

RECENT TRENDS IN THE STUDY OF MEDICINE FOR WOMEN IN IMPERIAL CHINA

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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 *nike xue* 女科學 (learning on medicine for women), from Tang dynasty Zan Yin 詹殷 (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 *fuke* 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

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.³ 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.⁴ 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.⁵ 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 *Nan Nü* issue clearly shows this trend. A major landmark in this recent and exciting development is obviously Charlotte Furth's groundbreaking 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

¹ Xie Liheng 謝利恆 (Xie Guan 謝觀), *Zhongguo yixue yuanyuan 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: Hebei kexue jishu chubanshe, 1990), 187-90.

² Xie Liheng, *Zhongguo yixue yuanyuan lun*, 38-39; Zhao Pushan, *Zhongguo gudai yixue*, 132-34.

³ Anonymous, *Zhongguo yiyao shihua* 中國醫藥史話 (Taipei: Mingwen shuju, 1983), 248-49.

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

⁶ Furth admits in the introduction (p. 4) that her book was inspired by works by these two scholars and by Roy Porter ed., *Patients and Practitioners: Lay Perception of Medicine in Pre-Industrial Societies*. (Cambridge: Cambridge University Press, 1985). In terms of discourse analysis, the works of Duden and Laqueur seem to have greater influence on this book. See Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-century Germany* (Cambridge, Mass.: Harvard University Press, 1991); Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard University Press, 1990).

conclusion by studying the cases of the early doctor Chunyu Yi 淳于意 (third century BC) described in the *Shiji* 史記—that there was a lack of emphasis on sexual difference in his medical diagnoses.⁷ 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

⁷ Lisa Raphals, "The Treatment of Women in a Second-century Medical Case-book," *Chinese Science* 15 (1998): 7-23.

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* 養生 discourse.⁸ 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.

⁸ 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" 漢唐之間求子醫方試探—兼論婦科濫觴與性別論述, 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

⁹ Lee Jen-der, "Han-Tang zhijian qiuzi yifang shitan jianlun fuke lanshang yu xingbie lunshu", *Bulletin of the Institute of History and Philology, Academia Sinica* 中央研究院歷史語言研究所集刊 68.2 (1997): 283-367.

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."¹⁰ A key question is therefore whether Song *fuke* was truly a different paradigm from the "early *fuke*" in the Tang,¹¹ 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* 雜病) 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.¹² 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.¹³ 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* 督脈 (superintendent channel, or central vessel) as described in the *Inner Canon*, especially its role in the early art of "nourishing life."¹⁴ While it is still unclear how Li's point will engage with Furth's idea of the androgynous body, one

¹⁰ Lee, "Han-Tang zhijian qiuzi," 316.

¹¹ This is the term used by Furth, *A Flourishing Yin*, 64.

¹² Furth, *A Flourishing Yin*, 166-68.

¹³ Another argument proposed by Furth on the question of gendering is based on the bodily technique of "nourishing life" by inner alchemy, *neidan* 內丹, analyzed in Ch. 6.

¹⁴ Li Jianmin, "Dumai yu Zhongguo zaoqi yangsheng shijian: qi jing ba mai di xin yanjiu zhi er" 督脈與中國早期養生實踐：奇經八脈的新研究之二, *Bulletin of the Institute of History and Philology, Academia Sinica* 76.2 (2005):249-314.

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.¹⁵ 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."¹⁶ For instance, while parts of the female body could be used as ingredients in drugs in the pharmacopeia, the presence of women was forbidden in the drug-making process because the female body was considered to be naturally polluting and taboo.

¹⁵ Besides her article in this issue, the above-mentioned 1997 article quoted by Furth (See note 9), and her other paper published in this journal, "Wet Nurses in Early Imperial China," *Nan Nü* 2.1 (2000):1-39 (translated from "Han-Wei Liuchao di rumu" 漢魏六朝的乳母, *Bulletin of the Institute of History and Philology, Academia Sinica* 70.2 (1999):439-81, her other papers are: 1) "Han-Sui zhijian di shengzi buju wenti" 漢隋之間的生子不舉問題, *Bulletin of the Institute of History and Philology, Academia Sinica* 66.3 (1995):747-812; 2) "Han-Tang zhijian di nüxing yiliao zhaogu zhe" 漢唐之間的女性醫療照顧者, *Taida lishi xuebao* 台大歷史學報23 (1999):123-56; 3) "Han-Tang zhijian yifang zhong di ji jian furen yu nüti wei yao" 漢唐之間醫方中的忌見婦人與女體為藥, *Xinshixue* 新史學 (Taipei), 13.4 (2002):1-36; 4) "Han-Tang zhijian jiating zhong di jiankang zhaogu yu xingbie" 漢唐之間家庭中的健康照顧與性別 in *Gender and Medical History: Papers From the Third International Conference on Sinology, History Section* 第三屆國際漢學會議論文集—性別與醫療-歷史組, edited by K. W. Huang 黃克武, (Academia Sinica: Institute of Modern History (2003), 1-50; 5) "Tangdai di xingbie yu yiliao" 唐代的性別與醫療, *Tang-Song nüxing yu shehui* 唐宋女性與社會, in Deng Xiaonan 鄧小南, ed. (Shanghai: Shanghai Cishu chubanshe, 2003), 415-46; 6) "'Ishinpo' lun 'furen zhubing suoyou' ji qi xiangguan wenti" (『醫心方』論「婦人諸病所由」及其相關問題), *Tsing Hua Journal of Chinese Studies* 清華學報 34.2 (2004): 479-511.

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."¹⁷ Wu, whose research on *Qing fuke* will soon appear in the form of a book,¹⁸ is another scholar who has made important contributions to the field of medicine and women in recent years. Specialized in Ming-Qing medicine for women, Wu has enriched our understanding of the female body as described in late imperial medical texts by focusing on its specific

¹⁷ *Nan Nü* 4.2 (2002):170-206.

¹⁸ Her article in *Late Imperial China* 21.1 (2000):41-76, "The Bamboo Grove Monastery and Popular Gynecology in Qing China," reveals some emphases of her 1992 Ph.D. dissertation: "Transmitted Secrets: The Doctors of the Lower Yangzi Region and Popular Gynecology in Late Imperial China" (Yale University) that forms the basis of her forthcoming book.

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*.¹⁹ 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.²⁰ Ko's

¹⁹ Francesca Bray, *Technology and Gender: Fabrics of Power in Late Imperial China* (Berkeley: University of California Press, 1995), 334.

²⁰ Liu Jingzhen, "Cong shun zi huai tai di baoying chuanshuo kan Song dai funü di shengyu wenti" 從損子壞胎的報應傳說看宋代婦女的生育問題, *Dalu zazhi* 大陸雜誌 90.1 (1995):24-39; Li Bozhong, "Duotai, biyun yu jueyu—Song-Yuan-

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

Ming-Qing shiji Jiang-Zhe diqu di jieyu fangfa ji qi yunong yu chuanbu" 墮胎、避孕與絕育—宋元明清時期江浙地區的節育方法及其運用與傳播 *Zhongguo xueshu* 中國學術 1 (2000):71-99.

²¹ Dorothy Ko, "The Body as Attire: The Shifting Meanings of Footbinding in 17th-Century China," *Journal of Women's History*, 8 (1997):8-27; and her more recent work, *Every Step a Lotus: Shoes for Bound Feet* (Berkeley: University of California Press, 2001).

²² Furth, *A Flourishing Yin*, 168.

²³ Li Jianmin, "Furen meidao kao: chuantong jiating di chongtu yu huajie fangshu" 「婦人媚道」考—傳統家庭的衝突與化解方術, *Xinshixue* 7.4 (1996):1-32.

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.²⁵ 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,²⁶ 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 Furth²⁷—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

²⁵ Furth, *A Flourishing Yin*, 219-20. Valussi, "Beheading the Red Dragon," Ch. 5.

²⁶ James Z. Lee and Wang Feng, *One Quarter of Humanity: Malthusian Mythology and Chinese Realities* (Cambridge, Mass.: Harvard University Press, 1999), esp. 90-99.

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.²⁸ 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 1999.²⁹ 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 2000,³⁰ 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 Oriental Society* 106 (1986): 233-40.

²⁹ Zheng Jinsheng, "Mingdai nüyi Tan Yunxian ji qi yi'an 'Nüyi zayan'" 明代女醫談允賢及其醫案『女醫雜言』 *Zhonghua yishi zazhi* 中華醫史雜誌 29.3 (1999): 153-56.

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."³¹ 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.³² 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

³¹ Zhang, *Gudai zhongyi fuchanke jibing shi* (English summary, 424).

³² Lee, "'*Ishinpo*' lun 'furen zhubing suoyou' ji qi xiangguan wenti." Readers of this *Nan Nü* issue may note that there are other acceptable spellings for Tana and his publication: Tanba, Tanba no Yasuyori, or Tamba; or *Ishinpō*, *Ishimpō*. We will use here Tana Yasuyori, *Ishinpo* throughout this issue.

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.³³ 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 石田秀實, Sakade Yoshinobu 坂出祥伸, 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.³⁶ 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.

Chinese Medicine Become Experiential? The Political Epistemology of *Jingyan*," *Positions* 10.2 (2002):334-64; and Bridie Andrews, "The Making of Modern Chinese Medicine, 1895-1937" (Ph.D. diss., Cambridge University, 1996), and her "Tuberculosis and the Assimilation of Germ Theory in China, 1895-1937," *Journal of the History of Medicine and Allied Sciences* 52 (1997):114-57.

³⁶ I can think of only two, Frank Dikotter's *Imperfect Conceptions: Medical Knowledge, Birth Defects, and Eugenics in China* (New York: Columbia University Press, 1998), and his *Sex, Culture, and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period* (Honolulu: University of Hawaii Press, 1995).