History of Medicine in China (中國醫學史)

Meeting time: Tuesday, 1:00-3:45 p.m.
Location: WRB 3046
Office Hours: Wednesday, 2:00-4:00 p.m., MSS 201

Course Description and Core Objectives

This course aims to introduce the thinking behind the medicine of classical and imperial China, and the shifting topography of health care and epidemiology in contemporary urban China. We will examine the epidemiology of transnational cultural influence, seen in the Americanization of lifestyle in China, ranging from diet and the concomitant spike in obesity and diabetes, to the rise of the automobile and attendant polluting of urban air and rise in cancer rates. Focusing of changing ideas of hygiene, notions of the body, conceptions of illness, what constitutes disease in different historical epochs, we will also remain mindful of comparative thematic aspects in the history of medicine. Our approach is cross-cultural, transnational, and diachronic. The first half of the course focuses on the theory and practice of medicine in pre-twentieth-century China.

The second half of the course analyzes the epidemiological consequences of China’s ongoing transformation by its integration into the global economy. Of the roiling transformations witnessed in China since Deng’s reforms that started circa 1980, medicine is among the most dynamic. This course grapples with the complex terrain of health care--its policy and practice--in contemporary urban China. Examples of themes: profitization and chronic overcrowding of hospitals; violence against doctors; rise of psychotherapy, as a new booming industry and an emerging professional niche; the big business of big pharmaceuticals and the influence of drug economics on the diagnosis and treatment of disease; the for-profit fertility industry (reproductive endocrinology, gestational surrogates).

This part of the course will focus on the “diseases of affluence” (diabetes, heart disease, cancer, obesity), medical conditions that are afflicting China’s emerging moneyed classes at unprecedented rates. This growing public health crisis is the direct consequence of China’s integration into global economy. Yet these conditions are not merely diseases of affluence; they are very specifically conditions emerging from the broad Americanization of China’s diet and life style. As one index of China’s new wealth, the typical person in China now consumes twice
as much meat per year as the typical American. Combined with high rates of smoking (another luxury item, one in three smokers in the world live in China), China now witnesses high rates of obesity, diabetes, and cancer.

China’s decision in the 1990s to emulate the automobile economy of the United States exacerbates the public health crisis. Widespread car ownership has created new medical problems, most conspicuously seen in polluted air and in catastrophic rates of car accident deaths.

This course first studies the world of medicine in traditional China and then examines the radical transformations in China’s modern epidemiology, due to the globalization (and Americanization) of China’s economy and lifestyle.

This course satisfies Core Objective 11 of the Silver Core Curriculum:

**CO11. Global Contexts:** Students will apply and evaluate modes of academic inquiry, creative expression, or results of research to problems in historical and contemporary global contexts. Students will articulate connections among local, national, and international contexts and evaluate the ways that historical and contemporary global influences affect their current situations.

In addition, HIST 494b helps students to develop the skills described in Core Objective 1 (Effective Composition and Communication) and Core Objective 3 (Critical Analysis and Use of Information). These objectives are reinforced throughout the curriculum in other courses students take to fulfill core and major requirements. Through the assigned readings, essays, class discussions, presentations, and written assignments, students will practice critical thinking and communication skills that can be applied in other academic and professional contexts. In their research and written work, students will adhere to ethical principles that govern scholarly inquiry, including the accurate representation of evidence, proper citation of sources, and respectful interactions with colleagues.

**Student Learning Outcomes (SLOs) and Correlation to Core Objectives (COs)**

Students successfully completing this course will be able to:
1. identify key historical forces that led to the rise of a distinct therapeutic tradition in China, and then analyze the epidemiological consequences of China’s ongoing transformation by its integration into the global economy (CO11).
2. analyze and synthesize primary, secondary, and cultural sources (CO3).
3. find and use historical scholarship and sources to answer a research question (CO3).
4. present ideas in a clear and persuasive manner both orally and in writing, in accordance with the ethical principles governing scholarly inquiry (CO1, CO3).
5. analyze the influence of globalization on China’s contemporary health crisis, focusing on the diseases of affluence associated with success in the global economy and the widespread Americanization of diet and lifestyle (CO11).
The History Department is committed to equal opportunity in education for all students, including those with documented physical disabilities or documented learning disabilities. If you have a documented disability and will be requiring assistance, please contact me or the Disability Resource Center (Thompson Building Suite 101) as soon as possible to arrange for appropriate accommodations.

Academic Success Services: Your student fees cover usage of the Tutoring Center (784-6801 or www.unr.edu/tutoring/), and University Writing Center (784-6030 or, http://www.unr.edu/writing_center/). These centers support your classroom learning; it is your responsibility to take advantage of their services.

The Department of History Writing Center is available to all students enrolled in History courses at UNR to provide help with assignments and to hone writing skills. Unlike the ASUN Writing Center, our center is discipline specific. During one-on-one consultations students can work on specific issues related to historical writing such as organization, argument, style, evidence, analysis, and citations. Don't know how to get started on a specific assignment? The center can help with that too. The Center is open, Monday and Wednesday 10:00 am-2:00 pm, and by appointment. Location: MSS 109 or 110.

Contact Mr. Ryan Powell (rpowellunr@gmail.com) to set up an appointment.

**Required texts:**


Paul French, *Fat China* (Anthem Press, 2010)

Requirements and evaluation:

Attendance: Mandatory
Informed Participation: 30%
Weekly assignments: 30%
  WebCT essays
  Bibliographic research
  Discerning questions
  Leading discussion

Paper: 40%

Informed Participation (30%):
 Attendance is mandatory. This seminar is driven by informed participation. By this I mean coming to class having organized your thoughts in such a way that permits the productive exchange of ideas in class with your peers. While seminar members are required to participate energetically, this does not mean dominating discussion. Endeavor to be skillful listeners, comprehending what your classmates articulate. Perceptive listening—and response—is as important as giving voice to one’s own ideas. Interactive mentoring can be extremely productive. Throughout the semester, members will be responsible for providing constructive feedback on each other’s ideas. Members will also carefully read and constructively critique work presented during the course of the semester.

Attendance: Mandatory.
 Zero tolerance for missed class. Exceptions: Military service, athletics (with documentation from coach), illness (documented by UNR physician).
 Members missing two (unexcused) classes will have their final grade lowered by a half grade; three missed class, entire grade. Four classes missed: Fail.

During the semester, each member will be allowed two ‘byes’ for discussion, meaning that they will not be required to participate by speaking. Twice, participants can take a pass on speaking up, for whatever reason. During the ‘bye’ week, participants still must come to class. (Inform instructor in writing if you are selecting a bye week).

Reading: Reading must be completed prior to the beginning of each week’s session. This means not simply coming to class having done the reading, but having thought about what was read, and then organizing your thoughts in such a way that permits the exchange ideas in class. The close, critical reading of texts means understanding what the author is expressing and entails basic work such as looking up unknown words.

Be sure to leave enough time to read with care. Do not rush. The close reading of texts must also entail basic acts such as looking up unknown words, in the Oxford English Dictionary (OED), available on-line through the University’s webpage.

Weekly assignments (30%):
Given the size of this seminar, weekly projects will be broken down as follows.
Each week, one-fourth of the class will write:

**WebCT essays**
Two-hundred-fifty-word essay on that week’s reading, to be posted on WebCT. Each seminar member will then download a hard copy of all postings for detailed discussion in class. Please note: These are to be polished essays, and will constitute a significant part of the final grade.

**Bibliographic research**
One-fourth of the class will locate a relevant piece of scholarship related to the themes under discussion. This can be a scholarly article, book, dissertation, or similar item.
The title will then be posted to WebCT, along with an explanation of the work’s pertinence to the themes under analysis that week.

**Discerning questions**
One-fourth of the class will generate an astute, insightful, penetrating, or perceptive question based on that week’s reading. The question will be posted to WebCT.

**Leading discussion**
One-fourth of the class will be responsible for leading class discussion, as individuals or in teams. The aim of discussion leaders is to facilitate and enhance discussion, not dominate. Leaders will have five minutes to open discussion, but then it is open to the seminar.

All work must be submitted to WebCT by noon, the Tuesday of class.

Each seminar member must complete one of the **Weekly assignments** each week.

During the semester, each member will be allowed two ‘byes’: meaning taking a pass, and not completing a **weekly assignment**, twice. During the ‘bye’ week, participants still must come to class.

**Final paper (40%)**:
Early in the semester, seminar members will begin formulating topics for analysis and research. More will be said on this in class.
Final presentation of research projects. TBA.

Hint: Keep track of your ideas as they occur to you. If you have an idea while reading, write it down immediately. Ideas/perceptions that are vividly experienced in a moment of insight can be easily forgotten.

**Etiquette:**
Cell phones must not be used inside the classroom. In emergencies, please notify the instructor. Students will refrain from interacting with cell phones (text messaging, retrieving messages, and so on) in any fashion, despite the hegemonic rise of the *keitai/dageda*, and the appearance of the cell phone novel (Norimitsu Onishi, “Thumbs Race as Japan's Best Sellers Go Cellular,” *New York Times*, 1/20/08).
If an emergency arises, please inform the instructor.

Be punctual. Class begins at 1:00 p.m. sharp. Late arrivals are disruptive. If you ever must leave early, please notify the instructor at the beginning of class.

Observe protocol: Course participants will refrain from disruptive behavior.

Plagiarism or dishonest work of any form (e.g., cheating) is an automatic “F” for the course.

**Grading scale**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100-93</td>
</tr>
<tr>
<td>A-</td>
<td>92-90</td>
</tr>
<tr>
<td>B+</td>
<td>89-87</td>
</tr>
<tr>
<td>B</td>
<td>86-83</td>
</tr>
<tr>
<td>B-</td>
<td>82-80</td>
</tr>
<tr>
<td>C+</td>
<td>79-77</td>
</tr>
<tr>
<td>C</td>
<td>76-73</td>
</tr>
<tr>
<td>C-</td>
<td>72-70</td>
</tr>
<tr>
<td>D+</td>
<td>69-67</td>
</tr>
<tr>
<td>D</td>
<td>66-63</td>
</tr>
<tr>
<td>D-</td>
<td>62-60</td>
</tr>
<tr>
<td>F</td>
<td>59 and below</td>
</tr>
</tbody>
</table>

**Reading schedule for Kuriyama:**

**Part one: Medical Theory and Practice in the Pre-Twentieth Century**

Weeks one, two, three:


Weeks four and five:


Weeks six and seven:


Weeks eight and nine:

**Part Two: Epidemiological Consequences Of China’s Ongoing Transformation by its Integration into the Global Economy.**

Weeks ten and eleven:

Weeks twelve and thirteen:

Week fourteen:
Paul French, *Fat China* (Anthem Press, 2010)

Week fifteen:

**Reference and supplemental readings:**

**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Art Bulletin (College Art Association of America)</td>
</tr>
<tr>
<td>AHR</td>
<td>American Historical Review</td>
</tr>
<tr>
<td>BMFEA</td>
<td>Bulletin of the Museum of Far Eastern Antiquities</td>
</tr>
<tr>
<td>CMJ</td>
<td>China Medical Journal</td>
</tr>
<tr>
<td>CS</td>
<td>Chinese Science</td>
</tr>
<tr>
<td>CSe</td>
<td>Chinese Science, Explorations of an Ancient Tradition</td>
</tr>
<tr>
<td>CA</td>
<td>Cultural Anthropology</td>
</tr>
<tr>
<td>HJAS</td>
<td>Harvard Journal of Asiatic Studies</td>
</tr>
<tr>
<td>HR</td>
<td>History of Religion</td>
</tr>
<tr>
<td>JAS</td>
<td>Journal of Asian Studies</td>
</tr>
<tr>
<td>JAOS</td>
<td>Journal of the American Oriental Society</td>
</tr>
<tr>
<td>JHMAS</td>
<td>Journal of the History of Medicine and Allied Sciences</td>
</tr>
<tr>
<td>LIC</td>
<td>Late Imperial China</td>
</tr>
<tr>
<td>MC</td>
<td>Modern China</td>
</tr>
<tr>
<td>MAQ</td>
<td>Medical Anthropology Quarterly</td>
</tr>
<tr>
<td>SCC</td>
<td>Science and Civilization in China</td>
</tr>
<tr>
<td>STEA</td>
<td>Science and Technology in East Asia</td>
</tr>
</tbody>
</table>
**Body concept, local disease**


**Traditional Chinese Medicine**


Francesca Bray, Technology and Gender, "Physicians, Orthodoxy and Power," 302-316.

Nathan Sivin, Traditional Medicine in Contemporary China (Ann Arbor: The University of Michigan Center for Chinese Studies, 1987).
Marta Hanson, Inventing a Tradition in Chinese Medicine: From Universal Canon to Local Medical Knowledge in South China, the 17th century to the 19th century (Ph.D diss., Uni. of Penn, 1997).
The Yellow Emperor's Classic of Medicine (Huangdi neijing) consists of two separate compilations, the Suwen (Basic Questions) and the Lingshu (Celestial Pivot). These collections draw together the work of many authors and comprise the most influential writings of traditional Chinese medicine. The Huangdi neijing was compiled sometime between the first century BCE and the early first century CE.

**Gendered Medicine**
Judith Farquhar, Appetites, food and sex in post-socialist China (Duke, 2002).
Francesca Bray, Technology and Gender, "Medical History and Gender History," 275-302.