History of Medicine in China — Conference Course
Spring 2003
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An exploration of processes of change in medicine in China. Focuses on key transitions, such as the emergence of canonical medicine, of Daoist approaches to healing and longevity, of “Scholar Physicians,” and of Traditional Chinese Medicine in modern China. Inquires into the emergence of new healing practices in relation to both popular and specialist views of the body and disease, “cultivating vitality” practices, modes of transmission of medical knowledge, and healer-patient relations. Course readings include primary texts in translation as well as secondary materials.

Requirements:

• Attendance and class participation (30%): Be assertive, but also respectful of everyone. If you cannot attend class because of illness or for other pressing reasons, please let me know, if possible in advance. A makeup assignment will be arranged.

As you read, consider the issues raised in the syllabus. From each week’s primary readings, select one or more passages of particular interest to discuss in class.

• Response Papers (30%): Each Thursday by 9:00 a.m. all students are to submit a brief summary and analysis of the week’s secondary readings by email, or by hard copy delivered to my box in the History Department office.

• Presentations (20%): For Unit I, a comparison of the translations and explanations of key concepts by major scholars, to be compiled into a class reference work. For Unit II or Unit III, an in-depth investigation of one of a week’s questions, or review of an extra reading. Sign up in advance.

• Final paper (20%): 10-15 pages

Texts for purchase (also on reserve):


Introduction

Unit I: Canonical Medicine

In the next four weeks, we will be comparing various scholars’ explanations of canonical Chinese medicine, and examining canonical texts and their commentaries in translation. Although the “Classics” of Chinese medicine were compiled between the Han and Tang periods, centuries during which medicine continued to change in China, it has been difficult for scholars to unravel many of the conceptual and practical changes that occurred across these centuries. Modern scholars and translators often attempt to present a coherent description of Chinese medicine, and rely on the interpretations of contemporary practitioners, leading to anachronistic translations and interpretations.

Additional resources (on reserve) for presentations (see below), Weeks 2-4:


### 2. Basic Concepts of Canonical Medicine: Body and Cosmology

What is the “body” of canonical medicine? How does this body relate to Han cosmology? What does it mean to say that the body is a microcosm? How does the language of politics appear in these descriptions of the body? How do physicians in the Greek and Chinese traditions “see” the body differently? What is the role of the Nanjing (Nan-ching) in the formation of canonical medicine? What sorts of issues were problematic for the authors of the Nanjing and its commentators?

| Primary                                                                 | The Yellow Emperor’s Classic of Internal Medicine, Books 1-3, pp. 97-146.  
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<tbody>
<tr>
<td>Presentations</td>
<td>Compare the descriptions and translations of key concepts (correlative cosmology (systems of correspondence), yin and yang, body, <em>qi</em> (ch’i), blood, <em>jing</em> (ching, essence), <em>shen</em> (spirit), organs (viscera), five phases) by Kaptchuk with those by Kuriyama, Ilza Veith, Paul Unschuld, Nathan Sivin, and Judith Farquhar.</td>
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3. Basic Concepts of Canonical Medicine: Approaching Illness

What is health? What is disease? What is the difference between a patient’s experience of illness and a physician’s diagnosis of disease? How have physicians in the Greek and Chinese traditions understood the sources of illness? How do their approaches relate to their views of the body?

| Primary | The Yellow Emperor’s Classic of Internal Medicine, Books 4-7, pp. 147-211.  
Nan-ching, Difficult Issue #51. |
|---|---|
| Secondary | Kaptchuk, The Web That has no Weaver, Chapters 4-5. [Skim technical sections.]  
Kuriyama, The Expressiveness of the Body, Chapters 5-6. |
| Presentations | Compare the descriptions and translations of key concepts (pulse/meridians/channels/vessels, acupuncture points, causes of illness/disharmony) by Kaptchuk with those by other scholars, as above. |

4. Diagnosis and Treatment

How do physicians diagnose and treat patients? What is the importance of the patient’s family? In what ways do the Greek and Chinese traditions of pulse diagnosis differ? What is the difference between treating a disease and treating a “pattern”?

| Primary | The Yellow Emperor’s Classic of Internal Medicine, Books 8-9, pp. 213-253.  
Nan-Ching, Difficult Issue #61.  
The Divine Farmer’s Materia Medica, pp. i-xvi, selections. |
|---|---|
| Secondary | Kaptchuk, The Web That has no Weaver, Chapters 6-10. [Skim technical sections.]  
Presentations

Compare the descriptions and translations of key concepts (signs and symptoms, patterns/syndromes/manifestation types) by Kaptchuk with those of other scholars, as above. Which of these concepts are explicated in The Yellow Emperor’s Classic of Internal Medicine?

5. Historical and Social Context of the Emergence of Canonical Medicine

How did early physicians distinguish themselves from other types of healers? How do scholars distinguish medicine from other types of healing? What are fangshi? In what respects do the ideals for physicians, such as Hua T’o, differ from those of other types of healers, such as Fei Ch’ang-fang?

Primary


Secondary

Donald Harper, *Early Chinese Medical Literature*, pp. 3-109. [Skim Section One.]


Suggested


Unit II. Diverse Perspectives

Although the literate traditions of Chinese medicine are dominated by the *Inner Canon*, this is not the total of Chinese healing practices. In the coming weeks, we examine traditions of healing or cultivating health whose streams of transmission did not always flow with the currents of canonical medicine. We will also examine the relationships of these practices and practitioners with those of canonical medicine.

6. “Nurturing Life”

Touched upon last week in regard to the emergence of canonical medicine, “nurturing life,” “cultivating vitality,” or “macrobiotic hygiene” practices have a long history in China. This history, however, is not a linear one. What are some of the major historical developments in the history of “nurturing life” practices? What do these practices include? What is the difference between “External Alchemy” and “Internal Alchemy.” To what extent is this division apparent in the “Physical Practices” texts translated by Kohn? What do the manufacture and ingestion of gold and cinnabar elixirs have to do with to spiritual salvation? What is the role of “transformation” or “metamorphosis” in these texts?

7. Populated Bodies and Demonic Illnesses

In what ways and to what extent are the varieties of demons and demonic illnesses discussed by Strickmann related the views of the body and self described by Schipper? How do these views of the body and self compare to those of canonical medicine and of nurturing life traditions? Of our own modern (or post-modern) American views of the body, self, and even species? Donald Harper has drawn a contrast between the “functional” illnesses of Chinese medical cosmology (illness is a matter of imbalance or disharmony) and the “ontological” illnesses of demonic illnesses (caused by distinct entities). Does this distinction apply to the material we examine this week?

**Primary**


Hong Mai (1123-1202), Records of the Listener (Yijianzhi) (1161-1198), selection.

**Secondary**

Kristofer Schipper, The Taoist Body, pp. 100-112.

Strickmann, Chinese Magical Medicine, pp. 1-57, 238-270.

**Suggested**

Strickmann, Chinese Magical Medicine, pp. 89-238, 270-281. [Presentation: Treatments for demonic illnesses]


8. Epidemics and Exorcism

What dangers to health were posed by the dead, demons, and the supernatural world? How did people respond to these dangers? How do these practices and views of health and disease compare and contrast with those of canonical medicine and nurturing life?

|               | Bodde *Festivals in Classical China*, pp. 302-316.  

9. Gender and Healing in Late Imperial China

For the Song (960-1279), Ming (1368-1644), and Qing (1644-1911) periods, commercialization, the spread of printing, and literacy created wider markets for medical texts and other varieties of literature. The textual resources of this period give us rich materials for studying the lives of women and non-élite groups. In this section we look at scholarship on gendered bodies, and women as healers and patients. What were women’s roles as patients, decision-makers, and healers? What were women healers’ statuses, and when (and by whom) were they called in preference to other types of healers? How did canonical medicine theorize gender difference? How did Ming healers distinguish women’s diseases from men’s diseases? What diseases were specific to women? How were women able to assert control over their bodies?

*The Yellow Emperor’s Classic of Internal Medicine*: Review passages on the differences between the genders.  
Francesca Bray, “A Deathly Disorder: Understanding Women's Health in Late Imperial China;” in *Knowledge and the Scholarly Medical Traditions*, pp. 235-251.  
Francesca Bray, *Technology and Gender: Fabrics of Power in Late Imperial China*, (Berkeley: University of California Press, 1997), Part III. |
Unit III. Developing and Contesting Medical Orthopraxies

From the Song period (960-1278 C.E.) on, China’s ruling élites became increasingly involved in the production and distribution of medical knowledge, and eventually in the practice of medicine. This introduced new types of political, economic, social, and cultural dynamics to medical knowledge and practice. In some periods, Chinese governments became involved in medical education and the compilation and distribution of medical texts, and in providing what we today would think of as public health. In this unit, we will concentrate in particular on the development and promotion of certain styles of medicine as right and proper, and the denigration and active suppression of other styles of healing.

10. Scholar Physicians

What were the technological, social, and political transformations of medicine in the tenth to thirteenth centuries? How did these factors contribute to the emergence of the “scholar physician”? What is a “scholar physician”? Which healing traditions did they embrace? Which did they reject? Why? Why might medical cases histories have been especially useful both for the new styles of medical practice developed by scholar physicians, and for the new ways in which many people were now learning medicine? What were the key points of Xu Dachun’s (Hsü Ta-ch’un) moral agenda? How did textual study and historical analysis relate to this agenda?

11. Medical Governance in Imperial China

Here, we examine the roles of medical bureaus (from the sixth century), imperially-commissioned medical texts (from the tenth century), government responses to epidemics, and general medical relief such as the distribution of drugs to the poor (especially in the eleventh to fourteenth centuries). Did government medical activities establish medical orthodoxy? Produce and spread medical knowledge? What were some theories of epidemics? How was contagion conceived? Why were quarantines uncommon in Chinese history?

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<thead>
<tr>
<th>Primary</th>
<th>Translations of passages concerning “Sagely Powder,” from the writings of Su Shi (popular official, celebrated writer and cultural theorist, 1036-1101), Ye Mengde (official, 1077-1148), and Chen Yan (medical theorist, fl. 1174).</th>
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TJ Hinrichs, Ch. 2, “Policies for Transforming Southern Customs,” in “The Medical Transforming of Southern Customs in Song China (960-1279 C.E.),” PhD diss., Harvard University, forthcoming.  
12. Medical Governance in Modern China

Some Western models of public health and sanitary policing were adapted in China in the twentieth century. Which groups advocated these innovations, and why? What factors slowed, sped, or shaped the process of adaptation? What have been some common themes in the history of public health in the twentieth century?

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13. Discourses of Modernity and the Creation of Traditional Chinese Medicine

As western models of medical knowledge and professional practice became increasingly influential among China’s urban elites early in this century, different groups lobbied variously for the abolition, preservation, and modernization of Chinese medicine. What were the stakes for these groups? In what ways has Chinese medicine been transformed in relation to biomedical models? How has “syndrome differentiation” shifted in practice and prestige over the course of the twentieth century? What have been some common themes in the relations between Traditional Chinese Medicine and Western Biomedicine?

Secondary


Suggested

| Suggested | *A Barefoot Doctor’s Manual.*  
Nancy N. Chen, “Embodying Qi and Masculinities in Post-Mao China,” in Susan Brownell and Jeffrey Wasserstrom, eds., *Chinese Femininities/Chinese* |
14. Accounting for Plural Healing Practices in Contemporary China

Until recently, there were predictions that Chinese medicine would be displaced or subsumed by biomedicine or would become standardized, and that “superstitious” forms of healing would disappear. Nevertheless, Chinese medical epistemologies and views of the body have retained their vitality and are increasingly influential around the world, Chinese medical practices are in some respects proliferating rather than converging, and “superstitious” healing is having a revival in mainland China. What are the sources of plurality in Chinese healing practices?

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<th>Secondary</th>
<th>Volker Scheid, Ch. 4-8, <em>Chinese Medicine in Contemporary China</em>, pp. 107-260.</th>
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