

“TEN TIMES MORE DIFFICULT TO TREAT”

FEMALE BODIES IN MEDICAL TEXTS FROM EARLY IMPERIAL CHINA<sup>1</sup>

BY

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*Abstract*

This paper examines the interpretation of female bodies by male medical authors in post-Han China, investigating medical theories and practices as reflected in the applied medical literature of “prescriptions for women.” Between the Han and Song periods, this paper argues, the negative association of the female body with the vague category of pathologies “below the girdle,” referring most notably to conditions of vaginal discharge, was replaced with a more positive focus on menstruation, which symbolized regular and predictable cycles of generativity and free flow. As male physicians came to recognize the female body as gendered and accepted the need for a specialized treatment of women, menstruation became the window through which they gained access to the hidden processes inside the female body. By “balancing/regulating the menses,” they learned to treat and prevent such dreaded chronic conditions as infertility, susceptibility to cold, or general emaciation and weakness, all which were seen as related to the female reproductive processes. Thus, the practice of menstrual regulation ultimately served to ensure female fertility and the continuation of the family line.



### *Introduction*

This article contributes to the study of women and gender in post-Han China by focusing on the female body as it was treated and interpreted in medical texts between the Han and Song periods (third to tenth centuries CE). In other words, it investigates the way in which male authors of technical medical literature dealt with the physicality of the female body and the fundamental problem of its otherness in the context of medical diagnosis and treatment.

As long as women have given birth, the female body has served as an obvious yet multidimensional source of a culture's metaphors for cosmology, creation, gender and family relations, and even politics. At the same time, medical, moral, religious, and other discourses on the female body have used it as a vehicle for expressing larger cultural values and agendas, whether consciously or not.<sup>2</sup> The direct and reciprocal relationship between conceptions of the female body and gender roles hardly needs to be stressed. Naturally, ideas about the female body are, in any culture or context, closely connected to a society's view of childbirth, since the most obvious difference between the sexes is that women give birth and men don't. But, as Thomas Laqueur pointed out in his study of reproductive biology in seventeenth-century England, "the cultural construction of the

female in relation to the male, while expressed in terms of the body's concrete realities, was more deeply grounded in assumptions about the nature of politics and society.”<sup>3</sup>

Medical discourse, in early imperial China as elsewhere, is unique in that it presumes to address the body's “concrete realities” for the sole purpose of alleviating its suffering, rather than as an indirect metaphor for cosmological, political, moral, or other themes. Thereby, it provides a window into a culture's values and ideas on the deepest level of embodiment. Recognizing the potential of the female body as both a source and a site for the expression of ideology, this article therefore approaches post-Han Chinese medical texts with the following questions: What functions of the female body did the authors consider as natural, as ideal, or as pathological, and as weakening or as strengthening for the general constitution of women? What conditions did they recognize as specifically female pathologies in need of gender-specific treatments? Or, more broadly, what aspects of the female body were regarded as specifically female and therefore as instrumental in defining and justifying male physicians' specialized approach to women's bodies? Last but not least, the question which has occupied innumerable healers and thinkers in all ages and cultures since the alleged creation of Eve out of Adam's rib: How is the female body related to the male, and implied in this, how is woman related to man?

To answer these questions, the core of this article traces the stages by which the male authors<sup>4</sup> of a technical literature of *furen fang* 婦人方 (prescriptions for women)<sup>5</sup> gradually came to conceptualize the female body as separate from the male in post-Han China. For this purpose, I will first review the medical model of androgyny by which male and female bodies were related to each other in the early Han medical classics. This

androgynous view of the human body was elaborated most succinctly in theoretical medical classics like the *Huangdi neijing* 黃帝內經 (Inner classic of the Yellow Emperor). The tight correlations and parallel functioning of human, cosmic, and political bodies in the theory of systematic correspondences from the Han dynasty on offered, in the abstractions of *yin* and *yang*, an evocative metaphor from which to interpret the difference between the sexes. Challenging the gender-neutral view of the human body in the early classics, already in the seventh century, Sun Simiao (孫思邈 581?-682) wrote in a famous collection of prescriptions that “women’s disorders are ten times more difficult to treat than men’s.”<sup>6</sup> In the two main sections of this article, I will compare and contrast the early Han theoretical model of androgyny with a clinically applied discourse on what the authors saw as the lived experience of the female body as it emerged over the following centuries in a technical literature of “prescriptions for women.” First, I will analyze the development of female pathology, as it is reflected in the categorizations and etiological interpretations of women’s conditions. Second, I will look more closely at the origin of ideas about female Blood<sup>7</sup> and menstruation.

During the Song dynasty, the recognition that women required therapeutic strategies that were categorically different from men’s resulted in the formation of a true gynecology or *fuke* 婦科. For the purposes of this article, I employ the term “gynecology” in the sense of a professionalized medical field that specializes in the treatment of women and exists separate from and in addition to obstetrics, or *chanke* 產科. In China, the key factor in this process was the realization of the central role of *xue* 血 (Blood) and, directly related to this, menstruation, in the female body, which replaced

earlier notions of women as defined by conditions of *daixia* 帶下 (below the girdle).

This innovative approach allowed for a holistic and theoretically grounded conception of the female body. It also stimulated the development of the sophisticated diagnoses, complex treatments, and preventative measures, which traditional Chinese gynecologists employ to this day.

### *Androgyny in the Chinese Medical Classics*

Any depiction of a concept as culturally inscribed, metaphorically rich, polyvalent, and yet personal as the female body is fraught with difficulties. These are only compounded by problems of translation into another language, culture, and time. At first sight, the Han-period Chinese medical classics appear to express what Lisa Raphals in her study of women in early Chinese medical literature considers a “fairly consistent rejection of sexual difference in medical diagnosis and treatment, based on *yin-yang* theories.”<sup>8</sup> Speaking for a later period and in the context of a specialized gynecological literature, Charlotte Furth, in her analysis of gender in traditional Chinese medicine between the Song and Ming periods, introduces the notion of androgyny.<sup>9</sup> Well aware of the complexity of Chinese ideas about culturally constructed gender and biologically based sex, she begins her study by creating a normative and ahistorical “Yellow Emperor’s Body” on the basis of the Han to Tang medical classics: “Unlike the Galenic human ‘one sex’ patterned on a male norm, the Yellow Emperor’s Body is more truly androgynous, balancing *yin* and *yang* functions in everyone.”<sup>10</sup> It reflects an androgynous ideal of generative power with homologous functions of *yang* essence and *yin* Blood in both sexes.

In this characterization, Furth successfully emphasizes the fluidity of Chinese conceptions of the body which, in Late Imperial times, lead, for example, to discussions on male uteruses and lactating scholars.<sup>11</sup>

Furth's application of the concept of androgyny to describe the relationship between female and male bodies in the medical classics suggests a view which differs sharply from the one discussed in the main part of this paper below, which is based on the applied literature of "prescriptions for women." The following paragraphs will therefore look more closely at the origins of this earlier paradigm of androgyny, which undoubtedly also informed the approach of the authors of the early gynecological texts treated below.

On the most general level, it is common knowledge that Chinese culture has long associated women's physical bodies, as well as such gendered personality traits as softness, receptiveness, weakness, hierarchical inferiority, and yielding, with *yin*, while masculine bodies and attributes have been associated with *yang*. In the system of correlative thinking, which originated in the third century BCE and became pervasive in all aspects of Chinese culture during the Han dynasty, *yin* and *yang* symbolized a basic duality that linked the macrocosm to all kinds of microcosms, from the universe to the body politic to the human body, in systematic, perceivable, and predictable cycles of change.<sup>12</sup> Parallel to the macrocosm, any microcosm was seen as oscillating between these two dynamic polarities in a continual and dynamic relationship, rather than as resting in absolute binary categories. As the *Dao de jing* states, "Everything embodies *yin* and embraces *yang*. Through blending these vital energies, they attain harmony."<sup>13</sup> In the practical application of this system of natural philosophy, it was the role of educated

men, whether physicians, emperors, philosophers, or astrologers, to maintain or restore a state of balance and harmony between the poles of *yin* and *yang* within a microcosm and in relation to the macrocosm.

Also—and this is significant for our understanding of early Chinese medical texts—any discourse on one of the correlated microcosms functioned simultaneously as a statement of cosmological and political significance. Natural philosophers, scientists and other technical specialists were sought-after visitors at the feudal and then imperial courts of the Warring States and Han periods because of their insights into a particular microcosm and therefore, by logical extension, into the larger picture.<sup>14</sup> Continuing into the Tang dynasty, the political involvement of such medical authors as Sun Simiao provides ample proof that they were well aware of the cosmological and political implications of their theories. Thus, they studied and constructed medical discourse as just one of many avenues for the grand enterprise of “nurturing life” and based their medical practice on inspiration from intuitive insights into the macrocosm at large.

Given these added dimensions of medical texts, the interpretation of the female body and its relationship to the male body is fraught with multiple meanings. To summarize the standard view of Chinese medical theory in the early classics, physical sex is only one factor to affect the balance of *yin* and *yang* in any body. The dominance of *yin* in a female body and of *yang* in a male body is counteracted or reinforced by age (*yang* being young and *yin* being old), climate and weather (*yin* being winter/cold/wet and *yang* being summer/hot/dry), or diet, to name just a few examples. And to complicate matters further, *yin* and *yang* coexist within each body in sometimes complementary, sometimes hierarchical or encompassing pairs: For example, the

locations of inside/outside and below/above; the vital fluids Blood and *qi*, which are further differentiated into the relationship between essence and *qi* and Blood and essence; the six *yin* and six *yang* channels; and the six viscera and bowels are each associated with *yin* and *yang*, respectively. In any human body, the kidneys, associated with water among the five phases, and with generative vitality and primordial *qi*, are the most *yin* of the internal organs. They are closely linked to the genitals, often referred to, in both men and women, as *yin chu* 陰處 (*yin* place) or *yin qi* 陰器 (*yin* instruments). Both male and female bodies are marked by equivalent generative functions that are associated with the kidneys and the genitals.

The Han period medical classics like the *Huangdi neijing* and the *Nanjing* 難經 (Classic of difficult issues) already express this view of the human body, treating *yin* and *yang* primarily not as references to sexual differences, but as basic polarities to describe the correlations of any human body to the macrocosm. Regarding any difference between the sexes, the most significant reference in the *Huangdi neijing* is the account of the life cycles of male and female bodies: They differ only in the fact that women, being associated with *yin* and therefore with odd numbers, mature in multiples of seven, and men, being associated with *yang* and even numbers, mature in cycles of eight. Otherwise, men and women develop homologous bodies with equivalent functions, characterized by the rise and decline of their reproductive capacities rather than by gendered anatomical features like beards or breasts.<sup>15</sup> Another notion mentioned sporadically in the classics is the fact that female and male bodies manifest different pulses, such as, in the *Huangdi neijing*, on opposite sides of the body since *yin* is associated with right and *yang* with left,<sup>16</sup> or, in the *Nanjing*, being stronger in different locations on the wrist.<sup>17</sup> Other than

in these isolated instances, however, the human body discussed in the early theoretical literature is for the most part a sexually neutral one and can therefore truly be called “androgynous.”

Thus the Han-period classics present us with a medical paradigm in which female bodies are related to male bodies in a homologous relationship. Both sexes are seen as equally valid variations along a continuum, the ideal of which is not situated at either the male or the female pole, but at the center. As an ideal, the early classics thus construct an androgynous body which transcends sexual differentiation and embodies, in both sexes, the generative power that results from a perfect state of harmony between *yin* and *yang*. In addition, the axis of masculinity or femininity is only one of many to affect this balance and is counteracted or reinforced by others such as age, diet, lifestyle, seasons, location, and so forth. This ideal human body, which, in both sexes, contains male and female functions of generation and gestation, then becomes a powerful metaphor to describe the cosmic process of creation. Based on a linkage between human birth and cosmogenesis, the reproductive capacities of female bodies are idealized in the early philosophical, cosmological, and medical literature and extended metaphorically from female bodies not only to male bodies, but to cosmic, political, and other bodies as well.

Nonetheless, regardless of the philosophical foundations, author’s background, and intended audience of a certain medical text, medicine is always more than a theoretical exploration of macrocosmic processes at the site of the human body. As it was defined in the earliest Chinese dictionary in the second century CE, “*yi: zhi bing gong ye* 醫: 治病工也 (medicine is the skill of treating disease).”<sup>18</sup> And when early Chinese doctors were confronted with the task of treating female bodies, the clinical

realities of a body that was so obviously affected by the specifically female processes of reproduction and gestation forced them to look beyond the androgynous ideal. The realization that women did in fact suffer from conditions which were categorically different from men's thus led to the birth of gynecology. As would be expected, the technical literature of prescription collections, originating from and aimed at a concrete application in clinical practice, reflected this awareness more clearly than the theoretical treatises in which the macrocosmic significance of bodily processes was discussed.

### *Female Pathology as a Basis for Gender Difference*

In the following pages, I will introduce the reader to a very different perspective, based on sources concerned not with theoretical statements about the female body as a metaphor of cosmic creation or symbol of the balance between *yin* and *yang*, but with the embodied experience of women's suffering in medical practice. The female body described here is characterized by uncontrollable and often life-endangering leaking and flooding of vital fluids from orifices above and below, by erratic emotions and disabling dreams which fluctuate periodically, and by its openness and vulnerability to such pathogenic substances as wind, cold, and postpartum blood, in addition to chronic vacuity and weakness that result from the ravages of pregnancy, childbirth, and lactation.

The earliest reference to medical treatment of women is found in the second-century BCE *Shiji* biography of the mythological itinerant physician Bian Que 扁鵲. In this text, the term *daixia yi* 帶下醫 (physician treating conditions below the girdle) is used to refer to a person engaged in the medical treatment of women, indicating that the

association of *daixia* with the female body must go back at least to the second century BCE.<sup>19</sup> The term *daixia* becomes a key notion in the development of gynecology over the subsequent centuries when it is used increasingly in the more restrictive technical sense of “vaginal discharge.” The following paragraphs will describe this development in detail through a close reading, in chronological order, of the three earliest major primary sources on women’s medical treatment.

*Daixia (Below the Girdle): The Jingui yaolüe*

The first text to accord a separate section to women’s conditions is the Eastern Han formulary *Jin gui yaolüe* 金匱要略 (Essentials of the golden casket) by Zhang Ji 張機.<sup>20</sup> The three short chapters on women, constituting about ten percent of the whole text, are located at the very end of the book, followed only by chapters on miscellaneous disorders and dietary taboos. After two chapters on pregnancy and postpartum conditions, the third chapter covers miscellaneous gynecological conditions, apparently tagged on and compiled with no particular organizational scheme. As Zhang himself points out in the middle of this section, women’s disorders located in the upper and middle sections of the body—like vomiting, lung abscesses, flank pain, binding heat, or scaly skin—are no different from men’s and are therefore to be treated with prescriptions found in the general sections of his text. It is only conditions “below the girdle,” *daixia*, specifically those related to the reproductive and digestive systems, which require special gender-specific treatment. The following statement is an isolated and rudimentary trace of

etiological ideas which came to be elaborated and differentiated in great detail in later gynecological texts:

Women's disorders are caused by vacuity, accumulated cold, and bound *qi*. This constitutes the various [conditions of] interrupted menstruation. If it becomes chronic, cold and Blood gather together and bind with each other, the entrance to the uterus [is affected by] cold damage and the [flow of *qi* in the] channels and network vessels congeals and solidifies.<sup>21</sup>

In addition to this etiology of blocked flow and pain due to vacuity cold, however, Zhang cites with equal frequency an etiology of "heat entering the Blood chamber," most often due to contracting wind evil. Similar to his literal use of the term *daixia* as the region "below the girdle," *xueshi* 血室 (Blood chamber) is here simply a general term referring to the location where female Blood is created, stored, and distributed. The external pathogens of wind and cold, which continue to play a central role in Chinese gynecology to this day, are already known to cause an irregular menstrual flow as well as mental instability which, Zhang stresses, is a problem related to *daixia*, here in the sense of "women's disorders," not one caused by spirits. It is also important to note that Zhang never mentions the pathologies of abdominal masses or vaginal discharge, which become key elements of gynecological discourse in the following centuries.

In conclusion, Zhang's prescriptions and etiologies reflect a view of the female body as susceptible to vacuity and invasion by cold or wind, external pathogens which then impact the descent of menstrual blood and can lead to all sorts of associated symptoms. Beyond that, however, the female body is treated as identical with the male, with the exception of pregnancy and postpartum conditions, menstruation, and vaginal

problems. Zhang himself states in the beginning of the *Jingui yaolüe* that “a physician of superior skills treats the root of disorders,” subsequently qualifying that, “if cases of a chronic condition are aggravated by an acute condition, he should first treat the acute condition before treating the chronic condition.”<sup>22</sup> But when it came to female bodies, it seems that women’s underlying root pathologies were seen as too mysterious to be successfully treated by male physicians of Zhang’s time. The early Chinese medical treatment of women was therefore apparently limited to the treatment of acute symptoms, without any attempt at diagnosing, much less treating, a root cause.

*Lou wu se (Leaking in Five Colors): The Zhubing yuanhou lun*

Several centuries later, Chao Yuanfang’s 巢元方 *Zhubing yuanhou lun* 諸病源候論 (On the origins and symptoms of the various diseases),<sup>23</sup> composed in the early seventh century, reflects a far more sophisticated and elaborate conception of the female body in both theory and practice. Being the first text to attempt a categorization of women’s disorders, it laid the foundations for an emerging literature of special prescriptions and treatment methods to support and boost women’s health. The innovative organization and theoretically informed etiologies express a view of the female body as endangered by reproduction, prone to vacuity and cold invasion, and therefore in need of special protection and attention. Out of eight *juan* on women’s disorders, the first four are titled “the various symptoms of women’s miscellaneous disorders,” followed by four *juan* dealing with pregnancy, childbirth, and obstetrics. The miscellaneous chapters cover disorders considered as gendered because they are either specific to female anatomy, such

as conditions of the female genitals or breasts, or because—and this addition is highly significant—they are seen as particularly common in women, such as wind stroke, digestive disorders, or abdominal masses. Of particular importance are here two subsections on what Chao considered the most central of all female disorders, leaking of a variety of fluids from the vagina, or, as one of the entry headings calls it, “leaking in five colors” (漏五色 *lou wu se*). These disorders are divided into menstrual problems and *daixia*, a term now used mostly in the technical sense of “vaginal discharge.” In the discussion of *daixia* is found an essay that quotes a list of the so-called “thirty-six disorders which are mentioned in the various prescriptions [texts].” This is a classic list of women’s disorders, found with little variation in numerous other texts.<sup>24</sup>

What the various prescription [texts] call the Thirty-Six Disorders are namely the Twelve Concretions, the Nine Pains, the Seven Injuries, the Five Damages, and the Three Pathological Solidifications.

The Twelve Concretions refer to the substance being discharged. The first one is like white lard; the second one like blue-green blood; the third one like purple juice; the fourth one like red flesh; the fifth one like scabby pus; the sixth one like bean juice; the seventh one like mallow broth; the eighth one like congealed blood; the ninth one like fresh, watery blood; the tenth one like rice-rinsing liquid; the eleventh one like menstrual blood; the twelfth one like menses at the wrong time.

As for the Nine Pains, the first one is pain from injury to the inside of the genitals; the second, pain inside the genitals associated with inhibited and dribbling urination; the third, pain accompanying urination; the fourth, pain from contracting cold; the fifth, abdominal pain at the onset of menstruation; the sixth,

pain from *qi* fullness; the seventh, pain inside the genitals as if from gnawing bugs with liquid being discharged; the eighth, pulling pain below the flanks; the ninth, waist pain.

As for the Seven Injuries, the first one is injury from food; the second, injury from *qi*; the third, injury from cold; the fourth, injury from exertion; the fifth, injury from sex; the sixth, injury from pregnancy; and the seventh, injury from sleep.

As for the Five Damages, the first one is pain in the vagina; the second, pain from being struck by heat or cold; the third, tense and confined pain in the lower abdomen; the fourth, numbness of the internal organs; and the fifth, a crooked vagina with pain stretching to the back.

As for the Three Pathological Solidifications, the first one is obstructed and blocked menstrual flow, and the other two are not recorded.<sup>25</sup>

In neat numerical order, this list provides us with a comprehensive record of what were considered specifically female conditions in the seventh century.

A closer look at the etiologies for each disorder as they are covered in the individual enumerations of the text reveals further clues: First, the varieties of menstrual problems and vaginal discharge, as well as other disorders like abdominal masses, digestive disorders, and infertility, are explained with almost identical etiologies. All are associated with the root cause of taxation, which in turn is caused by childbirth. Having damaged *qi* and Blood, childbirth leads to physical vacuity, thereby making the body susceptible to an invasion by wind and/or cold, which lodge in the uterus. From there, cold causes Blood to congeal rather than to flow freely, while wind injures the channels responsible for the smooth movement of Blood. In both cases, this affects the monthly

descent of Blood as menses, its gathering in the womb to nurture the fetus during pregnancy, or its ascent after childbirth into the breasts as breast milk. When *qi* is vacuous and therefore unable to control and restrain blood, this pathology can easily turn into vaginal discharge in the five colors when “the Blood in the channels is injured and therefore mixes with filthy fluids, forming vaginal discharge.”<sup>26</sup> The color of the discharge provides important etiological clues about which internal organ is primarily affected. On the basis of correlative thinking and the association of the five colors with the five phases and five internal organs, green points to the liver, yellow to the spleen, red to the heart, white to the lungs, and black to the kidneys.

As mentioned above, the etiologies in the numerous subcategories are quite repetitive and therefore perhaps of little practical use. But it is still significant that the author devoted twenty-one separate entries, or almost four times as much space as for menstruation, to vaginal discharge. Overlooked or ignored in the previously discussed *Jingui yaoliüe*, vaginal discharge came to be regarded by Chao as central to women’s health. As a result, this pathology came to overshadow the other conditions that had originally been included under the term *daixia*, “below the girdle.” In addition to its traditional use as a general term for women’s conditions or a reference to the location of women’s disorders “below the girdle,” it had by Chao’s times acquired the technical meaning of a specific gynecological pathology that was associated with the symptom of vaginal discharge. The most complete description of this pathology is found in the essay “Thirty-Six Symptoms of *Daixia*” translated above.

From the Tang period on, this topic was increasingly displaced by a focus on menstruation. What else but a deep concern for the vulnerability of the female body

could have motivated an elite author and court physician like Chao to pay such attention to women's vaginal fluids, a substance which must have been quite appalling to a proper gentleman? His work therefore stands out not so much for the sophistication and creativity of his insights or for their practical applicability, but for his efforts to find the pathology at the root of women's health and to understand the female body in a systematic and theoretically grounded way.

Chao Yuanfang created or perpetuated a view of women's health as particularly susceptible and vulnerable because of their reproductive functions. Admittedly, the resulting malfunctions of the female body, rooted in and radiating outward from the mysterious area inside the lower abdomen called "*daixia*," remained inaccessible to the gaze of the male physician. Nevertheless, Chao raised the prospect of their consistent and rational interpretation and treatment through a highly specific diagnosis of a woman's discharge of pathological fluids from the vagina, the *yindao* 陰道 (*Yin* path) which led to these hidden regions. Related to this, Chao appears to be the first author to state the significance of women's menstrual and vaginal discharge for diagnosing underlying root patterns of systemic imbalances and weaknesses that were hidden inside women's bodies and ultimately led to infertility. He thereby laid the foundations for an aspect of gynecology which became increasingly central and sophisticated in later periods.

*E lu (Noxious Dew): The Beiji qianjin yaofang*

Only decades after Chao Yuanfang's theoretical advances, Sun Simiao completed the *Beiji qianjin yaofang* 備急千金要方 (*Essential prescriptions for every emergency*)

worth a thousand pieces of gold) around 652 CE. In this groundbreaking medical encyclopedia of over five thousand entries, the three *juan* titled “prescriptions for women” form the first major section in the text, followed by pediatrics, general medicine, and, lastly, life-prolonging self-cultivation techniques. Sun Simiao is a key figure in the development of gynecology for being the first to stress the centrality of women’s health for perpetuating the family lineage and to connect this with the individual practice of “nurturing life,” *yangsheng* 養生. He is also the first author to explicitly state and justify the need for a literature of “separate prescriptions,” *bie fang* 別方, for women.

This statement is found in a key passage in his famous introductory essay to the section on “prescriptions for women.” I am quoting it here at length because of its elegance and succinctness, the complexity of ideas raised, and its subsequent significance for the history of gynecology.

The reason for the existence of separate prescriptions for women is that they are different because of pregnancy, childbirth, and vaginal flooding. Therefore, women’s disorders are ten times more difficult to treat than men’s. In the classics, it is stated that “women are copious accumulations of *yin* and are constantly inhabited by dampness.”<sup>27</sup>

From the age of fourteen on, [a woman’s] *yin qi* floats up and spills over, [causing] a hundred thoughts to pass through her heart. Internally, it damages the five organs; externally, it injures the disposition and complexion. The retention and discharge of menstrual fluids is alternately early or delayed, obstructed Blood lodges and congeals, and the central pathways are cut off. It is impossible to discuss the entirety of damages and fallout among these conditions. The raw and the cooked are deposited together,<sup>28</sup> vacuity and repletion alternate with each other, noxious Blood [leftover from childbirth] leaks internally, and the *qi* in the vessels is injured and exhausted. . . .

In cases where seasonal *qi* has caused illness and where vacuity, repletion, cold, or heat have caused a problem, [women are to be treated] the same as men, the only exception being that, if they fall ill while carrying a fetus in pregnancy, toxic drugs must be avoided. In cases when their various disorders are identical to men's [conditions], knowledge of them can be obtained as they occur throughout the various volumes. Nevertheless, women's cravings and desires exceed men's, and they contract illness at twice the rate of men. In addition, they are imbued with affection and passion, love and hatred, envy and jealousy, and worry and rancor, which are lodged firmly in them. Since they are unable to control their emotions by themselves, the roots of their disorders are deep and it is difficult to obtain a cure in their treatment.<sup>29</sup>

Here, Sun Simiao constructs a multifaceted explanation for the medical need to recognize the female body as different. His discussion takes into consideration not only physiological factors, but also psychological and even cultural ones, all of which cause the medical treatment of women to be "ten times more difficult than men's." This essay is a powerful appeal to physicians' humanitarian duty to heal female bodies which are seen as particularly vulnerable for several reasons. Because of the stresses of pregnancy, childbirth, and resulting hemorrhaging, they are prone to vacuity, which could lead to any number of physical and psychological problems. In addition, women's excess of *yin qi* associated with sexual maturation causes emotional instability, damage to the internal organs, menstrual disorders, and problems with the flow of Blood and *qi* in the channels.

When we read the essay above in conjunction with the individual prescription entries that follow, the etiologies expressed by Sun Simiao reflect the notion, introduced in the earlier *Zhubing yuanhou lun* by Chao Yuanfang, that a vacuous female body, forced open in the process of childbirth, is liable to an invasion by cold and wind.

Sneaking in through the vagina, these external pathogens can attack and block Blood and *qi* in the channels and from there wreak havoc in any of the internal organs for years to come. Moreover, it turns out that the most dangerous pathology for women, in Sun's eyes, is the lingering presence of a substance called "noxious dew," *e lu* 惡露. This evocative term refers to old Blood left over in the uterus after childbirth, the most common symptom of which is blocked menstruation. It is considered extremely pathogenic and therefore has to be eliminated completely by means of numerous uterus-cleansing and Blood-dispersing prescriptions.

Associated with an endless list of symptoms not only inside the body for the rest of the woman's life, but also outside, *e lu* is feared as highly offensive to the spirits. To this day, a traditional Chinese woman's postpartum recovery is often covered by a host of taboos aimed at protecting her from premature contact with society and the natural environment. Postpartum taboos in the early gynecological literature express, on the one hand, the authors' paternalistic concern for the mother's extremely depleted and vulnerable physical state. On the other hand, though, the numerous references to magico-religious etiologies and treatments reflect a simultaneous awareness of the pathogenic powers of the Blood of childbirth and the risks of handling this substance. To cite just one example, several centuries after the *Beiji qianjin yaofang*, Chen Ziming 陳自明 (ca. 1190-1270) compiled the *Furen daquan liangfang* 婦人大全良方 (All-inclusive good prescriptions for women) in 1237. Particularly the section on childbirth contains a large percentage of religious treatments like invocations, talismans, astrological calculations, divinations, and various rituals to prevent offending the spirits during childbirth. Found in the lengthy discussion of postpartum taboos is even a strict warning that laundry that

has been stained by childbirth must not be dried in the sunlight, or one will risk injury by evil spirits.<sup>30</sup>

To return to Sun Simiao's introductory essay, the effects of women's reproductive functions range from a general state of vacuity to specific conditions like emotional volatility during menstruation or the presence of rotting Blood in the uterus for years after childbirth. This underlying and often invisible vulnerability can then lead to severe injuries from fairly harmless secondary causes like an immoderate diet, sexual intercourse during menstruation or too soon after childbirth, or an invasion of wind by an innocent visit to the outhouse. After stressing that "women's cravings and desires exceed their husbands' . . . they contract illness at twice the rate of men and . . . because they are unable to control their emotions, the roots of their disorders are deep," the essay concludes by emphasizing the importance of childbearing for society at large.

In the course of this argument, Sun first states that reproduction plays a central role in women's lives since "bearing children is the adult role in women's destiny and fate."<sup>31</sup> Going further, he even advises that "specialists in the art of nurturing life [*yangsheng zhi jia* 養生之家] should particularly instruct their sons and daughters to study these three *juan* of women's recipes until they comprehend them thoroughly" to prepare for any "harvests of unexpected surprises.." and "to prevent premature and wrongful death."<sup>32</sup> Even servants involved in childcare "cannot afford not to study them. Thus, they should routinely write out a copy and carry it on their person, clutched to their bosom, in order to guard against the unexpected."<sup>33</sup> The next essay states, "Marriage and childbearing are the basis of human affairs and the foundation of a king's transformative power. The sages set out the teachings and completely discussed their purport. . . "<sup>34</sup>

In a subtle but highly significant twist, Sun here extends the common elite practice of macrobiotic hygiene, i.e. physical cultivation with the purpose of prolonging one's life, to cover not only the practitioner's individual body but to also include past and, most importantly, future generations. The importance of female bodies in this context becomes immediately obvious, a fact that the ancient sages had already recognized. Protecting and preserving women's health was therefore an essential task for any elite gentleman, since it could, if neglected or ignored, result in potentially grave consequences for society as a whole. This respect for the female body was doubtlessly further strengthened by Sun Simiao's personal and active involvement as a Daoist priest and practitioner of religious cultivation. In stark contrast with the negative association of the female body with impurity, transgression, and material desire in Buddhism, it was celebrated in Daoism for its identification with *yin* as complementary to *yang*, and with motherhood and the ability to give and nurture life.

In order to round out our discussion of female pathology in the *Beiji qianjin yaofang*, a few words of caution are necessary. Its author, Sun Simiao, might have been celebrated throughout China's history as the "King of Medicine" and as one of the founding fathers of Chinese medicine.<sup>35</sup> However, a careful study of contemporaneous biographical sources reveals that he was clearly not a professionally practicing physician as much as an elite polymath interested in pursuing the various connections between the macrocosm and such microcosms as the human body and the body politic with the ultimate purpose of "nurturing life."<sup>36</sup> As such, he was anything but a specialist in gynecology and probably limited his role mostly to collecting, transmitting, synthesizing, and preserving other people's practical experience. Lastly, the *Beiji qianjin yaofang*

belongs to the medical genre of prescription literature. As such, it is directly oriented towards clinical application and mostly refrains from theoretical elaborations and explanations. While it has been quoted extensively ever since as the foundational text of gynecology, it is still centuries away from a consistent treatment of women based on a holistic understanding of the female body.

In spite of these limitations, the “prescriptions for women” in the *Beiji qianjin yaofang* reflect the care with which Sun Simiao constructed a justification for “prescriptions for women” as a separate medical category. The persuasive power of his arguments, exemplified by the lengthy passage translated above, is perhaps best illustrated by the fact that this text continues to be cited and discussed even in contemporary gynecological publications.<sup>37</sup> Sun’s rationale for the gender-specific treatment of women has remained unchallenged to the present day. Moreover, Sun’s passionate appeal to his elite readers to give precedence to women’s health, on the dual basis of their central role in the perpetuation of the family and their weakness and vulnerability which resulted from this role, did not fall on deaf ears during his own times either. Gynecological theory and practice advanced rapidly in the centuries following the publication of the *Beiji qianjin yaofang* in a process that culminated in the publication of the above-mentioned *Furen daquan liangfang* in the late Song period.

### *Menstrual Balancing and the Formation of Gynecology in the Song Period*

Sun Simiao built a convincing foundation, based on moral, social, medical, and, one could even claim, cosmological arguments, for the significance of healthy, that is,

procreating, female bodies. During the Tang and Song periods, physicians responded to his call and developed the clinical experience and theoretical foundations to ensure the practical application of Sun's goals. According to Charlotte Furth, "In the Song dynasty, medical thought appeared more concerned with female difference than either earlier or later in Chinese history."<sup>38</sup> Promoted by the imperial court and supported by a Neo-Confucian ideology that encouraged an application and extension of the traditionally sanctioned fields of intellectual inquiry, gynecology thus became a respected field of medical specialization. A sophisticated medical literature about the female body was produced and disputed by male literati motivated by a humanitarian concern for the welfare of the state and its population. For these authors, the key to understanding the female body came to be found in the flow of female Blood, which in traditional Chinese medicine can manifest as menstrual fluid, breast milk, nourishment to the fetus in the womb, or even as congealed abdominal masses. Blood thus served as the key with which Song authors resolved the tension between an androgynous body of classical *yin-yang* theory and a living female body which functioned, suffered, and responded in distinctly female ways.

The recognition of Blood as the primary vital fluid in the female body constitutes a central medical innovation in the development of Chinese gynecology. The central role of blood for a body's health might not surprise a reader imbedded in a modern biomedical framework, in which this is one of the most obvious and undisputable truths about the human body. But in the context of the early history of Chinese medicine, the association of women and blood marks a fascinating departure from an established orthodoxy based on the centrality not of blood, but of *qi*, the material basis and life-sustaining force of all

existence. The discovery of *qi*—including its role within the body and between the inside and outside of the body, its movement in the vessels, and its treatment with exercise, diet, drugs, acupuncture, and other therapies—can be seen as perhaps the single most important development in the history of Chinese medicine. This notion of the centrality of *qi* has remained unchallenged, even in its modern confrontation and synthesis with biomedical medicine, in China as well as in the West. As Paul Unschuld pointed out in a recent study of the *Huangdi neijing*,

. . . at some point during the early Han dynasty the diagnosis of disease through an assessment of the status of blood gave way to diagnosis by means of an interpretation of the *qi* movement in the vessels, and a treatment designed to let blood was replaced by an application of needles to influence the flow of *qi*. . . . [Consequently,] physiology and pathology and diagnosis and treatment were largely directed at manipulating the organism's *qi*.<sup>39</sup>

Ever since, Chinese medicine has been based on an androgynous human body that is diagnosed, explained, and treated on the basis of the state of *qi*. However, Chen Ziming, perhaps the greatest gynecological author of all times in China, argued in 1273: “When treating disease, the ancients first discussed that which they focused on. In men, one regulates *qi*. In women, one regulates Blood.”<sup>40</sup> Moreover, in addition to its juxtaposition with male *qi* as the substance most essential for general health, female Blood was also seen by Chen as parallel to male *jing* 精 (essence) in the context of reproductive functions: “Men think of the bedroom when their essence is exuberant; women crave pregnancy when their Blood is exuberant.”<sup>41</sup>

In diagnostic and therapeutic terms, the interest in female Blood was expressed by an increasing focus on menstruation as the outward expression of deeper and often hidden internal processes in the female body. Through the careful diagnosis of a woman's menstrual cycle, Song physicians managed to classify the complex diversity of women's symptoms and signs into underlying diagnostic patterns of blood flow which directly pointed at treatment strategies to be applied (at least theoretically) in a systematic and consistent way. Rather than interpreting menstruation in terms of productivity as the absence of a fetus or a debilitating loss of vital substance, they associated the menstruating female body with the powerful cultural ideals of regularity on the one hand, and uninterrupted flow on the other.

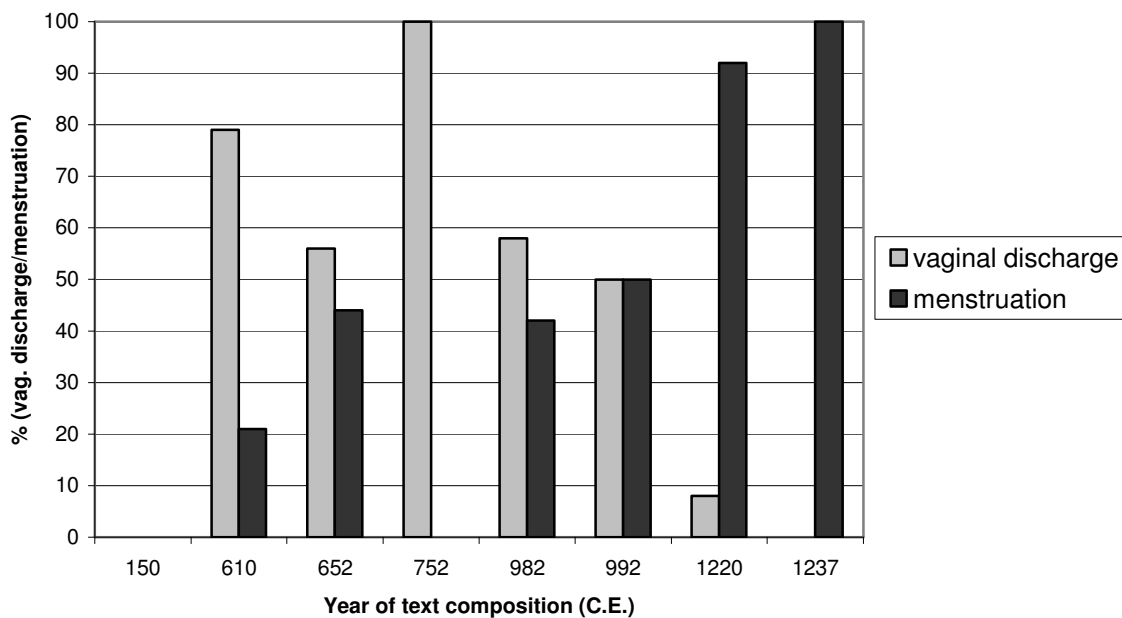
*The Rise of Menstruation in the Organization and Etiologies of "Prescriptions for Women"*

Given the importance of Blood and menstruation in Chinese gynecology from the Song period on, allow me to retrace the development of this view. Even a cursory survey of the organization and content of the "prescriptions for women" reveals a gradual shift in the understanding of female pathology. The following paragraphs are based on a content analysis of the major medical texts on women's health from the Han to Song periods, including the three texts discussed above and concluding with the already quoted *Furen daquan liangfang* by Chen Ziming.<sup>42</sup> For the purposes of this article, I subdivided the contents of each text into the categories of reproduction, menstruation, vaginal discharge, and miscellaneous conditions. In this, I have followed the organization employed most commonly in the primary sources themselves.<sup>43</sup>

The topics directly related to reproduction, namely fertility, pregnancy, obstetrics, postpartum care, and lactation, are of less concern here because they are obviously gendered and, moreover, their proportion remained basically consistent during the time period under consideration.<sup>44</sup> Their relative size varies mostly depending on the extent to which they included advice related to midwifery and magical, shamanistic, and religious material, such as placenta burial, astrological taboos, fetal education (that is, attempts to manipulate the fetus's gender, fate, and personality during pregnancy), and childbirth rituals. Nevertheless, they always constitute between half and three quarters of the text as a whole. Religious treatments and midwifery were apparently regarded as marginal or inappropriate for the interest of elite medical practitioners by some authors, included by others in some detail for the sake of comprehensiveness, or referred to as being located in other categories of technical literature. Their presence or absence in a text is therefore related more to a particular author's background, interests, and intention, than the date of its composition. The topic of "miscellaneous conditions" served as a grab-bag for all other disorders regarded as gendered by the authors, from vaginal and mammary problems to wind stroke and dreams of intercourse with ghosts. The chart below tracks the relative proportions of entries related to menstruation and vaginal discharge in texts from the late Han to the Song period. It includes data from the following texts, marked by their approximate date of composition and arranged in chronological order: *Jingui yaolie* 金匱要略 (Eastern Han), *Zhubing yuanhou lun* 諸病源候論 (ca. 610 CE), *Beiji qianjin yaofang* 備急千金要方 (ca. 652), *Wai tai mi yao* 外台秘要 (Essential secrets of the Palace Library, 752), *Ishimpô* 醫心方 (Prescriptions at the heart of medicine, 982), *Taiping sheng hui fang* 太平聖惠方 (Imperial Grace formulary, 992), *Nüke baiwen* 女科

百問 (One hundred questions on gynecology, 1220), and *Furen daquan liangfang* 婦人大全良方 (1237).

*Proportion of Vaginal Discharge and Menstruation  
in “Prescriptions for Women,” Han to Song Periods*



The earliest text in the medical literature with a separate section on women, Zhang Ji’s *Jingui yaolüe*, discussed above, refers to all women’s conditions as *daixia* in its most literal sense of “below the girdle.” It lacks any attempt at categorizing or systematically approaching female conditions and contains no mention or recognition of the pathology of vaginal discharge. Interrupted menstruation is only mentioned in passing as a symptom. However, it is noteworthy that in several instances the location of

women's disorders is referred to as *xueshi* (Blood chamber), thus already indicating a relationship between specifically female pathologies and Blood.

Looking at the following texts from the seventh and eighth centuries, the advances made in terms of diagnosis and treatment are striking. In the earliest of these, namely Chao Yuanfang's *Zhubing yuanhou lun*, menstrual disorders, vaginal discharge, abdominal masses, and infertility are treated in separate categories, but explained with virtually identical etiologies. *Daixia* in the specific meaning of "vaginal discharge" stands out not only for being the single largest disease category with numerous subcategories, but also for being the basis for at least relating to most other symptoms and therefore for being instrumental in shaping Chao's ideas about female pathology in general.

A similar overlap and confusion between categories can be witnessed in Sun Simiao's *Beiji qianjin yaofang*. When we read Sun's "prescriptions for women" as a whole, the restoration of a regular and healthy blood flow, particularly as it relates to proper postpartum care, emerges as the greatest concern and perhaps the most prevalent underlying theme in Sun's treatment of female bodies. After the first *juan* on fertility, pregnancy, obstetrics, and lactation, the treatment of postpartum conditions, comprising almost the entire second *juan*, constitutes the largest single section or almost one third of the entire text. As the choice of medicinals and the lists of symptoms suggest, the prescriptions found here have two major goals, namely the supplementation of a body depleted by pregnancy, childbirth, and lactation, and the complete elimination of *e lu*, stale blood left over in the womb after childbirth. They are intended not to stop postpartum bleeding, but, on the contrary, to encourage a profuse blood flow after

childbirth, a necessary condition for the elimination of *e lu* and for eventually resuming a regular menstrual period.

Even in cases of extreme hemorrhaging or chronic bleeding after childbirth, blood-stopping medicinals are to be avoided: “In the treatment of incessant leaking of blood, maybe caused by recent damage to the fetus [that is, bleeding during the pregnancy] or the fact that the residual blood after childbirth has not dispersed but become solidified, preventing the entrance to the uterus from closing and causing dribbling and dripping blood loss for several days or months without stopping, one may not yet use the various decoctions for interrupting the blood flow. . . . When the solidified blood has been dispersed, then the dribbling and dripping bleeding will stop on its own [since it is] also gradually being transformed, dispersed, and reduced.”<sup>45</sup>

Indicating the long-ranging significance of the etiology of incomplete elimination of postpartum blood, this statement is found not in the postpartum section in the second *juan*, but in the section on *daixia* in the third *juan*. This last *juan* is divided into the three major topics of “supplementing and boosting,” blocked and irregular menstruation, and vaginal discharge. Throughout the third *juan*, both vaginal discharge and menstrual problems are constantly linked to each other and to the presence of *e lu* as related, parallel, and often overlapping symptoms. They both indicate an underlying vacuity and weakness of blood and *qi*, resulting from women’s reproductive functions. As the logical treatment for any of these symptoms, the prescriptions include a sizable component of stabilizing and supplementing drugs like *yuyuliang* 禹餘糧 (limonite), *longgu* 龍骨 (dragon bone), *renshen* 人參 (ginseng), *lurong* 鹿茸 (velvet deer antler), *danggui* 當歸 (Chinese angelica), and *shaoyao* 芍藥 (white peony), on the one hand, and of blood-

moving and pathogen-expelling drugs like *taoren* 桃仁 (peach pit), *dahuang* 大黃 (rhubarb), *shuizhi* 水蛭 (leech), *mengchong* 虻蟲 (horse fly), *xixin* 細辛 (asarum), and *chaihu* 柴胡 (bupleurum), on the other.

The following prescription for “Dried Ginger Pills” from the chapter on “stopped menstrual flow” will give readers a taste of the diagnostic specificity and sensitivity to women’s health problems reflected in Sun’s text. It also serves to demonstrate the above-mentioned etiological links and therapeutic goals:

#### Dried Ginger Pills

For treating women [who suffer from] emaciation with chills and fevers; soreness and wasting disorder; inertia and sluggishness; propping fullness in the chest; heaviness and pain in the shoulders, back, and spine; hardness, fullness, and accumulations in the abdomen, potentially with unbearable pain from the waist to the lower abdomen; vexation and aching in the four limbs; reverse flow in the hands and feet, cold reaching the elbows and knees, or with vexing fullness and vacuity heat in the hands and feet so that she feels like tossing herself into water; extreme pain in the hundred joints; constant discomfort and suspension pain below the heart; alternating chills and fevers; nausea, profuse drooling, and salivating every time in response to salty, sour, sweet, or bitter substances; or [an appearance of] the body like chicken skin; stopped menstrual flow; discomfort and difficulty with urination and defecation; eating without generating muscles:

One *liang* 兩<sup>46</sup> each of *gan jiang* 乾薑 [dried ginger], *xiongqiong* 芎藭 [ligusticum wallichii], *fuling* 茯苓 [poria], *xiaoshi* 硝石 [niter], *xingren* 杏仁 [apricot pit], *shuizhi* 水

蛭 [leech], *mengchong* 虻蟲 [horse fly], *taoren* 桃仁 [peach pit], *qicao* 蟻螯 [black chafer larva], and *zhechong* 蠍蟲 [wingless cockroach].

Two *liang* each of *chaihu* 柴胡 [bupleurum], *shaoyao* 芍藥 [white peony], *renshen* 人參 [ginseng], *dahuang* 大黃 [rhubarb], *shujiao* 蜀椒 [zanthoxylum], and *danggui* 當歸 [Chinese angelica].

Pulverize the sixteen ingredients above and mix them with honey into pills the size of parasol tree seeds. On an empty stomach, take three pills with fluid [three times a day].

If no effect is noticed, increase the dosage to a maximum of ten pills [per dose].<sup>47</sup>

In contemporaneous materia medica literature, the medicinal ingredients chosen here had the intended effects of moving Blood, raising the body temperature, and supplementing Blood.<sup>48</sup> Thus, the prescription was intended to treat a condition caused by a combination of pathologies related to an impeded flow of Blood, a lowered body temperature, and Blood vacuity. This constellation of etiologies, in conjunction with the secondary symptoms found in the list of indications, suggests the same complex of ideas about female pathology that Chao Yuanfang had previously treated primarily under the category of vaginal discharge. What is new in Sun's prescriptions is the emphasis on a root pathology of blocked blood, especially after childbirth, and related to this, on its treatment by restoring and adjusting menstruation.

We can see an interpretation of women's bleeding emerging that is, to be sure, still influenced by ideas about its weakening and destabilizing effect on the female body. However, this negative view is increasingly replaced by a positive appreciation of female

bleeding as a natural and healthy function, instrumental in ensuring reproductive health through the periodic emptying and cleansing of the uterus. Even more evocative is the equation of menstruation with a healthy movement and transformation of bodily fluids, with a proper balance, harmony, and mutual support between *qi* and blood, and with a regular discharge of the byproducts of women's reproductive functions. Rather than focusing on the weakening effects of this process, the central paradigm of female pathology becomes the lack of flow, reflected in expressions like *jingbi* 經閉 (blocked menstruation) or, even more suggestive, *yuejing bu tong* 月經不通 (a menstrual period that fails to penetrate/flow through). Subsequently, the primary cause of infertility was not found in the weakening effects of regular blood loss, but in its opposite, the retention of blood which, when failing to be released through its proper opening, formed blockages and abdominal masses, or ascended to the upper part of the body instead.

### *Menstruation in Song Gynecology*

This interpretation of female Blood and menstruation became the hallmark of gynecology when it emerged in the Song dynasty as a respected medical specialty, to be practiced not only by such marginal, and probably most often illiterate, figures as midwives, shamans, or herbalists, but also by dedicated literati physicians who recognized the significance of the female body for the health of Chinese society at large.

In the chart on page [000](#) above, we can see a shift, between the Han and the Song periods, from vaginal discharge to menstruation as the most important pathology in light of which physicians approached both the diagnosis and treatment of the female body.

Already in the *Taiping sheng hui fang*, compiled by a team of court-appointed doctors in the tenth century, a new conception of gynecological disorders is obvious in the sections on “prescriptions for women” (*juan* 69-81 out of 100). Much of the actual content is copied from the previous literature, but it is rearranged and explained in light of a new theoretical foundation for interpreting women’s bodies as gendered. The innovative organization of the text into chapters on wind stroke, vacuity taxation, aggregations and blood clots, menstruation, and vaginal discharge, followed by sections on pregnancy, childbirth, and postpartum treatments, illustrates a much advanced conception of women’s health and illness. As we have already seen in earlier literature, women are in this text also characterized as plagued by a vacuity of Blood and *qi*. This is stated authoritatively in the introductory essay of the first section on wind stroke: “The fact that women suffer from vacuous and injured *qi* and Blood causes them to [suffer from] wind stroke.”<sup>49</sup>

On a deeper level, the second *juan*, on “Supplementing Treatments for Women’s Vacuity Injury,” relates this vacuity to a root pathology of an imbalance of *qi* and Blood, *qi xue butiao* 氣血不調, in a subtle reformulation of Sun Simiao’s famous introductory essay translated above: “The reason why separate prescriptions have been established for women is that their *qi* and blood are imbalanced. This is caused by their difference in terms of pregnancy, childbirth, and hemorrhaging damage.” Further on, vacuity is interpreted as a secondary etiology: “When taxation damages *qi* and Blood, it causes vacuity injury. Then, wind and cold exploit the vacuity and attack.” In their respective chapters, menstruation and vaginal discharge are explained in related and overlapping etiologies. Taxation damage causes a vacuity of the body, allowing wind to enter and

congeal the Blood in the channels with the result of inhibited or stopped menstruation. Alternately, the *qi* in the thoroughfare vessel *chongmai* 衝脈 and controlling vessel *renmai* 任脈, when injured by taxation, becomes vacuous and therefore unable to control and restrain the flow of Blood in the channels. In that case, it flows out below as red vaginal discharge or pathological bleeding, instead of turning into breast milk during lactation, nurturing the fetus during pregnancy, or being discharged regularly as menstrual fluid.<sup>50</sup> The section related directly to menstruation comprises, strictly speaking, only six percent of the total text. But given the above-mentioned etiological connections and the obvious role of Blood in all reproductive disorders, the regulation and supplementation of Blood is clearly the most consistent therapeutic goal found in this text.

Only decades later, in 1220, Qi Zhongfu 齊仲甫, a professor in the Imperial Medical Bureau, composed the *Nüke baiwen*. As Furth has stated, “it may well have been the first book to address gynecology on an equal basis with the gestational issues of pregnancy and postpartum.”<sup>51</sup> In contrast to the *Taiping sheng hui fang* in which the section on “prescriptions for women” is limited strictly to conditions with clearly female-specific etiologies and therapies, the *Nüke baiwen* is a free-standing text dedicated exclusively to women’s health, with a much more diverse content. Of its 100 questions, the first half concerns general ideas about women (1-5), menstruation (6-13), miscellaneous conditions (14-48) and two questions on vaginal discharge (49-50), while the second half covers pregnancy, obstetrics, and postpartum care. Menstruation constitutes almost one quarter of the content not directly related to reproduction, compared with a mere two percent for vaginal discharge and three quarters for

miscellaneous conditions. Probably because the text was intended as a quick reference guide for questions on women's health, about half the topics in the miscellaneous section, such as insanity, hair loss, jaundice, waist pain, body itch, or constipation, are not gender-specific at all, but were presumably included because of their prevalence in women. To give just one example of its medical advances, question six stresses the importance of differentiating between *yin* and *yang* conditions when diagnosing and treating menstrual problems. *Yin* conditions are characterized by a prevalence of cold which causes an impediment of flow and results in deficient and/or late menstrual periods, while *yang* conditions are linked to the presence of warmth, an excess flow, and early or excessive menstrual periods.<sup>52</sup> Similar to the earlier texts discussed above, the most common etiology is one of blood and *qi* disharmony, and blood vacuity and congestion, which facilitate an invasion of wind, a blockage in the channels, and subsequent inhibition of the menstrual flow.

The last, but definitely not least important text which concludes this brief survey of early Chinese gynecological literature is the *Furen daquan liangfang*. Chen Ziming, an experienced physician from a prestigious medical lineage, composed it in 1237 in order to synthesize his personal experience, his secret family prescriptions, and over forty gynecological texts, dating mostly from the Song dynasty. Confidently expressing pride in his professional specialization, he states in the introduction: "Now, the art of medicine is difficult. Medicine [as applied to] women is particularly difficult. And medicine in the midst of childbirth involves several bodies and is therefore yet more risky and difficult."<sup>53</sup> Long essays, like the one introducing the first major section on menstruation, demonstrate that, while ostensibly grounded in the literature of previous centuries, Song

gynecology had become a rapidly advancing medical specialty. Chen's book represents the achievements of a life-long professional involvement in women's healthcare, incorporating both clinical experience and literary proficiency. Similar to the *Hundred Questions*, the importance of menstruation as the foundation for women's health is again expressed in the placement of the section on menstrual balancing, *yuetiao* 月調, at the very beginning of the text. It constitutes about eight percent of the total text, or twenty percent of the section that is not directly related to reproduction. The condition of vaginal discharge has by now become so insignificant that it is completely incorporated into the category of menstruation as merely one of many symptoms which point toward root pathologies related to the flow of female Blood.

The discovery of menstruation as the key to women's health provided Song gynecologists with a theoretical foundation from which to understand the invisible processes inside women's bodies. They were thus able to consistently group women's symptoms into root patterns which pointed at effective and proven treatment strategies. From the tentative beginnings under such terms as "thirty-six diseases" or "*daixia*" and a concern with the dangers of women's loss of bodily fluids as blood and vaginal discharge, the medical literature expresses an ever-growing confidence in the ability of male literati physicians to detect, diagnose, and treat women's disorders. Most importantly, by establishing, restoring, and supporting a healthy and regular menstrual flow, they were finally able to actively treat and prevent the dreaded chronic conditions that so often threatened women's reproductive capacities and lives.

*Conclusion: The Gendered Body Revisited*

“If the lord hadn’t a knowd that the woman was gonna be stronger, he wouldn’t a had the woman have the periods and the babies. Can you see a man having a baby?”<sup>54</sup>

We will never know whether some or any women in post-Han China could have related to this sentiment. Uttered by a retired homemaker from Baltimore in the 1980s, it should nevertheless make us question the unanimous acceptance of scientific paradigms, particularly if we contrast it with the dominant biomedical discourse on the debilitating effects of menstruation and childbirth and of women as the “weaker sex.” The analysis above has centered on the paradigm by which the authors of “prescriptions for women” in post-Han imperial China interpreted the female body, based on their clinical experiences as well as their theoretical insights. To conclude this article, let us now return to the questions posed in the introduction, especially the last one regarding the relationship between male and female bodies.

The above discussion has revealed two different paradigms through which the male authors of early Chinese medical literature conceptualized this relationship. On the one hand, the early theoretical classics express a view of female and male bodies as homologous and equally close to an ideal sexually neutral human body, which, in its shifting balance of *yin* and *yang* attributes, served as a model for the universe and generative processes at large. While obviously informed by this literature, texts on “prescriptions for women” between the Han and Song periods gradually developed an alternative interpretation of the female body as categorically different from the male. Reproduction, the foundation of women’s social role, threatened and weakened its health, necessitating gender-specific treatments. Women’s sickness and health, diagnosis and

treatment, all centered on the notion of Blood as a life-sustaining fluid that was, in a healthy body, distributed throughout and discharged from the body in regular, predictable rhythms. This uniquely female function was precisely what facilitated conception, pregnancy, childbirth, and lactation in the female body. Male physicians who specialized in the treatment of women perceived themselves as assisting in this natural process primarily by supporting, correcting, and promoting the flow of female Blood.

The recognition that the female body was categorically different from the male, initiated perhaps by Sun Simiao's statement about the need for "separate prescriptions for women," clearly conflicted with the idealized androgynous body depicted in the early classics. The development of gynecological literature over the following centuries is therefore a case of medical innovation, a topic that is generally associated more with the rapid pace of change in modern biomedical science than with Chinese medicine. As a collection of articles entitled *Innovation in Chinese Medicine* demonstrated a few years ago, however, the association of Chinese medicine with "traditional therapies and ancient practices which have been in place, unchanging, since time immemorial" has clearly been proven wrong.<sup>55</sup> While change occurs in any medical tradition, it can be interpreted and expressed in many different ways.

Laqueur's research on the history of sex in early Europe indicated that Western conceptions of the female body shifted dramatically in early modern Europe.<sup>56</sup> The earlier "one sex" model, derived from such Greek writers as Aristotle and Galen, viewed the sexes in a hierarchical but continuous relationship, determined by the amount of heat in the body, with the male as the ideal and the female as a less perfect replica. Since the female body contained less heat than the male, its reproductive organs were kept warm

and protected on the inside of the body, but were otherwise homologous in the strict biological sense of that term, that is, “based upon their descent from a common evolutionary ancestor. . . similar to each other in construction but . . . modified to perform different functions, [like a] a bat’s wing and a whale’s flipper.”<sup>57</sup> Since early European gynecology took the male body as the norm and defined the female body as a deviation therefrom, the uterus—*hystera* in Greek—became the key to understanding female pathology. The uterus was believed to become uncontrollable when not kept in place by regular pregnancies and to roam around in the body, causing all sorts of curious behavioral abnormalities that were subsumed under the condition of *hysteria*. As Plato stated, “The womb is an animal which longs to generate children. When it remains barren for too long after puberty, it is distressed and sorely disturbed, and straying about in the body and cutting off the passages of the breath, it impedes respiration and brings the sufferer into the extremist anguish and provokes all manner of diseases besides.”<sup>58</sup>

In the wake of larger societal and economic changes in early modern Europe, both promoters of women’s subordination as well as of their liberation constructed and supported a radical new model of incommensurability and biological divergence between the sexes. The growth of biological essentialism from the eighteenth century on further emphasized the importance of anatomical features, leading to a “two-sex” model of fundamental difference by reducing their relationship to the objective and absolute anatomical and physiological differences between male and female bodies. This “two-sex” model has been alternately criticized and encouraged by both feminists and anti-feminists, depending on their political agenda. But it remains the most common way in

which contemporary Western culture views male and female bodies and constructs gender difference.

In the Chinese case, the independent existence, propagation, and clinical efficacy of “separate prescriptions” for women forced medical theorists to refine their model of the human body and to accommodate the clinical reality of the female body into their reasoning in order to ensure its health and safety. In the European case, scientific theories and intellectual developments propelled the medical community to revise its “one-sex” model of an ideal male body and to conceptualize a female body as categorically different. In China, the ideal body of androgyny, which we might call a “dual-sex” body, was never challenged by gynecological theories stressing the uniqueness of female reproductive processes. As in other medical fields, Song gynecological advances simply added one more layer of sophistication and refinement to a tradition firmly rooted in the mystical insights of ancient sages. Thus it was possible to integrate the distinctly female body of Song gynecology into an overarching paradigm of androgyny that continued to emphasize the complementarity and homology of the sexes.

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<sup>1</sup> This article is based on my paper, “From Leaking Discharge to Irregular Menstruation: The Conceptualization of Female Pathology in Medieval China,” presented at the Association for Asian Studies Annual Meeting, March 4-7, 2004, San Diego, as part of the panel, *Constructing Paradigms of Female Pathology in Medieval and Late Imperial China*. I would like to thank the other participants of the panel, Charlotte Furth, Bridie Andrews, Vijaya Deshpande, and Yi-Li Wu, as well as several listeners from the audience, for critical comments and suggestions for further research.

<sup>2</sup> One only needs to look at recent political debates on abortion in the United States. See also Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1987), an analysis

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of the rich metaphors underlying modern biomedical descriptions of reproductive processes in the female body and their relationship to dominant social, political, and economic values.

<sup>3</sup> Thomas Laqueur, "Orgasm, Generation, and the Politics of Reproductive Biology," *Representations* 14 (1986):1-41, 16.

<sup>4</sup> I consciously avoid calling most authors of early Chinese medical texts "physicians." While it is clear that these members of the literate elite were personally engaged in the maintenance and improvement of their own and their family's health, their active and professional involvement in clinical practice is often subject to debate. The composition of medical literature could therefore in many cases have been limited to the collection, compilation, and synthesis of previous texts, becoming an endeavor more reflective of the author's literary skills and access to libraries and texts than of his medical knowledge.

<sup>5</sup> This is the standard term by which treatments that address conditions of the adult female body are referred to in the medical literature. The literal translation from the Chinese would be "prescriptions for wives," but the content makes it clear that this category also includes nuns, widows, and other unmarried women. Thus, it refers to women from the time of menarche on. Throughout this article, I translate *fang* as "prescriptions," but it should be noted that this term includes not only medicinal formulas and acupuncture instructions, but also common household recipes, religious instructions, and physical manipulations like massage and childbirth positions.

<sup>6</sup> Sun Simiao 孫思邈, *Beiji qianjin yaofang* 備急千金要方, 250 *juan* (ca. 652; reprint, Beijing: Huaxia chubanshe, 1996), 2.1.

<sup>7</sup> I capitalize the term when it refers not to the biomedical concept of blood but to the Chinese concept of *xue* 血. This includes not only our notion of blood, but also such substances as the nourishment to the fetus in the womb, breast milk, and abdominal masses.

<sup>8</sup> Lisa Raphals, *Sharing the Light: Representations of Women and Virtue in Early China* (Albany: State University of New York Press, 1998), 192-93.

<sup>9</sup> Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999).

<sup>10</sup> Furth, *A Flourishing Yin*, 46.

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<sup>11</sup> Furth, *A Flourishing Yin*, Ch. 6, “ ‘Nourishing Life’: Ming Bodies of Generation and Longevity,” 187-223; and Yi-Li Wu, “A Vessel of Blood, A Gate of Life: Metaphors of Uterine Function and the Construction of Female Illness in Ming-Qing Gynecology” (Paper Presented at the Association for Asian Studies Annual Meeting, March 4-7, 2004, San Diego).

<sup>12</sup> For a historically informed description of the system of correlative thinking as applied to early Chinese medicine, see Paul U. Unschuld, *Medicine in China: A History of Ideas*, Ch. 3, “Unification of the Empire, Confucianism, and the Medicine of Systematic Correspondence” (Berkeley: University of California Press, 1985), 51-100. For a discussion of *yin* and *yang* in the context of gender in Chinese medicine, see Furth, *A Flourishing Yin*, Ch. 1, “The Yellow Emperor’s Body,” 19-58, and Raphals, *Sharing the Light*, Chs. 6, “Yin and Yang” and 7, “Yin-Yang in Medical Texts,” 139-94.

<sup>13</sup> *Dao de jing* 42. Translated in Robin R. Wang, ed., *Images of Women in Chinese Thought and Culture* (Indianapolis: Hackett Publishing Co., 2003), 69.

<sup>14</sup> For a comparison between Chinese and Greek patterns of patronage and their influence on scientific inquiry, see Geoffrey Lloyd and Nathan Sivin, *The Way and the Word: Science and Medicine in Early China and Greece* (New Haven: Yale University Press, 2002), esp. “Macrocosm and Microcosm,” 214-26.

<sup>15</sup> For a translation and interpretation, see Furth, *A Flourishing Yin*, 45-48.

<sup>16</sup> *Suwen* 素問 15.2, translated in Raphals, *Sharing the Light*, 188.

<sup>17</sup> *Nanjing* 難經, “The Nineteenth Difficult Issue,” trans. and annotated in Paul U. Unschuld, *Medicine in China: Nan-ching, the Classic of Difficult Issues* (Berkeley: University of California Press, 1986), 259-67.

<sup>18</sup> Xu Shen 許慎, *Shuowen jiezi* 說文解字 (early 2<sup>nd</sup> century CE; reprint, Henan: Zhongyuan nongmin chubanshe, 2000), 14.1401.

<sup>19</sup> Bian Que’s biography is found in Ch. 105 of the *Shiji* 史記, which is titled *Bian Que Cangong zhuan* 扁鵲倉公列傳 (Biographies of Bian Que and Cangong). For an explanation of the term *daixia yi* here, see Wang Shaozeng 王紹增 and Zhang Tianzhu 張天柱, eds., *Yi guwen baipian shiyi* 醫古文百篇釋譯 (Ancient medical writings, annotated and explained) (Harbin: Heilongjiang kexue jishu chubanshe, 1995), 95, n. 99. The editors paraphrase it as *fuke yisheng* 婦科醫生 (physician of gynecology), explaining that

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“the conditions which trouble women (menstruation, discharge, pregnancy, and childbirth) are mostly related to the region below the *daimai* 帶脈 (girdle channel).” However, since the early medical literature does not yet emphasize the role of this channel in women-related etiologies, the term refers rather to the location of a woman’s girdle itself.

<sup>20</sup> Zhang Ji, *Jingui yaolue* (Eastern Han; reprint, Shanghai: Shanghai kexue jishu chubanshe, 1991).

<sup>21</sup> Zhang, *Jingui yaolüe*, 22.667.

<sup>22</sup> Zhang, *Jingui yaolüe*, 1.20 and 43, respectively.

<sup>23</sup> Chao Yuanfang 巢元方, *Zhubing yuanhou lun* 諸病源候論 (ca. 610; reprint, Beijing: Renmin weisheng chubanshe, 1992).

<sup>24</sup> It is quoted, for example, in Sun, *Beiji qianjin yaofang*, 4.3.52-53, and in Tanba no Yasuyori 丹波康賴, ed., *Ishimpô* 醫心方 (982; reprint, Beijing: Huaxia chubanshe, 1996), 21.24.438.

<sup>25</sup> Chao, *Zhubing yuanhou lun*, 38.50.1121-24.

<sup>26</sup> Chao, *Zhubing yuanhou lun*, 37.25.1093.

<sup>27</sup> The origin of this quote is unclear. Given Sun’s at least fragmentary familiarity with Indian medicine, it could be a translation from an Ayurvedic source because of its closeness to humoral theory. For the influence of Indian medicine on Sun Simiao, see several articles by Vijaya Deshpande, such as “Indian Influences on Early Chinese Ophthalmology: Glaucoma as a Case Study,” *Bulletin of the School of Oriental and African Studies, University of London* 62, part 2 (1999): 306-22.

<sup>28</sup> Presumably a reference to digestive problems.

<sup>29</sup> Sun, *Beiji qianjin yaofang*, 2.1.14.

<sup>30</sup> Chen Ziming 陳自明, *Furen daquan liangfang* 婦人大全良方 (1237; reprint, Beijing: Renmin weisheng chubanshe, 1996), 18:1.487.

<sup>31</sup> Sun, *Beiji qianjin yaofang*, 2.1.14.

<sup>32</sup> *Ibid.*

<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

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<sup>35</sup> See, for example, Paul U. Unschuld, *Medicine in China: Historical Artifacts and Images* (New York: Prestel Verlag, 2000), 88-95; Gan Zuwang 干祖望, *Sun Simiao pingzhuan* 孫思邈評傳 (Jiangsu: Nanjing daxue chubanshe, 1995); and the various articles found in “Jinian Sun Simiao shishi 1300 zhounian zhuanji” 紀念孫思邈逝世 1300 週年專輯, *Zhonghua yishi zazhi* 中華醫史雜誌 13.1 (1983).

<sup>36</sup> See Nathan Sivin, *Chinese Alchemy: Preliminary Studies* (Cambridge, Mass.: Harvard University Press, 1968), 81-144; and Sabine Wilms, *The Female Body in Medieval Chinese Medicine: A Translation and Interpretation of the ‘Prescriptions for Women’ in Sun Simiao’s Bei ji qian jin yao fang*” (Taos, NM: Paradigm Publications, forthcoming in 2005), Prolegomena, Chapter 2 .1, as well as the full translation of Sun Simiao’s biography in the appendix.

<sup>37</sup> To give just two examples, see Luo Yuankai 羅元愷, chief ed., *Zhongyi fuke xue* 中醫婦科學 (Taipei: Zhiyin chubanshe, 1997); Zhang Qiwen 張奇文, ed., *Fuke zabing* 婦科雜病 (Beijing: Renmin weisheng chubanshe, 1995).

<sup>38</sup> Furth, *A Flourishing Yin*, 60-61.

<sup>39</sup> Paul U. Unschuld, *Huang Di nei jing su wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text* (Berkeley: University of California Press, 2003), 149.

<sup>40</sup> Chen, *Furen Daquan liangfang*, 6.9.174.

<sup>41</sup> Chen, *Furen Daquan liangfang*, 6.4.168.

<sup>42</sup> In addition, it considers the *Wai tai mi yao* 外台秘要 by Wang Xi 王熹 (752), the *Ishimpô* 醫心方 (compiled in Japan by Tanba no Yasuyori 丹波康賴 in 982), the *Taiping sheng hui fang* 太平聖惠方 by Wang Huaiyin 王懷隱, chief ed. (978-992; reprint, Beijing: Renmin weisheng chubanshe, 1982), and the *Nüke baiwen* 女科百問 by Qi Zhongfu 齊仲甫 (1220; reprinted in *Zhenben yishu jicheng* 珍本醫書集成, vol. 8, *fuke lei* 婦科類 (Shanghai: Shanghai kexue jishu chubanshe, 1985), 1047-93).

<sup>43</sup> Most received primary sources from the pre-Song period are accessible to us only in editions that could have been altered and modified quite a bit by their Song editors. I am aware that the practice of classifying entries into categories that were to a certain extent conceived as separate only from the Song period onward is fraught with many dangers. However, for the purpose of indicating general trends, it is possible to

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categorize prescriptions and symptoms according to titles, location in the text, lists of indications, and intended drug actions. Moreover, in the case of Sun Simiao's *Beiji qianjin yaofang*, a comparison of the received text with manuscripts and fragments pre-dating the Song modifications has failed to reveal such major discrepancies as to invalidate my methodology.

<sup>44</sup> For more information on reproduction in early Chinese medicine, see Lee Jen-der 李貞德, "Han Tang zhi jian qiuzi yifang shitan – jian lun fuke lanshang yu xingbie lunshu" 漢唐之間求子醫方試探---兼論婦科濫筋與性別論述, *Bulletin of the Institute of History and Sinology, Academia Sinica* 中央研究院歷史語言研究所集刊 68.2 (1997):283-367, as well as her "Han Tang zhi jian yishu zhong de shengchan zhi dao" 漢唐之間醫書中的生產之道, *Bulletin of the Institute of History and Sinology, Academia Sinica* 中央研究院歷史語言研究所集刊 67.3 (1996):533-654.

<sup>45</sup> Sun, *Beiji qianjin yaofang*, 4.3.56.

<sup>46</sup> A measurement for medicinal ingredients. The "small *liang*" 小兩 that was supposed to be the standard for medicinal preparations during the Tang dynasty averaged about 14 grams, according to archaeological evidence. See Qiu Guangming 丘光明, ed., *Zhongguo kexue jishu shi* 中國科學技術史: *Du liang heng juan* 度量衡卷 (Beijing: Kexue chubanshe, 2001), 336.

<sup>47</sup> Sun, *Beiji qianjin yaofang*, 41.2.49.

<sup>48</sup> Namely the *Shennong bencao jing* 神農本草經 (Shennong's classic of materia medica) from the late Han period, which was edited, annotated, and enlarged by Tao Hongjing in the early 6<sup>th</sup> century. No academic translation is available in English. A good critical edition is Ma Jixing 馬繼興, ed., *Shennong bencao jing jizhu* 神農本草經輯注 (Beijing: Renmin weisheng chubanshe, 1995).

<sup>49</sup> Wang Huaiyin, *Taiping sheng hui fang*, 69.1.

<sup>50</sup> Wang, *Taiping sheng hui fang*, introductory essays, 72.1 and 73.1.

<sup>51</sup> Furth, *A Flourishing Yin*, 70.

<sup>52</sup> Qi Zhongfu, *Nüke baiwen*, 1052.

<sup>53</sup> Chen, *Furen daquan liangfang*, preface, i.

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<sup>54</sup> Phyllis Hood, in Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1987), 194.

<sup>55</sup> Elisabeth Hsu, ed., *Innovation in Chinese Medicine* (Cambridge: Cambridge University Press, 2001).  
Quotation from back cover jacket.

<sup>56</sup> Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard University Press, 1990).

<sup>57</sup> "Homology." *Encyclopædia Britannica Online*. 2004. <<http://search.eb.com/eb?article?eu=41805>>  
(accessed July 1, 2004).

<sup>58</sup> Plato, *Timaeus*. Trans. in Mark S. Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton, N.J.: Princeton University Press, 1995), 19.