PART THREE

Meanings of Motherhood

Reproductive Technologies and Their Uses

The virgin Jiang Yuan stepped unaware in the footprint of God and became pregnant, giving birth to Hou Ji, Prince Millet. When he was born his mother regarded him "as unnatural and loathsome" because of his strange conception and abandoned him. But he was rescued; he grew up to teach humans to plant grain, and to found the royal dynasty of Zhou. Although Jiang Yuan abandoned her son, Liu Xiang (80–7 B.C.) included her under the rubric of "Maternal Paragons" in his *Lienü zhuan* (Biographies of exemplary women).[1] In the late imperial period, we find a whole corpus of memorial essays, genealogical entries, letters and autobiographies in which men wrote little that is personal about their father, but related in detail how their mother had struggled against poverty and adversity to educate them and push them on in life; these sons portrayed their mother's life as "a symbol of virtue and suffering." Often, however, the "mother" was not the woman who had given them birth, but the principal wife of their father, their "formal mother" (*dimu*).[2]

Women in the late imperial period are often portrayed as victims of their own biology, trapped by the pronatalist, patriarchal drive for sons. If they were fortunate enough to escape being drowned as infants, they were given less love and poorer treatment than their brothers. They were married or sold off young, and their new family accepted them only once they had given birth to a son. Bonds between husband and wife were weak, but those between mother and son were strong. A woman's success and happiness depended on her fertility, over which she had no control. She was, as the village women Margery Wolf worked with in Taiwan in the

1. Kinney 1993: 129.
2. Hsiung 1994: 88.

1960s put it, a "rented womb." There are many elements of truth in this stereotype, but it is far from the whole truth.[3] I have suggested that the maternal aspects of female roles came to figure more prominently, or even exclusively, in late imperial China than in earlier periods, and in the following chapters I show how this was reflected in medicine as well as in other domains of ideological orthodoxy. The important point is that maternity took many forms; it did not always correspond to the bundle of values and images we assign to it today, as the examples of Jiang Yuan and the beloved *dimu* suggest. I also show that there were different forms of maternal status in late imperial China, and different techniques—social and biological—for acquiring them. Not all women were victims of their wombs. Women could and did act to control their own fertility.

In the following chapters I treat the various material and social techniques used to produce desirable families in China, taken in the context

3. M. Wolf 1972. Like other versions of the "traditional woman as victim" stereotype, this particular version has served the modern state very well. In the first three decades after 1949 the state established a systematic network of rural health care services and pursued a successful campaign, based not on coercion but persuasion, of educating families in modern birth control techniques and encouraging them to have fewer children so that they could provide for them better. The experience of childbirth for most Chinese women was transformed. Rates of maternal and of infant mortality fell dramatically, as did birth rates (Banister 1987). At the same time women were integrated into the public workforce and rewarded at rates that were comparable, if not identical, to male rates. Women were not men's equals under the new regime, for the political structure still retained, indeed depended on, patriarchal mechanisms at every level. However, the transformation in individual women's lives, the dramatic contrast between the new and the "traditional" Chinese woman, helped mask the persistence of gender inequality (K. Johnson 1983; Stacey 1983). With the dismantling of socialist production units and the New Economic Policies pursued since the beginning of the 1980s, individual households once again became independent economic units struggling to survive in the marketplace. Many rural families then wanted more sons to help run the farm. (Since the state had never intervened to discourage patrilocal marriage, rural people still felt that sons were preferable to daughters, although the opposite is now sometimes true in the cities; M. Wolf 1985.) At the same time the state introduced draconian birth control policies that attempted to restrict families to a single child. As a result young rural wives have come under severe and contradictory pressures from their marital relatives and the state (Croll 1987). The often tragic results include forced abortions on the one hand, and savage beatings or even murder for giving birth to girls on the other, not to mention divorce and a resurgence of female infanticide. One response to the dilemma has been a resurgence of fertility magic and witchcraft (Anagnost 1989). The state is conveniently able to argue that in rural areas "traditional" views of women and reproduction were never properly eradicated and are now coming to the surface once again, rather than admitting that this is a thoroughly contemporary crisis caused largely by the contradictions and negligence in its own policies.

of theories of fertility and reproduction, as a set of "reproductive technologies" and as such an essential component of Chinese gynotechnics. It may seem contrived to speak of "reproductive technologies" in premodern China, since the term was coined to describe the modern products of scientific experiment, of the laboratory and the operating theater, involving artificial inserts and the synthesizing of drugs and tissues. Today we have the technology to make fertile men and women effectively sterile, and we are developing technology that we hope will make sterile men and women fertile. Implicit in the term *technology* is the notion of deliberate and effective control.[4] When we think of the transformations we have wrought in "natural" reproductive processes by means of the oral contraceptive pill, the intrauterine device, or in-vitro fertilization, we can hardly imagine that the premodern world had parallels. But no human reproduction is "natural": in every society people put immense effort into shaping and controlling their reproductive processes. If we think of a technology as a system of techniques for producing a specific material world, as I proposed earlier, then every society has its own reproductive technologies, in which understandings of the fertile body and of kinship bonds translate into techniques that are applied to bring about specific reproductive goals.

It is true that by the standards of modern science most of the direct techniques of intervention employed by premodern societies to enhance or diminish their fertility were at best unreliable. By direct techniques I mean methods intended to produce or prevent a particular conception or its consequences, including for instance coitus interruptus or other sexual techniques, the consumption of herbal drugs, or the use of prayers or spells. Some of these techniques were probably more efficacious even according to modern criteria than is usually assumed today, and I discuss later the question of efficacy and whether such techniques might have affected real fertility rates. When demographic historians try to explain a society's fertility patterns, however, they reasonably presume that the individual and cumulative effect of "proximate determinants"—social factors such as rules of marriage and nuptiality (who might get married and at what age), the custom of employing wet nurses, or a general preference

4. The efficacy of most modern fertility-reduction techniques is high, but in fact the New Reproductive Technologies, or NRTs, designed to overcome problems of infertility, often produce conception rates almost indistinguishable from those of comparable untreated couples (Sandelowski 1991). Nevertheless, the market for NRTs is growing rapidly, and labeling these difficult, intrusive and expensive treatments "technology" is clearly one important ingredient in commanding consumer confidence.

for accumulating family wealth rather than dispersing it among multiple heirs—was more likely than most direct interventions to translate into real demographic effects.

Real demographic effects, however, are only a point of departure for understanding reproductive behavior. Appealing for the investigation of "demographic mentalities," William Lavely and his colleagues call on fellow sinologists to cast their analytical nets wider so that "eventually we will understand not just how frequently individuals marry and give birth, but why."[5] For even the "how" cannot be fully understood unless we understand the "why." Every society has different notions of what children are for, where they come from, what parenthood is, what the desirable and what the attainable family might look like, and who may legitimately contribute to its composition. Lavely and his colleagues have labeled this web of ideas a "demographic mentality." Developed by *Annales* historians in the Durkheimian tradition, the term *mentality* primarily denotes common ways of thinking or casts of mind shared and accepted throughout a society. For myself I prefer to use the term *reproductive cultures.* The majority of anthropologists and social or cultural historians today treat culture not as homogeneous but as a shifting arena of contested definitions and conflicts over power—a big argument as much as a national anthem. By using "reproductive cultures" in the plural, I mean to convey a sense of different groups within Chinese society, groups with different resources, interests and identities, and of a corresponding heterogeneity and conflict in their strategies of reproduction, as well as overlaps and commonalities.

The techniques that people resorted to in order to achieve the family they wanted may not always have worked, even in their own estimation, but they tell us a great deal about how they understood their bodies, the nature of family relations, duty and pleasure, and about the goals they thought feasible and the forms of intervention they thought likely to achieve them. They throw light not only on collective goals but also on the different resources individuals might have at their disposal to fulfill their own hopes or ambitions. It therefore seems preferable to consider a society's reproductive techniques together as a set, "effective" and "ineffective" alike, and to presume that each of them had meaning and usefulness in the eyes of at least some members of that society.

Not all past societies have left the kind of traces that allow fruitful studies of their population history; the same applies to the qualitative

5. Lavely et al. 1990: 818.

study of their reproductive cultures. For imperial China we are fortunate in having rich legacies of both kinds. Genealogies and censuses are key sources for the former,[6] medical texts for the latter. Distinct disciplines do not always enter into dialogue even when they focus on the same object, and cultural historians are often suspicious of demographers. Barbara Duden seems fairly typical when she complains that techniques of historical demography "silence the body," reducing individuals to clusters of probable attributes construed in terms of the modern, biomedical body.[7]

In the case of late imperial China, however, it seems that demographic historians and cultural historians of reproduction have decided, at least temporarily, to profit from the essential tension between their disciplines rather than ignoring it.[8] Certainly it would seem foolish to construct self-contained hypotheses about reproductive behavior in late imperial China on the basis of qualitative documents alone, without reference to the fundamental work that demographic historians are carrying out on the structure of the family. My own research has concentrated on medical writings, but the writings of orthodox physicians deal with only a restricted proportion of the population, and in addition it is not easy to tell from the evidence internal to medical writings alone how medical theory and advice might have translated into behavior. What we know about actual family structures and demographic patterns is a necessary touchstone.

The family composition that demographers excavate from the historical records is like the material shell of the house. Beneath the visible structure lies an invisible architecture constructed according to plans and struggles that we only dimly apprehend, but that an investigation of reproductive cultures and techniques may help clarify. The visible structure of recorded births, marriages and deaths only hints at all the successful and unsuccessful actions, the varied techniques that went into its construction. They

6. Each type of data presents its own problems. Ho 1959 is the classic study of census data, their inadequacies, and how they may be addressed. Genealogies include all male members who live long enough to marry and have sons. But as one might expect in a Confucian culture, even the way males are treated is based on rank. Sons who die young may sometimes be omitted from the record, as may sons who leave the community and die elsewhere, while sons without issue of their own may be included in some genealogies only if a posthumous heir is adopted for them. It is usual to omit daughters. Wives and concubines, their names and vital data may or may not be recorded. All this makes it extremely difficult to reconstitute real historical populations from lineage records. Telford 1990 argues that "formal" demographic techniques should be applied not only to patch recognized holes in the data but also to identify holes that have hitherto been ignored.

7. Duden 1991: 192 n. 3.

8. See, e.g., the range of essays in Lee and Saito forthcoming.

include magic as well as medicine, abortions and infanticides as well as children raised to maturity, and the renaming and repositioning of offspring born in one position but thought to fit better elsewhere. This construction, like the house that contains it, is an embodiment of domestic hierarchies, family status and good or bad fortune.[9]

The following chapters do not attempt to deal with all the elements that constituted the reproductive cultures of late imperial China. I am interested primarily in two related aspects: first, what the maternal role consisted of and how Chinese women could act to achieve it, and second, how the role of mother was embedded in the broader reproductive responsibilities of the wife.

In our own society we like to conflate biological and social parenthood, presuming that giving birth or contributing genetic material forges a bond between parent and child that is more real and more "natural" than any other kind and that lays the necessary groundwork for successful upbringing. This is by no means a universal understanding, as anthropologists have pointed out.[10] China also had a nature-nurture debate, but even in medical representations of fertility and maternity it is apparent that the

9. In exceptional cases where genealogical or registration data are particularly detailed, demographers have been able to demonstrate not only the differential fertility rates between rich and poor branches of the same lineage (Harrell 1985), but also the control exercised within the household over junior members' reproductive behavior (Lee and Campbell 1996: ch. 8).

10. E.g., Strathern 1992; Weiner 1992. The question of what constitutes "real" motherhood has surfaced repeatedly in the United States in the last few decades, requiring us to rethink the relative claims of different levels of the "natural" as well as of natural versus social kinship. Because in our society motherhood tends to be considered as integral and indivisible, any sharing between different kinds and degrees is discouraged. One arena of contest has been that of adoption, in which women often benefit from the childbearing of others lower in the prevailing class, race and/or national hierarchies. The NRTs have created further moral dilemmas in which middle-class, middle-aged couples seem to be exploiting inequities of economic class, and often also of ethnicity or of generation. The paradox of what constitutes "real" kinship is clearly demonstrated in the contrast between surrogate motherhood and egg donation. In the first case, the claims of the employers of the surrogate to be the "real" parents are based on the argument that *genetic* maternity, the provision of the ovum, is what really counts. In the second case, the contrary is argued, namely that the real child is produced not by the genetic blueprint in the ovum but by the social commitment implicit in the gestation of the woman who has purchased the egg. To a cynical eye it seems that these contradictions are easily resolved if biology is set aside—money, not genetic material or gestation, determines kinship, and the "real" parent is the one who pays.

balance was more heavily tilted toward nurture than ours is at present, and nurture in the social rather than the biological sense at that. The medical specialisms concerned with fertility and childbearing blossomed in late imperial China; however, this medical literature does not convey the childbearing imperatives that one might have expected in a society organized around patrilineal descent. In chapter 7 I discuss how medical history can be explored to illuminate the issues of power and agency inherent in reproductive cultures, and I look at the extent to which physicians in late imperial China represented or were able to enforce orthodox values. In chapter 8 I discuss the understandings of physical fertility and of legitimate and effective reproductive interventions contained in the medical literature, and the dual meaning of motherhood, biological and social, implicit in orthodox Chinese gynecology. I then follow up the medical image of dual maternity to see how it fits into the broader social organization of gender and kinship. The legal code, social practice, personal biographies and literary tropes all concur in representing biological motherhood as less binding, less "real," than social motherhood. In the first part of chapter 9 I explore the social complementarities of the two aspects of motherhood, examining how polygyny and adoption, institutions commonly understood as serving the reproductive interests of men and of the patriarchal lineage, allowed high-status women to acquire social offspring. The marriage system allowed senior women to benefit from the fruits of junior women's wombs: bearing a child did not necessarily make one a mother, nor did infertility necessarily make one not a mother. What was overwhelmingly important, at least among the elite and well-to-do, was the bond forged between mother and child during the processes of upbringing and education.

Maternal identity must be understood as embedded within wifely identity in late imperial China, because the various tasks of reproduction that were a wife's responsibility went far beyond giving birth to babies. A wife was responsible for managing the inner domain, which is to say, not just what lay inside the household walls, but whatever fell outside the domain of masculine responsibility. In an elite family this included bringing up the children and seeing to their education, as well as organizing and overseeing the work of all the other women in the house—daughters, sons' wives, concubines and maids. Running the house meant making sure that all were clothed and fed, that the old were cared for and attended to as well as the young, and that the ancestral cult was carried out properly. Running the household meant taking responsibility for the family finances, which in

well-to-do or elite families frequently involved running the estate, making investments, paying wages and keeping the accounts.[11] A wife's responsibilities were therefore not bounded by the walls of the inner chambers. Furthermore, she formed persons in order that they could cross those boundaries successfully. A woman trained her own daughters to become wives themselves; when her sons married, she made proper daughters-in-law of the new brides. Her sons she educated and then sent out into the wider world as representatives of their lineage, and of her own maternal virtue.

But not all women in late imperial China were wives, even though the majority were attached to men through forms of marriage. Not every woman who gave birth was a mother, nor was every woman who married a wife. As social historians have argued, it makes sense to think of legal wives, minor wives, concubines and maids as occupying different rungs on a single ladder of gender subordination[12]; as in all Confucian hierarchies, the meaning of the continuum lay in its ranked differences. Institutions such as concubinage served to reinforce the social hierarchies among women—and among men, and among families. They not only permitted the reallocation of children, but also took material form in everyday divisions of labor, in the occupation of household space, and in the differential allocation of reproductive responsibilities in the broadest sense. I therefore conclude chapter 9 with a consideration of female reproductive tasks in general and of how they fit into broader notions of male and female complementarity and the historical shaping of Chinese gender roles.

11. Many scholar families, though of high social status, were far from well-off, and there are many stories of wives whose hard work and astuteness enabled them to keep the family going until at last their husband or their son managed to pass his examinations and gain a well-rewarded official post.

12. Gates 1989; R. Watson 1991.

7 Medical History and Gender History

As the earlier chapters on domestic space and the symbolic importance of the bridal bed made plain, it was expected of married women in imperial China that they would produce children, and in particular that they would give birth to sons who would be heirs for the lineage (fig. 20). "Five sons and two daughters" were what the wedding guests wished a bride during the Song period.[1] The gravest offense against filial piety that a man could commit, not only toward his parents but toward his ancestors in general, was to fail to continue the line.

Up until the Song the ancestral cult was organized according to aristocratic values and honored primogeniture. The neo-Confucian reformulation of kinship included all family branches in the joint ancestral cult. The proportion of the Chinese population incorporated into such patrilineal webs expanded steadily from the Song and Yuan on. One significant effect, as Charlotte Furth remarks, was that this revised and more egalitarian system of patrilineality, with its dual focus of lineage and domestic shrine, "made every elder the potential ancestor of his own individual line of descent."[2] The failure to produce sons was seen in late imperial times as both a private and a public problem. The founder of the Ming dynasty, the Hongwu emperor (r. 1368–99), ordered that village altars should be set up to solace those without heirs, and the Ming code "stipulated that a man who had reached the age of forty and had no sons by his wife could take a concubine," although under other circumstances concubinage was

1. Ebrey 1993: 172.
2. Furth 1990: 189, discussing the genre of household instructions (*jiaxun*), written by elders to keep their heirs in line after their own death. This genre became increasingly popular among the petty gentry in the late imperial period. On the neo-Confucian reformulation of kinship principles, see Ebrey 1986.

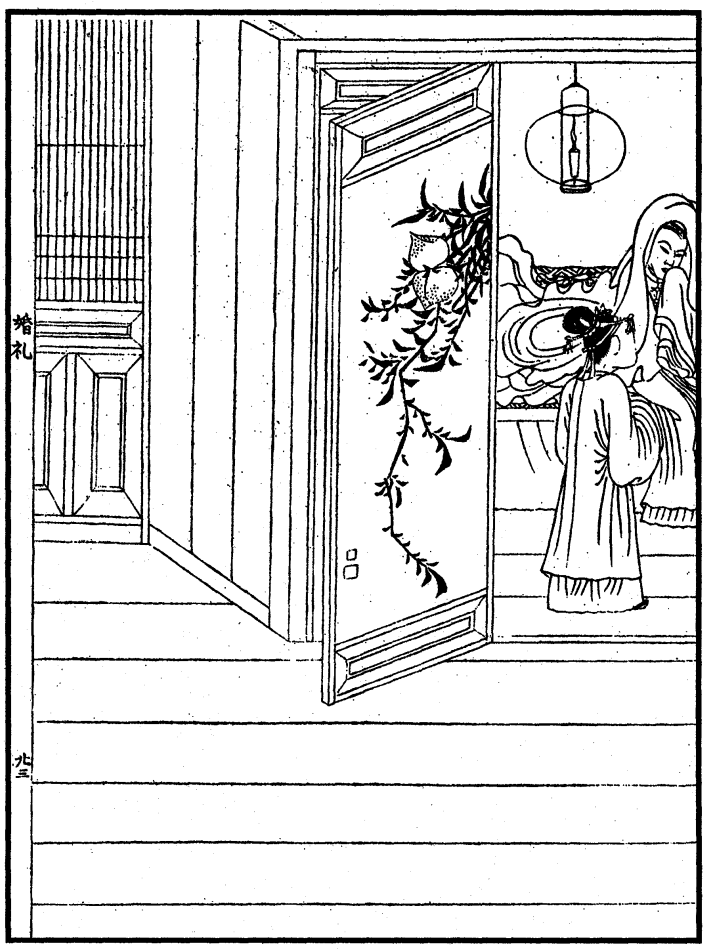
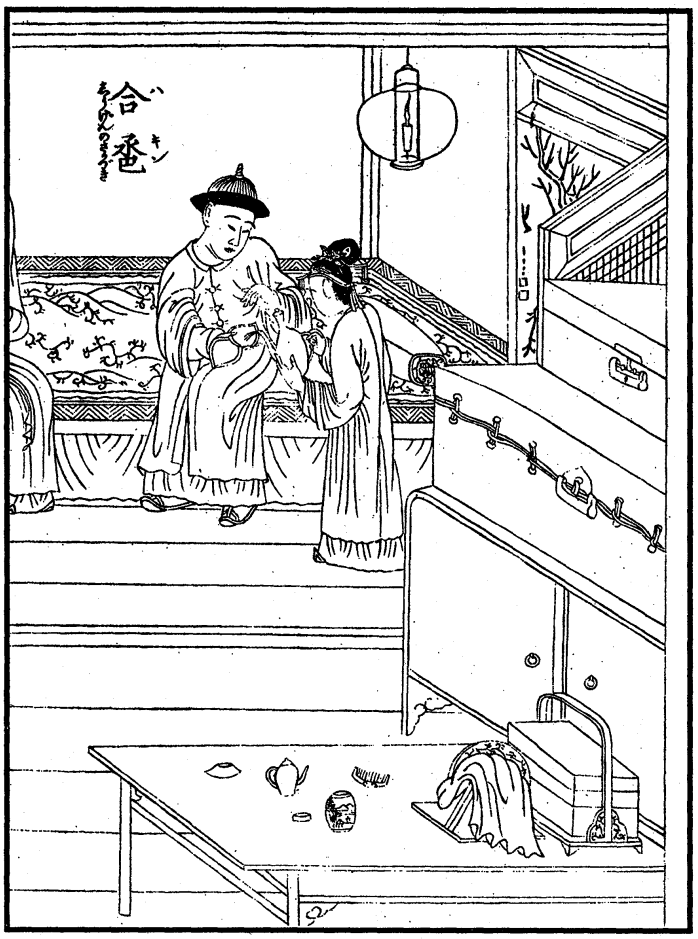


Figure 20. "The split gourd" (*Qing Customs* A: 382–83). The new bride and groom are sitting in her chamber on the rumpled quilts of the bed the bride brought with her as part of her dowry. Both look awkward and shy as one of the maids pours wine into each half of the split gourd cup that symbolizes the loss of the bride's virginity. The peaches on the folding door of the sleeping alcove are symbols of fertility.



punishable by "forty blows with the light bamboo."[3] Furthermore, failure to bear sons was a legitimate reason for a wife to be divorced. In this context it is not surprising to find in the medical literature from Song times on a growing concern with producing descendants, with fertility, female health, childbirth, and the care of infants, which presumably mirrored the preoccupations of the population at large.

The relevant categories of medical specialization include *fuke* (women's [or rather wives'] medicine) and *erke* (children's medicine), both of which became well established in the Song; specialist texts on the medical approach to childbirth (*chanke*) also appear at this period. Although in the Song some physicians developed these specialisms along lines that went beyond direct reproductive concerns (based on the theory that, given their different natural endowments of *yin*, *yang* and *qi*, men, women and children would experience similar complaints in different forms and require different treatments), later this aspect was assimilated into general

3. Waltner 1990: 17, 22.

medicine, except in the field of pediatrics. *Fuke* came to concentrate on all aspects of female health related to conception, pregnancy, childbirth and postnatal problems, corresponding quite directly to our own term *gynecology.* There were also cross-gender categories like *guangsi* (multiplying descendants) or *zhongzi* (begetting sons) which dealt with problems like *buyu* (infertility).[4] One might also note a shift in medical theories of sexuality. The medieval emphasis on conserving semen or male essence, *jing,* as the source of longevity faded into the background in medical writings on sexuality, which now became preoccupied with how best to dispense male and female essence in order to achieve conception.[5]

Both medical theory and popular belief recognized the existence of male as well as female infertility. In medical theory, male infertility was generally caused by such factors as excess of emotion or of sexual activity. Remedies included diet to build up the male principle and sexual restraint or abstinence.[6] According to popular religious belief, Heaven might punish individuals for their own sins or for those of their ancestors by depriving them of offspring. Ann Waltner cites a Yuan text that says infertile men were referred to as "natural eunuchs": their childlessness was interpreted as divine castration. Ming ethnographic authors report a widespread pop-

4. Furth 1986, 1987; Hsiung forthcoming. The historical trajectory of these genres, the early roots of these branches of specialist knowledge, their consolidation by Song and Yuan physicians, and the exponential growth in the number of titles during the late Ming and the Qing are clearly demonstrated in the many excellent bibliographies of Chinese medical works, e.g., Guo 1984–87 or Xue 1991.

5. Hsiung forthcoming; Furth 1994. The early and much of the medieval discourse on sexuality—popularized in the West by the writings of Van Gulik—showed a male making use of multiple female partners, building up his male essence by absorbing their female essence. The ideal female partner was young and immature, well below the age before which pregnancy was advisable. But the point of intercourse was for the man to take advantage of his partner's orgasm, in which she exuded female essence, while fending off orgasm himself in order to conserve *jing.* Impregnation was therefore not part of the ideal sexual encounter. The "child" that such intercourse aimed to produce was the man's spiritual "inner child" (Schipper 1982). As Furth points out, the practices advocated in the medieval texts imply an aristocratic lifestyle. These ideas continued to circulate in later imperial China, but largely within the rubric of writing on *yangsheng* or longevity, or of Daoist practices that were viewed by the orthodox as transgressive. The *guangsi* writing of late imperial China, heralded by Sun Simiao (c. 581–682), emphasized sexual moderation and firmly presented the goal of intercourse as conception. Intercourse itself was now represented as a long-term partnership between a man and his wife, both of suitable age to beget and bear healthy children. Writers such as Wan Quan "encouraged women, like men, to strive for continence and self-mastery, and offered both the reward of erotic fulfillment through the begetting of children" (Furth 1994: 144).

6. See Furth 1994 and Hsiung forthcoming.

ular belief in the Celestial Hound, who caused sterility and infant disease and was fought with peachwood arrows by Immortal Zhang.[7] Offending one's ancestors by carelessness in performing the ancestral offerings, the poor placing of graves, or general immorality could also cause childlessness. Prayers, rituals, amulets and fertility potions could all help.

As one might expect in a society organized around the continuation of the male descent line, however, it was female fertility that came under most immediate and frequent scrutiny. The gynecologist and pediatrician Wan Quan (1488–1578?) was a renowned physician and a prolific writer in all the fields just mentioned.[8] In one of several works that he wrote on "multiplying descendants" he includes a passage on "selecting a mate" in which he lists the popular notions of how to recognize fertile women and sets forth five types of women considered unsuitable for marriage on account of their presumed inability to have children.[9] Women anxious to conceive paid large sums for fertility potions. The cults of fertility deities flourished, and most supplicants prayed for sons.[10] Boy preference was clearly expressed at every cultural level, from medical advice on "planting sons" (*zhongzi*) to popular imagery.[11] Woodblock prints of plump, rosy-cheeked

7. Waltner 1990: 18. Peachwood arrows were considered from ancient times the most effective weapon to ward off evil spirits, and the fruits of the peach symbolized the related blessings of fertility and immortality. The earliest explicit medical discussion of "natural eunuchs" is probably by the sixteenth-century physician Wan Quan (see Furth 1994). In the late sixteenth-century pharmacopeia *Bencao gangmu,* Li Shizhen provides further discussion of the five "false males" and the five "false females" in the section on "human categories." The "false females" are rendered infertile by anatomical abnormalities that prevent effective penetration. However, the natural eunuch *(tianhuan)* is a man whose *yang* is too weak to be of use (*Bencao gangmu:* 2971–72); it is not clear whether this signifies irremediable infertility or not.

8. On Wan Quan see, e.g., Li Jingwei et al. 1988: 10 and Furth 1994.

9. Hsiung forthcoming, referring to the sixteen-section *Guangsi jiyao* (Essentials for multiplying descendants). As mentioned in note 7 of this chapter, this list is also included in the *Bencao gangmu,* which was widely read and cited. These categorizations of infertile types were not developed on the basis of medical theory, however, but seem to have been drawn from widespread lay ideas.

10. On the use of fertility potions depicted in the late Ming novel *Jinpingmei,* see Cullen 1993. Fertility cults included goddesses like Gaomei the matchmaker and Nine-Son Mother, who dealt specifically with infertility, safe childbirth and infants' health, as well as deities whose powers ranged much further, like Guanyin. Interestingly, several of the deities were women who had never married or borne children (J. Watson 1985: 320). Bodhisattva Guanyin was originally depicted as male, but began to be represented as female in the course of the Song.

11. Both classical Chinese medicine and folk beliefs offered methods for conceiving a child of the desired sex and for diagnosing the sex of a fetus. Many medical works on pregnancy and childbirth, as well as more popular writings such

infant boys playing with peaches were pasted up in peasant homes at New Year, while in the inner quarters of prosperous ladies lacquer chests were inlaid with motifs of baby boys at play.

Infanticide was a common method of dealing with unwanted births in late imperial China, and as far back as records go, girls were far more likely to be killed than boys.[12] There is abundant evidence of female infanticide in late imperial China,[13] often explained by shocked observers as a wish to avoid the burden of dowries. There is also evidence that before their thorough integration into Chinese culture the inhabitants of many regions (especially the southeast coast and the lower Yangzi) killed male as well as female infants to achieve their ideal family size.[14] Moreover,

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as household encyclopedias, give magical methods for changing the sex of an unborn child—from male to female as well as from female to male (Leung 1984; Hsiung forthcoming). Presumably a child of the desired sex was born sufficiently often for many people to have faith in these techniques.

12. See Kinney 1993 on the period up to the end of the Han, and Li Zhende 1995 on the period from the Han to the Sui. At that time infants were likely to be killed not only because their family could not support them, or because they were deformed, or because they were girls, but because they might bring misfortune on their family. Numerous children born under an unlucky astrological combination were killed or abandoned. Given our ignorance of actual birth rates, it is difficult to say with any confidence just what proportion of infants, male or female, were killed at birth. Nor, since we know little about infant mortality at present, and since children were not registered in Chinese genealogies or local records until they reached the age of three or four, is it possible to say anything much about selective neglect. Confident comparisons between dynasties are not possible either, though some comparisons between regions and classes in the Qing have now been published (e.g., Telford 1990 and Lee forthcoming). In a study of a particularly well-documented community in eighteenth- and nineteenth-century Liaoning, James Lee and Cameron Campbell "estimated that approximately one quarter of all daughters were victims of sex-selective infanticide. . . . The general rule was the higher the position, the more children and the larger the proportion of boys" (Lee forthcoming, citing joint research). The Liaoning group studied here lived on restricted banner land and may not have been typical of the Chinese population at large, if "typical" behavior can ever be expected in a matter of this kind.

13. Indeed in recent years it has been widely practiced in the People's Republic, along with sex-selective abortion made possible by the increased availability of amniocentesis. Elizabeth Croll, Amartya Sen and many other analysts have pointed out that the combination of the One-Child Family Policy and the liberalization of the economy has had a disastrous effect on sex ratios (Croll 1987; Sen 1990). However, Susan Greenhalgh and Jiali Li conclude that infanticide is a possible, but not proven, contributor to current skewed sex ratios and in any case would play only a minor role (Greenhalgh and Li 1995).

14. In around 1079 the poet and government official Su Dongpo wrote about the regions that now comprise Zhejiang and Hubei: "The commoners of Yue and E regions customarily want to rear only two boys and one girl. Newborn babies after that will be killed" (T'ien 1988: 26). T'ien cites several other cases from the

even in a culture that generally valued sons, a sudden crisis might also cause harassed parents to kill newborns of either sex, including in well-to-do families.[15]

Infanticide is the most effective way of controlling family size in response to sudden crisis. It is also a foolproof way of exercising sex selection if all other means fail. It may therefore have much to recommend it if we presume some kind of impersonal patriarchal establishment, or even the husband or mother-in-law rather than the new mother herself, to be the principal agent in reproductive decision making. But quite apart from any moral scruples or aversion to cruelty that other members of the family might feel, it can hardly be the fertility-control technique of choice as far as the mother is concerned: she has to go through the burdens and anxieties of pregnancy and the agonies of childbirth, only to suffer the further agony of the death of her infant.[16] If women in late imperial China were indeed more than the passive victims of their wombs, one might expect that they would try to deal with unwanted pregnancies at an earlier and

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Song dynasty of regions where "local customs imposed heavy burdens on child-rearing." A Song memorial of 1112 uses the same rice-farming term that was used in Japan, "weeding out of children," to describe and condemn practices that occurred in the southeast (ibid.: 27).

15. The dramatic fluctuations in grain prices in eighteenth-century Liaoning represent one such crisis (Lee et al. 1992). In earlier dynasties the requirement to pay poll tax on children, or oppressive military or corvée labor requirements, also often led parents to kill their infants. An edict of 1109, banning the practice of infanticide in Fujian, reads: "Many in this province were apt to kill or drown newborn infants without distinction by sex as soon as the official taxes and corvée regulations had been periodically fixed, in order to avoid an increased reassessment of their lot" (T'ien 1988: 26).

16. There was apparently no Chinese equivalent to the Japanese practice where parents of "weeded-out" *(mabiki)* children set up small gravestones where they make offerings to them in expiation. The common term for these children in Japanese is *mizuko* (water children), and LaFleur 1992 traces the notion of the liquidity and fungibility of early human life implied in this term back to pre-Buddhist beliefs. Discussing infanticide in early modern Japan, LaFleur characterizes Confucian condemnation of this practice as an objection to *waste,* that is to the waste of potential subjects of the state. This seems to have been true of pronatalist Japanese ideology in the early modern period, and it may have been one element in the revulsion for the practice expressed by the Chinese bureaucrats of the earlier imperial period and up to the Song (see, e.g., Kinney 1993 on Han conscription, and the request of the minister of war in 1109 that the imperial prohibition of infanticide be extended from Fujian to all the Yangzi provinces [T'ien 1988: 26]). Although as a feminist I am not particularly sympathetic to most forms of neo-Confucian morality, I do think LaFleur's interpretation undervalues the role of human-heartedness in Confucian aversion to infanticide, at least in the late imperial Chinese case.

less painful stage. Chinese medicine, folk and learned, contained enormous numbers of drugs thought to abort fetuses, several of which were probably quite effective.[17] And moral writings, novels and so on tell us that men in the late imperial period frequently worried that their wives would consort with disreputable women who could sell them such drugs.

THROUGH A GLASS DARKLY: THE QUESTION OF EFFICACY

Even if the Chinese believed they possessed a whole range of effective techniques for fertility control, including drugs that would cause abortions, did these methods actually work in individual cases, and were they effective (and often enough used) to the extent of influencing population trends?

Let us for the moment assume that the answer to the first question is yes. The second question presumes that we can tell the difference between a population's actual fertility rate and the "natural" rate that would represent unmodified reproduction (unmodified, that is, within that society's specific framework of social structures like marriage practices). One problem here is that Chinese population records make it difficult to reconstitute live birth rates and natural or induced infant mortality with any certainty, and the records tell us nothing about pregnancy rates, only about the number of children that lived long enough and were considered important enough to be recorded.[18] The records do show a consistent skew in favor of sons, proving that female infanticide and/or neglect were important factors in affecting population trends; evidence for male infanti-

17. Kong et al. 1976.

18. Chinese demographic history still raises at least as many questions as it answers. The documentation of family data through genealogies and household registration becomes more widespread over time, and this in itself makes comparisons between periods difficult. For instance, we cannot realistically compare rates of male celibacy or of concubinage for the Song and the Qing, nor can we document trends in female fertility rates. Because the genealogies and household records that have provided so much of the fundamental data treat offspring as belonging to the father rather than the woman who bore them, in a polygynous household we cannot always be sure which children were whose. Even when the number of a woman's children is recorded, we usually have no means of knowing if that was all the children she ever gave birth to or whether it was only those who survived infancy. The practice of registering pregnancies, which Ohta and Sawayama (forthcoming) describe for late Tokugawa Japan, is the only example I know of any premodern society where records might permit us a rough reconstitution of total pregnancy rates across a community. Apparently official attempts were made to register pregnancies and to supervise births in order to prevent unwarranted infanticide in early China, but no family records were kept at the time (Kinney 1993).

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cide (or perhaps for temporary abstention from procreation) in times of stress can also be recovered from these records.[19]

One challenge is to explain the overall flatness of Chinese fertility curves, where married women bore few children of either sex. James Lee shows that Chinese women's fertility during the eighteenth and early nineteenth centuries was very low compared to Europe in the same period. "[Women] who married at age twenty and remained in a monogamous union until age forty-five gave birth on average to only five children; similarly situated European women had ten. . . . European wives in their twenties were twice as likely to give birth as similar age Chinese wives."[20] These low fertility rates were not unprecedented in Chinese history. Ebrey, working with the funerary biographies of 189 couples during the Song period, finds only slightly higher rates of marital fertility among her elite population. Married in their late teens, the women who survived to forty-five without being widowed averaged 6.1 recorded children.[21] Again, six live children over a fertile period of some twenty-five years is not many, even when high infant mortality, natural miscarriages, stillbirths, and other causes of premature death are taken into account.

China demographers are no longer content to attribute the phenomenon of low marital fertility to infanticide alone—they have now started to take the contemporary cultures of reproductive control more seriously. Lee and his colleagues explain the flatness of the late imperial Chinese fertility curve in two ways. One is through the exercise of sexual moderation, that is to say, a "preventive check."[22] Once conception has occurred,

19. Lee forthcoming; Lee and Campbell 1996.

20. Lee forthcoming; see also Li Bozhong 1994 on low fertility curves in mid-Qing Jiangnan.

21. Ebrey 1993: 172.

22. Lee forthcoming; Lee and Saito forthcoming. The hypothesis of a culture of sexual moderation is also invoked by Li Bozhong 1994. The rationale behind such a culture, according to these authors, is the wish to maintain or improve living standards. See Hsiung forthcoming for a detailed account of popular and medical prescriptions for sexual moderation. However, it has to be recalled that medical texts advocating sexual moderation are normative, not descriptive. The extent to which they translated into behavior in the bedroom remains hypothetical. Some demographic studies claim to be able to deduce coital frequency from fertility curves, and may adduce surveys of sexual habits to support their findings. I confess to being deeply dubious about such claims. In the late imperial Chinese case, on the one hand, there is a flourishing medical and moral literature, with a long historical tradition, that advocates sexual moderation. On the other hand, there is profuse evidence that prostitution was widespread and increasing, and that even the puritanical cultural clampdown of the Qing was unable to stamp out the "decadence" (sexual and otherwise) to which the decline of the Ming was

however, they apparently do not consider that any intervention would be likely to be effective before the child was born, which means that for them abortion is effectively ruled out as a fertility check. Other historians are more open-minded about the effectiveness of abortion.[23]

A few years ago Basim Musallam castigated demographers for assuming that effective birth control was a product of Western modernity. One reason for this widespread assumption (which seems to have carried over into contemporary East Asian demography) was that until recently most premodern methods of contraception or postconceptive intervention were presumed not to be effective. As well as Musallam, Norman E. Himes, George Devereux and Angus McLaren have each shown that premodern societies were familiar with a far greater range of fertility control methods than we imagine, a number of which were "effective" even in modern scientific terms.[24] Himes, writing in 1936, documented an astonishing range of contraceptive methods practiced in premodern societies, including charms, spells, suppositories, douches, inserts and condoms, and a vast range of oral medicines. In those days it was possible for him to classify the oral medicines along with charms and spells as "superstitions," asserting authoritatively that no oral preparation could possibly have been effective in preventing conception! Himes acknowledged, however, that many of the barrier methods, as well as coitus interruptus, were effective

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frequently attributed. How are we to reconcile these two conflicting images of a sexual culture and translate them into an ordinary couple's bedroom behavior? Moreover, we might note that in late imperial China sexual moderation was advocated both for reasons of health and as a means to conceiving "good-quality" offspring—a theory also in vogue in modern Western medical fertility treatment. How confident then can we be in linking coital frequency with conception rates?

23. E.g., Hsiung forthcoming. Kong et al. (1976) conducted laboratory analyses of a number of drugs from the Chinese materia medica believed to produce abortions, and found a great many of them to be effective; they went on to suggest that several of them should be investigated as potential antifertility treatments. Many of the traditional prescriptions are still used by Chinese physicians today, sometimes to abort, other times to expel a dead fetus or the placenta.

24. Musallam 1983: 4; Himes [1936] 1970; Devereux 1976; McLaren 1984, 1990. Himes drew mainly on writings about contraception, and his scope was therefore largely limited to the literate traditions of Eurasia. Obliged as he was to work principally with translations and secondary sources, Himes's work can be criticized for misrepresenting some of the cultures he discusses (Musallam points out that Himes was apparently unaware of one of the most important scientific Arabic texts on fertility control and mistakenly took popular texts as representative of the scientific knowledge of the period [1983: 73–75]). Devereux, an anthropologist, used reports of abortion from about 350 "primitive" societies for his analysis.

if not foolproof. Musallam, in his study of Muslim attitudes toward contraception, goes a step further, to argue that in Egypt and Syria under Mamluk and Ottoman rule, the use of premodern contraceptive techniques affected population patterns significantly.[25]

Two important methodological points arise from Musallam's fine study. The first concerns the concept of efficacy and the criteria by which it is judged. From the point of view of the historical demographer, it makes perfect sense to ask of a birth control technique whether it *really* worked, and to discount analytically those practices whose efficacy cannot be demonstrated in scientific terms. Did Tibetan crocus really cause abortions, and if not, do we need to know that Chinese pharmacology said it did, and that Chinese women dosed themselves with "red pills" that included Tibetan crocus if they wanted to terminate a pregnancy? If one is looking at fertility rates, then the question of efficacy is important, but partial efficacy has to be taken into account as well. And if one is looking at cultures of reproduction, then the implications of efficacy or inefficacy have to be thought about differently. What is significant is the intention to abort, and the attempt to do so—and here it is the belief that the procedure worked that counts. How such belief and practice translate into demographic evidence is not something one can predict a priori, but it is something we need to consider carefully.[26]

Medical anthropologists have criticized the application of biomedical criteria of efficacy to nonbiomedical therapies on the grounds that healing is a complex and subjective process, not necessarily equivalent to the elimination of a biological pathogen.[27] One might argue that in the case of fertility control the case is more clear-cut: either a new baby joins the family or it does not. The only premodern method of fertility control that can be considered truly effective is infanticide; together with neglect,

25. Although absolute population figures for Egypt and Syria, from the time of the Black Death in the fourteenth century to the mid-nineteenth century, are difficult to reconstruct, demographers do agree that the population actually declined during this period. Musallam argues that this unusual pattern cannot be explained in Malthusian terms but must have been the result of deliberate birth-control efforts (1983: 105–21).

26. As Hsiung (forthcoming) points out, Chinese medical theory advocated the first few days after menstruation as the best time to conceive, so that women who tried to avoid conception by waiting until mid-month were, according to modern views, actually increasing their chances of becoming pregnant; conversely, women who wanted to conceive might fail to do so. How this would translate into a resultant effect on fertility rates is quite impossible to say.

27. Etkin 1988: 299.

infanticide is also the last, dramatic resort if other more private methods fail.[28]

Musallam, however, makes the important point that to understand a society's fertility patterns we should consider fallible as well as infallible methods. The birth control techniques most frequently referred to in Muslim jurisprudence and in medieval Middle Eastern medical and popular literature (namely, coitus interruptus and vaginal suppositories) were recognized at the time to be possibly rather than infallibly effective.[29] This did not stop people using them with sufficient frequency to have a significant effect on population trends, Musallam believes. I would argue that the same was true of abortion in late imperial China: it worked sometimes but not always, though often enough to have a slightly flattening effect on the famous curve.[30] Indeed it is reasonable to keep an open mind on the efficacy of much wilder-sounding premodern birth control methods, considering that in recent years the number of drugs and techniques scientifically demonstrated to exercise at least a partial control over fertility has expanded considerably. Methods now include oral as well as barrier contraceptives and a whole range of abortifacients; there is currently even a widespread medical interest in how psychological factors might affect

28. Even infanticide is only truly effective in its most drastic form where the infant is actually put to death. Like neglect, exposing or abandoning the newborn is a method that cannot be counted on, as the Egyptian pharoah who ordered Moses to be cast on the waters, and Laius who exposed Oedipus on the mountainside, found out to their cost. Kinney gives the story of a woman in Han China whose child started crying in her belly two months before it was due. When it was born she buried it in a path between the fields, but on the third day some passersby heard the child crying, whereupon the mother dug it up and raised it. Since the third day was the day on which a father publicly acknowledged a newborn child, the timing here is obviously significant (Kinney 1993: 125). Many parents who abandoned an infant did so in the hope that its death could be avoided, and that charitable strangers would care for the child better than they could themselves. This was certainly true in China. It was regarded as an act of virtue, and in later periods also as an act of Buddhist merit, to rescue and care for abandoned children, either as an individual or as a community; see, e.g., Brook 1993; Leung 1987; Waltner 1990 on orphanages and fostering. Fostering was carefully distinguished, however, from adoption, which established a completely different order of claims between the persons involved (Waltner 1990).

29. In the case of paternity suits, for example, Muslim jurisprudence was clear that a man could not deny paternity merely on the grounds of having practiced coitus interruptus (Musallam 1983: 19). Under Muslim law contraception was admissible, but late abortion and infanticide were considered equivalent to murder and were strictly forbidden.

30. For my contribution to Lee and Saito (Bray forthcoming), the editors suggested that I should try to estimate the relative importance of abortion and infanticide. I confess that so far I cannot think of any way of doing so.

conception.[31] There are thus good positivist reasons to look closely at a society's reproductive techniques as a complete repertory, rather than just singling out those that we assume were most likely to have worked.

Musallam's study raises another important methodological point, namely the reconstruction of goals and motives, the "why" of Lavely's "demographic mentalities." The reconstruction of *intentions* is delicate and requires a careful reading of qualitative sources. How, for instance, do we reconstitute a society's understanding of desirable or tolerable ratios between population and resources? Musallam argues strongly that religion and politics cannot be separated from economics in reconstructing the rationale for limiting births in the premodern Middle East. Islamic law permitted birth control during "hard times"; it *required* it under enemy rule.[32] Musallam believes that the reproductive decisions of the city

31. As well as scientifically tested and industrially produced contraceptives, biomedicine has also developed New Reproductive Technologies that aim not to reduce but to enhance fertility. Here both medical and popular understandings of a desired conception and pregnancy emphasize their difficulty and precariousness, and identify innumerable threats to successful childbearing that have reduced the status of pregnant women, or of women attempting to conceive under medical supervision, to a veritable moral and physical enslavement (see, e.g., Bordo 1993: 71–98; Sandelowski 1991). The would-be mother has not only to avoid all potentially harmful material influences—ranging from dioxins in the workplace to cigarette smoke in the home, and from hard drugs to hair colorants—she is also supposed to display motivation and perseverance in following highly intrusive medical regimens, and at the same time to cultivate the serenity that is widely held to contribute to successful fecundation and gestation. One example that particularly took my fancy was a recent series of articles in the French popular media on the NRTs, in which the fertility experts and psychologists interviewed recommended that women who wished to conceive should first undergo therapy to make sure that they were not suffering from unresolved conflicts with their own mothers. If we turn the wisdom concerning successful childbearing on its head, we come up with recipes for controlling fertility. In today's Western culture of reproduction, a woman might well presume that a cocktail every evening and a weekly quarrel with her mother were a guarantee against unwanted pregnancy. Perhaps the most astonishing case of effective premodern birth control I have come across is the system of mandatory abortion practiced by the Siraya in Taiwan, as recorded by seventeenth-century Dutch observers. Married women were not expected to bear children until they were in their late thirties, and until then were likely to undergo numerous abortions obtained through a painful process of violent massage (Shepherd 1990).

32. "The late medieval Hanbalis, strictest of jurists, insisted that birth control was mandatory for a Muslim family under enemy control" (Musallam 1983: 120). It was a fascinating experience to read Musallam's account of classical Islamic jurisprudence and its attitudes toward sexuality, birth control, and men's and women's rights—many of which twentieth-century Westerners would consider extremely liberal—just as the Vatican was forging an alliance with Islamic fundamentalist regimes to repudiate the proposals concerning reproductive rights that

dwellers of Egypt and Syria under Mamluk rule were driven by religious concerns that to us might appear primarily economic. The good Islamic life required a relatively high level of material ease so that children could be educated and religious duties fulfilled properly; it also included the freedom to live a Muslim life in security. That is why Islamic law urged good Muslims to sacrifice the pleasure of children under infidel rule. Reconstructing the "economic" tolerances that helped define the demographic mentality of premodern Egypt and Syria requires a sophisticated consideration of how religion defined parenthood and the rights and duties entailed in reproduction.

Interesting Chinese parallels to the Muslim quest for a "good life" in the face of material difficulties, or of new opportunities to rise in the world, surface in the demographic literature on late Ming and Qing China, especially for the Jiangnan region, which was the most economically advanced of all China. Chinese theories of the state had always been concerned with desirable ratios between population and resources, attempting to redress imbalances by encouraging (or coercing) migration, or by promoting farming methods that increased output or permitted the exploitation of hitherto marginal ecologies. By around 1700 the Qing emperors and many of their civil servants were convinced that a point of no return had been reached, where the population would continue to increase relentlessly without any possibility of a commensurate increase in output. The solutions they advocated were to persuade "unproductive" members of society like urban tradesmen and artisans to return to farming, to promote the cultivation of staple cereals and discourage diversification into commercial crops, and to urge their subjects to economy and moderation in the form of low consumption levels.[33] Nothing is said in the imperial edicts or other official documents to suggest that the ruling elite might have advocated smaller families or sexual restraint as a means of slowing population growth. But if we accept arguments by James Lee, Hsiung Ping-chen and Li Bozhong that a culture of sexual restraint developed in late imperial China, should we consider this as related to official Malthusian forebodings, and if so, how? Can we presume some kind of translation here between the health of the family and the health of the state?[34]

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formed the agenda of the United Nations Population Conference held in Cairo in 1994.

33. Will 1994.

34. I raise this as a matter for reflection; as I have read them so far, my own sources suggest no connections between macro- and microeconomic concerns.

WHAT IS A BODY?

Barbara Duden claims that demography silences the body, reducing it to a modern stereotype.[35] The historical actors depicted in Chinese demographic history still seem to be equipped with essentially similar bodies to our own, the only difference being that they were rather more ignorant about their workings.[36] The foregoing discussion of efficacy, choices and intentions argued largely in terms of causes, effects, and images of the body that modern science would recognize. But it is necessary to go beyond this view and to examine Chinese ethnobiologies of reproduction—that is to say, "native" understandings of the body and of how babies are brought into this world—the "how" (as well as the "why") of controlling fertility.

I should emphasize that we are dealing here not with a single "Chinese" body, but with a heterogeneous package. The phenomenological body (the physical package of flesh and blood, bones and sinews, vital organs, nerves and senses—perhaps incorporating, perhaps distinct from an immaterial mind, soul or spirit—through which we exist and know ourselves to exist in the world) is differently constituted and organized in different societies, and even within the same society it will be understood and experienced differently by different people.[37]

35. "To social historians of my generation historical demography has become a primary source of statements about body-mediated phenomena [in which] the characteristics of the body within a statistical population are . . . perceived as *probable attributes of an object:* as rates of birth, morbidity, reproduction and mortality" (Duden 1991: 192, emphasis added).

36. Anthropologists have long been aware that the modern Western body, an individual and material body isolated within its own skin and transparent to the scientific gaze, is—as an experience—far from universal (e.g., Worsley 1982; Scheper-Hughes and Lock 1989). The "history of the body" is still in its infancy, and even historians of medicine have only recently begun to break away from the notion that the "objective realities" of the modern Western body inevitably underlie the bodily experiences of other times and places. Foucault's work on epistemic ruptures laid the groundwork for exploring the extent to which the body of scientific biomedicine is a historical and cultural construct; much of the most interesting work in this field has been done by feminists anxious to expose the gendered nature of modern science (e.g., Schiebinger 1987; Martin 1987).

37. Most people work with multiple models of the body, though one will usually predominate at any moment. For example, in our own society we think of our heart as an anatomically fixed organ that pumps the blood around the body, and it is certainly with that model in mind that we might agree to heart surgery. Yet at the same time we are aware of a real physical experience of dislocation when our heart is "in our mouth" or "in our boots." Another simple example of how body image and experience can differ within a common paradigm: all schoolchildren in the advanced economies are taught the same elements of biomedical

Duden's study reveals that the biological ideas of ordinary people in an eighteenth-century German provincial town were vastly different from ours, and their physiological experiences and expectations were correspondingly astonishing. To consider just one bodily function, menstruation, that today we associate purely with female reproduction[38]: for Duden's subjects menstruation was not linked with fertility but was considered necessary for health because it cooled or purged the body; if amenorrhea occurred the sufferer was less likely to think of pregnancy than of a threat to her health; if menstruation failed to resume, some equivalent flux such as a nosebleed or suppuration from sores would allay her fears; though men were so constituted that they needed these regular fluxes less, menses were not always restricted to women, nor was lactation; moreover, it surprised nobody if a woman continued to menstruate well into old age, and indeed her longevity would be attributed to this fact. By comparison the body discussed in late imperial Chinese medicine seems more familiar and predictable, more "true": only women of childbearing age menstruate, and men's nosebleeds do not serve the same function as the menses. But we must take care not to let broad resemblances blind us to real differences.

Duden's study was not specifically concerned with how reproduction

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anatomy; however, in France the liver looms largest among the bodily organs in patients' perceptions of their afflictions, in the United States it is the heart, and in Japan the *hara* or abdomen. The body models of late imperial classical Chinese medicine and of Chinese popular religions differed enormously (see Schipper 1982 for some examples), and an infertile woman would shift between these models as she sought help from orthodox physicians, wise women or the goddess Guanyin. For different perceptions and experiences of the body in late imperial China beyond the domain of medicine (in ritual, etiquette, clothing, etc.) see the contributions in Zito and Barlow 1994.

38. This said, we can find discrepancies and contradictions in contemporary explanations of exactly how menstruation and reproduction are linked. The prevailing scientific representation of menstruation is that it is the consequence of the body's failure to conceive. The anthropologist Emily Martin argues that in the United States this discourse is most likely to be internalized by well-educated women, while women with less education or less stake in the social hierarchy (the black, Chicana and poor white women in her survey of patients at Johns Hopkins) tend to see menstruation not as a proof of failure but as a positive emblem of fertility (Martin 1987). Meanwhile, in a picturesque reversing of classic pollution imagery, a biologist at Berkeley has achieved instant media fame for publishing a paper in which she argues that menstruation (a phenomenon that is restricted to humans) evolved in response to the peculiar patterns of human sexuality in order to cleanse and protect the womb, eliminating not the impurities generated within her own body, as several Western ethnobiologies have it, but the microbial and other contamination caused by the entry of the (unclean) sperm (Profet 1993).

was understood in her German town, but many of her findings about how women and physicians in Eisenach understood the female body, and how the practitioner and his client reached workable accommodations between high theory and folk belief, would be indispensable to any attempt to reconstruct the people of Eisenach's reproductive cultures, their beliefs about what was possible in the realm of begetting and bearing children, and the reproductive strategies of different persons within that society.

This brings me to the question of how people in China might have experienced their bodies. In a highly influential essay Nancy Scheper-Hughes and Margaret Lock crystallized the theoretical positions of much recent scholarship in medical anthropology and history of medical science, which argues that it is impossible to understand physical bodies or their representations abstracted from their social and political dimensions.[39] Modern scientific thought depends on the process of abstraction; it presents us with an "objective" body apparently unanchored in space, time, or social identity.[40] It is the task of the critical scholar to reconstruct the values inherent in this apparently value-free epistemology, and to imagine subjectivity for the objects of scientific scrutiny.

The phenomenological body, the body that is felt and lived in, is not identical in every society. It cannot be separated from two further levels of embodied experience that Scheper-Hughes and Lock label the "social body" and the "body politic." In *Natural Symbols* the structural anthropologist Mary Douglas observed that bodies are "good to think with," metaphorical embodiments of society; Scheper-Hughes and Lock urge a dialectical application of Douglas's approach, analyzing biological representations and experiences as symbolic systems that are manipulated within a broader framework of contested and hierarchical social relations.[41] As for the "body politic," they remind us that an individual's access to and

39. Scheper-Hughes and Lock 1989. This critical approach is not new. It has its roots in Marx and in the Frankfurt School's critiques of knowledge, but has become more mainstream in recent years under the influence of feminist and post-structuralist theory.

40. The most influential work on the development of the abstract scientific gaze in medicine is Foucault's *Birth of the Clinic* (1973).

41. Metaphors are frequently shared in medicine and in politics. Since the development of anatomy in the Renaissance, the Western body like the Western polity has been successively represented as a system of weights and pulleys, as a machine consuming and producing different forms of energy, and as an information network. Schiebinger (1987) documents the process by which shifting gender and race relations were inscribed in eighteenth- and nineteenth-century European anatomy, and suggests that the increasingly forceful anatomical representations of gender difference, in which women came to be shown as caricaturally large-hipped

experience of health care and medical practice are dependent on means and status, on what Bourdieu calls social and cultural capital as well as on the straightforward economic variety.[42] In the case of late imperial China, medicine produced one set of images of the body that affected what people thought their bodies were and how they experienced them. Religious, magical and cosmological beliefs produced variations on or alternatives to these images. And ideas about kinship, social connection, and the nature of the bonds between living and dead, parent and child, individual and family, generated beliefs about the causes of illness, about what constituted appropriate or "natural" experiences and desires, about where the body began and ended and about who had claims on whose flesh, many of which are strange and unfamiliar to us.

The key issue in the deconstructive approach to the body and its representations is power. Positivist history of science and medicine is concerned with the power of human beings to understand and control the natural world. Poststructuralist history of science and medicine is concerned with the power that people exert over each other, with the representations of such control as facts of nature, and with subordinated people's alternative visions and their struggles to resist domination. Poststructuralists are acutely aware that "the main mechanism of domination operates through the unconscious manipulation of the body,"[43] and in particular through

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and small-skulled, were at least in part an unconscious reaction against contemporary women's demands for economic and political rights. Martin (1987) and Lock (1993) analyze the sexism inherent in current biomedical descriptions of reproductive processes. And Honig and Hershatter (1988) provide a fascinating account of how biological explanations of gender difference in school texts and the media have shifted as social and economic policies changed in the People's Republic of China.

42. First there is the question of which issues are given prominence in medical practice; for example, it has often been pointed out that a disproportionate amount of the U.S. national health research budget is devoted to the health problems of middle-class, middle-aged white males. Then there is the institutional level of services offered to different sectors of the population. And then there is the question of the respect and active involvement a patient can expect. For instance, the degree to which a hospital patient is treated by a busy specialist as a passive object, a cluster of symptoms, rather than as an active collaborator in the construction and treatment of his or her case may depend on how the physician rates the patient's financial resources, but will also involve assumptions about how much common language they have, and whether this patient can be trusted to contribute reliable information or to contribute positively to the process of treatment (see, e.g., Taussig 1980 on physician-patient relations in a North American hospital setting, or Bray 1995a and Dean-Jones 1995 on Chinese and Greek medical views of the reliability of female knowledge).

43. Pierre Bourdieu, in an interview of 1992, quoted Segal 1994: 263.

intellectual manipulation, through the production of ideas or "discourses" about the body.

In attempting to recapture something of the different modes in which women in late imperial China experienced, were told about, talked about, and acted on their own bodies, I am also attempting to recapture the difference of Chinese understandings of the body. Acknowledging that humans have been almost infinitely inventive in the body images they have created, I nevertheless believe that all these creations are fashioned out of the basic material needs that sustain and reproduce human life: eating and sleeping; pain, illness and death; sex, childbearing, and whatever else goes into making vulnerable little creatures that can be turned into human beings. I find myself at odds with the current trend in feminist theory that dismisses the role of material reality in shaping identity.[44] Contemporary critical theories of gender and of sexuality that deny the relevance of biological reproduction depend on a paradoxically material grounding, namely the separation of sex and procreation that contraceptive advances have recently made possible. The high technology of biomedical diagnostics and therapy allows us to think of the body as a mere surface shaped and filled by words.[45] But we would be wrong to presume that other societies were disembodied in the same way. Of pain, Elaine Scarry says that "whatever [it] achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language." Pain is not the only bodily experience resistant to language, yet which cannot be ignored. When texts about bodies are what we have to work with, discourse and its political roots will loom larger in shaping *our* understanding of those bodies than it ever did in reality. It is important to remember, as Barbara Duden does, that the woman in the world cannot be detached from the woman beneath the skin. One cannot hope to recapture exactly the body images and feelings of women and men in late imperial China, but I think we may safely accept that procreative preoccupations played a

44. The attitude seems perversely ahistorical. While I agree that "discourse" shapes our understanding and experience of our bodies, I cannot agree that discourse has in effect *invented* the body, or that it encompasses, because it has created, everything we know and feel through our bodies. Lynne Segal may be right to say that "we can only *know* bodies through discourse" (1994: 228), if we accept the dubious modern Western presumption that all knowledge must be expressible in words. But knowledge is only part of what it means to be human, and to imagine that we can only apprehend our bodies through discourse implies a rarified cerebral and hyperliterate mode of life, lapped by the comforts of modern civilization with its attendant discontents.

45. Foucault calls the body "the inscribed surface of events, traced by language and dissolved by ideas" (*Discipline and Punish,* quoted Segal 1994: 227).

central role in shaping their everyday sensibilities, and that these inchoate feelings fed into medical or social discourses, which could shape and direct them but could not invent or disinvent them, or even totally encompass them.[46]

PHYSICIANS, ORTHODOXY AND POWER

Reproductive medicine became increasingly visible over the late imperial period, but its establishment as a group of distinct and related specialisms in the Song did not represent a radical theoretical innovation. The foundational writings on the theory of sexual maturation and fertility to which all late imperial authors refer are the pronouncements of the legendary physician of the Yellow Emperor, Qi Bo, recorded in the *Huangdi neijing* (Yellow Emperor's classic of internal medicine). At the core of late imperial theoretical writings on successful conception lie the recommendations of the sixth-century physician Sun Simiao. The corpus of late imperial writing on reproduction is pretty homogeneous. There are no significant changes in physicians' understanding of reproductive processes, or in their basic attitudes toward reproductive disorders, although diagnostic and therapeutic preferences varied according to time, school or region, and depending on the general theoretical framework within which a physician chose to work.

All Chinese schools of medicine agreed on the fundamental constitution of the human body. Chinese medical theory was primarily interested in the processes of interaction and transformation that nourished and maintained the healthy body and that also determined the transmission and evolution of disorders. The Chinese organs—Heart, Liver, Lungs, Spleen and Kidney—were not the anatomical entities of modern Western medicine. They were functional systems that connected different levels of the same type of physiological activity. Each system corresponded to one of the Five Phases (*wuxing*), the five types of process according to which the energy of the natural world (*qi*) transmuted, producing matter and

46. A good instance is the discourse around menstrual regulation, which I discuss in chapter 8. Several scholars have recently addressed the importance of "surface" and its relation to reality in Chinese conceptions of body and identity (e.g., Elvin 1989; most of the essays in Zito and Barlow 1994; Blake 1994). This literature is suggestive, requiring us to reconsider how we think about skin as a boundary, inside and outside, and nature and ornament (I return to these themes later in my discussion of nature and nurture in China). But many of these essays go too far toward privileging discourse and denying the reality of what lies beneath the skin.

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dissolving it, building and transforming. The organ systems interacted with each other in sequences determined by Five Phase theory. *Qi* circulated through the body, maintaining a balance between *yin* and *yang* within the organ systems. Reproductive capacity depended on the Kidney system. The Kidney system represented water-type activities—that is to say, processes of condensing, liquefying and descending; it included the kidneys themselves, but also hair and teeth; it produced male and female vital essences as well as urine.[47] Chinese medical theory did not separate the organic and physiological from the mental or emotional in the way that Western thought has often preferred. The concept of organ systems and of the circulation of vital substances linked the innermost vitals deep within the body to the growth that represented them at the surface, and tied the physiological state of each vital organ to an emotional state that signaled its health or disorder.

Medical schools might differ as to which organ system they saw as predominant. They might disagree as to whether diagnosis and therapy based on theories of cold damage were suitable for treating the fevers prevalent in the semitropical south, or required rethinking in terms of heat factors. One school would prefer to diagnose in terms of how far the disorder had penetrated, another according to which organ was principally affected. Some physicians preferred to rely on drug therapy alone, others also used acupuncture. Some emphasized using gentle drugs to build up the body's natural defenses, others tended to start with strong drugs to eliminate pathogens. One doctor might always include ginseng in his prescriptions, another might be famous for his experiments with aromatics. The Five Phase theory of systematic correspondence between organs was pushed to great lengths during the Song and Yuan dynasties, and many later physicians objected that it was too theoretical, advocating a more empirical approach. But the cosmological models of how the physical and physiological world worked remained essentially unchanged, and so too did the fundamental rationality of learned medicine.[48]

47. I use capitals for the Chinese organs and for the term *Blood* to signal that these terms do not correspond exactly to their meaning in biomedicine. The Chinese term *Blood*, for example, signifies the materialized phase of *qi* energy, and its main function is to nourish the body. As well as the red liquid that circulates through the veins and nourishes the fetus of a pregnant woman, Blood can also take the form of breastmilk. For a concise introduction to the history of Chinese medical theory, see Sivin 1988. Kaptchuk 1983 gives an accessible account of the organs in contemporary practice. On the Kidney system in reproductive thought, see Furth 1986, 1987.

48. Farquhar 1994 is excellent on differences in diagnostics and therapy, again in contemporary practice. On the social factors behind the emergence of the heat

Overall, then, the late imperial period was one of stability in orthodox gynecological theory and practice. Length of time notwithstanding, we are dealing here with a rather homogeneous corpus. We find no significant changes in physicians' understanding of reproduction, or in their attitudes toward or treatment of reproductive disorders. Although scholars became interested in various aspects of European science and technology introduced by the Jesuits in the late Ming and early Qing, Western medicine had no impact on Chinese gynecology—or indeed on any branch of Chinese medicine—during this period.[49] There were no dramatic technical innovations, like the invention of forceps, that upset the balance of control in reproductive medicine or threatened established ethics. No miracle herbs or new acupuncture meridians were discovered, there were no startling improvements in the diagnosis of pregnancy, physicians did not engage in research to improve their knowledge of female anatomy or experiment with new delivery techniques or instruments. Instead they tried to improve the services they offered within the framework of an established medical paradigm. The historically most significant change over the period in which I am interested was the marked increase in orthodox medical activity as wealth spread and towns developed, the demand for medical care grew, and the market for medical publications expanded among specialists and lay readers.

It is difficult to tell how representative recourse to orthodox medicine rather than other forms of healing was and to put any quantitative values on how much it changed say between the Song and the Qing, even among the elite.[50] Nor do we know much about what the alternatives involved.[51] Case histories often mention tantalizing fragments of alternative practices (resort to faith healers, wise women, or self-administered drugs, for exam-

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factor school in Jiangnan, see Y. Chao 1995. On differences between medical schools of thought in the premodern period, to cite only Western-language literature, Unschuld 1985 and 1991, and the introduction to 1986, are all suggestive; see also Sivin 1988.

49. The earliest response to Western knowledge in this field comes in the late Qing. Part of the gynecological section from Hobson's treatise on anatomy, written in Chinese in the 1850s, was inserted as an addendum in the 1881 edition of a Chinese gynecological work, Shen Yaofeng's *Nüke jiyao* (Essentials of gynecology). Although Hobson's text conveys a completely different vision of the body, no modifications were made to Shen's text to reconcile the discrepancies.

50. From the nontechnical literature, such as household precepts and novels, we know that elite men frequently criticized their womenfolk for their medical dependence on priests, bonzes and wise women or midwives.

51. One highly bowdlerized account of the healing practices of an eighteenth-century itinerant healer, the *Chuanya*, has survived.

ple), but by the nature of a case history we are only told about alternative treatments when they have failed. Priests' and wise women's successful case histories were not published by their disciples, unfortunately, and we know almost nothing about routine home diagnoses and treatments beyond the corresponding sections in popular encyclopedias and almanacs.

In addition, we cannot be certain of the social scope of orthodox physicians' practice. Case histories almost always tell us the sex and age of a patient; they sometimes provide further social information, such as a patient's name and occupation or title, or in the case of women, the name of their father or husband and their rank (official wife, concubine), or the name of their master if they are serving in a household as a maid. On this basis, a preliminary survey of late imperial Chinese patients by Furth suggests not surprisingly that the wealthy were more likely than poor people to consult a physician, that rich women were likely to consult a sequence of healers even for relatively minor ailments, and that poor women would see an orthodox physician only if they were suffering from a serious complaint.[52] Consequently, the texts written by orthodox physicians, while they do not exclude poor or uneducated patients, are heavily biased toward the well-to-do.

The Chinese medical texts I refer to were all written by what I call orthodox physicians, that is to say, persons whose medical competence was recognized by the educated elite and who shared their social and moral values. They include works by the most famous physicians of the time and others by lesser luminaries, but they demonstrate a general consensus on what constitutes responsibility in the treatment of reproductive problems. Almost all the works I cite were first published between 1550 and 1850, ranging from the later Ming (Xu Chunfu's *Gujin yitong daquan,* an annotated compendium of medical works ancient and modern, published in 1556) to 1846 (Fang Lue's case histories, the *Shangyou tang yi'an*). They include works on general medical theory and practice with gynecological sections (Xiao Jing's *Xuanqi jiuzheng lun,* Xu Chunfu's *Gujin yitong daquan,* Xu Dachun's *Yilue liushu*), works on diagnosis (Lin Zhihan's *Sizhen juewei*), as well as specialized treatises on gynecology (Yan Shunxi's *Taichan xinfa,* Wu Daoyuan's *Nüke qieyao,* Wu Qian's *Fuke xinfa yaojue*), and collections of medical cases (Ye Tianshi's *Linzheng zhinan yi'an,* Cheng Maoxian's *Cheng Maoxian yi'an,* and Fang Lue's *Shangyou tang yi'an*).

The general works on medicine contain, as well as original materials,

52. Furth 1988.

numerous passages from and references to earlier works, commented on by the author in the light of his own theoretical bent and experience. The same is true of specialized gynecological works. Medical publications ran the gamut between highly theoretical works aimed at fellow physicians and popularized works for a general audience. However, a "physician" in late imperial China was not a professional in the modern sense, nor was medical language as impenetrable to nonspecialists as it is in the West today.[53] Most educated people were familiar with the principles of medicine and had at least a nodding acquaintance with foundational works like the *Huangdi neijing*. Works on "increasing descendants" were largely intended for a lay readership to consult at home. Gynecological specialists were likely to include in their preface the hope that their work would help husbands to advise their wives through a healthy pregnancy and recuperation from childbirth (fig. 21).[54] Some authors liked to pen even more accessible medical works on gynecology, pediatrics, or other topics; these were often written in verse for easy memorization, with more technical comments between the verses, as in Wu Qian's *Fuke xinfa yaojue* (Essential esoterics of the new gynecology), written in the eighteenth century.

This brings me to the question of medical knowledge and ideology in late imperial China. The people I have been referring to as "orthodox physicians" were recognized by their contemporaries as trained specialists in a field of expertise known as "medicine" (*yi*) and accorded the title of "physician" (the same word, *yi*). In early China physicians were generally of low social status. Medical theory and philosophical cosmology began to be integrated even before Han times; nevertheless, the knowledge and expertise of healers were still considered distinct from those of philosophers and other educated men, with hints of magical powers and supernatural forces harking back to ancient times when healers were diviners or shamans. Magical, shamanistic and religious healing have never disap-

53. See Bray 1995a on the technical use of everyday terms in late imperial Chinese diagnostics. Today a profession is presumed to be self-regulating and self-certifying: to join the ranks of chartered accountants, lawyers or doctors it is necessary to master the syllabus that the professional group has declared suitable, to pass its examinations and receive its diploma or license; the profession also decides the scope of application of its expertise and the limits of ethical behavior. Although state-organized medical examinations did exist in late imperial China, the candidates were usually low-status people hoping to serve as state medical officers, whose prestige seldom compared to that of either "hereditary" or "Confucian" physicians. Otherwise there was no system of licensing.

54. Leung 1984: 52.

Figure 21. The childbirth chamber (*Qing Customs* A: "Birth" section, 3a). The new mother is sitting on her bed, propped up between piles of quilts. This posture was supposed to keep the mother from sudden movement and prevent hemorrhaging. A maid or perhaps the wet nurse is holding the new baby.

peared in China, but the branch of knowledge called "medicine," *yi*, became progressively more secular, consistent and rationalist over the centuries. Practitioners of "medicine" sought to distance themselves and their expertise from the people they represented as a rabble of quacks, bonzes, and immoral old women—that is to say, their competitors for a fickle clientele.[55]

55. The biographies of doctors, diviners and magicians from the period up to the early Han, written by the Han historian Sima Qian and translated by DeWoskin in 1983, give some idea of how versatile the concept of a healer could be at that period. On the range of healers that a well-off client might consult in the late Ming, see, e.g., Cullen 1993.

One way in which *yi* claimed their authority to heal was through the accumulation of practical expertise. It was common in early dynasties to quote the saying from the *Book of Rites* that one should never consult a physician unless he came from a family that had practiced medicine for three generations. Physicians of this kind, who acquired their expertise through practical apprenticeship as well as more theoretical studies, were often referred to as "hereditary physicians," *shiyi*. Ye Tianshi (Ye Gui, 1667–1746), whose physician father died when he was still young, is said subsequently to have worked under seventeen different specialists before setting up in his own practice, while the famous Ming physicians Wang Ji (1463–1539) and Xue Ji (1487–1559) both learned their craft from their fathers.[56]

Traditionally, one of the Confucian duties of a filial son was to give his elderly parents the medicines they might need,[57] and therefore it was also considered proper that a gentleman or scholar should be acquainted with the works of the medical canon. Often it was filiality, the need to help an ailing parent or relative, that first stimulated a scholar's interest in medicine. In medicine, the cosmological principles and humane values that Chinese political philosophy applied to the regulation of society were applied to the regulation of the human organism; the word for healing is the same as the word for ruling or governing, *zhi*.

The first duty of a gentleman, the primary goal of his scholarship, was to serve the state and to apply his knowledge to regulating society. If for any reason this was impossible or undesirable, for example if the current

56. Ou 1988: 354, 361; Li Jingwei et al. 1988: 97, 281, 668.

57. Sima Guang includes this in his daily rules, saying that the man himself presents his parents with the medicines after his wife has prepared them. (Chinese prescriptions consisted of mixtures of several plant or other drugs, a portion of which was boiled up and infused daily at home in a long-spouted ceramic teapot of the kind that can still be found in any Chinese store or pharmacy. Drugs also came in powder or pill form, and although they could be purchased ready-made at the druggist's, instructions for making some of the most popular of these were included in the health sections of popular encyclopedias.) The most extreme form of filial care for sick parents (and one of the most admired) took the form of self-mutilation, cutting off chunks of one's own flesh to brew up broths that were considered to be particularly effective as a replenishing drug for restoring strength (see Cooper and Sivin 1973). T'ien (1988) traces the history of this practice, and he and Carlitz (1994) both discuss the significance of its popularity over the Ming-Qing transition, when it was a frequent and much-admired expression of female virtue, even though it was legally forbidden. Carlitz also remarks that it was daughters who were the heroines of such tales in earlier dynasties, but that by the Ming and Qing they were replaced by daughters-in-law, showing the extent to which women's kinship loyalties had been forced into the patrilineal mold.

regime was corrupt and unworthy, or if the scholar was unable to obtain a post, then it was considered morally legitimate for him to turn to the practice of healing. "If one does not become a good official, then one should become a good doctor," declared the Song statesman Fan Zhongyan. In the Yuan dynasty, under alien Mongol rule, many more gentlemen took up medicine as a living than ever before, often justifying this choice on political grounds. But expediency must also have played a role: even then the number of candidates for the state examinations far outstripped the number of posts available, and the situation became even worse in the later Ming and in the Qing. So it is not surprising that many men who turned to practicing medicine did so after having failed several times to pass the state examinations. Physicians of this background were steeped in the morality of Confucian and neo-Confucian writings, and may be considered as orthodox in their opinions and values as any other scholar.[58]

These physicians were primarily scholars. Their first claim to medical understanding came from deep study of the medical classics and a profound grasp of the cosmological principles that governed the workings of heaven, earth, and the human body. They were able to cure not because they were technicians but because they were philosophers. In the Song, Jin and Yuan dynasties medical scholars formalized the application of the Five Phase theory of systematic correspondence to medical etiology and to drug classification and therapy. Although the excessively theoretical bent of these writers was often criticized in Ming and Qing times, philosophical learning still provided a solid foundation for claiming medical authority. In Ming and Qing times physicians learned in all the classics, such as Xu Dachun (1693–1771), claimed that one should mistrust those who merely "skipped through" the classical texts.[59] Physicians of this background liked to be known as "Confucian physicians," *ruyi*.

The number of physicians of all kinds increased rapidly during the Ming and Qing. Suzhou on the lower Yangzi, which became the most dazzling of the cultural centers of late imperial China and was very wealthy, attracted physicians and healers of every kind. There are records of 3 physicians practicing in Suzhou in the Tang, 4 in the Song, 5 in the

58. See Hymes 1987 on Yuan physicians and their social status, and Y. Chao 1995 on the educational status of physicians in Jiangnan in the Ming and Qing.

59. See Unschuld's translation of Xu Chunfu: "On those who skip through the classics" (1991). Xu was a noted scholar who published on the Daoist classics, on ancient music and on the earliest medical classics as well as on his own medical practice.

Yuan, 88 in the Ming and 219 in the Qing. Needless to say, they had numerous competitors in the form of folk healers, midwives, bonesetters, priests, herbalists and so on. A battle of labeling ensued: one late Ming physician distinguished between thirteen categories of healer, ranging from illustrious, Confucian, and virtuous physicians, through hereditary physicians, to quacks, devious physicians, immoral physicians, female healers and monks.[60]

People who fell sick were likely to consult as wide a range of healers as they could afford; they might call in several physicians at once, or sack one after another, and that would not stop them also offering prayers and buying magic potions. However, priests, fortune-tellers, female herb-peddlers and midwives offered completely different kinds of worldviews and therapies from educated physicians. Although a distinction was commonly made at the time between "Confucian" and the "hereditary physicians," they all shared a basic cosmological understanding of how the human body worked, used the same diagnostic techniques and methods of treatment, and were all male and educated. It has often been presumed that the competition between Confucian and hereditary physicians played a fundamental role in shaping the debates and new directions of late Ming and early Qing medicine, but Yuan-ling Chao argues that this distinction has been overplayed, and that it was often far from clear whether a physician belonged to one category rather than another.[61]

It does seem that the balance between hereditary and scholarly claims to medical authority shifted in the course of the late imperial period. This means not that hereditary physicians were giving up their activities, but that increasing numbers of outsiders were joining the ranks of physicians, perhaps founding medical lineages of their own,[62] while any physician wishing to build up an urban and wealthy clientele was likely to stress his scholarly claims to authority (which might include publishing learned discussions of the classical literature, collecting prefaces to his work by distinguished scholars, or developing a polished style for the writing up of case histories). Given the increasing emphasis placed on common educational background, shared knowledge and values in determining one's

60. *Xuanji jiuzhenglun* 509, cited Y. Chao 1995: ch. 1.

61. Y. Chao 1995 on the classification of physicians, and on their origins.

62. In his new dictionary of medical biography He Zhixi (1990) collates some twenty thousand names, mostly from the Qing, into medical lineages. These include lineages based on kinship filiation (direct descent and affinal kinship), as well as on adoption and discipleship. The majority of the lineages were based on kinship descent rather than on the intellectual descent traced through master-disciple links.

status as a physician, we might say that medicine was on the way to "professionalization." At the same time as the number of physicians was growing, so too was the volume and range of publications in medicine and the density of communications between physicians, who collected medical books, corresponded, edited each other's cases or essays, and wrote approving prefaces to or attacks on each other's work.[63] Furthermore, there was a growing interest in medicine among the general public. Educated people were able to read medical works in their original form, but now it became quite common for eminent physicians to write medical primers in simple language that commoners could read, like Wu Qian's *Essential Esoterics of the New Gynecology,* written in the seven-character rhymed verse form that was typical of popular songs and ballads. Simplified medical knowledge was also available in sections in household encyclopedias and almanacs. This was yet another way in which elite values were disseminated among the less educated members of late imperial society.[64]

It will have become apparent, though, that however fascinated the late imperial public may have been by medicine, the authority of even the most learned or experienced of physicians in no way compared to that of a medical doctor in the United States today. The knowledge and language of medicine, and even its technical skills, were not esoteric to nearly the same degree. Every educated man could read a medical text and understood the underlying models of the body, greater numbers still had some basic medical knowledge, and many homes had their own medicine chest. Although medical prescription was an admired and sophisticated skill, it was not as removed from everyday experience as brain surgery. The continuities between educated and professional language, knowledge and skills meant that educated clients would often discuss with the physician on more or less equal terms the case for which he had been called in, and they might dispute his understanding of it, dismissing him or modifying the course of treatment he prescribed. Precisely because experience as a claim to medical authority was being replaced by general levels of learning that were shared by patients as well as practitioners, the authority of many physicians in late imperial times must have found itself diminished. Patients were disrespectfully disputatious, and numerous late imperial

63. On the question of professionalization, see the discussion in Y. Chao 1995: 150–203.

64. With the growing and apparently insatiable market for medical works, pirating became a problem. There were complaints that no sooner did a new book come out than unauthorized and cheaper versions appeared everywhere (ibid.: 28).

physicians deplored the unruliness and ignorance of their clients, meaning that they often refused to do what the doctor told them.[65]

CASE HISTORIES: WHOSE VOICES?

Women were notoriously unreliable patients: emotional and ignorant, complained the physicians. We may presume that the worldviews of religious or magical healers, or of wise women, were often more appealing to a sick woman or a mother with a sick child than the Confucian insistence, embodied in orthodox medicine, on suppressing the emotions.[66] But whoever else they may also have consulted, elite women frequently called in orthodox physicians, and the flourishing late imperial genre of case histories is a rich source of information on the causes and outcomes of these encounters.

Diagnosing female patients was acknowledged to be more difficult because social convention severely restricted the direct sensory contacts between physician and patient. The twelfth-century pharmacologist Kou Zongshi first wrote on the special problems involved in diagnosing female patients from good families. They would not let their faces be seen, obscured their pulses by draping their wrists, found questioning onerous, and failed to take medicine as prescribed.[67] In fact, Kou lamented, of the four normal methods of diagnosis, two were more or less ruled out; looking was impossible and pulse taking was made difficult, so only questioning and listening remained. This complaint became a trope in the late imperial gynecological literature. Even questioning was considered difficult, since it might well have to proceed through an intermediary, husband, father or servant. In the late imperial cases I have studied, however, pulse taking was a standard and unquestioned procedure with all women

65. Yuan-ling Chao cites Ye Gui, Lu Maoxiu and Xu Dachun as examples. Ye writes that the parents of sick children get so desperate that they often cause the death of the child by constantly interfering with the treatment and by bringing in spirit mediums. Lu too complains that Suzhou people consult mediums instead of calling in the physician; he also castigates them for believing that all disorders are caused by *yin* depletion and demanding prescriptions to replenish *yin*, even though (he says) they have not the slightest idea of what *yin* and *yang* are (ibid.: 39–40).

66. Emotions like anger, resentment or melancholy were considered very health-threatening. Orthodox medicine recognized that the social position of women made them especially prone to these damaging feelings, but the solution recommended was to control or repress them (Furth 1986, 1987).

67. Quoted in the slightly later *Furen daquan liangfang:* 64–65.

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patients, and the other details provided indicate that little information was withheld. Even if the physician himself was not favored with a direct glimpse of the lady's complexion or whiff of her breath, others provided him the necessary descriptions.

Examination procedures in late imperial China were quite different from those with which we are familiar today. The physician did not normally feel the brow for fever, palpate the limbs or torso, or auscultate, let alone poke around inside any orifices. By our standards, the approach was definitely hands off. The purpose was also different. The Chinese concept of disorder, *bing*, does not correspond to our modern notion of disease. A Chinese disorder, though it has similar origins in all patients, will manifest itself differently in individual patients, according to the exact circumstances in which it was contracted and the particular constitution of the patient; it will also evolve over time in ways that vary among patients. Diagnosis must therefore identify a disorder category in its particular manifestation at this moment, *bianzheng*. For this, a complete description and case history was essential.

The most favored examination technique varied according to school or period, but basically diagnosis depended on four essential methods involving all the senses. The Chinese doctor *looked* at the patient's complexion, *listened to* his breathing (and smelled his breath and other bodily odors), *asked* questions to elicit his account of his disorder, and *touched* his wrist during the complex procedure of taking the pulse.

Determining the manifestation type depended not only on the physician's powers of perception, but also on his ability to communicate with the patient and his or her family. The Ten Questions formulated by the master diagnostician Zhang Jiebin (1563–1640)[68] include, in order: feelings of cold and fever; sweating; how the head and body feel; elimination; appetite; how the chest feels; hearing; thirst; pulse and complexion; and finally *qi* and "savor" (matching the medical properties or "savors" of the prescription to the patient's needs). The first eight categories were questions that the physician needed to ask the patient. They would inform him of the superficial phenomena—the exposure to cold, the overindulgence in wine, the aches, the restlessness, the periodicity of fevers, the incidence of diarrhea—that defined the manifestation of the patient's disorder, and

68. Zhang Jiebin's *Shiwen pian* (Treatise on the Ten Questions) was published in the seventeenth century; Lin Zhihan's *Sizhen juewei* (Selection of subtleties in diagnostic technique) of 1723 includes Zhang's work in j.3 with a four-page commentary of Lin's own.

all this information, together with a detailed analysis of the pulse reading and other indicators, provided the basis for diagnosis and the prescription of therapy. Ideally the physician would be called in several times, to investigate how the disorder was responding to treatment, to decide whether his preliminary diagnosis required reformulation, and to prescribe the adjusted therapy appropriate at each stage in the disorder's progress toward health. A full medical case was truly a history, recording the identity of the patient, the events that led to the onset of the disorder (including unorthodox resort to religious healing, charms, herbalists' prescriptions or help from "old women"), the main symptoms at each consultation, and the consequent diagnosis and prescription, through to a cure and often including a follow-up account of the patient's health over several subsequent years.

The earliest medical cases recorded in China date back a couple of thousand years, but until the Song dynasty complete cases are extremely rare, and the genre of collections of case studies did not develop until well into the Ming. From the sixteenth century, however, the genre blossomed. A physician's collected cases might be published by the physician himself during his lifetime, or posthumously by his disciples and admirers. The specialist in febrile diseases Ye Tianshi refused to publish any of his own cases during his lifetime; his disciples edited his case studies and published them thirty years after his death. A physician's collected cases might include only cases he had handled himself (a testimony to his personal expertise) or, if he was a theoretician of a particular medical specialism, they were likely to include cases by previous eminent physicians that struck him as being of particular relevance. Other writers made compendia of outstanding cases over the centuries. Some medical writers held that collections should be pared down so as to include only one or two examples of each syndrome or treatment, or cases of special difficulty; others preferred comprehensiveness to concision. Cases treated by the Qing imperial physicians were systematically recorded in official records, so that it has been possible to compile all the main cases treated in the palace during the course of the dynasty, arranged chronologically and according to the rank of the patient.[69]

In the discussions of how best to write up cases that inevitably began to appear as soon as the genre became important, physicians were advised

69. On the development of collections of medical cases as a genre, see Anon. 1984: 92–98 and Xue 1991. The cases treated by Qing imperial physicians are collected in Chen Keji et al. 1990.

to preface each case by recording the name, age, rank and occupation of the patient and the place from which he or she came.[70] Although it was presumably usual to note this information at the time of the consultation, if only for purposes of making out a bill commensurate with the patient's resources, it does not unfortunately always make it in full into the published cases, but often we have such information at least in partial form. In the case of a woman, her marital status (unwed daughter, legal wife, concubine, servant, widow) was also frequently noted. From the point of view of investigating reproductive behavior, collections of cases of women's complaints (*fuke*) have the advantage that as well as these social indicators they often include information of a kind that is entirely missing from most demographic materials; eventually they might even help us meet the great challenge of retrieving the information on real births and infant mortality obscured by the Chinese registration system. For example, if a woman is seeking help with a pregnancy or with a temporary inability to conceive, we will usually be told how many previous live births she has experienced and how many miscarriages or stillbirths. A woman who wishes to terminate a pregnancy may be described as being exhausted from x pregnancies in y years. A woman anxious about infertility might complain of not having conceived after x years of marriage or within y years of her previous child. This is the kind of qualitative information we need to form a clearer idea both of real conception and birth rates and of what kinds of birth rates women felt were desirable or tolerable.[71]

We have access to the Chinese physician's and patient's experiences only as they appear in the written narrative of the case history, and we have little knowledge of how a physician was likely to select, arrange or rephrase the information provided by the patient, or how his judgment might be affected by the patient's presentation. Both the texts on diagnosis and the case histories, however, give the impression that the physician accepted what the patient told him as reliable and relevant.[72] Zhang

70. The Ming physician Han Mao (fl. early sixteenth century) gives lists of what information should be included in a case history that offer some indication of the conventions of the time (Anon. 1984: 96).

71. Although poor families were less likely than the well-to-do to consult a physician for minor ailments, in desperate circumstances many did resort to orthodox medicine, so we do find a good sprinkling of cases where poor people are treated. Just how representative such treatment seeking was among the poor, urban or rural, or at different periods, is hard to say. But this does not mean, I think, that such cases should be excluded as exceptional.

72. This may be connected to the fact that the majority of cases involve patients of elite or at least middle-class standing, who would often be conversant

Jiebin's Ten Questions seem designed to make sure that no information is omitted, rather than to eliminate categories of irrelevant information that the patient might volunteer.

Chinese medical texts—case histories together with more abstract works of medical theory or diagnostic principle—provide a wonderful opportunity to set prescription against the description of real behavior. The rich body of case histories tells us what real women and the men in their lives did and felt, and provides insights into the complexities of orthodoxy and how it was construed. Medical case histories were constructed by male authors, and the circumstances under which consultations between a physician and a female patient took place certainly affected the mode in which both expressed themselves. Nevertheless, the case histories do not "silence" women but provide valuable insights into their beliefs and actions. They also reveal interesting and unexpected nuances in the orthodox beliefs of elite men.

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with medicine themselves. Being a physician did not automatically confer social status or prestige as it does in our own society. Except in the case of elite scholars who practiced medicine in their spare time, to cure family members or for charitable reasons, the patient's social rank was often higher than that of the physician.