H421 History of Medicine in China 中國醫史

(Graduate students must enroll in H521 # 30807)
13107 3:00 – 5:40 Tuesday
CA-235
Luesink, David 魯大偉
Office Hours: Tuesday 1:00-2:30, or by appointment.

Course Description:
Just how traditional is Traditional Chinese Medicine (TCM)? How did medicine in China develop so differently from medicine in Europe? What social, religious and political factors have defined medicine in China? How can we best understand the relationship between Traditional Chinese Medicine and biomedicine today? Finally, what kind of unity and variety do we find in medical theory and practice in the region now identified with the People’s Republic of China?

This course will begin in the recent past with the role of Traditional Chinese Medicine in the SARS epidemic of 2003. With this striking example, completely overlooked in the Western media, we will question common understandings of mainstream biomedicine and alternative medicine. We will then look back at the origins of Chinese healing in antiquity, examining the points of divergence between Chinese and Greek (Western) medicine. We will examine the differences in touching, visualizing, and experiencing the body on the two ends of the Eurasian continent in antiquity that led to such remarkably different ways of conceptualizing health, healing and sickness.

With this comparative basis of present and past, West and East, we will trace the political and religious developments in China which led to the systems of therapeutics of the various eras, from the early Confucian-era and the unification of China under the Qin and Han empires, through the input of Taoist ideas and the translation of Buddhism and Indian therapeutic ideas, through Song Dynasty splendor to developments in the early modern Ming and Qing Dynasties when influence from Europe expanded. We will re-visit early twentieth century deprecation of China’s native medicine by prominent intellectuals and examine the specific system of imperialism and unequal treaties under which Western medicine was introduced to China. We will examine the clash between the two main medical systems in China which came in waves in the twentieth century, as practitioners of both organized themselves into professional associations and attempted to align themselves more closely with state power. The result has been an uneasy alliance for some physicians, and an attempt to completely merge the two systems of therapeutics for others.

Format:
This course will be two-thirds seminar-style discussions, and one third lectures and teachings by the instructor. Seminars encourage active student participation and preparation through the reading of course textbooks by leading scholars of medicine in China, as well as translations of primary texts into English.
**Guest Lectures:**
We will also have guest lectures by experts including University of Chicago anthropologist Judith Farquhar, Ph.D. (Chicago), and our own Palmer MacKie, M.D. (Chicago), Assistant Professor of Clinical Medicine, and Wendy Wei-Hua Lee, M.D. (Beijing), Ph.D. (Indiana), Associate Professor of Pediatrics and of Anatomy and Cell Biology.

**Textbooks**

This is your basic text, and attempts to provide a grand narrative of Chinese medicine from start to finish. Professor Unschuld is an eminent scholar of Classical Chinese medical texts (a philologist), and has published many translations beyond these. His text is strong on the earlier periods and gets weaker toward the present. What I like about it is his ever-present focus on the content of the texts set against the political and social developments. In other words, medicine is always a product of human values, priorities and power relations. Over the term we will read the Introduction, Chs. 2, 3, 4, 5, 6, 7. The Unschuld Readings (UR) of primary source texts are located in the Appendix beginning on page 263. We will read UR 1, 2, 5, 6, 12, 13, 14 as per the Course Outline below.


Volker Scheid is perhaps the most eminent scholar-practitioner of Chinese medicine now alive. He has helped established university-level TCM education in the UK and helped organize practitioners there. He has been practicing for decades, and if that was not enough, he is also an anthropologist (Ph.D.) of contemporary Chinese medicine, and with this book, a historian as well. This book describes a particular “current” of traditional Chinese medicine that exists to today. As such, he might disagree fundamentally with Unschuld’s judgment on p. xi. that “Chinese medicine is no more a living tradition than is the society of imperial China.” Professor Scheid has a very different project from Unschuld: “this book marks a departure from the focus on texts and ideas that has dominated Western engagement with Chinese medicine to date.” Instead, Scheid aims to “locate medicine within the concrete lives of physicians and their patients, restoring an agency to their actions that easily got lost in our search for the global forces or structures that shape historical process.” (p. 2). We will read a section of Ch. 2 (pp. 35-44) as a summary of early imperial medical developments to contrast with the picture portrayed by Unschuld. Then we will read 1, 2, 3, 4, 5, 6, 7, 8, 9 and 12.


Professors Leung and Furth are two of the best historians of medicine in China (compare to Unschuld who is more of a philologist-scholar, historian; and Scheid who is a practitioner-anthropologist-historian). Angela Leung has overseen much of the development of the field of the history of medicine in East Asia especially in Taiwan, where she was professor at that country’s highest research institute: Academia Sinica, and now in Hong Kong. Her writings have primarily been in English, however, and so her influence extends broadly in North America and Europe also. Charlotte Furth began her career examining the life of Ding Wenjiang, one of 20th century China’s most influential scientists and politicians, but in her later career redirected the study of Chinese medical history toward gender and women’s medicine, or *fuke*. The contributors to this volume primarily represent the very best Taiwan-based and PRC-based scholars writing on medicine in East Asia. I chose this book partly for this reason, but also because it combines so many issues of public health with the practice of biomedicine and TCM in China. The book also introduces how public health is a matter of political power, as much as individual health, whether this power is colonial (as in Japanese colonialism in Taiwan and Manchuria, or European concessions in the treaty-ports) or part of a party-state mobilization as in early PRC China, or part of current global WHO attempts to control SARS.

Other Readings marked with ① will be available on Oncourse under “resources.” These include some of the most exciting new work on medicine in China. Read on for details!
Assignments:

Weekly Responses: 50%
10 total (5 pts each), typed, minimum 2, maximum 3 pages, double-spaced, and proofread. You can choose 10 of 14 reading days, but you should be familiar with the readings on other days also.

Quiz on basics of Chinese medicine and Chinese History, January 17 5%

Attendance and participation in all discussions. 15%
Each student should volunteer twice during the term to present the readings in class. We will have two students volunteer each week. Students should summarize the content briefly (be selective), the argument, and find outside material related to the readings.

(Final Exam Option:
For students who prefer exams to papers, you may do a shorter paper worth 15% (6-8 pages, instead of 30% and 10-12 pages) and write a take-home exam based on essay questions distributed on the last day of class. It will be due online on the day of the scheduled final exam. The exam should be submitted in the Dropbox on Oncourse.)

Research Paper/Final Project: Due April 24 30%
Writing is the primary way that historians study history—when we read, we read to write. It is often only after we have written that we know what we know (and what we do not). Therefore, writing is a cycle of drafts, and a conversation between ourselves, secondary readings, primary sources, and our audience.
2500-3000 word paper (10-12 page) research paper engaging one of the topics covered in class in greater depth, or a comparative review of two books (at least one read in class); analysis of a Chinese medical text (in translation);

OR another option:
Students may also choose to do a non-traditional final assignment which may include an ethnography of a Chinese medical practitioner, a short documentary about medicine in China, or a group project that results in one of the above (paper, ethnography, or documentary). Please talk to the instructor BEFORE the end of January if you wish to choose one of these options. Students should have background knowledge of the technology and methodology of these methods or be willing to gain them during the term. The instructor has no experience with social science methods, but is willing to work with students and relevant faculty and IUPUI resources to ensure a successful project.

Guidelines for final paper or project:
1. Submit a 2-page proposal for your project January 31. This should include your research question, your preliminary findings, thesis/argument, proposed

1 Extra information on assignments will be posted to Oncourse under the Assignments tab.
methodology, and source list (interviews, secondary writings, translations of primary texts). Students should make an appointment with the instructor the week of January 23-27 to discuss this.

2. Submit a 1-page project progress report **February 28**. (What sources have I collected? which have I read? have these findings caused me to change my thesis? Is my methodology working? Do I need to learn more about this methodology? What help can the instructor give me at this time?)

3. Submit a 1-page project progress report **March 27**. As above.

4. Submit final paper/project on last day of class.

**Extra credit:** due April 17 for discussion April 24 +3%

Description and analysis of a visit to an Asian medical clinic, herb shop, or extra lecture on the subject (can be online lectures, but must be approved in advance by instructor).

### Grading chart:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Excellent and refreshing</strong> 非常好！</td>
<td>Soooo Good! 很好！</td>
</tr>
<tr>
<td>A+ 97-100</td>
<td>B+ 85-88</td>
</tr>
<tr>
<td>A 93-96</td>
<td>B 81-84</td>
</tr>
<tr>
<td>A- 89-92</td>
<td>B- 77-80</td>
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</tbody>
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**ABCs of Essay Grading**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td>means that the essay is written with grace and clarity. The student has demonstrated mastery in writing clearly and organizing ideas methodically on a given topic. Ideas are not randomly thrown here and there but are complementary and cohesive elements of a well-organized paper.</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>is above average. Ideas flow well. Grammatical errors are minimal.</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>is for an average essay that complies with the topic assigned or chosen. The student has done just what I asked for. Grammar is fair and content is intelligible.</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>is for an essay written with a level of grammatical errors that sometimes hinders the comprehension. Ideas exist but are arranged without a clear logic. Some of them are obscure and unintelligible. Sentences are confusing...</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>is for an essay quickly and poorly written, with incomplete sentences, and often off-subject. This grade signifies an unacceptable performance in writing a specific assignment. Usually the content can hardly be grasped because of a lack of clarity and organization.</td>
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Course Outline
After the introductory class, each session will follow a basic outline.

1) Beginning Jan. 24 the instructor will introduce a news article (or other artefact) on medicine in China, and class will discuss. Students are welcome to contribute articles or items and lead discussion (3 minute presentation, 7 minute discussion)
2) 10 minute presentation and one hour discussion on each days’ readings, led by 2-3 students.
3) 10 minutes break
4) Each class will finish with a 30 to 40 minute introductory lecture/exercise to the next week’s topic matter.

January: The Classics and the basics
10 The Basics of History: Reading, Researching, Writing and Discussing
What is Medical History?
Chinese History in 15 minutes: from the Shang to the present
Introduction to medicine in China
1 Yin-Yang 陰陽 and the five phases 五行
2 Fundamental Textures:
   Qi 氣, Blood 血, Essence 精, Spirit 神, Fluids 津液
3 The Organs of the Body (zang-fu 腎腑)
4 The Meridians (Channels) 經絡:
   and on acupuncture and herbology
5 Origins of Disharmony: when a cause is not a cause
6 The Four Examinations 四診: signs and symptoms

17* SARS and TCM: Super virus and classical texts
Unschuld Readings, Ch. 1 Huangdi neijing (Yellow Emperor’s Classic) taisu 太素 (Grand Basis, c. 660s CE, pp. 263-275) and
Quiz on basics of Chinese medicine and Chinese history

24* Styles of Touching (diagnosing): Pulse Reading 切脈 qièmài; 把脈 bāmài
① Shigehisa Kuriyama, The Expressiveness of the Body: and the divergence of Greek and Chinese Medicine, 1999: 1-108 (lots of pictures!)

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2 These titles and ideas are shamelessly stolen from Ted J. Kaptchuk. 2000. The Web that has no weaver: Understanding Chinese Medicine. New York: McGraw Hill which I recommend to anyone wishing to understand the basics of Chinese medicine.
31* Zhēnjiǔ 针灸: Acupuncture and moxibustion
Pharmacopeia and Herbal Prescriptions: The Běncāō tradition 本草


(Possible date for Dr. Palmer MacKie guest lecture on acupuncture).

February: Medicine in Imperial China

7* Buddhist Medicine, Demonic Medicine, Minority Medicine
Unschuld Ch. 5, “Religious Healing: The Foundation of Theocratic Rule,” and Ch. 6, Buddhism and Indian Medicine,” pp. 117-153.

Scheid 2007: “Setting the Stage: Classical Medicine before the Song,” 35-44.


14* The Song Dynasty Efflorescence of Chinese Medicine,

Unschuld Ch. 7, “Song Neo-Confucianism and Medical Thought: Progress with an eye to the past,” pp. 154-188.

21* The Ming Dynasty: Birth of the Wujin and Menghe Current of Chinese Medicine, and Li Shijen’s *Bencao Gangmu*


28* The Qing Dynasty Transformations
Marta Hanson. 2011. Ch. 6, “Matters of Place: Epistemological divisions, genealogical divergence,” and Ch. 7, “Emergence of traditions: The nineteenth-century genealogy and geography of Warm diseases,” (pp. 105-150)


One page project progress report due.

March: Medicine in Twentieth-Century China

6* **Weisheng, public health and biomedicine in China to 1928**
All in Furth and Leung 2010.

13 **Spring Break**

20* **Conflict and co-existence between Chinese and biomedicine in China**

27* **Medicine in Maoist China: Mass Mobilization and Public Health**

One page project progress report due

April: Medicine today in China (and out)

3* **Knowing Practice 實踐 / 實踐: The Clinical Encounter of Chinese Medicine**
Guest Lecture (noon) and discussion (in class):
through Analysis of a Published Case.” In *Paths to Asian Medical Knowledge*. Charles Leslie and Allan Young, eds. Berkeley: University of California Press, pp. 62-73.

10* Epidemic Control, *Chuangran* 傳染 Contagion and Tibetan Medicine


17* SARS and Epidemics

24* Last day of Class. Roundup discussion.

Final Paper or Project Due
Chronology

Huang Di (Mythical Yellow Emperor) 2698-2599
Xia 2200-1700 BCE
Shang 1700-1100
Zhou 1100-221
Western Zhou 1100-771
Eastern Zhou 770-256
Spring & Autumn Period 770-256
Kongzi (Confucius) 551-479
Warring States Period 476-221
Zou Yan (c. 350-270) Yin-Yang and five phases theory
Suwen compiled, 4th-2nd C. BCE
Lingshu compiled, c. 2nd C. BCE
Qin 221-207
Han 206 BCE-220CE
Western Han 206 BCE-24 CE
Imperial Academy established 124
Divine Husbandman Classic of Pharmacopoeia 1st-2nd C.
Nanjing Classic of Difficulties 2nd C. CE
Zhang Zhongjing (150-219) writes Treatise on Cold Damage Disorders, c. 220 CE
Eastern Han 220-220 CE
Three Kingdoms Period 220-280
Wei 220-265
Shu Han 221-263
Wu 222-280
Jin 265-420
Western Jin 265-316
Classic of the Pulse 280
Eastern Jin 317-420
Southern & Northern Dynasties
Southern 420-589
Song 420-479
Qi 579-502
Liang 502-557
Chen 557-589
Northern 386-534
Northern Wei 386-534
Eastern Wei 534-550
Western Wei 535-556
Northern Qi 550-577
Northern Zhou 557-581
Sui 581-618
Yellow Emperor’s Classic: Grand Basis, Ed. by Yang Shangshen 618-907
Tang 618-907
Wang Bingci version of Yellow Emperor’s “Basic Questions” 762
Five Dynasties 907-960
Later Liang 907-923
Later Tang 923-936
Later Jin 936-946
Later Han 947-950
Later Zhou 951-960
Liao 916-125
Song 960-1279
Northern Song 960-1127
Southern Song 1127-1279
Zhu Xi and Neo-Confucianism
Separation of Shanghanlun (Treatise on Febrile Diseases) and Jingkui yaolu (Essential Treasury of Medicine)
Western Xia 1038-1227
Jin 1115-1234
Treatise on Spleen and Stomach 1249
Yuan (Mongol) 1271-1368
Hua Shou’s Meaning of Classic of Difficulties 1361
Ming 1368-1644
Li Shizhen writes Great Pharmacopoeia 1578
Qing (Manchu) 1644-1911
Discussion on Women’s disorders 1689
Golden Mirror of Medicine 1742
Medical Missionaries in Guangzhou 1834-1949
Qing defeated in Opium War 1839-1842
Taiping rebellion, 20 million dead 1851-1864
Japan forced to open to foreign trade 1854
Qing defeated in 2nd Opium War 1856
Treaty of Tianjin opens Shanghai and other treaty ports 1858
German Staatsmedizin to Japan 1867
Japan public health transferred to police 1893
Bubonic plague S. China, HK, Taiwan1894-1895
China defeated by Japan, cedes Taiwan 1895
Japan prohibits traditional medicine 1895
Pneumonic Plague Manchuria and first officially allowed autopsies 1910-1911
Republic of China 1912-1949
Sun Yat-sen’s Presidency 1912
Anatomy Law established 1912-1913
Rockefeller Foundation Report 1914
Yuan Shikai’s Presidency 1912-1915
National Medical Association 1915-present
Yuan Shikai’s New Dynasty 1915-1916
Beiyang Period 1916-1927
Nationalist China (KMT) 1927-1949
Nanjing Decade 1928-1937
Ministry of Health attempts to abolish Chinese Medicine 1929-1931
Chongqing War Government 1938-1945
Yan’an Period of CCP 1936-1945
Civil War (CCP/KMT) 1945-1949
Republic of China on Taiwan (Japanese colony of Taiwan 1895-1945)
Martial Law 1947-1987
Chiang Kai-shek 1947-1987
Chiang Ching-kuo 1987-present
Multi-party democracy 1987-present
Universal Health Care est. 1995-present
People’s Republic of China 1949-present
Maoist Era 1949-1976
Korean War
Beginning of patriotic hygiene movement
Sino-Soviet Split 1960-1989
Anti-rightist movement 1956
Great Leap Forward 1957-1959
Reforms of Liu Shaoqi/Deng 1961-1966
Mao’s critique of urban-focused Ministry of Public Health 1965
Great Proletarian Cultural Revolution
Red Guard Period 1966-1969
Physicians (and students), down to the countryside, barefoot doctor movement 1968-1976
Deng Xiaoping Era 1978-1992
Economic Reforms 1980
End of Sino-Soviet split, Tianmen Square Protests 1989
Jiang Zemin 1993-2003
Hu Jintao 2003-2011
Neoliberal Medical Reforms, health care dismantled 2000s