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 Participation** 25%
Students should come to class prepared to discuss the readings assigned for that class, as listed. Preparation includes thinking about the study questions. Be assertive, but also respectful of classmates. If you cannot attend class because of illness or for other pressing reasons, please let me know, if possible in advance.

Make up for missed classes (combined with response essay assignment): Get notes on discussion for missed class from a classmate, and use these to expand on response essay for missed week. Submit a short (2-4 page) essay the following week incorporating thoughts on the discussion (based on classmate’s notes) as well as the readings.

**Weekly Response Essays** 25%
1-2 pages. Due as a “.doc” email attachment by 9:00 a.m. the morning of class, beginning with Week 2. Essays should discuss that week’s readings, to be discussed in class later in the afternoon, not those for the week before. Essays should follow standard college composition conventions, including double spaced typing and proper citations (please use footnotes rather than in-text parenthetical citations). Essays should have a thesis, build an argument, and substantiate it with evidence from the readings. Do not attempt to answer all study questions, but these can be a starting point for developing a thesis. Penalty-free extensions will be granted in case of illness or other emergency, or if requested by the evening before class. Essays must include proper quotation and citation conventions.

**Presentations** 10%
For Unit I, comparison and analysis of the explanations of key concepts by major scholars. For Units II-V, group presentations.

**Field Trip and Field Trip Essay** 10%
Trip to a local clinic. Essay of 3-5 pages due in hard copy in class the following week.

**Final Essay** 30%
10-12 pages, due Tuesday, May 8 by 5:00 p.m. (slide under my office door). Topics, theses, arguments, and sources to be discussed over the last weeks of classes. Extensions will be granted if requested in advance.

All classroom behavior should be characterized by civility, attentiveness, and respect. All coursework should be performed with integrity. Plagiarism or cheating will result in an F and will be reported to the dean. I expect you to know what plagiarism and cheating are, and how to avoid them. See [http://plagiarism.arts.cornell.edu/tutorial/index.cfm](http://plagiarism.arts.cornell.edu/tutorial/index.cfm) and [http://cuinfo.cornell.edu/Academic/AIC.html](http://cuinfo.cornell.edu/Academic/AIC.html) for more information.
Texts Available at Book Store and Uris Reserve

- [Uris Reserve only]: Course Reader (CR)

Texts on reserve (for Unit I presentations and for general reference):

1. Introduction

Unit I: Canonical Medicine

January 23

Over the next five weeks, we will be comparing scholars’ analyses of canonical Chinese medicine and its historical emergence, and examining canonical texts and their commentaries in translation.

2. Historical and Social Context of the Emergence of Medicine

January 30

How and why did early physicians (yì) distinguish themselves from other types of healers? What sorts of patients were they attempting to appeal to? What were the larger social/cultural/political contexts that conducd to a new style of healing or new type of practitioner emerging at this time?

Suggestion: Make a list of key texts and people for future reference.

| Secondary | Harper, “Mawangdui Medical Manuscripts,” “Medicine, Medical Literature, Medical Men,” *Early Chinese Medical Literature*, pp. 3-13, [skim for background: 14-41], 42-67. CR

### 3. Diagnosis and Treatment

February 6

How does diagnosis work? How does it relate to larger views/experiences of the world and human body/person that people grow up with? How does it relate to the specific training of the practitioner? In what ways do Harper’s analysis of diagnosis differ from Kuriyama’s?

<table>
<thead>
<tr>
<th>Primary</th>
<th><em>The Yellow Emperor’s Classic of Internal Medicine</em>, Books 8-9, pp. 213-253.</th>
</tr>
</thead>
</table>

### 4. Body, Cosmology, and Ways of Seeing

February 13

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? How do Sivin’s and Kuriyama’s analyses of the body in relation to cultural context differ?

<table>
<thead>
<tr>
<th>Primary</th>
<th><em>The Yellow Emperor’s Classic of Internal Medicine</em>, Books 1-3, pp. 97-146.</th>
</tr>
</thead>
</table>
| Secondary | Nathan Sivin, “State, Cosmos, and Body in the Last Three Centuries B.C.,”  
*Harvard Journal of Asiatic Studies* (June 1995) 55.1:5-37. **CR** [Also available as networked resource.]  

*cont.*
5. Illness and Disease

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?

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<th>Secondary</th>
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February 20
6. “Nurturing Life”  

What do “nurturing life,” “cultivating vitality,” or “macrobiotic hygiene” practices include? How are these practices, generally performed to enhance the vitality or spiritual power of the self rather than to heal others, related historically to traditions of canonical medicine? What is the role of “transformation” or “metamorphosis” in these texts?


Unit II. Diverse Streams I

Although the literate traditions of Chinese medicine are dominated by the *Inner Canon*, this is not the total of Chinese healing practices, and there is much in this text itself that today is usually deemphasized or ignored. In the coming weeks, we examine practitioners, communities, and patients, marginal in or to the canonical traditions.

7. Populated Bodies and Demonic Illnesses March 6

In what ways and to what extent are the varieties of demons and demonic illnesses discussed by Strickmann related to 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 (following Unschuld) 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?

Hong Mai (1123-1202), *Records of the Listener (Yijianzhi)* (1161-1198), selection, trans. TJ Hinrichs. CR |
|---|---|
8. Gender and Healing in Late Imperial China

March 13

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-elite groups. In this section we look at scholarship on gendered bodies, and on women as healers and patients. In what ways did Chinese traditions theorize women’s bodies and disorders differently? How does Furth account for the emergence of these theories? What were the roles of women healers in late imperial Chinese society?

| Primary | The Yellow Emperor’s Classic of Internal Medicine: Review passages on the differences between the genders.  
| Secondary | Furth, A Flourishing Yin, pp. 1-93. |
Nan Nü: Men Women and Gender in Early and Imperial China, 7.2 (2005): Special issue on medicine for women in early and imperial China. Includes excellent overview of the field by Angela Ki Che Leung and bibliography by Charlotte Furth.  
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

In this unit, we will concentrate in particular on the development and promotion of certain styles of medicine as right, the denigration and suppression of other styles of healing, and the persistence of such hetero-praxies in the face of legal, social, and economic pressures. Is healing more “political” at some times than others, not only in China but elsewhere? What circumstances make healing a field for power struggles? What heats up controversy and competition?

9. Scholar Physicians and Texts

From the Song period (960-1278 C.E.) on, China’s ruling elites (“literati,” “gentry”) became increasingly involved in the production and distribution of medical knowledge, and eventually in the practice of medicine. Between the tenth and twelfth centuries especially, the Song government became involved in more widespread medical education, in the compilation and distribution of medical texts, and in providing what today we would think of as public health. Later practitioners reacted specifically against the standardized styles of treatment of official medicine. From the eleventh century, the proliferation of marketing networks and commercial printing brought medicines, healers, and texts to a broader public, and produced new styles of praxis and practitioner. How did these changes affect the ways in which people learned and practiced healing, and the choices they made in their own health care?

Primary


Secondary

TJ Hinrichs, “Abstract,” “New Modes for the Production of Medical Knowledge,” in “The Medical Transforming of Southern Customs in Song China (960-1279 C.E.),” PhD diss., Harvard University, 2003, pp. 112-142. [reformatted] CR

Angela Ki Che Leung “Medical Instruction and Popularization in Ming-Qing China,” *Late Imperial China* 24.1 (June 2003):130-152. CR


Optional


10. Modernity and the Re-Invention of 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?


11. Producing Chinese Medicine

April 10

How is Chinese medicine practiced and produced in China? Would Scheid’s approach in this study work for research on earlier periods? How would you apply it?

Final Essay Reports: Topics due.


Unit IV. Diverse Streams II

In this section we look at bodily practices related to but usually outside the Chinese medicine practiced in the *zhongyi* clinic.

12. Food and Sex

April 17

This week we will divide the readings between two groups, food and sex, for presentations. How do these authors handle the relationships between experience of desire and pleasure, contemporary biologically naturalized versions of these, and the categories of Chinese medicine?

Final Essay Reports: Annotated bibliographies due.


13. **Qigong**

Consider the ways in which the “nurturing life” practices we studied in earlier weeks have been transformed in the People’s Republic of China. Who practices them, what does it mean in their lives, and how is this different from the *yangsheng* of earlier centuries? What is new in the body-cosmology and body-politics of late twentieth century China?


|-----------|-----------------------------------------------|

**Unit V. Transnational Chinese Medicine**

14. **Transnational Chinese Medicine: Ithaca**

Based on our class field trips of the semester, we will discuss the various ways in which Chinese medicine is taught, practiced, regulated, and marketed in Ithaca, and more generally in the United States and Great Britain. In what ways have American and immigrant Chinese physicians adapted their practices for American contexts? What is peculiar to the American context?

Final Essay Reports: Drafts due.

| Primary | - National Center for Complementary and Alternative Medicine [http://nccam.nih.gov/]
|         | - National Acupuncture and Oriental Medicine Alliance [http://www.AOMAlliance.org/]
|         | - Council of Acupuncture and Oriental Medicine Associations [http://www.acucouncil.org/]


*cont.*
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