WOMEN PRACTICING MEDICINE IN PREMODERN CHINA

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In premodem Chinese society where all respectable professionals were male, and where the proper place for women was at home, the presence and popularity of professional female medical or para-medical practitioners certainly merit closer analyses. There was obviously a need for their service that could not be provided by their male counterparts, a need that was largely created by the segregation of the sexes which became increasingly stricter from the Sung period (960-1279) onward.

This paradoxical situation where female medical professionals were mistrusted, precisely because they were indispensable, gradually generated a discourse, essentially Neo-Confucian in ideology\(^1\) which denigrated them. This rhetoric, particularly current from the Yuan-Ming period (1279-1644) onward, was more an expression of anxiety caused by the presence of these women than a revelation of their actual social situation.

This paper will attempt, first, to trace the historical formulation of the discourse, and then, to evaluate the impact of these women over the ages. By so doing, we hope to gauge the gap between the two. Women medical practitioners here include midwives, various women healers, mostly anonymous and illiterate, and women doctors who were also authors of medical texts.

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\(^1\) Neo-Confucianism as a school of philosophy developed from the eleventh century onward. Besides metaphysical concerns, this philosophical movement focused upon the delineation of social relations based on moral principles. On the question of gender, family rules printed in genealogical records and written by thinkers of this school clearly claimed that the inner quarters were the only place for women, and a stricter segregation of the sexes, a proper ethical social arrangement.

* I thank Charlotte Furth and the participants of the Leiden Workshop ‘New Directions in the Study of Chinese Women’, particularly Harriet Zurndorfer, for their valuable comments and criticism on an earlier version of this paper.
1. Evolution of the Discourse on the Dangerous Woman Healer

A recent study on medical women in Ming China by Charlotte Furth is a fine analysis of the literary representation of these women, and of the rhetoric san-ku liu-p'o, current since the fourteenth century, which she translates as "the three aunts and six grannies." The three ku were in fact religious women (Buddhist and Taoist nuns, and soothsayers); the six p'o (old wives) were brokers, match-makers, shamans, healers, procurers, drug-sellers, midwives. Three of the p'o were clearly related to the medical profession. This well-known term, which is still being used today in a slightly different context, is often considered as having been first mentioned by T'ao Tsung-i (ca. 1516-1492), a Yuan scholar, in a text dated 1366. T'ao added in the same text that these women were corrupting elements which respectable families should avoid as if they were "snakes and scorpions." This expression, and a number of literary texts of the Ming-Ch'ing (1668-1911) period, portrayed female medical professionals as basically ignorant and perverse, and consequently commonly scorned by society. How was this image of women healers and the corresponding rhetoric formulated?

1.1. The Sung period (960-1297)

The concern over the evil influence of professional women began to be expressed by Neo-Confucian scholars in the late Northern Sung period (960-1127). In one of the earliest extant handbooks for administrators, T'ao tzu-chen (Self-admonitions for local administrators, preface dated 1117), the author Li Yuan-pi warned that "Buddhist nuns should not be allowed to visit [the household], nor should women in charge of child delivery (shou-sheng chih fu) after they have performed their duty." No reasons were given for this admonition. While another similar contemporary

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2 Charlotte Furth 1995. I thank Professor Furth for letting me read and quote her unpublished manuscript.

3. Lu 1984: 59 quoting T'ao Tsung-i, Ch'ao-keng lu (Writings during farm work recess), first publication 1366, chapter 10. Modern Chinese dictionaries generally quote this passage of T'ao to explain the origin of this term.

4. Li Yuan-pi, T'ao tzu-chen (Self-admonitions for local administrators), 1: Sa. I am grateful to Dr. Lau Nap Yin for drawing my attention to this text.

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work warned against the bad influence of dancers and actresses, and female textile traders.5 The categories of mistrusted professional women were gradually fixed during the Sung period. In the Southern Sung period (1127-1279), the author of the famous family handbook, Shih-fan (1178), Yuan Ts'ai (ca.1140-1190) warned that "Buddhist nuns, Taoist old women, old women as go-between or brokers, and those women who trade acupuncture as pretext not be allowed into the household." Here the profile of these "bad" women became already quite clear: religious women, women as intermediaries, and women who made a living out of medical service. It would take about another century before the nine categories of despised professional women were "fixed" in the rhetoric.

1.2. The Yuan period (1271-1368)

It was probably during this period that the rhetoric san-ku liu-p'o was fully formulated. In fact there was at least another scholar who mentioned this term before T'ao Tsung-i: Hu Yuen-ji, the author of the handbook for administrator, Li-hsi-shih chih-nan (Guidebook of administration, first published in 1501). In this text, Hsü warned that these nine categories of women, besides provoking debauchery, often infiltrated the administration through corruption. One of the first things a good administrator should do upon arrival at his post of duty was, according to Hsü, to obtain information on these women in the locality just as he would do if he were searching for thieves, robbers, cabarets, brothels, hotels and so on.6 From the way Hsü used the expression san-ku liu-p'o, it is clear that it was already a current term associated with immorality in the early fourteenth century. Thus T'ao Tsung-i only picked up an already popular term in his famous Ch'ao-keng lu of 1366, a much quoted work. Like Hsü

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5. Ch'en Hsiang (1017-1060) (attributed to), Chou-hsien t'ieh-kung (Suggested policies for local administration) 1:4. The author wrote that these women provoked debauchery and corrupted officials.

6. Yuan Ts'ai (ca.1140-1190), Yuen-hsi-shih-fan (Principles of family behaviour of Mr. Yuan) (first published in 1176), section: Chih-chia (governing the household). Here Yuen already used the terms p'o and ku.

Yüan-jui, T'ao explained who these nine categories of women professionals were, emphasized their contaminating nature, and warned respectable families against them.

From this brief description, we may note several points: first, writers who helped to formulate the rhetoric were basically non-medical scholars. They were essentially moralists and administrators of the Neo-Confucian persuasion. Their formulations began probably sometime around the mid-twelfth century. One must note that in the classical handbook of Su-ma Kuang (1019-1086), Chia-fen (Family regulations), there was no mention of these women. Second, the categories of professional women under suspicion were gradually fixed over time, with religious women and midwives among the first to be targeted. All the nine categories had one point in common: because of the nature of their professions, they were the rare public figures who could reach “decent” women of the inner quarters. Third, mistrust toward these women augmented over the centuries. This change probably corresponded to the growing segregation of the sexes, with respectable women sequestered and confined within the boundaries of the family. Besides being a threat to family life, these professional women were gradually seen also as a public danger, as they were the only women whom the officials had to deal with directly in their work. This last fact may be verified by the descriptions of these women in the section “edifying the interior [of the administrative bureau]” in the Li-ko-shu chih-nan.

The image of these professional women, including midwives and various healers conveyed by the rhetoric was later picked up by storytellers of the Ming-Ch'ing period, whenever they required comic effect, or a character who would easily arouse resentment among the audience. Soon, the caricature of the vulgar, illiterate, coarse, and dangerous midwife was to be seen in numerous popular novels and operas in later periods. All this helped to reinforce the cliché of these women as lowly and disreputable.

But how close is that image to the real social position of these professional women, particularly those practicing medicine who are of interest to us here? The question is the more difficult to answer as the status and the social roles of midwives and various female healers did not remain stagnant throughout history. We will look at their historical development, especially from the Sung period on, when Chinese medical knowledge and institutions had reached a mature stage. And it was also from this period that Neo-Confucianism developed and flourished, greatly influencing the activities of women, and thus the rhetoric on women medical practitioners, as we have just seen.

We will analyze the situation of midwives and women healers essentially through medical texts, gazetteers and various other writings.

2. Changing Roles of Female Medical Practitioners

2.1. Midwives

2.1.1. Pre-Southern Sung period

The profession of child-delivery was an ancient one. From the Han to the Chin dynasties, we have sporadic accounts of persons, mostly women, who were known for their skills in child delivery: chu-ch'ien (help-delivery), k'ang-ch'ien (see-delivery). There was not yet any specific term for the profession of “midwife.” In T'ang texts on obstetrics, the earliest of such in Chinese medical history, the term “the person who supervises the delivery” (ch'iu-shih k'au-sheng jen) was used, as in Tsan Yin’s classic of the mid-ninth century. Not only was there no ready word for the profession, the sex of the person was not specified. He/she was abstract and faceless. Though today we presume that it was most probably a woman.

As late as the Northern Sung period, there was still no commonly accepted term for “midwife” in medical texts. In the famous text on obstetrics (ca. 1098) by Yang Tzu-chien Shih ch'ian-lun (On the ten problems in child delivery), quoted substantially in the first comprehensive medical book on women’s illnesses, Fu-chen liang-fang (Good prescriptions for women, first published in 1257) by Chi'en Tzu-ming (ca.1190-1270), the person who delivered the child was consistently called k'au-sheng chih jen (the

9 Notably in Chin Ping Mei wu-hua, see Leung 1984: 59; Furth 1995: 24-25 has a more lengthy translation of the same passage.

person who oversees the childbirth, or shou-sheng chih jen (the person who collects the newly-born). Yang Tzu-chien did not give us a clearer profile of these persons than Tsan Yin, but warned that not many among these were true experts.\(^{11}\)

In non-medical texts of this period, there is a mixture of various popular terms for the professional who tended to childbirth and/or illnesses caused by childbirth. The Northern Sung official Kuo Mao-hsün wrote in a text dated 1101, and published later in the above mentioned book by Ch'en Tzu-ming, that when he was serving in the private secretariat of the P'u prefecture (present day western Shantung) in 1068, a ju-i (doctor of the "straw mattress") named Hu told him about an effective medicine for postnatal illnesses.\(^{12}\) A term that once again does not tell the sex of the professional.

However, terms equivalent to "midwives", implying women with a certain age, did begin to appear sporadically in other non-medical texts from the eleventh century on. The famous scholar-official Ou-yang Hsiu (1007-1077), in an account of a false pregnancy by a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace maid in 1063, told us that a dozen of medical officials of a palace ma...
of pregnancy. If one called upon her only at the last moment, it would muddle things up. Midwives usually have different customs of child-delivery, one should discuss these matters with her in detail before the moment. If there is disagreement, one should talk things out with her and should not allow her to do whatever [she is accustomed to]. If the right person is chosen, everyone of the household will feel assured and the pregnant woman will be free of worry.  

Both Chu and Yu seemed to have an empathetic understanding of the midwives’ practice of the time, and gave advice accordingly. It was slightly later that the doctor began to have a growing suspicion of the midwife.  

The above-mentioned Ch’en Tzu-ming was one of the first to repeat Chu’s advice. In his classical work he told the readers that an elderly, experienced sheng-p’o (lit. “woman for childbirth”) should be summoned, with one or two “reliable, practiced” women who were to hold and sustain the laboring woman. Later in the same text, Ch’en employed several times the term tse-p’o for midwives, already used by Ou-yang Hsiu a century earlier. He specified at times that she had to be “delicate and rapid” in her acts. By the Southern Sung period, the birth scene composed purely of women, preferably elderly and veteran, was clearly and firmly established.  

From Ch’en’s classic, we also begin to sense the mixed feelings of an orthodox male doctor towards the midwife working in an entirely feminine setting: she had to be relied upon, as she held the only key to a smooth childbirth, but at the same time, she was suspected of not being equal to the task. An unskilled midwife was thought to be the origin of failed or difficult childbirth: “she interferes too much with her hands, shakes and hurts [the mother] too early, and causes the danger of transverse presentation.” Indeed, one major worry of the male doctor was that the midwife intervened too early and too much, causing unnecessary fatigue and strain of the mother. Indeed, “the midwife

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18 Hung Mai, 1-chien chih, i/18: 3b.  
19 Ibid. pu (Supplement) 4: 5b-7a.  
20 Chu Tuan-chang, Wei-sheng chia-pao ch’an-k’o pei-yao (1184), 3:27.

22 Ch’en Tzu-ming, op. cit. 16: 441.
23 Ibid. 24: 618. Ch’en mentioned this quality of the midwife in the context of the delicate act of cutting the umbilical cord.
should not be listened to too readily. This worry would continue to be voiced by male doctors for centuries to come.

However, even male orthodox doctors had to admit that they always had something to learn from midwives: in an additional note to Yang Tzu-chien’s Shih ch’ an lun (probably done by Ch’en Tzu-ming himself or some other Southern Sung specialist), the writer described how he learned from a Fukien midwife the way to deal with the problem of an ejected rectum after childbirth. He then followed on to say, “this is a good method, learners should not neglect this.”

This mixed sentiment towards the midwife was inherently linked to the fact that she had now become indispensable, and often the sole professional present in the birth room. This irreversible state of affairs, at the risk of increasing segregation of the sexes, and probably also of the perception of childbirth as a polluting affair, put the midwife at the key position of reproduction, a most frustrating fact to the Sung male doctor who was becoming increasingly Confucian, or Neo-Confucian in outlook and mentality.

2.13. Ming-Ch’ing period

The subtle but increasing antagonism between the Confucian male doctor and the midwife generated the rhetoric of san-ku huo-po not later than the beginning of the fourteenth century, as we have already seen. Male doctors also began to describe in great length the horrid recklessness of ignorant midwives. Like the “matrone” in modern France, the Chinese midwife was “une cible privilégiée, chargée de toutes les responsabilités dans les accouchements qui se terminent mal, accusée à la fois de passivité et d’impatience, et toujours de sottise et de sauvagerie.” There was indeed a certain universality in the mistrust of the midwife when the medical orthodoxy strove to establish and consolidate itself.

Suspicion toward midwives was further enhanced by their undertaking other less respectable duties for the communities, as they were experts of the female sexual body. Ming-Ch’ing midwives were often called upon by the magistrate in judicial cases to check young women’s virginity. The great Ming scholar Feng Meng-lung in one of his edited stories “Scholar Ch’ien” described how the magistrate solved a case by asking a “trustworthy midwife” to check Miss Kao’s virginity in the boat. They were also asked to supervise female criminals and victims of crimes. Huang Liu-hung, an experienced early Ch’ing magistrate advised magistrates-to-be to employ trustworthy “match-makers or midwives” (a term becoming equivalent to “elderly handy women”) to guard wives of gangsters, and kidnapped or raped women to prevent them from committing suicide.

Palace midwives of the Ming also did other duties besides delivering babies: they were to examine the selected wet-nurses to check the quality of their milk, and that they did not have “hidden diseases.” They were also to examine candidates of palace ladies, to “differentiate the fair from the plain, to see if they conform to selection criteria.” The criteria here probably include other things than physical attractiveness. It should imply their reproductive potentiality, and even their virginity.

Midwives, probably not the most prestigious ones, were sometime assistants to coroners working for the magistrate. Their service was required whenever unnatural deaths of women were involved. They were to check the sexual parts of female corpses to see if sexual crime was involved, or if the women were pregnant etc. Midwives’ constant involvement with female sexual bodies gave them a certain subversive power, making them susceptible to accusations of intrigues, and sometimes consolidating their image as polluted social beings. Like the French “matrone,” the

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24 Ibid. 16: 441 (on childbirth preparations), 17: 458 (on difficult births), 18: 496 (on postnatal problems).
25 Ibid. 17: 498. The midwife told the writer that cold water mixed with vinegar could be sprayed on the mother’s face. After three sprays, the rectum would return to its normal position.
26 Leung 1984: 59-60 quoting Chang Ts’un-sheng (1156-1229); Furth 1995.
27 Laget 1982: 206; also pp. 206-207 on list of accusations made to French “matrones” which could be applied systematically to the Chinese midwife.
28 Feng Meng-lung, “Ch’ien hsiu-su’sai” (Scholar Ch’ien) in Huang-shih heng-yen (Eternal words to awaken the world), 7: 148. The story goes on to tell that “in no time, the midwife reported to the magistrate that Miss Kao was indeed a virgin, her body was unspilled.”
29 Huang Liu-hung, Fu-hui ch’ien-shu (Complete book concerning happiness and benevolence) 18:2a; 18:2b.
30 Shen Pung, Wan-shu tso-chi (Miscellaneous recollections of Peking) 84.
31 Huang Liu-hung, op.cit. 16:2a.
role of the Chinese midwife “dépasse en effet largement le domaine des couches. Il arrive qu’elle soigne les hommes et soulage les bêtes. Mais on la voit aussi procéder à la toilette des morts...La “femme qui aide” tient donc les deux extrémités de toute existence...Le curé...l’accuse volontiers d’user de magie, la soupçonne même parfois d’être quelque peu sorcière...” This image cannot be closer to the one of the Chinese midwife.

However, despite these negative aspects of the image of the midwife, she remained unchallenged as THE professional in child-delivery. Chinese male doctors never managed, like their European counterparts, to do in the era of the Enlightenment, to take over her responsibility. Words of distrust, suspicion, and contempt towards the midwives continued to be pronounced, but the midwife continued her trade just as before, perfectly aware of her indispensability. There was a considerable gap between the rhetoric against midwives and their real social role and importance.

A closer look at various texts may give us this other side of the picture. Despite the stereotypical image moralists made of her, or the disgrace medical orthodoxy threw upon her, the midwife remained irreplaceable, for families of all social classes, unless there was an emergency (in such case, a well-to-do family would call upon a male doctor). She was also a source of precious information to male doctors. She sometimes acquired prestige, wealth, and thus a respectable social position through her trade.

First of all, male doctors, in fact, recognized the competence of good midwives. Most made a clear distinction between experienced and skilled midwives from reckless ones. One of the numerous doctors who did so was Yü T’uan (1438–1517), who recommended that families should employ elderly midwives “with good knowledge,” implying that they were quite accessible. More important still, male doctors continued to consider experienced midwives a precious source of knowledge. The famous Ming doctor Hsieh Chi (1487–1559), who annotated Ch’en T’au-ming’s classic, often showed his professional respect to midwives. He “fre-quently inquired midwives” on effective ways to deal with various post-natal maladies of the mother: the belated ejection of the placenta, abdominal pain etc.” 35 Hsieh’s frequent contact with midwives also made him their confidant: they told him about their personal experiences in the profession, which he noted in his writings. He had even personally attended to a difficult delivery of a midwife’s daughter whom he described as “hard-working, trustworthy, and with heavy responsibilities,” and saved her life. 36 Another Ming doctor Wu Chih-wang (7–1629) also admitted that for the problem of the depletion of ch’i by laboring women, he had enquired a number of midwives who gave him useful tips. 37

Another famous Ming doctor Wan Ch’uan (ca.1495-ca.1580) wrote also that “As for breach births, transverse presentations, and rear-facing heads, these are extremely dangerous. If this happens only a good midwife may be able to manage it safely; it is beyond the power of the doctors’ medicine.” 38 It is very likely that in a system where most male doctors did not themselves practice child delivery, their writings on the subject were based mostly on the experience communicated to them by midwives with whom they were acquainted.

Second, midwives who had acquired a certain fame in the profession were respectable figures in their communities. In eighteenth century Yangchow, a certain Madam Wang named her place of business as shou-sheng t’ang (Hall of Delivery), a well known local address. This lady in her sixties was known for her outstanding skill and for her reissuing for publication of the popular book on obstetrics, Ta-sheng pien (Text on Successful Childbirth). 39 Reprinting this early Ch’ing text written in the vernacular

35 Ch’en T’au-ming, op.cit. 18: 488-487. The midwives advised him to use a i-mo ch’i suan (gills made from Benefitting-Mother herbs).
36 Ch’en T’au-ming, op.cit. 17: 454, example quoted in details by Furch 1995. About his saving the midwife’s daughter: he correctly diagnosed that her baby was dead inside her. He prescribed her medicine and saved her life, 17: 469.
37 Wu Chih-wang, Ch’ien kung-mu (The basic principles for nourishing the yin) 11:48. For other examples of doctors praising midwives, see Furch 1995: 26-27.
39 Li T’eu, Yangchow hua-feng lu (Records on the pleasure boats of Yangzhou), 1795, 9:25a.

There are many popular editions of Ta-sheng pien (sometimes written as Ta-sheng pien), believed to be first published in 1715. The one consulted for this
ular language (which made it extremely handy not only for the professional but also for the family), was certainly regarded as a benevolent act of the time, all the more so for Madam Wang as it contained a stereotypical and denigrating passage on midwives. This demonstrates her spirit of enterprise and extraordinary confidence in her metier. As late as the last years of Ch’ing rule, we still find extremely popular midwives in major cities. A Peking literatus, typical of those regarding midwives as ignorant and ruthless, observed that some Peking midwives, locally called lao-lao, “...even though not even having read the Ta-sheng pi’en,” were “entrusted as gods by the common stupid people.” From Madam Kao of Liao Peking, to Madam Wang of Ch’ing Yangchow, we may see, then, an uninterrupted and respectable tradition of midwifery, trusted above all by well-to-do city-dwellers, reputable doctors, or even by the court.

The needs of the imperial households was indeed one factor in maintaining this tradition at the highest level. Victoria Cass’s study, the first to look at midwives, female healers, and wet-nurses summoned to the Ming imperial household, provides us with the general picture of the selection of these women to serve in the palace. The Ming official Shen Pang (1550-96) in his Wan-shu tsa-chi (1599) told us that imperial midwives were selected among those who practiced in the capital. “When the Internal Chamber is expecting a happy event (childbirth), the mostexpen-

43 Shen Pang, Wan-shu tsa-chi, op. cit. 84; my own translation. Cass also translated the same passage, but her interpretation is slightly different from mine, see Cass 1986: 239.

44 Yuán Mei, “Hung hsin ch’ihsi” (New sequel to entertaining stories), in Su-yüan ch’ien-chi, 9:3a. The story tells about how A Feng successfully delivered the child of a local god.


46 Tao Tsung-l, Ch’eng lu, 14:12a-b.

47 This idiom is recorded in both Ch’ien Ta-hsin’s (1728-1804) Heng yin lu
The "official" image of midwives emerging since the fourteenth century, as expressed in writings by Neo-Confucian moralists and in certain popular stories, mingled with that of the other categories of elderly professional women, was therefore quite distant from the real role many of them played, and the general way they were considered by society.

2.2. Female Healers

2.2.1. Until the Sung period

Female healers also had a long history. We know that as early as the early Han period, female healers were summoned to the court to care for empresses and princesses. During the reign of Emperor Hsiian (73 BC–49 BC), for example, Ch'un-yü Yen, personal female doctor to the ailing Empress, was implicated in a plot of murdering the latter. Pao Ch'ien-kuang (ca. 309–363), wife of the well-known Taoist Ko Hung, was also a famous alchemist and healer. We will see that this tradition continued well into the Ch'ing period. We obtain information on early female healers mostly from local gazetteers and literati writings. In the Sung-Liao-Chin-Yüan period, many of them were recorded as Taoist healers, or even immortals. The influence of Taoism on the development of medicine is an important subject on which we know still too little. The emergence of Taoist women healers in this period was just the tip of the iceberg.

Contrary to midwives whose reputation was based essentially on their experience, the reputation of female healers was more often based on specialized skill or prescriptions. The way they obtained those skills or prescriptions was often mystified: a gift from an immortal, bestowed by a god etc. A typical example is Ma Shou-ming, a young girl from a common family of Yung-ho in Shansi of the Chin period. She became a disciple of the Taoist nun Chang Miao-ch'i'ing after the death of her parents. Among the many miracles she performed was healing by blowing air onto the patient. Other accounts of similar healers can be found in the above mentioned collection of extraordinary stories of the Sung scholar Hung Mai, I-chien chih. One of them was Wu Yuan-chao, also from an ordinary family, from Hui-chi, who was later to become an immortal. She was said to have obtained special blessings from the gods and was sent to earth to heal the sick. She was said to be particularly good at massage.

Another woman called the young Madam Chang (Chang hsiao-niang-tzu) was said to be good at operating on carbuncles and furuncles, with prescriptions bestowed by yet another immortal. A shaman healer from K'ai-feng, the capital of the Northern Sung, née Chang, was famous for her skill in moxibustion and acupuncture. Many such examples could be found in writings by literati, and gazetteers etc.

In this period when Neo-Confucianism had not yet become as dominant as in the Ming-Ch'ing period, not only were women healers often described with supranatural power, even male doctors were sometimes said to have been aided by immortals. A Northern Sung Ch'i'en-t'ang fu-k'o specialist by the name of Kuo Chao-ch'en was said to have become a famous doctor because an immortal had left him three peony flowers with thirteen prescriptions on women's illnesses. With these prescriptions, later called "peony prescriptions," the Kuo lineage became specialized in fu-k'o for several generations. One of their women, née Feng, even became the personal doctor of the Empress in the early Southern Sung years, and received imperial honors.

Besides these Taoist female healers who were recorded with admiration, we have occasional matriarchs of medical lineages who started the family trade. Another Kuo family of the Chin-hua county of the Northern Sung began to specialize in fu-k'o as their matriarch née Wang, also a doctor serving the imperial household as a specialist of female illnesses, started the practice. Not later than the Chin-Yüan transition, we begin to see

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50 Shanshi t'ung-chih (General gazetteer of Shansi) 161: 11114.
51 Hung Mai, I-chien chih, op.cit. ting/14: 1a-b.
53 Chang Hsiao-fu, Chiang Lin-chi ta-chih (Miscellaneous writings of Chiang Hsiao-fu), in Pin-hsi vol. 15: 24b-25a. Chang was also said to be skilled in exorcism.
54 Chieh-ch'ang t'ung-chih (General Gazetteer of Chekiang) 196: 3a-b.
55 Chekiang t'ung-chih, op.cit. 1971:4b; Lin Hsi, hsien-chih (Gazetteer of Lihai) 5:1.
women doctors known as mui being called upon by well-to-do families for healing various illnesses.\footnote{A case is recorded by the famous Yüan doctor Luo Tien\v y (ca. 1290-1290) in his \textit{Wei-sheng pu-chien} (Precious mirror for a healthy living), 84: 3b. A woman doctor was called upon by the family of a prefect to treat his son of thirteen sui. Though Luo recorded an erroneous treatment by the female doctor, it nonetheless shows that women doctors were common.}

Before Ming times, when the training of medical practitioners was often shrouded with myths, and when their reputation was enhanced if they were linked with Taoist practice, female healers seemed to enjoy a certain social prestige and had a reasonably large margin of activity. Those who were from common families seemed to specialize more in manual medical skills such as acupuncture, moxibustion, and operations on skin diseases, whereas those from larger lineages with possible connections to the imperial household were systematically specialists of fu-k'\i, women's illnesses. But whatever their specialties, they were not described then as unwelcome intruders into a male sphere of activities.

2.2.4. Ming-Ch'ing

The tradition of popular female healers continued well into the Ming-Ch'ing period, but as is the case of their male counterparts, these women were increasingly deprived of their Taoist colours. Criticisms of them were also more frequent and increasingly severe, "There are many fools and idiots in the world who entrust the lives of their wives and concubines, sons and daughters, into the hands of 'medical women.'" Myriads are damaged by their treatments. Even males who doctor for a living are often ignorant quacks. How much more is this the case with women whose eyes cannot recognize the simplest ideograph and whose hands are ignorant of pulse diagnosis...[Dark and hidden [sexual arts?] there is nothing they won't do. This is why our forebears in composing household admonitions warned that the 'six kinds of old women' should not enter the gates."\footnote{Furth 1995: 23, quoting Hsiao Ching, an early-seventeenth century physician from Fukien.}

Despite countless warnings of the kind, however, the market for female doctors remained considerable. On the highest level, i.e. the imperial court, the need for female doctors was just as great for midwives and wet-nurses. Of these three types of women (san p'o) serving the Ming court, the female doctors were obviously the most prestigious. These i-p'o were those accomplished in "prescribing and pulse lore." They were first nominated by district governments, then chosen by the Court. Those selected would consider it a great honour. The same Shen Pang who recorded this system told us about a young woman of about fifteen or sixteen who, on an oral examination of her medical knowledge, responded brilliantly. "She could not have been surpassed by the great specialists in prescription and syphilology." Shen went on to say that it was customary for these women to be drilled regularly on medicine so as to be prepared for the job.\footnote{Cass 1986: 237, I do not agree with some of Cass' translations of the original text. Shen Pang, op.cit., 83.}

Such an extraordinary job opportunity was not entirely reserved for women living in the capital; provincial women doctors who had good reputations could also be summoned to the court. The wife of a famous early fifteenth-century doctor in Wu-hsi, H\ï- Meng-chung, née Lu, was such a woman. She served in the court till her old age. Only then was she sent home with sumptuous gifts from the royal family.\footnote{Shen-chih Ch'un-hsi Associate-chih (Gazetteer of the districts of Wu-hsi and Chii-k' uii) 26:20b. Her husband's name was H\ï- Meng-chung.} Otherwise, at least in certain regions of China where women were probably more educated than elsewhere, we see women doctors actively exercising their profession.

In Anhui, the birth place of an increasing number of famous doctors from the mid-Ming period onward, women of certain medical lineages also became professional doctors in their own right. This is true particularly of a Ch'eng family of the fifteenth and sixteenth centuries. A Madam Ch'eng, née Chiang, became a reputed pediatrician after her husband. She could even perform operations. Her daughter-in-law, née Fang, equally became a famous doctor, "more so than her husband." She was such a famous pediatrician that those who came to see her always filled the house, and it is said that every year she cured no less than a thousand patients.\footnote{Chung-chi Jen-men 1888: 601, 72.}

Possibly lower on the social scale, we have individual "women doctors" (mandi) who did not have strong lineage backing, but who apparently exercised their trade quite openly and with some suc-
cess. We know next to nothing about their social background, nor about their training. Even their names were usually unknown. Fortunately some male doctors recorded some of their activities which allow us to paint a vague picture of them.

From the case book of the famous Anhui doctor of the mid-Ming period, Sun I-k’ui (sixteenth century), we may have a glimpse of these female medical practitioners. One of Sun’s patients, a woman of twenty-five years suffered from syncope and convulsions of the limbs after a difficult birth and the death of a child. She trusted a woman doctor who gave her ginseng and other strong replenishers mixed with porridge, which, according to Sun, was the cause of her convulsions. He made her vomit the porridge to stop the convulsions, but the woman doctor kept on giving her the same medicines that produced phlegm in her chest. Sun recorded that he finally cured her by eliminating the medicine given by the rival woman doctor by prescribing large quantity of hawthorn, then replenishers with blood tonics.61

In another case Sun had to compete with another woman doctor even over a man patient. A young man who had had syphilis fell ill after failing an examination for a bureaucratic position. Suffering from acrobatic kidney pain, coughing incessantly, and losing weight, he was diagnosed differently by different doctors. A woman doctor trusted by the impatient family (Sun observed that this family wanted to see quick results, hsi-su-shiao), gave him dried glauber’s salt (hsüan-ming fen) for his constipation, but it only increased his kidney pain. Once again Sun told us that he had to make up for the error of the woman doctor.62

Another woman patient he treated in Ihsing had syncope and cold limbs when she was in rage, and developed nodes on the neck (hao-li). She used to take herbs prescribed by female doctors and other “poisonous” medicines given by “specialists.” Sun said he had to prescribe carminatives (for regulating the flow of vital energy) and blood regulating drug to cure the woman.63

Sun’s descriptions of his experience as a doctor in the Lower Yangtze region not only revealed the popularity of female doctors, but also the influence of female family members in the choice of doctor. The lengthy description of the case of an elderly gen-

try lady showed that not only Sun, but male members of the family had to fight with their women in choosing the right doctor. The women preferred a doctor Wang specialized in nü-k’o (gynecology). According to Sun, who had a particular dislike for chuank’o (specialist) doctors, this nü-k’o specialist kept on prescribing “cold” medicines increasing the pain of the patient. But since the specialist had the complete trust of the young women of the family, male members of the family, who sided with Sun, had to bypass him by keeping him in service (in order to pacify the women members of the family), while preventing the old lady from taking the medicines he prescribed. Finally, according to Sun, the old lady was cured after taking the replenishers he prescribed.64

Sun’s case stories reveal that certain female doctors were extremely competitive, at least in the Lower Yangtze region. Families entrusted them not only with their female members, but occasionally with their male members as well. Their influence was probably strengthened by the fact that the choice of doctors in a family was sometimes in the hands of the women, especially when the sick person was a woman or a child.

On a more popular level, we continue to have a large spectrum of women healers who did acupuncture, moxibustion, small eye or skin operations, continuing a long tradition that began not later than the Sung.65 Women who combined their healing skills with magic and incantation could sometimes acquire tremendous social influence. Using legal archival materials, Paola Paderni tells the story of a sorceress-healer Sun who became famous for her healing power by 1729 at the age of 34 in her own and nearby villages in the district of Heng-shui of Chih-li province. Not only did she earn fame from so doing, she was also able to support herself and her family by healing.66

Another woman shaman healer called Chang, née Li, in Shun-i became famous by performing miraculous healing in the late-eighteenth century. Consequently, even “women of mandarin families fought to invite her.” Her admirers ended up finding her a place in a Buddhist temple and worshipping her as a

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61 Sun Wen-yuen Fan (Medical cases of Sun I-k’ui), in IHTC 2:27-28.
62 Ibid. 2:37-38.
63 Ibid. 5:17.
64 Ibid. 4:30-41.
65 Charlotte Furth gives a number of examples of such healers in the Ming. See Furth 1995: 13-14.
66 Paderni [infra].
Buddha. She attracted such big crowds in the years 1785-1786 that the government, feeling threatened, arrested and executed her to cool down the heat. Though mostly unrecorded, stories of such women healers must have abounded in all parts of China, and have survived until today. The stereotype of female healers that Neo-Confucian moralists and some male doctors portrayed in their writings did not account for the wide range of active female medical practitioners and their real social importance. This stereotype, however, created an illusion that all female healers should and could be controlled according to standards set by the medical orthodoxy.

3. To Control Female Medical Practitioners

Among Confucian moralists, orthodox medical professionals, there was indeed an increasing feeling that in order to safeguard lives, there was a need to control and supervise midwives and other female healers. The administrators contemplated bureaucratic means that were difficult to apply. A greater supervision was, as usual, more feasible inside gentry families and lineages which increasingly monitored the medical education of their female members.

3.1. Bureaucratic Control

Attention was paid especially to midwives and shaman healers. Midwives were often linked to immoral conduct like abortion or infanticide. This again was not unique in China. As in late nineteenth-century America, "controlling midwives seemed to be the answer to an array of perceived social problems." For medical practitioners like Sun I-kui, doctors of limited learning and experience, and particularly female practitioners, were the cause of many unnecessary deaths and suffering. For the concerned late Ming official Lü K'un (1536-1618), a stricter control over these beings was essential to safeguard lives in a community.

Whereas in western Europe, under the corporate pressure of male doctors, female professional doctors, healers, and traditional "matrones" gradually disappeared after the fourteenth century, Chinese female doctors and midwives, as we have just seen, continued to thrive. Their existence differentiates Chinese society from the West. To exclude the "others," European male doctors systematically acquired and successfully applied special tools: the strong medical corps, the all-male-dominated university where medical orthodoxy was constructed, transmitted, and reinforced, combined with an increasingly strong centralized state. In contrast, in China, such tools were neither available nor conceivable in the existing socio-intellectual structure. To eager reformers, correction had to be thought out otherwise.

By late Ming times, government medical institutions had greatly declined. Lü K'un complained that the local medical bureau (i-hsiêh) had completely lost its original functions, that officials who staffed the bureau knew nothing about medicine and spent their time running futile bureaucratic errands. He estimated that this absence of supervision and control was the cause of the presence of a great number of reckless and ignorant charlatans and women healers. He inevitably picked up the stereotype of women healers of the time, "women shaman healers treat especially women and children. They do not know a single thing but are extremely trusted. There would be two or three [out of ten] lucky few [treated by them] who survive [their treatment], but [more usually] they erroneously kill four or five out of the ten they treat." As for female doctors, "they know nothing except purchasing adulterated pills and powder from charlatans. They never enquire about the illness [before they give the medicine]. Women and children are usually first treated by these...As for midwives, they have no expertise; those who treat smallpox and measles only pierce with needles and how many lives have they wasted!" He was scandalized at the fact that these women were so trusted, and that they risked no punishment for erroneous treatments that caused death.

Lü K'un saw the solution of the problem in the reform of the local medical administration that he described in a text called Chen-chü i-hsiêh (To revive the medical bureau). There were

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70 Leung 1987.
72 Ibid. 2:47a-55a.

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67 Chao Lien, Hsiao-ting shu-lu (Miscellaneous records of Chao Lien) 7:19a.
two main aspects in his proposed reforms: to increase public health resources and to improve the quality of doctors. The latter involved an increased control of all practitioners, especially female healers. He suggested, first of all, a more consistent budget for the local khsieh (from twenty taels to forty taels according to the size of the district). This sum should finance the training of local doctors, and the fabrication of medicines for local officials. Of these, he was particularly concerned about medical training. He urged the appointment of learned and experienced doctors to train and supervise new doctors. The trainees would be asked to learn one or two medical classics by heart. Their progress would be monitored regularly by the supervisor who would require them to recite from memory certain passages each month. They were allowed to treat patients under the supervision of the administering doctor only after they had learned at least one classic entirely by heart. The patients would fill in the case book of the notice who had treated them. This case book would be reviewed yearly, and he who cured more than at least thirty would be awarded.

Female practitioners, on the other hand, should undergo another kind of control according to Lü’s reforms. He perceived these women as limited intellectually and unable to learn classics. Male medical administrators were first, to rewrite basic medical methods into easy verses, which they would teach their wives; and second, they were also to teach their wives the basics of obstetrics, regulation of menstruation, smallpox and measles treatments, and remedies for infant “fright” symptoms. The wives would in turn teach these basic skills which would serve a woman doctor most crucially. Should any woman healer practice without having been duly trained, her husband would be punished heavily, and the woman would be beaten and banished. A notice prohibiting the most incompetent healers, male and female alike, to practice would be put up in all villages and districts nearby and afar.73

It is obvious that Lü K’un considered midwives, and shaman healers as one sub-category of medical practitioners that required a different kind of training and supervision. They were only worthy of a “second-hand,” and simplified instruction given by doctors’ wives, as male doctors would probably be too impatient to deal with these women, and a large part of medical knowledge was deemed unnecessary for them. On the other hand, the danger these women could bring to the community was believed to be so great that punishment for misconduct was also particularly severe, affecting even their family. But Lü K’un’s proposed reforms, which had fallen on deaf ears, reflected also the acceptance of these women as part of the medical institution. They were seen as specialists of illnesses of women and children whose skills and morality could be improved with some extra supervision. Lü never considered the idea of banning these professionals from society.

Lü K’un’s acceptance of women in the medical system was particularly clear in another clause of the proposed reform: the appointed local medical administrator should “order all medical practitioners exercising their trade in his jurisdiction, men and women alike (my own emphasis), to undergo an examination. Each chooses a specialty. [They] should be divided into three categories [according to their results]. [Those belonging to the] first one could be given a proper medical training; those of the middle category, hardly literate, should be taught only to memorize individual prescriptions; those of the last category should only be allowed to sell medicines, but forbidden to treat people.”74

Obviously, Lü K’un, better informed than the average moralist and not deafened by the sanku liu-p’o rhetoric, recognized a separate category of female practitioners, different from midwives and shaman healers, who could be controlled similarly as their male counterparts. But as Lü K’un’s suggestions were never taken seriously by the court, there had been no tightened control over any category of healers or doctors. During this time of bureaucratic laxity, not only were female healers not banned, a new category of female medical practitioners also appeared: doctors who could write medical books in the orthodox tradition, and who were trained essentially by their families.

3.2. Family and Lineage Instruction

We have discussed competent women doctors who served the court since very early times, as well as those who started medical lineages. But it was only since the Ming era that women authors

73 Ibid. 52b; 6 hsin: 27a-28a.

74 Ibid. 60 hsin: 28a.
of medical books are known to us. This was very probably a result of the increasing importance of women’s education in lineages and the booming publishing industry, especially in the Lower Yangtze region, where the phenomenon of female authors was most distinct.75

These women medical writers, exceptional in China, had counterparts in Western Europe after the sixteenth century, where medical education for females was reserved in the private sphere. Like those works written by European women doctors in the modern period, Chinese female medical writings often revealed that daughters learned their knowledge from their mothers or grandmothers. “Learning about medicine and cures was a normal part of the upbringing of young girls of noble birth.”76 But similarly, both Chinese and European female healers of the upper classes were barred from exercising their knowledge publicly.

One such example was the Ming female doctor T’an Yün-hsien (1461-1554) about whom Charlotte Furth will write at length. Yün-hsien, coming from a literati’s family in Wu-hsi, learned medicine from her grandmother as a young girl. She later became a favored doctor for the women members of her community, “who loathe being treated by a man.” In her fifties, she ordered her son to copy her medical writings and had them published under the title of Nü-i tso-yan (Sayings of a woman doctor).77

The medical training of daughters in scholarly lineages in the Ming-Ch’ing period was likely to be much more common than one may have thought, as literary and medical learning were traditionally seen as two compatible intellectual pursuits. The pedagogic method used was similarly to the one Lü K’un suggested for the training of midwives and shaman healers. The late Ch’ing salt commissioner of Chiangnan Hsieh Yüan-fu provided us with a good example with his book Hsin-nü i-hsiêh (Medical learning for teaching daughters), compiled in 1892. In the preface, Hsieh told the readers that people should teach their daughters “useful” knowledge. Medicine was the most useful of all subjects as the girl was to become a wife and a mother in the future, caring for her husband and children. In the book he copied, in big characters, simple and rhythmic verses written by famous doctors for the popularization of basic medical principles. From the way the book was conceived, Hsieh’s daughter was obviously asked to copy the verses regularly and to memorize them by heart. Whereas the ideas of Lü K’un failed to achieve public reform, the goals of Hsieh fairly easily succeeded within the framework of the literati family.

No wonder then that we will see more information about medical women writers in the later imperial period. One outstanding example was Tseng I (1853-1917) of Szechwan province. Her parents were from famous lineages of scholars and she herself proved a versatile talent, well versed in history, poetry, and, medical studies. After her father’s death, she studied medical books kept in her mother’s home, and became an authority in her own rights. Among the many books she wrote was I-hsiêh p’ien (Book on medicine) (1907), in which she claimed her loyalty to the medical tradition of Chang Chung-ching, and the great masters of the Sung-Chin-Yüan periods.78 T’an and Tseng unquestionably strived to be recognized as belonging to the medical orthodoxy, like respected mainstream Confucian doctors, and they were two of the exceptional success stories.

Lü K’un and other Confucian moralists could not have imagined better models for women medical professionals than T’an and Tseng, typical and exclusive products of gentry lineages, as no public institution for their medical training was conceivable.79

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75 A detailed discussion on women literary writers and commercial publishing in seventeenth century can be found in Ko 1994: chapter 1.
76 See Bourdillon 1988: 16-17. She mentions women authors of medical works like Hannah Wolley who wrote a book on diet and medicine for women in 1674 which was translated into German.
78 Unlike T’an, Tseng lived in a period of great political and cultural change. In her other works like Ma-yü-shu p’ien (Book on studies for women), also published in 1907, she wrote about equal rights of men and women, advocated education for women etc.
79 It was only during the very late Ch’ing period that we begin to see women doctors of the orthodox tradition being trained outside the lineage. Ma Shuchün (1879-) from Wu-hsi was an exception. She studied with a famous paediatrician and became a specialist herself, practicing in Wu-hsi and nearby big cities. She was also the author of several books which combined newly imported Western medical knowledge with tradition Chinese massage technique. See “Chiangsu nü chung-i—Ma Yü-shu” (Ma Yü-shu, the Chinese woman doctor of traditional medicine of Jiangsu province) in Hsin-hua jih-pao 20 August, 1961.
Conclusion

Despite some similarities in the prejudices against midwives and women doctors in traditional Chinese and Western societies, premodern Chinese society had in fact a much larger margin for the activities of these female professionals.

Before the twelfth century, there was no apparent resentment against midwives and female healers of any kind. It was only after the twelfth century that a growing mistrust towards these professional women began to be registered. The rhetoric against them and other religious women originated during a particular conjuncture: the maturation of the medical orthodoxy, which tended to exclude female practitioners, and the rise of Neo-Confucianism in the twelfth century, hostile to public women. This rhetoric grew stronger after the fourteenth century, during the Ming-Ch'ing period, when Neo-Confucianism accumulated a firmer grip on society and the medical orthodoxy became more consolidated. Charlotte Furth's recent study illustrates clearly this development.

However, ideology and social realities did not match. Various female medical practitioners and midwives in fact continued without much difficulty their ancient tradition of healing and child delivery well into the late imperial period. Many obtained social fame and wealth through exercising their profession. The best of them even earned recognition from established male doctors. No concrete social nor institutional changes that would affect their activities occurred after the twelfth century. The persistent segregation of the sexes as a result of the dominance of Neo-Confucian ideology in fact favored their continued presence.

The need for their service was well reflected in the abortive attempts proposed by bureaucrats and other doctors to supervise them. The futile call for better training of midwives and shaman healers revealed the fact that they were actually considered indispensable and quite uncontrollable. The model of the literate female doctor learned in the orthodox medical tradition could only be fabricated in the specific context of the gentry family, in a relatively late period of strong Neo-Confucian influence. The power of these rare female Confucian doctors, however, was restricted in their lineages. The popularization of this model, however, became possible at the end of the imperial period. The continued presence over the centuries of a large range of female medical practitioners in Chinese society might have contributed to this transition.

Glossary

A Feng 阿鳳
ch' an-k'o 異科
ch' an-p'o 離婆
ch' an-shih k'an-sheng jen 產時催生人
Chang Chun-ch'ing 張仲景
Chang hsiao-niang-tzu 張小娘子
Chang Miao-ch'ing 張妙清
Chang Tsung-ch'eng 張從正
Chao Shih-wu s'ao 趙十五嫂
Ch'en Tsu-ming 陳自明
Ch'en-chi-i-hsiieh 振擘醫學
ch'i 氣
Chia-fan 家範
Chia-hsing 嘉興
Ch'ien-t'ang 鋼塘
Chin-hua 金華
chiu-fu 仇福
cho-k'eng tu 素耕錄
chu-ch' uan 助產
Chu Tuan-chang 朱端章
Chu-ch' o 鄭州
chuan-k' o 專科
Ch' un-yü Yen 憲于衍
Feng Meng-lung 憲于衍
Fu-jen liang-fang 婦人良方
fu-k'o 婦科
hsi-su-hsiao 喜速效
Hai Ching 薜京
Haieh Yüan-fu 謝元福
Haung Tsung-li 韓宗立
Hsü Meng-jung 徐孟容
Hsü Yuan-jui 徐元瑞
Paderni, Paola. [infra], “Between Constraints and Opportunities: Widows, Witches, and Shrews in Eighteenth-century China.”