanlaya saat* “that branch of the healing art that relates to injuries, deformities and morbid conditions that require to be remedied by operations.”– derived from the Sanskrit ศัลย *Sanlaya*, a dart, javelin, lance, spear, iron-headed weapon; “anything causing pain or torment, such as extraneous substances lodged in the body as thorns, splinters, calculi in the bladder” (794). In contemporary Thai *sanlaya* and การผ่าตัด – *gaan phaa dtat* – the act of cutting open are used. Domnerrn Garden and Sathienpong Wannapok, *Thai-English Dictionary* (Bangkok: Amarin, 2002), 523, 325.

⁹³ See for example Margaret D. Garber, ‘Domesticating Moxa: The Reception of Moxibustion in Late Seventeenth-century German Medical Journal’, in Harold J. Cook (ed.), *Translation at Work. Chinese Medicine in the First Global Age* (Leiden: Brill, 2020), 134-56.

⁹⁴ Charbonneau (cit. n. 91), 412.

remedy “invented by the moderns”, was made from a long list of spices and precious minerals including hyacinth, red coral, terra sigillata (medicinal clay), myrrh, pearls, and emeralds.⁹⁵ It remedied palpitations of the heart, illnesses of other “noble parts”, melancholy, venereal and contagious diseases, and restored those recovering from long illnesses.⁹⁶

He also requested a number of common remedies such as *l'emplastre de vigo com mercurio* (Vigo's Plaster), suggesting that “Madam Miramion will have the goodness to have this made by the nuns”.⁹⁷ Vigo's Plaster contained various aromatics, resins, gums, mercury, and a concoction made from frogs, and a wax base, and was used “to soften and dissipate cold humors”, for cysts, nodules, and to ease pain.⁹⁸ Into the nineteenth century it remained an important treatment for the tertiary symptoms of syphilis such as tumors, nodes, pustules, and muscle damage, and of skin eruptions caused by smallpox, described by Loubère as the “real plague” of Siam.⁹⁹ Other common remedies requested were topical: *ongand admirable* (admirable unguent of Nicodemus), containing myrrh, eaglewood, and sarcocollier for wounds, ulcers, and fistulas; and the inexpensive *ongand divin* (divine unguent) for wounds, swellings, stones, ulcers, plague, skin and eye conditions, toothache, rheumatism, and paralysis.¹⁰⁰ As a postscript Charbonneau also requests rather optimistically that his correspondent “asks some good doctor of your acquaintance the method of curing leprosy, there is a lot of it in this country.”¹⁰¹ Missionaries in Ayutthaya offered treatment to the indigent poor for wounds, fevers and skin conditions as a form of charity: it is possible that initially Charbonneau intended to employ these remedies in the seminary's clinic or

⁹⁵Jean de Renou, *Les oeuvres pharmaceutiques*, 2nd ed. (Lyon : Nicolas Gay, 1637), 631.

⁹⁶ Renou, *Les oeuvres* (cit. n.97), 631. Thomas Corneille and Bernard de Fontenell, *Le dictionnaire universel des arts et des sciences. ... Tome Premier, A-L* (Paris: P.G. Le Mercier Fils, 1732): 578.

⁹⁷ Miramion was Louis XIV's morganatic wife. By ‘les bones seurs’ [sic] Charbonneau presumably means the nuns of the Congregation of St Cyr.

⁹⁸ Over the course of the eighteenth century recipes began to feature more aromatic ingredients and fewer frogs. See “Emplastre de Vigo” *Dictionnaire botanique et pharmaceutique* (Paris: Laurent le Conte, 1738), 194 .

⁹⁹ See for example, M. Ricord ‘Lectures on Venereal and Other Diseases Arising from Sexual Intercourse Delivered in the Summer of 1847, at the Hôpital du Midi, Paris’, *The Lancet*, 51, 1291 (1848): 571-3; Loubère, *Du Royaume*, I: 146.

¹⁰⁰ Anon, *Manier de se servir de l'Onguent Divin, & ses vertus* [pamphlet], (n.l., n.d.), 1 ; Anon, *Remede Universel pour les pauvres gens et leur bestiaux* (Paris: La Veuve Denis Langlois, 1680).

¹⁰¹ Charbonneau (cit. n. 91), 412.

perhaps even to win favor at court. We know that around this time the MEP were hoping to affect a cure – by medicine or miracle – of the king’s paralysed brother.¹⁰²

Comparing these remedies with contemporary Thai texts such as *Tamra Phra Osot Phra Narai*, we can speculate how some of them might “translate” into the Siamese royal medicine context. The requested drugs all have applications for a range of symptoms for which the *Tamra* also offered cures often in a similar form (unguents, liniments, draughts) especially pestilential illnesses, skin conditions, wounds, digestive complaints, “general weakness” and paralysis. The large number of ingredients in remedies such as Theriac and Confection of Hyacinth remedies echoes the wide range of substances used in most Thai prescriptions; indeed there is some overlap between some of the *materia medica* used – including especially myrrh sandalwood, eaglewood, pepper, camphor, honey, and opium.¹⁰³

Confection of hyacinth is also comparable to a number of prescriptions in the *Tamra* which were designed to restore the balance in the body elements.¹⁰⁴ The importance of balance, and of maintaining circulation of the elements around the body is a crucial principle which underpins the system of medicine in the *Tamra*.¹⁰⁵ Although the concept of *that* in Siamese medicine is very different, on a superficial level were there perhaps enough parallels with European concepts of balancing the humors for European physicians to be able to talk to their Siamese colleagues about restoring balance in the patient?

That is not to say that the “foreignness” of a remedy, the principle underpinning it, or the physician prescribing it was any bar to incorporation in court medicine. “Translations” were not required to efface exotic origins or even incommensurate etiological underpinnings. A number of remedies in the *Tamra* are attributed to non-Siamese court physicians, including two prescriptions attributed to “western” physicians (*mor farang*). These featured “unusual” ingredients alongside more commonly used Siamese *materia medica*. Recipe number 22, for example – a diuretic – calls for potassium nitrate, or saltpeter (ดินประสิวขาว) alongside *yira* –(shrubby basil,

¹⁰² On Chao Phraya Apithot, see Gervaise, *Histoire* (cit. n. 5), 246. This is not to suggest that there is any evidence these specific remedies were used for this purpose, or presented at court.

¹⁰³ On the large number of ingredients see Scott Bamber, “Medicine, Food, and Poison in Traditional Thai Healing”, *Osiris*, 13 (1998): 339-53 (342).

¹⁰⁴ See for example the opening section of *Tamra* (cit. n. 22), which addresses the diagnosis and consequences of when the fire element leaves the body.

¹⁰⁵ Thongthaw, *Principles*, (cit n. 11), 63-70.

ocimum gratissimum, widely used in African, Indian and Southeast Asian medical systems) and tea leaves.¹⁰⁶ Nitre of potassium, subject of much speculation and study in Europe, was known to Thai scholars (it was extracted from bat feces) but does not seem to have been commonly used in the period, featuring in only one other recipe in the *Tamra*.¹⁰⁷ Similarly recipe number 79, alongside ironwood, camphor, frankincense and coconut oil, a wax-based cure for suppurating wounds, featured the exotic Mediterranean resin mastic.¹⁰⁸ The substance also featured in Persian (*mastagi*) and Indian (*mastaki*) pharmacopeia, so was not necessarily a “European” import: indeed the Thai transliteration - มาตะกี – *mataki* – perhaps favors one of these other routes.¹⁰⁹ However, it does not feature in other recipes.

Charbonneau also experimented with remedies he had no experience of making hitherto. He requested an interlocutor in Paris send him information about “metals and minerals and how to purify them, for the herbs are all different to in Europe, [and] how to make furnaces and to place them, the manner of the fire”.¹¹⁰ The unfamiliarity of local materia medica thus stimulated an attempt to adapt his practices and to develop new skills. Some of this re-invention was at the direct request of the Siamese. In 1677 for example, he described attempting to make a particularly storied cure - *aurum potabile* – drinkable gold, using alchemical methods. He reported that this was at Narai’s own request.¹¹¹

European accounts suggest that alchemy was a wide-spread interest in the kingdom with a range of aims, not least in purifying metals and/or creating elixirs to prolong life indefinitely. Palm leaf manuscripts combining Buddhist prayers, medical recipes, and alchemical techniques suggest a widespread, intertwined interest in these

¹⁰⁶ *Tamra* (cit. n. 22), prescription 22.

¹⁰⁷ *Tamra* (cit. n. 22), prescription 62. See also Ratarasarn, *Principles* (cit. n. 11), 161. David Cressy, *Saltpeter: The Mother of Gunpowder* (Oxford: Oxford University Press, 2013).

¹⁰⁸ *Tamra* (cit. n. 22), prescription 79.

¹⁰⁹ See Paul Freedman, "Mastic: a Mediterranean luxury product." *Mediterranean Historical Review* 26.01 (2011): 99-113.

¹¹⁰ René Charbonneau, 1 Dec. 1677, AMEP 861: 41-2

¹¹¹ Charbonneau (cit. n. 112), 41-2. On the history of drinkable gold and its relation to the Philosopher’s Stone, see especially Lawrence C. Principe, *The Secrets of Alchemy* (Princeton: University of Princeton Press, 2012): 113-5, 181-7; Renzo Console, “Pharmaceutical Uses of Gold from Antiquity to the Seventeenth Century” in C.J. Duffin, R.T.J. Moody and C. Gardner-Thorpe (eds), *A History of Geology and Medicine* (London: The Geological Society, 2013): 171-92

topics amongst learned men. “Many Siamese”, reported Turpin “dissipate their fortune on the search for the philosopher’s stone.”¹¹²

As we have seen, Siamese knowledge of alchemy/chemistry was often disparaged by Europeans.¹¹³ “Imposture introduced chemistry here,” ran one typical account, “but this science, which uncovers the veritable riches of nature, is only cultivated by rogues, who make their contribution to the credulity of imbeciles.”¹¹⁴ Loubère was similarly scornful about the previous king’s alleged waste of “two million” on the search for the “philosopher’s stone”.¹¹⁵ However, quests for treasures – metaphorical and tangible - were proper for a Buddhist king. Under a meritorious monarch the hidden riches of the kingdom would be uncovered, embodied in its deposits of metals, minerals, jewels, gemstones, and Buddhist relics. Scholars would similarly reveal the jewels of (lost) knowledge. Narai’s accumulated merit was manifest in discoveries and achievements under his aegis.¹¹⁶

Charbonneau recognized that it would not suffice to mix gold flakes into an electuary, as found in many recipes.¹¹⁷ Narai was seeking a true, alchemical *aurum potabile* which was reputed in Europe and Siam to have near miraculous curative properties. But Charbonneau knew little to nothing about alchemy: as part of his re-invention, he would attempt to learn. Thanks to a letter by Charbonneau we catch a rare glimpse of someone attempting to translate the instructions of a vernacular text, published for the edification of surgeons and others unskilled in Latin, into practice.¹¹⁸ He requested rather breathlessly that his correspondent send instructions

of the manner of making [potable gold] and purifying it into the state in which it can be taken, written out fully in good French and not in Latin and not in terms of chemistry as I am not versed in that art... I already have a copy of

¹¹² Turpin, *Histoire* (cit. n. 93), 141.

¹¹³ While recent scholarship has attempted to reassess alchemical metallurgy and spagyric medicine in China and India (for example, Nathan Sivins, “Research on the History of Chinese Alchemy”, in ZRWM von Martels, *Alchemy Revisited* (Leiden: Brill, 1990): 3-20.), alchemical practice and knowledge in Siam have been almost entirely neglected. Further scholarship into the texts, practices, and uses of *prae thaat* is much needed.

¹¹⁴ Turpin, *Histoire* (cit. n. 93), 141.

¹¹⁵ Loubère, *Du Royaume*, (cit n. 5), 1: 244.

¹¹⁶ Richard D. Cushman (trans) and David K Wyatt (ed.), *The Royal Chronicles of Ayutthaya* (Bangkok: The Siam Society), 272. See also Patrick Jory, *Thailand’s Theory of Monarchy: the Vessantara Jataka and the Idea of the Perfect Man* (Albany: University of New York Press, 2016).

¹¹⁷ Nicolas Lefèbvre condemned the practice of mixing gold leaf into recipes as “an abuse introduced to Pharmacy by the Arabs”, as nothing in the body would be able to break it down. *Traicté de la Chymie*, vol. 2 (Paris: T Jolly, 1660): 795.

¹¹⁸ Charbonneau (cit n. 112), 41-3.

Glaser's *De la Chimie*, but it treats the matter in too elevated a manner for me. Nevertheless we tried to do it from the book and we succeeded a little with tin.¹¹⁹

Glaser's text describes various methods of purifying and then making preparations out of gold, through fulmination, calcination with mercury, or dissolution in the aptly named "royal water" (*aqua regia* – nitrohydrochloric acid).¹²⁰ It proved harder than expected. Missionary Charles Sevin wrote to Paris that while they had all the necessary ingredients, the glass retorts they acquired in Siam all shattered before reaching the necessary temperatures.¹²¹ The French hoped to be able to demonstrate their technique for the king, perhaps mirroring the alchemists who entertained European royalty, but Charbonneau reports that they were not yet confident enough to do this.¹²² From the 1680s missionaries therefore made frequent requests that laymen with knowledge "of alchemy" be sent to Siam.

In December 1682 Narai asked again for drinkable gold. By this time Charbonneau had left the service of the mission, but the MEP had been joined by an "extremely capable" Swiss physician-chemist and so they replied confidently that they would meet his request.¹²³ The king ordered built in the seminary's enclosure "the laboratory and furnaces necessary for this operation, and ordered for us to be provided with the necessary gold, men, and wood."¹²⁴ The following February, "we placed in the hands of the king's physicians a vial of liquid gold, very well made, with which the king was said to be very satisfied, having never received the like in this country, although he had desired it for a long time due to the reputation of this liquor."¹²⁵ The missionaries were not themselves convinced of its medicinal effects, reporting that the substance "at heart does not have all the virtues attributed to it, if we are to believe the most sincere physicians".¹²⁶ This was not, then, an attempt to provide the most efficacious

¹¹⁹ Charbonneau (cit. n. 112), 41-3.

¹²⁰ Christophe Glaser, *Traite de la Chymie. Enseignant par une brieve et facile methode toutes ses plus necessaires preparations* (Paris : Chez l'Authour, 1663), 70-88.

¹²¹ Charles Sevin to MEP directors AMEP vol. 851, 190.

¹²² On alchemy as spectacle in the European courts see for example Pamela H Smith, *The Business of Alchemy: Science and Culture in the Holy Roman Empire* (Princeton University Press, 2016).

¹²³ "Journal de la Mission" 1682-84, AMEP, 878.

¹²⁴ "Journal" (cit n. 125), 488.

¹²⁵ "Journal" (cit. n. 125), 488.

¹²⁶ "Journal" (cit. n. 125), 488.

European remedy available, but rather to match and surpass Siamese alchemists on their own terms.

In attempting to create remedies valued by the Siamese, Charbonneau engaged in a multi-faceted process of translation. This was not a straightforward story about the transplantation of “Western” technology and knowledge into Siam. As he translated between medical systems he knew from Europe and those he encountered, he refashioned his skills and acquired new knowledge. Indeed, Ayutthaya transformed Charbonneau, who reinvented himself to meet Siamese expectations of valued expertise and skill.

III. Conclusion: René’s Reinventions

To conclude, we will follow René out of the service of the MEP as he refashioned himself as a man of substance and came to be perceived as a man of skill, virtue, and merit in Ayutthayan society.¹²⁷

His departure from the service of the mission is often depicted in later accounts as another instance where this good Catholic followed the direction of superiors. He would have preferred to remain in service, reported missionary Paul Aumont, but followed the wishes of Laneau, “who had not the slightest suspicion about his conduct, but who was persuaded that he would render more service to the mission being married.”¹²⁸ However, contemporary records paint the picture of a self-willed operator, and suggest his departure was disruptive for missionaries in the seminary.

In 1681 Claude Gayme, for example, adopted a scandalized tone when he reported that Charbonneau, “having left off being a brother, is on the road to being a father”, having married at the end of August the previous year “a twenty-five year-old widow of two husbands. After having been such a hypocrite for a long time, he begged [Laneau] so much that he allowed him to do it. ... He has set himself to commerce, and I think that he will soon lose a good part of the best thing about him (I mean to say his devotion).”¹²⁹ His departure seems to have been particularly upsetting to

¹²⁷ On the concepts of virtue and merit, and their relationship to skill see Lucien M. Hanks, “Merit and Power in the Thai Social Order” in K.M. Adams & K.A. Gillogly, *Everyday Life in Southeast Asia* (Indiana University Press, 2011): 89-100

¹²⁸ Aumont, “Mémoires”, (cit. n.2), 265-6, ft nt 1.

¹²⁹ M. Gayme to MEP Directors, 18 January 1681, Bantam, AMEP, 859, 137.

Paumard who beseeched his confrères to pray that he remain constant in his own vocation. “You know already,” he explains, unable to resist a pun, “that [for] René Charbonneau, the fire dying away, nothing remains but charcoal [*Cherbon*] which keeps of the fire of virtue but a weakened and diminished heat and flame. He is married in Siam.”¹³⁰ Charbonneau’s new life seems enviable, Paumard continues, “for its inconstancies and, principally, due to my cowardice, and incapacity, and extraordinary unworthiness for the service of God.”¹³¹

Yet while he was temporarily diminished in the eyes of his former superiors, at court his merit seemed ever more evident. With his apparent familiarity with a range of valuable skills, and his apparent access to esoteric knowledge Charbonneau rose to prominence. He won the respect of many at court with his courtesy, and appropriate demeanor.¹³² His skills and propriety suggested capabilities in other areas, which Narai put to the test: in the early 1680s he was ordered to construct a fortress on frontier of Pegu.¹³³ Pleased, Narai elevated him, appointing him as governor of the important strategic, tin-producing province of Phuket, where he was required to administer the business of government.¹³⁴ This was an important appointment. An English visitor the province in the 1670s had noted “the natives entitle [the governor] Radja, vizt. Kinge, as indeed he is a vice-kinge to the great King of Syam.”¹³⁵ A number of his predecessors had come to violent ends in the difficult posting but Charbonneau was generally well respected.¹³⁶ Such appointments remade the individual. They came with new clothes, a new name and title, paraphernalia of office, and a new lexicon of honorifics with which one would be addressed for the rest of one’s life.

Charbonneau’s time as governor of Phuket was so successful that he may have excited the jealousy of Constantine Phaulkon, the mercurial Greek minister who had risen to a position of importance in the court.¹³⁷ By other accounts, Narai himself had recalled Charbonneau, having been informed “of the manner he had governed his people, more as a father than a master, had been so pleased that he had recalled him in

¹³⁰ Étienne Paumard to Brisacier, 7 November 1682, Tenasserim, AMEP, vol. 859, 183.

¹³¹ Paumard (cit.n.132), 183.

¹³² Ruangsilp, *Dutch East India Company* (cit. n. 1), 157.

¹³³ Loubère, *Histoire* (cit. n. 5), 1: 177.

¹³⁴ Loubère, *Histoire*, (cit. n. 5), 1: 177.

¹³⁵ Thomas Bowrey cited by Pombejra “Towards an Autonomous History” (cit. n. 5), 277.

¹³⁶ Pombejra, “Towards an Autonomous History” (cit. n. 5), 293-4.

¹³⁷ See Baker and Phongpaichit, *History* (cit. n. 18), 161-4.

order to give him a much better governorship than this one.”¹³⁸ He was also considered for the role of official translator and advisor to the first Siamese embassy to France, which set sail in 1684, only to be lost at sea.¹³⁹

In 1688 Charbonneau played a hitherto unnoticed role in the “revolution” following the death of Phra Narai, which reflected his shifting identities between biddable surgeon and independent man of substance. Around the beginning of May, Phra Narai had fallen gravely ill, and machinations to secure the succession picked up pace. Constance Phaulkon, correctly fearing for his own future, begged the commander of a French garrison in Bangkok to send reinforcements. General Desfarges, leader of the French squadron, demurred, sending an officer, Beauchamp, to explain the situation to Phaulkon: there were many sick among the troops, he explained, playing for time, and they had only one surgeon, so they could not send the requested soldiers. Phaulkon countered that he would send them Charbonneau. But the latter “said to Mr Constance ... that there was no way that he could take on that role, which made him very angry.”¹⁴⁰ Charbonneau was unmoved by the anger of Phaulkon and Beauchamp returned to Bangkok. His refusal to assist Phaulkon’s faction may not have been decisive in the revolution that followed. But it poses an interesting counterfactual – would Narai’s successor Petratcha have succeeded in taking the throne if the French had backed Phaulkon at this point?

Charbonneau was doubtless prudent in distancing himself from the doomed Phaulkon. He weathered the storm of the revolution, remaining free and unmolested while the majority of the French were imprisoned. Phetratcha also respected him enough to entreat the Dutch factory to protect him against anti-French sentiment. Charbonneau was credited with keeping the French prisoners alive. “It is almost he alone that has supported all these prisoners over such a long time,” wrote Laneau, valuing the cost to him at over 750 écus¹⁴¹ Charbonneau’s fortune seems to have come at least in part from trade.¹⁴² In 1695, when he acted as a witness to the

¹³⁸ Martineau (cit. n.3), 359-60.

¹³⁹ Vachet, ‘Memoires’ (cit. n. 4), 317-8.

¹⁴⁰ Beauchamp, 17 November 1689, Archives Nationales de France, Paris, C1 25, ff. 73-82 (75r).

¹⁴¹ Laneau to M. de Seignelay, 15 January 1690, Siam, reproduced in Launay, *Histoire* (cit. n. 2), I: 265; Laneau, *Lettre de M. l’Evêque de Metellopolis Vicaire Apostolique de Siam Au Supérieur & aux Directeurs du Seminaire des Missions Etrangères* (Paris : Charles Angot, 1690), 8.

¹⁴² On his trade See for example the proceedings issued by Marianne Lagroye before the Conseil souverain de la Compagnie des Indes in Pondicherry to recover a sum of 800 pagodes owed to her late husband from a contract involving Charbonneau and the French Compagnie., 22 August 1720, *Procès-*

appointment of new mission procurators, Charbonneau the servant and surgeon had all but disappeared: he signed as “a French merchant”.¹⁴³

Yet his medical knowledge continued to be important part of his identity until the end of his life. In 1720, for example, the missionary Roost had fallen ill, first with “a type of apoplexy, or transport of the brain, which made the seminarians think he was dead”, then with “a type of fluxion which fell all of a sudden on both his eyes, and rendered him almost blind.” However, “with the remedies which the famous M. Charbonneau gave him [...] he escaped these two illnesses.”¹⁴⁴

Until his last, Charbonneau was a regular, extraordinary sight on the waterways of Ayutthaya, travelling in state to church in a long, narrow boat rowed by a dozen girls. His wife, a Portuguese-Eurasian woman whom he had met in Ayutthaya, had had responsibility for the young female orphans who came into the care of the French missionaries. After the death of his wife and daughter Charbonneau had taken over the care of these young women, and always had around twelve to fifteen in his home. According to one MEP missionary who met him in the 1720s, despite these unusual arrangements, and the spectacle of his team of orphan rowers, “his reputation was so well established amongst the idolaters, that none would ever be found who entertained the slightest suspicion about him”.¹⁴⁵ Charbonneau’s carefully cultivated skills proved his merit, brought him authority and status, allowed him some extraordinary access, and put him beyond reproach.

This paper has followed as Charbonneau as he plied his trade, operating between (at least) two languages and cultures. The context of Ayutthaya shaped his translations, and transformed him in the process. Charbonneau’s career thus allows us to think abstractly about the movement of bodies of medical knowledge into new contexts: about how the re-articulation of theories and concepts about health and the body also involved the fragmentation and re-articulation of associated material complexes, embodied skills, practitioner’s identities and frameworks of meaning. The process of reconstructing Charbonneau’s shifting personas, and of imagining what his medical practices *meant* to different audiences in Siam, allows us to create new

verbaux des délibérations du Conseil souverain de la Compagnie des Indes (Pondichéry: Société de l'histoire de l'Inde française, 1911-14): 1: 252-3.

¹⁴³ Laneau, 20 October, 1695 in Launay, *Histoire* (cit. n. 2), 2: 371.

¹⁴⁴ Ciccé to Seminary, 17 Feb 1721 in Launay, *Histoire* (cit. n. 2), 2: 85.

¹⁴⁵ Aumont, ‘Memoires’ (cit. n. 2): 266.

narratives about the history of Thai medicine, and of intercultural exchange in the early modern period.