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Gender and Medicine in Tang China

INTRODUCTION

The relationship between gender and medicine has attracted historians' attention for decades. Inquiries into the role of women in the development of medical sciences, whether as alternative healers or as physicians, have generated numerous works driven by intellectual and political concerns. Historians working on European midwifery, for instance, have analyzed the struggles for and against professionalism since the Middle Ages.¹ Apart from women healers, the conceptions, or misconceptions, and experiences of women as patients have drawn even closer scrutiny, inspired in part by a recent fascination with the history of the body.² Scholars have examined medical discourses from Soranus to Freud to demonstrate how conceptions of the male and female body changed according to socio-economic as well as political factors.³ One work uses women's life stories in eighteenth-century medical cases not only to uncover attitudes towards women's bodies

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¹ For midwifery as a women's profession in early modern Europe, see Merry E. Wiesner, "Early Modern Midwifery: A Case Study," in Barbara A. Hanawalt, ed., *Women and Work in Preindustrial Europe* (Bloomington: Indiana U.P., 1986), pp. 94–114. For its professionalization in the modern era, see Ornella Moscucci, *The Science of Women: Gynaecology and Gender in England 1800–1929* (Cambridge: Cambridge U.P., 1990), esp. chap. 2, "Men-Midwives and Medicine: The Origins of a Profession," pp. 42–74.

² For the impact that the history of the body has exerted on studies of women and medicine in recent scholarship, see Charlotte Furth, "Doing Research on the History of the Body: Representation and Experience," *Research on Women in Modern Chinese History* 8 (Taipei: Institute of Modern History, Academia Sinica, 2000), pp. 179–94.

³ Thomas Laquer, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard U.P., 1990). For the Middle Ages, see Joan Cadden, *The Meanings of Sex Difference in the Middle Ages: Medicine, Natural Philosophy, and Culture* (Cambridge: Cambridge U.P., 1993).

at that time, but also to challenge scientific accounts of the body since the eighteenth century.⁴

For China, conventional wisdom dates the establishment of gynecology to the reunified Song dynasty, that is, about middle of the tenth century. Recent research has disclosed the interactions between political agents and cultural factors not only in the development of a gendered medical view, but also in women's experiences in the relationship between patients and healers.⁵ Although important and fruitful discoveries, these contributions concern mostly late-imperial China and do not address earlier developments. Moreover, influenced consciously or not by our modern conceptions of what defines the work of a doctor, scholars have often examined women's healing activities only when women applied herbal medicine, or earned a living by doing so. Domestic health care, which dominated women's time and energy, has been largely overlooked.⁶ Yet the study of this realm of everyday life provides an excellent opportunity for understanding the experience of women and medical practice in a preprofessionalized society.

The position of women in the time of the Tang dynasty (618–907) has long grabbed the interest of students and scholars alike. As empresses or as poets, Tang women have occupied a prominent place in our imaginations. The utilization of traditional encyclopedias as well as newly excavated inscriptions has also resulted in productive research concerning the daily life of Tang women.⁷ Despite these successful explorations, one aspect, namely, health care, and one kind of source, medical texts, seem to have escaped historians' eyes. All agree that our understanding of Tang women's lives will not be complete if their roles as wives and mothers are passed over. Because both of those roles entail

⁴ Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, trans. Thomas Dunlap (Cambridge, Mass.: Harvard U.P., 1991).

⁵ Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (Berkeley: U of California P, 1999). Francesca Bray, *Technology and Gender: Fabrics of Power in Late Imperial China* (Berkeley: U. of California P., 1997).

⁶ One recent work on the role of American women in home-care also addresses this issue. See Emily K. Abel, *Hearts of Wisdom: American Women Caring for Kin 1850–1940* (Cambridge, Mass.: Harvard U.P., 2000).

⁷ The political accomplishment of China's only female emperor, the fascinating life and poems of Daoist nuns, and the lively depictions of Tang women's social activities that appear in archeological excavations have all received scholarly attention. Deng Xiaonan 鄧小南, ed., *Tang-Song nüxing yǔ shehui* 唐宋女性與社會 (Shanghai: Cishu chubanshe, 2003), deals not only with empresses and poets but also women's religious, economic, artistic, and medical activities, using a huge variety of materials. This publication arose from Beijing University's international conference meant to broaden and deepen the field of Tang women's history.

health care activities, medical texts provide some of the best material for understanding the day-to-day life of Tang women.

In order to examine how women both cared for others and were cared for, the childbirth story recorded in Wang Tao's 王燾 (ca. 670–755) *Waitai miyao* 外臺秘要 is a good point of departure. This story is the earliest detailed description of childbirth in China. It relates the birthing method of a sixth-century Buddhist monk, Tan Luan 曇鸞, and is told by a certain Mr. Cui, whose work is extensively excerpted by Wang Tao. The story goes like this.

I (Mr. Cui) was going through Master Luan's *Methods to Regulate the Breath* and read the following:

A certain Yangdao Qing 陽道慶 of Beiping 北平 told me that one of his sisters and two of his daughters died from complications during childbirth. When his daughter-in-law was in the last month of pregnancy, he was so concerned that he came into the mountains to visit me for a recipe for easy-delivery... I searched my memory and wondered why I have not heard of childbirth death among cattle, nor when fornicating girls or debased maids give birth. This is because no one is around to pressure them; therefore they can go through the whole natural process. Those who die of complications are mostly from wealthy families with many women gathering around. Once [the expectant mother] starts to feel the pain caused by the baby's turn, these women speak among themselves. Bystanders annoy and scare her. Her fear accumulates and her physical condition deteriorates. Once she physically deteriorates, pain sharpens even further. When these bystanders see her sharp pain, they conclude that the time has come. Some of them grab her hair, another massages her abdomen, and another pours cold water on her face. [They] push hard and the baby comes out all of a sudden. The accumulated breath thus drops abruptly and unceasingly, causing her to pass out. This is the reason and nothing else.

When Qing came, I told him my thoughts. Qing listened silently but still insisted on inviting me to his home. Therefore I went. I stayed there more than ten days when one evening we were told that, "the daughter-in-law feels pain in her abdomen; it seems to be the time for delivery." I then asked them to remove the beds and tables to make an open space, spread grass in three or four places, hang down a rope and tie it to a piece of wood to make a horizontal bar. I had them measure the height

to her armpits when squatting so that she could lean against it like a crossbeam, and spread out animal skins and furs for fear that the baby might drop on the straw and injure itself.

After all these preparations, I told the woman to assume her position, sit or lie at will. I then explained my methods to her. "Each method has its reason. She who follows it will live while she who goes against it will die. Calm yourself and have no fear." The woman in labor understood my words pretty well. Having given my instructions, I closed the door, set up a bed outside the room and I sat with Qing, not letting a single person enter. Once in a while, I asked her through the window what her condition was. She answered that the pain was endurable. When it reached the first watch of the night,⁸ I ordered them to make some chicken broth porridge out of the hens that had died naturally. Once the porridge was cooked, I stirred it quickly with my hands so that the temperature was right, and advised the woman to take three *sheng* 升. She gave birth on her own in the fifth watch of the night. Once I heard the cry of the baby, I allowed people to go in.

The woman behaved in a natural and comfortable manner, exhibiting nothing out of the ordinary. She said, "When it hurt a little bit, I relaxed my body and exhaled a long breath, and the pain went away." This is the result of flowing with the breath. Qing inquired as to the reason for taking chicken broth porridge. I answered, "Hens have a slippery nature that will smooth the breath." He asked the reason for not eating chicken. I answered, "When the breath is about to come down, the meat is hard to digest and may cause trouble." He asked the reason for giving porridge. I answered, "The breath goes up when one is hungry, but the descending breath is better for delivery. Naturally we do not want the breath to go up." Qing considered this childbirth technique a marvel. Wherever it is taught there will not be anxiety.

Therefore I (Mr. Cui) know that the hidden ideas of Master Luan are wonderfully accordant with the finest reasoning. Why then are there still taboos of days and deities (*riyoufanzhi* 日遊反支)? This is because women are fearful and they are subject to panic during delivery. If they are not guided by various methods, I am afraid that they will be anxious. Therefore I simplify many methods and

⁸ The first watch (*geng* 更) is 11 p.m. to 1 a.m.

place them on the left (that is, “below”) for reference so that people can choose based on their own decisions.⁹

According to this story, the reason Qing went into the mountains to ask for help was his previous experience of having lost female relatives in childbirth. Delivery was a dangerous task, and looking for medical support was, for the people of early-imperial China, an important way to ensure a safe delivery. The assistance a doctor provided ranged from easy-birth recipes to house visits and guidance. Once the doctor arrived, he instructed the family to prepare a delivery chamber. Space was made so that a crossbeam could be arranged for the laboring woman to lean on while squatting. Straw and furs were spread to save the dropping baby from injury. Both suggest that women took vertical instead of horizontal position in delivery.¹⁰ The doctor forbade anybody to go into the room, apparently owing to his earlier interpretation of the chief cause of complications: too many women around. From Mr. Cui’s comments, we know that contemporary childbirth techniques were not limited to regulating the breath. Rather, deities considered bad and days subject to taboos, such as *riyoufanzhi*, were also avoided to protect the laboring mother. However, to the doctors’ eyes, this only existed to calm women, whose natures were anxious and fearful. It seems that whether as healers or as patients, women were regarded as simply too incompetent to carry out birthing duties without the help of a male doctor.

Male doctors, however, do not seem to have had many real experiences in midwifery. When he was first approached, all our doctor could think of was hearsay about animals and lascivious girls. On the contrary, his criticism of female attendants reveals exactly the techniques a midwife may have utilized to enhance the delivery. She would massage the abdomen of the laboring woman both to sooth her pain and to help the baby turn. She would also try to revive her senses by

⁹ Wang Tao 王燾, *Waitai miyao* 外臺秘要 (Taipei: Guoli zhongyi yanjiusuo, 1964) 33, p. 924. The way Wang Tao recorded the story makes it difficult to decide the original narrator. A detailed textual analysis suggests that the first “I” who mentioned the reading of Master Luan’s work was actually Mr. Cui, while the second “I” that was embedded in the birthing story should have been Master Luan. Mr. Cui resumed his voice when he praised the “hidden ideas of Master Luan” and commented on the functions of birthing taboos.

¹⁰ The vertical position is probably a cross-cultural phenomenon in traditional societies. For the European case, see Jacques Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe* (Cambridge: Polity Press, 1991), pp. 121–32. For Japanese studies on the subject, see Nakayama Tarō 中山太郎, “Kodai no bunmenhō to minzoku” 古代の分娩法と民俗, in *Rekishi to Minzoku* 歴史と民俗 (Tokyo: Parutosusha, 1941), pp. 272–94. For the Chinese case, see Lee Jen-der 李貞德, “Han Tang zhi jian yishu zhong de shengchan zhi dao” 漢唐之間醫書中的生產之道, *ZYYT* 67.3 (1996), pp. 533–654 (English trans. forthcoming). See Jen-der Lee, “Childbirth in Early Imperial China,” *Nan Nü: Men, Women and Gender in Early and Imperial China* (Leiden: Brill; special issue on medicine and women, forthcoming).

grabbing her hair and pouring water on her face.¹¹ One other point is that the expectant mother may have already gained child-birth information from various sources before delivery. Granted that the woman in the story was praised by the doctor for quickly understanding his advice, the description of her self-possessed appearance and smooth delivery suggests that she may have had earlier knowledge instead of relying totally on the instructions on-site.

Wang Tao's *Waitai miyao* collected all kinds of recipes dating from antiquity to his own time. This specific story was quoted from *Cuishi* 崔氏, a book probably written by the Tang high official Cui Zhiti 崔知悌 (d. 681), who may be credited with having written at least two medical texts.¹² Cui's story is drawn, in turn, from his reading about a successful childbirth event operated by a Buddhist monk, and is followed by Cui's understanding of the method of taboo-days. Immediately after the story, Wang Tao's work quotes Cui's method for deriving childbirth taboo-days based on a laboring woman's age, and it reproduces as well Cui's delivery charts (see figure 2, appended to this article). However, none of Mr. Cui's or Master Luan's works exists today despite their considerable fame in the eighth century. Fragments survive only through Wang Tao's occasional quotations, as seen here. The most "marvelous technique" of childbirth was provided by a monk and praised by a male bureaucrat, with one criticizing the ability of women helpers and the other downplaying the inner strength of a laboring mother. The story Wang Tao quoted for posterity not only depicts vividly the life-and-death matter of childbirth, so prominent in most women's lives, but also directs us to important gender issues in the history of medicine: the positions and images of women both as the recipient of care and the care-giver. The following two sections discuss these two aspects of women's lives, first concerning childbirth and then health care.

WOMEN IN CHILDBIRTH

Since antiquity, Chinese texts have remarked on the danger of childbirth. A first-century official lady once proclaimed that only one out of ten women survived such hardship.¹³ A fifth-century doctor con-

¹¹ All these methods were applied in early-modern European midwifery as well. See Gélis, *History of Childbirth*, pp. 133–38.

¹² One was a ten-chapter book *Cuishi zuanyaofang* 崔氏纂要方 and the other was a one-chapter *Chantu* 產圖; see Liu Xu 劉詢 (887–946), comp., *Jiu Tangshu* 舊唐書 (Beijing: Zhonghua shuju, 1975; hereafter, *JTS*) 47, pp. 2042, 2050. Cui Zhiti died in 681 as the minister of revenue (*hubu shangshu* 戶部尚書). Translations of official titles are based on Charles O. Hucker, *A Dictionary of Official Titles in Imperial China* (Stanford: Stanford U.P., 1985).

¹³ This was Lady Xian 顯 recorded in Ban Gu 班固 (32–92), *Hanshu* 漢書 (Beijing: Zhonghua shuju, 1962) 97A, p. 3966.

sidered a laboring woman's squatting on the ground not much different from awaiting death.¹⁴ Precisely because of the danger, the renowned Tang doctor Sun Simiao 孫思邈 (581–682) suggested that whoever took charge of young ladies should have read his “Recipes for Women,” made a copy of it, and carried it at all times to avert any possible risk.¹⁵ Extant medical texts from early China suggest that doctors' interventions into women's reproductive function started first of all with the problems posed by maladies during gestation.¹⁶ But their observations and advice advanced steadily. By the beginning of the Tang, when Sun Simiao's “Recipes for Women” appeared, male doctors already had a whole set of techniques to treat childbirth, from begetting a son to postpartum care, and in the meantime developed a gendered view of the body through a discourse on reproduction.

The Burden of Bearing a Son and the Rationale for “Recipes for Women”

“Recipes for Women” in Sun Simiao's *Beiji qianjin yaofang* 備急千金要方 is the earliest independent section of such discourse that is extant in our medical texts. The chapter begins with “recipes to beget a son,” followed by pregnancy care, treatments in complications and afterbirth nourishment, which would finally bring the woman back to her regular “monthly flow.”¹⁷ Sun's text reveals important developments in gynecology.

¹⁴ Chen Yanzhi 陳延之 (ca. 5th c.), *Xiaopinfang* 小品方, cited in Tanba Yasuyori 丹波康賴 (912–995), *Ishinpō* 醫心方 (982; rpt. of 1854 edn., Taipei: Xinwenfeng chubanshe, 1982), j. 23, p. 25a.

¹⁵ Sun Simiao 孫思邈 (581–682), *Beiji qianjin yaofang* 備急千金要方 (punctuated version based on Song woodblock edn.; Jilin: Renmin chubanshe, 1994; hereafter, *QJYF*) 2, p. 28. Sun, a Daoist hermit also well-versed in Buddhism, was known for his knowledge in medicine and life nourishment. He repeatedly declined recruitment by the Sui court (581–618) and served only briefly under the early Tang before seeking retirement; biog. *JTS* 191, pp. 594–97. For a recent study on Sun's medicine for women, see Sabine Wilms, “The Female Body in Medieval China: A Translation and Interpretation of the ‘Women's Recipes’ in Sun Simiao's *Beiji Qianjin Yaofang*,” Ph.D. diss. (Tucson: University of Arizona, 2002).

¹⁶ See, below, for detailed discussion, and also Lee, “Han Tang zhi jian shengchan zhi dao,” and “Childbirth.”

¹⁷ *QJYF*, j. 2–4. One of the first fertility recipes Sun provided for his women patients was a combination of decoction, suppository, and pill. The decoction was made from low-grade mirabilite (*puxiao* 朴消) and bore the name “*dangbao tang*” 蕩胞湯, literally “decoction for purging the womb.” The suppository was a mixture of ten different herbs including angelica, schisandra seed, and rhubarb loaded into a silk bag and inserted into the woman's vagina. Both were considered efficacious to bring out the bad blood that supposedly hindered conception. And finally the woman was advised to take a pill made with fluorite (*zishiying* 紫石英) and asparagus (*tianmengdong* 天門冬) as the major ingredients. The pill would allegedly warm up the womb for conception and Sun warned against women with absent husbands from taking such pills; *QJYF* 2, pp. 29–31. As for postpartum care, one of the most often mentioned herbs was lycopodium, which, mixed with licorice, angelica and ligusticum and made into either decoction or pill, was considered effective in regulating the new mother's blood; *QJYF* 3, pp. 67–68, 86, 91–92. For other recipes on prenatal care, see Lee, “Han Tang zhi jian shengchan zhi dao,” and “Childbirth.”

cology in the Tang period. First, it shows that Tang marked the time during which medical doctors achieved complete intervention into the whole process of childbirth. Earlier medical texts suggest that doctors' attention mostly focused on pregnancy and delivery, while Sun's chapters, written in the seventh century, extended this concern to female fertility, begetting a child, and postpartum care. Secondly, although Sun included the discrete section "To Beget a Son" in the "Recipes for Women," no visible improvement or change is detectable in medical interpretations or recipes for men's fertility. It appears that reproduction was never an important consideration when doctors assessed men's bodies, while it gradually became the focal point of medical conceptions of women.¹⁸

Extant medical texts suggest that while recipes for cures of women's diseases existed since early China, the focus was not necessarily on fertility, not to mention conception per se. Zhang Zhongjing 張仲景, the celebrated Han doctor devoted three chapters of his renown work *Jingui yaolue* 金匱要略 to women's diseases. The first two discussed gestation and postpartum care, and the third gave advice on women's miscellaneous illnesses.¹⁹ In this early period, discussions and advice on the methods to beget a son appeared mostly in texts for "arts of the bedchamber." Such texts, also categorized as "medical recipes 醫方" by early-imperial scholars, targeted men as readers, instructing them to practice certain techniques to produce perfect sons, thus putting the responsibility of reproduction on men instead of women.²⁰ The increase, later on, of fertility recipes for women and an independent section for

¹⁸ For detailed discussion, see Lee Jen-der 李貞德, "Han Tang zhi jian qiuzi yifang shitan, jianlun fuke lanshang yu xingbie lunshu" 漢唐之間求子醫方試探兼論婦科濫觴與性別論述, *ZYYF* 68.2 (1997), pp. 283-367.

¹⁹ Zhang Zhongjing 張仲景 (145-208), *Jingui yaolue* 金匱要略, annot. Xu Zhongke 徐忠可 (Beijing: Renmin weisheng chubanshe, 1993), j. 20-22. Zhang mentioned a certain *Tailu yaolu* 胎臚藥錄 in the preface of his work titled *Shanghanlun* 傷寒論, which has not survived but whose title indicates discussions of herbal medicine for prenatal care. For the extension of coverage to women's reproductive medicine, see Lee, "Han Tang zhi jian qiuzi yifang," pp. 297-301.

²⁰ The arts of the bedchamber (*fangzhongshu* 房中術) were considered one branch of the "recipes and techniques" (*fangji* 方技) in early taxonomies. Related texts were categorized under "recipes and techniques" in the "Monograph on Literature" 藝文志 of *Hanshu*, together with medical canons 醫經, empirical recipes 經方, and works on immortality 神仙. *Suishu* 隋書, "Monograph on Classics and Writings" 經籍志, places them under "medical recipes 醫方," together with medical canons, empirical recipes, and life-nourishment texts. In both the Old 舊 and New 新 *Tangshu* 唐書, the operative categories are "medical techniques," "empirical recipes," and "life nourishment." For these taxonomies, esp. "recipes and techniques," see Li Jianmin 李建民, *Sisheng zhi yu, Zhou Qin Han moxue zhi yuanliu* 死生之域周秦漢脈學之源流 (Taipei: Institute of History and Philology, Academia Sinica, 2000), pp. 53-70.

that purpose in medical texts therefore implies a shift of reproductive focus from men to women within the context of “medical recipes.”²¹

Chao Yuanfang’s 巢元方 early-seventh-century *Zhubing yuanhou zonglun* 諸病源候總論 is the earliest extant medical text that contains an independent section on women’s infertility.²² Chao proposed different reasons to explain why a couple is barren, ranging from the destructive powers of spirits to the illness of either member of the couple. Chao then identified himself as a doctor of herbal medicines instead of such techniques as spirit-divination and geomancy.²³ Sun Simiao followed Chao’s arguments and stated methods, and provided women with numerous herbal recipes to rid themselves of the agony of childlessness.²⁴

Both Chao and Sun recognized possible problems of the husbands, but no further discussion, new recipes, or separate sections on related issues were offered concerning men. Formulas to enhance men’s sexual prowess did grow in number, but they hardly mentioned fertility, which made discussion of men’s barrenness mere rhetoric. On the other hand, Sun Simiao collected sizeable numbers of fertility formulas in his “Recipes for Women,” including herbs that were used earlier in arts of the bedchamber to enhance men’s virility.²⁵ These were offered not only to adjust a woman’s reproductive organs but also to restore her health for easy conception. Once a woman was pregnant, Sun, following his predecessors, advised the woman to perform various techniques in order to form a male fetus in her womb and to take different kinds of nourishment so that the fetus would be well-behaved, wise, and strong.²⁶ In

²¹ On this shift, in the context of “medical recipes,” see Lee, “Han Tang zhi jian qiuzi yifang,” pp. 289–97.

²² We know almost nothing about Chao Yuanfang except that he was charged by the Sui court to compile *Zhubing yuanhou zonglun* in 610, which became the first etiological text in Chinese medical history.

²³ Chao Yuanfang, *Zhubing yuanhou zonglun* 諸病源候總論 (Beijing: Renmin weisheng chubanshe, 1994; hereafter cited as *Bingyuanlun*) 38, p. 1124.

²⁴ *QJYF*, j. 2–4.

²⁵ For instance, cnidium seed (*shechuangzi* 蛇床子) was considered efficacious in enhancing men’s virility in the ancient *Shennong bencaojing* 神農本草經 and was included in a sixth-century recipe to improve men’s fertility. While Sun Simiao also prescribed cnidium seed in various recipes for men, he nevertheless focused on its effectiveness on men’s sexual prowess but not its reproductive value. Instead, he included cnidium seed in various women’s recipes that focused on strengthening their reproductive ability. For related recipes, see *Jingxinlu* 經心錄 (ca. 6th c.), cited in *Waitai miyao* 33, p. 907B; *QJYF* 2, pp. 32–33; 4, p. 106; 19, p. 657.

²⁶ The intention to form a fetus into the desired sex, usually male, had quite a long tradition in China. *Taichanshu* 胎產書, excavated from a 3d-c. royal tomb, advised the pregnant woman to dine on certain male insects or animals so that she could form a male fetus in her womb. Medical texts in the early-imperial period suggested many recipes that revealed “correspondence magic” such as shooting male pheasants, riding on male horses, urinating in places where roosters were washed, or putting the feathers of a male duck under one’s bed and so on in order to ensure a male fetus. See Ma Jixing 馬繼興, *Mawangdui yishu kaoshi* 馬王堆醫書考

other words, the major medical recipes for reproduction shifted from manipulating the arts of the bedchamber to taking herbal medicine, and the burden transferred in a way from men to women.

That medical doctors perceived a woman's body through her reproductive function was vividly expressed in the opening of Sun Simiao's "Recipes for Women." But Sun's reasons for adopting this independent category were manifold. His arguments envisioned the female body first through reproductive function, then physical fragility, and finally emotional weakness.

According to Sun, the primary reason that women should have their own medicine was of course owing to their roles in pregnancy and delivery. Such experiences brought them diseases and inflictions that differed from men's and created ten times as many problems as men faced. But it was not only childbirth per se. Menstruation, the most important indicator of a woman's reproductive power, was the major cause of fatigue and discomfort no matter whether it was regular or not. In addition, the way a woman relieved herself, by squatting over the toilet, made her subject to various ailments brought about by "winds." Women who had sexual intercourse during recuperation would make the situation even worse. "That is why," Sun Simiao insisted, "women need to have separate recipes of their own." To elaborate his ideas, however, Sun, instead of stopping at this point of physicality, went on to address women's emotional character. He concluded that women required separate treatment also because they were particularly subject to love and hatred, jealousy and anxiety. In short, their excessive desires, which far surpassed men's, made them all the more difficult to cure.²⁷

Sun Simiao's emphasis on ailments of childbirth in some ways carried on the heritage of his predecessors, who had advised women to marry late and have fewer children in order to stay sound;²⁸ and his

釋 (Changsha: Hunan kexue jishu chubanshe, 1992), pp. 781-803; also, see Donald Harper, *Early Chinese Medical Literature* (London: Kegan Paul International, 1998), pp. 381-83. *Chan-jing* 產經 (ca. 6th c.), cited in *Ishinpō* 22, p. 13a; and 24, pp. 9b-10a; *Bingyuanlun* 41, p. 1188; *QJYF* 2, p. 34. For more information, see Lee, "Han Tang zhijian qiuzi yifang," pp. 309-13 and appendix D. Modern scholars credit *Chanjing* to a 6th-c. doctor De Zhenchang 德貞常; see Nagasawa Motoho 長澤元夫 and Gotou Sirou 後藤志朗, "Inyōsho kaisetsu" 引用書解說, in Ota Tenrei 太田典禮, ed., *Ishinpō kaisetsu* 醫心方解說 (Tokyo: Nihon koigaku shiryō sentaa, 1973) and Ma Jixing, "Yixinfang zhong de gu yixue wenxian chutan" 醫心方中的古醫學文獻初探, *Nihon ishigaku zasshi* 日本醫學雜誌 31.1 (1985), pp. 326-71.

²⁷ *QJYF* 2, pp. 28-29.

²⁸ Doctors in the fifth century suggested that women marry late and have fewer children in order to keep themselves in good health. See for instance, Chen Yanzhi, *Xiaopinfang*, cited in *Ishinpō* 21, p. 2a.

arguments also testified to the kind of anxiety later recorded in Wang Tao's story. Unlike his predecessors, however, Sun's remarks did not focus on social practices, such as marriage age, frequency of intercourse, and fertility rate, nor psychosomatic problems that women may have encountered in daily life. Instead, Sun's blunt statements on women's nature seem to have suggested that an independent category of women's medicine was needed precisely because women were different from men. They were, in a word, weak, physically and psychologically.²⁹

Along with the gendered view of the body, based on the conception of women's natural weakness, medical texts since the sixth century underwent a process of systematization to make sure correct practices were adopted during the last month of pregnancy and in delivery. This process became both protection and discipline to the women involved, including expectant mothers and midwives. The story Wang Tao recorded and its criticism of female attendants can be understood in this context.

The Medical Discipline That Dealt with Childbirth and Women's Experiences

As the opening story indicated, Yangdao Qing went into the mountains for easy-birth recipes. The concept of taking medicinal concoctions to promote a smooth birth existed since antiquity. There were a few instances where doctors disagreed on the time for a pregnant woman to take such medicine, whether the seventh or the tenth month of pregnancy, but they were later on standardized. Between the seventh and the tenth century, the last month of pregnancy became the focus of care.³⁰ A process of standardization can be detected not only for the proper time to take herbs but also for other preparations for the delivery.

Medical texts of the Tang-Song period commonly addressed the last month of pregnancy as "entering the month" (*ruyue* 入月), and treated the pregnant woman with special care. Wang Tao's *Waitai miyao* of the eighth century advised the family to prepare a birth tent in which

²⁹ This gendered view of the body thus served as the foundation for the birth of gynecology in the Tang. For detailed discussion, see Lee, "Han Tang zhijian qiuzi yifang," pp. 313-17. Charlotte Furth's work further displays the establishment of Chinese gynecology in the 13th c., when the renowned Song doctor Chen Ziming 陳自明 elaborated on Sun Simiao's arguments; Furth, *Flourishing Yin*, esp. chaps. 1, "The Yellow Emperor's Body," and 2, "The Development of *Fuke* in the Song Dynasty."

³⁰ Herbs most often used included angelica, mallow seeds, and fritellaria. These were also applied in cases of complications and stillbirth. Many doctors of the sixth century proposed salvia paste but differed on the time to take it: not until the tenth century did the tenth month become standard.

furs, vinegar, and various medicines should be stored. Medical collections from the tenth century on inherited earlier advice and extended the arrangements to all details. The expectant mother was forbidden to take alcohol and to wash her hair. Dependable midwives were to be selected. No stranger was allowed to appear in front of the main gate. Most of all, the tent should have been arranged according to the “delivery chart.”³¹

Delivery charts fulfilled a unique role in childbirth, since delivery was almost always carried out in a separate space. The reasons for such separation were manifold: pollution was one, as well as protection of the laboring woman from winds and evil spirits another. These ideas made it difficult for the family to find a good location for delivery. The charts therefore provided useful guidelines. Since antiquity, there were separate charts for choosing a specific squatting positions, proper geomantic directions in delivery, and proper locations for the burial of placenta. Basically, the charts’ instructions combined various criteria such as the woman’s birth-year according to the *ganzhi* system, her age, and most of all, the expected month of delivery. But an effort to standardize and to systematize all the different charts can be seen in the century prior to the Tang. A sixth-century text, *Chanjing* 產經, proposed a reorganization of delivery charts. Charts up to his date, the author claimed, were mostly unintelligible and impractical due to tedious explanations. To make the charts available and useful, he selected better versions and combined them into “charts for twelve months.” The author took great pride in his work and encouraged his readers to cast away all other charts, as his was the “most comprehensive and easy to understand.”³²

The full text of *Chanjing* does not exist today. Only parts of it survived in *Ishinpō* 醫心方, a tenth-century Japanese collection of Chinese medical texts. The annotations for the charts, preserved there as well, suggest that months, geomantic directions, and squatting positions were all taken into consideration so that a proper location for delivery could be decided. The major reason for all this care was to protect the laboring woman from offending any deity that would cause inflictions on her and her child. But *Ishinpō* did not copy out the charts themselves. It is hard to tell whether the sixth-century work followed an earlier pattern by keeping separate charts for the different applications, or whether it was in some ways the model for Tang and Song charts in which all

³¹ See *Waitai miyao* 33, p. 924B; Wang Huaiyin 王懷隱 (ca. 10th c.) et al., *Taiping sheng-huifang* 太平聖惠方 (rpt. Taipei: Xinwenfeng chubanshe, 1980) 76, pp. 7557-58.

³² *Chanjing*, cited in *Ishinpō* 23, p. 2b.

the elements were combined into one big chart that contained twelve compartments. Whichever the case, the effort to standardize and to systematize childbirth instructions is clear. (For an example of a specialized chart for placenta burial in ancient China, see figure 1. For the Tang-Song type of combined model, see figures 2 and 3.)³³

Conventional wisdom often interpreted complications as the result of having offended some relevant deity. This is why delivery charts were employed to ensure correct behavior in childbirth.³⁴ Sun Simiao, following the tradition, warned families not to ignore charts, and warned of possible death for both mother and child through such negligence. But he also emphasized the surrounding environment, for example, advising the family to clear the delivery room to save the mother from anxiety caused by noisy bystanders, and suggested that two or three attendants were sufficient.³⁵ Such precaution was not without precedent. Master Luan's story cited in Cui Zhiti's work followed the same line of thinking and explained childbirth complications on the grounds of malpractice by midwives. Cui's argument was in effect based on the assumption of women's weak natures. After praising Master Luan's techniques as the most marvelous for childbirth, Cui not only confirmed Luan's criticism of midwives, but also pointed out laboring women's fearfulness and vulnerability to anxiety. This provided a certain legitimacy in medical texts for the chart he otherwise had considered irrelevant when Luan's technique was being used.

Criticism of midwifery could not, however, dismiss the fact that women were actual helpers in childbirth since ancient times. Chao Yuanfang addressed these females as "overseers" who supported the laboring woman from her back and held her up by the armpits so that she could push the baby out from a squatting position. Hence, holding the waist (*baoyao* 抱腰), became the standard term in medical texts for "in labor."³⁶ In the childbirth scenes depicted in a Sichuan sculpture around the twelfth century, the laboring mother was supported from

³³ For discussion on standardizing the charts, see Lee, "Han Tang zhi jian shengchan zhi dao," pp. 533-654, and "Childbirth."

³⁴ Activities concerning spirits involved not only avoidance of certain deities, but also praying for divine intervention. Texts from Dunhuang contain invocations meant to be used by the birthing family to call upon the protection of Bodhisattva Guanyin so that not only would "the mother suffer no pain, enjoying peace day and night and the son is born as an enduring boy, covered with lotus," but also the whole family is benefited to the extent that "the father gets to hold his office, the mother shows high virtue, the brothers possess outstanding talents and the sisters cultivate eternal chastity," and so on. See Huang Zheng 黃徵 and Wu Wei 吳偉, eds., *Dunhuang yuanwen ji* 敦煌願文集 (Changsha: Yuelu shushe, 1995), "Huannanyue wen" 患難月文, pp. 33-34, and "Nanyuewen" 難月文, p. 56.

³⁵ *QJYF* 2, p. 56.

³⁶ *Bingyuanlun* 43, pp. 1230-31.

her armpits by a female helper, while another woman knelt down, wrapped her sleeves, and prepared to catch the emerging baby. Figure 4 is an unusually vivid depiction of childbirth (one cannot but feel the movements on the spot).³⁷ The man in the scene is better understood as the husband of the laboring woman than an overseeing male doctor, since the theme of the sculpture is about the unrepayable love of one's parents. Yet it also shows that childbirth was basically conducted by women.

In the childbirth story recorded by Cui Zhiti, the expectant mother felt abdominal pain at the *ribu* hour 日晡 (around five o'clock in the afternoon), and gave birth in the fifth watch (*geng*) of the day, that is, three to five o'clock the next morning. A process of almost twelve hours seems to have been considered acceptable to both the doctor and the family. If the duration lasted too long, midwives may have intervened to enhance the delivery.³⁸ Based on various male doctors' criticisms, we know that midwives used massage to quicken the process and cold water to revive her. Other medical recipes reveal that female attendants also applied different methods to cause the mother either to sneeze or to vomit in order to revitalize the obstructed labor. In case of breech, they would push the limb of the baby back and turn it to the correct position.³⁹ Once the baby came out, the female "overseers" would cut the umbilical cord, tying one end of it to something such as the mother's thigh, and wait for the placenta to come out properly.⁴⁰ In the meantime, she would have started to clean the baby's mouth, wash it and dress it, most probably with the help of the wet nurse.⁴¹

To sum up, women's involvement in childbirth can be understood both as the child bearer and the caregiver. The role of the male doctor underwent important developments in the Sui-Tang period. Doctors identified themselves as the ones who applied herbal medicine, paid attention to the nourishment of women's bodies, and transferred the

³⁷ The sculptures are located in Dazu county, Sichuan.

³⁸ For methods and recipes to enhance the process, see Lee, "Han Tang zhi jian shengchan zhi dao," pp. 553-58, and "Childbirth."

³⁹ Some material suggests that the midwife would sting the baby's limbs with needles in breech cases so that it drew back, and then the midwife could go over the whole process again. For the earliest extant material on this practice, see Chen, *Xiaopinfang*, quoted in Wang Tao, *Waitai miyao* 33, p. 935B. For various recipes in different kinds of complications, see Lee, "Han Tang zhi jian shengchan zhi dao," appendices B, C, D, and E; and idem, "Childbirth."

⁴⁰ See *Bingyuanlun* 43, pp. 1230-31.

⁴¹ For the care of the newborn, see Lee, "Han Tang zhi jian shengchan zhi dao," pp. 558-63, and idem, "Childbirth." For the roles and works of the wet nurses, see Jen-der Lee, "Wet Nurses in Early Imperial China," *Nan Nü: Men, Women and Gender in Early and Imperial China* 2.1 (2000), pp. 1-39.

burden of procreation from men, who practiced the bedchamber arts, to women, who were advised to take various kinds of recipes. Medical texts inherited earlier wisdom and collected new analyses to provide suggestions for the whole process of reproduction, including the methods to beget a child, to transform a female fetus into a male one, and to calm, nourish and educate the fetus.⁴² The rearrangement and combination of all kinds of delivery charts into an enlarged, synthetic version, along with the standardization of time and location for delivery, testified to this process of systematization. All of this showed the medical authors' efforts to protect laboring women. However, Sun Simiao's promotion of specific recipes for women at the same time demonstrates that step-by-step a rationale was forming that viewed women as weak in both physical condition and emotional character.

The perception of a woman's weakness in male doctors' writings was not limited to her role as child bearer. To authors like Cui Zhiti and Wang Tao, it also extended to her capability in performing health care. In fact, the idea that women should by their very natures be excluded from making medicine had a long tradition in medical texts. This conception of women as impure may have also hindered their involvement in the business of healing.

WOMEN IN HEALTH CARE

Scholars have suggested various ways to categorize traditional healers, yet most have focused on practitioners who earned their livings applying herbal medicines. For this reason, most of the attention given to women healers has concerned women doctors of late-imperial China. Earlier women healers who provided health care either through ritual healing or physical therapy have been studied far less by scholars.⁴³ Extant materials confirm that women of early-imperial China employed various methods to remedy disorders. Some healed the ill with shamanistic prayers and charms, some helped their patients with massage and exercise, and others with herbal medicine. The most common of services were performed for childbirth, but women in fact treated ulcers, wounds, diabetes, and reptile poison.⁴⁴ However, such

⁴² For changing the sex of the fetus and its nourishment and education, see Lee, "Han Tang zhijian qiuzi yifang," pp. 309-13.

⁴³ For a general survey on women healers in traditional China, see Angela K. C. Leung, "Women Practicing Medicine in Pre-modern China," in H. Zurndorfer, ed., *Chinese Women in the Imperial Past: New Perspectives* (Leiden: Brill, 1999), pp. 101-34.

⁴⁴ For women healers of early imperial China and their expertise, see Lee Jen-der 李貞德, "Han Tang zhi jian de nüxing yiliao zhaoguzhe" 漢唐之間的女性醫療照顧者, in *Taida lishi xuebao* 台大歷史學報 23 (1999), pp. 123-56.

services were neither clearly nor consistently recognized, and women doctors seem to have encountered setbacks in the process of medical systematization during the Tang.

Women Healers and Their Obstacles

Women of the early-imperial period obtained healing arts by various means. Female shamans were thought to have been endowed with healing capacity by supernatural power, but midwives and the many women who dealt with childbirth-related care may actually have come to master their skills through personal experience. The process whereby women learned materia medica and other medical techniques, such as acupuncture and moxibustion, was less clear than for their other healing abilities. Fortunately, important pieces of evidence contribute support to the assumption that they may have acquired these techniques either through family heritage or by sharing life experiences with other women.⁴⁵

For instance, classical texts suggest that women collected plantago seeds and caladium in the field to make decoctions. Plantago seeds were considered to have been efficacious in enhancing conception and caladium helpful in delivery because of its “slippery” nature.⁴⁶ A legal case from ancient China records that female official slaves were summoned to help officials at court examine a woman who had suffered a miscarriage after a street fight. The document specified that these slaves were relied on as coroners because they had experienced menstruation, childbirth, and miscarriage.⁴⁷ In addition, Ms. Bao, daughter of Bao Xuan 鮑玄, a man with mastery in life-nourishment and medicine, and wife of the famous Daoist doctor Ge Hong 葛洪 (284–363), appeared as a mystical but capable healer in a variety of Tang-era and later magical stories.⁴⁸ Also in the Tang, a Dunhuang manuscript indicates that a woman included a piece of her thigh in the decoction intending to cure her mother-in-law’s chronic disease because “she was told it would be efficacious.”⁴⁹ Finally, we have the example of a Tang-era female doc-

⁴⁵ On women’s acquisition of healing knowledge and abilities, see *ibid.*, pp. 138–46.

⁴⁶ See *Shijing* 詩經 (rpt. of Song annot. edn.; Taipei: Yiwen yinshuguan, 1955), pp. 41, 125.

⁴⁷ See Shuihudi Qinmu zhujian zhengli xiaozu, ed., *Shuihudi Qinmu zhujian* 睡虎地秦墓竹簡 (Beijing: Wenwu chubanshe, 1990), pp. 161–62.

⁴⁸ See Li Fang 李昉 (925–996) et al., eds., *Taiping guangji* 太平廣記 (punct. edn.; Beijing: Renmin wuxue chubanshe, 1959) 34, pp. 216–20.

⁴⁹ See Wang Chongmin 王重民 et al., eds., *Dunhuang bianwenji* 敦煌變文集 (Beijing: Renmin wuxue chubanshe, 1984), j. 8, p. 909. For discussions on human flesh as a kind of medicine and its social ramification, see Chiu Chung-lin 邱仲麟, “Ren Yao yu xieqi, ‘geguliaoqin’ xianxiang zhong de yiliao guannian” 人藥與血氣割股療親現象中的醫療觀念, *Xinshixue* 新史學 10.4 (1999), pp. 67–116.

tor who was credited by her thirteenth-century descendants as having founded their family's expertise in women's medicine.⁵⁰

Although women practiced healing throughout Chinese history, they seem to have encountered obstacles when medical activities began to be regulated. First of all, even though shamanistic healings never disappeared and were sometimes applied by medieval Daoist medical doctors in treating their patients, it was increasingly perceived as unorthodox by officials.⁵¹ Granted that witch-hunts and comparable tragedies of early-modern Europe never occurred in China, healing opportunities for women still dwindled somewhat when female shamans were cast into disrepute or even executed. An inclination to "believe in physicians, not shamans" was the reason that a third-century official declined an imperial bestowal of a liquid potion provided by a female shaman. He later died, according to the historical account, not because of offending the emperor but because of his illness.⁵² A fifth-century ailing official went even further, arresting and executing a young woman who claimed to have been endowed with spiritual power and had come to cure him.⁵³ During the Tang, Sun Simiao cited texts from antiquity and claimed that he who believed in shamans instead of physicians would not be cured, even though Sun himself included numerous invocations and exorcist rituals in his writings.⁵⁴ Furthermore, an imperial edict in 653 forbade both Daoist and Buddhist monks and nuns to practice medicine. Although the edict was aimed at religious healings in general and did not single out women practitioners, it may ultimately have hindered women's opportunities in medical practice.⁵⁵

In addition to religious healings, women also practiced medicine in the name of doctors, *yi* 醫. They were either addressed as "women

⁵⁰ See Yi-li Wu, "Transmitted Secrets: The Doctors of the Lower Yangzi Region and Popular Gynecology in Late Imperial China," Ph.D. diss. (Yale University, 1998), pp. 248–51.

⁵¹ On shamanistic healings during Six Dynasties and early Tang, see Lin Fu-shih 林富士, "Zhongguo liuchao shiqi de wuxi yu yiliao" 中國六朝時期的巫覡與醫療, *ZYY* 70.1 (1999), pp. 1–48. Also, see Lee, "Han Tang zhi jian nüxing yiliao," pp. 131–37.

⁵² Pei Songzhi 裴松之 (372–421), comm. to *Sanguozhi* 三國志 (Beijing: Zhonghua shuju, 1959) 5, sect. "Weizhi 魏志," p. 159, citing the probably 3d-c. "Wei lue" 魏略.

⁵³ Liu Yiqing 劉義慶 (403–44), *Yuminglu* 幽明錄, cited in Liu Yiqing, *Shishuo xinyu* 世說新語 (Hong Kong: Zhonghua shuju, 1987) 17, p. 354. The woman, before her execution, correctly (according to Liu) predicted the date of the official's death.

⁵⁴ The term "belief in shamans instead of physician 信巫不信醫" first appeared in the biography of Bianque 扁鵲 in *Shiji* 史記 when the renowned doctor of ancient China declared six situations by which the patients would be incurable. The term became a rhetorical proclamation (e.g., *QJYF* 1, p. 7), indicating that a doctor is denouncing religious healings, and is thus used even to this day.

⁵⁵ Wang Pu 王溥 (922–982), *Tang huiyao* 唐會要 (Shanghai: Zhonghua shuju, 1974) 50, p. 878.

doctors” (*nüyi* 女醫), “nursing doctors” (*ruyi* 乳醫), if they specialized in reproduction-related ailments, or “women attendant doctors” (*nüshiyi* 女侍醫) in the context of serving the imperial family.⁵⁶ Such women, through their knowledge and techniques, acquired fame and respect within their neighboring communities and sometimes gained access to the higher society of the aristocracy. In fact, historical records show that ever since the Six Dynasties women were taking charge of herbal recipes for court ladies.⁵⁷

Following this tradition, the Tang palace supported at least ten women under the supervision of Matrons of Food Service, *shangshiju* 尚食局, to handle herbal medicine. However, their recruitment was not clear, and their training, if acquired in the palace, seems to have been different from that of their male counterparts.⁵⁸ According to *Jiu Tangshu* 舊唐書, palace healers were divided into four sections based on their techniques: herbal recipes, acupuncture, massage, and ritual healing. Each section was accorded several Erudites and their students. For students of the first two sections, texts such as *Huangdi zhenjing* 黃帝鍼經, *Suwen* 素問, and *Bencaojing* 本草經, categorized as “medical canons” by scholars since before Tang, were required readings. Students who passed examinations on such texts would be recruited into imperial court service while those who failed would be dismissed.⁵⁹ There was no word on the sex of these students, and it is hard to tell whether medical women in the palace were also recruited this way. Fortunately, a collection of Japanese court regulations, *Seiji yōryaku* 政事要略 compiled around 1002, quoted extensively from earlier Tang codes and reveals the possibility that recruitment systems in Heian Japan (794–1183) were similar to those of Tang China.⁶⁰ The Japanese record reads as follows, with commentary in the original (indented).

⁵⁶ Women were described as “weiyi 爲醫” (“practicing medicine”) in preimperial documents; *Shuihudi Qinmu zhujian*, pp. 204–5, 253. For terms such as “nursing doctors” and “female attendant doctors,” see *Hanshu* 97, pp. 3966, 3993. For titles granted to women healers, see Lee, “Han Tang zhi jian nüxing yiliao,” pp. 123–56.

⁵⁷ In the Northern Zhou, an office named Palace Medical Service (*Shangyaoju* 尚藥局) was staffed with palace women who took charge of herbal medicines. The Sui followed with even more staff members. See Wei Zheng 魏徵 (580–643), *Suishu* 隋書 (Beijing: Zhonghua shuju, 1973) 11, p. 249; 36, pp. 1106–7. A parallel development can be seen in the Ming court; Victoria Cass, “Female Healers in the Ming and the Lodge of Ritual and Ceremony,” *JASOS* 106 (1986), pp. 233–40.

⁵⁸ *JTS* 44, p. 1868.

⁵⁹ *JTS* 44, pp. 1875–76.

⁶⁰ Isō Inryō 惟宗允亮, *Seiji yōryaku*, surviving chapters collected in Kurohan Katsubi, ed., 黒板勝美, *Shintei zōho kokushi taikai* 新訂増補國史大系 (Tokyo: Yoshikawa kōbunkan, 1964), vol. 28. The date of compilation varied between 1002 and 1008. There were 130 chapters in the original compilation of *Seiji yōryaku*, but only 26 survive.

Female doctors are chosen among official slaves. Thirty of those aged between fifteen and twenty-five and who show their talent in comprehension will be allocated separately.

[This] says: the Section of Inner Palace Medicine, *naiyakushi* 内藥司 will build separate quarters for them.

They will be instructed on matters such as calming the fetus, helping in childbirth complications, and healing wounds, swelling, broken limbs as well as methods of acupuncture and moxibustion. These are taught to them through oral education.

[This] says: female doctors do not study canons and they learn only manual practices. Therefore, the Erudites will educate them orally on the canons based on what they have learned. According to the Tang Code, the Erudites will teach. This regulation is written not spoken, and the Erudites teach only massage, acupuncture, and so on. These are different specialties, and only pertinent Erudites can teach and give examinations.

Medical Erudites give examinations each month, and the Section of Inner Palace Medicine gives examination at year-end. It is required for the students to finish in seven years.⁶¹

Granted that these are Japanese regulations, they provide important information on the contemporary system of the Tang. It would not be surprising if female doctors in the Tang palace were, as with their Japanese counterparts, chosen from among official slaves. From Han to Tang times another group of female helpers, imperial wet nurses, was mostly recruited through similar channels, except that the individuals were often older than twenty-five.⁶² According to *Seiji yōryaku*, the “manual practices” mentioned in Tang laws were basically massage, acupuncture, and moxibustion; moreover, the reading of written canons of materia medica such as *Bencao* was excluded by default. Legal historians have pointed out that regulations on medical recruitment cited in *Seiji yōryaku* may have come from an edict issued by the Tang court in 719, but we do not know whether the specific instruction on female healers was decreed at the same time.⁶³ However, since women

⁶¹ *Seiji yōryaku*, chapter 95, p. 701. In the original document, annotations were printed in small characters. In the extant printed text, the age-group for selection was “older than 15, older than 25.” I suspect this is a mistake for “older than 15, younger than 25,” and thus corrected the text accordingly.

⁶² For the recruitment of imperial wet nurses, see Lee, “Wet Nurses in Early Imperial China,” pp. 1–39.

⁶³ These materials were first cited by the renowned Japanese legal historian Niida Noboru 仁井田陸, whose research shows that these Japanese laws were established based on the “Reg-

doctors of the Tang palace were also in charge of herbal recipes, it is doubtful that they had no related knowledge of texts whatsoever. In view of the focus on “manual practice,” we can assume that these palace women probably participated more in the final stage of composing concoctions than in diagnosis and prescription.

To sum up, in China from ancient times on, women practiced medicine not only to support relatives and neighbors in childbirth but also to provide medical help to ordinary patients. The “manual practices” mentioned in *Seijiōryaku* (massage, acupuncture, and herbal medicine) were probably techniques that had been circulating among women from a very early date. It is hard to tell whether they read medical canons; perhaps those women chosen among official slaves and trained in the inner palace did not. Whichever the case, their performance was rarely valued by the male authors of medical texts. We saw that, above, with Wang Tao’s negative judgment of female attendants. The education and recruitment system in the Tang palace revealed the limitations placed upon female doctors concerning the learning process and their theoretical knowledge. Other than imperial edicts that may have an institutional impact on women’s status, criticism from male doctors and the conceptual framework in which this criticism emerged may have also contributed to the negative image and inferior status of women in medical practices.

The Prohibition against Women Producing Medicine

In his “Recipes for Women,” Sun Simiao advised families to watch for all matters concerning reproduction. “Women who care for young girls should make a copy of my recipes and carry them at all times,” he said. But in providing one of his recipes to enhance conception, he warned against women’s participation in producing the medicine. “Do not let children, women or slaves see it,” he said, for fear that they would render the herbs ineffective.⁶⁴ The attitude of exclusion reveals the secret nature inherent in the tradition of “recipes and techniques,” on the one hand, and indicates the level of restrictions toward medical women, on the other.⁶⁵

ulations on Medicine” (Yiji ling 醫疾令) proclaimed by the Tang court in 719; Niida, *Tōryō shūi* 唐令拾遺 (Tokyo: Tōkyō Daigaku shuppankai, 1983), p. 727.

⁶⁴ *QYF* 2, pp. 28–29.

⁶⁵ For the nature of secrecy in the tradition of studying and practicing “recipes and techniques” in ancient China, see Li Jianmin 李建民, “Zhongguo gudai jinfang kaolun” 中國古代禁方考論, in *ZYY* 68.1 (1997), pp. 117–66.

Sun Simiao was not the first to forbid women from participation in making certain recipes, nor was his prohibition limited to reproductive medicine. The earliest extant recipe that kept women out of the process can be dated to the fourth century.⁶⁶ Throughout the Six Dynasties, texts giving medical recipes designed to cure various diseases warned against including various social groups as preparers. In Tang texts, during preparation, women were not to see or touch certain medicines, including those used to prolong the lifespan, to cure diseases such as love-sickness, intercourse with demons, malaria, jaundice, carbuncles, intoxication, vaginal discharge, postpartum fever, and so on.⁶⁷

The time phase of exclusion grew steadily. Authors of Tang-era texts, such as Sun Simiao, followed their predecessors and ruled out women beginning with concoction. A tenth-century compilation of medical recipes suggested that women were to be avoided even at the point of collecting herbs in the field.⁶⁸ The excluded groups also underwent certain changes. In earlier records, women were often barred along with children and livestock. Later on, the list grew to include slaves, maids, new mothers, new orphans, and patients with chronic diseases.⁶⁹ Sun Simiao not only included all of the above but added mice, the handicapped, and talkative persons.⁷⁰ An eleventh-century collection pushed it even further, including monks and cats.⁷¹ But whatever the combination, women always stayed near the top of the list.

Exclusion occurred mostly because women were considered polluting by nature and thus rendered medicines ineffective. Earlier scholars explained this in terms of women's blood, either menstruation or afterbirth.⁷² Scrutiny of the medical texts, however, suggests a more complicated story. The notion that new mothers were polluting is very

⁶⁶ Ge Hong 葛洪 (284–363), *Zhouhou beijifang* 肘後備急方, in Qiu Peiran 裘沛然, ed., *Zhongguo yixue dacheng sanbian* 中國醫學大成三編 (Changsha: Yuelu shushe, 1994), vol. 8, j. 3, p. 42.

⁶⁷ *QJYF* 1, p. 24.

⁶⁸ Wang, *Taiping shenghuifang* 41, p. 3890. A 12th-c. text claimed that a woman should not hold medicine, even it was made to cure her disease. It would be better for her to be fed by men in order to ensure its efficacy; see Zhao Ji 趙佶 (1082–1135), ed., *Shengji zonglu* 聖濟總錄, cited from Jin Limeng 金禮蒙 (ca. 19th c., Korea) et al., ed., *Yifang leiju* 醫方類聚 (Beijing: Renmin weisheng chubanshe, 1982), vol. 6, j. 123, p. 283.

⁶⁹ For a comprehensive listing of forbidden people in various recipes from the Six Dynasties to the Tang, see Lee Jen-der 李貞德, "Han-Tang zhijian yifang zhong de jijian furen yu nüti weiyao" 漢唐之間醫方中的忌見婦人與女體為藥, *Xinshixue* 13.4 (2002), pp. 1–35.

⁷⁰ *QJYF* 1, p. 24.

⁷¹ Wang, *Taiping shenghuifang*, j. 41, p. 3890.

⁷² The earliest research on this matter, and perhaps the most comprehensive so far, is Jiang Shaoyuan 江紹原, "Zhongguo ren tianguiguan de jifangmian" 中國人天癸觀的幾方面, *Chenbao fukan* 晨報副刊, 1450–1452 (1962).

old.⁷³ Distaste toward menstruating nuns could also be found in Buddhist texts translated into China in the Six Dynasties.⁷⁴ A Daoist text, most probably composed late in the Tang, in describing the circumstances of the “hell of Blood Lake,” explained that women may be offending gods and deities in their everyday activities:

Childbirth causes various predicaments. During their monthly flow, when they clean dirty clothes, or when they bear sons and daughters, their blood dirties the earth gods. Dirty fluids pour out into streams, rivers, ponds and wells. People, without knowledge and awareness, draw water for drink and food and offer it as sacrifice to the spirits. Thus they violently offend the Three Luminaries.⁷⁵

Anthropological studies propose that a society often considers certain members polluting when they are either somehow deficient or in a state of transition.⁷⁶ A patient with a chronic disease or a handicapped person may be categorized as deficient, while new orphans and new mothers were in states of transition. However, the inclusive tone with which medical recipes address the exclusion of women suggests that, unlike what anthropologists may have assumed, women were considered as polluting in situations other than menstruation.

First of all, since women were the ones who washed clothes, and made food and drink for both men and deities, they could not escape blame even if they were not undergoing menstruation or childbirth. Her social role, just as her physical condition, made a woman polluting by nature. Second, even though menstruating women and new mothers were sometimes listed with the other categories, they were more often grouped with chickens, dogs, and women in general. Chickens

⁷³ A new mother would be considered polluting both because of her physical condition (e.g., postpartum discharge) and her transition in social roles from wife to mother. That one's transitory position may make one temporarily “unclean” is proposed in several anthropological studies; see Arnold van Gennep, *The Rites of Passage*, transl. Monika B. Vizedom and Gabrielle L. Caffee (Chicago: U. of Chicago P., 1960), pp. 10–11. For a Chinese field study, see Emily M. Ahern, “The Power and Pollution of Chinese Women,” in *Women in Chinese Society* (Stanford: Stanford U.P., 1975), pp. 199, 207. For the status of new mothers in early-imperial Chinese medicine, see Lee, “Han Tang zhi jian shengchan zhi dao,” pp. 574–78.

⁷⁴ Some Buddhist sutras criticize menstruating nuns who did not make clear their current condition during a house visit, calling them as condemnable as thieves and prostitutes; e.g., *Sifenlü* (*Dharmaguptaka-vinaya*) 四分律, *T*, no.1428, vol. 24, p. 732; and vol. 25, p. 742.

⁷⁵ Anon., *Yuanshi tianzun jidu xiehu zhengjing* 元始天尊濟度血湖真經, in *Zhengtong dao-zang dongzhenbu wenlei* (su) 正統道藏洞真部文類 (宿) (Hanfenlou rpt. of Ming edn. collected in Beijing Baiyun Daoist temple; Shanghai, 1924–1926), *j. A*, pp. 3–4; *B*, p. 2.

⁷⁶ On the state of pollution, see van Gennep, *Rites of Passage*, pp. 10–11; Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (London: Routledge & Paul, 1966).

and dogs, like other livestock, were prohibited altogether regardless of their sex and physical conditions. But among human beings, only males could be put into either of our two modern anthropological categories of deficiency and transition. Women, on the other hand, seem to have constituted an independent category. Sun Simiao stated it more bluntly in one instance: “Only men should be allowed to concoct the recipe.”⁷⁷ In other Tang medical texts, “women,” “girls” and “females” were sometimes listed together in one recipe as prohibited from making medicines, indicating the extensive nature of the prohibition.⁷⁸ That is, a woman was forbidden altogether not only for her temporary impediment, nor just for her transitory position.

Scholars have pointed out that pollution was not the focus when early Chinese medical texts discussed menstruation.⁷⁹ As stated earlier, male doctors paid attention mainly to women’s frailty both as patients and healers. Interestingly, however, the inclusive prohibition against women in composing certain recipes reinforced not only the polluting nature of women but also women’s deficient image in general. Seen as a threat in the process of making medicine, she was not only forbidden to collect herbs but also warned not to touch the medicine for her own use lest it should lose its efficacy. Because of the lack of historical material, whether this prohibition was applied seriously in practice is beyond assessment: female doctors in the imperial palace appeared to have continued their participation in preparing herbal recipes. But it could certainly have served as an underlying idea when contemporaries evaluated women’s contributions in health care.

Weak in Nature but Strong in Sacrifice: Women in Domestic Care

As discussed earlier, Sun Simiao perceived the weakness of a woman’s body through her reproductive ailments, physical frailty, and emotional subjectiveness. Cui Zhiti’s compilation helped to confirm women’s incapacities in midwifery and it provided delivery charts that substantiated a perception of women as overly fearful. Not only did male authors of medical texts portray women as weak and emotional, as well as technically inferior healers, but in addition women had to

⁷⁷ *QJYF* 22, p. 733.

⁷⁸ For a comprehensive listing, see Lee, “Jijian furen yü nüti weiyao,” appendix A.

⁷⁹ Charlotte Furth suggests that pollution was not the main argument about menstruation in medical texts. Rather, male authors of these texts proposed regulations on menstruation to intervene in women’s reproductive function and hence their body. See Furth, “Blood, Body and Gender: Medical Images of the Female Condition in China,” *Chinese Science* 7 (1986), pp. 43–66.

be barred from concocting potions precisely because of their power, which was considered destructive. This contradiction – both weakness and power – is also seen in physiognomy.

A sixth-century physiognomy text described for its readers the good and bad features of both sexes. For men, the advice for examination stopped at their clothes. That is, men were categorized into prominent officials, degraded prodigals and various social groups based on their facial expressions, vocal qualities, physical build and public manners. A woman, however, was supposed to be examined more carefully. Not only the color of her hair and teeth, the thickness of her skin and bones, the smell and temperature of her body, but also the size and shape of her breasts and vagina as well as many other body parts were to be inspected. Removal of her clothes seems assumed, and the criterion was that she ought not to be stronger in physique, personality, and divined destiny than the man related to her.⁸⁰ A woman with characteristics stronger than the man was neither to be married nor hired as a wet nurse. The need to keep women under men's power cut through social statuses.⁸¹

Despite the expectation that women be submissive, whether spouse or helper in the house, a woman would still be praised for her strength if she performed it in the context of sacrificing herself for her families' benefit. One such context was to care for sick family members. For instance, although a wet nurse would be criticized when she crossed gender and social boundaries with her strength, she could be highly applauded if she sacrificed herself as a caring mother with her milk or as a loyal servant with her work and even life.⁸²

Sacrifice of one's time and energy was expected from a family's caregiver. Women often assumed such responsibilities, even, in cases of long-term care, at the expense of their own health. Anecdotes and cases from early sources show us that women, acting as wives, mothers, in-laws, daughters, and sisters often attended to all members, young and old. In addition, they participated in the entire process of health care, including preliminary examination of the sick, the decision to acquire a doctor, preparing medicine, and feeding the patients personally.⁸³ For instance, *Waitai miyao* cited a fifth-century case in which a six-year-old

⁸⁰ See *Chanjing*, cited in *Ishinpō* 24, pp. 31b–33b.

⁸¹ This attitude was not limited to selection of wives, but extended to all women in the household, including wet nurses; Lee, "Wet Nurses in Early Imperial China," pp. 6–23.

⁸² *Ibid.*, pp. 23–36.

⁸³ For detailed listing and discussion of such responsibilities, see Lee Jen-der 李貞德, "Han Tang zhi jian jiating zhong de jiankang zhaogu yu xingbie" 漢唐之間家庭中的健康照顧與性

girl who suffered from abdomen pain was first examined by her mother and later cured by the doctor she summoned. In the story, the mother touched the girl, inquired about her feeling, and took off her clothes for further checking before fetching the doctor. After the doctor arrived, she answered the doctor's questions about the girl's medical history and provided possible diagnosis for the doctor's reference.⁸⁴ A Tang epitaph described a woman who took care of her stepdaughter for over ten years before the latter finally passed away – trying out medications beforehand and acquiring doctors on her behalf.⁸⁵

The fact that women provided the care had significant social ramifications. One who failed to give care would be considered irresponsible and criticized by her contemporaries; and one who devoted herself to the task would be praised by male literati for fulfilling the ethical role of a woman.⁸⁶ The two *Tangshu* listed such responsible women not only in “Biographies of Women” but also in the various biographies of princesses and officials' wives.⁸⁷

In contrast to the role of women in domestic health care, the representation of men in health care stories appears to have been quite insubstantial. The model man hardly cares for family members except his own mother, and the way he did so was often described by historians with only one sentence: “so diligently that he did not have time to change his clothes.”⁸⁸ While women often faced emotional dilemma as well as physical exhaustion caused by the multiplicity of caring roles, men were rarely portrayed to have had emotional or physical struggles. A Tang story depicted a woman who cut off one of her breasts and left it at her husband's house because while she sincerely wanted to return

別, in Huang Ko-wu 黃克武, ed., *Papers from the Third International Conference on Sinology, History Section: Gender and Medical History* (Taipei: Institute of Modern History, Academia Sinica, 2002), pp. 1–50.

⁸⁴ *Xiaopinfang*, cited in *Waitai miyao* 36, p. 1022.

⁸⁵ Zhou Shaoliang 周紹良, *Tangdai muzhi huibian* 唐代墓誌彙編 (Shanghai: Guji chubanshe, 1992), p. 2046.

⁸⁶ A comprehensive examination of Tang documents will further substantiate this. So far, my research on the Six Dynasties confirms that a wife might be divorced on the grounds of being inattentive to her sick mother-in-law and an imperial princess would have brought official promotion to her husband if she personally cared for her ailing mother-in-law; Du You 杜佑 (734–812), *Tongdian* 通典 (Beijing: Zhonghua shuju, 1988) 102, p. 2683; and *Suishu* 80, p. 1798. For more examples and discussion both in the Six Dynasties and in the Tang, see Lee, “Han Tang zhi jian jiating zhong.”

⁸⁷ *JTS* 19, p. 649; 52, p. 2194; 193, pp. 5143–44. Ouyang Xiu 歐陽修 (1007–1072), *Xin Tangshu* 新唐書 (Beijing: Zhonghua shuju, 1975) 83, p. 3668; 163, p. 5027; 205, pp. 5826–27, 5831.

⁸⁸ The standard phrase in Chinese was: 衣不解帶, 親嘗湯藥; Lee, “Han Tang zhi jian jiating zhong,” pp. 32–38

to her natal family to care for her ailing father she could not at the same time nurse her crying child.⁸⁹ However symbolic and extreme, even among stories of sacrificing women, this sort of image never appears in records about men.⁹⁰

Even more interesting is the fact that while men who cared for their mothers sometimes became prominent doctors later in their lives through the study of medicine, women who busied themselves with domestic health care were never recognized as notable doctors, even though some of them also possessed medical knowledge. There is no female equivalent to Wang Tao, who fits very well into the model of domestic health care. Described by his biographer in *Xin Tangshu* 新唐書 as so diligently caring for his sick mother that he would not remove the belt on his clothes, Wang Tao later on became “expert in medical techniques after he befriended many excellent doctors.”⁹¹ No matter how distinctive, women never inspired stories like this. Women elicited praise from contemporary male doctors or attracted attention from authors of standard histories not because of their medical performances, however skillful, but for their domestic sacrifices.

CONCLUDING REMARKS

In his preface to *Waitai miyao*, Wang Tao claimed that he was prone to illness as a child and lost sixty to seventy percent of his friends and relatives to epidemics later in life. These experiences prodded him to study medicine. He was fortunate enough to have been assigned to a post in the Imperial Library, which gave him the opportunity to read medical texts and to compile his own version in a critical manner.

Wang Tao admitted that there were more than ten different medical texts already in circulation during his time, including those by Cui Zhiti and Sun Simiao.⁹² But he considered these texts imperfect either because of repetitions or discrepancies. He then decided to select only the best parts of these recipes and rearrange them into his own volume. Wang Tao took pride in his hard work and its result. He asserted,

⁸⁹ *Xin Tangshu* 295, pp. 5826–27.

⁹⁰ Some of the stories in the Six Dynasties do portray men retiring from official positions in order to care for aged mothers, but there is hardly anything about conflicting roles or emotions. For detailed discussion, see Lee, “Han Tang zhi jian jiating zhong.”

⁹¹ *Xin Tangshu* 98, p. 3890.

⁹² The others mentioned by Wang Tao were those by the 5th-c. monk Seng Shen 僧深, Zhang Wenzhong 張文仲 (an imperial doctor in empress Wu’s time), Meng Xian 孟詵 (an expert in materia medica who died between 713–741 at the age of ninety-three), and two other famous Tang doctors Xu Renze 許仁則 and Wu Sheng 吳昇.

through a conversation with friends in his preface, that whoever wanted to be a loyal subject or filial son should study his text. As for himself, he claimed, the primary goal was to achieve longevity.⁹³

This article started with Wang Tao's quotation of Cui Zhiti's story of midwifery; it ends with Wang's own life experiences as a caring son and a medical author. Both are valuable reference points for understanding both the perceptions and real activities of women in childbirth and health care. All in all, women practiced medicine throughout early-imperial China, although they encountered institutional obstacles and faced cultural taboos. Neither standard histories nor medical texts praised women for their healing abilities, not even their highly skilled examples of midwifery. During the systematization of medical knowledge and the healing profession, women were sometimes criticized and their image imbued with a certain overall weakness. Only sacrifice to their sick family members was remembered and commended. Nevertheless, the image of weakness also drew attention from male doctors who strived to protect women in their reproductive duties, so much so that an independent category of "Recipes for Women" was proposed and rationalized.

Chinese gynecology is thought to have stood on firm ground when the celebrated Song doctor Chen Ziming 陳自明 composed the first independent text on women's medicine. Scholars have pointed out that Chen elaborated his views based on earlier texts, especially Sun Simiao's "Recipes for Women," and that he completed the process of gendered medicine through discourse on the female body.⁹⁴ This article has investigated the situation in the early-imperial period, and shows that although a Tang-Song transition in medical history seems to be a plausible theory, in effect change occurred gradually and constantly.⁹⁵

Several issues in childbirth were settled in the Tang-Song period, the most obvious ones were matters concerning "entering the month" such as setting up the screen indoor and fixing the time to take the concoction called slippery herbs. But the attempts to standardize related

⁹³ *Waitai miyao*, "Preface."

⁹⁴ Furth, *Flourishing Yin*, pp. 59–93. The latter is reviewed by Angela K.C. Leung, "Recent Trends in the Study of Medicine for Women in Imperial China," in the forthcoming *Nan Nü* special issue on medicine.

⁹⁵ In addition to changes within the realm of women's medicine, imperial efforts to collect and reorganize medical texts in early Song, the flourishing of print culture in later years, and the elevation of herbal medicine over other forms of healing, especially ritualistic methods among Confucian doctors, all contributed to a strengthened position for Chinese medicine, thus seeming to have produced a kind of Tang-Song transition in medical history.

practices can be detected earlier. Delivery charts went through reorganizations in the sixth century while medical recipes witnessed a shift of discourse on fertility from men to women. As for issues in health care, the prohibition against women producing certain decoctions existed in medical text since the fourth century and the list of taboos grew longer after Song. Moreover, although Buddhist and Daoist nuns, together with other religious figures, were banned from practicing medicine in early Tang, it was not until late-imperial China that the term *sangu liupo* 三姑六婆 became a cliché to denounce a variety of women, including female healers, and that officials proposed an organized attack on them.⁹⁶ On the other hand, the tenacity of some features should not be overlooked in spite of visible changes. For instance, women took a vertical position in delivery since antiquity; it was not until the challenge of Western medicine that they were brought to hospitals and made to lie down to give birth. The Western challenge ultimately affected all of China's extant medical practices and relations, and the impacts were not on women alone.

The systematization of medicine that occurred much earlier in China was not aimed at women either, although women may have been in effect protected and disciplined in the process. It is tempting to link such efforts to the unification of an empire. It is true that both *Chanjing* and *Bingyuanlun* were compiled in the reunified Sui: the latter work in fact was commissioned by the imperial authority. Edicts issued by the Tang court also demonstrated the government's attempt to regulate medical education and recruitment. However, the implementation was basically limited to the palace. For the general populace, women apparently attended to other women for all kinds of health issues. Sun Simiao explicitly advised that she who took care of young ladies should make a copy and read his "Recipes for Women." The attempt to improve women's well being was noticeable. One possible conjecture would be the growing size of aristocratic families throughout the early-imperial period, a situation in which women's reproduction involved both continuity and prosperity of the patriarchal line.⁹⁷ But the efforts put into

⁹⁶ For detailed discussions on the development of this term and official attempts to curtail women healers in late imperial China, see Angela K.C. Leung, "Women Practicing Medicine in Pre-modern China," pp. 101-34.

⁹⁷ For the growing size of the family in early China and its social and political significance, see Tu Cheng-sheng 杜正勝, "Chuantong jiazou jiegou de dianxing" 傳統家族結構的典型, in Tu, *Gudai shehui yu guojia* 古代社會與國家 (Taipei: Yunchen wenhua, 1992), pp. 779-854. Also, see Patricia Ebrey, "Women, Marriage and the Family in Chinese History," in Paul Ropp, ed., *Heritage of China: Contemporary Perspectives on Chinese Civilization* (Berkeley: U. California P., 1990), pp. 197-223.

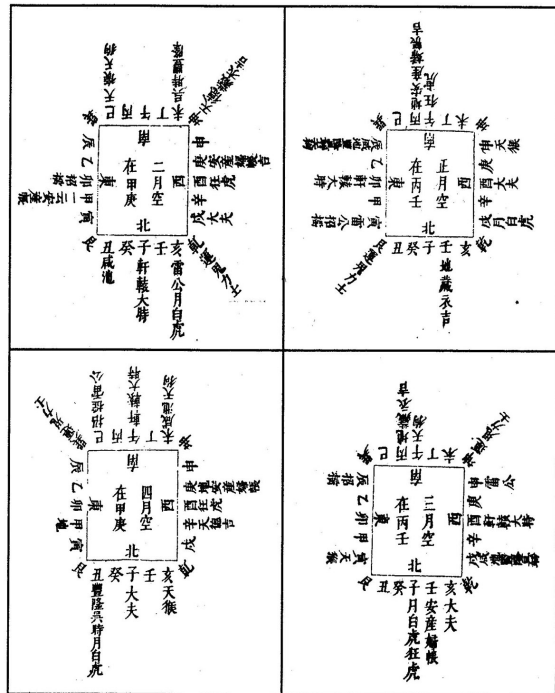
the reorganization of medical knowledge can also be seen as part of the constant efforts for male doctors to grasp the ungraspable female body – an effort that was not begun or did not end with any specific social transition but was in itself a political act. The author of *Chanjing* took so much pride in his new childbirth charts that he discredited all preceding ones, and Wang Tao offered his book to whoever wanted to be filial and loyal. For them, the reasons to undertake the work of standardization were perhaps as much socio-political as medical.

LIST OF ABBREVIATIONS

<i>Bingyuanlun</i>	Chao Yuanfang 巢元方, <i>Zhubing yuanhou zonglun</i> 諸病源候 總論
<i>JTS</i>	<i>Jiu Tangshu</i> 舊唐書
<i>QJYF</i>	Sun Simiao 孫思邈, <i>Beiji qianjin yaofang</i> 備急千金要方

死 廿 死 廿一 死 廿二 死 廿三 死 廿四 死 廿五 死 廿六 死 廿七 死 廿八 死 廿九 死 三十	死 廿 死 廿一 死 廿二 死 廿三 死 廿四 死 廿五 死 廿六 死 廿七 死 廿八 死 廿九 死 三十	死 廿 死 廿一 死 廿二 死 廿三 死 廿四 死 廿五 死 廿六 死 廿七 死 廿八 死 廿九 死 三十	死 廿 死 廿一 死 廿二 死 廿三 死 廿四 死 廿五 死 廿六 死 廿七 死 廿八 死 廿九 死 三十
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Figure 1. Ancient Chart for Placenta Burial "Nanfang yuicang" 南方禹藏
 From Mawangdui hanmu boshu 馬王堆漢墓帛書 (肆)
 (Beijing: Wenwu chubanshe, 1985) 4, p. 134.



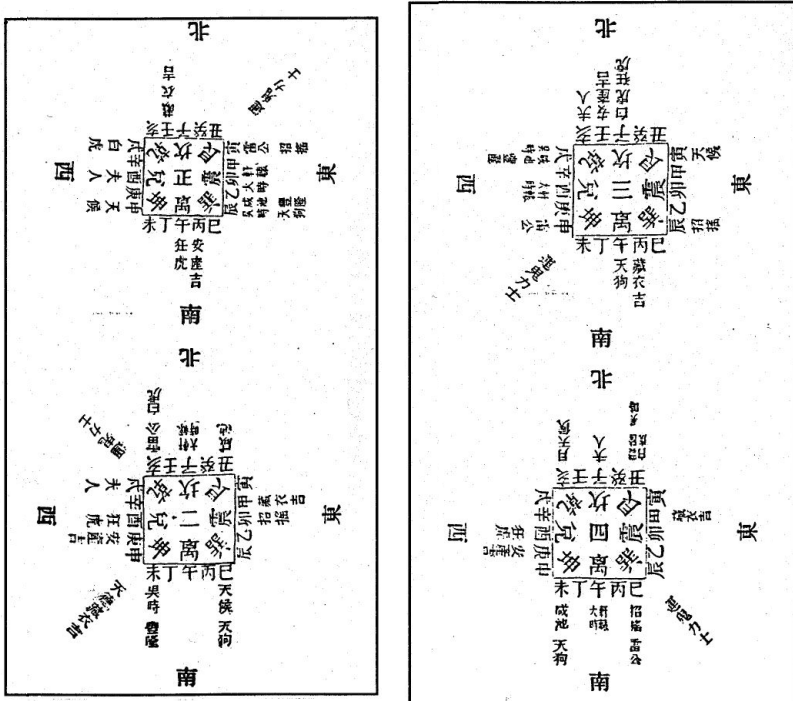


Figure 3. New Model of Combined Charts from a Song Text

Zhu Duanzhang 朱端章 (ca. 12th c.), 衛生家寶產科備要, showing first four months of the lunar year; from Weisheng jiaobao chanke beiyao (Shanghai: Shanghai sanlian shudian, 1989) 1, pp. 5–6.

80 AT LEFT

Figure 2. New Model of Combined Charts from a Tang Text

“Cuishi chantu” 崔氏產圖, showing first four months of the lunar year; from Waitai miyao 33, pp. 927–28.



*Figure 4. Sculpture Depicting Childbirth Scene
Sculpture depicting scenes from the Buddhist scripture Foshuo fumu enzhong nambaojing 佛說父母恩重難報經; located in
Dazu, Sichuan. Photography by the author.*