

CHILDBIRTH IN EARLY IMPERIAL CHINA*

BY

JEN-DER LEE

(Institute of History and Philology, Academia Sinica)

(English translation by Sabine Wilms)

Abstract

By the eighth century, medical texts had come to agree that an expecting mother should take herbal medicine in the last month of pregnancy to ensure a quick and safe delivery. Delivery charts, previously separated for different purposes, were integrated into one chart with twelve sub-charts for each month of the year. Women usually took vertical positions during delivery and were most likely supported under the arms by midwives. Ritual techniques and manual manipulations were applied to solve complications such as breech birth. The former often implied resonant relations between the baby, its mother and her husband, while the latter sometimes elicited criticism from male doctors as unnecessary interventions. The new mother would be restrained from social contact in the first month after delivery, because of both her need to rest and the fear of pollution. Friends and relatives, however, would bring over precious and nutritious food to “nourish her body,” said the medical texts, “not just to celebrate the child.”

Introduction

Procreation played a central role in women's lives, and childbirth can be said to have been a crisis of life or death for pregnant women. If a pregnancy was successful, not only was the mother safe, but she also provided the household with descendants and labor. A smooth delivery was, as far as the family and community were concerned, a reason for celebration, as well as, for the participants and

* This article first appeared in Chinese in the *Bulletin of the Institute of History and Philology, Academia Sinica* 67.3 (1996): 533-642. The English translation was done by Dr. Sabine Wilms and revised by the author to incorporate current research. The Appendix from the original Chinese version, containing herbal recipes for treating complications and for postpartum care, is integrated into the main text in the English version.

helpers, an affirmation of their abilities and efforts. In the case of failure, the situation was entirely different. If the mother died and the child survived, the newborn child lost a mother, the household lost the mistress of the house, the situation of the surviving child became precarious, and poor families might have even lost their base of support. If the mother survived and the child died, then this failure at the last moment, after having nurtured the fetus for ten months, had an enormous impact on the parturient woman's body and mind.¹ A fetus that died in the womb, moreover, impacted the mother's safety. And if both mother and child died, then the family and community were most likely grief-stricken, and it was hard for the birth attendants to avoid incurring blame.

Birth is the stage at which the mother and the fetus separate after ten months of pregnancy, and, in terms of the biological phenomenon, there is little difference between the past and the present, China and the outside world. But the medical management, rituals and taboos, and ideas and concepts surrounding this stage can nevertheless vary according to the culture of the times. Thus, the circumstances of delivery in traditional Chinese society are well worth a thorough inquiry. Whether because searching for and gathering records is difficult, or whether scholars' interest has yet to be stimulated, up to now monographs about traditional childbirth rituals and gynecological and obstetrical medicine are rare. Moreover, detailed studies of childbirth culture concentrate mostly on developments in the late imperial period. Research studies on the situation in early imperial China are comparatively few.²

¹ Although gestation is considered to be nine months in the West, traditional Chinese perceived it as to have been ten months. Even today, in popular language, people still use "ten months of pregnancy" (*huaitai shiyue* 懷胎十月) to describe a woman's gestation period.

² Guo Licheng 郭立誠, *Zhongguo shengyu lisu kao* 中國生育禮俗考 (Taipei: Wenshizhe chubanshe, 1971), is probably the earliest work on this subject. It describes the childbirth culture of traditional society, including praying for a son, fetal education, and all other aspects of childbirth rituals. Ma Dazheng 馬大正, *Zhongguo fuchanke fazhanshi* 中國婦產科發展史 (Shanxi: Kexue jiaoyu chubanshe, 1991), summarizes the development of Chinese gynecological and obstetrical science from pre-Qin (221-207 BCE) to the Republican period. Zhang Zhibin 張志斌, *Gudai Zhongyi fuchanke jibingshi* 古代中醫婦產科疾病史 (Beijing: Zhongyi guji chubanshe, 2000), is the most recent general history on gynecological and obstetrical disorders and includes discussions on childbirth complications. See the review [infra]. For discussions of specific periods, such as Patricia Ebrey's description of the abilities of people in the Song dynasty (960-

When researching the issue of infant abandonment in early imperial China, I realized that, following maternal death in childbirth, poor families had no choice but to consider abandoning the newborn. Therefore I wonder whether the many instances of infant abandonment at that time might not suggest the frequent occurrence of maternal death in childbirth?³ Moreover, in my research on women's lives in early imperial China, I found that women married mostly between the ages of fourteen and eighteen, and the statistics on women's lifespans revealed that women's death rate peaked between the ages of twenty and thirty. This seems to suggest that childbirth-related conditions might have been one of the major causes of death for women at that time.⁴ In ancient times, methods of birth control and abortion were not sufficiently refined and widespread, which

1279) to care for women in childbirth, see Ebrey, *The Inner Quarters: Marriage and the Lives of Chinese Women in the Song Period* (Berkeley: University of California Press, 1993), 172-76. Xiong Bingzhen (Ping-chen Hsiung) 熊秉真, in her examination of pediatric medicine in late imperial China, also touches upon the issues of childbirth care. See Xiong Bingzhen 熊秉真, *Yoyou: chuantong zhongguo de qiangbao zhidao* 幼幼—傳統中國的襁褓之道 (Taipei: Lianjing chubangongsi, 1995), 53-102. Charlotte Furth's inspiring accounts describe the changes and continuities in gestation and birth from the Song to the late imperial period; Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999), 94-133, 134-54; and more recently, Yi-Li Wu, "Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty in Classical Chinese Gynecology," *Nan Nü: Men, Women and Gender in Early and Imperial China* 4.2 (2002): 170-206. Only a few studies deal with the earlier periods, e.g., Li Jianmin 李建民, "Mawangdui Hanmu boshu 'Yuzang maibao tu' jianzheng" 馬王堆漢墓帛書禹藏埋胞圖箋證, *Bulletin of the Institute of History and Philology, Academia Sinica* 中央研究院歷史語言研究所集刊 65.4 (1994): 725-832. Li's article discusses placenta burial customs and rituals as well as the idea of correspondence between Heaven and the human world in early China. But Li's article, like Xiong's book, concentrates on the survival and growth of the newborn and relatively seldom touches on the childbearing woman. My article on wet nurses also touches upon postpartum care; see Jen-der Lee, "Wet Nurses in Early Imperial China," *Nan Nü: 2.1* (2000): 1-39. A more recent study by Sabine Wilms on women's medicine and its manifestations on the female body discusses the medicinal and cultural significance of childbirth to some extent. See Wilms, "The Female Body in Medieval Chinese Medicine: A Translation and Interpretation of the 'Women's Recipes' in Sun Simiao's *Beiji qianjin yaofang*," (Ph.D. diss., University of Arizona, 2002), 59-84.

³ Li Zhende (Jen-der Lee) 李貞德, "Han Sui zhijian de 'shengzi buju' wenti" 漢隋之間的生子不舉問題, *Bulletin of the Institute of History and Philology, Academia Sinica* 66.3 (1995): 747-812.

⁴ Jen-der Lee, "The Life of Women in the Six Dynasties," *Journal of Women and Gender Studies* 婦女與兩性學刊 4 (1993): 47-80, Tables I, V.

increased women's chances of pregnancy.⁵ If a woman married at age fourteen, stopped menstruating at forty-nine, and gave birth to ten children, she was involved in childrearing for most of her adult years, giving birth approximately once every three years. Since besides delivering her own children, a woman also observed, discussed, and assisted in the deliveries of her female friends' and relatives' children, birth was a common experience in most women's lives.

Reproduction also influenced women's physical and emotional health. In the view of the Liu-Song (420-79) doctor Chen Yanzhi 陳延之, among women who marry and undergo childbirth too early, "the root of the kidneys has not yet been established, and birth then injures the kidneys," with the result that young wives "have illnesses that are difficult to treat" and "those who do not fall ill are also ruined."⁶ Chu Cheng 褚澄, a doctor of the Southern Qi

⁵ For a discussion of acupuncture and drug treatments for birth control and abortion in early imperial China, see Li Zhende, "Han Sui zhijian de 'shengzi buju' wenti," section entitled "Avoiding pregnancy, preventing birth, and inducing abortion," 787-94. Li Yinhe 李銀河 has researched the culture of birth in modern China and found that among women currently seventy to eighty years old, some had given birth seven, eight, or up to ten times. And among fifty- to sixty-year-old women who were not exposed to government family-planning policies, even without counting miscarriages and premature deaths, it was common to have five children. See Li Yinhe, *Shengyu yu zhongguo cunluo wenhua* 生育與中國村落文化 (Hong Kong: Oxford University Press, 1993), 109. Ebrey estimates that the average birth rate for a woman in the Song dynasty was about 6.1 children, and pregnancies that did not result in successful labor were even more numerous. See Ebrey, *Inner Quarters*, 172. When analyzing references to women and children in funeral inscriptions, I discovered that the average birth rate for an elite woman in the early imperial period was five children. One has to bear in mind, however, that the number of children a woman might have bore could have in reality been greater than this. Besides the fact that women died and were widowed earlier, some funeral texts mention only sons, but not daughters. For statistics on the age at which women died and were widowed, see Jen-der Lee, "The Life of Women in the Six Dynasties." Some scholars have suggested that the length of breastfeeding also assisted contraception. See Ping-chen Hsiung, "To Nurse the Young: Breastfeeding and Infant Feeding in Late Imperial China," *Journal of Family History* 20.3 (1995): 217-38. Regardless, quite a few women in early imperial China gave birth to approximately ten children according to extant historical materials. For the common people, if there was no concubine to share reproductive responsibilities with the main wife, a woman frequently might face death in pregnancy and at delivery.

⁶ Chen Yanzhi's *Xiaopingfang* 小品方, cited in Tana Yasuyori 丹波康賴 (912-95), *Ishinpo* 醫心方 (982; Taipei: Xinwenfeng chubanshe; reprint of the Ansei woodblock edition, 1854), 21. 2a. Ma Jixing 馬繼興, in his "*Yixinfang* zhong de guyixue wenxian chutan" 醫心方中的古醫學文獻初探, *Nihon ishigaku zasshi* 日本醫史學雜誌 31.1 (1985): 326-71, estimates the period of composition for the *Xiaopingfang* to be the Jin dynasty (265-420). But after a fragmentary edition of the text was discovered in Japan in 1984,

(479-502), pointed out even more specifically that “frequent childbirth and nursing leads to blood withering and kills people.”⁷ He encouraged women to marry later and have fewer births, and proposed that “although, in men, essence penetrates at sixteen, they must not take a wife before thirty, and although women’s reproductive capacities are developed at fourteen, they must not marry before twenty,” otherwise “there will be intercourse, but no pregnancy, or pregnancy, but no birth, or birth, but the child will be fragile and not long-lived.”⁸

In fact, there is no shortage of historical records of death due to childbirth. The Han dynasty (206 BCE- 220 CE) history recorded a shrine to *Shenjun* 神君, which was established because “a girl from Changling 長陵 died in childbirth and appeared as a spirit to her sister Wanruo 宛若. Wanruo set up a shrine for her in her room, and people came in masses to worship her.”⁹ The Jin 晉 dynasty (265-420) history recorded that Zhu Xianyi 諸顯夷, the wife of a certain Mi Yuanzong 米元宗, died at her home in childbirth.¹⁰ Liu Yu 劉裕 (r. 420-22), the founding emperor of the Liu-Song dynasty, lost his mother on the day of his birth, and Yu was almost abandoned because of this.¹¹ The Liu-Song dynasty history also recorded that a certain Empress Zhao 趙 “died in the imperial Dantu 丹徒 palace due to childbirth complications, at the age of twenty-one.”¹² The Chen dynasty (557-89) history recounted that Lady Sun 孫, the mother of King Wuxing called Yin 吳興王胤, “died in childbirth,” and Yin was therefore raised by Empress Shen 沈.¹³ There were nu-

some scholars consider that the author lived in the Liu-Song period. See Ren Xu 任旭, “*Xiaopinfang* canjuan jianjie” 小品方殘卷簡介, *Zhonghua yishi zazhi* 中華醫史雜誌 17.2 (1987): 71-73; and Liao Yuqun 廖育群, “Chen Yanzhi yu ‘*Xiaopinfang*’ yanjiu de xin jinzhan” 陳延之與小品方研究的新進展, *Zhonghua yishi zazhi* 17.2 (1987): 74-75.

⁷ Chu Cheng, *Chu Shi Yishu* 褚氏遺書 (Xinxiang: Henan xueue jishu chubanshe, 1986), “Jing xue” 精血, 33; “Wen zi” 問子, 57.

⁸ Chu Cheng, *Chu Shi Yishu*, “Jing xue,” 33; “Wen zi,” 57.

⁹ See Ban Gu 班固 (32-92), *Hanshu* 漢書 (Beijing: Zhonghua shuju, 1962), 25a.1216.

¹⁰ Ganbao 干寶 (?-336), *Soushenji* 搜神記, cited in Li Fang 李昉 (925-96) ed, *Taiping guangji* 太平廣記 (Beijing: Renmin wenxue chubanshe, 1959, annotated ed.), 276.2186.

¹¹ Shen Yue 沈約 (441-513), *Songshu* 宋書 (Beijing: Zhonghua shuju, 1974), 47.1404.

¹² *Songshu*, 41.1280.

¹³ Yao Silian 姚思廉 (557-637), *Chenshu* 陳書 (Beijing: Zhonghua shuju, 1972), 28.376.

merous examples of this kind.¹⁴ Women of ancient times must have been quite conscious of the dangers of childbirth. The wife of the famous Han dynasty official Huo Guang 霍光 expressed this clearly: "In women's central affair of childbirth, ten die and one survives."¹⁵ Chen Yanzhi described the time of women's delivery in the following way: "Getting down on the ground and squatting on straw [that is, delivery], in general is just like awaiting death."¹⁶ One can see that the dangers of childbirth were certainly common knowledge among people of that time. The exploration of the process and meaning of childbirth therefore becomes an important angle for understanding the history of women's lives.

Childbirth might mean a woman's life or death, but its influence certainly was not limited to the mother's physical body. With regard to delivery, how did people in early imperial China respond? How was the progress of labor perceived by contemporary people? At what time was the birth completed? How did medical treatment and ritual behavior affect each other, and how were they interpreted in society? These issues are of great importance for understanding women's lives. Therefore, this article will use medical literature first to reconstruct the situation of women in the early imperial period in such practices as ensuring smooth delivery by taking herbal medicines during the last month of pregnancy, setting up a tent or arranging a hut for childbirth, squatting on straw as delivery time approached, management of obstetrical complications, and postpartum arrangements.¹⁷ Then I will consult official histories, essays, and

¹⁴ Childbirth related death also appeared in women's epitaphs of this period. For instance, Xue Huiming 薛慧命 of the Northern Wei (386-534) died of postpartum disorders when she lost her infant. See Zhao Wanli 趙萬里, *Han Wei Nanbeichao muzhi jishi* 漢魏南北朝墓誌集釋 (Beijing: Kexue chubanshe, 1956), 4.32b.

¹⁵ *Hanshu*, 97a.3966.

¹⁶ *Xiaopinfang*, cited in *Ishinpo*, 23.25a.

¹⁷ Medical records pre-dating the Tang have for the most part been lost. Fortunately, fragments are found in archaeological material and medical encyclopedia. The information used as evidence in this article relies mostly on Tana Yasuyori's *Ishinpo*, Sun Simiao's 孫思邈 (581-682) *Beiji qianjin yaofang* 備急千金要方 (Taipei: Hongye shuju reprint of Edo copy of Song dynasty woodblock edition, hereafter cited as *Qianjingfang*), and Wang Tao's 王燾 (ca. 670-755) *Waitai bijiao* 外台秘要 (reprint of the Song edition, Taipei: Guoli zhongguo yiyao yanjiuso, 1964). In determining the date for each medical text, I have, for the most part, followed Nagasawa Motoho 長澤元夫 and Gotō Sirō 後藤志朗, "Inyōso kaisetsu" 引用書解説, in Ota Tenrei 太田典禮, *Ishinpo kaisetsu* (Tokyo: Nihon Koigaku siryō sennta-, 1973); and Ma Jixing, "Yixinfang zhong de guyixue wenxian chutan."

other materials in order to investigate the sociocultural implications of childbirth-related behavior.

Several points should be made before we proceed further. First, although the time period of this article is defined as early imperial China, in some cases, I use source material from periods before the Han and after the Tang dynasty (618-906). Owing to the continuity of the social history and the medical tradition, it is impossible in this research to differentiate developments strictly by dynastic periodization.¹⁸ Second, because of the vastness of China's territory and potential variations in local customs, regional distinctions should certainly be considered. But in view of the difficulties in gathering material related to the culture of childbirth, unless historical sources specifically point to the special characteristics of a region, this article will first consider the ideas shared by the people of that time and leave local diversities to further research.¹⁹

In addition to the influence of time and space, childbearing women and their families might have reacted differently in childbirth according to differing social status. The received medical literature was, after all, written by literate people and was generally directed

¹⁸ First of all, we see similar concepts and continuous knowledge regarding fetal development in the *Taichanshu* 胎產書, unearthed from the Han dynasty tomb at Mawangdui; Xu Zhicai's 徐之才 *Zhuyue yangtaifang* 逐月養胎方 from the Northern Qi (550-577); and the *Chanjing* 產經 of the Sui dynasty. Second, although texts like the *Luyangfang* 錄驗方 and *Qianjinfang* were probably completed in the early Tang, their writers, Zhen Quan 甄權 (540-643) and Sun Simiao had indeed lived through the three dynasties of the Northern Zhou, Sui, and Tang. The records in the texts therefore responded to gynecological and obstetrical expositions and prescriptions from the Six Dynasties on. Lastly, *Waitai biyao* by the mid-Tang writer Wang Tao contains records from many lost medical texts from the Six Dynasties and early Tang. For information on the relationship between the Mawangdui *Taichanshu* and later ideas on nurturing the fetus, see Ma Jixing, *Taichanshu kaoshi* 胎產書考釋, in *Mawangdui guysishu kaoshi* 馬王堆古醫書考釋 (Changsha: Hunan kexue jishu chubanshe, 1992); Li Jianmin, "Mawangdui hanmu boshu 'Yuzang maibaotu' jianzheng", 754-55, appendix. Both the *Chanjing* and the "Zhuyue yangtaifang" are lost and part of the contents of the former is included in *Ishinpo*, while the latter included in *Qianjingfang*. As for the *Luyangfang*, Liu Xu 劉昫 (887-946), *Jiu Tangshu* 舊唐書, "Jingjizhi" 經籍志 (Beijing: Zhonghua shuju, 1975), 47.2050, recorded an "ancient *Luyangfang* in 50 scrolls, composed by Zhen Quan." And as for Zhen Quan, in the *Jiu Tangshu*, "Fangji zhuan" 方技傳, 191.1089-90, recorded that he lived through the Northern Zhou, Sui, and early Tang periods and died at the age of 103 (540-643).

¹⁹ Cultivating medicinal plants seems to have become increasingly widespread, causing a reduction of regional differences. Generally speaking, the herbs used in prescriptions of contemporary medical literature seemed to have mostly come from Sichuan, the Northwest, and the North of China. See the discussion below.

at the upper classes. However, from extant medical literature, it is difficult to know whether the refinement or vulgarity in how both official families and ordinary groups dealt with childbirth was determined by the availability of resources or divergent concepts.²⁰ From reading these texts, we can at least know that by the seventh century, between the Sui (581-618) and the Tang (618-907) dynasties, doctors seem to have become increasingly dissatisfied with the concepts and methods of childbirth of their time and to have aimed for improvement. In the end, what images of childbirth can we see in the the medical texts? And how was this related to society's customs and the situation of women? This article will discuss these issues in the following three sections: "Entering the Month," "Delivery," and "Postpartum."

Entering the Month

Medical texts after the Song dynasty often called the beginning of the last month of pregnancy "entering the month" and advised treating the pregnant woman with special care.²¹ Among the medical

²⁰ For example, the practice of burying the placenta after birth in order to ensure the child's longevity could have been a popular concept, but the common people might not necessarily have buried placentas according to the complex procedure prescribed in the chart excavated from Mawangdui. Divining the newborn's fate might also have been a popular idea, but it might not have always followed the description of "Neize" 內則, *Liji* 禮記, *Shisanjing zhushuben* 十三經注疏本 (Taipei: Yiwen yinshuguan, 1955) where "the fortuneteller carried out the task within three days." As for delivery itself, while there might have been regional or class differences in the herbs and implements to assist in the birth, the medicines, implements, and taboos and restrictions all clearly suggest shared notions that "a speedy and painless birth constituted a smooth delivery" and that "all things resonate with each other." See detailed discussion below. With regard to placenta burial customs, see Li Jianmin, "Mawangdui Hanmu boshu 'Yuzang maibaotu' jianzheng"; for divining the newborn's fate, see Poo Mu-chou 蒲慕州, "Shuihudi Qinjian rishu de shijie" 睡虎地秦簡日書的世界, in *Bulletin of the Institute of History and Philology, Academia Sinica* 62.4 (1993): 623-75; Anne Behnke Kinney, "Infant Abandonment in Early China," *Early China* 18 (1993): 107-38.

²¹ Wang Huai-yin 王懷隱 (ca. 925-97) ed., *Taiping Shenghuifang* 太平聖惠方 (reprint of the Song woodblock edition; Osaka: Oriento shubānsha, 1991), 76.20-21, stated that the medicines given in preparation for childbirth should "all be sufficiently ready on the first day of entering the month," "the delivering woman may not drink wine after entering the month," and "in front of a house where a woman is entering the month, no one may stop, leave traces, or stay overnight," etc. Chen Ziming's 陳自明 (ca. 1190-1270) *Furen daquan liangfang* 婦人大全良方 (Beijing: Renmin weisheng

prescriptions for assisting childbirth pre-dating the Tang, the term “entering the month” also occurred, but the complete set of systems and rules to protect this stage of pregnancy seems not to have been clearly defined yet, and it was only the aspects of taking medicines to make the fetus slippery and setting up a tent and arranging a hut that were specified.

a) *Taking Medicines to Make the Fetus Slippery*

Medicinal decoctions to promote a smooth birth seem to have increased gradually in complexity. In a few instances explanations for taking medicines differ from one medical text to another in the early period, but they were later standardized. The *Taichanshu* 胎產書 (Book for childbirth), that was unearthed from the Han tomb at Mawangdui 馬王堆, contains the following record: “One who carries a child should boil the heads of *baimugou* 白牡狗 and eat them all by herself. Her child will be beautiful and dazzling, and it will emerge easily.”²² “*Mugou* heads” has been interpreted as *muloushou* 牡螻首 “mole cricket heads,” that is, *lougou* 螻蛄, “mole crickets,” a recipe popularly known in early China for treating retained placenta.²³ Other scholars suggest that the two terms “boil” and “eat all by herself” show that what is referred to is not a small insect like the mole cricket, but the head of a male dog of white color, which might be related to notions of dog blood curing childbirth complications

chubanshe, 1985) vol. 16, also includes a chapter on “medicines to be prepared for entering the month.” Zhu Duanzhang 朱端章 (ca. twelfth century), *Weisheng jiabao chanke beiyao* 衛生家寶產科備要 (1184; Shanghai: Sanlian shuju, 1990) collected all kinds of obstetrical texts and specifically mentioned that when “entering the month” one should prepare all the medicines needed for delivery and postpartum care, select a midwife, arrange the birthing room, hang up the delivery chart, clearly understand the position of the directions for burying the placenta, and make the mother take a daily dose of birth-protecting pills; also, a rule prohibits the mother washing her hair. See Zhu Duanzhang, *Weisheng jiabao chanke beiyao*, 1.1; 1.3; 6.65. Ebrey also points out that Song obstetrical and gynecological books paid special attention to “entering the month”; see her *The Inner Quarters*, 173.

²² Ma Jixing, *Mawangdui guyishu kaoshi*, 806.

²³ From the Han on, people believed that mole crickets had the effect of treating retained placenta. Cui Shi 崔寔 (103-70), *Simin yueling* 四民月令 (Beijing: Nongye chubanshe, 1981), stated that on the fifth day of the fifth month, “one can make mincemeat ... with ... east-moving mole crickets,” and cites from the Northern Wei agricultural book *Qimin Yaoshu* 齊民要術, saying that “mole crickets have stings; remove the sting for treating childbirth complications and retained placenta.”

and breech presentation and dog hair used in curing childbirth complications.²⁴

The Han doctor Zhang Zhongjing 張仲景 (145-208) and the Jin doctor Wang Shuhe 王叔和 proposed that pregnant women should regularly take angelica powder. Grinding angelica, scutellaria, peony, ligusticum, and ovate atrytulodes into powder and taking it in liquor twice a day is said to “ease childbirth and cause the fetus to be healthy and without suffering when taken constantly in pregnancy. After birth it also controls the myriad illnesses.”²⁵ Moreover, for heaviness of the body and inhibited urination in pregnancy, one should take mallow seed and poria powder, as Xu Zhongke (452-536) stated, “Mallow can make the fetus slippery.”²⁶ Tao Hongjing 陶弘景 said, “Plant mallow in the fall, raise it through the winter, and when it produces seeds in the spring, it is called winter mallow. Added to medicine, its nature makes the medicine slippery and flowing.”²⁷ Chen Yanzhi’s *Xiaopin-fang* 小品方 (Recipes of small pieces) stated that “fritillaria causes easy childbirth.”²⁸ Nevertheless, none of the above-mentioned medical

²⁴ See Zhou Yimou 周一謀 and Xiao Zuotao 蕭佐桃, *Mawangdui yishu kaozhu* 馬王堆醫書考注 (Tianjin: Kexue jishu chubanshe, 1989), 355, quoting Tao Hongjing 陶弘景 (452-536) *Mingyi biele* 名醫別錄, and Su Jing’s 蘇敬 remarks from the Tang dynasty. Ma Jixing subsequently translates “eat alone” as “only eating mole crickets.” If this is correct, then this would constitute a recipe to facilitate the final stage of delivery, see *Mawangdui guyishu kaoshi*, 806.

²⁵ Zhang Zhongjing (145-208), *Jingui yaolie* 金匱要略, annotated by Xu Zhongke 徐忠可 (Beijing: Renmin weisheng chubanshe, 1993), 20.304. Wang Shuhe (ca. fourth c.), *Maijing* 脈經 (Sibu congkan chubian ed. 四部叢刊初編本; Shanghai: Shanghai shudian, 1965), 9.4b. Li Shizhen 李時珍 (1518-93), *Bencao gangmu* 本草綱目 (Beijing: Renmin weisheng chubanshe, 1975-81), “Herbs,” 14.2-5, recorded that, “*Biele* 別錄 states: ‘Angelica grows in river valleys of west Gansu.’ Su Song 蘇頌 stated: ‘Now it is available in the various prefectures of Sichuan and Shaanxi, as well as Jiangning prefecture and Chuzhou, among which the one from Sichuan is the best.’” For English translation and Latin names of the herbs mentioned in this article, I rely mostly on Nigel Wiseman and Feng Ye, eds., *A Practical Dictionary of Chinese Medicine* (Brookline, Mass: Paradigm Publications, 1998).

²⁶ Zhang Zhongjing, *Jingui yaolie*, 20.302-3.

²⁷ Zhan Yin’s 咎殷 *Chan Bao* 產寶 from the Tang dynasty also recommended winter mallow to treat breech presentation. Li Shizhen also suggested that mallow could “relax the orifices, increase lactation, reduce swelling, and make the fetus slippery”; moreover, the roots and leaves could be used identically to the seed. In terms of its geographical origin, the *Biele* states that “winter mallow seeds originate at Shaoshi mountain 少室山”; Su Song from the Song dynasty stated that “mallow is available everywhere.” See *Bencao gangmu*, “Herbs,” 16.88-91.

²⁸ *Xiaopin-fang*, quoted in *Waitai biyao*, 33.291. It also said that “in the last month of pregnancy when one develops spasms due to Wind,” or when depression and vomiting

texts specified at what time one should ingest medicinal decoctions to make the fetus slippery. It was said that angelica “when taken regularly in pregnancy will ease birth,” and, like mallow, fritillaria, and similar herbs, it appeared regularly in the medical prescriptions for treating childbirth complications. In view of this, there might have been the risk of miscarriage if taken at the beginning of pregnancy, and it could therefore be used only at the end of pregnancy.²⁹

Besides mole crickets, angelica, and mallow seeds, the medical text *Sengshenfang* 僧深方 (Recipes of Master Seng) from the fifth century stated that salvia paste is able to nurture the fetus and ease birth. Salvia paste contained salvia, ginseng, angelica, ligusticum, Sichuan pepper, and ovate atryctulodes, decocted in pig lard and to be ingested with heated wine. The *Sengshenfang* stated that “one can take it from the seventh month of pregnancy on. It will cause one to give birth all of a sudden, lying or sitting, without sensation, and it also treats postpartum stasis pain.”³⁰ The *Chanjing* 產經 (Birth canon), of the sixth century, claimed that “in the seventh month of pregnancy, one may regularly take salvia paste, so that, sitting or lying, one may give birth without sensation.”³¹ However, Xu Zhicai 徐之才 (492-572) suggested that it can only be taken in the tenth month of pregnancy, thus revealing discrepancies in opinions of contemporary

occur, one can add fritillaria to the decoction. The *Luyanfang* said that “when made into a powder and taken with wine, fritillaria can treat complications in childbirth and a retained placenta.” Quoted in Tang Wanchun 湯萬春, *Xiaopinfang jilu jianzhu* 小品方輯錄箋注 (Hefei: Anhui kexue jishu chubanshe, 1990), 21.109-10.

²⁹ Zhu Duanzhang, *Weisheng jiabao chanke beiyao*, 6.65, quoted in *Yushi beichan jiyong fang* 虞氏備產濟用方: “After the first five months of pregnancy, it is suitable to take ‘trifoliate orange decoction’ to make the fetus slippery.” The same text, 6.73, also said: “This recipe is miraculous; it will cause a slippery fetus and easy birth, other medicines cannot measure up to it.... For a birthing woman who is usually depleted and weak, one should exercise greater caution because trifoliate orange is cold in nature and she should probably not take too much of it.” *Weisheng jiabao chanke beiyao*, 7.95: “Trifoliate orange powder, taken from the fifth month of pregnancy on, can normalize *qi*, thin the fetus, and ease birth.” The same text, 7.96, also introduced another delivery-easing recipe that should be taken regularly only from the fifth or sixth month on. From this we get the impression that these medicinal decoctions for slippery fetus should at the very least only be taken after the fifth or sixth month of pregnancy.

³⁰ *Sengshenfang* cited in *Ishinpo*, 22.18ab. *Sengshenfang* is recorded in Wei Zheng 魏徵 (580-643), *Zhangsun Wuji* 長孫無忌 (?-659) ed., *Suishu* 隋書 “Jingjizhi” 經籍志 (Beijing: Zhonghua shuju, 1973), 34.1042 as authored by Shisengshen 釋僧深 (ca. sixth c.).

³¹ *Chanjing* quoted in *Ishinpo*, 23.9a; 22.18b. According to Nagasawa and Gotō, the *Chanjing* was authored by De Zhenchang 德貞常 of the Sui dynasty.

doctors.³² In medical recipes for assisting birth in the tenth-century *Taiping shenghuifang* 太平聖惠方 (Recipes of imperial grace from the Taiping era), it was said that “salvia paste should be given at the time of pregnancy in advance in order to move the fetus forward and make it slippery.” In the twelfth century, Zhu Duanzhang’s 朱端章 *Weisheng jiabao chanke beiyao* 衛生家寶產科備要 (Precious family guide to protecting life in childbirth; ca. 1184) specifically adopts Xu Zhicai’s view of taking it only when entering the last month, and the suggestion of taking it in the seventh month does not reappear.³³

In addition to salvia paste, women in the final stage of pregnancy could also take “licorice powder,” made from a combination of licorice, scutellaria, dried bean sprouts, nonglutinous rice, sesame seed, dried ginger, cinnamon bark, and evodia. The *Xiaopingfang* suggested that one should start taking it “one month before the day of birth and, after thirty days, one will be able to move around as usual and does not even notice it when the child is born and dropped to the ground.”³⁴ The *Qianjinfang* 千金方 (Recipes worth a thousand gold pieces) recorded a birth-easing medicine made from a combination of plantago seeds, ass-hide glue, and talcum. It strongly advised taking it “only in the month of birth. The medicine ‘relaxes the nine orifices’, and one should not take it earlier.”³⁵ These two are thus medicinal prescriptions for making the fetus slippery and assisting in birth that can be taken only in the month of birth.

Elite families were able to increase protection and care for a pregnant woman in the final stage, as recommended in the medical texts. The common people might also have had ideas regarding herbal medicines to make the fetus slippery, but even if they did, we do not know whether they were able to take medicine according to the recipes.

b) *Setting up a Tent and Arranging a Hut*

In addition to promoting smooth labor with medicinal prescriptions for a slippery fetus during the last months of pregnancy, elite house-

³² Xu Zhicai, *Zhuyue yangtaifang* 逐月養胎方, cited in Sun Simiao, *Qianjinfang*, 2.24.

³³ Zhu Duanzhang, *Weisheng jiabao chanke beiyao*, 2.24.

³⁴ *Xiaopingfang* cited in *Wutai miyao*, 34.941. As for the geographical origin of licorice, the *Bencao ganmu* stated that “it first grows in the valleys west of the Yellow river; later it comes from Sichuan and, in the Song, [and it] is available in all prefectures of Shaanxi and Hedong.” See *Bencao gangmu*, “Herbs,” 12.81-85.

³⁵ *Qianjinfang*, 2.25.

holds were also more likely to prepare in advance a location for the pregnant woman to deliver. Choosing and preparing a location for the expectant mother was an important task by the last month of pregnancy. The *Chanjing* is the earliest extant medical text to mention preparing a birth quarter for the pregnant woman. The birth quarter might have been specially constructed outside or set up a room inside the house. A birth quarter erected outside was called a “birth hut,” *chanlu* 產廬. The *Chanjing* stated that “it is auspicious to position the birth hut according to the direction of the month,” and, “Whenever making a birth hut... it is forbidden to place it on fresh-cut wheat stalks or under tall trees, great misfortune! Do not place it near the stove sacrifice—also great misfortune!”³⁶ Thus, it is quite possible that the birth hut was a slight distance away from the residence.

An outdoor birth quarter was also sometimes referred to as a “birth tent,” *chanzhang* 產帳, but “birth tent” did not necessarily always refer to a birth quarter outdoors. The *Waitai biyao* 外臺祕要 (Secret essentials from the Imperial Palace) proposed that, when searching for a location for delivery, “if the spirits are outside, give birth inside the house; if they are inside, give birth outside. Place the birth tent in an empty space of auspicious virtue. To determine a space of auspicious virtue inside the house, also rely on the tent-erecting method.”³⁷ Thus, apparently, the term “birth tent” could refer to a birth quarter erected both indoors or outdoors. It was recorded that on the day after Empress Wucheng 武成 (r.561-564) of the Northern Qi gave birth, “there was an owl crying on top of the birth tent.”³⁸ We can assume in this case that the birth tent was probably erected outdoors, and the term “tent” was not necessarily identical to the screen curtains that were set around the birthing woman’s bed,

³⁶ *Chanjing*, quoted in *Ishinpo* 23.8a. *Chanjing* also states “in the first, sixth, seventh, and eleventh months of the year, make a hut with one entrance, always facing southeast for good luck. In the second, third, fourth, fifth, eighth, ninth, tenth, and twelfth months, make a birth hut with one entrance, always facing southwest for good luck.” quoted in *Ishinpo*, 23.8ab.

³⁷ *Waitai biyao*, 33.927.

³⁸ Li Baiyao 李百藥 (565-648), *Bei Qi shu* 北齊書 (Beijing: Zhonghua shuju, 1972), 9.126. However, Li Fang 李昉 (925-96), *Taiping yulan* 太平御覽 (Taipei: Commercial Press, reprint of the Song edition, 1967), 701.7a, quoted Gan Bao, *Soushenji*, saying that, “There was a Miss Zhang in Chang’an who stayed alone in her house when a pigeon entered from outside and stopped on her bed.” This shows that it did happen that wild birds flew into houses.

which was often the case after the Song dynasty.³⁹ Moreover, it did not refer to a screen curtain set around the ordinary sleeping bed, but was prepared specifically for the woman in labor:

The *Sushuo* 俗說 said: When Huan Xuan 桓玄 was in Nanzhou, his concubine was about to give birth and was afraid of Wind and therefore needed a tent. Huan said, "There is no need to make a tent. She can use my main wife's old tent."⁴⁰

This example shows that the birth tent was a structure made in advance for the laboring woman, maybe with the goal of avoiding wind. But from the care doctors put into setting up the tent, we can see that their considerations were not limited to merely avoiding wind.

The method for erecting the tent relied on birth charts. The *Chanjing* and the *Waitai biyao* guided the expectant mother's household in how to set up a hut or tent in accordance with the divinatory direction of the month. This particular attention paid to time and direction in accordance with the birth charts was already practiced in early China. The various types of birth charts seem to have undergone development between the Han and Tang in which the content gradually became consistent and the principles standardized. Evidence in the *Taichanshu* reflects that there used to be a separate chart for burying the placenta. According to earlier research, the delivery room was to be taken as the center from which an auspicious place was chosen among twelve positions in an outside square of the four cardinal directions.⁴¹

The *yiwenzhi* 藝文志 (bibliography section) in the *Suishu* recorded two scrolls of "birth charts" *chantu* 產圖 and four scrolls of "various birth charts" *zachantu* 雜產圖, but their exact content is unclear.⁴² As for the position of the woman giving birth, before the sixth century *Chanjing*, there were already instructional manuals and charts to

³⁹ The phrase *chanzhang* after the Song often referred to a screened curtain set up around the pregnant woman's bed. *Taiping shenghui fang*, 76.31b, said that "when entering the first day of the birth month, write a copy of the birth chart, [and] stick it directly in the birth tent on the north-facing wall." *Weisheng jiabao chanke beiyao*, 1.1, says "for all births, on the first day of entering the month, stick a birth chart on the north-facing wall inside the bedroom."

⁴⁰ *Taiping yulan*, 699.4b.

⁴¹ See Ma Jixing, *Mawangdui guyishu kaoshi*, 764; Li Jianmin, "Mawangdui Hanmu boshu 'Yuzang maibao tu' jianzheng."

⁴² *Suishu*, 34.1037.

help the family determine the direction in which the laboring woman should squat. However, according to De Zhenchang 德貞常, the author of the *Chanjing*, most of these manuals had too many and confusing instructions and were difficult to understand. De Zhenchang wrote a revised manual for choosing the sitting direction called the “Twelve Month Charts” *shieriyuetu* 十二月圖. The *Chanjing* stated that “it is clear and easy to understand. Whenever there is a birth, one should always rely on this without ever again using the other spirit charts.”⁴³ Obviously De Zhenchang made an effort to integrate various earlier charts and strove hard for consistency. The *Chanjing* quoted in the *Ishinpo* 醫心方 (Recipes of the heart of medicine), does not contain an actual copy of the Month Charts, *yuetu* 月圖, but according to *Chanjing*’s annotations to these charts recorded in *Ishinpo*, their most important function was to match the three factors of the month of childbirth, the direction, and the posture in which to await birth, in order to avoid the presence of various spirits and to find an auspicious place for delivery. For example, “in the first month, the Heavenly *Qi* 氣 flows south, the woman in labor should face south and kneel with her left knee touching the earth in the *bing* 丙 location; this is great fortune,” and so on.⁴⁴

Since the *Chanjing* was lost and the Month Charts were not included in the *Ishinpo*, it is impossible to know whether the “Twelve Month Charts” of the *Chanjing* recorded only the direction and position of the woman in labor, or whether it also specified the auspicious locations for setting up the tent and burying the placenta. If it indeed only marked the position for squatting, then it was an independent birth chart of a separate category, similar to the *Yuzang maibao tu* 禹藏埋胞圖 (Placenta-burial chart of Yu) found in the Mawangdui *Taichanshu*. However, a comparison of the annotations in the sixth-century *Chanjing* with the birth charts recorded in the eighth-century *Waitai biyao*, the tenth-century *Taiping Shenghuifang*, and the twelfth-century *Weisheng jiabao chanke beiyao* proves two facts. First, the

⁴³ *Ishinpo* 23.2b.

⁴⁴ *Ishinpo* 23.3a-5b offers examples for the postures and directions which the laboring woman should face from the first to the twelfth month. For detailed discussion on the selection of Chinese texts and figures by Tana Yasuyori in his *Ishinpo* and its significance to Chinese and Japanese gynecological and obstetric medicine, see Li Zhende (Jen-der Lee), “*Ishinpo* lun furen zhubing soyu jiqi xiangguan wenti” 醫心方論婦人諸病所由及其相關問題, *Tsing Hua Journal of Chinese Studies* 清華學報 34.2 (2004): 495-511.

Chanjing basically belonged to the same system as the three charts from the later periods, and the direction considered auspicious in each month is for the most part identical.⁴⁵ Second, the three charts from later periods combined setting up the tent, arranging birth, and burying the placenta--functions that had individual charts earlier--into one chart (see Figures 1 and 2).

The *Taiping Shenghuifang* pointed out, "For positioning the laboring woman and burying the placenta, in both cases, a location should be arranged inside (the house) to pick an auspicious place. For burying the placenta and various filths, this should be a place indoors. Whenever determining the place for the laboring woman, this is the location of the *yuekong* 月空 (monthly emptiness); one should do it accordingly. Make a hole ahead of time and, when everything is finished, cover it back up."⁴⁶ The *Weisheng jiabao chanke beiyao* further clarified that "all places for arranging the birth and burying the placenta should be distributed inside the bedroom."⁴⁷ This shows that, at the latest from the eighth century on, there were already charts that incorporated the various tasks of delivery into one standardized birth chart, and that, at the latest from the tenth century on, the birth chart was hung inside the birthing room so that arranging the birth and burying the placenta were all carried out according to the chart.

It is clear from the above discussion that doctors thought that, under ideal circumstances in terms of time, finances, and labor, a family with an impending birth should search out and arrange a location for delivery according either to separate or synthesized charts after the mother entered the last month of pregnancy. However, the time of delivery was up to Heaven, not to people, and there was no way to propel the action. If the month passed without the woman's giving birth, the medical texts suggested that everything be changed according to the next month's chart.⁴⁸ But sometimes delivery hap-

⁴⁵ But one needs to be aware that, while they basically follow the same system, the auspicious location mentioned in the *Waitai miyao* for setting up the laboring woman's tent is in the *Chanjing* the place where she should squat, and the two charts after the tenth century called the auspicious location a place for "arranging delivery," *anchan* 安產, instead of "setting up the tent for the laboring woman," *anchanfuzhang* 安產婦帳. Whether in the end the birth tent was placed inside the house around the bed or on the ground might also have been uncertain.

⁴⁶ *Taiping shenghuifang*, 76.32.

⁴⁷ *Weisheng jiabao chanke beiyao*, 1.1.

⁴⁸ *Weisheng jiabao chanke beiyao*, 1.1.

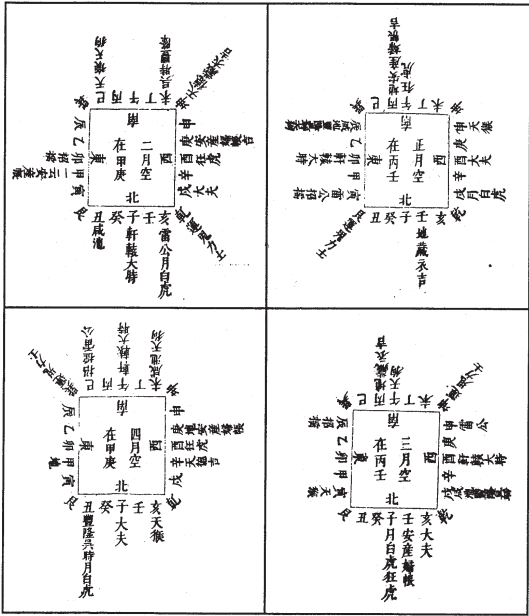


Figure 1: Birth chart (for the first four months) from the seventh-century *Cuishi*, recorded in the eighth-century *Waitai biyao*.

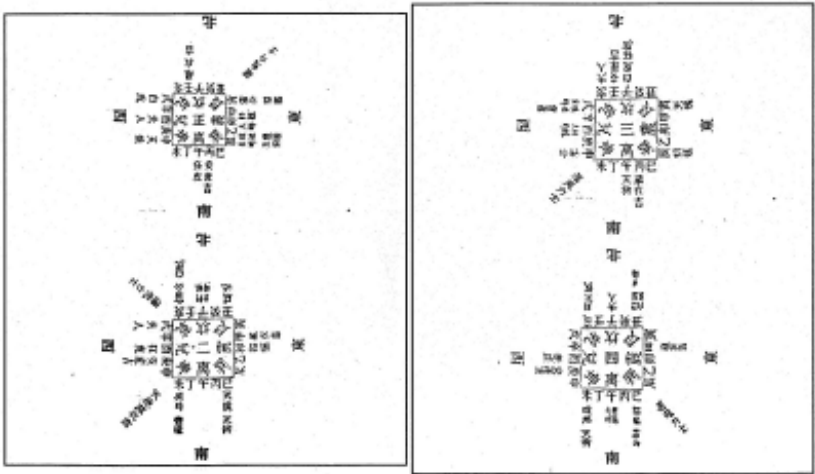


Figure 2: Birth chart (for the first four months) recorded in twelfth-century *Weisheng jiabao chanke beiyao*.

pened suddenly, not allowing people time to prepare. What instructions did medical texts offer once the labor pains started? The three sections below on ‘Sitting on straw,’ ‘Assisting in birth’ and ‘Saving complications’ discuss women’s childbirth procedures in this early imperial period.

Delivery

People approached delivery with great worry and fear, and elite households would have made many preparations after entering the month. But once labor started, they had to manage the situation on the spot. With respect to determining when this important time would arrive, the *yiwenzhi* in the *Suishu* recorded one volume by Wang Chen 王琛 (ca. sixth century) titled ‘Method for predicting when a pregnant woman will give birth,’ and one volume called ‘Method for predicting birth’. It was said that a sixth-century doctor Xu Zun 許遵 instructed his son Xu Hui 許暉 in a “method for predicting women’s labors, foretelling the sex of the newborns and the days of birth, and he never missed it.”⁴⁹ But given the fact that Xu Hui was “rewarded several times for this [his calculations]”⁵⁰ in Emperor Wucheng’s 武成 reign (r.561-564), it is obvious that to predict the time of birth was an extraordinary skill not within the reach of ordinary people. Xu Zhicai’s *Zhuyue yangtaifang* (Recipes to nourish the fetus each month) and the section on pregnancy in Sun Simiao’s *Qianjinfang* merely stated, “When the days are full, then she will give birth,”⁵¹ and “Wait for the time and give birth.” This shows that predicting the time of birth was difficult, and, for the most part, people just had to be patient and wait. But how were things handled once labor started? The annotations to the chart in the *Chanjing* quoted above not only pointed out the suitable and the forbidden directions, but also told women in labor to await birth touching the ground with one knee. Thus women were apparently not lying in bed when approaching delivery but taking a vertical position, such as kneeling and touching the ground. I will first discuss the posture of women giving birth.

⁴⁹ *Suishu*, 34.1037.

⁵⁰ Li Yanshou 李延壽 (ca. seventh century), *Beishi* 北史 (Beijing: Zhonghua shuju, 1974), 89.2936.

⁵¹ *Qianjinfang*, 2.24.

a) *Getting on the Ground and Sitting on Straw*

Information regarding “getting on the ground and sitting on straw,” which indicates a vertical position for delivery, emerged since the pre-imperial period. Scholars believe that one of the female carved stone figures unearthed from the archaeological site of Houtaizu 后台子在 Hebei reflects a posture of squatting during delivery.⁵² In terms of information from the medical literature, the section on ‘infant-cord rigidity’ (*yinger suojing* 嬰兒索痙) in the *Mawangdui Wushier bingfang* 五十二病方 (Recipes for fifty-two diseases) stated: “As for cord rigidity, if at the time of birth [she] remains on moist ground for too long, the flesh becomes stiff and the mouth clenched, the sinews curled up and difficult to stretch out.” Although scholars disagree on who the patient suffering from the condition of infant cord rigidity is, some saying the birthing mother, some saying the infant, nevertheless, the explanation of “remaining” as “sitting” proves that delivery occurred mostly by sitting on the ground since ancient China.⁵³

The fifth-century doctor Chen Yanzhi said, “In ancient times, women gave birth by getting on the ground and sitting on straw, just like awaiting death.”⁵⁴ On the one hand, this reflects the dangers of childbirth, and on the other it seems to indicate that in ancient times delivery mostly occurred in a sitting position.⁵⁵ Since

⁵² For the report and pictures of the figure, see Chengde diqu wenwubaoguansuo 承德地區文物保管所, Luanpingxian bowuguan 灤平縣博物館, “Hebei Luanpingxian houtaizi yizhi fajue jianbao” 河北灤平縣后台子遺址發掘簡報, *Wenwu* 文物 3 (1994): 53-74. For the meaning of the stone figurines, see Tang Chi湯池, “Shilun Luanping houtaizi chutu de shidiao nüshenxiang” 試論灤平后台子出土的石雕女神像, *Wenwu* 3 (1994): 46-51.

⁵³ Ma Jixing thought that the woman developed tetany from sitting on wet ground too long during childbirth. See his *Mawangdui guyishu kaoshi*, 368-69. Zhou Yimou thinks that this entry was to describe the newborn instead of the mother. See Zhou Yimou and Xiao Zuotao, *Mawangdui yishu kaozhu*, 71-72. For English translation and interpretation of this disorder, see Donald Harper, *Early Chinese Medical Literature: the Mawangdui Medical Manuscripts* (London: Kegan Paul, 1998), 231-32.

⁵⁴ Quoted from *Ishinpo*, 23.25a.

⁵⁵ Ancient people sat on the ground in different positions. Scholars suggest that there were at least two positions, kneeling *gui* 跪 and sitting *zuo* 坐. The former is to stand on one's knees so that the body from the knees upward forms a straight line. The latter is to sit on one's heels so that the body from the buttocks upward forms a straight line. In addition, there was squatting and sitting with the legs sprawled out, both considered rude in ancient China. See Li Ji 李濟, “Gui, zuo, dunju yu jiju” 跪坐蹲居與箕踞, *Bulletin of the Institute of History and Philology, Academia Sinica*, 24 (1953):

this is called the method of birth in “ancient times,” did a different method of giving birth appear in the Six Dynasties? Touching the ground with one knee, as mentioned in the *Chanjing*, seems to refer to giving birth kneeling. Chao Yuanfang’s 巢元方 (ca. sixth-seventh c.) *Zhubing yuanhou lun* 諸病源候論 (Essays on the origins and signs of diseases; referred to below as *Bingyuan lun* 病源論) says that:

Women give birth either sitting or lying. If she gives birth sitting, she should sit erect and the attendants should support her by holding her around the waist. They should not allow her to bend over so that the child can follow its natural course without hindrance. As for giving birth lying down, she should also lie steadily, her back should be level and touch the mat, her body not bent or crooked so the child will not lose its way.”⁵⁶

From the perspective of modern obstetrical knowledge, in supine deliveries, the mother is immobilized on her back, and the uterus presses against the vena cava, causing both the mother and the baby to suffer.⁵⁷ Moreover, at the stage when she thinks of pushing out the child due to abdominal pain, she might be more inclined to squat rather than lie down, therefore giving birth in the supine position seems rather unnatural in terms of basic physiology. In view of this, the statements in *Bingyuan lun* seem better understood as advice for different situations instead of requirements for delivery. What it means is that if the woman was sitting, she should sit straight and not bend over, and if she was lying, then her back should be level and touching the mat, not bent and crooked. In *Waitai biyao* a case was described in which the woman in labor was advised by the doctor to “sit or to lie down at will,” but still mainly exerted her strength when squatting.

The woman’s abdomen hurt, which seemed to be the symptom of birth. I then told [her family] to move away the beds and tables, spread grass in three or four places on the ground, hang down ropes and tie them to wood to make a horizontal bar, measure the height to her armpits when squatting, to allow her to lean against it like a crossbeam. Below I spread out blankets, for fear that the child might drop on the straw and injure itself. When the preparations were completed in this manner, I let the person in labor assume her position, telling her to sit or lie down at will, explaining the method [of delivery] to her.⁵⁸

283-301. Although a woman in labor might have touched the ground with her knee, it seems that the position of squatting was most frequent. See discussion below.

⁵⁶ *Bingyuan lun*, 43.4.

⁵⁷ Michel Odent, *Birth Reborn* (Medford, N. J.: Birth Works Press, 1984), 96.

⁵⁸ *Waitai biyao*, 33.924. Here Wang Tao was actually citing from *Cuishi* 崔氏, most

In reality, the legs might have grown numb in a squatting position, and this position could not be sustained for too long. Thus, the woman in labor might have chosen whatever posture she felt comfortable in or was used to, sometimes squatting, sometimes standing up, changing positions in order to exert her strength best. Still, squatting was most common, and therefore she needed something to lean on.⁵⁹ The laboring woman in the *Waitai biyao* leaned on a crossbar; the mother in Yang Zijian's 楊子建 (ca. eleventh century.) *Shichanlun* 十產論 (Essays on ten birth methods) dating from the Northern Song dynasty held on to a cloth:

The tenth [way of delivery] is called giving birth in a sitting position. A sitting birth means that when the child is about to be born, one should firmly suspend a hand cloth from a high place, and make the laboring woman grasp it with her hands. She should crouch down ever so slightly into a sitting position to allow the child to be born, but she may not sit down and block the path of child's birth.⁶⁰

Sometimes she might have held on to or leaned on other things due to prohibition of certain objects on the day of birth. On certain days, the *Waitai biyao* says, "she cannot hold on to a rope, but instead a horse's bit should be suspended for her to hold; this is auspicious."⁶¹ Thus it appears that ordinarily a crossbar might not have been made, but the women held directly onto a rope. Otherwise, there would be people who held her waist from behind to assist in labor; as described in *Bingyuanlun*, "attendants should support her by holding her around the waist." The *Waitai biyao* also said, "Again, in all methods for delivery, one must wait patiently, and must not rush it by force. Wait until the child hurts and wants to come out and only afterwards hold her waist. The attendants must not be startled or alarmed or handle things in a dissolute manner."⁶² A horse's bit was not an item ordinarily available to the common people on small farms, but was mostly used by elite households. In order to suspend rope and tie wood to it, there must have been

likely written by Cui Zhiti 崔知悌 (d. 681), whose works on childbirth medicine were also included in the dynastic histories of the Tang. Textual analysis and discussion on Cui's work and Wang's citation, see Jen-der Lee, "Gender and Medicine in Tang China" *Asia Major* 16.2 (2003): 1-32.

⁵⁹ Doctors also point out that it helps the woman to relax if she changes positions in labor. See Odent, *Birth Reborn*, 98.

⁶⁰ Chen Ziming, *Furen daquan liangfang*, 463-68, quoting Yang Zijian.

⁶¹ *Waitai biyao*, 33.927, quoting "Cuishi nianli chengtufa" 崔氏年立成圖法.

⁶² *Waitai biyao*, 33.924.



Figure 3: Scene of delivery in the *Fumu enzhongjing* sculpture, Dazu, Sichuan (Photograph by the author).

enough space inside the room. Thus for the most part, a woman in labor probably still relied on other people to assist her by holding her waist. Once the birth attendants held her waist from behind to support her, it meant that the woman in labor was about to exert strength. “Holding up the waist,” *baoyao* 抱腰, therefore became a standard term in medical texts to express the moment right before delivery, and it was considered complementary to the squatting position. This kind of delivery position was still in use during the Song, and may have been the most common position prior to the twentieth century, both in China and abroad.⁶³

⁶³ Zhu Duanzhang, *Weisheng jiabao chanke beiyao*, 6.67 quoting *Yushi beichan jiyongfang* 虞氏備產濟用方: “Although the laboring woman’s abdomen might hurt a lot, she must allow others to support her and continuously move without stopping. If bent over, she must be pulled up straight and made to walk from time to time ... wait until the child is pressing to be born, only then allow her to squat.” Squatting was still considered best in the Qing dynasty. See Charlotte Furth, “Concepts of Pregnancy, Childbirth and Infancy in Ch’ing Dynasty China,” *Journal of Asian Studies* 46.1 (1987): 7-35. Taiwanese women in the Japanese colonial period also squatted down to deliver their children in a “childbirth bucket” or on straw. The childbirth bucket was part of the dowry, and childbirth straw refers to rice straw spread out evenly on the ground. See

Even though a squatting delivery is conducive to exerting strength, if it lasts for too long, the woman in labor runs the danger of exhausting herself. Moreover, holding up her waist also required energy, so the helpers might need to take turns. If she becomes exhausted, the woman in labor might have to lie down to give birth in the supine position. In cases when a woman was lying down, sometimes it must have been on the ground and sometimes in a bed. Yang Zijian's *Shichanlun* explained that in all cases of managing childbirth complications, whether breech or upside-down presentation, sideways (shoulder first) or stalled labor, one should first "make the mother lie down in her bed." This shows that when there were no complications in labor, the woman did not usually lie in bed. In ancient China, from the pre-imperial period to the third century, most people usually sat on mats on the floor, but furniture for lying down did exist, namely, an elevated bed for sleeping. For this reason, Chen Yanzhi described the ancient way of delivery as women "getting down on

Yu Chien-ming 游鑑明, "Riju shiqi Taiwan de chanpo" 日據時期台灣的產婆, *Jindai Zhongguo funüshi yanjiu* 近代中國婦女史研究 1 (1993): 49-80. The Hong Kong Chinese include a bucket called "descendants bucket" in a woman's dowry, which might also be related to the squatting position of delivery. See He Hanwei (Hou-wai Ho) 何漢威, ed., *Bendi huaren chuantong hunsu* 本地華人傳統婚俗 (Hongkong: Xianggang Shizhengju, 1986), 32. Until the recent past, Japanese also mostly gave birth by squatting. There was a record for "holding up the waist" is dating from the Heian period (794-1183). In some remote villages people also assumed a delivery position of leaning upright against stairs in response to childbirth complications. See Nakayama Tarō 中山太郎, "Godai no bunbenhō to minzoku" 古代の分娩法と民俗 (Tokyo: Paru tosasha, 1941), 272-94. Women in Western Europe until the recent past also gave birth mostly in vertical positions, such as squatting, crouching, standing, and sitting. See Jacques Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe* (Cambridge: Polity Press, 1991), 121-33. Holding up the waist to assist in childbirth is reflected in visual form from antiquity to the present, in China and abroad. In the Dazu stone carving "Shuofumu enzhongjing" 說父母恩重經 (On the enormous grace of one's parents), presumably completed in the Southern Song, the woman in labor in the section of "the grace of suffering in delivery" is standing upright, supported by one woman holding her up from behind from her armpits while another woman kneels down in front of her to receive the newborn (Fig. 3). A terracotta figure from sixth-century BCE Greece also shows a birth assistant holding the waist from behind. See Hilary Bourdillon, *Women as Healers: A History of Women and Medicine* (Cambridge: Cambridge University Press, 1988), 7. In the 1980s, the French obstetrician Michel Odent proposed a new model for giving birth (or it could be called reviving the ancient fashion) that also included holding the waist to assist the woman in labor to give birth squatting. See Michel Odent, *Birth Reborn*, 48. "Holding up the waist" and delivering in the squatting position can be called two aspects of the same thing.

the ground and sitting on straw.”⁶⁴ In the early imperial period, the four centuries before the Tang dynasty, the shape and usage of beds changed considerably.⁶⁵ Sometimes a stool was needed to climb into the bed; the *Xusoushenji* 續搜神記 (Continued records of searching for spirits) recorded that “Wang Meng 王蒙 was only three *chi* 尺 tall and seemingly without bones; when climbing into bed he had to ask people to lift him up.”⁶⁶ Descending from the bed without the use of a stool or bench is referred to in the histories as “throwing oneself from the bed to the ground,” or “throwing oneself down from the bed.” During the Southern Dynasties, Xu Xiaosi’s 徐孝嗣 mother threw herself from the bed to the ground in an attempt to abort a fetus, illustrating that some beds for sleeping must have been of considerable height.⁶⁷ Given the scarcity of information, it is difficult to determine whether it was due to the inconvenience caused by the height of the bed that delivery in the supine position was carried out by spreading a mat and lying on the ground rather than in bed, and the bed was used only after delivery for resting and recuperating or in cases of complications.⁶⁸

⁶⁴ At that time, beds might have been fairly high. The text “Zajinfang” 雜禁方 excavated from Mawangdui recorded that “for frequent nightmares, paint a seven-foot square under the bed.” See Ma Jixing, *Mawangdui guyishu kaoshi*, 1008. Ma Jixing explains that “those who tended to suffer from nightmares in their sleep should take seven feet of earth from the ground and smear it below the bed,” but it is unclear what the precise activity entailed. Zhou Yimou and Xiao Zuotao, *Mawangdui yishu kaozhu*, 410-11, does not annotate this sentence but explains the method of “smearing a square of five feet [of earth] on top of a well” to prevent dogs from barking in the same text as “spreading five feet [of earth] in a square on top of the well,” expressing the idea of warding off. If it did indeed refer to a method for restraining, as Zhou and Xiao explain, and one had to paint the thing to be restrained on top of the well or below the bed in a space of several feet, then beds must have been fairly high at that time.

⁶⁵ See Qu Xuanying 瞿宣穎, *Zhongguo shehui shiliao congchao jiajizhongce* 中國社會史料叢鈔甲集中冊 (1937; reprint, Taipei: Taiwan Commercial Press, 1965), 260-63 for a discussion on the use of the sitting-beds in the Six Dynasties. For recent research on chairs and beds in early imperial China, see John Kieschnick, *The Impact of Buddhism on Chinese Material Culture* (Princeton: Princeton University Press, 2003), 222-49.

⁶⁶ *Taiping yulan*, 378.4a.

⁶⁷ See Li Yanshou, *Nanshi* 南史 (Beijing: Zhonghua shuju, 1975), 15.428; and Ouyang Xiu 歐陽修 and Song Qi 宋祁, *Xin Tangshu* 新唐書 (Beijing: Zhonghua shuju, 1975), 76.3468.

⁶⁸ Western researchers of childbirth culture suspect that, in the past, women might not have wanted to give birth on the clean and soft bed because they might have been the ones who would need to clean up the big mess afterwards and were therefore willing “to get on the ground and sit on straw.” See Edward Shorter, *A History*

If women did give birth by squatting rather than lying in bed, substances discharged during delivery might flow on to the ground. Spreading grass and sprinkling ashes were probably the most frequently used ways of keeping it dry and clean.⁶⁹ The expression “sitting on straw” originated from this. Exactly how thick the straw and rushes would have been is difficult to know, but the advice from *Waitai biyao* to “spread a blanket below, for fear that the child will fall on the straw and get hurt” shows that it was probably not too thick. If the day of birth fell on a prohibition day, it would be necessary to have a wild animal skin in addition to straw and ashes. The *Chanjing* said:

As for [taboo days of] *fanzhi* 反支 (opposing the branch), the spirit comes around and injures people and is called *fanzhi*. When women give birth, if they transgress against it, they will definitely die. One must never be inattentive. If the birth occurs in a month of *fanzhi* it should happen on a cow skin; if it is on ashes, do not let the polluted water or blood or evil substances touch the ground. If they touch the ground, then it will kill people. Again, as for washing and cleaning, in all cases contain everything in a vessel until after this taboo month has passed.⁷⁰

The *Waitai biyao* also pointed out if one let blood or lochia pollute the ground on a tabooed month, it would cause “the child to die in the womb or the birth to not go smoothly.” Therefore one must “first spread straw and ashes, and then lay down the skin of a horse,

of *Women's Bodies* (New York: Basic Books, 1982), 56-57. Other scholars suggest that, in addition to convenience, a vertical birth, whether squatting, crouching, standing, or sitting, allowed for more freedom of movement than the horizontal supine position and gave women a greater feeling of participation and importance in their labor. See Gélis, *History of Childbirth*, 121-33.

⁶⁹ The use of straw in ancient times included cleaning, for example, the privy. See *Taiping yulan*, 186.7a, quoting Liu Yiqing's 劉義慶 (403-444) *Youming lu* 幽明錄 “When Yu Jin, a Jiande civilian, went to use the toilet, there was always a person who would hand him straw.” *Qianjinfang*, 2.31, also recorded treatment for childbirth complications that involved “straw that was used in the privy.”

⁷⁰ *Ishinpo*, 23.5a. That *fanzhi* were considered tabooed was actually a custom since the pre-imperial period. Both the “Daybook” excavated among the Qin slips from the Yunmeng area 雲夢秦簡日書 and *Hou Hanshu* mention such days. See Yunmeng Shuihudi Qinmu bianjixiaozu 雲夢睡虎地秦墓編輯小組, ed., *Yunmeng Shuihudi Qinmu* 雲夢睡虎地秦墓 (Beijing: Wenwu chubanshe, 1981), the back of slips numbers 742, 743. Also Fan Ye 范曄 (398-445), *Hou Hanshu* 後漢書 (Beijing: Zhonghua shuju, 1965), 1640. Also see discussion in Rao Zongyi 饒宗頤 and Zeng Xiantong 曾憲通, *Yunmeng Qinjian rishu yanjiu* 雲夢秦簡日書研究 (Hong Kong: Xianggang zhongwen daxue chubanshe, 1982) (no page numbers), section on “*fanzhi*.”

donkey, or cow. Giving birth on top of it will be auspicious.”⁷¹ From the various suggestions in the medical texts, one can see people’s extreme fear around the time of delivery. Using a cow skin or ashes to deal with the blood and fluid, and catching the water used for cleaning the birthing woman’s clothing in a container, and not letting it touch the ground were based on the fear that breaking the prohibitions would offend the spirits with the blood, fluids, and lochia of childbirth. In fact, breaking a taboo was one of the primary reasons employed by people to explain childbirth complications.⁷² Medical texts between the sixth and eighth centuries also revealed other explanations for childbirth complications. One was misjudgment by the woman in labor and her assistants regarding the beginning of delivery, with the result of attempting, and failing, to speed up labor.

b) *Problems in Attending Childbirth*

When the child hurt in the mother’s womb, this apparently was the sign of impending birth, but the responses by doctors, the woman in labor, and her assistants might have differed on the time to finally squat down and push with force. Wang Shuhe’s *Maijing* 脈經 (Canon of the meridians) said, “When a woman is pregnant, her pulses become irregular and floating; if her abdominal pain causes her waist and spine to ache, she is now about to give birth.”⁷³ Again, “When a woman is about to give birth, her pulses become irregular; if she feels [pain] in the middle of the night [according to the *Qianjinfang* the feeling is pain], she will give birth in the middle of the day.” Therefore, the manifestation of the pulse was used in conjunction with the sensation of pain to judge the progress during labor.

As soon as the woman in labor experienced pain, assistants might have given her all sorts of things to hold, including, “the fur of a flight-born [flying squirrel],” a sophora branch, or even the head of a cormorant.⁷⁴ Holding things might have offered her a place to exert force during labor pains, but the names, shapes, and special

⁷¹ See *Waitai biyao*, 33.927, quoting “Cuishi nianli chengtufa.”

⁷² *Bingyuanlun*, 43.2-5. “All symptoms of women’s childbirth-related disorders” contained all types of explanations for childbirth complications, none of which excluded the possibility of having broken a taboo.

⁷³ Wang Shuhe, *Maijing* 9.2a.

⁷⁴ Recipes from *Xiaopinfang*, quoted from *Waitai miyao*, 34.941, 33.933a, and *Ishin-po*, 23.9ab.

features of these things also seem to have suggested the symbolic meaning of accelerating speed. In early imperial China, people believed that the cormorant gave birth to a fetus rather than laying eggs. "The fetus emerges from the mouth, like a rabbit spitting out a baby; thus when a woman in labor holds it, it facilitates birth."⁷⁵ The flying squirrel called "flight-born" is so named because it "gives birth while fly-walking and its baby follows it." Holding its fur was therefore believed to have the effect of disinhibiting delivery.⁷⁶ The *Xiaopinfang*, moreover, suggested giving the woman a "flight-born pill," composed of flying squirrel, sophora twigs, and the feathers of an arrow from an old crossbow. The arrow feathers also must have carried the meaning of speed.⁷⁷

To bring the delivery to a quick conclusion must have been the general hope of the woman in labor, the birth assistants, and the household. The medicinal powders for making the fetus slippery and assisting in birth were said to have the effect that "the child will be born by dropping to the ground, without any sensation."⁷⁸ However, it is only a small step from the idea that "a quick birth is a smooth birth" to the idea that "a smooth birth is a quick birth." Doctors often suspected that the woman in labor and her assistants tended to exert all their strength prematurely, at the first onset of pain, in order to conclude the delivery quickly, thereby causing childbirth complications.

The *Bingyuanlun* explained the various circumstances of childbirth complications, including breech position, transverse position, fetal death in the womb, and maternal death with the fetus still inside, none of which excluded "causing injury by alarming (the mother) early on." In the case of breech presentation, for example, it was said that "when she first feels pain in the abdomen, the time of birth has not yet arrived, and early alarms cause injury, [because] the baby's rotation is not yet complete and it is born by force."⁷⁹ Given the modern gynecological count that pregnancy lasts for forty weeks, in the case of a first birth, most fetuses will turn in the uterus into the

⁷⁵ Li Shizhen, *Bencao gangmu*, 47.66, section on birds, quoted Tao Hongjing's and Chen Cangqi's 陳藏器 theory. It also quoted Zong Shi's 宗爽 words to correct the mistakes of Tao and Chen.

⁷⁶ Tang Wanchun, *Xiaopinfang jilu jianzhu*, 114-15, quoting the *Bielu*.

⁷⁷ Tang Wanchun, *Xiaopinfang jilu jianzhu*, 114-15.

⁷⁸ Recipe from *Xiaopinfang* quoted in *Waitai miyao*, 34.941.

⁷⁹ *Bingyuanlun*, 43.3.

head-down feet-up position during the thirty-sixth to thirty-eighth weeks while fetuses of second or later births will begin to turn and enter the birth position only at the onset of labor pains.⁸⁰ From this standpoint, the idea of the *Bingyuanlun* that exerting force prematurely when the child has not yet completed its rotation causes breech or transverse presentation is not entirely unfounded. Premature effort could also mean that “the lochia is already used up when the time of birth has not yet arrived, and the fetus becomes withered and parched, causing the child to die in the womb.”⁸¹

In the case of early alarm that caused the laboring woman to exert force prematurely, Chao Yuanfang did not state clearly whether the people who watch for the birth and hold the woman’s waist should be held responsible or not. But he also did not rule out the responsibility of the attendants for disorderly childbirth:

In the case of maternal death with the fetus still inside, taboos might have been broken, or the time of delivery has not yet arrived but early alarm causes injury, or those watch for the birth lose track of the proper order (of delivering) when holding up her waist to support her. All these lead to childbirth complications, causing the fetus to rise and press against the heart, choking and severing the mother, thereby causing death.⁸²

Even when the fetus had already been delivered, doctors also thought it possible for accidents to occur when the attendants hastened to pull out the placenta to conclude the delivery.

In the old prescriptions, if the placenta did not emerge for a long time and one feared that it might harm the child, one would cut the umbilical cord according to the rules and tie it around something. But it also happened that during the delivery the birth attendants were not considerate and careful, and pulled too strongly, breaking the umbilical cord, causing the placenta to rise up against the heart, thereby killing [the mother].⁸³

Thus we can see that, when the placenta failed to be delivered after the fetus had emerged, the most common method of the attendants was to cut the umbilical cord, tie it to something, and wait until the placenta emerged naturally. But if the attendants were anxious and careless, they could also cause the mother’s death.

⁸⁰ David Harvey, ed., *Xinshengming: Huaiyun, fenmian, yuying* 新生命：懷孕—分娩—育嬰 (Hong Kong: Xingdao chubanshe, 1980), 62. Translation by Li Yipei 李宜培, based on the English original, *A New Life* (London: Marshall Cavendish Books, 1979).

⁸¹ *Bingyuanlun*, 43.5.

⁸² *Bingyuanlun*, 43.4-5.

⁸³ *Bingyuanlun*, 43.2. For various recipes to treat retained placenta, see Li Jianmin, “Mawangdui hanmu boshu ‘yuzang maibaotu’ jianzheng,” appendix 2, 803-6.

The earliest extant description of childbirth that explained complications in terms of disorderly assistance was Cui Zhiti's quotation recorded in Wang Tao's *Waitai biyao*:

Now as for death in childbirth, it is most common in wealthy households, where many women live together. Once the fetus begins to turn and she feels pain, the others will be informed immediately. The attendants become anxious and cause her to be startled. Alarm and fright accumulate, thus causing disharmony of her physiological functions and disorder of her *qi*, only increasing her pain. When the attendants see her pain increasing, they think that the time has come. Some might bind her hair in a knot, some might work on her abdomen, and some might wash her face with cold water. They exert great effort to push, and the child emerges suddenly. The accumulated *qi* all of a sudden will gush out below without stopping, to the point that she passes out.⁸⁴

According to Cui Zhiti's account, "childbirth complications to the point of death are unheard of among concubines giving birth secretly or poor maidservants delivering alone." Therefore he suggested that a delivery would run smoothly when "no one was intruding to stand by so that everything was allowed to run its proper course," and complications to the point of death were due to too many people worrying and yelling and assisting in birth inappropriately.⁸⁵

According to doctors, the biggest problem of the laboring woman and her attendants was that they mistakenly believed the pain from the fetus turning in the abdomen to be the fetus pressing forth, wanting to be born. This is why Wang Shuhe pointed out that "if her abdominal pain causes her waist and spine to ache, she is now about to give birth." Chao Yuanfang further clarified the matter, stating that "when the laboring woman's abdomen hurts but not her waist, it is not yet birth. When the pain in the abdomen is linked to the waist and is severe, then it is birth."⁸⁶ Cui Zhiti expressed that it was harmful for the delivery if, at the time of birth, the female relatives gathered around, and suggested that, in order to avoid mistakes made in this confusion, it was better if the woman followed the natural order of things by herself (see discussion below). Sun Simiao also warned the family of the woman that "whenever the time of delivery has come, it is particularly prohibited to have many people observe it. Allow two to three people at the most to attend at her side. Only

⁸⁴ *Waitai biyao*, 33.924, citing Cui Zhiti's quotation from a certain Master Luan.

⁸⁵ *Waitai biyao*, 33.924.

⁸⁶ *Bingyuanlun*, 43.2-3.

after the birth is completed, inform the others. If crowds of people observe it, there are bound to be childbirth complications.”⁸⁷

c) *Treating Childbirth Complications*

A delivery that took too long was a key indication of birth complications. But the woman giving birth, the birth attendants, and the doctors might have had different ideas regarding how long labor had to last before birth complication was considered. Whenever medical texts mentioned a time, they used “several days” or “lasting days” to refer to childbirth complications.⁸⁸ There were also instances that specify three days or three to five days.⁸⁹ In the *Waitai biyao* birth story in which the delivery is aided by suspending ropes and tying wood to them, the laboring woman’s abdominal pains began at *ribu* 日晡 (late afternoon), and the child was finally born at the end of the “fifth night-watch.” The doctor recollected the situation as follows:

At *ribu*, I was told that the woman’s abdomen hurt which seemed to be a symptom of birth.... I explained to her the methods, each in due course. This woman seemed to understand my words. After I finished speaking, I ordered the door be closed and set up a bed outside where I sat together with Qing [the woman’s father-in-law, who requested the doctor’s help], not allowing even one person to enter. From time to time, I asked through the door how things were, and she answered that the pain was slight and bearable. At the first night-watch, I gave orders to thoroughly cook a hen that died of a natural cause, and then to make nonglutinous rice porridge with the soup... I encouraged her to eat about three *sheng* 升.⁹⁰ By the end of the fifth night-watch, she gave birth to a child by herself. I did not let people enter until I heard the child’s cry. The woman who gave birth was at ease, calm and stable, with nothing out of the ordinary.⁹¹

The first night watch was from seven to nine o’clock during the night, and the fifth from three to five in the morning.⁹² From the

⁸⁷ *Qianjinfang*, 2.30.

⁸⁸ See medical texts cited in *Waitai biyao*, 33.933ab, 936b, and *Ishinpo*, 23.16b-17a.

⁸⁹ See *Qianjinfang*, 2.30-31, and *Ishinpo*, 23.11b.

⁹⁰ One *sheng* was about 0.2 liter in early China, but expanded to almost 0.6 liter in the Tang.

⁹¹ *Waitai biyao*, 33.924, citing Cui Zhiti’s quotation of a certain Master Luan.

⁹² *Bu* 晡 is the hours of *shen* 申, between three and five o’clock in the afternoon. It is separated into three periods, early, middle, and late *bu*. The end of *shen* is the last *bu*, when the sun is about to set, often referred to as *ribu* in historical texts. For a discussion

tone of the description, the doctor seemed to have considered that twelve hours passing from the time the pregnant woman experienced abdominal pain to the birth of the child was a fairly smooth and normal delivery. Maybe the "three days" mentioned in the medical literature signified the point when doctors felt that the life of the mother was endangered, the time limit when intervention became necessary. Between twelve hours and three days, doctors might have disagreed on the degree of intervention called for. And when they did enter to assist in childbirth, they would try to shorten the time with all sorts of treatments, including medical prescriptions, invocations, and ritual acts.

For childbirth complications, there were all sorts of birth-hastening herbal prescriptions in the medical texts which mostly contained mallow seed, dianthus, angelica, achyranthes, typha pollen, ligusticum, licorice, and so forth. Some were brewed in liquor while some were fried in pig lard and then ingested in liquor. The characteristic of mallow seed was considered slippery and disinhibiting, able to make the fetus slippery, as discussed earlier.⁹³ All medical texts stated that dianthus disinhibited discharge below, thus, for example, freeing urination and blocked blood, as well as having the special property of eliminating purulence.⁹⁴ Angelica regulated the blood and had been an important gynecological herb since ancient times.⁹⁵ Achyranthes was said to precipitate static blood,⁹⁶ and Tao Hongjing stated that typha pollen also had the effect of purifying blood.⁹⁷ Ligusticum was indicated for all sorts of headache, and its

of time indicators, see Gu Yanwu 顧炎武 (1613-82), *Rizhilu* 日知錄 (Taipei: Minglun shuju, 1971), 21.576-79, the entry on "*gu wu yiri fenwei shier shi*" 古無一日分爲十二時; Zhou Yiliang 周一良, *Wei Jin Nanbeichao shi zhaji* 魏晉南北朝史札記 (Beijing: Zhonghua shuju, 1985), 135-37.

⁹³ For recipes using mallow seeds to treat complications, see *Qianjinfang*, 2.31, 32, 33; *Waitai biyao*, 33.935, 937; *Ishinpo*, 23.11b, 13b, 18a.

⁹⁴ For recipes using dianthus to treat complications, see *Qianjinfang*, 2, 31, 32; *Waitai biyao*, 33.935, 937b; *Ishinpo*, 23.11b, 34ab. On dianthus, the *Bielu* stated: "Dianthus grows in the mountain valleys of Taishan;" Su Song: "It is now available everywhere." *Bencao Gangmu*, "Herbs," 16.107-8.

⁹⁵ For recipes using angelica, see *Qianjinfang*, 2, 32; *Waitai biyao*, 33, 937b; *Ishinpo*, 23.11b-12a.

⁹⁶ For recipes using achyranthes, see *Qianjinfang*, 2, 30-32; *Waitai biyao*, 33.937b; *Ishinpo*, 23.16b, 18a, 34b. The *Bencao gangmu* recorded that "*Bielu* stated: 'Achyranthes grows in river valleys east of the Yellow River and Linqu 臨胸. Su Song added: 'Now it is also available in the area between the Yangtze and Huai Rivers, as well as in Min 閩 and Yue 粵.'" See *Bencao gangmu*, "Herbs," 16.79-82.

⁹⁷ For recipes using typha pollen to treat complications, see *Qianjinfang*, 2.32; *Waitai*

most important effect for the suffering mother during a drawn-out delivery was perhaps to settle the spirit.⁹⁸ According to Zhen Quan (540-643), licorice “treats seventy-two types of mammary rock poison, resolves the twelve hundred kinds of toxics from herbs and trees, and harmonizes the effects of all medicines.”⁹⁹ Tao Hongjing stated, “This herb is the ruler of all herbs; there are few classic prescriptions that do not use it.”¹⁰⁰ In addition, there were recipes for ingesting all sorts of large and small legumes,¹⁰¹ chicken eggs,¹⁰² and mercury. Mercury, being a deadly poison, was sometimes used in recipes for abortion, but, in most cases, doctors did not encourage its use in treating complications.¹⁰³ Swallowing chicken eggs was believed to preserve the woman’s strength during labor, and, similar to swallowing sesame oil, to aid in delivery by making the fetus slippery, due to the eggs’ slimy consistency.

The extant medical literature of early imperial China contains numerous herbal recipes for treating childbirth complications. Moreover, the explanations of the origins of each herb by Tao Hongjing from the Six Dynasties period, Su Gong 蘇恭 from the Tang, and Su Song 蘇頌 from the Northern Song show that between the fifth and the tenth centuries, the cultivation area of many medicinally used herbs increased continuously, whether because of increased trade or cultural exchange.¹⁰⁴ When it was impossible to obtain

biyao, 33.932b, 936b, 937b; *Ishinpo*, 23.13a. Typha pollen is the stamen of fragrant typha. The *Bencao gangmu* recorded that “*Bielu* states: ‘Typha pollen stems from the lakes and marshes east of the Yellow River.’ Su Song added: ‘It is available everywhere; the best stems [come] from Qin.’” See *Bencao gangmu*, “Herbs,” 19.98-101.

⁹⁸ For recipes using ligusticum to treat complications, see *Waitai biyao*, 33.936b; *Ishinpo*, 23.13b, 16a. The *Bencao gangmu* recorded that “*Bielu* stated: ‘The leaves of ligusticum are called *miu* 靡蕪. It grows in river valleys in Wugong 武功 and on the western slopes of the Xie valley.’ Tao Hongjing stated: ‘Wugong and the western slopes of the Xie Valley are all near Changan. Now in Liyang 歷陽 many people cultivate it everywhere.’ Su Song added: ‘It is common in the mountains of Shanxi, Shannxi, Sichuan, and east of the Yangtze River.’” See *Bencao gangmu*, “Herbs,” 14. 5-7.

⁹⁹ Cited in *Bencao gangmu*, “Herbs,” 12.81.

¹⁰⁰ For recipes using licorice to treat complications, see *Qianjinfang*, 2.32; *Waitai biyao*, 33.935-36; *Ishinpo*, 22.34a, 23.16b-17a. Also see *Bencao gangmu*, “Herbs,” 12.81-85.

¹⁰¹ For recipes on ingesting legumes to treat complications, see *Qianjinfang*, 2.31; *Waitai biyao*, 33.933a, 937b; *Ishinpo*, 22.34ab, 35a, 23.11b, 12b, 13a, 18b.

¹⁰² For recipes using chicken eggs, see *Qianjinfang*, 2.31; *Waitai biyao*, 33.932b, 935ab, 936b; *Ishinpo*, 23.13a, 18a, 34ab.

¹⁰³ *Bencao gangmu*, “Stones,” 9.56-59.

¹⁰⁴ The increase in the growing areas and circulation of medicinal herbs raise

certain medicinal herbs and in cases in which medicinal herbs were considered insufficient, doctors suggested other kinds of treatments, for example, heat application and massage, sneezing and vomiting, and pushing the fetus back to be born again.

In terms of the applying heat and massage, one recipe advised using “three *sheng* of earth from an ant hill, boil it until hot, contain it in a bag and drag it over the area below the heart.”¹⁰⁵ Another recommendation was to “apply cow manure to the mother’s abdomen,” or to “rub salt on the mother’s abdomen.”¹⁰⁶ Another was to “boil peach root down to a thick liquid and use it to bathe her below the knees.”¹⁰⁷ The Tibetan *Zaliaofang* 藏醫雜療方 (Tibetan recipes of various remedies) unearthed at Dunhuang suggested using the tail of either a roe deer or a deer, crushed and pounded, and spread on the woman’s vagina. Alternatively, the horn of a wild buffalo or antelope combined with the dirt from a ‘stallion’s whip’ might be applied to the laboring woman’s hipbone.¹⁰⁸ It even advocated that the laboring woman mount an ox’s saddle while a strong man pushed down hard on her shoulders.¹⁰⁹ Since sneezing and vomiting encourage the abdominal muscles to contract, birth assistants might have inserted gleditsia in the nose to make the laboring woman sneeze, or they might have tickled her throat with hair to make her vomit, assuming that might help expel the placenta.¹¹⁰ Because women sometimes experience nausea at the onset of labor, it is also possible that the assistants interpreted vomiting as the fetus pressing, wanting to

interesting and complex questions. For example, how could a household during the Southern Dynasties obtain herbs from the north or the northwest, such as angelica, achyranthes, cattail pollen, ligusticum, and other herbs mentioned in the *Sengshenfang* or *Xiaopinfang*, texts composed and circulating during that time? Were they sold for a high price, or substituted for with cheaper local products? Did people employ alternative ritual or manual treatment methods because herbs were difficult to obtain? Although these questions are significant, it is impossible to answer them given the currently available information.

¹⁰⁵ *Xiaopinfang* cited in *Ishinpo*, 23.16b. See *Qianjinfang*, 2.33 for a similar recipe.

¹⁰⁶ *Xiaopinfang* and *Wenzhongfang* 文仲方, cited in *Waitai biyao*, 33.934ab, 936b; *Geshifang* 葛氏方, cited in *Ishinpo*, 23.14a; *Qianjinfang*, 2.31.

¹⁰⁷ *Lungmenfang* 龍門方, cited in *Ishinpo*, 23.16a.

¹⁰⁸ The term “whip” *bian* 鞭 could also mean the penis of the male animals.

¹⁰⁹ P.T. 1057 (P.T. is the representative code of Paul Pelliat’s Tibetan documents kept in the Bibliothèque Nationale de Paris), annotated translation in Wang Yao 王堯 and Chen Jian 陳踐, *Dunhuang Tufan wenxianxuan* 敦煌吐蕃文獻選 (Chengdu: Sichuan minzu chubanshe, 1983), 174.

¹¹⁰ *Xiaopinfang*, cited in *Ishinpo*, 23.17b. Also see *Waitai biyao*, 33.937a.

be born. Based on this reasoning, the medical texts frequently recorded such emetic methods as forcing the laboring woman to drink vinegar, water containing charred straw used in the privy, her husband's urine, or other such substances.¹¹¹ If such methods did have an effect, it may have been that they made the laboring woman feel like vomiting and thus stimulated the contractions.

The conditions for which herbs were most rarely employed were breech and adverse presentation, probably because the doctors feared that birth-accelerating medicines would not only fail to facilitate birth but would "make the child rise and press against the heart," endangering the mother. Therefore, physically therapeutic methods instead of herbal medicines were often applied. In addition to massaging the mother's abdomen, other methods were used to make the child return in the womb so that the process of birth could be started all over again. These included applying salt, powder, pure cinnabar, black soot, or cart grease to the fetus's soles or under the armpits, or pinching it tightly.¹¹² The method for poking with a needle, described in the *Xiaopinfang*, contained the most detail:

A method to treat breech and lateral presentation, or when the hands and feet emerge first: One can take a thick needle and poke the child's hands and feet, entering about two *fen* 分. Feeling pain, the child will turn around in fright and then contract, naturally rotating to the ideal position.¹¹³

In addition, medical texts also recorded many ritual actions to treat childbirth complications. Among them, "to open doors, windows, pitchers, kettles and all sorts of covered things" expresses people's belief in the mutual correspondence between things, that is, they assumed that opening some sort of external object would be beneficial for opening the Gate of Birth.¹¹⁴ Sometimes, medicinal preparations included aspects of ritual behavior, such as the rule to use "eastward-flowing water" and an "east-facing stove" to boil the herbs.¹¹⁵ Sometimes ritual behavior was accompanied by invocations and written charms. The characters were written on cracked soybeans,

¹¹¹ See recipes of *Xiaopinfang*, cited in *Ishinpo*, 23.16a, and *Qianjinfang*, 2.30-33.

¹¹² See recipes of *Xiaopinfang* and *Jiyanfang*, cited in *Waitai biyao*, 33.934 and *Ishinpo*, 23.13b. According to Ma Jixing, "Yixinfang zhong de guiyue wenxian chutan," *Jiyanfang* was written by Yao Sengyuan 姚僧垣 of the Northern Zhou dynasty (557-81).

¹¹³ *Xiaopinfang*, cited in *Waitai biyao*, 33.935a. One *fen* equals to one-tenth of a body inch.

¹¹⁴ *Changjing*, cited in *Ishinpo*, 23.11b.

¹¹⁵ *Jiyanfang*, cited in *Waitai biyao*, 33.935-36; also cited in *Ishinpo*, 23.16b-17a.

peach kernels, or the soles of the baby's feet in cases of breech or adverse presentation.¹¹⁶ The laboring mother might be asked to hold an inscribed object in her hand, to swallow it whole or charred into ashes in water.¹¹⁷ In addition to special talismanic characters, the text contains such individual characters as "day," "moon," "thousand," "black," "fine," "exit," or sentences like "quickly come out, quickly come out," "emerge the placenta and the child, do not cause illness for the mother," or the name of the child's father, showing that people believed in the magical power of writing.¹¹⁸

Birth was understood as the result of sex between men and women and, among the various treatments of childbirth complications, peculiar recipes related to male or female gender also appeared, such as charring menstrual cloth and letting the woman in labor ingest it.¹¹⁹ While pregnancy and delivery were women's business, recipes for birth assistance also reflected the idea of the husband's responsibility. For instance, to cover up the well with the husband's clothes (especially his underwear) would cause the fetus and placenta to "emerge at once." It was "excellent" to char a belt from the husband's trousers into ashes and have the woman in labor ingest it in liquor. If the laboring woman drank one or two *sheng* of the husband's urine, it helped to expel a dead fetus. Ingesting the husband's fingernails, charred and ground into powder, or his pubic hair, dry-roasted and then mixed with cinnabar paste, to be swallowed by the laboring woman, could treat breech and adverse presentation. The characters of the husband's name, written on the child's soles, could cause a smooth delivery. The husband should bring wa-

¹¹⁶ *Chanjing*, cited in *Ishinpo*, 23.11b-12a; *Geshifang*, cited in *Ishinpo*, 23.14a; *Shanfanfang* 刪繁方, cited in *Waitai biyao*, 33.934b-35a.

¹¹⁷ *Xiaopinfang*, cited in *Waitai biyao*, 33.933b, 937a; *Shanfanfang*, cited in *Waitai biyao*, 33.934b-35a; *Chanjing*, cited in *Ishinpo*, 23.11b, 17a-b.

¹¹⁸ *Jiyanfang*, cited in *Ishinpo*, 23.13b; also see *Qianjinfang*, 2.32.

¹¹⁹ *Geshifang*, cited in *Ishinpo*, 23.17b. In addition, retained placenta was also treated by giving the laboring woman a charred kitchen apron or bamboo bowl to ingest, such as suggested by the *Jiyanfang*, cited in *Waitai biyao*, 33.937b. Both of these were important tools used by women in their everyday household chores. The symbolic significance of medical recipes that called for charring, pulverizing, and ingesting such objects to treat childbirth complications was not limited to sex as such, but also extended to women's gender roles in society. For discussion of the efficacy of gendered body parts in medicine, see Li Zhende (Jen-der Lee), "Han-Tang zhijian yifang zhongde jijian furen yu nüti weiyao," 漢唐之間醫方中的忌見婦人與女體爲藥, *Xinshixue* 新史學 13.4 (2002): 1-36.

ter from outside in his mouth and put it in his wife's mouth, and if performed a thousand times, "a difficult fetus will emerge immediately." Numerous examples of this kind illustrated the weight of the husband's role.¹²⁰

Delivery by opening the abdomen surgically was completely absent from medical literature of early imperial China. Recorded in the marvel stories from the Six Dynasties were several accounts of children being born from under the armpits or the flanks, expressing that people did have an idea about birth by opening the abdomen, but it is doubtful that this can be seen as evidence for cutting open a living person to take out the fetus.¹²¹ Considering the story of a certain Ms. Lin from the fifth century, it appears that Caesarean section, if ever performed, could only be done if the pregnant woman had already died. The *Yiyuan* 異苑 (Garden of wonders) said:

Ms. Lin, wife of Wu Biao in the country of Pei 沛 was pregnant, fell ill, and died in the era of Yuanjia (424-53). Because the local custom considered it a taboo to bury a woman with a fetus, they had to cut her open to remove it. The wife's wet nurse felt so terribly sad that she cursed [the heaven] while stroking the corpse: "If there is indeed a Heaven's Way, do not allow her to be cut up after death." All of a sudden, the corpse's face took on pink color, and [the wet nurse] called the servants to prop her up. Immediately the child dropped to the ground and the corpse fell over."¹²²

Whether Ms. Lin was spared the fate of being cut up as a corpse because "there is indeed a Heaven's Way," or whether she had in

¹²⁰ See recipes from *Xiaopingfang*, *Sengshenfang*, *Jiyanfang* and *Chanjing*, cited in *Ishinpo*, 23.11b, 12ab, 13b, 14a, 16a, 18a; *Jiyanfang*, *Guangjifang*, *Shanfanfang*, and *Qianjinfang*, cited in *Waitai biyao*, 33.934b, 935a, 936b; also see the Tibetan medical recipe in P.T. 1057, annotated translation in Wang Yao and Chen Jian, *Dunhuang Tufan wenxianxuan*, 174.

¹²¹ *Taiping yulan*, 361.5a, quoting *Xuanzhongji* 玄中記, recorded the birth of a child from the back flanks; 361.7b, quoting the *Liexianzhuan* 列仙傳, recorded Laozi's 老子 mother cutting her left armpit to give birth to Laozi, obviously a mythological story. But in the *Sanguozhi Weizhi* 三國志魏志, recorded in the Huangchu period (220-26), a certain Ms. Wang delivered a boy who emerged from her right armpit. It said that, "The boy's mother is self-possessed and without extraordinary pain. Now her wounds are already healed, mother and child are stable and safe, without calamities or harm." Ma Dazheng regards it as very likely that this was indeed a Caesarean section. He also quotes a story from Fang Xuanling 房玄齡 (578-648), *Jinshu* 晉書 (Beijing: Zhonghua shuju, 1974), 97.2542, saying a certain Ms. An from the region in the west, "in the twelfth month of pregnancy, delivered a child by cutting open the flanks" as a proof that Caesarean section was practiced when pregnancy was overdue. See Ma Dazheng, *Zhongguo fuchanke fazhanshi*, 68.

¹²² *Taiping yulan*, 361.9b.

fact not yet died completely and the wet-nurse revived her when she stroked the corpse, is unknowable and involves the standards and capabilities for determining death at that time.¹²³ Since a woman with complications in childbirth might have suddenly passed out and stayed unconscious for quite a while, it might have been difficult for the attendants to determine whether she was dead or alive. Medical texts like the *Jiyanfang* 集驗方 (Recipes of collected efficacies) and the *Bingyuanlun* instructed the birth assistants on how to judge the situation:

Symptoms for life or death in childbirth complications: If the mother's face is red and her tongue green, the child is dead and the mother alive. If her lips and mouth are green and she is salivating from both sides of the mouth, both mother and child are dead; if her face is green and the tongue red and she is salivating, the mother is dead and the child alive."¹²⁴

If the child was dead and the mother alive, it was probably treated according to the methods to remove a dead fetus in the abdomen. But if the child and mother had both died and there was no taboo against putting her in a coffin with a fetus inside, then were the mother and child buried together? And if the mother was dead and the child alive, were there times when the abdomen was cut open to remove the fetus? Because of the scarcity of historical information, it is difficult to know clearly; one cannot help but wonder.¹²⁵

Postpartum

When the fetus was born and the placenta delivered, the major task of the birth was done, but it was still not completely over.

¹²³ In marvel stories and histories from the Six Dynasties, there were many accounts of women dying in childbirth and the child afterwards being born inside the tomb. These stories raise questions about contemporary capability in determining death.

¹²⁴ *Ishinpo*, 23.10b, quoting the *Yimenfang* and *Jiyanfang*. Only the quotation "if her face is red and her tongue green and she is salivating, the mother is dead and the child alive" disagrees with *Bingyuanlun*, 43, which records that "when the face is green, the tongue red, and she is salivating, the mother is dead and the child alive." According to Ma Jixing, "Yixinfang zhong de guyixue wenxian chutan," the *Yimenfang* was composed in the Tang or before.

¹²⁵ Accounts of children being born inside tombs were not that rare and showed that people in that time believed that a woman could give birth after her death. In this light, people of the early imperial period might have had different ideas regarding the borderline between life and death.

In addition to taking care of the newborn, washing it and cutting the umbilical cord, the birth attendants also had to pay attention to the mother's condition. Modern Chinese medicine divides the postpartum time into the two periods of "recently delivered" and "lying-in," the former indicating the first seven days after delivery and the latter from delivery to the point when the mother's reproductive organs have recovered to their normal condition, usually about six to eight weeks.¹²⁶ In the medical literature in early imperial China, the various problems after delivery were all referred to as postpartum disorders, *chanhoubing* 產後病. As to what period the term "postpartum" referred to, expressions in the medical texts ranged from three days, seven days, thirty days, a full month, one hundred days, and half a year up to as long as a whole year.¹²⁷ In fact, after undergoing childbirth, a woman's physical constitution was changed, and she could potentially suffer all sorts of symptoms for the rest of her life. A few conditions that arose soon after delivery and could have been life-threatening were treated differently from the usual long-term medical care and physical hygiene practices of supplementing deficiencies. In the following, I will discuss the management of postpartum problems in two aspects, namely, emergency care and health preservation.

a) *Risks Immediately After Delivery*

After the child was born and the placenta delivered, most likely the mother would be carried to a cleaner place to rest. The straw bedding used for delivery was disposed of by burning. The *Taichanshu* from Mawangdui stated that giving the newborn a bath in water mixed with the burnt straw bedding could prevent it from contracting skin diseases. Giving the mother half a cup of the water in which the newborn had been bathed would ensure that "the mother will also have no other illnesses."¹²⁸ To preserve the mother's emotional balance immediately after delivery, the *Chanjing* suggested, "Right after a woman gives birth to a child, do not allow her to observe

¹²⁶ Luo Yuankai 羅元愷, ed., *Zhongyi fukexue* 中醫婦科學 (Taipei: Zhiyin chubanshe, 1989), 260.

¹²⁷ For different ideas and expressions about the postpartum period, see *Bingyuanlun*, 43.9; *Qianjinfang*, 3.36-37; *Jiyangfang*, *Guangjifang*, and *Jiujifang* 救急方, cited in *Waitai bijiao*, 34.944a, 947b-948a, 953a.

¹²⁸ Ma Jixing, *Mawangdui guyishu kaoshi*, 812.

herself. As for the people beside her, none of them may ask about the gender.”¹²⁹ The *Qianjinfang* also stated, “When the child has completely emerged, all people, including the mother, are forbidden to ask whether it is a girl or a boy.”¹³⁰ While the medical literature before the Tang did not explain the reasoning behind this practice, Song doctors pointed out that its goal was to avoid influencing the mother’s emotions if the newborn’s gender did not fulfill her hopes.¹³¹ This practice was the exact opposite of the advice given in the Tibetan medical documents excavated in Dunhuang: “After the child is born, make it sleep in the mother’s embrace.”¹³² In addition, the *Qianjinfang* stated, “Do not let the mother see the filth and pollution.”¹³³ The medical texts acknowledged the laboring woman’s pollution straightforwardly and advised the family to avoid other polluting sources: “When birth is impending, or after it is concluded, never allow people from a mourning household to enter in. If they observe labor or delivery, there will be complications in birth or, if the birth is already over, it will harm the child.”¹³⁴

Medical texts also paid special attention to caring for the mother’s physical health. The *Qianjinfang* pointed out, “One must worry not only when a woman is about to deliver a child, one must exercise extreme caution at the postpartum stage.”¹³⁵ In order to prevent blood dizziness or blood counter-flowing, Song doctors recommended that for three days after delivery women should “stay in bed propped up high, and lie on the back with the knees up.”¹³⁶ No such rules were found in the medical texts before the Tang, but they also tended to employ three days as a time limit. According to the *Xiaopinfang*:

There are three days of life and death. In the old times, when women gave birth by getting down on the ground and sitting on straw, this was just like awaiting death. If she did survive and give birth, this was called “escaping the adversity.” The relatives all brought pig liver to congratulate her. It was

¹²⁹ *Ishinpo*, 23.25a.

¹³⁰ *Qianjinfang*, 2.30.

¹³¹ Chen Ziming, *Furen daquan liangfang*, 18.485.

¹³² Tibetan medical recipe in P.T.1057, annotated translation in Wang Yao and Chen Jian, *Dunhuang Tufan wenxianxuan*, 174.

¹³³ *Qianjinfang*, 3.30.

¹³⁴ *Qianjinfang*, 3.30.

¹³⁵ *Qianjinfang*, 3.30.

¹³⁶ *Furen daquan liangfang*, 18.485.

to replenish and nurture her damaged five internal [organs], not to celebrate the child.”¹³⁷

The greatest concern for a woman's safety after delivery was to prevent the illnesses of blood dizziness and convulsion sickness. The *Bingyuanlun* distinguished the postpartum *qi* depression of blood dizziness into two kinds, excessive blood loss and insufficient discharge of blood, and points out that, “If vexatious depression does not stop, it will kill her.”¹³⁸ Other medical literature of the early imperial period describes the symptoms of blood dizziness as heart depression with *qi* collapse, inability to open the eyes, loss of consciousness, and inability to wake up.¹³⁹

To arouse the mother, medical texts suggested pouring cold water in her face or yanking her hair and knees.¹⁴⁰ To stimulate her with smells, vinegar or liquor might be rubbed in her mouth and nose, or someone might spit in her face, or urine, birth blood, or even horse manure forced down her throat.¹⁴¹ One recipe called for ingesting the newborn's bath water, similar to the above-mentioned suggestion in the *Taichanshu*.¹⁴² The management of blood dizziness and the treatment of childbirth complications were identical in that they both contained numerous physical therapeutic methods. As for the herbs applied, the most important one in emergency care was rehmannia, which was usually indicated for uterine bleeding. Whether used in fresh or dried form, rehmannia often appeared in medical recipes for the treatment of both hemorrhage with fainting and for lochiorrhea.¹⁴³ For instance, the *Yimenfang* 醫門方 (Recipes of the

¹³⁷ *Ishinpo*, 23.25a.

¹³⁸ *Bingyuanlun*, 43.6.

¹³⁹ See *Jingxinfang* 經心方, *Jiyanfang*, *Chanjing*, *Qianjinfang*, *Mengshenfang* 孟詵方, and *Zimu milu* 子母秘錄, cited in *Ishinpo*, 23.26a-27a; also *Guangjifang*, *Wenzhongfang*, *Jiuojifang*, *Cuishi*, and *Jinxiaofang* 近效方, cited in *Waitai biyao*, 34.946b-47b.

¹⁴⁰ See recipes of *Jiyanfang*, *Qianjinfang*, and *Mengshenfang*, cited in *Ishinpo*, 23.26b-27a; also *Cuishi*, cited in *Waitai biyao*, 34.947b.

¹⁴¹ See recipes of *Jingxinfang*, *Qianjinfang*, and *Yimenfang*, cited in *Ishinpo*, 23.26a-27a; also *Jingxinfang*, *Cuishi*, and *Jinxiaofang*, cited in *Waitai biyao*, 34.947ab.

¹⁴² *Cuishi*, cited in *Waitai biyao*, 34.947b.

¹⁴³ See recipes in *Yimenfang*, *Boji anzhongfang* 博濟安眾方, cited in *Ishinpo*, 23.27a; *Guangjifang*, *Wenzhongfang*, and *Xuyenze chanhoufang* 許仁則產後方, cited in *Waitai biyao*, 34.946b-49a, 956b-57a. Also, *Qianjinfang*, 3.40-43. *Bencao gangmu* recorded that “*Bielu* stated: ‘Rehmannia that grows in yellow soil of the rivers and marshes of Xianyang 咸陽 is superior.’ Tao Hongjing stated: ‘The variety from Weicheng 渭城 has seeds like wheat. At present, dried rehmannia from Pengcheng 彭城 is the best, next the one

medical family), section on “recipes for postpartum incessant bleeding” said to “quickly pulverize dried rehmannia, ingest one spoon in liquor, and it will stop after two to three doses.” In *Guangjifang* 廣濟方 (Recipes of broad relief), rehmannia was used in combination with other herbs to treat “profuse uterine bleeding, which is incessant, knotting pain in the abdomen, and panting.” The descriptions in these two works illustrated most vividly the urgency in a situation of profuse uterine bleeding.¹⁴⁴

In addition to profuse uterine bleeding, doctors were most concerned with postpartum convulsions, *jing* 瘳. The symptoms of convulsions included the teeth being clamped tight shut, the four limbs thrashing, neck and back being straight and stiff, and muscles being difficult to bend, all of which traditional medical texts considered to be caused by contracting Wind cold. The above-mentioned *Wushier bingfang* section on “infant-cord rigidity” explained that it was caused by “remaining on wet ground for too long.” Zhang Zhongjing stated that new mothers often suffered from three illnesses, one of them being convulsions, *bingjing* 病瘳; another fainting, *bingyumou* 病鬱冒; and the other “difficult defecation.”¹⁴⁵ According to him convulsions were caused by contracting cold: “Right after delivery, their blood is deficient, they sweat profusely and they are likely to be struck by Wind,”¹⁴⁶ which constituted a life-threatening danger. The *Bingyuanlun* called it “postpartum Wind-stroke convulsions,” *chanhou zhongfengjing* 產後中風瘳, and explained that “it is caused by Wind *qi* obtaining entry into the five organs ... again, she contracts cold and dampness, cold strikes the sinews and erupts as convulsions.” As soon as convulsions erupted, “the mouth is clenched tightly, the back arched straight; she shakes her head and whinnies like a horse and the waist twisted. It erupts ten times in a moment, her breath-

from Liyang. Recently, the one from Jiangning Banqiao 江寧板橋 is most superior.’ Su Song stated: ‘Now it is available everywhere. It is best to use the one from the Tong province.’ See *Bencao gangmu*, “Herbs,” 13.73-79.

¹⁴⁴ *Yimenfang*, cited in *Ishinpo*, 23.27a; and *Guangjifang*, cited in *Waitai biyao*, 34.948b.

¹⁴⁵ *Jingui yaolue*, 21.307, identical to *Majing*, 9.7a. The mother’s appetite could suffer due to constipation, and, in elite families, if she had been inactive from pre-delivery bed-rest to her postpartum recovery, the situation might have been even worse.

¹⁴⁶ Xu Zhongke commented, “The body is hot and averse to cold, the feet are cold and the face red, the mouth is suddenly clenched, the back arched.” *Jingui yaolue*, 21.307.

ing is urgent to the point of being cut off, her sweating is so profuse like rain that there is not enough time to wipe it with hands. In all these cases, she will die.”¹⁴⁷ The *Qianjinfang* described the patient’s body being arched back rigidly like a bow bent backward and calls it “childbed Wind,” *rufeng* 蓐風. It also warned that “if she resembles a bent bow, her fate is like a flickering candle.”¹⁴⁸

There were a great number of treatments in the medical texts for wind-stroke convulsions. The herbs most frequently used in the drugs included angelica root, fresh or dried ginger, cinnamon bark, puerariae, ovate atractylodes, soybeans, and ledebouriella. Angelica root was called *duhuo* 獨活 in Chinese and was indicated for the various types of wind cold, either made into a decoction or brewed in liquor. According to the medical literature, it could also be used “for people so depleted that they could not ingest other medicines.”¹⁴⁹ Gingers, both fresh and dried, were thought to “expel wind and remove dampness.”¹⁵⁰ Cinnamon bark was recommended in medical texts for all cases of wind *qi*.¹⁵¹ Pueraria was indicated for the various paralytic impediments, *bi* 痺, used since the Han to treat cold

¹⁴⁷ *Bingyuanlun*, 43.15.

¹⁴⁸ *Qianjinfang*, 3.40.

¹⁴⁹ See recipes of *Geshifang*, *Xiaopinfang*, *Sengshenfang*, *Luyangfang*, *Chanjing*, cited in *Ishinpo*, 23.32b-34b; and *Waitai biyao*, 34.952a-53a. Also see recipe of *Boji anzhongfang*, cited in *Waitai miyao*, 34.958ab; and recipes in *Qianjinfang*, 3.40-43. About Angelica root, the *Bielu* stated: “It grows in the river valleys of Yongzhou 雍州, or in Annan 安南 of the Gansu province.” Tao Hongjing stated: “This area is now the Qiang 羌 territory. *Qianghuo* 羌活 is in appearance fine, with many sections, soft and with a strong smell. The herb coming from Xichuan of Northern Yizhou 益州西川 constitutes *duhuo*.” Su Song stated: “At present, the *duhuo* and *qianghuo* coming out of Sichuan is the best.” For all quotations, see *Bencao gangmu*, “Herbs,” 13.49-51.

¹⁵⁰ For the medicinal use of fresh and dried gingers, see recipe in *Jingui yaolue*, 21.313; recipes of *Geshifang*, *Sengshenfang*, *Chanjing*, cited in *Ishinpo*, 23.33a-34b; and *Waitai miyao*, 34.953a. Also see recipes in *Qianjinfang*, 2.40-43. As for gingers, the *Bielu* stated: “Fresh and dried gingers come from the mountain valleys in Jianwei 犍爲 [ancient prefecture in Sichuan], as well as from Jingzhou 荊州 [ancient state of Chu, covering Hunan, most of Hubei, and parts of Guizhou] and Yangzhou 揚州 [ancient province, land south of the Huai and Yangzi rivers, most of modern Jiangxi, Zhejiang, and Fujian].” Su Song stated: “It is available everywhere. The best comes from Han, Wen, and Chizhou 漢溫池州.” For all quotations, see *Bencao gangmu*, “Vegetables,” 17.72-78.

¹⁵¹ See recipes of *Chanjing*, cited in *Ishinpo*, 23.34b. Also see recipes in *Qianjinfang*, 3.40-43. Regarding the cultivation area of cinnamon, Su Gong stated: “The best quality comes from Rongzhou, 融州 Guizhou 桂州, and Jiaozhou 交州.” See *Bencao gangmu*, “Trees,” 19.90-91.

damage, wind stroke, and headache.¹⁵² Ovate atractylodes was indicated for wind coldness, damp paralysis, dead flesh, and spastic jaundice.¹⁵³ The soybeans used medicinally were black soybeans, also called black beans, and were said to treat wind convulsions, wind paralysis, clenched mouth, and so on. Usually, the medical texts advised to heat-fry them, then immerse them in liquor to make a purple soybean decoction to be ingested by new mothers.¹⁵⁴ Ledebouriella, as its Chinese name *fangfeng* 防風 suggested, was indicated for all types of aversion to wind and wind evil.¹⁵⁵ Xu Zhicai from the Northern Qi said that “it cures women with wind in the uterus.”¹⁵⁶ In addition to herbal medicines, methods of heating and massaging the soles of the feet and abdomen also expressed the idea that

¹⁵² See recipes of *Jingui yaolüe*, 21.313; recipes of *Sengshenfang* and *Chanjing*, cited in *Ishinpo*, 23.34b; also cited in *Waitai biyao*, 34.953a. Also see *Qianjinfang*, 3.40-43. Regarding pueraria, the *Bielu* stated: “It grows in the mountain valleys of Wenshan 汶山.” Tao Hongjing stated: “The best comes from the region between Nankang 南康 and Luling 廬陵.” Su Song stated: “It is now available everywhere, but especially in Jiangsu and Zhejiang.” See *Bencao gangmu*, “Herbs,” 15.33-35.

¹⁵³ See recipes of *Xiaopinfang* and *Boji anzhongfang*, cited in *Waitai biyao*, 34.958ab. Also see *Chanjing*, cited in *Ishinpo*, 23.32a; and *Qianjinfang*, 3.40-43. The *Bielu* stated: “Ovate atractylodes grows in the valleys of Zhengshan 鄭山 and in Nanzheng 南鄭 of Hanzhong 漢中.” Tao Hongjing stated: “Now it is available everywhere. The best is from Jiangshan 蔣山, Baishan 白山, and Maoshan 茅山.” See *Bencao gangmu*, “Herbs,” 11.4.

¹⁵⁴ See recipes of *Xiaopinfang* and *Luyangfang*, cited in *Ishinpo*, 23.31b-32b. Also see recipes of *Qianjinfang*, 3.40-43. The *Bielu* states: “Soybeans grow in level marshes on Taishan 泰山.” Su Song stated: “It is now available everywhere.” See *Bencao gangmu*, “Grains,” 24.89-93.

¹⁵⁵ See *Jingui yaolüe*, 21.313; *Chanjing*, cited in *Ishinpo*, 23.34a; *Qianjinfang*, 3.40, 42; and *Boji anzhongfang*, cited in *Waitai biyao*, 34.958ab. The *Bielu* states: “Ledebouriella grows in the streams and marshes of Shayuan 沙苑, as well as in Handan 邯鄲 [modern Hebei], Langya 瑯琊 [modern Anwei], and Shangcai 上蔡 [modern Henan].” Tao Hongjing stated: “Now the best comes from Pengcheng and Lanling 蘭陵 which are near Langya. It is also available from Baishi 百市 in Yuzhou 鬱州. The next best one comes from the border of Xiangyang 襄陽 and Yiyang 義陽.” Su Gong stated: “Now the highest quality comes from Longshan 龍山 in Qizhou 齊州, but that from Zizhou 淄州, Yanzhou 兗州, or Qingzhou 青州 is also excellent.” Su Song stated: “Now it is available in all the prefectures of east of Bian 汴, Huai 淮, and Zhe 浙.” For all quotations, see *Bencao gangmu*, “Herbs,” 11.47-49.

¹⁵⁶ See *Bencao gangmu*, “Herbs,” 11.47-48. The same page also quotes Zhen Quan from the Northern Zhou who said that ledebouriella flowers treated “locking spasms of the four limbs, inability to walk, depletion and consumption of the channels, pain between the bones and joints, pain in the heart and abdomen.” Su Gong from the Tang stated that ledebouriella seeds “are truly excellent for treating Wind.”

“wind-stroke and contracting cold” was seen as the primary cause of convulsion illness.

The medical texts of early imperial China referred vaguely to the time when convulsion sickness erupted as “after birth,” or “in childbed,” or “in the hundred days postpartum.”¹⁵⁷ But what exactly was meant when they discussed “convulsions” and “childbed wind”? Modern Chinese gynecological medicine assumes that it might have been weakness and depletion of *yin* and blood, catching a cold, or maybe infection and tetanus from childbirth-related injuries.¹⁵⁸ In the case of tetanus, given the level of medical practice at the time, it is very likely that the woman died within several days after giving birth; tetanus would not have lingered until a hundred days postpartum. If she suffered from weakness and depletion and contracted cold, then replenishment and preventing wind would indeed be important measures.

In fact, “contracting Wind evil” was a central concept in the medical literature for understanding postpartum illnesses. *Bingyuanlun*, volume forty-three, entitled “Symptoms of women’s various postpartum illnesses,” explained most illness symptoms as caused by “catching cold due to exposure to Wind,” “long-term presence of Wind cold,” or “being seized by Wind evil.” Moreover, it claimed, if cold and cool evil *qi* flows into and stagnates in the waist and flanks, “in the case of subsequent pregnancies, miscarriage is likely,” and it would influence her ability to reproduce afterwards.¹⁵⁹ For this reason, the medical care for the parturient woman did not end with the emergencies in the several days following delivery. The *Qianjinfang* used different expressions to designate the postpartum period, such as “new from birth” *xinchān* 新產, “just out of birth” *chuchān* 初產, “in the lying-in period” *ruzōng* 蓐中, “in childbed” *zairu* 在蓐, and “coming out of the lying-in period” *churu* 出蓐, and marked the seventh day as the starting point for nutrimental care:

Within the first seven days postpartum, the evil blood is not yet exhausted and she may not ingest decoctions... after three or two days when the [lochia] is dispersed, she may take lycopodium pills. It is good to use the pills up within the [postpartum] month... In all cases, during the lying-in period, she must

¹⁵⁷ See recipes of *Xiaopinfang*, cited in *Ishinpo*, 23.32a-33a; *Waitai biyao*, 34.953; and *Qianjinfang*, 3.40-43.

¹⁵⁸ See Luo Yuankai, *Zhongyi fukexue*, Ch. 10, “Postpartum illnesses.”

¹⁵⁹ *Bingyuanlun*, 43.9.

take lycopodium pills to replenish herself. The rule to use the [pills] is to take them after the [first] seven days and not any earlier.¹⁶⁰

Considering the above-mentioned expression “three days of life and death” in the *Xiaopinfang* and the rule in the Song dynasty to lie in bed for three days, it seems that the first three days postpartum were a watershed for threats to a parturient woman’s life. The period from the third to the seventh day was one of observation. If her condition did not turn into a life-threatening illness, then one could begin attending her with supplementing nutrients.

b) *Protecting Health in Childbed*

Protecting the mental and physical health of the new mother was definitely a central focus of concern in the medical texts. They recorded medical recipes for the treatment of all sorts of postpartum disorders, such as lochiorrhea, abnormal defecation and urination, heart and abdominal pain, agalactia, galactostasis, galactorrhea, prolapse, swelling, pain, and itching of the genitals as well as various kinds of depletion damages. With the exception of breast problems and vaginal pain, which were mostly managed with applications, baths, and similar methods, the majority of postpartum illnesses were treated with ingested medicinal prescriptions. Most supplementing medicinal decoctions from the seventh century on contained various kinds of meat.

For milk congestion (galactostasis) and overflow (galactorrhea), the medical texts suggested pressing heated stones on the breasts, covering the breasts with vinegar, applying a cooling rub of egg whites and lentils, or bathing then massaging the breasts with medicinal powders.¹⁶¹ Vaginal prolapse with swelling and pain was mostly handled with heat treatments. They used iron flakes, tortoise blood, heated rat detritus, cnidium seeds, or peach kernel powder to hot-press or rub onto the genital area, or made decoctions with sulphur, medlar, peach leaves, and angelica to bathe the genital area or insert

¹⁶⁰ *Qianjinfang*, 3.36. For different expressions and terms for postpartum, see *Qianjinfang*, 3.36-50. Also see recipes of *Guangjifang*, *Jiujifang*, and *Xujenze chanhoufang* cited in *Waitai biyao*, 34.948ab, 958b. According to Ma Jixing, Xu Jenze practiced medicine and composed his medical works in the Tang dynasty.

¹⁶¹ See recipes of *Geshifang*, cited in *Ishinpo*, 23.39b-40a; *Xiaopinfang*, cited in Tang Wanchun, *Xiaopinfang jilu jianzhu*, 122; *Jiyanfang*, cited in *Waitai biyao*, 34.943a-44a.

into the vagina as suppositories.¹⁶² To treat the various postpartum illnesses by supplementing deficiency and nourishing the body, the most frequently chosen herbs were still licorice, fresh ginger, angelica, rehmannia, and cinnamon bark. Besides these, ginseng and peony were often on the list. Ginseng was considered to “supplement the five organs” and to “treat all deficiency syndromes.”¹⁶³ Peony was said by medical texts to “free and disinhibit the flow of blood and *qi*,” “treat Wind and replenish exhaustion,” “cure all illnesses of women and all ailments before pregnancy and after birth.”¹⁶⁴

Tonification with meat varied depending on the time period and social status. The custom of congratulating a successful birth with sheep and liquor existed from the Han dynasty on. History recorded that Lu Wan 盧綰 (256- ? BCE) was born on the same day as Liu Bang 劉邦 (256-195 BCE), the founding emperor of the Han, and “the people of the village brought sheep and liquor to congratulate the two families.”¹⁶⁵ Chen Yanzhi of the fifth century said that since childbirth was like awaiting death on the ground, as soon as it was completed, relatives would bring pig liver to celebrate.¹⁶⁶ In addition to mutton, the medicinal decoctions for replenishing deficiencies described in Tang medical texts like the *Qianjinfang* also contained deer meat, elk meat, roe deer meat, roe deer bones, and other delicacies, reflecting clearly that they were meant for elite households since they were not easy to obtain for the common people.¹⁶⁷

¹⁶² See recipes of *Xiaopinfang*, *Chanjing*, and *Jiyanfang*, cited in *Ishinpo*, 23.41a-42a; *Jiyanfang*, *Gujin luyangfang* 古今錄驗方, cited in *Waitai biyao*, 34.959b; *Qianjinfang*, 3.52-53.

¹⁶³ On ginseng, the *Bielu* states: “Ginseng grows in the mountain valleys of Shangdang 上黨 as well as in Liaodong 遼東.” Su Gong said: “The most commonly used ginseng is the one from Korea Baiqi 百濟.” Su Song stated: “Now it is available in all prefectures of east of the Yellow River and in Mount Tai, and there is also ginseng coming from Hebei Quechang 榷場 and central Fujian, called Xinluo ginseng 新羅人參, but none of them are as excellent as the one from Shangdang.” See *Bencao gangmu*, “Herbs,” 12.88-96.

¹⁶⁴ On peony, the *Bielu* stated: “Peony grows in the river valleys and foothills of Zhongyue 中岳 [i.e., Songshan 嵩山].” Tao Hongjing stated: “Now the best comes from Baishan, Jiangshan, and Maoshan.” Su Song stated: “Now it is available everywhere. The one from south of the Huai River is most excellent.” See *Bencao gangmu*, “Herbs,” 12.14-17.

¹⁶⁵ Sima Qian 司馬遷 (145-86 BCE), *Shiji* 史記 (Beijing: Zhonghua shuju, 1959), 93.2637.

¹⁶⁶ Cited in *Ishinpo*, 23.25a.

¹⁶⁷ *Qianjinfang*, 3.36-39. Also see *Cuishi*, cited in *Waitai biyao*, 34.943a.

In addition to the ingestion of medical decoctions, women in childbed were also expected to adjust their activities in order to heal their injuries and supplement their bodies. "wind stroke and contracting cold" was the primary explanation given in traditional medical texts for all postpartum illnesses, and the activities of the new mother were restricted in order to avoid wind. In ancient times when the privy was located outdoors, in order to prevent contracting wind, the lying-in woman "is particularly warned against going to the privy. It is better that she uses a bowl inside the room."¹⁶⁸ Sun Simiao suggested that engaging in sexual intercourse too early would cause women to suffer from "back problems of the wind *qi*, and depleting cold below the navel." Therefore he advised, "only a hundred days after birth may she engage in intercourse," and referred to the illness syndrome of a backward-arched body that was caused by not observing the prohibition against sexual intercourse as "childbed wind."¹⁶⁹

The *Xiaopingfang* also mentions the idea that a woman should not engage in intercourse during the period of recovery, but explained it with the rationale that the woman's body had suffered injuries during delivery and needs time to recuperate:

When a woman gives birth, the bones separate and open up in order to open the birth canal, and only then can the child come out. She will completely recover only after a hundred days are fulfilled. Women themselves are unaware of this and say that they have recovered to normal after merely fulfilling the month, [then] they have sexual intercourse and their activities damage the hundred channels. This then constitutes the diseases of the Five Taxations and Seven Damages, *wulao qishang* 五勞七傷.¹⁷⁰

Although Chen Yanzhi did not yet regard sexual intercourse as the reason for contracting Wind, still, like Sun Simiao, he asked lying-in women to rest for about a hundred days. Obstetricians and gynecologists of the Song felt that sexual activity could influence the quality of the breast milk and therefore requested that women not engage in sexual intercourse when nursing. The *Chanjing* also mentioned that if a wet-nurse "nurses a child when panting from sexual intercourse ... it can kill the child. One must pay attention to this!"¹⁷¹ But the words of Chen Yanzhi and Sun Simiao seemed

¹⁶⁸ *Qianjinfang*, 3.36.

¹⁶⁹ *Qianjinfang*, 3.36.

¹⁷⁰ *Ishinpo*, 23.25ab.

¹⁷¹ *Ishinpo*, 25.8b.

to show that the taboo on sexual activity focused on the health of the new mother, rather than being an issue related to nursing.¹⁷²

From the perspective of health preservation, most tonifying and replenishing prescriptions such as lycopodium pills might have been discontinued after fulfilling the month. If the new mother was not in good health, she needed continuous care and nourishment. The *Bingyuanlun* says that childbirth causes damage to the blood and *qi*. "When it is minor, care for and attend to her in moderation and she will achieve recovery within the month. When it is serious, even after the days of the month are completed, her *qi* and blood will still not be harmonious."¹⁷³ From the perspective of customs and taboos, fulfilling the month was indeed an important dividing line. *Xiaopinfang* said:

The reason for a woman to fulfill the month after childbirth is because during the birth her body passes through a state of pollution. Before her lochia is cleansed, she is not allowed to go outdoors, neither to approach the locations of wells and stoves, nor to worship the spirits and attend ancestral sacrifices. Fulfilling the month does not mean to count until thirty days are full, but to step over one month. If one gives birth in the first month, stepping over the month means stepping over the second month and entering the third.¹⁷⁴

This shows that a woman in childbed had to remain inside the delivery room for more than thirty days after delivery, whether for reasons of preserving her health or observing taboos, and only resumed her ordinary life after she had fulfilled the month. The entire task of childbirth, lasting from entering the month to this point, was finally concluded.

¹⁷² *Ishinpo*, 25.8b, quoting the *Chanjing*. Both Sun Simiao, *Qianjinfang*, 5.74, and Wang Tao, *Waitai biyao*, 35.980, mentioned "methods to choose a wet nurse," which consider her features, personality, and health. But because "suitable appearances for a wet nurse include a great number of signs and one cannot ask for perfection," it is relatively brief, not like the complex and comprehensive demands of later medical literature and customs. On the employment of wet nurses in early imperial China, see Jen-der Lee, "Wet Nurses in Early Imperial China," *Nan Nü: Men, Women and Gender in Early and Imperial China* 2.1 (2000): 1-39. On their employment in the late imperial period, see Ping-chen Hsiung, "To Nurse the Young: Breastfeeding and Infant Feeding in Late Imperial China."

¹⁷³ *Bingyuanlun*, 43.11.

¹⁷⁴ *Ishinpo*, 23.25a.

The Social Meanings of Childbirth

Given the amount of suffering that the process of childbirth entailed, it is no wonder that it was considered a matter of life and death for women. However, while it certainly could mean a woman's survival or decease, the ramifications of its outcome went far beyond the woman's physical body. Perspectives on the birth by the parturient woman, the child, the husband, assistants, and doctors were sometimes identical, sometimes different; sometimes they coincided, sometimes they clashed. During the progression of birth, different types of interactions occurred, and in the end everybody enjoyed the rewards or shouldered the responsibility for the outcome together. The delivery as such was concluded when the fetus was born and the placenta had emerged, but the birth was not completely finished yet, and some time was required for the relationship between the mother and the surrounding society to be restored. This touches on questions of family relationships in a patriarchal society, the social status of the household, the criticism voiced by doctors against the birth attendants, and the images of women in childbirth. Based on information compiled from official histories, informal notes, and other sources, I will discuss the social meanings of childbirth in early imperial China under four topics.

a) *The Mother, her Baby, and its Father during Delivery*

In the ten months of pregnancy, the fetus was formed and nourished by the mother's body as if they were a single unit. When the days were fulfilled and the delivery due, the two had to separate. All of a sudden, the fetus was like an enemy in the mother's body, to the extent that the placenta and other substances on which the child's survival had depended could endanger the mother's life.¹⁷⁵ A so-called smooth birth referred to the smooth progression of separation, which might otherwise jeopardize the safety of both mother and child. The process of delivery influenced the feelings of mother and child, especially in the case of a breech or other adverse positions. The *Zuozhuan* 左傳 stated that, in the first year of Duke of Yin, "the Duke of Zhuang was born adversely, alarming [his mother] Lady

¹⁷⁵ For the relations between placenta, fetus, and mother, see Li Jianmin, "Mawangdui Hanmu boshu 'Yuzang maibaotu' jianzheng."

Jiang 姜, therefore she named him *Wusheng* 寤生 (adversely born) and detested him." One version of the meaning of *wusheng* was the feet emerging before the head.¹⁷⁶ In the Han, this was greatly abhorred and was one reason among the people to abandon a child.¹⁷⁷

The extant information is insufficient to judge whether the experience of birth influenced the future attitude of the child towards his or her parents. The mother of Fan Ye 范曄, author of the dynastic history of the Later Han, delivered him while in the privy. She was unable to catch him in time with her hands, and Fan Ye's forehead was injured on the bricks. The biography of Fan Ye in the *Songshu* recorded that when Ye broke the law and was about to be punished, his mother struck him on the neck and cheek and said, crying, "You do not consider my old age. What shall I do this day?" and Ye "did not show the slightest remorse." After the execution, the court took over Fan Ye's household and found his concubines dressed up ornately while his mother lived in poverty, having only one cook to help with the firewood."¹⁷⁸ Unfortunately, there is not enough information to judge whether Ye's unfilial behavior was related to the circumstances of his birth, but this kind of historical research into psychology should be quite fascinating.

Based on the medical literature of early imperial China, it is impossible to answer unequivocally the question of who led the process of delivery. Both the *Zhuyue yangtaifang* and *Qianjinfang* which included it stated that, "when the days are fulfilled, the birth will come," and "await the time, and the birth will come." Therefore, at the very least, doctors did not consider that the pregnant woman had any way to influence the beginning or the end of delivery. The surviving medical sources did not offer enough case studies to determine whether abdominal pain was ultimately a result of the uterus trying to expel the fetus and therefore contracting, or of the fetus stretching outwards because it was unable to stay in the uterus any longer.¹⁷⁹ Medicinal prescriptions for treating a dead fetus in

¹⁷⁶ For Duke Zhuang's story, see Yang Bojun 楊伯峻, *Chunqiu zuozhuanzhu* 春秋左傳注, 10. In addition to the definition "adversely born," Ying Shao 應劭 (32-92) also explained *wusheng* as "born with open eyes." See Ying Shao, *Fengsu tongyi* 風俗通義, annotated by Wang Liqi 王利器 (Beijing: Zhonghua shuju, 1981), hereafter cited as *Fengsu tongyi jiaozhu* 風俗通義校注.

¹⁷⁷ Li Zhende, "Han Sui zhijian de 'shengzi buju' wenti," 752.

¹⁷⁸ *Songshu*, 69.1828-29.

¹⁷⁹ Research on the history of Western obstetrics indicates that doctors from

the abdomen and a retained placenta were identical in many places, indicating that doctors recognized uterine contractions to be an important driving force during delivery. The methods of getting on the ground and squatting on straw as well as sitting and lying according to her wishes also suggested that the parturient woman could assist herself during delivery.¹⁸⁰ However, in many other situations, the fetus was seen as the main driving force in delivery. The mother's safety was mostly determined by its movement towards the vagina. In the case of breech or other adverse presentations, doctors worried that "the child will rise up to press against the heart" and employed all sorts of methods like scratching with fingernails or poking with needles to make the child turn back around by itself. In particular, they believed that writing the father's name on the fetus's sole would cause the child to emerge smoothly.¹⁸¹ They also suggested that if the mother swallowed a pill made of the husband's pubic hair and cinnabar paste, the "child would emerge holding the pill in its hand."¹⁸² Apparently, they believed that the fetus was able to recognize its own father.

The idea that the fetus was able to discern its father indirectly showed the importance of the husband during delivery. Because of the idea of childbirth impurity since ancient times and the tradition that husbands were barred from the delivery room in the modern era, the husband has often been depicted as merely pacing nervously outside the room. However, the various measures employed to treat childbirth complications in early imperial period indicated that, at least among the common people, the woman's husband, being the

ancient to medieval times believed that delivery was directed by the fetus who had matured and wanted to leave the mother's abdomen. See Gélis, *History of Childbirth*, 141.

¹⁸⁰ In modern childbirth, women mostly enter the hospital and give birth in the supine position, being directed by medical personnel in the process. The popularity of Caesarean sections even introduces the possibility of delivering unconsciously without the cooperation of the mother. In comparison, the independent style of childbirth in ancient society expresses the active role of women in the process of birth. The changes in childbirth assistance and the control of women by institutionalized medicine are important topics in the history of Western medicine and women's history. See Shorter, *A History of Women's Bodies*, 56-57; Odent, *Birth Reborn*; and Gélis, *History of Childbirth*, 121-33. However, in the context of Chinese history, related issues were raised only in the recent past.

¹⁸¹ Recipe of *Jiyanfang*, cited in *Ishinpo*, 23.13b.

¹⁸² Recipe of *Jiyanfang*, cited in *Waitai biyao*, 33.934b.

fetus's father, could have played an important role. In rural nuclear families, the husband might have been needed to assist the woman at the onset of her labor pains to spread out the grass and arrange things properly, as well as finding other people for support and relief. While waiting for female relatives, friends, neighbors, or the midwife to arrive, if he was indeed not inside the delivery room, he must have surely waited nearby to offer help in case of an emergency. In some circumstances, he might have to enter the delivery room several times in order to solve complications by "spitting water into the woman's mouth."¹⁸³ However, when it was difficult to save both mother and child, whether the woman or her husband would make the final decision may have differed depending on the situation.

The *Qidong yeyu* 齊東野語 (Wild talk from the eastern Qi) recorded a childbirth story of the Tang:

Empress Zhangsun 長孫 of the Tang was pregnant with [the future] Emperor Gao 高宗. When the birth was pending, she was unable to deliver for several days. Imperial doctor Li Dongxuan 李洞玄 was summoned to diagnose her pulse and reported to the Empress, "Because the child's hand is clutching the mother's heart, it cannot be born." Emperor Tai 太宗 asked, "What could be done?" Li Dongxuan said, "If the child is saved, the mother will not survive; if the mother survives, the child must die." The Empress said, "Save the child, and the empire will enjoy eternal fortune" ... Subsequently, [Li Dongxuan] lanced through her abdomen with a needle, penetrating to the heart until it reached the [child's] hand. The Empress perished, and the heir-apparent was born. Later when the weather was cloudy, his [the heir-apparent's] hand would show scars. ... Pang Anchang 龐安常 who watched for complications in pregnant women said, "Although the child has already emerged from the uterus, it clutches in its hands the mother's intestines or stomach, and it will not let go of the placenta. Find the hand of the child and needle it on the *hukou* 虎口 [between the thumb and the index finger], [so] the child will draw back its hand and be born again. [Then] take a look at the *hukou*, and you will see the scars."¹⁸⁴

¹⁸³ Recipe of *Jiyanfang*, cited in *Ishinpo*, 23.13b; and *Waitai miyao*, 33.934a. See Figure 3 for a vivid depiction of childbirth. The man on the scene is better understood as the husband of the laboring woman than an overseeing male doctor, since the theme of this twelfth-century sculpture is the unrepayable love of one's parents. Studying the history of childbirth in rural France, Gélis points out that the husband, because of his physical strength, was sometimes responsible for holding up the laboring woman at the waist and for carrying her back to the bed. But since the husband mostly entered the picture in the case of childbirth complications, his appearance was, from the perspective of the parturient woman, also a sign of danger and cause for alarm. See Gélis, *History of Childbirth*, 101-3.

¹⁸⁴ Zhou Mi 周密 (1232-98), *Qidong yeyu*, in *Tang Song shiliao biji congkan* 唐宋史料筆記叢刊 (Beijing: Zhonghua shuju, 1983), 14.250-52.

On the one hand, these stories illustrate the influence of the fetus in delivery, but on the other, they illuminate the power relations between the wife, the fetus, and the husband in a patriarchal society. Empress Zhangsun's decision to sacrifice her life for the sake of the empire seemed to show that women also considered themselves to be merely a birthing tool for continuing the patriarchal line. Nevertheless, in most situations of childbirth complications, the woman might have lost consciousness and therefore been unable to express an opinion, leaving the husband to be the one making the final decision. Regarding this issue, there is practically no historical information for discussion. However, the common people in the early imperial period should not be put in the same light with the Tang imperial family or officials' households. In the nuclear family of the commoners, the main wife was the most important source of labor; even though the patriarchal family may have yearned for offspring, it may not have chosen to preserve the child over the mother's life. Otherwise the common people would not have practiced infant abandonment in cases of adverse births.¹⁸⁵

b) *Differences in Medical Care between the Rich and the Poor*

Many questions can be raised by the hypothesis that social status created differences in childbirth, but useful historical sources are few. Based on his own observations, the doctor cited in *Waitai miyao* claimed a difference in social status, stating that "poor maidservants giving birth alone" did not have complications, and that "most deaths in childbirth occur in elite families." While there may be some merit in this statement, it cannot cover all aspects of the subject.

First, the resources that families were able to provide for the woman in her final stage of pregnancy differed greatly. Among the general population, most households in early imperial China were nuclear families in which the wife constituted an important source of labor. It was impossible for her to rest from her work because of pregnancy, and she most likely continued to toil until right be-

¹⁸⁵ For reasons for infanticide and child abandonment, see Li Zhende, "Han-Sui zhijian de 'shengzi buju' wenti." For the role and status of women in the context of begetting a son for the patriarchal family in early imperial China, see Li Zhende (Jender Lee), "Han-Tang zhijian qiuzi yifang shitan: jianlun fuke lanshang yu xingbie lunshu" 漢唐之間求子醫方試探—兼論婦科濫觴與性別論述 *Bulletin of the Institute of History and Philology, Academia Sinica* 68.2 (1997): 283-367.

fore delivery. In the literati class, stem families and extended families were increasing in this period. With relatives and friends in addition to servants in the household, more human resources were available, which may have allowed the woman a chance to rest in the last stage of pregnancy.¹⁸⁶ As for preparations when entering the month, elite families were probably able to set up a tent or construct a hut according to the birth charts, but the complexity of preparations most likely decreased progressively with the extent of poverty among the ordinary people. History records that “Gou Jian 句踐 was assigned a position in the Wu 吳 and his wife followed him. Along the way, she gave birth to a daughter in a depot.” Also, Cao Cao’s 曹操 Queen Bian 卞, who came from a prostitute’s family, was born in a “white depot of the Qi district.”¹⁸⁷ Apparently, pregnant women did not receive special care simply because of an impending delivery. The *Soushenji* 搜神記 (Records of searching for spirits) also recorded a story in which a very poor woman worked right up to the birth and “delivered her child in the wilderness while gathering firewood.”¹⁸⁸

Secondly, between the Sui and the Tang dynasties, doctors had a more systematic view regarding the progression of labor, necessary time, and number of assistants. Elite families might have been exposed to and accepted new ideas regarding delivery somewhat earlier than the common people. While the cultivation of medicinal herbs, whether for making the fetus slippery or for treating childbirth complications, increased gradually, herbs that were grown in specific areas were probably obtained more easily by elite families than by the common people. And when it came to caring for the new mother, they were also able to provide more tonifying, replenishing, and nutritious foods.

However, there must have been some knowledge regarding the topic of childbirth that was shared by all, whether rich or poor, such

¹⁸⁶ For detailed discussions of the size and composition of households in early imperial China, see Tang Changru 唐長孺, “Menfa de xingcheng jiqi shuailuo” 門閥的形成及其衰落, in *Wuhan daxue renwen kexue xuebao* 武漢大學人文科學學報 8 (1959), 1-24; Xu Zhuoyun (Cho-yun Hsü) 許倬雲, *Handai jiating daxiao* 漢代家庭大小, in Xu, *Qingubian* 求古編 (Taipei: Lianjing chubanshe, 1982), 515-41; Du Zhengsheng (Cheng-sheng Tu) 杜正勝, “Lizhi, jiaozu yu lunli” 禮制, 家族與倫理, in Du, *Gudai shehui yu guojia* 古代社會與國家 (Taipei: Yunchen wenhua chubanshe, 1992), 729-876.

¹⁸⁷ *Yuejueshu* 越絕書, cited in *Taiping yulan*, 194.9b; *Sanguozhi*, 5.156.

¹⁸⁸ *Taiping yulan*, 362.9b-10a.

as the concept of the mutual influence of Heaven and the human realm, and the correspondence of all things, as well as the idea that “great speed and little pain constitute a smooth birth.” As for noisy environment, while the common people might not have many surrounding relatives to observe the delivery, it is still very likely that neighbors and friends would come to help. Among the various recipes for treating complications, many advised getting “chicken eggs from three households,” “salt from three households,” and “water from three households” as well as “rice from three households” in order to make a medicinal prescription that was aimed at inducing a smooth birth.¹⁸⁹ This shows that delivery could be an affair that the whole village participated in. Substances from the neighbors’ households were believed to resolve complications in birth and, even if the neighbors did not enter the delivery room itself, they still could create hubbub by going in and out of the laboring woman’s house. It was not like the statement in *Waitai biyao*, “poor maidservants giving birth alone.”

Lastly, if complications did occur, all households probably administered a variety of treatments in combination and, in their search for quick results, placed their faith both in shamans and in medicine regardless of social status. The Jin dynasty story of Yu Fakai 于法開 (ca. fourth century) who used needling to treat a childbirth complication illustrated the chaotic situation when “the entire range of treatments were ineffective and the whole family was frantic.”

In the Jin dynasty, Yu Fakai of Mt. Yanbai 剡白 was a man of unknown origin. He served Master Lan 蘭 as his disciple. He sat alone in deep contemplation, and his words showed distinctive insight. He was learned in the Fangguang Sutra 放光經 and Lotus Sutra. Moreover, he continued [to study] *Qipo* (耆婆, Jivaka in Sanskrit) and was well versed in medicine. Once, when he was begging for food and came to a master’s house, the woman who was giving birth was in great danger, and the entire range of treatments was ineffective, so the whole family was frantic. Kai said: “This is easy to treat.” Just then, the master was about to slaughter a goat to make a sacrifice to unauthorized deities. Kai first took a little meat to make broth, asked the woman to drink it completely, and then he followed the *qi* and needled her. In an instant, the child emerged with the amnion enclosing it.¹⁹⁰

¹⁸⁹ For instance, see *Jiyangfang* cited in *Waitai biyao*, 33.935; and *Chanjing* cited in *Ishinpo*, 23.14.

¹⁹⁰ Hui Jiao 慧皎 (497-554), *Gaosengzhuan*, annotated by Tang Yongtong 湯用彤 (Beijing: Zhonghua shuju, 1992), 4.167-68.

This story from the *Gaosengzhuan* 高僧傳 (Biographies of eminent monks) was recorded to propagate Buddhism and therefore expressed the connection between Buddhist monks and medicine, representing rationality, which was in contrast with the unauthorized sacrifices, representing superstition. The description of the child emerging after the mother was needled clearly showed the efficacy of poking with a needle to induce childbirth, identical to stories about Hua Tuo 華陀 in the third century and Xu Wenbo 徐文伯 in the fifth.¹⁹¹ Nevertheless, poking with a needle belonged to the category of distinguished skills which average households would have hardly been able to take advantage of. Although the text did not specify what was included under the “entire range of treatments that were ineffective,” it is most likely that for the laboring woman’s safety, all the various methods were used in combination, resulting in the simultaneous resort to medicine and magic. But it is quite doubtful that a male doctor would be invited to visit the scene unless it was a case of birth complications.

c) *The Development of Gynecology and Obstetrics and the Issue of Midwifery*

In ancient times, pregnant women probably did not have regular prenatal examinations. The famous doctor Hua Tuo from the third century was reported to have examined the pregnant wives of eminent officials and found fetuses having died in the abdomen. When a high official’s wife suffered from abdominal pain and unrest in the sixth month of pregnancy, Hua Tuo observed her pulse and said, “The fetus is already dead.”¹⁹² When Hua Tuo was called in to observe a general’s ill wife, he found that “the dead fetus is

¹⁹¹ Hua Tuo used the needle to make a dead fetus descend; see *Sanguozhi*, 29.799. Xu Wenbo induced a birth by acupuncture; see Li Yanshou (ca. seventh century), *Nanshi* 南史 (Beijing: Zhonghua shuju, 1975), 32.838. For needling to induce birth, see Li Zhende, “Han-Sui zhijian de ‘shengzi buju’ wenti,” 787-95. The above-mentioned Zhou Mi from the Song dynasty in his *Qidong yeyu*, 14.250-52 “Needling and Lancing,” recorded the needling methods of Li Dongxuan and Pang Anchang, both penetrating the mother’s abdomen to place the needle directly into the child’s hand. This was different from the above-mentioned treatment for breech or adverse presentation in the *Xiaopinfang* in which the fetus was poked with a needle in order to make it recoil and turn around, which again differed from the method of poking the mother with a needle to induce delivery, used by Hua Tuo, Xu Wenbo, Yu Fakai, and others.

¹⁹² *Sanguozhi*, 29.799.

withered and parched, and the circumstances are so that it will not be delivered by itself.” Therefore, in order to make it descend, Hua Tuo needled the mother and made her ingest tonics.¹⁹³ Although these two ladies did summon a doctor during pregnancy to examine them, in both cases it was because they were of ill health. It is difficult to determine whether they would have necessarily undergone a medical examination at a certain period, even in the case of elite wives, if they had not encountered problems in their pregnancies.¹⁹⁴ If no complications were anticipated, a doctor was not necessarily summoned even when delivery was impending. The *Bingyuanlun* stated repeatedly how the attendants should have held up a woman’s waist and what the birth helpers should have done, proving that the most important people to assist in delivery were indeed not the doctor. Nevertheless, doctors did have opinions regarding a normal delivery and also held on to the idea that birth assistants may have lost control and created deadly risks for the parturient woman.

In the development of gynecology and obstetrics in China, the seventh century witnessed a theoretical breakthrough. The fact that

¹⁹³ *Hou Hanshu*, 82.2738.

¹⁹⁴ Women’s medical treatment in ancient times is quite difficult to determine. But from a few sources we know that in early imperial China it might not have been prohibited for women to consult a male doctor and be examined. In the ninth volume of Wang Shuhe’s *Maijing*, several entries began with the phrase “a woman came to be examined.” These women most likely came from the upper class. Wang Shuhe referred to them as “ladies,” or described how “a well-dressed woman came for an examination.” Among these, one entry also illustrates the situation of a mother bringing her daughter to receive medical treatment. The record goes as follow.

A woman brings in a girl of fifteen years old for examination. The woman says that the girl menstruated at the age fourteen, but now her menstruation has stopped. The mother expresses her fear. The master asks, “Is this girl your own daughter? If she is, I will tell you the reason.” The woman answers, “Of course she is my daughter.” The master says, “The reason I am asking is no other than that you yourself also began menstruating at the age of fourteen. Therefore I diagnose this as the [medical condition of] *binian* 避年 [lit. “skipping a year,” i.e., menstrual irregularity in which menstruation stops for a year after the first time]. Do not think it strange; later it should naturally resume its flow.” *Maijing*, 9.8b.

From this, we can see that the mother had herself come for an examination when she was fourteen and now also took her daughter when she was fifteen, similar to the practice of going to a “family doctor.” Also, the fact that the doctor remembered the mother’s symptoms when she was fourteen could have reflected the doctor’s memory, or it could mean that he kept a file of medical histories. There was a record of keeping medical cases in the *Zhouli* 周禮, and the Han doctor Chunyu Yi 淳于意 also compiled *zhenji* 診籍 [Registration of diagnoses]. It would not be surprising if Wang Shuhe kept an archive of special medical cases.

the *Bingyuanlun* placed the topics of menstruation, vaginal discharge, and other conditions before pregnancy and birth had an impact during later periods on establishing the categorization of gynecology and obstetrics into the sections of menstruation, vaginal discharge, pregnancy, and delivery.¹⁹⁵ And between the third and the seventh centuries, doctors' ideas about women and delivery also became progressively systematic. First, medicinal prescriptions for making the fetus slippery originally failed to identify the exact time of their use, but gradually the appropriate months for different types of decoctions were specified. Second, due to the efforts of doctors, the structure and content of the birth charts which had been separated into different categories and based on various theories were gradually unified under a set of standardized rules. Third, the time frame of postpartum medical care became increasingly specific in the medical literature, from the general expression "after birth" to the special characteristics of each period, from three days, seven days, fulfilling the month, to a hundred days. At the same time, the doctors also proposed explanations for childbirth complications besides breaking taboos and offending the spirits.¹⁹⁶ The *Bingyuanlun*, *Qianjinfang*, and *Waitai biyao* coincided in their criticism of the birth assistants. In the opinion of the doctors, their greatest fault lay in affecting the laboring woman's emotional state with their worrying and anxiety, and their tendency to hurry towards the completion of labor was sufficient to create childbirth complications.¹⁹⁷

¹⁹⁵ Ma Dazheng, *Zhongguo fuchanke fazhanshi*, 90.

¹⁹⁶ Furth suggests that "fulfilling the month" and "one hundred days" are two perspectives from different contexts, the former emerging earlier and focusing on the impurity of birth in a ritualistic context, and the latter appearing somewhat later and focusing on nurturing and recuperating in a medical context. The most significant aspect of childbirth in terms of ritual was to avoid breaking taboos and offending the spirits. See Charlotte Furth, "Ming Qing Medicine and the Construction of Gender," *Jindai Zhongguo funiushi yanjiu* 近代中國婦女史研究 2 (1994): 229-50. The present article, indicating the vicissitudes and standardization of both aspects between the Sui and Tang, clearly shows that "fulfilling the month" also constituted an important stage for nourishing and tonifying the parturient woman in the medical context, rather than just marking the end point of ritual taboos.

¹⁹⁷ It is impossible to determine from the sources in the early imperial period whether the laboring woman might have spent her energy too early and the assistants intervened excessively because women were always expected to toil hard, including struggling without slacking during childbirth. Furth mentions this possibility in her research of delivery during the Qing dynasty. See Charlotte Furth, "Concepts of Pregnancy, Childbirth, and Infancy in Ch'ing China," *Journal of Asian Studies* 46.1 (1987): 7-55.

The doctors assumed that when a woman was in labor, her family, as well as assistants with insufficient experience, tended to try to shorten the time in order to complete the delivery as fast as possible, whereas the doctors advocated allowing the birth to follow its natural course. Chao Yuanfang, for example, urged the birth assistants to wait until the laboring woman felt pain both in her abdomen and waist before holding up her waist, and to tie the umbilical cord to something and wait for the placenta to descend naturally. Sun Simiao stressed that, at the time of delivery, there should be no more than two to three people attending. And Wang Tao, with his quotation of Cui Zhi's text, apparently agreed that a woman was able to feel safe and self-possessed when giving birth alone, and that it was unnecessary to "gather women around her" since it led to inappropriate behavior.

In fact, while most of those who performed midwifery did not necessarily live on their skill, there were women since early times in China who worked as birth attendants for a living. Birth assistants might have helped out in other women's births because of their poverty and need for an income, or they might have been women with a lot of personal experience. Their fame as "being skilled at observing birth" gradually spread in the countryside, and the public regarded such people as midwives. Historical records mention that a certain Mu Yu's 木羽 mother from the Han dynasty "presided over birth assistance because of her poverty."¹⁹⁸ A marvel story from the fourth century told of the woman Su Yi 蘇易 who was so famous in the countryside for "being skilled at observing birth" that "a female tiger, about to give birth, was unable to deliver and, on the verge of death, kept staring at her. She realized [the tiger's intention], sought for [the fetus] and took it out."¹⁹⁹ At the delivery of imperial consorts, female doctors would have been summoned to help.²⁰⁰ In the case of an average women, there was most probably no doctor present, and the woman was assisted by female relatives and friends with experience in childbirth. Su Yi's story shows that

¹⁹⁸ *Taiping yulan*, vol. 361, quoting the *Liexianzhuan*.

¹⁹⁹ Gan Bao, *Soushenji*, 20.237, entry on "Su Yi."

²⁰⁰ When Empress Xu 許 of Han Emperor Xuan (73-49 BCE) was approaching delivery, the female doctor Chunyu Yan 淳于衍 was summoned to enter the palace to help. For the story that Chunyu Yan was threatened and bribed by another consort's mother to kill Empress Xu with a poisonous pill made with aconite seeds, see *Hanshu*, 8.251, 97a.3966.

when complications did arise, villagers relied on the woman who had a reputation of "being skilled at observing birth."²⁰¹

Since male doctors were for the most part summoned only in the case of complications and had in fact less experience of direct participation, it has always been a controversial issue in the history of gynecology and obstetrics whether or not their criticism of the aptitude of female birth assistants was justified. Midwives did not transmit written texts to record their skills and techniques for delivering babies and did not have their own voice in the history of gynecology and obstetrics. Maybe, therefore, one should interpret the fact that doctors blamed birth assistants for causing childbirth complications only as a kind of rhetoric.²⁰² In early imperial Chinese medical literature, the materia medica and tonifying decoctions used for prenatal

²⁰¹ Wang Tao cited from Cui Zhi, recording a story of a man who "having had one older sister and two daughters all die in childbirth, therefore was greatly troubled and anxious when his pregnant daughter-in-law was approaching the month of delivery." The man went into the mountains to find a doctor who personally took charge of the delivery at his home. This should be seen as an exception. See *Waitai miyao*, 33.923-24.

²⁰² Discussions of this kind, or even debates, have already lasted for many years in the history of gynecology and obstetrics in the West, and midwifery and its history has become an important research topic. See Shorter, *A History of Women's Bodies*, the section on "A history of birth experience." Also see Ornella Moscucci, *The Science of Women: Gynaecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press, 1990). In the context of Chinese history, this subject has not been vigorously debated due to the scarcity of writings. Studies in medical history indicate that doctors in the Song attached themselves to the ranks of Confucian scholars, attempting to raise their social status. Moreover, gynecology and obstetrics became a specialized field in the Song, and it is not hard to imagine the competition between doctors and midwives. From the Yuan dynasty on, midwives fell into the category of the "three nuns and six grannies," who occupied a lower social standing. However, scholars have also pointed out that such categorization by the Confucian literati did not necessarily reflect people's experience with female doctors nor did it represent the reputation of midwives among male doctors. For the relationship between doctors and Confucians, see Chen Yuanpeng 陳元朋, "Songdai de ruyi: jianping Robert P. Hymes youguan Song-Yuan yizhe diwei de lundian" 宋代的儒醫——兼評 Robert P. Hymes 有關宋元醫者地位的論點, *Xinshixue* 新史學 6.1 (1995): 194-202. For the development of gynecology and obstetrics in the Song and the male doctors' relations with midwives, see Furth, *A Flourishing Yin*. For the social ramifications of categorizing some women as "three nuns and six grannies" and a general survey of female doctors and midwives in Chinese history, see Angela K. C. Leung, "Women Practicing Medicine in Pre-modern China," in Harriet Zurndorfer, ed., *Chinese Women in the Imperial Past: New Perspectives* (Leiden: Brill, 1999), 101-34. For discussion on women healers specifically in early imperial China, see Li Zhende (Jen-der Lee), "Han-Tang zhijian de nüxing yiliao zhaoguzhe," 漢唐之間的女性醫療照顧者, *Taida lishi xuebao* 台大歷史學報 23 (1999): 123-56.

preparation and postpartum recovery expanded progressively and became increasingly complex. But delivery still retained its unpredictable characteristics, and situations occurring on the birth scene invited different interpretations. With the outcome being difficult to foresee, the doctors' reprimanding the birth attendants might be understood as their intention to search for some new explanations in addition to traditional prohibitions and taboos.

In fact, doctors, households, and birth assistants were all deeply convinced that childbirth involved supernatural forces. As mentioned in the beginning of this article, both the Han dynasty imperial household and the common people worshipped Shenjun. Besides reflecting their fear of childbirth complications, this also revealed the belief that those who had died in childbirth had the ability to deliver other women from complications. In the early imperial period, on the one hand, doctors' records showed a systematic transformation of the birth charts, criticisms of birth assistants, and the introduction of new medicinal decoctions, leading the way to the medical management of childbirth. But on the other hand, by passing on practices of isolation and taboos, they also transmitted a childbirth culture that was identical to that of the common people.²⁰³

d) *Isolation, Taboos, and the Inauspicious Nature of Childbirth*

While delivery was the very core of childbirth, the birth did not begin or end there. From the perspective of the parturient woman herself as well as her relatives, friends, and neighbors, the process of birth was marked by isolation and taboos, from the time of entering the month and setting up the tent to fulfilling the month and coming out of the lying-in period. The isolation began with sending the woman off for the birth and setting up the hut. Before the delivery, she was forced to leave her regular daily life and enter a location that had been arranged specifically for her. The central idea behind her isolation was the inauspicious nature of childbirth.

Although the earliest surviving information regarding setting up the hut is found in the *Chanjing*, the practice of sending the woman off for the birth might have already existed in the Spring and Autumn period (722-481 BCE). The *Zuo zhuan* recorded that "at the birth of

²⁰³ That childbirth itself carried the weight of mystery and uncertainty is well illustrated in the belief of the "ghost fetus." See Yi-Li Wu, "Ghost Fetuses."

Gong Yan 公衍 and Gong Wei 公爲, both their mothers emerged.” Du Yu’s 杜預 (222-84) annotation of this was “they emerged from the *chanshe* 產舍 (delivery house).”²⁰⁴ The fact that the two mothers together entered the delivery house, awaited childbirth, and afterwards came out together shows that women did not give birth in the space of their daily lives. The custom of sending a woman off to give birth in a delivery house, which also existed in the Han dynasty, is illustrated by two examples in Ying Shao’s 應劭 *Fengsu tongyi* 風俗通義 (General explanations of customs), showing that inside the delivery house, the wife of a government official might have been lying next to the wife of a butcher:

There was a rich family in Yingchuan 穎川, in which the older and younger brothers lived together. Their two wives were both pregnant and, after several months, the older wife injured her fetus and secluded herself to hide this. When the time of birth arrived, they went to the *rushe* 乳舍 [birth house] together. The younger brother’s wife gave birth to a son and [the older brother’s wife] stole it that night. They fought in court for three years, but the district prefect was unable to come to a decision.²⁰⁵

Zhou Ba 周霸 of Runan 汝南, named Wengzhong 翁仲, was a clerk to the Defender-in-Chief (*taiwei* 太尉掾). His wife gave birth to a daughter in the birth house and was greatly upset about not having a son. At that time, a butcher’s wife lying next to her gave birth to a son, and she privately exchanged her own baby [for the butcher’s son], giving [the butcher’s wife] tens of thousands of money.²⁰⁶

²⁰⁴ *Zuozhuan* 左傳, in *Shisanjing zhushuben*, 53.922. The annotation by Kong Yingda 孔穎達 (574-648) on the same page suggests that in Du Yu’s commentary the “delivery house” was identical to the *ceshi* 側室 (side room) mentioned in the *Liji*. But the side room was a room that was already attached to the house, which was different from the birth house, used specifically for sending the mother off to give birth. If what Du Yu called “delivery house” was identical to the “birth house,” then the Jin period in which Du Yu lived followed the same custom as the Han, sending the mother off to give birth in the delivery house, whereas Kong Yingda’s explanation of the delivery house as the side room might show that the custom of sending the laboring women to the birth house had already been abandoned by the Tang.

²⁰⁵ *Fengsu tongyi jiaozhu*, 590.

²⁰⁶ *Fengsu tongyi jiaozhu*, 591. This story continued:

Later, Wengzhong became minister of Beihai. His official Zhou Guang 周光 was able to see ghosts. He appointed him to become recorder and sent him to return to his home prefecture and province in order to sacrifice to the ancestors ... Arriving at the top of the ancestral burial mound, the young gentleman [Wengzhong’s son] sprinkled libations for the sacrifice while the recorder crouched low behind his back, but all he could see was a butcher with tattered clothes and a spiral-shaped headdress, squatting in front of the ancestral tablets, holding a knife and slicing off meat whereas there were several people dressed in green clothes and with their seals of office who went to and fro between the

The brothers from Yingchuan were from a rich household; they certainly should not have lacked a room to use or servants to employ during childbirth. The butcher's wife also went to the birth house, lying right next to the official's wife; thus the birth house did not constitute a special medical treatment reserved for the upper classes. Why would they go to a birth house for delivery?

Wang Chong 王充 (27-91) criticized the fact that in Jiangnan 江南, people "shun women in childbirth, considering it inauspicious, and in order to make it auspicious, [the woman] enters the mountains and forests, going far away, and crossing rivers and marshes, while nobody interacts with her. The family of the woman also avoids and abhors her. Graveyards, cottages, even roadsides she may enter only after having passed through the month, aversion to her is this great." But at the same time, he explained that the situation was not like that in Jiangbei 江北.²⁰⁷ Both Yingchuan and Runan, the above-mentioned two examples, were located in the Jiangbei area.²⁰⁸ These four women did not give birth at home but went to a birth house. Couldn't this mean that, although in the Jiangbei area where laboring women were not avoided and abhorred the way they were in Jiangnan, it was also customary to send them off to give birth elsewhere?²⁰⁹

mausoleums of the east and west wings of the main building, not daring to come in ... Wengzhong asked his wife, "why do you raise this kid?"... the old woman was speechless and overcome by emotions, then in tears explained exactly the reason for this. At that time, their son was already eighteen. [Wengzhong] bid him farewell, saying, "Whenever one has sons, one wants them to continue the ancestral line, but if the ancestors are not enjoying the sacrifice, I am helpless."

Ying Shao stated in his summary: "The fact that the ancestors' ghosts do not accept sacrifices that are not from their kind is very clear. How can people adopt a son from another lineage?"

²⁰⁷ Wang Chong, *Lunheng* 論衡, in *Xinbian zhuzi jicheng* 新編諸子集成 (Taipei: Shijie shuju, 1983), 228.

²⁰⁸ Yingchuan was located in the Yu 禹 district of modern Henan, and Runan in the southeast of Shangcai and northeast of Pingyu 平輿 in modern Henan. For historical maps of the Han dynasty, see Tan Qixiang 譚其驤, ed., *Zhongguo lishi dituji* 中國歷史地圖集 (Shanghai: ditu chubanshe, 1982), vol. 2, 19-20.

²⁰⁹ The custom of sending women off to give birth may not have ended with the Han. In the political upheaval in the early Jin dynasty, it was said that "a woman suddenly appeared at the door of the Commander-in-Chief, requesting to stay for her delivery," saying, "I will leave right after having cut the cord." See *Jinshu*, 29.907. During the tyrannical rule of Lord Donghun 東昏侯 (499-500) in the Southern Qi (479-502), the historians recorded that "families of married women in childbirth removed them for delivery and lodged them in another dwelling." See *Nan Qi Shu*,

Although a woman in childbirth was forced to leave the space of her daily life and was very likely to be sent off to a different place for delivery, people in the Han considered it inappropriate for a married woman to return to her natal family to give birth. The *Fengsu tongyi* explains: "It is not appropriate to return home for the birth. The custom has it that it leads to people's downfall. [Ying Shao's] comment: Because women like to take their daughters and exchange them for other people's sons, therefore do not permit them to return home."²¹⁰ From the comment, we can see that the idea of valuing sons more than daughters in childbirth might have caused women to exchange their own daughters for other people's sons, and the families of women in childbirth therefore took serious precautions to prevent that.²¹¹ However, both Ying Shao and Wang Chong were known for using rationality to criticize the customs and beliefs of their contemporaries, and therefore might have searched for the rational explanation for the prohibition against allowing women to return home for the birth. From the perspective of popular sayings, it is clear that people's true worry was that returning home for birth might have caused the natal family to decline. Obviously this is similar to the custom in Jiangnan criticized by Wang Chong, also being rooted in the concept of the inauspiciousness of childbirth.

Even if women did not go to a delivery house or return to their natal home, from the Han dynasty on, it was customary to set up a

7.103. But the emphasis of the above story was on predicting that the King of Qi was about to be murdered, being that the pronunciation of the word for umbilical cord was also "qi" in Chinese. The story itself is probably insufficient in proving that the custom of sending women away for childbirth was still popular after the Han. A story in the *Sanguozhi*, quoting the *Lieyizhuan* 列異傳, told that when Hua Xin 華歆 was an examination candidate, he "once spent the night outside someone's house and the master's wife gave birth that night." Thus, delivery did not always mean being sent away. See *Sanguozhi*, 13.405. If one accepts the above-quoted explanation by Du Yu's commentary on "both emerged" as "emerged from the delivery house," then one might be able to use this as evidence for the practice in the Jin dynasty.

²¹⁰ *Fengsu tongyi jiaozhu*, 562.

²¹¹ For information on valuing sons more than daughters in the Han, see Liu Zenggui (Tseng-kuei Liu) 劉增貴, *Handai hunyin zhidu* 漢代婚姻制度 (Taipei: Huashi chubanshe, 1982), 21; and Li Zhende, "Han Sui zhijian de 'shengzi buju' wenti," 759-60. The above-quoted story of the wife of Zhou Ba who exchanged her daughter for a butcher's son showed the pressure on women to give birth to sons, caused by the belief in ancestral worship in a patriarchal society. One can also cite the above-mentioned Empress Zhangsun of the Tang who sacrificed her life in order to ensure the continuation of the imperial line.

special birth room, either inside the house or outside. If it was inside, it would be like the *Liji* description: “[When] a wife is about to deliver a child, once [she has] entered the month, lodge her in a side room.” Thus, after a woman entered the last month of pregnancy, a room was selected for her as the birth room, separate from the main sleeping rooms such as the actual bedroom or rooms for resting.²¹² If the room was outside, it may have been constructed, as the *Chanjing* said, in a location relatively far from wells and stoves, with the goal of avoiding “great misfortune.”

The inauspiciousness of childbirth stemmed primarily from the pollution inherent in the blood and fluids of delivery, which could easily lead to transgressions of taboos and offenses against the spirits. The Dunhuang text *Fumu enzhongjing jiangjingwen* 父母恩重經講經文 (Sermons on the sutra on the profound kindness of parents) describes the scene of women giving birth as “just like slaughtering pigs and goats, the blood flows so much that it covers the ground.”²¹³ As quoted above, the *Chanjing* and the *Waitai biyao* both suggest methods such as spreading straw and sprinkling ashes, laying out the skin of a wild animal, or containing the blood and substances in a bowl to avoid breaking the taboo against blood and water touching the ground. The *Chanjing* also recommended reading out an invocation while spreading the straw, asking various spirits “to come here and protect me” and not allowing the “various evils to approach near.”²¹⁴ The *Zimu milu* 子母祕錄 (Secret records of sons and mothers) of the Tang contained methods for “borrowing land” and “restraining the fluids,” which helped the woman in labor “borrow a square of land from the various spirits” at the time of delivery.²¹⁵ At the same time, chanting an invocation while saving all the liquids used for cleaning and rinsing her meant to “use the clean to grasp the foul.”²¹⁶ When the *Waitai biyao* quoted Cui Zhiti’s birth chart, it also explained how to avoid the location of various spirits. The spirits’ images indicated extreme powers, including the ability to protect the woman in labor and the force to injure if they were offended.

²¹² *Liji*, 28.11a.

²¹³ Wang Zhongming 王重民, Wang Qingshu 王慶菽, Xiang Da 向達, Zhou Yiliang, Qi Gong 啓功, and Zeng Yigong 曾毅公, eds., *Dunhuang bianwenji* 敦煌變文集 (Beijing: Renmin wenxue chubanshe, 1984), B, vol. 5, 679, 699.

²¹⁴ *Ishinpo*, 23.8b

²¹⁵ *Ishinpo*, 23.7b-8a.

²¹⁶ *Ishinpo*, 23.8b-9a, quoting the *Zimu milu*.

The Daoist text *Yuanshitianzun jidu xuehu zhenjing* 元始天尊濟度血湖真經 (Authentic canon of salvation of the grand beginning Heavenly reverence; hereafter cited as *Xuehu Zhenjing*) described the hell of Blood Lake, explaining that men and women who had offended the spirits would descend to this hell. According to its remarks, it was almost impossible for a married woman to avoid the worst fate:

Childbirth entails various hardships. Maybe during their monthly flow they wash their dirty clothes. Maybe during childbirth their blood pollutes the ground. The polluted fluid is poured out into streams, rivers, ponds, and wells, and people of the world, without knowing it, draw water for drink and food and offer it as sacrifice to the spirits, thus offending the Three Illuminaries.... Maybe the child dies in the abdomen or the mother perishes after the birth, or both mother and child pass away, causing harm to lives.... With unexpected harm and unwanted destiny, she dies and enters the hell of Fengdu 酆都, suffering all sorts of torments. The lake is created from accumulated blood, and the hell exists because it recognizes the illusion of fate.... The *Yuanshitianzun* says, "I observe all the sentient creatures on earth. [When] women amass numerous sorts of sins, their bodies fall into Blood Lake and suffer, and they sink down for the duration of millions of millions of kalpas, never reaching the time to escape. I now open the enlightened box of the treasurehouse and issue the pardoning text of the golden scriptures...."²¹⁷

The various measures recommended in the *Chanjing* were for the most part limited to specific taboo days or months such as "opposing the branch." The *Waitai biyao* also states explicitly that the purpose of all preparations was to prevent "the child dying in the abdomen or the delivery not going smoothly." The primary focus of the medical texts was to protect the mother and her fetus, and the targets and times of precautions were explicitly spelled out. The explanation in the *Xuehu zhenjing* for women's descent to the Blood Lake hell, however, not only expressed the strong aversion to substances expelled from female bodies but also revealed that, whether because of their reproductive duties or their household responsibilities, women were destined to take the blame, and there was no escape for them.

The discrepancies between the *Chanjing* and the *Xuehu zhenjing* might be due to the fact that prescription literature and Daoist literature were composed for different purposes, or that the later the

²¹⁷ *Yuanshitianzun jidu xuehu zhenjing*, *Zhengtong daozeang dongzhenbu(su)* 正統道藏洞真部(宿) (Shanghai: Hanfenlou reprint of the Ming edition from Beijing Baiyun Daoist temple, 1924-26), vol. 32, juan A, 3-4, juan B.2.

date, the more clearly women's predicament was expressed.²¹⁸ The prescription literature did not explicitly blame women, but the numerous measures to prevent breaking taboos and offending the spirits conveyed a shared idea with the religious texts that women were impure due to their social roles while at the same time attempting to save them from childbirth complications.

Since the power of her impurity did not stop even after the conclusion of her delivery, the activities of a parturient woman received severe limitations accordingly. The taboo that prohibited women in childbirth from seeing other people existed from the Han dynasty on. The *Shenxianzhuan* 神仙傳 (Biography of immortals) described the scene when the female Immortal Magu 麻姑 paid a visit to Cai Jing's 蔡經 mother and the wife of Jing's younger brother: "The younger brother's wife had given birth more than ten days ago. When Magu looked up and saw her, she said, 'Ah, stop there, do not advance!'"²¹⁹ Having given birth more than ten days before still fell within the restrictions of the taboo. In the quotation above, Wang Chong described the custom in Jiangnan in which women in childbirth were so abhorred and avoided that they "are only allowed to enter after having passed through the month." The *Xiaopinfang* specifically stresses that what was called "fulfilling the month" in fact referred not merely to thirty days, the most important reason being that the mother's "body is experiencing an invisible pollution, and the lochia is not yet exhausted."

In addition to the filth and pollution of the blood of delivery and the lochia, women's childbirth-related impurity might have also been caused by the change of the her roles in the family. In traditional Chinese society, the most important function for women was

²¹⁸ Ren Jiyu 任繼愈, ed., *Daozang tiyao* 道藏提要 (Beijing: Zhongguo shehui kexue chubanshe, 1991), 55, states that this scripture "borrowed the name of the Yuanshitianzun to speak for the various transcendents." The name of the deity "Yuanshitianzun" was first seen in Tao Hongjing's *Zhenling weiyetu* 真靈位業圖 from the Southern Dynasties, and the practice of borrowing the name of the deity as author of Daoist scriptures gained popularity in the Tang dynasty. Scholars disagree on the date of the *Yuanshitianzun jidu xuehu zhenjing*, but some suggest the transition between Tang and Song. See Michel Soymié, "Tsubonkei no shiryoteki kenkyu," 血盆經の資料的研究, in Yoshioka Yoshitoyo and Michel Soymié, eds., *Dōkyō kenkyū* 道教研究 (Tokyo: Shoshinsha, 1965), 109-66. For a discussion of the Three Illuminaries in the Daoist Canon, see Chen Guofu 陳國符, *Daozang yuanliukao* 道藏源流考 (Beijing: Zhonghua shuju, 1963), 4-7.

²¹⁹ *Taiping yulan*, 803.6b.

to get married and bear sons in order to increase the number of descendants and continue the ancestral line of the husband's family. The lack of sons was a standard reason for men to expel a wife or to take a concubine, and on the basis of giving birth, a woman changed from being a wife and daughter-in-law to a mother, thus securing for herself a safe position in her husband's family. Childbirth was obviously the major turning point in this change in her status. Scholars have shown that human societies, when faced with this kind of shift in roles and relationships, frequently view it as a kind of "loss of order" or "impurity" and therefore enforce a period of isolation on the main actor.²²⁰ The *Youyang zazhu* 酉陽雜俎 (Miscellaneous morsels from Youyang) described "a wedding ritual from the Northern Dynasties: a space was made from a blue cloth screen, indoors or outdoors, which was called 'blue tent,' and in this [the couple] bowed to each other." Marriage was also an important ritual signifying a change of roles in life, and this wedding ritual also seemed to have the meaning of manifesting isolation in the temporary loss of order. Besides preventing exposure to wind, the practices of setting up a tent and erecting a screen found in early Chinese medical literature might have also expressed the message of the parturient woman's changing status in society. If this was so, then women's impurity was not only caused by the filth and foulness of the blood of childbirth, but was also related to the fact that childbirth carried the significance of re-forming family relationships.²²¹

²²⁰ See Van Gennep, *The Rites of Passage*, English trans. by Monika B. Vizedom and Gabrielle L. Caffee (Chicago: University of Chicago Press, 1960), 10-11, 191; Emily M. Ahern, "The Power and Pollution of Chinese Women," in Roxanne Witke and Margery Wolf, eds., *Women in Chinese Society* (Stanford: Stanford University Press, 1975), 199, 207.

²²¹ Anthropologists researching modern Chinese society also point out that women in patriarchal society may have formed intimate bonds and alliances with their sons that constituted possible threats to the patriarchal system. Therefore, giving birth, on the one hand, allowed women to make a contribution to the continuation of the ancestral line, but, on the other hand, it gave them the destructive power to disrupt the order of the patriarchal system. The taboos and regulations against this sort of "loss of order" also were a factor in regarding women in childbirth as "impure" or "inauspicious" as well as enforcing their isolation. For a discussion, see Ahern, "The Power and Pollution of Chinese Women," 199, 207. Research on the social aspects of ancient Chinese concepts of impurity has been scarce up to now. Please see discussion by Edward Schafer, "The Development of Bathing Customs in Ancient and Medieval China and the History of the Floriate Clear Palace," *Journal of American Oriental Society* 76.2 (1956): 57-82, and Robin Yates, "Purity and Pollution in Early China," in Tsang

Conclusion

From ancient times on, childbirth was a matter of life or death. For the woman giving birth, it was a question of survival or perishing, and for her family, an opportunity for failure or success. In early imperial China, doctors warned against women marrying and bearing children too early, but customs were hard to change. Faced with the serious event of childbirth, people responded in certain ways when entering the month, during delivery, and postpartum. The specific month for ingesting medicinal decoctions to make the fetus slippery was not clearly defined before the seventh century, but after the Tang-Song period, the time for ingesting each type of medicinal decoction had been gradually determined. From the perspective of the inauspiciousness of childbirth, it was not easy to choose a place for delivery. Sending the woman away for the delivery and erecting a tent were actions performed with the purpose of isolation, in order to find an appropriate place for the woman to deliver. Before the Tang, the delivery might have occurred indoors or outdoors, but in most cases a tent was set up in order to avoid Wind evil. The birth was performed according to birth charts, which prescribed setting up a screen, erecting a tent, the squatting position, and the burial of the placenta. By the seventh century, birth charts seemed to have undergone a process of integration, having been reduced and systematized from separate categories into one chart. Differences between rich and poor were most apparent in prenatal preparations and postpartum care. But when the time of delivery arrived, people probably combined a variety of different treatments, regardless of their social status, all with the goal of smooth delivery and speedy results.

Cheng-hwa 臧振華 ed., *Zhongguo kaoguxue yu lishixue zhi zhenghe yanjiu* 中國考古學與歷史學之整合研究 (Taipei: Institute of History and Philosophy, Academia Sinica, 1997), 479-536. As for recent research on the mother-and-son relationship in early imperial China, see Simomi Takao 下見隆雄, *Jukyō shakai to bōsei: bōsei no iryoku no kanten de miru Kan Gi Shin Chugoku jōyōsei* 儒教社会と母性：母性の威力の観点でみる漢魏晋中国女性史 (Tokyo: Kenbun syuban, 1994); Alan Cole, *Mothers and Sons in Chinese Buddhism* (Stanford: Stanford University Press, 1998); and Zheng Yaru (Ya-ju Cheng) 鄭雅如, "Qinggan yu zhidu: Wei Jin shiqi de muziguansi" 情感與制度：魏晉時期的母子關係, in the *Wenshi congkan* series 文史叢刊 (Taipei: College of Liberal Arts, National Taiwan University, 2001).

During delivery, women clung to ropes, leaned in a vertical position, or were supported by others around the waist. Because of the ideal that "a smooth birth was fast and with little pain," the birth assistants might have alarmed the woman in labor with their activities or restrained her in disorderly ways. In their explanations for childbirth complications, doctors in early imperial China went beyond transgressed taboos and offended spirits. Moreover, they were already aware of the treatment of transverse and breech presentation by poking the fetus to make it recoil in order to turn around to the right position. And the procedures for treating childbirth complications show that people believed in such ideas as responding as early as possible for prevention, using various treatments in combination, and the mutual correspondence of substances. The husband was seen as a responsible party and not a bystander, while the participation of the community might have differed depending on time and place. During the final stage of labor, relatives and friends were likely to gather as birth assistants and express their opinions, which may have also influenced the process of birth for the parturient woman. Male doctors not only blamed birth assistants for their inappropriate actions, but sometimes even suggested that they were altogether unnecessary. Because female birth assistants have not had their own voice in the past and male doctors were summoned mostly in the case of complications only, the mutual appreciation or animosity between these two parties was bound to become a point of argument in both medical and women's history.

When the fetus and the placenta had been completely expelled, this meant that an important stage of the parturient woman's suffering was completed, but she was forced to remain isolated from her regular daily life for a while longer, owing to ideas about avoiding Wind evil and the inauspiciousness of childbirth. The woman was considered impure due to such factors as the pollution of blood and lochia as well as her changed social role. In elite families, women in childbed might have been able to enjoy more than a month of rest, because of ideas in the medical texts regarding the need to heal injuries and replenish deficiencies. The mistress of a nuclear peasant family, however, probably had to get back to work not long after the birth. At any rate, friends and relatives would come to congratulate, bringing nurturing and replenishing foods. Doctors referred to the gifts as "tonifying and nurturing the five internal [organs], not for celebrating her child." They encouraged women to marry

late and bear fewer children in order to prevent “blood withering which could cause death.” This should probably indicate the concern for the female body as such, in addition to her function as a reproductive vessel.