

# From Passive to Active: Medical History of Women in Imperial China

Xiaoxu Liang<sup>1</sup>

<sup>1</sup> University of Macao, China

Correspondence: Xiaoxu Liang, University of Macao, China.

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**Abstract:** This paper reviews scholarly articles and books from the 1980s to the present, dividing the study of imperial Chinese women's medical history into three phases according to major arguments, research methods, and sources. Academic research on the medical history of women has continued to deepen, from the beginnings of exposing the general absence of women in medical texts to examining the specific problems of the female body and exploring the relationship between medicine and religion. Under the influence of current feminist theory and gender studies, as well as the discovery of various sources reflecting women's consciousness, scholars have increasingly emphasized women's feelings and their contributions to medicine and explored women's voices in medicine.

**Keywords:** imperial China, medical history, gender

## 1. Introduction

Throughout the development of imperial Chinese history after the 20th century, the history of political system and economic history have always occupied a major position. It was only with the rise of social history research after the 1970s that the history of Chinese medicine entered people's view. After World War II, the first generation of sinologists, represented by Fei Zhengqing, laid the foundation for studying Chinese history. Since then, scholars have expanded their fields of study to include all aspects of Chinese society. The focus on Chinese medical history began with the study of the history of Chinese science. Joseph Needham, who pioneered the study of the history of science and technology in imperial China, systematically studied Chinese mathematics, astronomy, chemistry, and other technologies. Medicine was only one of his many fields of study. He was followed by Nathan Sivin, who also began studying Chinese medicine history. He pointed out that in the context of social history, anthropological and sociological approaches could be applied to the study of medicine, which led to new disciplines such as medical sociology and the sociology of disease. Beginning in the 1980s, social historians took up the issue of women in pre-modern China as a field of study in historiography. Later, under the influence of feminism, scholars studying the history of imperial Chinese medicine researched various aspects of medicine and women's reproductive functions, women's role in medicine, and the image of women in medical texts.

By reviewing articles and books from the 1980s to the present, the study of imperial Chinese women's medical history can be divided into three phases: The first phase was from 1980 to 1995, during which scholars used medical works written by men to expose the general absence of women in elite medical literature, while those women who appeared in medicine were described as incompetent and immoral through textual analysis.

The second phase was from 1996 to 2005, when a vital work emerged, *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Due to the influence of this book, the research on women's medicine in this decade was primarily centered on this book's content, perspectives, and methods. The specific problems of the female body, especially childbirth, are discussed through discourse analysis. Numerous scholars have studied birth control, false pregnancy, gestation, and birthing. They have further analyzed the ritual and religious elements of women's labor and birth processes, thinking about the relationship between medicine and religion.

The third phase is from 2006 to the present, when scholars no longer focus only on gynecological literature written by men but gradually start from sources that better reflect women's consciousness and explore women's feelings as patients or as healers and their contributions to medicine through case studies, to discover women's voices in medicine.

## 2. Phase I: The Negative Image

The 1980s to the early 1990s was the beginning of research on women's medical history in imperial China. During this period, research results focused on ancient Chinese medical books and explored the image of women in medical texts. Focusing on medical texts from the 16th to the 19th centuries, Furth analyzes the stereotypes that imperial Chinese medical writers held about their female patients, using menstruation as an example of a uniquely female physiological phenomenon (Furth, 1986). From medical writings to family manuals, women's menstrual functions were described as symbolic of "contamination" and "sickness" of disease. Chinese medical writers believed that the physiological phenomenon of menstruation in women indicated that women were more susceptible to illness and less likely to be cured than men. Later, in another article, Furth examined two medical works, *Yu yu chi ch'eng* (Compendium for the proper care of infants) and *I tsung chin chien* (Golden mirror of medicine), to elaborate further that women are the sickly sex (Furth, 1987). "Blood" is a crucial factor in the health of the female body. The authors of the medical books believe that the loss of female blood and physical weakness is the cause of infant mortality, which also symbolizes a woman's ability to destroy her family.

Bray also notes menstruation in medical texts for women, but she discusses amenorrhea (Bray, 1995). Chinese late imperial physicians considered amenorrhea to indicate the interruption of a woman's natural bodily cycle and a sign of disruption of the circulation of one of the essential bodily fluids representing a woman. Late imperial doctors could not accurately diagnose and treat amenorrhea in women. When confronted with a woman suffering from a condition similar to amenorrhea, the physician treating her, not having the deep knowledge to understand the symptom of amenorrhea, would often administer hazardous drugs to the patient, which were extremely harmful to the woman's body. This also indicates the complexity and difficulty of curing the disease in women.

Unlike Furth and Bray, Cullen focuses on the text's image of women as healers. Cullen uses the Ming dynasty novel *Jinpingmei* as an example to examine the social status of female healers. In *Jinpingmei*, female healers do not have professional medical knowledge and mostly rely on their own experience to treat patients, which has low social recognition. Men then did not seek female healers for themselves, and they looked down on female healers. For example, when one of Ximen Qing's wives fell ill, Ximen Qing insisted on getting a *taiyi* (male practitioner) to see her, believing Old Women Liu was unreliable. Still, his wife insisted on having Old Women Liu see her (Cullen, 1993). Cullen believes the reason for this is because, first, women did not have to avoid each other. Second, it was because Old Women Liu had no professional medical training for female patients, who were also uneducated. Her words are easier to understand. Hsiung then focuses on breastfeeding and infant feeding in medical literature and family records from late Imperial China (Hsiung, 1995). Beginning in the tenth century, as pediatrics became a medical specialty, Chinese medical writings appeared with special instructions on feeding an infant and choosing a doula. Chinese medical doctors believe that for a breastfeeding mother, her diet, mood, body temperature, and health status are closely related to her baby's health. Therefore, there are extremely broad and strict restrictions on a breastfeeding woman's daily diet, activities, and emotions.

In this phase, most scholars focused on textual analysis to show the images of imperial Chinese women in medical writings, medical records, and even novels. From the articles in this period, scholars mainly expose the negative writing of women's images in these medical texts. As patients, women were perceived as vulnerable and emotional and more difficult to heal than men. As healers, they were still portrayed negatively as "ignorant" women with low literacy levels and no medical expertise. In addition, medical texts impose restrictions on women under the pretext of the baby's health. The scholars' attention to and exposure to this phenomenon laid the foundation for further research on the status of women in medicine in imperial China. It is also a critique of the patriarchal society and a call for feminism.

## 3. Phase II: The Body

The period from 1996 to 2005 was the second research phase on women's medical history in imperial China. First, in 1999, a vital work on women's medical history appeared, *A Flourishing Yin: Gender in China's Medical History, 960-1665*. This book adopts a feminist perspective, on the one hand, to sort out the evolution of theories of Chinese medicine and obstetrics and gynecology and to reveal how the Yellow Emperor's body has been deconstructed by new theories as medical theories have developed; on the other hand, it takes medical cases as the object of study and examines women's bodily experiences, female healing practitioners, and the deconstruction of the body by medical knowledge power discourse and the distribution of power. Because of the broad impact of this book in the field, many research studies have been conducted during this period to discuss women and medicine around the content and methods of this book.

Leung uses discourse analysis to develop a detailed analysis of the “three aunties and six grannies” referred to in this book by tracing the history of the formation of the “three aunties and six grannies” discourse and assessing the influence of women therapists and midwives in various eras. Like Furth, she argues that before the 12th century, male physicians had no apparent resentment toward midwives or female therapists. It was not until after the 12th century that distrust of these professional women became apparent (Leung, 1999). This hostile rhetoric originated at a specific time: the maturation of medical orthodoxy, which tended to exclude female practitioners, and the rise of neo-Confucianism in the 12th century, which was hostile to women outside the home. Thus, male physicians portrayed women as “three aunties and six grannies,” a name that denigrated and even negated the status of women in medicine. After the Ming and Qing dynasties, medical orthodoxy became more consolidated, and the expression “three aunties and six grannies” became more common. Female doctors were mainly active in society as “three aunties and six grannies.” The formation of the “three aunties and six grannies” discourse reflects that the image of women in medicine was constructed through Confucian cultural values and demonstrates the gender ideology and male-centered power discourse in medical texts and medical practice.

In addition, Kuriyama, a Japanese historian of medicine, also uses discourse analysis to explain the close connection between fire, emotion, and disease by interpreting the rise of the term “fire” in Chinese medicine (Kuriyama, 2004). In Chinese medicine, fire is an illness whose diagnosis mainly focuses on the liver. Imperial doctors were already aware that emotions affected the human body and that most patients diagnosed as victims of liver fire were women. Because feelings significantly impacted women’s lives, imperial medical experts believed that emotional fluctuations made women susceptible to liver fire illness.

Three scholars, Yates, Lee, and Wilms, provided their insights into Furth’s book in the same journal in 2005. In her book, Furth examines the historical development of gynecological medicine in the Song Dynasty. She finds that treating female illnesses was more detailed in the Song Dynasty than in previous dynasties and that obstetrics, gynecology, and pediatrics gradually became independent from internal medicine. The gynecologists of the Song Dynasty proposed the theory that “blood is the main cause of women,” revising the old concept of the same body for both sexes and searching for the root cause of gynecological illnesses. In the case of female illnesses, gender differences were gradually considered, thus, Furth believes that the gendering of the body and medicine was established in the Song Dynasty (Furth, 1999). For this argument, Yates argues that the gendering of the body and medicine began during the Tang Dynasty (Yates, 2005). In contrast, Wilms argues that the gendering of the body was fully conceptualized in the Song Dynasty (Wilms, 2005). Lee does not directly answer the question of body gendering in this essay, but she discussed it in a 1997 Chinese essay. She emphasized that medical discourse that recognized the particularity of women’s bodies had already appeared in the Tang Dynasty, indicating that the Tang Dynasty established the concept of gender differences and announced the beginning of gynecology.

In addition to the discussions surrounding the content and ideas in Furth’s book, another significant concern of this period was the specific issues of female childbirth, including birth control, false conception, pregnancy, and the birthing process, and the examination of the relationship between medicine and religion in light of the reflection on these issues.

Using his fieldwork as the main basis, Wolf questions and opposes the revisionists’ views on birth control in late imperial China. Revisionists claim that the low fertility rate in late imperial China was because people deliberately controlled reproduction. But Wolf argues that the reason for China’s low birth rate was not that people deliberately controlled reproduction but that the extreme poverty of the society forced people to give up having children. Wolf also refutes the three sources of evidence provided by the revisionists, which he argues cannot be used as evidence that Chinese couples wanted to limit the number of children they had (Wolf, 2001). Wu Yi-li explored the issue of uncertainty in Chinese gynecological medicine by analyzing the definition and interpretation of false pregnancy in classical medicine (Wu, 2002). Classical medicine had difficulties in distinguishing between false pregnancy and actual pregnancy. False pregnancy was even called ghost fetus in the beginning and explained as the product of human-ghost intercourse. Still, later it was mainly understood as the result of female emotional excess. This change in understanding was part of the gender norms of the Ming and Qing dynasties. Therefore, Understanding the issue of ghost fetuses and false pregnancies helps us to understand the interplay between gender norms and medical knowledge in late imperial China.

Later, scholars not only discussed female reproduction but also combined reproduction and religion to analyze the relationship between religion and female medicine. In his doctoral dissertation, Hsiu-Yun Wang explores the role that American medical missionary women played in the health of Chinese women from the late 19th century to the early 20th century from the perspective of missionaries (Wang, 2003). The relationship between medicine and religion in this article is not strongly linked. Also in the 2005 articles, both Yates and Lee analyze the use of religious culture in female childbirth and gestation. Yates argues that many cultural and religious beliefs and practices, including those from Buddhist, Taoist, and popular traditions, influenced the procedures adopted in

preparation for childbirth; Lee reveals the traditions of childbirth from the Qin to the Tang dynasties. Women during the imperial period had rich and complex childbirth rituals closely tied to the time's religious culture and social practices.

In this phase, scholars still focus on medical texts but supplement them with modern books and articles, while oral history sources such as fieldwork have also received some scholarly attention. Through discourse analysis, scholars in this period examined the contents of Furth's famous book *A Flourishing Yin: Gender in China's Medical History, 960-1665*, adding to or questioning the ideas contained therein, thus enriching and expanding the research content. Another focus of this period was female reproduction. Scholars discuss birth control, pregnancy, childbirth, and gestation in detail and analyze the religious culture and customs accompanying delivery, reflecting the relationship between medicine and religion.

#### 4. Phase III: The Voice

The period from 2006 to the present is the third phase of research on the history of women's medicine in imperial China. During this phase, scholars began to gradually shift their focus to women's feelings as patients or as healers, searching for women's voices in history rather than focusing only on the images of women presented in medical texts written by men. As a result, the sources used by scholars during this period were no longer limited to medical writings; women's notes, poetry, and official legal texts also became important sources for scholars to study the topic.

Grace S Fong takes ill women of the Ming and Qing dynasties who wrote poetry as the object of her study. She argues that poetry, as a cultural practice, was prevalent in people's daily lives during the late imperial period. More importantly, through quantitative analysis, she finds that Ming and Qing women often wrote poetry amid illness, expressing their experiences and feelings of sickness in poetry, which had become a literary phenomenon (Fong, 2010). For women, writing about their illnesses through poetry was a spiritual solace that helped them adjust their emotions and improve their physical conditions. On the other hand, it made them more creative. In the process of recording their illness, women's sense of autonomy is manifested, actively expressing their emotions and bringing their voices to the attention of more people.

Similarly, David J. Kang focuses on Ming and Qing female patients to discover and retrieve the voices of Chinese women. Using the personal experience of Parker, China's first medical missionary, in a Chinese hospital as a case study, he examines the medical treatment of female patients in Parker's foreign hospital between 1835 and 1855, focusing on how these female patients approached Parker and requested therapy on their initiative (Kang, 2012). Female patients may have encountered family, social, and cultural challenges in receiving treatment, but they adopted solutions to overcome these challenges. Not only do these female patients take the initiative to seek treatment from foreign doctors themselves, but they also convince their family and friends to seek treatment. The initiative of the female patients not only challenged Parker's perceptions of Chinese women but also helped Parker to gain a great deal of experience in treating gynecological diseases, contributing to the development of medicine in the Ming and Qing dynasties. Wee Siang Ng uses the medical treatise *Shichan lun* (Ten Topics on Birth) as a case study to highlight women's feelings of pain during labor and how women healers can help women in childbirth through their descriptions of pain (Ng, 2013). Labor pain is not only a sensation that women experience during labor, but it is also a diagnostic tool for experienced female healers to judge the stage of childbirth and whether the woman is experiencing birth complications.

Unlike the three scholars above, Yüan-Ling Chao and Kai-Yi Lan examine the role of female healers in medicine, taking two books, *Xing'an Huilan* (Conspectus of Penal Cases) and *Nüyi Zayan* (Miscellaneous Records of a Female Doctor), respectively, as case studies. In line with many scholars of Chinese women's medical history, Chao argues that women as midwives appear sparsely or in a negative image in the medical literature held by men. However, looking at the female cases in *Xing'an Huilan*, it is clear that women in late imperial China were active in medical practice, actively involved in the birthing process as midwives, and used forms of treatment such as acupuncture. Chao argues that these legal cases reveal a diverse medical landscape where women actively participate as healers and patients (Chao, 2017). Lan uses Maureen Robertson's self-representation theory to analyze Tan Yunxian's strategies for becoming a female doctor. *Nüyi Zayan* is the only work on women doctors in imperial China written by Tan Yunxian. By analyzing the contents of *Nüyi Zayan*, Lan demonstrates how Tan Yunxian uses various strategies to gain eligibility and legitimacy as a female doctor. The core concept of her strategy was to conceal her career under the cover of filial piety and Confucian benevolence so that people of the time would accept her as a doctor (Lan, 2022). In contrast to previous studies that have focused on medical and theoretical research in Tan Yunxian's case, Lan turns her attention to Tan Yunxian's own story, examining her efforts as a woman to participate in the male-dominated field of medicine in the context of a male-dominated society, seeking to explore women's initiative in medicine and her value to it.

At this stage, scholars went beyond the scope of male-dominated medical texts and focused more on works, novels, and poems were written by women. Due to the limitations of the times, the literary field was still

dominated by men, and there were far fewer works by female writers. However, women's works were still a valuable source for understanding the spiritual world of women. In addition, the legal documents written by the local government recorded many female doctors treating diseases and the feelings of female patients when they were ill and provided a more accurate description of women's role in medicine, which also became a key source for scholars to utilize. Under the influence of postmodernist thinking, social history and new cultural history studies gradually focused their vision on the individual. The study of women in Chinese medical history gradually focused on female patients and marginalized women at the bottom of society. Through case studies, scholars at this stage analyzed women's feelings as patients or therapists. As patients, how they perceived illness, how they viewed treatment, and how their perceptions and expressions of disease impacted medicine. As healers, what role they play in medicine, whether their efforts have led to a shift in the attitudes of some male doctors toward them, and to what extent male doctors acknowledge the contribution of female doctors.

## 5. Conclusion

Through the discussion and analysis of the above articles, this essay divides the study of imperial Chinese women's medical history into three phases according to main arguments, research methods, and sources. Under the influence of current feminist theory and gender studies, research on women and medical history, especially about the history of the female body and gynecology, remains a popular topic. However, it is essential to note that most of the current research on women's medical history still relies on the writings of male doctors. Especially after the Song dynasty, with the establishment of Confucian orthodoxy, Confucian-educated male physicians gradually dominated the discourse related to gynecological treatment and the female body in medicine, and the image of women was determined by men, making it difficult for women's voices such as maternity and midwifery to be fully discovered. Based on this, current research on women's medical history in imperial China can be further developed in the following directions:

- 1) Explore the communication and interaction between foreign medical missionary women and Chinese women healers and patients in late imperial China.
- 2) Most current articles focus on middle and late imperial China. It is feasible to study further women's medicine, especially gynecological issues, in early imperial China, to analyze the ritual and religious factors of childbirth and birth process, and to explore the social factors of ritual changes in different dynasties.
- 3) Draw on the research methods and perspectives of the new cultural history to further study marginalized female groups or individuals.

	The Negative Image: 1980–1995	The body: 1996–2005	The Voice: 2006–2022
Point of focus	Women in medical texts	<i>Fuke</i> (medicine for women)	Women's feeling and initiative
Central question(s)	How male doctors view women?	What are the problems with female childbirth? How medical and religious rituals are related?	How to view the illness? What contributions?
Field of historian	Social historians	Feminist historians	Cultural historians
Sources	Medical texts	Medical texts Fieldwork	Notes, poems, novels Legal documents
Approaches	Text analysis	Discourse analysis	Case study Interdisciplinary
Conclusion	Women are negative in medical texts	Challenge or agree with Furth's argument in her book	Women, as healers and patients, are active participants in medicine

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