MEDICINE FOR WOMEN
IN IMPERIAL CHINA
The content of this volume is a reprint of volume 7, issue 2 (2005) of
*Nan Nü, Men, Women and Gender in China.*
CONTENTS

Harriet T. Zurndorfer, “Foreword” ............................................. 1

Angela Ki Che Leung, “Recent Trends in the Study of Medicine for Women in Imperial China” .................. 2

Robin D.S. Yates, “Medicine for Women in Early China: A Preliminary Survey” .................................................. 19

Sabine Wilms, “‘Ten Times More Difficult to Treat’: Female Bodies in Medical Texts from Early Imperial China” ...... 74

Jen-der Lee, “Childbirth in Early Imperial China” .................... 108

Review Article

Marta E. Hanson, “Depleted Men, Emotional Women: Gender and Medicine in the Ming Dynasty” ......................... 179

Book Review

Zhang Zhibin, Gudai Zhongyi fuchanke jibingshi (Ricardo King-sang Mak) ................................................................................................................................. 197

Charlotte Furth, “Bibliography of Secondary Sources on Medicine and Gender: Early Imperial China” .............. 201

Index .......................................................................................... 209
FOREWORD

This issue of *NAN NÜ*, focused on medicine for women in imperial China, is the third special theme number to appear since the journal’s founding seven years ago. Like the earlier theme issues, one on female suicide (3.1 [2001]) and the other on gender and genre in late Qing China (6.1 [2004]), this number will be published as a separate book volume. But unlike these two previous numbers, this issue did not originate from an earlier academic meeting or panel presentation. For the last several years, Angela Leung, the special guest editor of this issue, and I had been discussing the possibility of organizing a *NAN NÜ* issue which would highlight some of the more recent trends in the study of Chinese medicine for women. With the publication of the path-breaking book by Charlotte Furth, *A Flourishing Yin: Gender in China’s Medical History, 960-1665* (Berkeley: University of California Press, 1999), this particular specialization within the discipline of the history of Chinese medicine is now attracting ever more interest, both in East Asia and in Euro-America. We are pleased that a group of distinguished scholars, including Professor Furth herself, agreed to contribute their expertise to this theme issue. It is this kind of joint effort which helps make the study of men, women and gender in China such a dynamic and exciting field of research and analysis. And the *NAN NÜ* Board of Editors hopes to continue publishing on special themes in the future, to keep both China scholars and the broader public alert to further developments in gender study.

Harriet T. Zurndorfer
Strictly speaking, women and medicine in Chinese history is not an entirely new field. Historians of Chinese medicine trained during the first half of the twentieth century such as Xie Guan 謝觀 (1880-1950), Fan Xingzhun 范行準 (1906-98), and Zhao Pushan 趙璞珊 (1926-), who had great influence on subsequent generations of historians of medicine in China, already traced the development of “medicine for women” in their classic works on the general history of Chinese medicine.1 Both Fan and Xie described the development of medicine for women in the Sui-Tang period, and Xie, in particular, provided a short, clear, and typically insightful historical development of what he called 女科學 (learning on medicine for women), from Tang dynasty Zan Yin 魏殷 (ninth century) to Qing experts, quoting major works and their characteristics. Zhao Pushan, a specialist in the history of Chinese pediatrics and Song-Yuan medicine also substantially quotes Tang works on obstetrics and points out pertinently that the landmark innovation of Song works on 婦科 (gynecology) was the emphasis on the regulation of menses.2 Another important Chinese historian of medicine, Li Jingwei 李經緯 (1929-), more

1 Xie Liheng 謝利恆 (Xie Guan 謝觀), Zhongguo yixue yuanliu lun 中國醫學源流論 (Taipei: Guting shudian, 1970); Fan Xingzhun, Zhongguo yixue shilue 中國醫學史略 (Beijing: Zhongyi guji chubanshe, 1986); his Zhongguo bingshi xinyi 中國病史新義 (Beijing: Zhongguo guji chubanshe, 1989) provides ample early examples of discussions of disorders specific to women in both medical and nonmedical texts; see pp. 560-82; Zhao Pushan, Zhongguo gudai yixue 中國古代醫學 (1983; reprint, Beijing: Zhonghua shuju, 1997); Li Jingwei 李經緯 and Li Zhidong 李志東, Zhongguo gudai yixue shilue 中國古代醫學史略 (Shijiazhuang: Heibei kexue jishu chubanshe, 1990), 187-90.

2 Xie Liheng, Zhongguo yixue yuanliu lun, 38-39; Zhao Pushan, Zhongguo gudai yixue, 132-34.
RECENT TRENDS IN THE STUDY OF MEDICINE FOR WOMEN

recently gives further weight to the importance of fuke development in the Song by providing a detailed account of the representative fuke expert, Chen Ziming 陳自明 (ca. 1190-1270). In the 1980s a second generation of historians indicated clearly that by Song times, fuke was separated from internal medicine and became a separate discipline. This interest in the development of fuke within the framework of the general history of medicine in China paved the way for the publication in 1991 of Ma Dazheng’s 馬大正 book on the specific history of Chinese gynecology. Historians like Zhang Zhibin 張志斌, who published her work on gynecological disorders in 2000, discussed by Ricardo Mak in this issue, represent the third generation of Chinese historians of medicine for women. All of these works come from the modern tradition of Chinese medical history beginning in the early twentieth century, with only marginal interest in the social or cultural background of such history.

The feminist or cultural approaches to the history of fuke, and to a broader narrative of women, body, and medicine in history, on the other hand, is a new development that becomes visible only from the late 1990s onwards. Major publications in this field come mainly from America and Taiwan. The present Nán Nǚ issue clearly shows this trend. A major landmark in this recent and exciting development is obviously Charlotte Furth’s ground-breaking work: A Flourishing Yin: Gender in China’s Medical History, 960–1665 (Berkeley: University of California Press, 1999). Readers will find that two of the three major articles in this issue (those by Yates and Wilms) are inspired by this book, whereas Lee Jen-der’s 李貞德 article, translated from its 1996 Chinese version, is one of Furth’s reference works. These three articles treat historical developments prior to Furth’s main period of interest. This is interesting because they all address a significant point made by earlier works by Chinese historians of medicine as well as by Furth: the maturation of Chinese fuke during the Song. The obvious question they all try to answer is the following: what paved the way to Song fuke? Could one in fact talk about the first

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4 Ma Dazheng, Zhongguo fuchanke fazhan shi 中國婦產科發展史 (Xi’an: Shaanxi kexue jiaoyu chubanshe, 1991).
5 Zhang Zhibin, Gudai zhongyi fuchanke jibing shi 古代中醫婦產科疾病史 (Beijing: Zhongyi guji chubanshe, 2000).
formulation of a coherent body of learning on medicine for women already in the Tang period, as Xie Guan had already done?

*The Significance of Furth’s “A Flourishing Yin”*

Furth’s book has clearly made its impact on both the study of the Chinese history of medicine and in the cultural analysis of the history of the body, and its influence will certainly expand if it is translated into Asian languages, especially Chinese. Furth’s purpose in writing this book is threefold: to write a history of medicine, to address the question of gender in medicine, and to make a discourse analysis relating woman’s medical body to her social body. In other words, this book is at the same time a sinological description of *fuke* as a medical discipline meaningful to traditional historians of Chinese medicine and an analysis of *fuke*, or the female body as a construct based on words and language in a specific cultural context, a fruitful approach already taken by many Western feminist scholars, notably Thomas Laqueur and Barbara Duden, whose works inspired Furth.⁶ Furth’s book has admirably achieved the difficult goals that the author set for herself, and it is a rich history of *fuke* not only as a medical practice and a cultural construct, but also as an intelligible social exercise carried out by relevant actors—men, women, scholars, male doctors, midwives, female healers, and so on—and a body of thought closely articulating with the development of Neo-Confucianism since the Song. This book is a carefully constructed social history with a sophisticated theoretical framework.

The main arguments of the book build around the tension between the ideal and ahistorical androgynous body that Furth named “the Yellow Emperor’s body,” and the female gestational body that clearly distinguished itself in the Song. While Furth bases her analysis of the androgynous body mainly on the late imperial interpretations of the medical classic, the *Inner Canon*, Lisa Raphals has reached a similar

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RECENT TRENDS IN THE STUDY OF MEDICINE FOR WOMEN

conclusion by studying the cases of the early doctor Chunyu Yi (third century BC) described in the Shiji 史記—that there was a lack of emphasis on sexual difference in his medical diagnoses. Furth’s inspiration, however, seems to have come essentially from Laqueur, although one must be cautious not to confuse her arguments with Laqueur’s viewpoints. While Laqueur eloquently discusses the “one-sex” body conceptualized by the Ancient Greeks and lasting through the Renaissance, giving way to the well-bounded, gendered “two-sex” bodies after the eighteenth century, Furth’s Yellow Emperor’s body was androgynous but not “one-sex,” and the development of the female gestational body was not linear like that of the well-gendered body in the modern West. The androgynous body, a generative body containing both yin and yang, was an ideal body in which sex was not the focus of attention, especially towards the later imperial period. The female gestational body of Song fuke, characterized by “Blood as the leader” as distinct from the male-based androgynous body, on the other hand, retreated after the Ming. For Furth, Ming and Qing fuke specialists stepped back from the Song thesis of “Blood as the leader” characterizing the female body, and, contrary to their Song predecessors, interpreted many female disorders as non-gender-specific. Fuke shrank from concerns of a more general, holistic female body to increasingly specific gestational problems. The ideal of the androgynous body had returned forcefully under the influence of Ming-Qing Neo-Confucianism. The yin/yang balance of the viscera, common to bodies of both sexes and reflecting the intellectual and mental well-being of a person, became an increasingly important measure of health compared with a decreasing emphasis on unique “Blood” for appraising the various pathological problems of the female body. “Flourishing yin” (jiyin 濟陰) became a late imperial model remedy for a body typically overwhelmed with yang, that is, saturated with excessive desires and mundane activities, a problem that preoccupied Neo-Confucian doctors. Joanna Grant’s A Chinese Physician: Wang Ji and the “Stone Mountain Medical Case Histories” (2003), finely reviewed by Marta Hanson in this issue, shows some of such changes in the late imperial period through the clinical experience of the Ming doctor Wang Ji 汪機 (1463-1539).

In fact, the careful reader could make interesting contrasts between

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Furth’s and Laqueur’s books. While most discussions and descriptions in *A Flourishing Yin* are on the gestational problems of the female body, *Making Sex* is more on the anatomy of the genitalia and sex itself. Indeed, the question of female orgasm and its relation to conception ran through the entire book. While Furth’s book clearly captures one increasingly central concern of post-Song Chinese society, the production of male heirs for ancestor worship, Laqueur’s discussions reveal the obsession with sex in Western religion and medicine. In China, the technique of prolonged sexual combat and “plucking *yin* to replenish *yang*” by rousing female orgasm, central in the Sui-Tang Daoist bodily technique of “nourishing life” for elite males, fell out of fashion in late imperial *yangsheng* discourse. Self-cultivation of Essence, focusing Psyche, and sexual moderation now became the key to the male fertile body central to the perpetuation of the family line in the Ming-Qing period. Indeed, contrary to the modern West, Chinese society viewed sex as increasingly secondary to and inseparable from reproduction.

The richness of Furth’s discussions and the originality of her arguments will certainly inspire related works to come in the near future, both in medical history and in gender studies. As clearly shown in the title of her book, the main discussions in the book are on the later imperial period beginning from the Song. Though Furth provides information on developments in medicine for women prior to the Song, the descriptions are necessarily brief. The present issue shows that in the history of medicine, there is still much room for further research on the periods before the tenth century.

*Early Medicine for Women*

The three rich sinological studies in this issue on women, childbirth, and medicine in China from antiquity to the Sui-Tang periods constitute a coherent ensemble nicely complementing Furth’s work on the later imperial periods. Even though none of the three papers takes the discourse analysis approach that marks Furth’s work, they are useful in revealing the rich and complex tradition that Song *fuke* specialists had inherited. In many ways, they show how the guiding theme of Song gynecology highlighted by Furth, “Blood is the leader,” had been constructed during the preceding periods.

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[Furth, *A Flourishing Yin*, 202.]
Robin Yates’s paper, “Medicine for Women in Early China: A Preliminary Survey,” particularly informative on ancient texts and archaeological findings, provides a complex picture of the formative period of medicine for women and argues that medicine was clearly gendered in the Sui-Tang period. While reminding us of the frustrating loss of many early relevant texts that might contain important information, it pertinently highlights the omnipresence of religious and ritual elements in early medicine, right down to the Sui-Tang period, an indicator of the importance of the Buddhist and Daoist traditions. The author is particularly sensitive to the issues of pollution, taboos, and related rituals: the discussions on the yin nature of toilets, the use of cloth as an ingredient in concoctions for terminating pregnancies, food proscriptions for pregnant women, and incantations during delivery, for instance, contain many insightful remarks. Discussions of little-explored medicinal treatments related to the female body, such as fragrances, unguents to counter aging, and care of the hair, for instance, remind the reader of the importance of physiognomy in early China. This paper rightly emphasizes the complex meaning of what could be framed as “medicine” for women in early China and its heavy religious content, which gradually diminished after the Song.

Wilms’s paper, “‘Ten Times More Difficult to Treat’: Female Bodies in Medical Texts from Early Imperial China,” on the other hand, is focused on pathological problems based on early mainstream medical classics. Its main ideas are clearly inspired by Furth’s book, and the article is a useful complementary reading. It directly addresses one of Furth’s main arguments, that Song fuke is distinct by claiming “Blood as the leader” in the female body, explaining how this notion was gradually constructed during the earlier periods. The author traces the gendering of medicine from the Han to the Song period by scrutinizing the question of female pathology directly related to gestation and childbirth, summarized as a broad category of “below the girdle” (daixia 帶下) in early China. While vaginal discharges were a main concern for Sui-Tang doctors such as Chao Yuanfang 巢元方 (early seventh century), Sun Simiao 孫思邈 (ca 581-682), several decades later, stressed the problem of “noxious dew” (e lu 惡露; old Blood left over in the womb after childbirth). Wilms argues that though Sun described the distinctiveness of the female body with Blood as the source of most of its pathological problems, he spoke more like a hands-on “technician” and did not theorize about the problem. The theoretical construct of a gendered and holistic female
body based on “Blood as the leader” was achieved by experts only in the Song, notably by Chen Ziming. On this Wilms entirely agrees with Furth on the significance and characteristics of the development of Song fuke.

Lee Jen-der’s “Childbirth in Early Imperial China” was published in Chinese in 1996 and quoted in Furth’s book together with her other paper, “Han-Tang zhijian qiuzi yifang shitan—jianlun fuke lanshang yu xingbie lunshu”, published in 1997.9 In the latter, Lee argues that the beginning of a coherent corpus of medical knowledge about the specific female body was emerging in the Tang. The paper in this issue deals more specifically with childbirth as a central problem of the female body, including preparation for the birth, the delivery process, and postpartum problems as a medical as well as a social concern. This paper reveals the rich and complex tradition surrounding childbirth from the Qin to the Tang periods, built not only upon technical obstetric advice but also on ritual practices, particularly in regard to the problem of pollution related to Blood. Both medical and religious considerations constituted an inseparable body of knowledge that Song fuke experts had inherited. With concrete examples from medical and various nonmedical primary sources, Lee shows how anxieties in regard to childbirth in the early period helped to construct an elaborate and coherent body of medical and ritual techniques known as fuke that formed the basis for the later development of medicine for women.

These three authors in this issue stress the important contribution of Tang doctors, especially Sun Simiao, in the construct of fuke. They note in slightly different ways that the female body acquired new importance in mainstream medicine during this period. Yates clearly thinks that the gendering of body and medicine began in Tang texts, while Wilms admits the innovation of Sun Simiao in focusing on the distinct characteristics of the female body necessitating special medical care, though the gendered body was fully conceptualized only in the Song. Lee does not directly address the question of body gendering in her article here but discusses the question in her 1997 article, where she stresses that it was during the Tang that the medical discourse

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recognizing the specificity of the female body emerged. She quotes at length the passage “furen fang” 婦人方 (prescriptions for women) in Sun Simiao’s text to show that it “established the notion of gender differences announcing the beginning of fuke medicine.” A key question is therefore whether Song fuke was truly a different paradigm from the “early fuke” in the Tang, a central theme in Furth’s book. For Furth, one main indicator of the conceptualization of the female body as a gendered and holistic entity is that the old category of daixia, an umbrella covering broad groups of miscellaneous disorders (zabing 杂病) of the female body, was still maintained in Tang medical texts and was reduced to a specific diagnostic category of leukorrhea only in the Song. Indeed, she thinks that only when female zabing not necessarily related to gestation were discussed as an inherent part of fuke, as they were in the Song, can we consider medicine fully gendered. By looking at the shrinking zabing category in Ming fuke, Furth concludes that the gendering of medicine went “backwards” in the late imperial period when many of these disorders were reclassified as ungendered ones related to the androgynous body. Because the main focus of these three authors in this issue is on childbirth and female gestational problems and not the other pathological problems of women, no full debate is engaged with Furth on the question of the definition and periodization of the gendering of medicine in China, even though all agree that more attention should be paid to the development of medicine for women in the earlier periods. In fact, Li Jianmin 李建民 has more recently proposed another angle from which to consider the conceptualization of a gendered body in early China. He suggests that the male body was conceptualized around the functions of the dumai 督脉 (superintendent channel, or central vessel) as described in the Inner Canon, especially its role in the early art of “nourishing life.” While it is still unclear how Li’s point will engage with Furth’s idea of the androgynous body, one
can certainly look forward to more lively and constructive discussions on the issue in the near future.

Other Recent Works on Medicine and Women

Medicine for women in imperial China as a new area of interest is certainly growing. The main scholars in the field are no doubt Furth, specializing in the late imperial period, and Lee, expert on early China to the Sui-Tang periods. Since 1995, Lee has published nine sinological articles in Chinese on medicine and women in the early period, of which two, including the present one, have been translated into English and published in this journal. In these articles Lee systematically treats two main aspects of women, health, and medicine from early China to the Sui-Tang periods: the role of women as caretakers of health and the female gestational body. Her approach is both medical and social, and many of her conclusions evoke the interesting observation made by Furth that Chinese “bodily gender was a plastic androgyny while social gender was based on fixed hierarchy.” For instance, while parts of the female body could be used as ingredients in drugs in the pharmacopoeia, the presence of women was forbidden in the drug-making process because the female body was considered to be naturally polluting and taboo.


16 Furth, A Flourishing Yin, 305.
When the responsibility of conception was shifting from men to women as suggested in medical texts of the Sui-Tang period, male doctors dominated the discourse on the female gestational body and tended to intervene more directly in childbirth even though many of them were inexperienced technicians in this domain. Female healers, midwives, wet nurses, neighbors, and relatives, on the other hand, continued to play significant roles inside and outside the family as helpers in childbirth, under the suspicious eye of the male doctor. The feminist position of Lee is not arrived at by discourse analysis as in Furth’s case, but by meticulous scrutiny of all kinds of early texts that show the predicament of early female health caretakers to be not so different from that of today: daughters, wives, and mothers were considered “natural” caretakers of health who often find themselves in conflicting situations in the “inner sphere,” whereas sons’ and husbands’ caretaking responsibility rarely provoked conflicts and was often publicized as virtue that could enhance their public image or career. The well-defined social limits and obligations imposed on female (and male) healers and health caretakers contrast interestingly with the vulnerable and polluting nature of the female body, whose generative role was portrayed by medical texts as an ungraspable problem. Indeed, Lee shows us with numerous concrete examples that while the gendered social hierarchy was stable and fixed, the boundaries of the gendered body were fluid, changeable, and problematic.

The ungraspable nature of the female gestational body continued to preoccupy medical authors well into the late imperial period, as finely analyzed in Yi-li Wu’s 2002 article published in this journal, “Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty in Classical Chinese Gynecology.” Wu, whose research on Qing 


pathological problems. In the 2002 article, her study of ghost fetuses and problematic pregnancies reveals the intriguing question of diagnostic uncertainty about pregnancy in Ming-Qing texts, as well as new etiological analyses of such phenomena by Ming-Qing doctors. Such uncertainty made space for negotiation between female patients, with their subjective narrative of their own bodily experience based on language specific to the Ming-Qing social and cultural context, and male doctors, with their long, rich tradition of fuke learning in its own technical idiom. Clearly, like Furth and Duden, Wu attempts to show the significance of medicine and the female body in late imperial China as a case of an alternative understanding of the body before modern biomedicine dominated our sensitivity, numbed our imagination, and monopolized our language about the body.

Besides the contributions of Lee and Wu on early, Sui-Tang, and late imperial medicine and women, there are also works that are not entirely on medicine but are closely related to the question of the cultural meaning of the female body, especially in regard to bodily techniques. Here the works of Francesca Bray, Dorothy Ko, and again Li Jianmin should be mentioned. In her book on gender and technology, Bray describes abortion and menstrual regulation as gynotechnics, or embodied practices that upper-class Chinese women skillfully manipulated to control their reproductive activities in order to achieve ideal womanhood or enhance their social role of the mater. While Bray relies essentially on printed medical cases of the late imperial period as sources, reflecting the importance of printing in the circulation of medical knowledge for elite women, other authors, such as Liu Jingzhen 劉靜貞 and Li Bozhong 李伯重, emphasize the popular, often oral tradition in the diffusion of the techniques of abortion and contraception in post-Song China. Even though their concerns are more social or even demographic, their studies fully reveal that the wide spread of medical knowledge and bodily techniques among women since the Song, often independent of the development of the print culture, allowed them to have much greater control of their own reproductive bodies than one could have imagined, often to the disadvantage of the patriarchal line.

19 Francesca Bray, Technology and Gender: Fabrics of Power in Late Imperial China (Berkeley: University of California Press, 1995), 334.
study of footbinding in imperial China focuses on the body “as attire,” an idea obviously inspired by the notion of the body as having fluid and negotiable boundaries as demonstrated by Duden and Furth.\(^{21}\) Ko’s point becomes all the more intriguing when Furth observes in a Ming medical text that the bound foot was identified as “a genital zone of the body.”\(^{22}\) One other interesting bodily technique that has somewhat escaped the attention of scholars of the later imperial period was the women’s use of charm to attract men. Li Jianmin described the use of drugs and magic by women in early China in the “art of charming men” (meidao 媚道) to gain or retain the love of men. Techniques for “charming” men and for producing a male heir were two main aspects of the early art of the bedchamber for women.\(^{23}\) It is hard to imagine that such techniques would fall out of fashion in the later imperial period; rather, such knowledge, like that on birth control and footbinding, was not systematically recorded in printed medical texts and should be looked for in other kinds of documents.

On the other hand, the development of another intriguing technique of the female body in the late imperial period, inner alchemy (nü jindan 女金丹), was apparently more closely related to the publishing industry. While Furth discusses this technique as a problematic and esoteric religious practice contradictory to the ideal Confucian female body as a robust performer of reproductive functions, Elena Valussi, in a recent doctoral dissertation drawing on printed handbooks about the technique, suggests that this Daoist practice was in fact a “complex and multifaceted phenomenon.”\(^{24}\) According to Valussi, the potentially subversive consequences of the practice (stopping of the menses, resulting in a nonreproductive female body) could be counterbalanced by conservative social behavioral norms imposed on


\(^{22}\) Furth, *A Flourishing Yin*, 168.


\(^{24}\) Elena Valussi, “Beheading the Red Dragon: A History of Female Inner Alchemy in Late Imperial China” (Ph.D. diss., SOAS University of London, 2003). See the “Conclusion” of this thesis.
female practitioners by male collators of the handbooks. Moreover, the subversiveness of the technique varied according to the age, social and religious status, and even occupation of the practicing women. The technique could even be seen as a “practice that centered on the stabilization and refinement of menstruation” along the line of Bray’s argument. In other words, social, religious, and medical norms interplayed in extremely complex ways on the female body in the late imperial and modern periods, further complicating the conceptualization of the gendered body and thus calling for further research in this area.

While studies on bodily techniques practiced essentially by women, including abortion, infanticide, and other techniques that deterred reproduction, seem to support the challenging argument of James Lee and Wang Feng that Chinese reproductive culture produced fertility restraint within marriage, thus having a long-term effect on demographic change, other aspects of medicine for women in the late imperial period are likely to suggest very different conclusions. The persistent concern about the well-being of the reproductive body, male and female alike—as shown in medical texts of Confucian doctors of the late imperial period, such as Wang Ji, discussed by Grant and Hanson in this issue; the changing ideas of “nourishing life” that condemned the restraint of ejaculation; and the reinforcement of the procreative duty imposed on the head of household that “took unquestioned priority over the body’s other uses and aspirations,” as described by Furth—remind us that ensuring the proliferation of offspring remained a major preoccupation of doctors and their patients. It is difficult at this point to make broad generalizations about the significance of various bodily techniques on demographic changes in the late imperial period. Other factors must be taken into account, such as differences between periods and regions, ethnic or religious groups, and socioeconomic situations.

Another relevant topic that has been studied recently is the role of female practitioners of medicine, including healers, midwives, drug sellers, and so on. Both Furth and Lee have treated the topic in their respective historical periods, and I addressed this subject in

27 Furth, A Flourishing Yin, 202-4.
regard to the late imperial period in an article published in 1999 in
the book announcing the launching of this journal. That article
stresses the discrepancy between the dominant discourse on the
evil influence of unskilled and immoral female healers and the
importance of their real social role, especially in a culture of strict
gender segregation. While the anxiety provoked by unruly women
penetrating the boundaries between the inner and outer social space
was increasing in the late imperial period, there was at the same time
an interesting development of respectable female literati well versed
in medicine, of whom Tan Yunxian 談允賢 (sixteenth century) was
a most remarkable figure. Furth has a long section discussing her
work and healing principles, and another important Chinese historian
of medicine, Zheng Jinsheng 鄭金生 published an article on Tan
and her achievements, also in 1999. This article provides a useful
summary of Tan’s medical work, especially her skill in acupuncture
and moxa, and points out her accomplishments as a document of
social history of the late Ming.

While interests in cultural and social studies of medicine and gender
continue to grow, especially in America and Taiwan, research on
the history of fuke with a more traditional and positivist approach
continues in China. After Ma Dazheng’s book was published in 1991,
Zhang Zhibin, a younger scholar, published her first book on the
history of fuke disorders in 2000, based on her doctoral dissertation
defended in Beijing in 1998. Like Ma’s work, Zhang’s book traces
the development of fuke pathology from pre-imperial to late imperial
times. It is interesting to note the strong conviction she takes in
“revealing the true face of history” in writing this book, a position that
inevitably makes the result very different from present-day Western
research and even that done in Taiwan. As revealed in the review
by Mak in this issue, the author clearly takes a clinical approach to
the question by discussing what she defines as gynecological disorders
and their medical or technical treatment in each historical period.

28 Angela Ki Che Leung, “Women Practicing Medicine in Premodern China,”
in H. Zurndorfer, ed. Chinese Women in the Imperial Past: New Perspectives (Leiden:
Brill, 1999), 101-34.
On this topic, one should also mention an older article by Victoria Cass, “Female
Healers in the Ming and the Lodge of Ritual and Ceremony,” Journal of the American
29 Zheng Jinsheng, “Mingdai nüyi Tan Yunxian ji qi yi’er ‘Nüyi zayan’” 明代女醫
30 See note 4.
She is sensitive to the appearance of “new” names and categories of disorders, which she often uses as an important measure to evaluate the development of the discipline.

The most interesting difference between this book and those by some of her predecessors is that she places less importance on the development of Song fuke, which she groups together with that in the Jin and Yuan periods. Even though she admits the originality of the focus on “Blood as the leader” in Song medical gynecology, she considers it a heritage from the Tang medical learning, especially that of Sun Simiao. Moreover, she seems to have a much higher opinion of fuke in the Ming-Qing than in the Song, her reasons being “the classification of the diseases becomes equitable [sic], the naming becomes appropriate, the ideas are clear and more content is added. On causes, [the] doctors paid attention to the internal ones…and criticized some views [that] diseases may be brought by ghosts and gods.”

I do not intend to criticize this book for its positivist approach, but simply to show the numerous layers of meanings that one can retrieve in old medical texts on woman’s body and the many research possibilities that one can still locate in this field. In fact, many of Zhang’s findings do not differ from those of the authors mentioned above, yet her very different interpretations and conclusions provide an interesting perspective for further musing and reflection.

One last point that should be raised here is that there is relatively little interest among Japanese scholars in the history of Chinese medicine for women. Related to this point, the latest publication of Lee Jen-der is revealing. In this article on the earliest extant Japanese medical work, Ishinpo 醫心方 (Recipes of the heart of medicine), dating to 982, Lee shows how the Japanese compiler Tana Yasuyori 丹波康賴 (912-95) selected from early Chinese medical classics only those discussions related to childbirth in sections on medicine for women, and leaving out those on other bodily disorders. The compiler was obviously more interested in the strictly gestational aspect of the female body—not surprising as the book’s readers were essentially male aristocrats concerned with the reproduction of heirs. What

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31 Zhang, Gudai zhongyi fuchanke jibing shi (English summary, 424).
32 Lee, “Ishinpo’ lun ‘furen zhubing suoyou’ ji qí xiāngguān wéntì.” Readers of this Nan Nü issue may note that there are other acceptable spellings for Tana and his publication: Tanba, Tanba no Yasuyori, or Tanba; or Ishinpǒ, Ishinpǒ. We will use here Tana Yasuyori, Ishinpo throughout this issue.
Recent trends in the study of medicine for women is more intriguing is that after the publication of Ishinpo, the first full Japanese gynecological work was not published until the mid-sixteenth century, with a few obstetrical works printed during the fourteenth and fifteenth centuries. That was three centuries after the publication of Chen Ziming’s classic in China. Lee concludes that traditional Japanese doctors did not study the female body with the same meticulous obsession as did Chinese doctors. This point may also be reflected in the relative lack of interest among Japanese academics for traditional Chinese medicine for women. Many important contributions have been made by serious Japanese historians of Chinese medicine in the philosophy of medicine, the nature of qi, the art of “nourishing life,” alchemy, pharmacopeia (bencao 本草), Daoism and medicine, and so on, but, until now, almost no notable research on fuke and medicine for women even in broad terms has been published, not even as part of a more general history of medicine.34

Conclusion

Recent publications on medicine for women in China show that this topic defines a field of scholarly research of great potential. Discussions are not limited to strictly medical questions, but are inevitably related to specific social contexts and to the cultural and intellectual developments of imperial China. Both traditional or sinological and cultural approaches are possible for analysis of relevant questions, and often researchers tend to rely on both to produce more exciting results. So far, we have only talked about research done on imperial China, and there are, in my opinion, even greater possibilities on the modern period when China faced challenges from Western medicine and culture. While the confrontation between Chinese and Western medicine has been studied by a number of talented young scholars,35 there have been few serious studies related specifically to

33 Lee, “‘Ishinpo’ lun ‘furen zhubing suoyou’ ji qi xiangguan wenti,” 503-5.
34 Important Japanese scholars of the history of science and medicine such as Ishida Hidemi 石田秀実, Sakade Yoshinobu 杉出祥伸, Yamada Keiji 山田慶兒, Morita Denichiro 森田傳一郎, et al., have written important works on various aspects of Chinese medicine, but none so far has shown any particular interest in the history of fuke per se. Their rare and typically brief mentioning of fuke is often only a minor illustration of the main topics of medicine that they study in depth.
35 Such as Sean Hsiang-lin Lei 雷祥麟, “When Chinese Medicine Encountered the State 1910-1949” (Ph.D. diss., University of Chicago, 1999); and his “How Did
the development of modern Chinese gynecology. The changes in or the “Westernization” of the conceptualization of the female body in China, in medical, sociopolitical, and cultural terms should be a most fruitful topic of research, and hopefully we shall not wait for too long to see work done on this period.

MEDICINE FOR WOMEN IN EARLY CHINA: A PRELIMINARY SURVEY

BY

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Abstract

This study reviews aspects of the history of medicine for women from approximately the third century BCE to the tenth century CE. It focuses on therapies during the months of pregnancy and childbirth as recorded in newly discovered texts, on the developing pharmacopeia, and on ritual procedures. It argues that acupuncture was used only rarely on pregnant women and that many cultural and religious beliefs and practices, including those drawn from the Buddhist, Daoist, and popular traditions, influenced procedures undertaken in preparation for and during the birth process.

Introduction

In this essay, I wish to consider some of the many issues relating to the development of medicine for women in the period prior to 960, noting at the outset that in traditional Chinese medicine, 

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1 This paper was first presented to the Department of East Asian Languages and Literatures and the Women’s Studies Program, Yale University. I would like to express my deep gratitude to Professors Kang-i Sun Chang and Margaret Homans for extending their generous invitation. It was subsequently presented at the University of Durham; I would like to thank Dr. Daria Berg for the opportunity to discuss the issues with her and her colleagues and students. I would also like to thank the three anonymous reviewers for their exceptionally careful reading of the first two drafts of the essay. They provided me with most valuable comments, guided me on a number of crucial issues, and helped me avoid several mistakes. Needless to say, I am solely responsible for the opinions expressed in this final version and for the errors that remain. Vivienne Lo and Christopher Cullen generously sent me a copy of their excellent new book Medieval Chinese Medicine: The Dunhuang Medical Manuscripts (London: Routledge Curzon, 2005), which is directly relevant to the latter portion of this article. Unfortunately, however, I received it too late to incorporate the findings of the various chapters into the body of this essay. I shall only refer the reader to certain chapters in my footnotes.
term *fuke* (gynecology) always referred to a married woman: girls were not considered to be gendered and were included in the category of children (*yinger*). Therefore in this article I am not going to review the history of the medicine used to treat the ailments of prepubescent girls or unmarried adult women, such as nuns, nor am I going to discuss women as healers in their own right. This

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3 Tana Yasuyori 丹波康賴, *Ishinpo 醫心方*: I have used the edition published in Zhao Mingshan 蕭明山 et al., eds., (Shenyang: Liaoning kexue jishu chubanshe, 1996), 3, 21.862, section 29, “Zhi fu ren yunan fang” 治婦人欲男方 (Prescriptions for a woman who desires a man), may be providing treatment for such a man-less, frustrated, woman in the following passage:

The Daqing jing states: “The August Emperor asked a question of the Plain Woman (Su Nu 素女) and she replied: ‘When a woman is 28 or 29 or 23 or 24, her *yinqi* is abundant, and she desires to have a man and she cannot control herself. She eats and drinks without tasting [what she consumes, i.e., there is no taste to what she eats or drinks], all her pulses move in her body, she feels a repletion in her essence and her pulses, fluid leaks out and soils her clothes, in her vagina there are insects like horsetails, three fen 分 [three-tenths of an inch] long; those with red heads are irritating, and those with black heads produce froth.

“The prescription for curing her is: Make a penis out of dough as long or short, large or small as is appropriate, dip it in pure rice spirits [*jiangqing*] twice. Wrap it with silk floss and insert it into the vagina and touch the insects as it goes in and out. Take it out and then insert it again just as though she was having a man. When there are many insects, there are thirty [of them]; when there are few, there are twenty.”

I have not had access to the Japanese original of Tamba’s work. See also Michel Strickmann (Bernard Faure, ed.), *Chinese Magical Medicine* (Stanford: Stanford University Press, 2002), 245.

4 For a brief discussion of the few references to female doctors in the Han specializing in women’s medicine, see Ma Dazheng 馬大正, *Zhongguo fuchanke fazhan shi* 中國婦產科發展史 (Xian: Shaanxi kexue jiaoyu chubanshe, 1991), 37; for women as midwives and healers from the Song to the Qing, see Angela Ki Che Leung, “Women Practicing Medicine in Premodern China,” in Harriet Zurndorfer, ed., *Chinese Women in the Imperial Past: New Perspectives* (Leiden: Brill, 1999), 101-34; for
would lead us to a consideration of women as shamans, midwives, and wet nurses, all fascinating topics, but beyond the scope of the present endeavor.\(^5\) I shall review some of the texts recently discovered by archaeologists dating from the Qin and Han dynasties that relate to medicine for women and will consider especially the interface between medicine and ritual in birthing practices, paying attention to the management of polluting substances produced by the mother. I will argue that medicine for women in the pre-Song period was influenced by a wide range of cultural and religious beliefs and practices and that these must be taken into consideration when assessing medicine for women as it developed into the complex discipline of gynecology that it became from Song times on.

First of all, to put this study in context, Charlotte Furth argues that a fully theorized medicine for women “developed into a mature system of gynecology in the Song dynasty” (960-1268).\(^6\) Literate, usually male, doctors identified themselves as experts in gynecology and wrote texts specifically devoted to the subject. A typical, and influential, figure was Chen Ziming 陳自明 (ca. 1190-1270) of the Southern Song, whose *Furen liangfang 婦人良方* (Excellent prescriptions for women) (1237) is a rich repository of contemporary knowledge about medicine for women.\(^7\) Second, gynecology was
institutionalized at the imperial court and in the Imperial Medical Bureau, where state medical training was organized into nine separate departments, of which gynecology and pediatrics were two. It would appear that gynecology, like other medical specialties, was the subject of examinations for testing the qualifications of those wishing to practice as official medical experts. Third, and most important, was the systematization of the discipline whereby, in Furth’s words, there was an “application to women’s disorders of a paradigm of diagnosis that made it easier to relate diverse symptoms to holistic body functions.”

Song gynecology, Furth argues, participated in the general emphasis on innovation in medical discourses that sought to provide integrated and consistent explanations for diseases. Specifically, she demonstrates that, over three centuries, Song doctors, building on the numerous therapies and suggestions transmitted to them from earlier times, especially the notion that in women “Blood was the leader” taken from the work of the Sui and early Tang doctor Sun Simo 孫思邈 (581-682?), and using what she calls “pattern diagnosis” (bianzheng 辨證), reduced the vast number of symptoms observed by themselves and their predecessors “into a smaller number of broad categories that could in turn be related to each other dynamically.” Standardized into eight rubrics, symptoms were seen to possess a “root” (ben 本) pattern identified with some combination of yin/yang, cold/hot, inner/outer or depletion/repletion factors,” and doctors then organized their wide array of prescriptions so that they were linked to underlying internal disorders “now seen as gendered forms of illness.” Doctors became particularly interested in

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8 Furth, A Flourishing Yin, 66.
9 The Song government was generally activist in its orientation and established, among other institutions, pharmacies throughout the country, one of whose functions was to dispense prescriptions to the population in times of epidemic.
10 Furth, A Flourishing Yin, 63.
11 In a personal communication, Charlotte Furth wishes to emphasize what she wrote in A Flourishing Yin, 65, n. 16, that bianzheng is a modern term. The Song term was bian 辨, the locus classicus being in the work of Kou Zongshi 攜宗奭 (eleventh-twelfth centuries), Bencao yanyi 本草衍義 (Elucidation of the meaning of pharmaceutics) (Xuxiu siku quanshu 穩修四庫全書 [Shanghai: Shanghai guji chubanshe, 1995-99], 990). For the translation of this passage, see Paul U. Unschuld, Medicine in China: A History of Pharmaceutics (Berkeley: University of California Press, 1986), 93-94.
12 Furth, A Flourishing Yin, 65.
13 Furth, A Flourishing Yin, 66.
regulating menstruation and developed concern about parturition. Prior to the Song, from the Han dynasty on (late third century BCE to the beginning of the third century CE), Furth argues, the body was conceived of in medical discourses as being “genuinely androgynous,”14 and she coins the term “the Yellow Emperor’s body” to describe its yin-yang characteristics.15 She states that “[i]n the early imperial era [the] clinical tradition [of fuke, gynecology], invisible in the account of the Yellow Emperor’s body, . . . was an eclectic one, incorporating herbal drinks, medicinal pastes and washes, poultices and heat treatments, massage, moxibustion and acupuncture, ritual and diet, transmitted in manuscript traditions independent of midwifery.”16 Her argument revealing how the Chinese body came to be fully gendered in the Song, as was Chinese traditional medicine as a whole, needless to say, has enormous implications for our understanding of the development of the patriarchal social and ideological system of imperial China.17

Concerned with analyzing the changes that took place in the Song and later times, Furth does not clarify for the reader the relationships that the various early, pre-Song, therapies had to each other and whether there were any changes in medical practices over time. In this paper, I shall examine medicine for women in the pre-Song period, for I cannot do justice to the complexity of Furth’s arguments for the Song and later dynasties. However, I believe that the fact that medicine was institutionalized in the Song is much less significant for her thesis than her analysis of Song doctors’ understanding of the etiology of diseases, for the state’s attempt at controlling the training and distribution of drugs and the assignment of physicians, whether specialists in gynecology or in other fields, was

14 Furth, A Flourishing Yin, 52.
16 Furth, A Flourishing Yin, 60.
17 Furth notes in A Flourishing Yin that “Chinese medical thought never abandoned the vision of bodily androgyny, but with twists and turns returned to it again and again” (306). With great insight, she raises the question why in medical theory “bodily gender was a plastic androgyny, while social gender was based on fixed hierarchy?” (305). This fascinating contradiction deserves to be studied in an extensive research program; I shall not attempt to answer it in this preliminary review of early medicine for women.