

Male Brushstrokes and Female Touch:
Medical Writings on Childbirth in Imperial China

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Abstract

This dissertation is a study of *Shichan lun* (Ten Topics on Birth), a widely disseminated medical treatise produced in the Northern Song dynasty (960-1127), around the early twelfth century. *Shichan lun* records how childbirth progressed and it also contains detailed descriptions of hand techniques deployed by women practitioners during birth complications. I examine its composition, incorporation into a larger work (in the thirteenth century), and redaction (ca. early to mid-sixteenth century).

In Chapter One, I translate and analyze the earliest extant edition of *Shichan lun*, collected in Chen Ziming's *Furen daquan liangfang* (All Inclusive Good Prescriptions for Women, pub. 1238). I highlight the use of childbirth pain descriptions as a diagnostic "tool" during delivery and the hand techniques women practitioners used to manage birth complications. In Chapter Two, I provide a composite biography of the author of *Shichan lun*, Yang Zijian (fl. 1100), and analyze the reasons why a literatus came to write about childbirth in the early twelfth century and his literary network. Chapter Three is devoted to the study of Chen Ziming (fl. 1237-1271), who incorporated *Shichan lun* into his work. I examine Chen's authorial impulse and evaluate his involvement in re-defining women's medicine. Chapter Four is a study of the changes introduced by Xue Ji (1487-1558), the sixteenth century medical author, to Chen Ziming's work and *Shichan lun*. My conclusion addresses how *Shichan lun*, a work of a technical and practical nature, resisted theoretical incorporation, and the problems of using male-authored sources to study women's medicine and women practitioners.

Résumé

Cette thèse de doctorat est une étude biographique du Shichan Lun (Dix discours sur la naissance), un traité médical rédigé dans la dynastie des Song du Nord (960-1127) autour du début du XIIe siècle et largement diffusé jusqu'aujourd'hui.

Shichan lun enregistre l'évolution des méthodes d'accouchement et contient également des descriptions détaillées des techniques manuelles déployés par les praticiens femmes pendant les complications de l'accouchement. J'examine la composition de l'oeuvre, l'intégration de l'oeuvre à un ouvrage plus large (au XIIIe siècle) ainsi que sa rédaction (ca. début au milieu du XVIe siècle).

Dans le premier chapitre, je traduis et j'analyse la première édition existante du Shichan lun, recueillie dans le Furen daquan Liangfang de Chen Ziming (prescriptions inclusives et bonnes pour les femmes, pub. 1238). Je souligne l'utilisation des descriptions de la douleur de l'accouchement comme un «outil» de diagnostic pendant l'accouchement et les techniques manuelles utilisées par les praticiens femmes pour gérer les complications de l'accouchement. Dans le deuxième chapitre, je fournis une biographie composite de l'auteur du Shichan lun, Yang Zijian, en analysant les raisons pour lesquelles un lettré se mit à écrire au sujet de l'accouchement au début du XIIe siècle ainsi que son réseau littéraire. Le troisième chapitre est consacré à l'étude de Chen Ziming qui a incorporé le Shichan lun dans son oeuvre. J'examine l'impulsion d'autorial de Chen et j'évalue son implication dans la redéfinition de la médecine des femmes. Le chapitre quatre est une étude au sujet des changements introduits par Xue Ji, auteur médical du XVIe siècle, dans l'oeuvre de Chen Ziming et dans le Shichan Lun. En conclusion, je constate la façon dont le Shichan lun, un oeuvre de caractère technique et pratique, a résisté l'incorporation théorique ainsi que les problèmes de l'utilisation de sources d'auteurs masculins quant à l'étude de la médecine des femmes et des praticiens femmes.

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Introduction

This dissertation is a biography of a medical treatise, *Shichan lun* 十產論 (Ten Topics on Birth) produced around the late eleventh to early twelfth century in the Northern Song dynasty (960-1127). The author, Yang Zijian 楊子建 (fl. 1100), a literatus from Qingshen, in present-day Sichuan Province, recorded details of childbirth and how birth complications were handled by midwives. Yang composed *Shichan lun* as a list: from a standard, smooth birth, to a series of complications. Along with these descriptions, he included techniques that were used by experienced women to manage each type of complication. *Shichan lun* became ubiquitous in medical texts that contained a section on childbirth and in specialized works for women. It was the most quoted work on childbirth complications and techniques, from the fourteenth century to the end of the imperial period in 1911. No other work on childbirth complications with equivalent detail on the woman giving birth or hand techniques to manage birth complications has been produced prior to the twentieth century in China.

Following the model of biographical studies, this dissertation will trace the life of this text, examining its content, related personalities, and how it was read, used and received. *Shichan lun* is a text with a rich history, especially since it circulated widely for about eight hundred years, from the twelfth to the nineteenth century. The reason for its longevity can be ascribed both to its content and to the particular ways in which it was transmitted and received.

In terms of content, *Shichan lun* records the intimate experience of childbirth, the pain felt by a woman trying to push her baby out of her body, the dangers of

potential birth complications and the skills required to manage those problems. For example, *Shichan lun* contains descriptions of how a midwife used her middle finger to straighten the position of a fetus that had not turned around completely for birth, and also the techniques she deployed for untangling an umbilical cord that had been wrapped around the neck of the fetus. These details provided readers with an unusually close look at the skills and techniques of a midwife and the vagaries of childbirth.

While the content is striking, the longevity of the text was also related to its reception. *Shichan lun* does not exist as an independent work. The earliest extant version was incorporated in Chen Ziming's 陳自明 *Furen daquan liangfang* 婦人大全良方 (All Inclusive Good Prescriptions for Women).¹ *Shichan lun* would be widely quoted as an authoritative source for childbirth complications from the fourteenth century on. It remained unchanged until the imperial physician and medical author, Xue Ji 薛己 (1487-1558), drastically modified Chen Ziming's work. Xue's redacted version of the *Shichan lun* would become the most widely disseminated version from the sixteenth century up through the nineteenth.

For a short medical work that contained mostly descriptions of practice and hardly any theory, its longevity raises questions about the nature of practical knowledge, textual transmission and the shifting patterns of readership. The subtle changes in the content of *Shichan lun* over a few hundred years suggest a resistance

¹ Chen Ziming, *Xinbian Furen daquan liangfang* 新編婦人大全良方 (The New All Inclusive Good Prescriptions for Women), preface dated 1271, Yuan period, Qinyou shutang keben 元勤有書堂刻本, (Beijing: Beijing tushuguan chubanshe, 2005). This reprint was based on the earliest extant Yuan woodblock edition of the Qinyou tang publishers held at the National Library in Beijing. This photo-reproduction is also available at Yale and Harvard University libraries. This earliest extant edition was used throughout the dissertation and hereafter, it will be referred to as *FRDQLF*, unless a different edition is used.

to theoretical cooptation, and also reflect tangible shifts in thinking and modifications of practices.

Writing about Birth

While giving birth to a healthy baby, especially the birth of a boy, was cause for celebration for the family, the immediate well-being of the new mother and her child elicited much anxiety.² Childbirth received considerable attention from authors who expressed their anxiety through writings in an effort to cope with the unpredictable nature of birth and the potential threat of death.³ Such concerns can be traced to early historical periods in China. The earliest extant medical work on childbirth reflecting such concerns of childbirth, is a silk manuscript dated some time before 168, titled *Taichan shu* 胎產書 (Book of Generation of the Fetus), excavated from Mawangdui, Changsha, in present-day Hunan province.⁴ This work pointed to and attempted to address a number of concerns including the fear

² For example, in a story from *Hanshu* 3.71, Lady Huo Xian bribed Chunyu Yan, the woman doctor of Empress Xu Pingjun, to poison Empress Xu right after childbirth. Lady Huo Xian argued that since childbirth was a major cause of women's death, if Chunyu Yan poisoned Xu right after childbirth, no one would suspect that she was poisoned but would instead attribute it to the travails of childbirth. Ban Gu 班固 (fl. 32-92), *Hanshu* 漢書 (Book of Han), *juan* 97 (Beijing: Zhonghua shuju, 1962), 3966.

³ Ebrey described pregnancy, stillbirths, miscarriages and related gynecological and obstetrical problems as dominant features of women's lives in the Song period. Patricia Ebrey, *The Inner Quarters: Marriage and the Lives of Chinese Women in the Sung Period* (Berkeley: University of California Press, 1993), 172-73. Mann theorized that old age and childbirth were the main causes of death for adult women in the Zhang family in the nineteenth century. From the Song to Qing dynasties, general concerns about mortality linked to childbirth remain the same. Susan Mann, *The Talented Women of the Zhang Family* (Berkeley: University of California Press, 2007), 183.

⁴ Donald Harper, trans., *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (London and New York: Kegan Paul International, 1998), 372-84. See also Ma Jixing 馬繼興, *Mawangdui Guyishu kaoshi* 馬王堆古醫書考釋 (Philological Studies of Ancient Medical Books in Mawangdui) (Hunan: Hunan kexue jishu, 1992), 779-821. The excavated *Taichan shu* 胎產書, on silk, is not complete but contains fragments that depict techniques for predicting the child's fortune, determined at conception, throughout pregnancy and at birth. *Taichan shu* also contained a *chantu* 產圖 or diagram that could be used to determine the most auspicious burial site for the afterbirth.

of infant mortality, the management of the afterbirth (placenta) and scabby itch right after birth.⁵ Although the instructions in *Taichan shu* are short and often inscrutable, the existence of this *type* of text and the production of *such* knowledge⁶ in the tomb of a Han elite male suggests concerns about childbirth issues and the practical ways devised to manage possible problems.

Writing about birth, along with progeny, pregnancy and care of the new born predominated in medical texts which had sections on women's medicine in the medieval and late imperial periods.⁷ To give birth to an heir elevated the status of a woman in an elite household, and the lack of one could potentially diminish her status, and even result in the demise of her husband's descent line.⁸ If the family unit was the fundamental organizing structure of Chinese culture, then progeny was an essential component. Therefore, methods for ensuring the production, survival and flourishing of progeny were all reasons for and subjects of textual production. Extant works on fertility⁹ and sexual techniques for procreation¹⁰ are examples of

⁵ Harper, 1998, 381. Scabby itch was mentioned twice, and the placenta in three instances. Li Jianmin argued that the proper management of the afterbirth ensured good health and fortune for both mother and child. Li Jianmin 李建民, "Chapter 7: *Mawangdui Hanmu boshu 'Yu cangmai baotu' jianzheng* 馬王堆漢墓帛書『禹藏埋胞圖』箋證," in *Shengming shixue: Cong yiliao kan zhongguo lishi* 生命史學: 從醫療看中國歷史 (Chinese History in View of Medicine and Healing) (Taipei: Sanmin, 2005), 209-319.

⁶ Martin Kern, "Methodological Reflections on the Analysis of Textual Variants and the Modes of Manuscript Production in Early China," *Journal of East Asian Archaeology* 4.1-4 (2002): 143-81, esp. 148. Kern wrote that technical works were especially dependent on the "technology of writing."

⁷ For the medieval period, see Sabine Wilms and Lee Jen-der, on the mid-imperial period, see Charlotte Furth, and for the late imperial period see Yi-Li Wu; Sabine Wilms, *Bei ji qian jin yao fang* 備急千金要方 (Essentials Prescriptions Worth A Thousand in Gold for Every Emergency), *Volumes 2-4 on Gynecology* (The Chinese Medicine Database, 2007); Lee Jen-der, *Nüren de Zhongguo yiliao shi Han-Tang zhijian de jiankang zhaogu yu xingbie* 女人的中國醫療史—漢唐之間的健康照顧與性別 (Taipei: Sanmin shuju, 2008); Charlotte Furth, *A Flourishing Yin* (Berkeley: University of California Press, 1999); Yi-Li Wu, *Reproducing Women* (Berkeley: University of California Press, 2010). Abbreviated titles only, please see Bibliography for full citation.

⁸ Lee argued in her 2008 book that childlessness became a female problem reflected in medical works in the seventh century. Lee, *Nüren de Zhongguo yiliao shi*, 13-53, esp. 49-53.

⁹ Tamba Yasuyori 丹波康賴, *Ishimpo / Yixing fang* 醫心方 (Prescriptions at the Heart of

interests and concerns of those writing to maintain the tradition.

Besides exploring methods of producing heirs, the physical difference of a woman's body was a matter of much intellectual exposition in Chinese writing. Charlotte Furth and Yi-Li Wu have both discussed how Chinese medical authors discussed notions of female bodily differences from early to late imperial China.¹¹ They have pointed out in their studies that a woman's body and her fecundity were symbols analogous to the larger world of nature, which was concerned with generation and renewal. This idea of the cosmology established by early thinkers was based on relational correspondences between nature, the individual and society. The body of a woman was metaphorically and qualitatively yin, and therefore softer, more receptive, weaker and hierarchically lower than its counterpart, the yang male body or yang elements. The bodies of women, particularly due to childbirth, were considered vulnerable and therefore in need of greater scrutiny and exposition. Women were therefore prime subjects of instructional information on fertility, pregnancy and childbirth.¹²

The instructional information male medical authors produced for pregnant women consisted mostly of advice, explanations for why certain conditions occurred and what formulas would alleviate those conditions. The most common forms of treatment were *fang* 方¹³ or formulas prepared with herbs, minerals and

Medicine), pub. 984 (Based on 1854 Japanese edition, Shanghai: Shanghai kexue jishu, 1998), *juan* 24, *Zhiwuzi* 治無子 Treatment of Infertility.

¹⁰ Li Ling 李零, *Zhongguo fangshu zheng kao* 中國方術正考, and 續考 (Study of Chinese Methods and Arts, 2 volumes) (Beijing: Zhonghua shuju, 2006).

¹¹ Furth, *A Flourishing Yin*, 25-58; Wu, *Reproducing Women*, 230-35.

¹² Instructions included those related to the cosmological status of the woman, selecting the most auspicious time, day or place to beget a child, and those intended to ensure the well-being of both fetus and mother through dietary and behavioral taboos and proscriptions.

¹³ The character *fang* 方 could also be translated as methods, for example, in Daoist works which included *fangshu* 方書 (Book of Methods), these were concerned with knowledge of nature or

other materials believed to possess efficacious properties during birth, such as burning the clothing of the women's husband and then mixing the ash with alcohol for the birthing woman to ingest.¹⁴ The earliest extant examples of these were from Mawangdui's *Taichan shu*. From the post-Han period to the Song dynasty, if medical works had a section on women, it would start with progeny or pregnancy, and contained behavioral-cum-dietary proscriptions and formulas, incantations and instructive diagrams (such as *chantu* 產圖) for the pregnant woman and her family to follow. The bulk of the treatment consisted of *fang* for treatment of various afflictions.¹⁵

Fangshu 方書 (formularies) and *bencao* 本草 (materia medica)¹⁶ content were

that involving the manipulation of nature, and other occult arts. Such arts were linked to the person of *fangshi* 方士 (gentleman with methods, Sivin's translation), which is hard to translate. On the term *fangshi*, see Nathan Sivin, "Old and New Daoism," *Religious Studies Review* 36.1 (2010): 31-50. Sivin discusses the problems with various translation of this term, which has been rendered as: master, gentleman, doctors, diviners, magicians, masters of methods, magical practitioners, magicians, method masters, and masters of methods.

¹⁴ Lee Jen-der, *Nüren de Zhongguo yiliao shi*, 121-22. Tamba Yasuyori, *Yixinfang*, 924. Besides *Taichan shu* excavated from Mawangdui, early works addressing childbirth include *Chanjing* 產經 (Classic on Birth) and *Xiaopin fang* 小品方 (Minor Prescriptions), which was reconstituted from fragments collected in Zan Yin's 詹殷 (fl. 897) *Jingxiao chanbao* 經效產寶 (Precious Classics on Effective Birth, ca. 853-56), and Sun Simiao 孫思邈, *Beiji qianjin yaofang* 備急千金要方 (Essential Prescriptions Worth a Thousand Pieces of Gold) composed in the early seventh century contained three *juan* on women. *Chanjing* was also known as *Chanbao* 產寶, and only fragments of Zan Yin's works are extant, collected in a few different medical works, one of which is Chen Ziming's *Furen daquan liangfang*. During the reign of the Guangxu Emperor (1875-1908), a complete work of Zan Yin based on a Song dynasty imprint was found in Japan. This edition of *Chanbao* is collected in Liang Jun 梁峻, et. al., edited, *Fan Xingzhun jiyi Zhongyi guwenxian congshu* 范行準輯佚中醫古文獻叢書 (Lost Chinese medical works compiled by Fan Xingzhun) (Beijing: Zhongyi guji chubanshe, 2007), 751-822.

¹⁵ The formulas gave instructions for drugs to be made into *wan* 丸 (pill), *san* 散 (powder), *tang* 湯 (decoction), *jiu* 酒 (alcohol), and *gao* 膏 (oil mixture or salve). *Fangshu* or formularies were listed under the category of *fangji lei* 方技類 (formulas and techniques category) in the dynastic bibliographies of the Han, Sui and Tang periods. Ban Gu (ca. 32-92), *Hanshu Yiwenzhi* 漢書藝文志, *juan* 30 (Beijing: Zhonghua shuju, 1961), 1775-80; Wei Zheng 魏徵 (580-643), *Suishu Jingjizhi* 隋書經籍志, *juan* 34 (Beijing: Zhonghua shuju, 1961), 1039-50.

¹⁶ *Bencao* works provided the name of drugs as natural products taken from plants, animals and minerals. While *fangshu* were lists, formulas or prescriptions of a number of drugs and were usually remedies proven to be efficacious. Paul Unschuld, *Medicine in China: A History of Pharmaceutics* (Taipei: Southern Materials Center, 1986); Asaf Goldschmidt, *The Evolution of*

very popular with medical authors in the Song period.¹⁷ In fact, *fang* would become the privileged form in medical writing, and eventually eclipse tactile and contact-based treatment and practice (in textual form), especially by the mid-fifteenth century. In Chen Ziming's work, *fang* was an important component but did not replace other types of advice or recommended treatment, such as incantations or instructive diagrams. But by the time of Xue Ji, *fang* was the most favoured type of treatment method, replacing hand techniques, massage, needling and other forms of external care.

While quite a few works before the Song period shared with *Shichan lun* a concern with the dangers of childbirth, no other extant works from this period mention the hand techniques of midwives. None of the medical works addressed the experiences of women as important sources of information that men were required to consult in order to craft their authoritative medical writings. *Shichan lun* therefore stands out among medical works for women, in that its author wrote into its content an intimate process of birth experienced by the woman, and acknowledged that no men or unskilled women could expect to use the techniques that were recorded. The writing down of these skills did not and could not ever entirely represent the knowledge of women practitioners. As a record of women's

¹⁷ *Chinese Medicine: Song Dynasty, 960-1200* (London and New York: Routledge, 2009), 103-36. Goldschmidt, *The Evolution of Chinese Medicine*, 103-36. Prior to the Song period, various lineages of medical practitioners kept their *fangshu* secret. There were, however, authors such as Tao Hongjing 陶弘景 (452-536) and later in the Tang, the imperial medical bureaucracy, who collected and compiled *fangshu* and *bencao* works from various sources. Tao's interests in *bencao* were linked to his alchemical preparations of longevity decoctions for Emperor Wu (r. 502-549) of the state of Liang (502-549). Fan Kawai 范家偉, *Liuchao Sui Tang yixue zhi chuancheng yu zhenghe* 六朝隋唐醫學之傳承與整合 (A Study of Medicine in China: Its Legacies, Inheritance and Integration during the Medieval Period) (Hong Kong: Chinese University of Hong Kong, 2004), 7-57. On Tao Hongjing, see Isabelle Robinet, *Taoism: Growth of a Religion*, trans. P. Brooks (Stanford, Calif.: Stanford University Press, 1997), 117-20; and Michel Strickmann, *Chinese Magical Medicine*, ed. Bernard Faure (Stanford: Stanford University Press, 2002), 11, 24-25, 49.

knowledge, the changes were small and subtle. But, it would not be implausible that the editors of the received text sought to reflect some aspects of change in women's experiences in new editions published for the readers of that particular time period. Part of this study is therefore devoted to sifting out those subtle changes, and in turn learn how men and women managed birth from the twelfth to the sixteenth century.

Methods

This dissertation on *Shichan lun* has been written as a biographical study of a widely used text. This biography of a text is my attempt to provide a narrative that could account for the life of this text.¹⁸ In my account, I attempt, as Denis Twitchett described, to “build up a meaningfully integrated picture of the subject’s times.”¹⁹ I take chronology as an important way to trace the life of *Shichan lun*, devoting one chapter to each of the momentous periods of its ‘life.’ I begin with its authorship in the late eleventh and early twelfth century, then I move to the late thirteenth century when it was integrated into a larger work that ensured its preservation, and finally I end in the late fifteenth and early-to-mid-sixteenth century when *Shichan lun* along with the larger work it was collected, underwent major editorial changes. The composition is akin to its birth, its incorporation into a larger work is its growth, and then its rebirth came with a new version in the sixteenth century.

This account of the life of *Shichan lun* includes inquiry into its textual

¹⁸ An example of a similar study that traces the life of a work is Monica Green, ed. and trans., *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, Philadelphia: University of Pennsylvania Press, 2002.

¹⁹ Denis Twitchett, “Problems of Chinese Biography,” in *Confucian Personalities*, ed. Arthur F. Wright and Denis Twitchett (Stanford: Stanford University Press, 1962), 24-39, quote from p. 24.

production, reproduction, and transmission history, and my ‘integrated picture’ of *Shichan lun* is centered on the three men who played pivotal roles in the life of the text, Yang Zijian, Chen Ziming and Xue Ji, and their respective milieus.

In my close reading of Yang Zijian’s role as the author of *Shichan lun*, I relied on prefaces written by his contemporaries and the biography of another literatus whom I argue had a close resemblance to Yang. Here I adopted strategies of reading between the lines and circumventing silences in extant sources. In the case of Chen Ziming, I read *Furen daquan liangfang* closely and paid particular attention to the sections on birth. Subsequently, I compared Chen’s writings on childbirth with his contemporaries to understand why his work monopolized the *fuke* field from at least the thirteenth to the sixteenth century. For Xue Ji, I compared his version of *Shichan lun* to the earliest extant edition, and analyzed the changes and erasures he made. I then provide explanations to these changes and contextualized these in that time period.

In trying to identify and probe the logic of how the author, compiler and editor tried to craft, use and reshape *Shichan lun*, I entered three very different worlds of literati networks, medical school circuits and imperial and elite patronage. I also encountered anonymous women who suffered childbirth pain and birth complications, and those who were highly competent in managing women giving birth. I am not able to narrate specific stories about midwives but I am able to provide a composite figure of a skilled midwife that differs from the usual derogatory tirade against these female practitioners. By reading *Shichan lun* carefully as a record of skills and techniques of this midwife, I have been able to verify the symbiotic relationships medical authors had with highly skilled women

practitioners in the production of *chanke* 產科 (obstetrical) knowledge.

Sources

Instead of using epitaphs, diaries and poems, the usual types of sources for writing biographies, my main sources are different editions of medical works held in libraries in various parts of the world and historiographical studies of medical works. Whenever it was available, I examined the earliest extant editions of medical works, and compared multiple versions by different publishers. In the case of Chen Ziming's *Furen daquan liangfang*, I consulted the earliest extant edition available in Beijing, China.²⁰ Other genres of sources consulted for this project can be found in each chapter.

For this dissertation, I have chosen to read *Shichan lun* not only as a male-authored piece of writing that appropriated women practitioners' expertise, but also as a record of the work of women practitioners. I would like to avoid the stark bifurcation of men versus women, or that of theory versus practice. Here I heed Furth's advice to think of medical practice not as rigid categories of ritual and tactile (overseen by women) as opposed to empirical (male medical practitioners' domain), but instead as a "flexible and negotiable" boundary between male medical authors and female practitioners, who were considered experts.²¹ This was especially true in reading *Shichan lun*, where the descriptions of the skills women acquired and possessed reflect a level of respect these skilled midwives commanded, pointing to possibly more flexibility between theory and practice.

²⁰ These include the Library of China Academy of Traditional Chinese Medicine, now called the China Academy of Chinese Medical Sciences, the Reading Room for Ordinary Old Books, National Library of China (普通古籍阅览室, 国家图书馆), both in Beijing.

²¹ Furth, *A Flourishing Yin*, 29.

Contemporary Scholarship

This research has been influenced by the works of scholars who have provided many inspiring entry-points into the history of medicine and gender. Vivienne Lo noted that “a great deal of the most innovative research into Chinese medicine in the last twenty years has explored representations of women – the emergence of a gendered physiology in sexual culture literature and the formal development of gynaecology.”²² Besides Furth and Wu, whom I mentioned before, the most important recent scholarship on gender and medicine can be found in the 2005 issue of the journal, *Nan Nü: Men, Women and Gender in China*.²³ These scholars have created a niche within the field of history of Chinese medicine, bringing focus to *fuke* which heretofore “was never at the center of medical culture in China.”²⁴

In particular, Furth’s seminal work on the social and cultural history of medicine and gender brought to the foreground the important idea of the theoretical androgynous body in *Huangdi neijing* 黃帝內經 (Yellow Emperor’s Inner Classic), which was not necessarily applied in medical practice because of specific needs of the female body. Furth identified the Song period as a pivotal period when menstrual blood became the marker of female health.²⁵ In my study, I concur with

²² Vivienne Lo, “But Is It [History of] Medicine? Twenty Years in the History of the Healing Arts of China,” *Social Studies of Medicine* 22.2 (2009): 283-303, esp. pp.291-6.

²³ Angela Ki Che Leung, ed. *Medicine for Women in Imperial China*. Reprint of 7.2 (2005) of *Nan Nü: Men, Women and Gender in China*, Leiden; Boston: Brill, 2006. Other contributors to this special volume include Robin D.S. Yates, Harriet T. Zurndorfer, Angela Ki Che Leung, Marta Hanson, and Ricardo King-sang Mak.

²⁴ Furth, *A Flourishing Yin*, 302.

²⁵ Furth argued that the emphasis on Blood (not just menstrual blood) as a marker of woman’s health featured prominently in the writings of Song medical authors. Furth, *A Flourishing Yin*, 73. Furth quotes Ma Dazheng 馬大正, *Zhongguo fuchanke fazhan shi* 中國婦產科發展史 (A History of the Development of Gynecology and Obstetrics in China) (Xi’an: Shaanxi kexue jiaoyu, 1991), 149-52. This phenomenon comprised of pairing Blood with yin-yang theories as a way to understand the health of a person and how to treat the disease. Ma Dazheng cites other

Furth and go further to identify Chen Ziming as the harbinger in the process of privileging menstrual health over other female illnesses. In so doing, my study further refines the time period defined for the shift in how medical authors thought about women's health. Instead of the entire Song period, I argue that it was only in the Southern Song period, and with the publication and dissemination of Chen Ziming's *Furen daquan liangfang*, that the idea of menstrual regulation as the foremost aspect of female health came to be established as the dominant view.

Besides the work of Furth, Wu, Wilms, and Lee who have published on the subject, the works of Chinese scholars such as Ma Dazheng, Ma Jixing and Zhang Zhibing have been extremely important in the course of this project.²⁶ In Zhang and Ma Dazheng's works, women's medicine and in particular, obstetrical knowledge, was viewed in terms of progress and development, usually separated by dynasties or time periods. Their assessment of women's medicine was based on how much innovation was achieved within each time period. Any resurgence of an older tradition, either in terms of techniques or theory, was seen as a regression. Both argued that periods with a higher volume of publications or an increased number of obstetrical titles marked progressive development within women's medicine. Although I disagree with the labeling of change as either progress or a regression, I am indebted to their scholarship. Both scholars have carefully examined nearly all extant works on women's medicine, and their findings benefit anyone working on

works that privilege Blood as the main marker of women's health.

²⁶ Zhang Zhibin 張志斌, *Gudai zhongyi fuchanke jibing shi* 古代中醫婦產科疾病史 (*A History of Obstetrical and Gynecological Diseases in Ancient China*) (Beijing: Zhongyi guji chubanshe, 2000). See the review of this work, Ricardo King-sang Mak, "Review: *A History of Obstetrical and Gynecological Diseases in Ancient China*, in *Nan nü* 7.2 (2005), 305-308. Zhang covers causes, symptoms, diagnoses, prevention, and treatment of obstetrical and gynecological diseases recorded in Chinese sources from the pre-Han, Han, Qin to Tang dynasties, and then from Song through to Qing. It is an ambitious undertaking and undoubtedly had to leave out a huge amount of social and cultural background.

the history of Chinese medicine.²⁷

Although I rely mostly on male medical writings, and my conclusions are primarily about male medical practitioners, there is a constant pull for me to delve deeper into the stories of the women described in *Shichan lun* and the many *fuke* and *chanke* works I perused. The initial impetus for the project stemmed from my interest in the women, especially highly skilled women. The inspiration for this was a chapter Furth wrote on “Ming Women as Healing Experts,” surveying the role of women as healers and caregivers at home as crucial for the creation of medical knowledge for both male and female healing experts. The social status of female healers remained a lowly one throughout Chinese history.²⁸ While not all female healers were midwives, authors often used the label *wenpo* 穩婆 (dependable older woman or granny) when they wanted to present a stereotypically unskilled woman assisting at birth.²⁹ Furth started her study of midwives with the negative stereotypes described by male medical authors, male elite writers, and literary caricatures created by male novelists.³⁰ Such negative representations were clearly in abundance.³¹ But Furth also reminded the reader that despite these often

²⁷ Ma Dazheng, *Zhongguo fuchanke fazhan shi*, 177. Both Ma and Zhang used the same phrase to describe the hand techniques described in *Shichan lun* as “a great revolutionary feat” 一場偉大的革命. Zhang goes further than Ma to speculate that Yang was probably a practitioner who personally delivered babies in order to have such intimate details of hand manipulation during delivery, and I disagree with her conjecture here.

²⁸ Furth, *A Flourishing Yin*, 269. Lü Kun 呂坤 (1536-1618), *Shizheng lu* 實政錄 (Records of Practical Administration), reprint 1868 (Hubei: Chongwen shuju 崇文書局, Tongzhi 7 [1868]). On medicine and medical practitioners in the Ming, see *juan* 2, 47-51; *juan* 6, 52-55.

²⁹ 廣韻: 婆, 老母稱也。同嫗, 奢也。國語詞典: 產婆、接生婆。Po usually refers to an older lady, and midwives were also referred to as *chanpo* 產婆, *jieshengpo* 接生婆.

³⁰ Furth, *A Flourishing Yin*, 268-300.

³¹ Christopher Cullen, Victoria Cass and Yi Ruolan have worked on these caricatures of the female healer in male literati writings. Christopher Cullen, “Patients and Healers in Late Imperial China: Evidence from the Jinpingmei,” *History of Science* 31.2 (1993): 99-150; Victoria Cass, *Dangerous Women: Warriors, Grannies, and Geishas of the Ming* (Lanham, Md.; Oxford: Rowman & Littlefield, 1999); Victoria Cass, “Female Healers in the Ming and the Lodge of Ritual and Ceremony,” *Journal of the American Oriental Society* 106.1 (1986): 233-40; Yi

negative and derogatory remarks, Ming doctors, like Xue Ji, “recognized midwifery as not only necessary but as a skill entitled to respect.”³²

Therefore, despite having to rely predominately on male-authored sources and their narratives in order to understand how medical works on childbirth were produced, the content of *Shichan lun* was written to record and represent women practitioners. By tracing the changes of such a text over a substantial period of time, I argue that some of those subtle changes reflect shifts in thinking about birth and some changes in practice. In this way, this study would contribute to existing body of scholarship on the history of medicine for women.

The Life of *Shichan lun*

I begin this study with a translation and analysis of the earliest extant edition of *Shichan lun*. I follow this with an examination of the authorship, compilation and emendation of *Shichan lun*. I contextualize Yang Zijian— the author, Chen Ziming

Ruolan 衣若蘭, *Sangu liupo: Mingdai funü yu shehui de tansuo* 三姑六婆: 明代婦女與社會的探索 (Study of Women in Ming Society) (Taipei: Daoxiang, 2002).

Midwives were often portrayed as morally dubious figures involved in schemes to kill male offspring at birth or cause harm to the mother during delivery. While medical authors usually wrote about the carelessness or clumsiness of inexperienced midwives, essayists and authors of *biji* 筆記 (miscellanies) such as Yuan Mei 袁枚's *Zibuyü* 子不語 (What the Master did not talk of) and *Xu zibuyü* 續子不語 disparaged their moral conduct. For example, in *Zibuyu* 子不語, *juan* 8, in the story *Shihui lei* 石灰雷, a midwife was bribed by the daughter of a wealthy man to murder his heir at birth so that she would not be denied her inheritance. The midwife was struck by lightning and died shortly thereafter. Another similar story in *Xu zibuyü* 續子不語, *juan* 7, *Leipi liangfu huo yi'er* 雷擊兩婦活一兒 (Lightning strikes two women and revives a baby), a midwife stole silver from the household where she performed services and cursed the baby when the parents inquired about the missing silver. The baby died on the third day after birth and the parents buried their newborn tearfully. The midwife and her daughter (who performed the third day washing ritual – *xisan* 洗三 for the baby who died) went to check if the baby was really dead and were struck down by lightning and killed instantly. The buried baby was found alive with a needle stub in its umbilicus area. Such stories are usually read as part of the *zhiguai* 志怪 genre, or as “records of the strange and anomalous,” but are nevertheless interesting anecdotal sources for historians. Yuan Mei 袁枚 (1716–1797), *Zibuyu* 子不語 (published 1781), *juan* 8 (Nanjing: Jiangsu guji chuban she, 1993), 159; *Xu zibuyü* 續子不語 (published 1796), *juan* 7 (Nanjing: Jiangsu guji chuban she, 1993), 122.

³² Furth, *A Flourishing Yin*, 281.

(fl. 1238-1271)—the compiler who incorporated *Shichan lun* in his *Furen daquan liangfang*, and Xue Ji (1486-1558)—the editor who made the most changes to *Shichan lun*, in their respective milieux. Each of these men played important roles in the longevity of *Shichan lun* and its status within the medical canon.

In Chapter One, in my translation and analysis of *Shichan lun*, I highlight two components that contributed to the unique characteristic of the work. One of which was pain. The author of *Shichan lun* described childbirth pain as rhythmic and possessing temporal qualities, and how it was used as a diagnostic tool to determine the progress of labour. I then explore various definitions of pain in childbirth and contextualize these against the larger uses of pain in Chinese medicine. The emphasis of pain and the use of pain descriptions as a diagnostic tool in *Shichan lun*, were aspects that were dependent on the birthing woman's intimate experience with her body and the skills of experienced women helping with birth. The birthing woman had to describe her pain, and the midwife had to confirm that those specific pain qualities signaled certain stages of childbirth. The midwife would then assist the woman to bear down to give birth. The intuitive and variable qualities of pain were hard to describe and also apply methodically through textual learning. Such qualities would also apply to the second component which I highlight in this chapter, hand techniques. *Shichan lun* contained records of hand techniques used only by women to manage birth complications. These techniques were tactile, intuitive and highly variable, depending on the experiences and skills of the practitioners. These techniques were also only useful when applied at the right moment, usually during an emergency when a fetus was stuck in some awkward position between the birth canal and the vagina. My study thus highlights the

tension between practice and writing about tacit knowledge, and suggests how symbiotic relations between writer and practitioner functioned in the Song dynasty.

In Chapter Two, I explore the world of Yang Zijian (fl. late eleventh to early twelfth century), the author of *Shichan lun*. I raise the question of why a well-connected literatus would be interested in documenting the process of birth and the techniques possessed by women practitioners. I argue that Yang was one of a handful of literati who were interested in medicine and related types of technical knowledge, including *wuyun liuqi* 五運六氣 (Five Circulatory Phases and Six Seasonal Influences). The authorship of such a well-quoted and widely disseminated work like *Shichan lun*, might perhaps be in part due to the dynamic impulse of Yang's milieu, which was transforming rapidly. These changes included the rise of important intellectual strands, such as *Daoxue* 道學, which would have tremendous influence throughout late imperial Chinese history, and the formation of literati networks at the local, regional and imperial levels.³³ In particular, in an age of proactive medical governance and flourishing print culture, the impetus for a literatus like Yang and his peers to write about medicine was greater than before, and the availability of works from previous periods would prove to be invaluable in their scholarship. I compare Yang to Shen Gua 沈括 (1031-1095), the polymath and literatus-official, who was also interested in writing about techniques and tactile knowledge that were not easily rendered in text. An important feature of *Shichan lun* was the fact that it was a record of women's experience as well as skills. Although Yang Zijian was able to appropriate the knowledge midwives had in the birthing chambers through writing and was able to disseminate some details

³³ James M. Hargett, "Song Dynasty Local Gazetteers and Their Place in the History of Difangzhi Writing," *Harvard Journal of Asiatic Studies* 56.2 (1996):405-42.

of their exclusive hand techniques, he acknowledged that only skilled midwives were able to successfully deploy the hand techniques. This acknowledgement of the expertise of women practitioners and the record of their tactile expertise is rare in Chinese medical works. In fact, most medical authors only had dismissive comments about woman practitioners who were blamed routinely for childbirth complications in medical works produced in imperial China.

Chapter Three is devoted to the study of the compiler of *Shichan lun*, Chen Ziming (fl. 1238-1271), who included *Shichan lun* in the widely disseminated *fuke* work, *Furen daquan liangfang* 婦人大全良方 (All-Inclusive Good Prescriptions for Women). Chen was writing at the end of the Southern Song period, during a politically tumultuous time, with the constant threat of war bearing on the otherwise vibrant southern metropolis of Hangzhou in south eastern China. I examine how Chen's scholarship reflected the consequences of the proactive involvement of the Northern Song government and literati in medicine. I argue that Chen had a peculiar vision of what a *fuke* 婦科 (gynecology) work for women should look like. Chen's ordering of topics for women's medicine would be an enduring contribution to Chinese medicine: the health of a woman's menstrual cycle or the regulation of menstruation still stands as the first topic in any medical work on Chinese medicine for women in China today. Chen also documented many shorter works which were no longer extant by the late imperial period.

In Chapter Four, I examine the changes introduced by Xue Ji (1487-1559), the late fifteenth and early sixteenth-century imperial physician and medical author, who played a critical role in elevating Chen Ziming's *Furen daquan liangfang* to one of the most widely disseminated works on women's medicine in late imperial

China.³⁴ Xue Ji was a prolific medical author and editor whose fame faded in the eighteenth century and was instead vilified by scholars and physicians who were influenced by the *Kaozheng* 考證 movement, and were therefore critical of their Ming predecessors.³⁵ I show that Xue Ji's changes to *Shichan lun* reflected the complicated relations that transmitted texts had with editors and readers. Xue Ji's changes to *Shichan lun* were not merely cosmetic but provided clues to subtle changes in cultural practices of birth and the perception of midwives in the fifteenth century. Subtle changes in a small work like *Shichan lun* would not alter the course of history but shed light on often hard to trace developments. Xue Ji shortened the pain descriptions and removed references to hand techniques and the importance of hiring skilled midwives from *Shichan lun*. Despite these changes, it remained popular and the sixteenth century edition by Xue Ji would become the most widely disseminated version of *Shichan lun*.

The choice to end the study during the time of Xue Ji was made out of necessity (a manageable dissertation), and does not reflect the end of the lifespan of *Shichan lun*. In fact, *Shichan lun* would continue to enjoy popularity with medical authors. By the nineteenth century, the contents of *Shichan lun* would be quoted haphazardly and sometimes appear as a skeletal list. The nineteenth century

³⁴ A quick survey of the Xue Qinglu's catalogue of Chinese medical works will show that Chen Ziming's *Furen daquan liangfang* has thirty-eight extant editions dating from the earliest extant from the fourteenth century to recent contemporary reprints in China. There are seven different editions of *Furen daquan liangfang* held at the National Palace Museum Library in Taipei. There are also editions held at the Library of Congress in Washington D.C. and at Princeton University. The bulk of these extant editions would be that edited by Xue Ji. Xue Qinglu 薛清錄, et.al., *Zhongguo zhongyi guji zonglu* 中國中醫古籍總錄 (Union Catalogue of Works of Traditional Chinese Medicine) (Shanghai: Shanghai cishu, 2008), 535-37; *Guoli gugong bowuyuan shanben jiuji zongmu* 國立故宮博物院善本舊籍總目 (Catalogue to the National Palace Museum Rare Books) (Taipei: Guoli gugong bowuyuan, 1983), 705-7.

³⁵ Marta Hanson discusses issues related to the application of *kaozheng* approaches to medical scholarship in the Ming and Qing dynasties. Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (London and New York: Routledge, 2011).

versions of *Shichan lun* no longer associated midwives with a high level of hand techniques and the descriptions of childbirth pain became more of a rhetorical device for male medical authors claiming authority in *chanke* 產科 (obstetrics) in medical works. As Yi-Li Wu demonstrated in *Reproducing Women*, as medical authors shifted from an interventionist to a non-interventionist approach to childbirth by the eighteenth and nineteenth century, *Shichan lun* was once again used in a different manner. *Shichan lun* made a brief appearance in Ye Feng's 葉風 (*zi* Weifeng 維風) *Dasheng bian* 達生編 (Treatise on Easy Birth, ca. 1749). Ye Feng commented that most of his writings were drawn from Yang Zijian's *Shichan lun*, which contained too much detail for him to include in *Dasheng bian*.³⁶ *Shichan lun* remained a work for medical authors who wanted details on how to manage childbirth and birth complications, but it also remained open to the agendas of the many authors and editors who crossed its path.³⁷ It was this openness to appropriation and rewriting that allowed *Shichan lun* to remain an active part of medical discourse, even as other medical works disappeared.

³⁶ Ye Feng, sobriquet Jizhai jushi 亟齋居士 (Lay Buddhist Jizhai), *Dasheng bian*, preface dated 1749, Yanagiharakihe 柳原喜兵衛 edition (Naniwa 浪華, Japan), 1774, Waseda University Library, Kotenseki Sogo Database, #09 01140.

³⁷ Wu, *Reproducing Women*, 147-87. Wu's research shows that male medical authors started to explain childbirth as a naturally easy process using the discourse of cosmological resonance and strongly advocated non-interventionist approaches to managing birth. Wu also found that the use of drugs was a popular option that medical authors provided to their patients. Most medical authors writing on childbirth acknowledged that when birth malpresentations occurred, only midwives had the skills to manage those complications (179).

Chapter One
Female Hands and Male Brushstrokes:
A Translation and Analysis of *Shichan lun* 十產論 (Ten Topics on Birth)

Part One

Introduction

Although Yang Zijian's *Shichan lun* 十產論 (Ten Topics on Birth) was not a long treatise, it enjoyed a longevity and popularity that was unique for a *fu* work. In this chapter, I examine how *Shichan lun* functioned as a classic on childbirth.¹ The treatise was ubiquitous in medical publications in late imperial China. Medical authors, editors and publishers considered the work important enough to include it in almost every obstetrical text. Its authority was hardly questioned. At the same time, like many classics, its authority did not preclude substantial editorial interventions in its content, and I will explore how *Shichan lun* underwent redaction in Chapter Four.

In this chapter, I will first introduce and provide a translation of *Shichan lun*. Then I will unpack in detail two of the most important features which I argue contributed to its longevity. These features were concerned with the expertise possessed by midwives as practitioners and the tactile experiences of the mother. The first is the understanding of how pain functioned as an indicator of

¹ *Shichan lun* was the text to turn to for childbirth complications and utilized like a canonical work within the medical canon. By canonical, I refer to texts that have been acquired or adopted as authoritative and provide the standard norm for a specific field or even a state. "Classics" or *jing* 經, is used to denote canonical works. On Confucian Classics, see Michael Nylan, *The Five 'Confucian' Classics* (New Haven: Yale University Press, 2001), esp. 14-16.

developments during childbirth, and how it evolved as a diagnostic “tool.” The second is the specific types of hand manipulations used during delivery. These two features, along with other elements described in lesser detail, formed the content of the treatise. It is rare to find such a detailed description of skills possessed by women or an entire treatise that described their work in premodern China. Thus, even though the text was written and later adopted by male medical authors, *Shichan lun* should also be read as a record of woman's knowledge, skills and techniques.

Authorship, Structure, Language and Tone

The earliest extant edition of Yang Zijian's *Shichan lun*, the basis of my analysis in this chapter, was collected in *juan* 17 of Chen Ziming's *Furen daquan liangfang* 婦人大全良方 (All Inclusive Good Prescriptions for Women), titled *channan men* 產難門 (the specialty of difficult birth).² The treatise *Shichan lun* was most likely the work of a single author from the eleventh or twelfth century. The thirteenth century compiler, Chen Ziming, who was meticulous in citing the authors or titles of works that he included in his large work, attached Yang Zijian's name to the title of *Shichan lun*. Chen did the same for another work, Guo Jizhong's 郭稽中 *Channan fanglun* 產難方論 (Collection of Formulas on Difficult Birth), in the fourth subsection of *juan* 17 (*Yang Zijian Shichan lun* was

² Chen Ziming, *FRDQLF*, *juan* 17. This is the earliest extant edition published by Qinyou tang 勤有堂 in the Jin-Yuan 金元 periods (fourteenth century), and I will refer to it as version A. The most widely disseminated edition edited by Xue Ji will be examined in Chapter Four, and that has been labeled as version B in Appendix I.

collected in the second subsection).³ The manner in which Chen Ziming provided the names of author and their respective works was consistent enough, and I suggest we take Chen's citation as accurate.

Besides Chen's style of referencing authors, single authorship is also suggested by the structure and language of the treatise. Clearly, the author had conceived of the treatise as a work that should be read as a whole. Each topic of the treatise referred back to Topic One, which set the tone for the rest of the treatise. The author had therefore ensured that all the topics had some connection to each other. Topic One, *Zhengchan* 正產 (which can be translated as "regular," "standard," or "proper" birth), was designated as the ideal or standard model, while subsequent topics described increasingly complicated childbirth problems.

The author of *Shichan lun* organized the work as a list. He began each topic with a number, and then defined that item by describing the condition of the pregnant woman and her fetus. This method of itemizing allowed the author to introduce an aspect of childbirth in a list, resembling a formal record, an

³ It appears that Chen would include the name of the author if he was his contemporary, like Guo Jizhong, but for older works like *Qianjin fang* 千金方 or *Shenghui fang* 聖惠方, Chen would cite the title. Other contemporaries of Chen who were cited in his work included Chen Yan 陳言, *zi* Wuze 無擇 (fl. 11th -12th), Wang Zixiang 王子享, Kou Zongshi 寇宗奭 (fl. 11th -12th), and Gong Yande 龔彥德. If a recipe came from a patient, Chen included their names and titles. For example in *juan* 17, part five, on stillbirth, Chen listed a Deng *zhixian* 鄧知縣 (county magistrate whose surname was Deng), whose recipe on how to remove a dead fetus from a woman who was still alive had been passed down through generations. Then Chen added a story to the recipe: Magistrate Deng had tried this recipe on the cat of a man from Hongzhou 洪州 who had been recommended for office. When Deng and the man from Hongzhou were both *chengwei* 城尉 (City Commandants), they encountered a cat who gave birth to one kitten but had four dead fetuses in its womb, causing it great suffering. Deng saved the cat by using this recipe, which he also tried on a cow. It might be fruitful to analyze the implications of using a recipe tried on cats and cows on women, and how that might shed light on how knowledge was collected and circulated in medieval China. Chen Ziming, *Furen daquan liangfang* (Shanghai: Shanghai kexue jishu, 1991), 468-9. For the title of *chengwei*, see Charles Hucker, *A Dictionary of Official Titles in Imperial China* (Taipei: SMC Publishing, 1985).

inventory, or a household-book. Each item in the list had repeated formulaic phrases, again suggesting that *Shichan lun* was most probably conceived as a set. It is possible, however, that one of the items was added later. The treatise that Chen attributed to Yang Zijian contained eleven topics, despite the use of the character *shi* 十 (ten) in the title. The eleventh topic was probably added by Chen Ziming. In any case, the use of numbered topics suggests an attempt to produce a cohesive and structured piece of writing.

In my analysis, I found that the work could be further divided into five parts on the basis of content.⁴ The first part is comprised of Topic One, *Zhengchan* 正產 (regular or standard birth), which described regular childbirth with no complication. This *lun* included details of various pain locations on the body of the pregnant woman, marking the progress of the descent and emergence of the fetus. The rest of the topics would all differ from the first ideal birth scenario. The next part consisted of Topic Two, *Shangchan* 傷產 (injurious birth) and Topic Three, *Cuichan* 催產 (hastening birth). These two topics described extreme pain and hardships suffered by the pregnant woman during prolonged childbirth. The advice provided in these two topics did not involve tactile techniques, but instead expounded the importance of caring for and observing the pregnant mother's condition during the course of the delivery. The third part consisted of Topics Four and Five, which explained what should be done to prepare for childbirth delivery during different seasons (winter or summer) and described the ideal conditions of the birthing chamber. The fourth part contained four topics that

⁴ The division is based on the similarity of contents in each topic, the level of severity in the complications described and the types of methods utilized.

described the work of midwives. These were specifically on hand techniques employed by midwives to manage malpresentations, one of the two features that I will explore at length in my analysis. These topics were, respectively, *Hengchan* 橫產 (horizontal birth), *Daochan* 倒產 (inverted birth), *Pianchan* 偏產 (inclined birth or brow presentation), and *Aichan* 礙產 (obstructed birth).

In the preface of *Shichan lun*, the author, Yang Zijian, had cautioned that these malpresentations were complications that could lead to death. The only way to manage these complications was with the human hand, and those hands had to know the bodies of pregnant women and their fetuses well. The character *fa* 法 in all these techniques was qualified by verbs that described action, such as *tui* 推—to push, *zhi* 治—to manage, and *shou* 收—to receive.⁵ In this group of topics, the dexterity and finesse of the midwife's methods, techniques and skills were emphasized. Exquisite hand techniques saved lives, while an unskilled midwife could cause death.

If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life. 若看生之人非精良妙手不可依用此法恐恣其愚以傷人命。

This line was repeated at the end of Topics Six to Nine. This note of caution highlighted the importance of tactile techniques in childbirth and the expert role midwives played in childbirth. The fifth part included Topic Ten, *Zuochan* 坐產 (sitting birth) and Topic Eleven, *Panchang chan* 盤腸產 (rectal prolapse), a later

⁵ In Topic Six, *Hengchan* (horizontal birth) we find a reference to *tuier zhi fa* 推兒之法 (the method to push the child); in Topic Seven, *Daochan* (inverted birth), we find a technique described as *zhizhi zhi fa* 治之之法 (the method to control or manage). In Topics Eight and Nine, on *Pianchan* 偏產 (oblique birth) and *Aichan* 礙產 (obstructed birth), we find techniques referred to as *shouzhi zhi fa* 收之之法 (the method to receive [the fetus]).

addition, most probably by Chen Ziming. Topic Ten on “sitting birth” provided instructions on how to use a rope to suspend the pregnant woman in a “sitting” stance without actually sitting on anything (in an elevated squat position). Topic Eleven described a case history of how to treat a prolapsed bodily part after childbirth.

Besides the use of formulaic language, such as repeating the advice to hire a skilled midwife at the end of Topics Six to Nine, there were other types of repetition (phrases). For example, the emphasis placed on the importance of *shoufa* 手法 (hand techniques) was repeated in Topics Six to Nine. Other phrases, like the mother using excessive force (產母用力之過), were repeated in Topics Two, Six, Seven and Eight (with some variations), emphasizing the experiences of the pregnant woman during childbirth.

Shichan lun was not unique in having *shilun* 十論 (ten topics) in its title, nor was its itemized content unseen in other medical works.⁶ What set *Shichan lun* apart was its content and the fact that there was no other similar treatise or work that described childbirth delivery so thoroughly and explicitly. Although some medical works from the same period in the twelfth and thirteenth centuries had the character *lun* 論 (topic) in their titles, the contents could not be more different.⁷

⁶ Another listing genre was *pulu* 譜錄 (catalogues and registers). For an extensive treatment of *pulu* 譜錄 literature, see Martina Siebert, *Pulu: “Abhandlungen und Auflistungen” zu Materieller Kultur und Naturkunde im Traditionellen China* (Wiesbaden: Harrassowitz, 2006).

⁷ See *Chanyu baoqing ji* 產育寶慶集 (Precious and Felicitous Collection of Teachings on Childbearing), comp. 1109, collected in the *Siku quanshu* 四庫全書, vol. 743, in which there is

If the structure and the content suggested a single author, the work was also characterized by a consistent tone. One feature of the earliest extant edition of *Shichan lun* was its tone of admonition and advice. The bulk of the blame for complications in birth was clearly placed on the pregnant woman who had pushed too soon and therefore caused the fetus to be stuck in certain positions. While some blame was put on the *shousheng zhi ren* 收生之人 (birth attendants, the term used was not yet *wenpo* 穩婆, or midwives), for providing wrong advice to the pregnant woman, they were not chastised to the same degree as they would be later, in the Ming and Qing dynasties. The author of *Shichan lun* acknowledged that responsibility for safe delivery of the fetus lay with the birth attendants, and throughout the treatise, he stressed the importance of birth attendants possessing the finest dexterity of the hands. The hands were the tools that would save both mother and child from the claws of death. The grave danger during childbirth could be avoided when the right practitioner applied the proper skills.

The possibility of imminent death in childbirth was stressed at the beginning of the treatise, and Yang Zijian indicated that those who had easy childbirth were fortunate. In contrast, for many, the *xingming* 性命 (lives and fate)⁸ of both

a *Chanlun ershi yi pian* 產論二十一篇 (Twenty-one sections of Birth Topics). Although *lun* was used in the title, the content was not ordered as tightly as *Shichan lun*.

⁸ *Xing* 性 and *ming* 命 were important concepts in Song *Daoxue* 道學 scholarship. Although the works of Zhu Xi 朱熹 (1130-1200), *zi* Yuanhui 元晦, the most famed scholar of *Daoxue*, would become important and canonical in the Yuan period, concepts like fate, or what Charlotte Furth called “human nature,” which were considered *ru* topics, were of interest to literati in the general milieu of the early Song period. Charlotte Furth, “The Physician as Philosopher of the Way: Zhu Zhenheng (1282-1358),” *Harvard Journal of Asiatic Studies* 66.2 (2006), 423-59. For more discussion on the historical significance of *ming*, see Christopher Lupke, ed., *The Magnitude of Ming: Command, Allotment, and Fate in Chinese Culture* (Honolulu: University of Hawai’i Press, 2005). The Northern Song concern with *xing* 性 (nature) was also associated with Mengzi, a frequent object of commentary by supporters of the *guwen* movement. See Chapter Two on Yang Zijian.

mother and child could change very quickly in a short period of time, leading to death. As Yang put it, “...if by any chance there is a little difficulty [during delivery], wherefore in a moment, the lives of the mother and child hang by a strand of hair.”⁹ The dire tone of the author could have been rhetorical, but it was certainly in tune with the times. He was writing in a period that saw life as somewhat “fixed” around what a person could achieve or the length of one’s life.¹⁰ The Song dynasty existed under constant threat of military invasion and conquest, and that source of stress was embedded in the writings.¹¹

This idea that medical titles or content in medical works reflect the times was highlighted by the medical historian, Fan Kawai, who pointed out that medical works in the medieval period (including the Sui and Tang periods, seventh to tenth centuries) reflected the needs and circumstances of practitioners and patients, who were relocating from north to south, during wars, between new regimes, and expansions of new empires.¹² Many works listed in the bibliographies from the Tang period were written for and used by those who traveled frequently and needed emergency assistance while on the road. Thus, titles like *Beiji* 備急 (Prepared for Emergencies) in the work of Sun Simiao's *Beiji*

⁹ “萬一有少艱難則須與之間子母之命懸於絲髮。” Yang Zijian, preface to *Shichan lun*, *FRDQLF*, juan 17.

¹⁰ Robert Campany, “Living Off the Books: Fifty Ways to Dodge *Ming* in Early Medieval China,” in *The Magnitude of Ming: Command, Allotment, and Fate in Chinese Culture*, edited by Christopher Lupke (Honolulu: University of Hawai’i Press, 2005), 129-50.

¹¹ Fredrick Mote, *Imperial China: 900-1800* (Cambridge MA.: Harvard University Press, 1999), 112.

¹² Fan Kawai 范家偉, *Liuchao Sui Tang yixue zhi chuancheng yu zhenghe* 六朝隋唐醫學之傳承與整合 (*A Study of Medicine in China: Its Legacies, Inheritance and Integration during the Medieval Period*) (Hong Kong: The Chinese University Press, 2004), 175-86. The massive movement of people from north to south took place after three major upheavals: civil disorder at the end of the Yongjia reign (307–312) of Jin, the An Lushan Rebellion from 755 to 763, and the period between the Northern (960-1127) and Southern Song (1128-1279) dynasties. G. William Skinner and Hugh D.R. Baker, *The City in Late Imperial China* (Stanford: Stanford University Press, 1977), esp. introduction, 3-31.

qianjin yaofang 備急千金要方 (Essential Prescriptions Worth a Thousand in Gold for Every Emergency), conveyed the idea that emergencies were expected and had to be managed. The sense that one's milieu was changing rapidly and unrest was prevalent was therefore not merely limited to medical authors who perhaps had greater exposure to the injured, maimed and dead during wars, invasions and refuge populations. Writings by other learned men revealed that they shared the sense of being in political tumultuous periods during which the constant threat of invasion loomed large.¹³ Their anxieties were carried over into writings in diverse fields. A similar language of disorder and travail was also used to describe the unpredictable and often fatal outcome of childbirth. Bringing forth a new life was a potentially dangerous and life-threatening event, and medical authors conveyed that sense of danger into their works.¹⁴

Based on its structure, language and tone, I have posited that *Shichan lun* was probably the work of a single author. In the next section below, I present my translation and analysis. As I mentioned in my introduction, my analysis will focus particularly on two features that I found particularly interesting in *Shichan lun*—pain and hand techniques. The content would further reveal certain coherence in the work.

¹³ Mote, *Imperial China*, 112. Fan Kawai, *Liuchao Sui Tang yixue zhi chuancheng yu zhenghe*, 175-86.

¹⁴ According to Lee Jen-der in her study of women from the Han to the Six Dynasties, most women got married between the ages of fourteen and eighteen, and the highest mortality rate was in the group between the ages of twenty to thirty. Therefore, Lee argued that childbirth and childbirth complications were the most probable reasons for the high mortality rate in the age group. Lee also provided examples from historical sources describing childbirth narratives often leading to death. *Hanshu*, *juan* 97a, 外戚傳, 3966 [婦人免乳大故, 十死一生]. Lee Jen-der, *Nüren de Zhongguo yiliao shi*, 74-75. The discourse that childbirth was dangerous and deadly for women would shift by the late Ming and Qing periods to one of childbirth being a natural occurrence, requiring no intervention. See Wu, *Reproducing Women*.

Part Two

The Pain of Childbirth

Topic One: *Zhengchan* 正產 (Regular birth)

Topic One is *zhengchan* (Regular Birth.) Now, a woman who experiences *zhengchan* carries her fetus for the full ten months,¹⁵ and has sufficient yin-yang and *qi* (vital energy). Suddenly, [she] experiences waves of pain rising [and ebbing] about the waist (*yao* 腰 – around the lower back), and then around the abdomen (*fu* 腹). And following soon after, the *qi* of the fetus suddenly sinks, such that the pain around the navel (lower abdomen) becomes unbearable, and the [area] between the waist [lower back] becomes swollen with extreme pain. The alimentary tract (the end, i.e., the rectum and anus) feels like it was about to burst, and subsequently [birth] fluid breaks and blood descends, and the child is born swiftly. This is called Regular Birth.

正產者蓋婦人懷胎十月滿足陰陽氣足忽然腰腹作陣疼痛相次胎氣頓陷至於臍腹疼痛極甚乃至腰間重痛穀道挺迸繼之漿破血下兒子遂生此名正產

The author of *Shichan lun* started with a description of childbirth with no complications, which he labeled as *zhengchan* 正產 (Regular Birth). As I have mentioned, the subsequent topics that described complications were all deviations from this regular birth.¹⁶ In this description, the author first stipulated that regular birth took place after a full ten months of pregnancy. We are told that the ten months were crucial for the woman, and possibly her fetus, to accumulate the vital energy necessary for safe childbirth. The author then introduced a description of pain that shifted within the body of the pregnant mother's body.

¹⁵ The full term of pregnancy was ten months in premodern Chinese medicine. In *Huainanzi* 淮南子, there is an excerpt that describes the ten months of pregnancy. See also my discussion of Topic Two, where we find a description of pregnancies that were less than or more than ten months. Yi-Li Wu also discussed this in her book *Reproducing Women*, 130-35, and in her article, “Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty in Classical Chinese Gynecology,” *Nan nü: Men, Women and Gender in China* 4.2 (2002): 170-206.

¹⁶ The character *zheng* 正 is associated correct.

The rhythm and shift of pain would guide the pregnant woman from one stage of delivery to the next. In other words, the description of regular birth introduces us to two important components: the various qualities of pain itself and how that pain shifted in various parts of the woman's body to signal the onset of childbirth.

The Quality of Pain in *Shichan lun*

To describe childbirth pain in *Shichan lun*, the author used two characters: *teng* 疼 and *tong* 痛. Beyond *Shichan lun* these two characters were sometimes paired separately with other characters. These pairings could be used to describe emotions that involved sharp pangs resembling physical soreness, such as *xintong* 心痛 (heartache), or *tongku* 痛苦 (hardship). *Teng* often had the quality of being less grave, more like a stinging sensation, and it was also the type of pain associated with parental love for one's child.¹⁷ *Tong* was associated with pain arising from illnesses, or extreme provocation in one spot of the body, and in a more general sense it referred to hardships in life. In *Shuowen jiezi* 說文解字 (Explanation of Primary Signs and Analysis of Graphs; completed ca. 100), *tong* was defined as sickness.¹⁸ When *teng* and *tong* were paired together (*tengtong* 疼痛), the most common use was to denote pain that was aching and sore, recurring and unrelenting. The combined use of *teng* and *tong*, therefore, blends physical

¹⁷ Dorothy Ko, "The Subject of Pain," in *Dynastic Crisis and Cultural Innovation: From the Late Ming to the Late Qing*, ed. Shang Wei and David Wang (Cambridge, Mass.: Harvard University Press, 2005), 478-503, esp. 482, fn. 6. On the study of *teng* (to love), see C. Fred Blake, "Foot-binding in Neo-Confucian China and the Appropriation of Female Labor," *Signs* 19.3 (1994): 676-712, esp. 681-82.

¹⁸ Xu Shen 許慎 (d. 120?), *Shuowen jiezi* 說文解字 (Beijing: Zhonghua shuju, 1963), 154. "痛, 病也."

and emotional distress, and makes no attempt at separating the two. When *tengtong* is used in the context of childbirth, it denotes the somatic sensations, all wrapped up in a knot that cannot be unraveled.¹⁹ In addition to *tong* and *teng*, the author used *shang* 傷 (commonly translated as “injury” or “to harm”)²⁰ in Topic Two, which contained the description of the very painful process of a fetus turning round during childbirth. I will explain the use of *shang* further in Topic Two.

Interestingly, the terms for pain alone did not provide enough information to identify any particular problem in childbirth. Pain was expected in childbirth, but here, the author qualified pain and used it as a tool to mark the progress of birth. In *Shichan lun*, besides describing *teng* and *tong* qualitatively in order to reflect the experience of a woman, the author also described the rhythm of pain. In Topic One, pain is not static but has movement. It arises swiftly and suddenly, denoted

¹⁹ Angelika C. Messner, “Emotions, Body, and Bodily Sensations within an Early Field of Expertise Knowledge in China,” in *From Skin to Heart: Perceptions of Emotions and Bodily Sensations in Traditional Chinese Culture*, ed. Paolo Santangelo (Wiesbaden: Otto Harrassowitz, 2006), 41-63, esp. p. 58. Lu Gwei-Djen and Joseph Needham discussed the issue of pain in *Celestial Lancets*, and described “visceral pain, [that was] triggered by malfunctions or infection, as opposed to somatic pain.” Lu and Needham consulted the works of R. Melzack, M.L. Barr and A. Kuntz, respectively, on pain, the human nervous system and the autonomic nervous system. In Lu and Needham's descriptions of pain related to the heart, gall-bladder, bile ducts and appendicitis, pain also started in one location and moved into different parts or regions of the body. Lu and Needham, *Celestial Lancets: A History and Rationale of Acupuncture and Moxa* (Cambridge: Cambridge University Press, 1980), 204-5, 220-21. On pain and other emotions in Chinese culture, see Ulrike Middendorf, “Ecstasies, Recession, Pain: Images of Suffering in the Classic of Poetry,” in *From Skin to Heart: Perceptions of Emotions and Bodily Sensations in Traditional Chinese Culture*, edited by Paolo Santangelo, in cooperation with Ulrike Middendorf (Wiesbaden: Harrassowitz, 2006), 67-130. As for pain in classical medical works, see *Huangdi neijing suwen* 黃帝內經素問, *juan* 11, no.41, where needling or acupuncture was described as the treatment for pain in the waist area.

²⁰ Morohashi Tetsuji 諸橋轍次 (1883-1982), *Daikanwa jiten* 大漢和辭典 (Great Chinese-Japanese Dictionary) (Tōkyō: Taishūkan Shoten, 1985), 8083. *Yubian*, *tong* 痛, *shangye* 傷也 (*tong* is *shang*).

by “*huran*” 忽然, and has the quality of “*zuozhen*” 作陣 (close and tight).²¹ The pain described as *zuozhen* therefore rises and falls repeatedly, but also has a throbbing or pulsing sensation. This *zuozhen* was a throbbing type of pain that comes in waves (*xiangci* 相次). Pain has a rhythm.²²

Besides the author's description of rhythmic and temporal sensations of childbirth pain, he also specified its spatial qualities. As the pregnant woman began to feel unbearable pain, especially in the waist area and around the lower back, the throbbing changed to a pain that the author described as *zhongtong* 重痛 (heavy or serious pain) experienced in the navel region. *Zhongtong* signaled the start of a different sensation in another part of the body. The spatial descriptions in *Shichan lun* provided both the location and sensations of pain. The throbbing and aching sensations that came in waves, especially from her lower back to the navel region guided the pregnant woman to recognize that she was ready to give birth. Spatial pain was therefore dynamic, not static. First, we are told that the pain would occur around the waist area (*yao* 腰), and then descend to the abdomen area (*fū* 腹).²³ When the fetus was ready to emerge, the pain was experienced in the lower abdomen region, closer to the navel region (*qí* 臍).

²¹ Here *zuo* 作 likely referred to rising or increasing, and *zhen* 陣 denoted the quality of sudden occurrence or abrupt ending. As a phrase, *zuozhen* 作陣 was usually used to refer to the formation of something very tight and close together, such as a battle array.

²² In contemporary biomedical vocabulary, this is called contractions. On pain and sensations, see Lana Hartman Landon, “Suffering over Time: Six Varieties of Pain,” *Soundings* 72 (1989): 75-82.

²³ *Fu* 腹: the lower stomach, the abdomen; or in alchemical Daoism, this is located just below the Cinnabar field (丹田), which is the center of the person, or the proper seat of the mind. The author has differentiated between *yaofu* 腰腹 (waist-abdomen) and *qifu* 臍腹 (navel-abdomen) areas. Then, there is also *yaojian* 腰間 (center of the waist).

It is important to emphasize that the pain described here could not be assessed during childbirth without the active participation of the mother giving birth. The *lun* assumed a dialogue between her and those helping her (only women presumably). This dialogue on pain would have given the woman a sense of the passage of time during a physically grueling period which could seem interminable. Pain, if repeatedly wrought on the human body can fool the brain/mind into thinking that a longer period of time has elapsed,²⁴ because the body is experiencing something unpleasant or unfamiliar. Therefore if the pregnant woman could identify which part of childbirth she was experiencing, whether it was the initial waiting period when pain was felt only in the lower back, or further along when pain was experienced in the lower back and the navel region, she would be able to prepare herself mentally. Those attending to her would also be able to get ready to help her walk around while waiting or get her ready to crouch and bear down to give birth. This need to prepare the pregnant mother was described in other parts of Chen Ziming's *Furen daquan liangfang*.²⁵

Without pain, it would have been difficult to know that it was time for the pregnant woman to bear down and start pushing. Because pain was experienced only by the pregnant woman, no one else could really tell her when she should be starting to push to give birth. Those around her could only advise her on how to identify the pain that would signal the need to bear down to *zuocao* 坐草

(literally, “sit on the grass”), in order to avoid expending the mother's energy. The

²⁴ In a contemporary midwifery textbook, the mother-to-be laboured hard till she “reached a level of surrender and her behaviour is characterized by great concentration and quietude, creating the illusion that time has stopped.” Here time takes on its own length and temporality for the woman giving birth. Elizabeth Davis, *Heart and Hands: A Midwife's Guide to Pregnancy and Birth*, 4th edition (Berkeley: Celestial Arts, 2004), 116-117.

²⁵ Such preparations were mentioned in Chen Ziming, *FRDQLF*, *juan* 16, part 2, *juan* 17, part 1.

fact that the male author actually acknowledged that the usually “inaudible” pregnant woman had the ultimate sense about when to begin pushing, tells us a few things. One, the male author did not try to appropriate this subjective and intensely private moment of a bodily act, or assimilate it into the realm of knowledge production through writing. Instead the author gave due credit to the ability of the birthing woman to trust her body and sensations. In doing so, the male author was also pointing out that the birth attendants or midwives and himself, were not privy to the body that was experiencing pain.²⁶ If pain was a natural part of giving birth, then only the pregnant woman could harness that pain.

Pain had a clear function in *Shichan lun*, and it was not only described as an inevitable part of childbirth. The description of pain in *Shichan lun* was very different from other parts of Chen Ziming's *juan 17* in *Furen daquan liangfang*. Elsewhere, women about to deliver were advised to bear with the pain, without describing what the pain might be like. This advice to “bear with pain” would become the most common “medical advice” given in any works written on childbirth.²⁷ Such advice would become ubiquitous in medical texts in the Ming and Qing periods.²⁸ In the Ming and Qing period childbirth was also frequently

²⁶ Here, I am not suggesting that pre-modern Chinese pregnant women were given the space to practice “natural childbirth.” I also do not mean for my analysis to be used as “alternatives” from pre-modern periods that showcase natural birth, a false nostalgia for the pre-patriarchy period, sometimes described by popular pro-natural birth advocates in North America and Europe today. The “natural birth” movement, especially that in the US, Canada and Europe arose within specific sets of historical contingencies and variables, was associated with women’s movements, medicalization of childbirth, increased reliance on drugs to remove pain, etc. For the latest study on the administration of drugs to remove pain during childbirth, see Jacqueline Wolf, *Deliver Me From Pain: Anesthesia and Birth in America* (Baltimore: The Johns Hopkins University Press, 2009).

²⁷ Ye Feng would use this advice in his popular treatise, *Dasheng bian* (1715) as his main thesis. See Yi-Li Wu, *Reproducing Women*, 147-87.

²⁸ In the six-character exhortation (六字真言) given in *Dasheng bian*, the ability to tolerate pain was the second most important advice, after sleep. Yi-Li Wu, *Reproducing Women*, 147-87.

described as a natural process that did not require the intervention of physicians and midwives.²⁹ It is also important to note that the author of *Shichan lun* did not describe pain as a symptom of an illness, as pain was for much of Chinese medical writing from the early period.³⁰

The author of *Shichan lun* had obviously thought about pain, and his informants (the birth attendants and midwives) had themselves differentiated various types and quality of pain experienced during childbirth. The throbbing sensations located in specific parts of the woman's body using *teng* and *tong* in *Shichan lun* were associated specifically with childbirth without complications. When all these signs had appeared but the fetus had still not emerged from the womb, a complication was determined to have occurred. Then some form of intervention was introduced. This would lead us to the complications described in *Shichan lun*.

Topic Two: *Shangchan* 傷產 (Injurious Birth)

Topic Two is *shangchan* (Injurious Birth). It is possible that some pregnant women would suddenly give birth in the seventh or eighth month of their pregnancy. Some would give birth in the ninth or tenth month, and there are some who would experience one, two years, and even up to four and five years of pregnancy before giving birth. Now, only the full duration of ten months is considered Regular Birth. The yin and yang in the life of a person are pre-determined; each has his or her allotted time and day which cannot be changed or altered. Now, there are some, a month before the birth date, who suddenly experience aching pains in the navel and abdomen, resembling one about to give birth, but nothing happens, and this is called “testing month,” and is not Regular Birth. But all pregnant mothers, without having experienced the previous symptoms of (or signs associated with) Regular Birth, do not immediately get someone to hold the waist (*baoyao* 抱腰). The pregnant mother should not rashly use excessive force [to push].

²⁹ Wu, *Reproducing Women*, esp. introduction.

³⁰ See my discussion on pain in Chinese medical writings below.

All pregnant women who feel [that they were] about to give birth, are experiencing aching pain in the abdomen and navel regions, but [at that time] the body of the child has not yet straightened. Unfortunately, the birth attendant had instructed the pregnant mother to pointlessly use force [when] the body of the child is just only starting to rotate to one side. The mother's sudden use of force will cause the child to [move] in the wrong direction. Some would lie horizontally and some turned around, and in every case the reason would be that the mother exerts physical force before the right time. In such a situation when the pregnant woman exerted physically, [she] ought to wait for the child's body to straighten itself, and when the baby is pushed right at the entrance of the birth door, then start to exert physically and push, to get the child to descend and be born. In this way, the pregnant woman has used force at the appropriate time. If there is no sign associated with regular birth and she pushes too soon, and also recklessly takes medicine, she will cause the premature descent of the child. This is similar to pulling a sprout to assist its growth, not only is there no benefit, but harm will ensue. This is called *shangchan*.

二曰傷產

傷產者蓋婦人懷胎 忽有七月八月而產 忽至九月十月而產 忽有經一年二年乃至四年五年而後產者 今獨以十月滿足為正產 蓋一人之生陰注陽定各有時日不可改移今有未產一月已前忽然臍腹疼痛有如欲產仍却無事是名試月非正產也但一切產母未有前面正產證候即不可令人抱腰產母亦不可妄亂用力蓋欲產之婦臍腹疼痛兒身未順收生之人却教產母虛亂用力兒身纔方轉動却被產母用力一逼遂使兒子錯路忽橫忽倒不能正生皆緣產母未當用力之所致也凡產母用力須待兒子順身臨逼門戶方始用力一送令兒下生此方是產母之用力當也若未有正產之候而用力傷早并妄服藥餌令兒下生 譬如揠苗而助之長³¹ 非獨無益而又害之此名傷產。

In Topic Two, *Shangchan* 傷產 (Injurious Birth), described an extremely strenuous and arduous type of childbirth. In *shangchan*, the fetus turned around only during childbirth resulting in an extremely painful ordeal for the pregnant

³¹ *Ya miao zhu zhang* 揠苗助長: to pull at the sprouts in order to help them grow. This saying can be found in *Mengzi*, and tells the story of an impatient farmer who killed his crops when he raised them up an inch by pulling on them to help them grow faster. See Irene Bloom, trans., *Mencius* (New York: Columbia University Press, 2009), Book 2A2, 29-32.

mother. The term *shang* 傷³² was used instead of *teng* or *tong*, suggesting that the author saw a need to differentiate various types of pain during childbirth. While pain in the first topic was used as an indicative tool, pain in the second topic was associated with a birth complication. Specifically, the *shang* (pain) sensations in the second topic were associated with the fetus turning around during the initial stage of childbirth,³³ misidentifying the pain would lead to further complications. That is, if “*shang*” was interpreted as “*teng*” or “*tong*,” the mother would risk pushing a fetus that was not yet ready to descend. The author chastised birth attendants who urged the mother to start pushing just because she experienced pain around the *qi* 臍 (navel) and *fu* 腹 (stomach) regions. Here was an instance of using pain as an indicator erroneously. Although temporal and spatial pain descriptions as an indicator of birth progress were important, Topic Two described how pain was not enough to signal impending birth.

In Topic Two, the author also introduced the idea of gestation periods that were shorter or longer than the most common ten months.³⁴ The possibility of uncommon gestation periods was raised because these could lead to pain episodes that did not result in birth. He advised that some women may have longer gestation periods but could still give birth without problems. The author then went

³² Dorothy Ko explained that pain was often described as either *tong* 痛 or *shang* 傷. Dorothy Ko, “The Subject of Pain,” in *Dynastic Crisis and Cultural Innovation: From the Late Ming to the Late Qing*, eds. Shang Wei and David Wang (Cambridge, Mass.: Harvard University Press, 2005), 478-503.

³³ A fetus turning around close to the full term of pregnancy has been recorded as a very painful experience. It is possible for the fetus to rotate either spontaneously or manually during labour. Besides spontaneous rotation during labour, in an event of a breech presentation, that is the baby as its head high up below the ribcage and its legs or buttocks are facing the vagina, an external cephalic version (ECV) could be performed. Jayne E. Marshall and Maureen D. Raynor, eds., *Advancing Skills in Midwifery Practice* (London: Elsevier, 2010), 47-55.

³⁴ Yi-Li Wu discussed pregnancies that were shorter than ten months and those that lasted beyond ten months and sometimes for years. Wu, *Reproducing Women*, 120-46.

on to describe pain that was felt in the ninth month of gestation and was called *shiyue* 試月 (“testing month”).³⁵

Now, there are some, a month before the birth date, who suddenly experience aching pains in the lower abdomen and abdomen, resembling one about to give birth, but nothing happens, this is called “testing month,” and is not Regular Birth.

今有未產一月已前忽然臍腹疼痛有如欲產仍却無事是名試月非正產也. (Topic Two)

Knowing when childbirth would start was a concern addressed in Yang Zijian's *Shichan lun*, and it was also discussed in other parts of *juan 17* of *Furen daquan liangfang*. Chen Ziming explained that when a pregnant woman experienced sporadic pain in the abdomen region in the final month of her pregnancy, she could mistakenly think that it was time to give birth. Chen cautioned that such a pain, neither rhythmic nor gradual, should not be associated with childbirth. Chen went on to provide a description of how to determine the “right” pain in his introduction to “why difficult births occur,” immediately before *Shichan lun* in *juan 17*. The wrong type of pain was *nongtong* 弄痛 (deceptive pain), which did occur in a recurring manner but was neither rhythmic nor gradual. This pain was felt in the abdomen (*fu* 腹) area but not around the navel (*qi* 臍). Only pain that was felt in both the navel and abdomen areas, as described in *Shichan lun*, was a legitimate sign that it was time to give birth. Pain that did not meet these criteria was therefore “false” and should not be mistaken as an indication to bear down.

³⁵ The terms, *shitong* and *nongtong* 弄痛 (deceptive pain, mentioned in section one of *juan 17*, *FRDQLF*), can be translated as “false labour.” On “false labour” see *Williams Obstetrics*, 23rd edition (New York: McGraw Hill Medical, 2010), 384. *Williams Obstetrics* notes that false labour often stops spontaneously, an observation also made by medical authors in medieval China.

Chen Ziming advised pregnant women to wait till the pain was “extreme,” as if “one’s eyes were on fire” before preparing to bear down.³⁶

Therefore, *nongtong* 弄痛 (deceptive pain) described by Chen Ziming was similar to *shiyue* 試月 (testing month) described in Topic Two, *Shangchan* 傷產 (Injurious Birth). Both *nongtong* and *shiyue* involved pain that could potentially pass as the pain that would bring on delivery. The only difference between the two types of pain was when that pain could occur. *Nongtong* could happen at any time right up to birth and *shiyue* started about a month before birth was supposed to happen. Because both *nongtong* (deceptive pain) and *shiyue* (testing month) pains resembled delivery pains, even the experts like midwives, could make the mistake of misidentifying the start of childbirth.³⁷

The emphasis placed on identifying and locating false pain or pre-term contractions in *Shichan lun* conveyed the sense that practitioners, medical authors and family members all found the unpredictable nature of childbirth worrisome. If impending childbirth could not be reliably known, they tried to find signs in the woman's body that would signal its readiness to give birth. Pain, with specific spatial and temporal qualities experienced by the mother, was one such tool. But it was a tool that could mean other things too – other illnesses or complications associated with pregnancy. Childbirth pain therefore had to be carefully qualified

³⁶ Chen Ziming, *FRDQLF*, *juan* 16, part 2. Chen Ziming was quoting from *Chanbao fang*. A similar line describing pain in the abdomen and fire in one's eyes can also be found in Wang Tao's *Waitai miyao*, *juan* 34, which was taken from the Tang dynasty work by Sun Simiao: *Beiji Qianjin yaofang* 備急千金要方, *juan* 2 卷二, *Furen fang shang* 婦人方上, section 5 on *nanchan* 難產 (Difficult Birth).

³⁷ The consequence would be that the mother would start pushing and expend her energy. The start of childbirth or the beginning of labour was also considered the hardest stage to determine in the 23rd edition of *Williams Obstetrics*. “The greatest impediment to understanding normal labour is recognizing its start.” *Williams Obstetrics*, 23rd edition, 382.

and combined with other signs on the mother's body (such as “fire in her eyes” which Chen Ziming quoted from *Chanbao fang*, and the sensation of needing to defecate (*gudao tingpeng* 穀道挺迸) in Topic One). The consequence of identifying the wrong pain or diagnosing the wrong start of childbirth as described in Topic Two, was that the mother would mistakenly start bearing down to push and inadvertently exhaust herself prematurely, and possibly harm the fetus. This would result in further errors caused by ingesting inappropriate medicine to hasten the birth. The author likened this to the act of pulling up a sprout to help it grow (*yamiao er zhu zhi zhang* 揠苗而助之長), and cautioned that it actually would cause more harm than good.

Why focus on pain in *Shichan lun*? A big part of the reason is because the management of pain, especially childbirth pain, is such an important component of current childbirth practice, and the description of pain in *Shichan lun* could not be more different. Today, pain is considered by some as a nuisance or a physical hindrance to a blissful birth experience, and is assumed to be “removable.” An obstetrician or even a midwife today would have at their disposal a wide array of tools used for measuring dilation, fetal heart rate and many different instruments for charting the progress of birth.³⁸ More importantly, these electronic tools or machines used to read signs on the body also mean that we might not be able to appreciate a more corporeal use of the human body's sensations as a gauge for birth to take place. We no longer need to harness the potential of pain as a “tool” or a sign that required attention. Instead, it is now more common to talk about

³⁸ G.J. Jarvis, *Obstetrics and Gynaecology: A Critical Approach to the Clinical Problems* (Oxford: Oxford University Press, 1994), esp. 489, “The Progress of Labour.” There is no objective marker to determine the start of labour. In clinical textbooks, the commencement of labour is set as the time of admission to the labour ward.

pain as something unpleasant, a sensation to be managed and ultimately removed. If a patient needed to discuss the meaning and experience of her pain, she would have to compartmentalize her experience into spiritual, psychological, mental, and of course bio-medical subfields. The interrelated and often complex interplay of all of the above fit poorly in fields of medicine or psychology, therefore making it hard for patients to address pain as at once psychological and physical.

Pain is not used as a sign for pending birth today.³⁹ Painful contractions could be the result of uterine activity that could stop spontaneously or lead to labour. Even with modern technology, we are still unable to accurately predict when a pregnant woman would give birth (naturally and vaginally, unless birth induction or surgical Cesarean section was scheduled).⁴⁰ The use of pain in *Shichan lun* to attenuate the unpredictable timing of childbirth was a type of tacit knowledge developed with the human body as a tool. It is knowledge hard to describe and document. Therefore, to read about the use of childbirth pain in a Song medical writing is to enter into the world of corporeal sensations and expressions of another time.

It is striking that pain was not described in the topics which featured possibly life-threatening complications. In Topics Three (*cuichan* 催產), Six (*hengchan* 橫

³⁹ Pain is described as a feature of childbirth and also the start of labour is denoted by “the clock time when painful contractions become regular,” but cautioned that such a sign was unreliable. Instead, the time of admission to the labour unit, combined with ruptured membranes, bloody “show,” or complete cervical effacement (dilation up to ten centimeters), were the criteria for determining the start of labour. *Williams Obstetrics*, 23rd edition, 374, 83-4. In *Shichan lun*, there is no differentiation between the pain of contractions or flesh tearing, i.e. the fetus tearing through the body of the mother.

⁴⁰ The most common way of calculating gestational age is to count 280 days from the first day of the last menstrual cycle. This method is called Naegele’s rule. Another method is to obtain a sonographic estimate in the second trimester. There is also the procedure called amniocentesis, and involved using a needle to puncture the amniotic sac or womb in order to extract cells from the fetus. *Williams Obstetrics*, 23rd edition, 78, 83.

產), Seven (*daochan* 倒產), Eight (*pianchan* 偏產), and Nine (*aichan* 礙產), the positions of the fetus, whether in transverse, breech or oblique positions, or when the buttocks, hand, feet had emerged before the head, would have caused great discomfort and possibly some form of protracted severe pain for the pregnant mother. However, pain in those topics was not elaborated. Although complications during birth were described as *channan* 產難 (“birth difficulties”) or *nanchan* 難產 (“difficult birth”), the two terms most frequently used to denote difficult birth or birth complications in medical works, pain (*tong* 痛, *teng* 疼, *shang* 傷) were not used here.⁴¹ Childbirth pain, using the characters *tong* and *teng*, appear to have been perceived as a normal bodily process while the use of the character *shang* denoted pain in a graver context (Topic Two).

Talking About Pain

“Pain is never the sole creation of our anatomy and physiology. It emerges only at the intersection of bodies, minds, and cultures.”

David Morris, *The Culture of Pain*, Berkeley: University of California Press, 1991, 3.

In order to talk about pain in imperial China, I looked to the history of childbirth pain in North America, with the intention of familiarizing myself with a language I had hoped to mobilize in my discussion. I was careful not to graft a North American pain discourse on to historically and socio-culturally distinct periods in China. I was aware of the potential of slippage when the same words

⁴¹ Although pain was mentioned but not described in some recipes in *juan* 17, and I have noted that extreme pain was usually associated with *nanchan* 難產 (Difficult Birth). *Shichan lun* contains no mention of extreme pain in the topics that discuss difficult birth or complications.

were used for temporally and spatially different experiences. Our current discourse of labour pain is dominated by the ability of biomedicine to mitigate and eventually diminish pain from childbirth. This stands in stark contrast to how pain was described in a utilitarian manner in *Shichan lun*.

Acknowledging that the study of pain is dispersed across multiple disciplines and medical subspecialties,⁴² I see immense potential for cross-disciplinary approaches. It is also a resource for historians seeking new ways to read sources. As a discursive subject, pain can shed light on the most intimate somatic and mental conditions of the individual as well as the web of personal and social implications that come with pain being a site of cultural expression. Childbirth pain in *Shichan lun*, unlike chronic pain or torture, offers a less destructive and more sanguine interpretation of how the body and its sensations were used in premodern China.

Childbirth pain, within and outside of China, has been always been described as extreme pain, and a ubiquitous part of childbirth delivery. It is sometimes described as an unpleasant bodily sensation, causing suffering and distress as the fetus tears through muscles and flesh while exiting its mother's body. Such a description appears to be universal, and is usually attributed to the physiological

⁴² Pain is deeply embedded in every society and is an inescapable experience of human existence, but there are many differences in the expression, exaltation, suppression and removal of pain. It is that diversity that I think presents possibility and hope for greater empathy and understanding between cultures and across time. The study of pain is conducted widely today, in research laboratories, clinics, hospitals, schools of medicine and nursing, in university departments of social sciences and humanities. The University of California Los Angeles houses the John C. Liebeskind History of Pain Collection, and the American Pain Society "brings together diverse groups of scientists, clinicians and other professionals to increase the knowledge of pain and to transform public policy and clinical practice to reduce pain-related suffering." On the history of pain in the Western world, see Thomas Dormandy, *The Worst of Evils: The Fight Against Pain* (New Haven: Yale University Press, 2006); and Jan Frans van Dijkhuizen and Karl A.E. Enenkel, eds., *The Sense of Suffering: Constructions of Physical Pain in Early Modern Culture* (Leiden: Brill, 2009).

makeup of a woman's body. In some cultures, women were taught that they were born to suffer childbirth pangs. For example, in the Judeo-Christian world, women were "punished" with childbirth pains as ordered by God because of the sins of Eve in the garden of Eden.⁴³ Yet childbirth pain leads to life (although in many cases in the premodern era, death), and therefore was not associated with what we have come to identify as chronic pain, torture or mental anguish. Childbirth pain has its own unique qualities, and women who experienced the pain of giving birth grappled with, expressed and overcame it in very subjective ways.

Although the physiology of birth is probably quite similar for women across cultures and times, the experience of birth was and still is expressed and understood differently. Therefore, culture and experience can shape how an individual experiences childbirth and how pain is verbalized, outwardly displayed or internalized during birth. At a more personal level, some women are stoically silent, some give occasional wincing, moaning, or constant grunts, and uncontrollable screaming, just to name a few. Some women are more self-conscious, while others allow the most physical instincts to take over.⁴⁴ No matter how diverse or similar the display or descriptions of childbirth pain could be, it

⁴³ *King James Bible*, Genesis 3:16, God said to Eve: "I will greatly increase your pangs in childbearing, in pain you shall bring forth children; Psalms 48:6, "Fear took hold upon them there, [and] pain, as of a woman in travail." Isaiah 26:17, "Like as a woman with child, [that] draweth near the time of her delivery, is in pain, [and] crieth out in her pangs; so have we been in thy sight, O Lord." See Judith P. Aikin on Lutheran prayers for pregnant women from the sixteenth and seventeenth centuries that regarded the suffering in childbirth as God's punishment for the transgressions of Eve and fellow women. Judith P. Aikin, "Gendered Theologies of Childbirth in Early Modern Germany and the Devotional Handbook for Pregnant Women by Aemilie Juliane, Countess of Schwarzburg-Rudolstadt (1683)," *Journal of Women's Studies* 15.2 (2003): 40-67. On a study of pain and its meaning today, particularly in homebirth settings, see Pamela E. Klassen, "Sliding Between Pain and Pleasure: Home Birth and Visionary Pain," *Scottish Journal of Religious Studies* 19.1 (1998): 45-67.

⁴⁴ Lynn Clark Callister, "Cultural Influences on Pain Perceptions and Behaviors," *Home Health Care Management & Practice* 15.3 (2003): 207-211.

was to be expected. The sufferer knows that it is for a limited period of time, and the pain produces something at the end of the ordeal, if both mother and child survive.⁴⁵

Today, pain (including childbirth pain) is routinely defined as a symptom of some other pathology, and the medical community has produced many methods and pharmaceuticals to control and manage pain, with the ultimate motive of eliminating pain. Within this larger context, we have at our disposal many studies conducted on physical pain,⁴⁶ and the majority of contemporary works highlight the difficulty of expressing pain. Elaine Scarry tells us that “physical pain does not simply resist language, but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned.”⁴⁷ Despite such difficulties that bear on the creation of a language for pain, medical studies on the subject have helped in creating a loose set of descriptors that have been used by those in the medical fields and beyond. Melzack’s pain research would be the most significant.⁴⁸

⁴⁵ U. Waldenström, V. Bergman and G. Vasell, “The Complexity of Labor Pain: Experiences of 278 Women,” *Journal of Psychosomatic Obstetrics & Gynecology* 17.4 (1996): 215-28. This study shows that women experienced high levels of pain in labour, with great diversity in the intensity of pain, despite the availability of pharmacological pain relief. Coping with pain was also a rewarding experience for some.

⁴⁶ A popular contemporary work by Elaine Scarry, explores the expression of physical pain as an unpleasant human experience that defies representation and thereafter any form of political agency, especially in the case of torture. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985). On the problems of describing and measuring pain, see R. Melzack and W.S. Torgerson, “On the Language of Pain,” *Anesthesiology* 34.1 (1971): 50-59; on the rise of surgical anesthesia and on pain shedding connections with religion and becoming a political and social concern, see Donald Caton, “The Secularization of Pain,” *Anesthesiology* 62 (1985): 493-501.

⁴⁷ Scarry, *Body in Pain*, 4. On pain and society, see also David Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991).

⁴⁸ Melzack’s Pain Questionnaire is used in almost all North American hospitals to determine pain levels and medication types/ amount. For example, chronic pain sufferers need to quantify their pain experience in order to get the right dosage of pain medication. Overdosing on pain medication and addiction problems are issues that weigh heavily on pain research.

A huge part of our current understanding and descriptions of pain is within the context of sickness or mishaps, which binds both physical and mental anguish, and therefore much of our language of pain is tied to a sense of helplessness and anxiety, especially that of recurring pain. As society and the individual attempt to make sense of pain, medicine stands as one of the most important tools used to explain and manage such conditions. Medical ethos also reinforce the expectation that pain could be potentially removed, through some form of intervention, like surgery, drugs or other physiological means, all within the abilities of the medical expert.⁴⁹ In the premodern era, in Europe as well as China, it was quite common to advocate the management of pain through religious healing or ritual cleansing, because the meaning of pain was sometimes explained as punishment for past wrongdoings or abominable karma of some ancestors.⁵⁰ The medical marketplace catering to the treatment of pain was as varied in the premodern era as it is today.

The general consensus among those who study the discourse of pain was that there had to be a way to depict pain in order to understand and manage it.⁵¹ Related to this was that of childbirth pain, where debates in Europe and North America had been centered on the administration of anaesthesia to ease childbirth pain in the last hundred and fifty years.⁵² Studies on childbirth pain in the

⁴⁹ The discourse is intense because pain needed to be defined, interpreted and subjected to quantifiable amounts in order for insurance companies, hospitals and rehabilitation units to transform this human experience into a bureaucratized object and standardized commodity. Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Berkeley: University of California Press, 1995), "Pain and Resistance," 120-25.

⁵⁰ On pain and sickness brought about by grievous ancestors and other vengeful spirits (such as the Wutong) in Chinese history, see Richard Von Glahn, *The Sinister Way: The Divine and the Demonic in Chinese Religious Culture* (Berkeley: University of California Press, 2004).

⁵¹ I would like to point out here that pain affliction was and still is, central to the therapeutic process in acupuncture. Elisabeth Hsu, "Acute Pain Infliction as Therapy," *ETNOFOOR* XVIII 1 (2005): 78-96.

⁵² Wolf, *Deliver Me from Pain*. According to Wolf, the debate on administering anesthesia for labour pain has been bitter and lasted over 160 years. The most prominent advocates and

seventies rated it the most intense of all pain, with intensity varying among women, and more recent studies have shown that childbirth pain and fear have led to increased anxiety and further medicalization of childbirth.⁵³ The discourse of childbirth pain in North America and parts of Europe has been shaped socially and culturally, largely by ideas that medicine can remove pain and painlessness was a natural goal. The search for the “cure” to childbirth pain in North America has been particularly complex, and was subjected to historical contingencies, including the Feminist movements and the rise of biomedicine as the authoritative voice.⁵⁴ The removal of pain from childbirth, especially with the ubiquitous use of epidural anaesthesia during childbirth, and the widely used surgical cesarean section have been heralded as progressive and empowering for women. However, a more complex picture has been painted by scholars, who have shown that by hospitalizing childbirth, women were subjected to greater control through the

opponents have greatly outnumbered the moderates. Wolf argues that epidural anesthesia and elective caesarean section have come to represent “choices” enjoyed by empowered women. Pain during childbirth is perceived in the US as unnecessary since medical advancement has managed it. Her study has also shown how a simplistic gauge of measuring pain using a scale from one to ten (most wrenching type of pain), have contributed to the phenomenon of understanding childbirth only as a painful experience. See also Donald Caton, et. al., “The Nature and Management of Labor Pain: Executive Summary,” *Supplement to American Journal of Obstetrics and Gynecology* 186.5 (2002): s1-15.

⁵³ R. Melzack, P. Taenzer, P. Feldman, R. Kinch, “Labour is Still Painful after Prepared Childbirth Training,” *Canadian Medical Association Journal* 125 (1981): 357-63.

⁵⁴ In the nineteenth century, there was the idealized figure of a physically and mentally fragile woman who needed obstetrical anaesthesia. Some advocates of anaesthesia utilized religious arguments, such as God gifting anaesthesia as a sign of forgiveness, while critics claimed that to thwart childbirth pain was to contravene divinely sanctioned punishment. This was replaced by the 1910s, when the then-vogue “bicycle-riding Gibson girl” helped popularize “Twilight Sleep” because it supposedly helped postpartum women resume normal activities quickly. Advocated mostly by upper-middle class women, this was a combination of narcotic and amnesic drugs which caused a woman to forget her labour entirely even though her body still felt the pain. By the 1950s, labour induction and heavily drugged deliveries became the most convenient and promoted system used in hospital delivery rooms. Some activists in the 1970s women's movement challenged anesthesia and advocated natural childbirth, while others advocated anaesthetized birth as a way out of the biology of pain and childbirth. Today, the most common form of childbirth in North America is “pain-less” because of epidural anaesthesia administered in the hospital. See Pamela A. Klassen, Judith Leavitt Walzer, Robbie E. Davis-Floyd, and Jacqueline Wolf (full references provided in Bibliography).

medicalization (via the use of anaesthesia) and clinical pathologization of childbirth.⁵⁵ The debates about childbirth pain have therefore become more complicated. Childbirth pain has become a subject intertwined with contemporary concerns with women's agency, medicine, and politics.⁵⁶

Pain in Medicine

I was therefore impressed with the use of pain in *Shichan lun* as a “tool” for ascertaining the progress of birth. Was it always used as a tool? How was childbirth pain described in Chinese history? How did women express pain? How was this acknowledged or described in medical works?

The earliest Chinese medical texts said little about childbirth pain. For example, childbirth pain was not mentioned in the well-known Mawangdui medical work, *Taichan shu* 胎產書 (tomb sealed ca. 168 B.C.).⁵⁷ But pain was however an important aspect of early Chinese understandings of the body. Donald Harper had argued that in the Mawangdui *Maishu* 脈書, the body was made up of six “constituents” (flesh 皮, bone 骨, vapour 氣 (more commonly translated as *qi*), blood 血, muscle 肉/筋, and vessel 脈), and each constituent had a function

⁵⁵ Ronald Melzack, “Review Article: The Myth of Painless Childbirth,” *Pain* 19 (1984): 321-37. Melzack argues that Fernand Lamaze's promise of painless childbirth was false. He also acknowledged that “childbirth is often treated by obstetricians and anesthetists as just another medical problem, “an appropriate occasion for maximum surgical and chemical intervention.”

⁵⁶ Here I invoke the idea of Anne Harrington's “Talking Body” whereby the body converses with its owner to inform her about sensations or problems the body experiences that the owner cannot consciously confront. Anne Harrington, *The Cure Within: A History of Mind-Body Medicine* (New York: W.W. Norton & Company, 2008), 67-101.

⁵⁷ Donald Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (London: Kegan Paul International, 1998), 80-82. Although childbirth pain was not mentioned, pain knowledge was an important aspect of discerning health, and the identification of pain recorded in two manuscripts (MSI.A and MSI.B), showed that early Chinese depiction of pain followed the path of the vessels (*mai* 脈).

and “manifests a distinctive feeling of pain.”⁵⁸ Knowledge of pain in these constituents was crucial to “knowing” the body, since “pain signifies a specific dysfunction which if not remedied leads to death.”⁵⁹ According to Harper, in the Han dynasty, “the new index of illness was pain.”⁶⁰ By mapping pain onto *mai* 脈, or vessels of the body, a vessel theory was developed and the discussion was recorded in *Huangdi neijing*. In early Chinese texts, *qi* and blood moved along these vessels, and pain along points on these vessels indicated an imbalance or illness of the body, and because these were mapped along vessels, pain was connected to *qi* and blood in the body.⁶¹

Besides excavated manuscripts, received works like the *Huangdi neijing* - *Suwen* 素問 contains records of how pain was understood and expressed by practitioners and elites from the early period.⁶² In *Suwen* chapter 39 “Jutong lun” 舉痛論 (Discourse on Pain), Huang Di and his interlocutor Qi Bo, discussed different types of pain, the manifestation of sensation (temporal, spatial,

⁵⁸ Harper, *Early Early Chinese Medical Literature*, 80.

⁵⁹ Harper, *Early Chinese Medical Literature*, 80. See also Vivienne Lo, “Crossing the Neiguan ‘Inner Pass,’” *EASTM* 17 (2000): 15-65. According to Lo (p.39), the *Maishu* includes very brief descriptions of the qualitative use of pain to locate the origins of illnesses.

⁶⁰ Harper, *Early Chinese Medical Literature*, 82. Li Jianmin argues that the main technical term linked to the workings of *mai* 脈 or vessels was *tong* 痛 – pain. Li Jianmin, *Faxian gumai: Zhongguo gudian yixue yu shushu shengti guan* 發現古脈: 中國古典醫學與數術生體觀 (*Mai and the Development of Medical Knowledge in Early China*) (Beijing: Shehui kexue wenhua chubanshe, 2007), 110. He cites the example of the “Zubi shiyi mai jiujiing 足臂十一脈灸經” (Cauterization Canon of the Eleven Vessels of the Foot and Forearm), whereby ailments were identified through the parts that were in pain, and the character *tong* 痛 was used throughout.

⁶¹ Harper, *Early Chinese Medical Literature*, 80-82. Also in *Huangdi neijing Suwen*, *juan* 11, topic 39, on pain, Huangdi asked Qi Bo to explain the various types of pain sensations: pain that would not cease, pain that is so overwhelming that one could not be touched, and pain that stops when pressed? That which would not respond when pressed...”

⁶² Lin Boxin 林伯欣, *Tong shi – gudian zhongyi de shengming lunshu* 痛史—古典中醫的生命論述 (Pain history – discourse on life in ancient classical Chinese medicine) (Taipei: Dongda, 2012).

punctuated pressure, incisive pressure, dullness), affective conditions (nine types of emotive *qi*),⁶³ locations on the body, and how *qi* and Blood move within the vessels and organ systems. The body in pain was expressed through the swelling or contraction of *qi* or Wind, resulting in the stagnation of either Blood or *qi*, or both.⁶⁴ The patient's descriptions of his or her pain sensations, in one part and the entire body, was just as important as the physician's visual and tactile inspection of the patient. To ultimately restore the body to health or an optimum balance of yin-yang/ Blood and *qi*, a physician had to switch between locating the site of physical pain and the “whole-bodily sensations.”⁶⁵ The discourse of pain was therefore the basis upon which practitioners tailored their treatment for their patients, and that which medical authors expounded in their writings.⁶⁶ In the case of childbirth pain, it would be hard to decipher if the description of pain came from the patient first or practitioner. It was most likely that the descriptions of pain were refined over time, and this was subsequently included in male-authored writing. That said, I must however reiterate childbirth pain was not explicitly

⁶³ These were: *nu* 怒 (rage or anger), *xi* 喜 (joy), *bei* 悲 (grief or sadness), *kong* 恐 (alarm or fear), *han* 寒 (chill or coldness), *ling* 靈 (sentient or alert), *jing* 驚 (fright or panic), *lao* 勞 (tiredness or toil), *si* 思 (worry or thought). Paul Unschuld and Hermann Tessenow trans., *Huang di nei jing Su wen: An Annotated Translation of Huang Di's Inner Classic - Basic Questions*, (Berkeley: University of California, 2011), 583-97.

⁶⁴ In *Suwen*, “Discourse on Pain 39,” the pain caused by *qi* or wind, and other pains resulting from various injuries were respectively blockages, stagnation and injury causing either conditions. Unschuld and Tessenow, trans., *Huang di nei jing Su wen*, 583-97. See also Tu Weiming, “A Chinese Perspective of Pain,” *Acta Neurochirurgica, Suppl* 38 (1987): 147-51.

⁶⁵ Messner, “Emotions, Body, and Bodily Sensations,” 41-63. Messner described the sensations of hot and cold were experienced by the malaria patient throughout her entire body, making it impossible to determine an exact location for treatment, because to apply acupuncture treatment, the exact conduit (channel or vessel) where the disease took place had to be located (p.51). On the early history of bloodletting and pain relief in China, see Shigehisa Kuriyama, “Interpreting the History of Bloodletting,” *Journal of the History of Medicine and Allied Sciences* 50 (1995), 11-46, esp. 21-24.

⁶⁶ The discourse of pain was also applied to philosophical and political writing. See Tu Weiming, “Pain and Suffering in Confucian Self-Cultivation,” *Philosophy East and West* 34.4 (1984): 379-388. See also Dorothy Ko, “The Subject of Pain.”

described in extant medical works from early China. Instead, the mention of pain was mostly concerned with diseases, with manifestation in the form of abnormal growths (ulcers, sores, etc.), emetic, diaphoretic, or febrile manifestations. Childbirth simply did not fit in these categories and there was no extensive discussion of childbirth pain in texts.

This absence would change in the post-Han period (ca. 220). Wang Shuhe 王叔和 (265-316) tells us in his work, *Maijing* 脈經 (Classic of the Pulse), that a woman, who felt the urge to give birth, displayed signs of pain in her abdomen. That pain extended to the waist and spine, and then she would have the urge to give birth.⁶⁷ Similarly, in the Tang dynasty work, *Qianjin fang* 千金方, Sun Simiao 孫思邈 (581-682) described a woman about to give birth as *jiangtong* 將痛 (soon to be in pain).⁶⁸ Childbirth pain was qualified by a few characters or parts of the body. *Fu* 腹 (stomach) and *yao* 腰 (waist), and more specifically, the lower back and navel region were the physical parts of the body where pain would manifest to signal pending birth. Childbirth pain descriptions in the pre-Song period included spatial descriptions. There was no description of rhythm or the pressure of *gudao tingbeng* (the urge to defecate or the pressure on the end portion of the alimentary track). Pain descriptions in medical works became richer and more textured over time.

Despite the existence of few records of how women articulated childbirth pain, one vivid description of birth from Wang Tao's 王燾 (ca. 670-755) *Waitai*

⁶⁷ Wang Shuhe, *Maijing* (3rd century), *juan 2* (Shanghai: Shanghai guji chubanshe, 1995). The full quote is: “懷妊離經,其脈浮,設腹痛引腰脊,為今欲產也。但離經者不病也,又法,婦人欲生其脈離經夜半覺日中者生也。” Here the pain does not descend to the navel.

⁶⁸ Sun Simiao, Nanchan, *juan 2*. Wilms, *Bei ji qian jin yao fang*, 180.

miyao 外臺秘要, *juan* 33 deserves special mention.⁶⁹ Although this was a record of the Buddhist monk Tan Luan's (曇鸞, 475-542) giving advice to a man named Yangdao Qing 陽道慶, it is possible to learn about how women talked about childbirth pain to men. Yangdao Qing had consulted Tan Luan because he had two sisters who died at childbirth and he was worried about his daughter-in-law's imminent childbirth. In the story, Tan Luan instructed Qing's daughter-in-law to give birth on her own, without the support of any woman in the birthing chamber. The monk Tan Luan reported that Qing's daughter-in-law withstood the pain of childbirth remarkably well:

... .. With such a layout, the pregnant woman was brought into position, told to sit or lie down as she pleased, and was instructed in the method (for balancing on the rope), and the reasons for each method. If all goes smoothly than she and her baby would be safe, if the contrary happened there would be death. [She was told that] Keeping one's heart/mind and breath calm, refrain from being overly terrified/ afraid of this delivery [was key]. All this was explained in detail. After speaking I shut the door, and rested outside the room. I got Qing to sit down with me. We did not allow anyone to enter [the birthing chamber]. From outside the door we constantly asked how she was doing. And she replied that she was able to endure some amount of pain. At about one *geng* 更,⁷⁰ I got someone to cook a hen that had died naturally, simmered till it was very soft, got the juice and used it for making rice porridge. The pregnant mother was advised to eat it in three different portions. Before the end of the 5th *geng* (before 5am), she gave birth on her own. We heard the crying sounds of the baby, and entered [the birthing chamber]. The new mother was very calm and stable, without any visible difference. She said, "The pain came little by little, I relaxed my body (or let my body go) and let out deep breaths, the pain stopped." All was efficient because her *qi* was able to separate and come together.

... ..如此布置訖, 令產者入位, 語之坐臥任意, 為其說方法, 各有分理, 順之則全, 逆之則死, 安心氣, 勿怖強, 此產亦解人語, 語訖閉戶, 戶外安, 餘共慶坐, 不令一人得入, 時時隔戶問之何似, 答

⁶⁹ Wang Tao, *Waitai miyao*, Waseda University Library, Kotenseki Sogo Database, #0900612.

⁷⁰ A way of keeping time in imperial China, and *yigeng* 一更 would be from about 7-9 pm.

言小痛可忍。至一更，令爛煮自死牝雞，取汁作粳米粥，粥熟，急手攪，使渾渾適寒溫，勸令食三升許，至五更將末，便自產，聞兒啼聲，始聽人入，產者自若，安穩不異，云小小痛來，便放體長吐氣，痛即止，蓋任分和氣之效也。

Yangdao Qing's daughter-in-law was expected to bear the pain of childbirth alone in the example cited above, and this was not a typical birth scenario. In a more usual setting, there would be other women helping her.⁷¹ At the behest of Monk Tan Luan, she was made to give birth alone. Qing's daughter-in-law also appeared to have known breathing techniques that allowed her to handle childbirth pain.⁷² As a record of a woman giving birth describing her pains, this story is quite exceptional. Qing's daughter-in-law described her pain as *xiaoxiao tonglai* 小小痛來 (little by little, the pain came), making reference to a rhythm or pulse. The pain was also manageable because she used breathing techniques,⁷³ therefore suggesting a wider body of knowledge about pain that was available to women. It appears from the above passage that such knowledge was unknown to men or at least literate men did not record it. Even though it was Qing's daughter-in-law's first baby, she had actually learned about breathing techniques for pain prior to giving birth. The knowledge was probably transmitted through an oral tradition.

This excerpt also suggests that men were not exactly familiar with what went on in the birthing chamber. Luan was of the opinion that mortality during

⁷¹ We know this from the Tang dynasty medical work by Sun Simiao, *Beiji qianjin yaofang* 備急千金要方, *juan* 3, where the author cautioned against having too many people around the pregnant woman about to give birth. Also, in Chao Yuanfang's 巢元方 (fl. 605-616), *Zhubing yuanhou lun* 諸病源候論, *juan* 43, he described how a woman about to give birth would have someone assist by supporting her waist (傍人扶抱助腰持).

⁷² Lee Jen-der's translation for this line reads, "when it hurt a little bit, I relaxed my body and exhaled a long breath, and the pain went away." Lee Jen-der, "Gender and Medicine in Tang China," *Asia Major* 16.3 (2003): 1-29.

⁷³ In Elisabeth Hsu's article on pain and needling, she described the effects needling had on the breath which she uses to translate the character *qi*. Hsu, "Acute Pain Infliction," 78-96.

childbirth was unheard of in beasts, licentious girls birthing in secret and lowly servant girls who gave birth alone (for obvious reasons: since they were alone, no one would have heard them or found out about their pain, birth complications or deaths). According to Luan, only women from wealthy and elite families suffered greatly from childbirth mortality. He attributed this to the fact that too many women congregated together in the birthing chamber during childbirth.⁷⁴ In his opinion, a room crowded with women was too chaotic. When a little pain was felt by the woman waiting to give birth, everyone around went into a frenzy. The pandemonium caused the woman to become stressed and in turn suffer from birth complications. Luan and many other male medical authors were describing elite women giving birth. They were always assisted by groups of women, and men were not present in the birthing chambers.⁷⁵ Also, for men like Luan to draw certain conclusions about childbirth from how domesticated animals delivered their offsprings or to hypothesize how non-elite women gave birth, suggested a certain level of ignorance on the part of the author in this section of the work.⁷⁶

To return to the discussion of pain, in the Sui dynasty work, *Zhubing yuanhou lun* 諸病源候論 (ca. 610) by Chao Yuanfang 巢元方 (fl. 605-616), it was recorded that when a pregnant woman felt pain in her stomach but not in her waist, she was not ready to give birth.⁷⁷ But if pain in the waist area was followed

⁷⁴ This was echoed in Sun Simiao's *juan 2*, "Nanchan" (difficult birth).

⁷⁵ Men might be outside, like in Luan's story, waiting to give orders or advice, but they did not take part in soothing the pregnant woman, rubbing her sore parts and alleviating her pain.

⁷⁶ Despite Luan's apparent ignorance, monks were often believed to be powerful healers. On monks as healers, see Pierce Salguero, "A Flock of Ghosts Bursting Forth and Scattering:" Healing Narratives in a Sixth-Century Chinese Buddhist Hagiography," *EASTM* 32 (2010): 89-210.

⁷⁷ Chao Yuanfang, *Zhubing yuanhou zonglun* 諸病源候總論, produced in the 7th century, 1645 edition, Kyoto. Waseda University Library, Kotenseki Sogo Database, #0900136, *juan 43*.

by that around the stomach, and extreme pain was felt, then birth was imminent. Chao Yuanfang explained that this was so because the kidney was linked to the waist, and the womb was tightly endowed by the properties of the kidney, the kidney being the reproductive organ system that produced essence for life (*qi* and Blood). Despite this attempt to apply the *zangfu* theory to childbirth pain, no medical author in these early works advocated the use of acupuncture to relieve childbirth pain.⁷⁸ No vessels or acupuncture points were identified as locations for needling to alleviate the pain of a woman about to give birth in extant works. This absence appears to be mystifying, given that naming parts of the body and specifying points for moxibustion and needling occurred early in Chinese medical tradition. If we could name the parts where women experienced pain, but pain relief was not administered, what then was the relationship between pain and treatment? Pain ceased only when everything (*qi* and Blood) flowed and there was no obstruction.⁷⁹

In the same work by Chao Yuanfang, on illnesses suffered during pregnancy (*juan* 41), six out of twenty-one afflictions were related to the use of pain as a

⁷⁸ L. Borup, et. al., “Acupuncture as Pain Relief During Delivery: A Randomized Controlled Trial,” *Birth* 36.1 (2009), 5-12. Researchers of this study concluded that acupuncture reduced the need for pharmacological and invasive methods during delivery and cite acupuncture as a good supplement to existing pain relief methods. In another study published in 2011, researchers showed that “using protocols studied, there was no analgesic benefit with acupuncture for pain relief during induced labour in nulliparae.” I. MacKenzie, J. Xu, C. Cusick, H. Midwinter-Morten, H. Meacher, J. Mollison and M. Brock, “Acupuncture for Pain Relief During Induced Labour in Nulliparae: A Randomised Controlled Study,” *BJOG: An International Journal of Obstetrics & Gynaecology* 118 (2011), 440–447. Nulliparae is a woman who has never given birth before. See also C.A. Smith, C.T. Collins, C.A. Crowther, K.M. Levett, “Acupuncture or Acupressure for Pain Management in Labour,” *Cochrane Database of Systematic Reviews* 7, CD009232 (2011). This study found that “acupuncture and acupressure may have a role with reducing pain, increasing satisfaction with pain management and reduced use of pharmacological management. However, there is a need for further research.”

⁷⁹ Lin Boxin, *Tong shi*, 129-214. According to Lin Boxin, treatment of pain in early medical works consisted of *zhuyou* 祝由, *daoyin* 導引, *xingqi* 行氣 (moving *qi*), *huxi* 呼吸 (breathing exercises), *zhenjiu* 針灸 (needling), 218-307.

means to identify the type of illness. And out of these six, the author advised that should the pain accumulate around the waist and become overwhelming, miscarriage or involuntary abortion was inevitable.⁸⁰ Using the standard childbirth model, starting with temporal pain (pulsating and throbbing) and then combined with spatial qualities (from waist to navel or lower stomach/ abdomen area), birth attendants, practitioners and medical authors were then able to monitor and describe deviation from what was considered a normal childbirthing process. In Chao Yuanfang's descriptions of pregnancy illnesses, pain sensations around the waist or stomach were always described in combination with other types of observation (*leng* 冷—coldness, *fenghan* 風寒—Wind and chill, *fengleng chenzhi* 風冷乘之—assault of cold Wind or other parts of the body experiencing pain—such as Heart pain 心痛 and Heart-stomach pain 心腹痛).⁸¹ However, the pain associated with pregnancy illnesses were seldom qualified or described further, therefore failing to link it to normal birth and its use as a tool prior to the authorship of *Shichan lun*. In most works (especially prescription literature like Sun Simiao's *Qianjin fang* and Wang Tao's *Waitai miyao*), pain in combination with another corporeal part, like heart, abdomen, or head (head-pain, *toutong* 頭痛), were listed but there was no connection to birth (although these were illnesses suffered by pregnant women).

Another type of pain that appeared frequently as a concern of medical authors in the Tang and Song periods was postpartum pain. Medical authors in the Sui

⁸⁰ Chao Yuanfang, *Zhubing yuanhou lun*, juan 41, 43. 1645 edition, Kyoto. Waseda University Library, Kotenseki Sogo Database, #0900136.

⁸¹ Chao Yuanfang, *Zhubing yuanhou lun*, juan 43, 43. 1645 edition, Kyoto. Waseda University Library, Kotenseki Sogo Database, #0900136.

and Tang periods, like Sun Simiao, Chao Yuanfang and Wang Tao, right up to Chen Ziming's time in the Southern Song, all wrote about postpartum pain being especially problematic and requiring special attention. Failure to identify the specific illness causing pain would inevitably cause future health problems, and possibly eventual death.⁸²

Thus far we have descriptions of pain possessing sensory qualities that were temporal (pulsing, throbbing), and spatial (spreading from one spot to another). Based on extant medical sources, pain sensations during childbirth also included those of constrictive nature (pressing, cramping, crushing), dullness (sore, numbing, heavy) and that of traction pressure (tugging, pulling, wrenching).⁸³ Many of these other qualities of childbirth pain can be gleaned from other parts of Chen Ziming's *Furen daquan liangfang*, *juan* 17. In part three on formularies, for instance, most references made to pain during birth complications identified the pain as occurring around the waist area, *yaotong* 腰痛 (pain in the waist). In addition to these spatially-qualified descriptions, there are also references to pain as *zhongtong* 重痛 (literally “heavy,” or severely painful). For instance, in *juan* 17 of *Furen daquan liangfang*, the section *Cuisheng fang lun* 催生方論 (Recipes for Hastening Birth), included two recipes that addressed this severe pain. One of these recipes, *Cuisheng rusheng san* 催生如聖散 (Marvelous Powder that

⁸² I would need to conduct more research on pain and postpartum medicine. This is beyond the scope of this dissertation.

⁸³ I am using Melzack and Torgerson's classes and subclasses of pain descriptors to help in my translation. R. Melzack and W.S. Torgerson, “On the Language of Pain,” *Anesthesiology* 34.1 (1971): 54-57.

Hastens Birth) included *huangshu kuihua* 黃蜀葵花⁸⁴ to relieve the pregnant woman of the extreme pain experienced during a birth complication (*nanchan tongju zhe* 難產痛劇者). Only in this recipe do we get some notion of how painful a birth complication could be. In the other recipe attributed to a certain Mister Chen, the *cuisheng shenxiao qisheng san* 陳氏催生神效七聖散, pain was described as *zhentong* 陣痛 (pain coming in waves).⁸⁵

Given the extant sources on childbirth pain, it is clear that Yang Zijian, the author of *Shichan lun*, and Chen Ziming, the author-editor of *Furen daquan liangfang* were not the first ones to elaborate on childbirth pain. Rather, they worked within a set of inherited discourses which they continued to modify and adapt.

Painful Birth in Chinese Culture

Beyond medical works, childbirth pain would sometimes be mentioned in other types of texts throughout the imperial and late imperial periods. A well-known record from early historical sources is the difficult birth of the Duke Zhuang in the *Zuozhuan* 左傳.⁸⁶ According to Sima Qian, Lady Wu Jiang, the mother of the Duke Zhuang experienced great hardship during childbirth and therefore preferred

⁸⁴ Huangshu kui hua 黃蜀葵花, *Hibiscus manihot* L., (Flower of Sunset Abemoschus). Lee Jen-der pointed out that many *cuisheng* 催生 (hastening birth) recipes included *kuizi* 葵子 (cluster mallow fruit 冬葵子), *qumai* 瞿麥 (fringed pink), *danggui* 當歸 (angelica roots), *niuxi* 牛膝 (achyranthes root), *puhuang* 蒲黃 (cattail pollen), *xiongqiong* 芎藭, *gancao* 甘草 (licorice). Lee Jen-der, *Nüren de Zhongguo yiliao shi*, 106-7.

⁸⁵ Chen Ziming, *juan* 17, *FRDQLF*.

⁸⁶ 左傳.隱公元年：「莊公寤生，驚姜氏，故名曰寤生，遂惡之。」 The same incident was also recorded in the *Shiji* 史記, *juan* 42 (Beijing: Zhonghua shuju, 1969), 1759. Burton Watson, trans., *The Tso Chuan: Selections from China's Oldest Narrative History* (New York: Columbia University Press, 1989), 1-2.

her other son, Duan.⁸⁷ The pain suffered by Lady Jiang was so great that she came to hate the Duke Zhuang.⁸⁸ The childbirth pain of a young mother giving birth for the first time both surprised her and shaped her attitude towards her firstborn.⁸⁹ Yet the lack of pain was also a cause for concern for the new mother in another well-known story. In *Ode 245* of the *Shijing* 詩經, “Hou Ji” 后稷, who was venerated as the Lord of Millet and the founder of the House of Zhou, came into the world with little pain or tearing, causing Lady Jiang Yuan, his mother, to abandon him right after birth.⁹⁰ Lady Jiang Yuan in this case was expecting pain, the sensations of “splitting,” or “bursting,” and “rending.”⁹¹ But when she did not

⁸⁷ Nylan translated the story in, *The Five “Confucian” Classics*, 277. “The Duke of Zheng had two sons by Lady Jiang: a firstborn son, Wusheng, and his younger brother, Duan. Because she had suffered more in giving birth to Wusheng, Lady Jiang favoured Duan. She therefore tried to convince the Duke of Zheng, against all precedent, to name Duan as heir. [This the Duke refused to do.] After the Duke died, Wusheng succeeded to the dukedom, this was Duke Zhuang.” This story was also recorded in the *Shiji*. Sima Qian, *Shiji* 42, The House of Zheng 鄭氏家, no. 12: 武公十年，娶申侯女為夫人，曰武姜。生太子寤生，生之難，及生，夫人弗愛。後生少子叔段，段生易，夫人愛之。二十七年，武公疾。夫人請公，欲立段為太子，公弗聽。是歲，武公卒，寤生立，是為莊公。

⁸⁸ I use Watson's translation, and used the word “hate.” Watson, *The Tso Chuan*, 1989, 1-2.

⁸⁹ Fan Xingzhun 范行準 argued that Lady Jiang must have been very young when she gave birth to Wusheng such that she was shocked by the pain and suffering of birth. He also added that since she was of an aristocratic background, she was not used to physical discomfort. But since she did have another child, Duan within three years, Fan Xingzhun reckoned that Lady Jiang did not damage her reproductive organs. Fan Xingzhun 范行準, *Zhongguo bingshi xinyi* 中國病史新義 (New Significances for the History of Diseases in China) (Beijing: Zhongyi guji chubanshe, 1989), 648 on “Nanchan” 難產.

⁹⁰ *Shijing* 詩經 (Book of Songs), *Daya* 大雅. #245, Hou Ji 后稷, the Lord of Millet. In this ode, Lady Jiang Yuan became pregnant after stepping into the footprint of the Divine lord and gave birth to Hou Ji, who would become the founder of the House of Zhou and was known as the Lord of Millet. Hou Ji's birth was recorded as miraculous because Lady Jiang did not experience the terrible sufferings of childbirth pain described as “bursting,” “rendering,” “hurt,” and “harm” by Waley. Arthur Waley, trans., *The Book of Songs*, New York: Grove Press, 1960, 241. See also Burton Watson, *Early Chinese Literature*, New York: Columbia University Press, 1962, 225. On how scholars from different disciplines read this ode, see Pauline Yu, et al., “Chapter 1: Sheng min (*Shi jing* [Classic of Poetry], Mao 245: “Birth of the People”),” in *Ways with Words: Writing about Reading Texts from Early China*, ed. Pauline Yu, et al., (Berkeley: University of California Press, 2000), 11-40.

⁹¹ Bernard Karlgren translated the second stanza of *Ode 245* as “She fulfilled her months, and the firstborn then came forth; there was no rending, no injury, no harm, thus manifesting the divine nature of it.” B. Karlgren, *The Book of Odes* (Stockholm: Museum of Far Eastern Antiquities, 1971), 200. Stephen Owen's translation is almost identical: “When her months

have these pains, she became alarmed and abandoned Hou Ji. Such a birth experience was considered inauspicious, and it is implied in the ode that the unusual nature of his birth led her to abandon him or expose him to the wild.⁹²

Another popular source would be the apocryphal Chinese Buddhist scripture *Fumu enzhong nanbao jing jiangjingwen* 父母恩重經講經文 (Prosimetric text on Heavy Debt to One's Parents), a tenth century manuscript found at Dunhuang that describes the toil of pregnancy and childbirth (and other hardships parents had to bear in order to bring up a child).⁹³ In the text, the final month of pregnancy was described as very uncomfortable. Then there was a lengthy depiction of how the pregnant woman had to endure an unimaginable amount of anguish during childbirth, and was "subjected to myriad painful sufferings, like pigs and goats being slaughtered with blood flowing all over the floor."⁹⁴ The suffering of the mother and the messiness of childbirth was likened to the slaughtering of animals, with emphasis on the uterine blood polluting the ground (women were considered

had come to term, her firstborn sprang up. Not splitting, not rending; working no hurt, no harm."

⁹² Yu, et. al., "Chapter 1: "Sheng min," *Shi jing* (Classic of Poetry), Mao 245: "Birth of the People," 11-40.

⁹³ *Foshuo fumu en nanbao jing*, T16, no.684, allegedly trans. by An Shigao 安世高 (ca. 148-170). *Foshuo fumu enzhong jing*, T85, no.2887, no translator. The first work listed is from the Taisho edition of *Tripitaka*, no. 684, the *Fuoshuo fumu nanbao jing* (Sūtra on the Difficulties of Repaying Parents' Kindness, Spoken by the Buddha), which was allegedly translated by An Shigao 安世高 (ca. 148-170) in the second century. That edition was never as popular as the second one listed. It is an apocryphal work, which I will call the Dunhuang version. See Guang Xing for an analysis of the two versions. Guang Xing, "A Study of the Apocryphal Sūtra: Fumu Enzhong Jing," *International Journal of Buddhist Thought & Culture* 11 (2008): 105-46. For the purpose of my discussion, I rely on the Dunhuang apocryphal version. My concern here is with the content of the sūtra: the themes of the hardships parents go through to bring up their children, the hardships of pregnancy and childbirth, and the importance of filial piety. Interestingly, the seventh century Buddhist apocryphon was also appropriated by Daoists, and rematerialized as the "Scripture on Repaying the Profound Kindness of Parents, Revealed by Lord Dao" (*Taishan Laojun shuobao fumu enzhong jing* 太上老君說報父母恩重經). Christine Mollier, *Buddhism and Taoism Face to Face: Scripture, Ritual, and Iconographic Exchange in Medieval China* (Honolulu: University of Hawai'i Press, 2008), 13-15.

⁹⁴ The same part in Chinese: "...如煞豬羊，血流洒地."

sinful in Buddhism for the polluting nature of their blood, and their need to atone for this transgression is described in the *Xuepen jing* 血盆經).⁹⁵ The author also highlighted that throughout childbirth, the pregnant woman's life was in danger, right up to the point when the fetus was born. In case of a complication, the possibility of the mother dying from a loss of blood was likened to that of an animal slaughtered on sacrificial grounds. From this popular prosimetric work on the inability to repay one's parents' for their care and upbringing, we learn that childbirth pain and suffering was common knowledge, and it was a part of popular culture.

The travails, and in particular, pain of childbirth was a popular theme in other Buddhist texts, like *Foshuo baotai jing* 佛說胞胎經 (Sūtra on the Womb and Fetus, Spoken by Buddha), which described in details the formation of the fetus, its growth within the mother's womb, the influences of past lives and accumulated karma, the danger of childbirth and various childhood diseases which would inevitably strike the child. An easy and uncomplicated childbirth was described in the sūtra as one in which the feet of the fetus were at the top of the womb, and its head facing the *shengmen* 生門 (gate of life or birth).⁹⁶ But if

⁹⁵ *Xuepeng jing* 血盆經 (Blood Bowl Sutra), also an apocryphal work, and according to Alan Cole a twelfth century Song-period text, was printed by 1437 in the imperial Buddhist canon. Alan Cole, *Mothers and Sons in Chinese Buddhism* (Stanford: Stanford University Press, 1998), xvi, and chapter 9. On Buddhism and the polluting nature of women's blood, see Bernard Faure, *The Power of Denial: Buddhism, Purity and Gender* (Princeton: Princeton University Press, 2003), esp. 78. See also Wilt Idema, trans., *Personal Salvation and Filial Piety: Two Precious Scroll Narratives of Guanyin and Her Acolytes* (Honolulu: University of Hawai'i Press, 2008), 24.

⁹⁶ *Xijin yueshiguo sanzang zhufa hufeng zhiyi* “西晉月氏國三藏竺法護奉制譯”, *Foshuo baotaijing* 佛說胞胎經, *Dazheng xinxiu dazang jing* 大正新脩大正藏經 *Taishō Tripitaka* Vol. 11, No. 317, [No. 310.13] CBETA: Chinese Electronic Tripitaka Collection. It is interesting to note that the fetal position here differed from the medical works, such as *Shichan lun*, whereby it was described that the fetus turned round during childbirth, not before the start of birth.

the fetus in its past life had behaved in evil ways, at childbirth its feet would turn around and one foot or hand would emerge first, causing difficulty at birth, and the mother could lose her life. In such a scenario, the mother would be worried and distressed, and suffer an inconceivable amount of pain and suffering (其母懊惱患痛無量). The opposite would be true if in its past life, the fetus had performed many good deeds and lived a long life. It would not be returned to the cyclical and myriad sufferings of life, and its karmic relationship with its mother would not be one of immense suffering and pain.⁹⁷ Was childbirth pain ameliorated in this case? Unfortunately, we are not told in specific terms. I do however want to draw attention to the description of the pain the pregnant woman had to endure. The pregnant woman was clearly worried and distressed about the imminent pain (*kunao* 苦惱). Childbirth pain was common knowledge that was retold and repeated to women (and men) in folklore, and classics, such as those mentioned in the *Shijing*.⁹⁸ Both mental anguish and subsequent physical suffering connected to childbirth pain was common knowledge. Women were thus socialized to think about pain as an inevitable physiological sensation that accompanied pregnancy and childbirth. However, popular vernacular and religious works did not describe pain as a tool for marking the progress of childbirth, unlike the *Shichan lun*.

⁹⁷ In the above text, *Foshuo baotai jing*, the pain suffered by the mother at childbirth was not caused by the pregnant woman, but was directly linked to the karma of the fetus in the womb. This description contradicted the reasons posited by Chen Ziming in part one of *juan* 17. Chen, like fellow male medical authors, attributed childbirth complications to the behaviours of the pregnant woman. The fetus in Chen's descriptions was innocent and susceptible to the diseases because of its mother's indiscretion, such as excessive sex during pregnancy.

⁹⁸ Bernhard Karlgren, trans., *The Book of Odes*, 200-201.

Childbirth pain was also mentioned in other vernacular forms like *xiaoshuo* 小說 (fictional narrative).⁹⁹ In episode four of *Hongloumeng ying* 紅樓夢影, possibly the first novel written by a woman in the late nineteenth century, the wife of the main character Jia Baoyu, Xue Baochai gives birth. There was a short description of Baochai just before she gave birth:

When Madam Wang came into Baochai's room with a servant girl, Baochai was visibly in unbearable pain, with her brows all scrunched up, pacing the room while being held by Chanyue. 王夫人扶著小丫頭到寶釵房裡，見寶釵蛾眉緊蹙，不勝其苦，麝月攙著在地下來回的走。¹⁰⁰

Although this is only a short description of Baochai's knitted brows and expressions of pain and agony, it is significant because the author of this work of fiction had personally experienced childbirth pain. The author, a Manchu woman, Gu Chun 顧春 (1799-1877), sobriquet 太清 Taiqing, was herself a mother of five (three sons and two daughters), there are at least three births described in the novel.¹⁰¹ In the same novel, Gu describes the childbirth experience of another character, Li Ping-er, as one of little pain because Ping-er had accumulated a lot

⁹⁹ Stephen West, "Literature from the Late Jin to the Early Ming: ca 1230–ca 1375," *Cambridge History of Chinese Literature*, vol. 1 (New York: Cambridge University Press, 2010), 585.

¹⁰⁰ Yuncha waishi 雲槎外史, *Honglou meng ying* 紅樓夢影, ed. Xihu sanren 西湖散人, (Juzhen tang 聚珍堂 edition, 1877); republished in *Guben xiaoshuo jicheng* 古本小說集成 (Shanghai: Shanghai guji, 1990-1993), episode 4. *Honglou meng ying* (Shadows of the Dream of the Red Chambers) is a 19th century novel written by a Manchu woman, Gu Chun 顧春, hao 太清 (1799-1877). I have chosen to introduce this work of fiction because in the searches I have conducted, this is by far the most vivid and detailed description of childbirth in a non-medical work. Other fictional works would merely mention childbirth in passing and did not provide details like the condition of the mother, her expressions or the progress of birth.

¹⁰¹ Two births in Episode 4 and one in Episode 9. Widmer records that Gu and Yihui had three sons and two daughters but Zhao Botao claimed in his 1989 article that they had three sons and four daughters. Zhao Botao 趙伯陶, "Honglou meng ying de zuozhe ji qita" 紅樓夢影的作者及其他, *Honglou meng xuekan* 41.3 (1989): 243-51. Ellen Widmer, *The Beauty and the Book: Women and Fiction in Nineteenth Century China* (Cambridge, MA: Harvard University Press, 2006).

of good karma.¹⁰² The fetus thus became the beneficiary of its mother's good deeds and kind behaviour. Here Gu Taiqing drew on the same ideas promulgated in popular Buddhist works: childbirth suffering tied to one's cumulative good or bad behaviour. Gu Taiqing had five children and her descriptions of Xue Baochai coping with childbirth pain could very well have been drawn from personal experience.¹⁰³

Another important source of writing on the pain of childbirth and related hardships is the *nüshu* 女書 (women's script) literary tradition of ballads and songs from villages in Jiangyong district in southernmost Hunan province.¹⁰⁴ In one of the ballads on the “Ten Months of Pregnancy,” the narrator provided details of the ten months of pregnancy and accompanying hardships, pain and physical changes. The text provides a vivid description of the pain of contractions.

Pregnant in the Tenth Month: it's about to be born!
The child in my belly has grown oh-so-heavy.
I've no strength in my arms and my legs are swollen,
I never feel comfortable no matter what I do!
And then as soon as the period of labour begins,
I find myself a paper-thin distance from dying.

The pain of one contractions is enough to make you faint,
The pain of two contractions can cause your soul to flee!
Clenching your teeth, you bite through a nail,

¹⁰² Yucha waishi, *Honglou meng ying*, Episode 9.

¹⁰³ I am aware that elite women writers often wrote poems depicting their physical ailments and bodily sensations during bouts of illnesses as tropes for emotional, political or aesthetic purposes. See Grace S. Fong, “Writing and Illness: A Feminine Condition in Women's Poetry of the Ming and Qing,” in *The Inner Quarters and Beyond: Women Writers from Ming through Qing*, eds. Grace S. Fong and Ellen Widmer (Leiden: Brill, 2010), 19-48. However, unlike poetry, Gu Taiqing was writing a novel and these descriptions were designed to render the episodes on childbirth vivid.

¹⁰⁴ *Nüshu* was a syllabic transcription of the local Jiangyong dialect and was used only by women to record their own ballads and songs, or other more well-known popular narratives. Wilt Idema dated its creation from late eighteenth century.

And your hands and feet feel as icy as snow.
Even if the child is delivered without a hitch,
The fate of the mother still hangs in the balance.
When the child is born and lets out a first cry,
The parents-in-law in their room sigh with relief.
When the child is born and lets out a second cry,
The mother in her room opens up her eyes wide.
When the child is born and lets out a third cry,
People inspect it to see whether it's a boy or a girl.
“The Ten Months of Pregnancy
(Collected and edited by Zhou Shouyi)”¹⁰⁵

This text is probably the closest we have to a record by women themselves about the pain and hardships of childbirth. This ballad reminds us of the popular Buddhist apocryphal works from Dunhuang, in which the pain suffered by the mother during childbirth was an important reminder to the audience for the need to be filial. In both texts, vivid description of childbirth pain and suffering by the mother provide the basic trope for the childbirth pain discourse. The difference between the *nüshu* ballad and the Dunhuang apocryphon would be that the ballad was a way non-elite women made sense of their suffering and expressed their childbirth and other life experiences, while the *Fumu enzhong jing* was a sūtra exhorting filial piety and depicting the ritually polluting nature of women. The specific use of childbirth pain in *Shichan lun* for the very practical need of identifying different stages of birth, therefore enriches our understanding of childbirth pain discourse in medieval China.

Having examined pain in different contexts, I would like to return to *Shichan lun*, and look at how pain was described in the next topic, which provides a clue

¹⁰⁵ Wilt Idema and Beata Grant, ed., *The Red Brush: Writing Women of Imperial China*, (Cambridge, MA: Harvard University Press, 2004), 558-61.

about how pain was perhaps managed. In Topic Three, the method to alleviate pain for the pregnant mother giving birth could well be to hasten the process of birth. In Topic Three, the woman was described to be suffering terribly from the process and here drugs were encouraged to be used by the author.

Topic Three: *Cuichan* (Hastening Birth)

Topic Three is *cuichan* (Hastening Birth). In the case of [*cuichan*], when the pregnant woman feels the urge to give birth, fluid breaks and blood descends. [She] experiences waves of aching pain in her navel and abdomen area, the pain then becomes unbearable. [She feels] that her waist area is heavy, and child is in the *gudao* [and] feels quite ready to burst. [One can see that] it is time for regular birth to take place, but the child will not be born. [This is the time to] quickly ingest medicine to hasten the birth. There are a small number who experiences [this state] for a number of days, [where] the pregnant mother is overwhelmed by suffering and while all could clearly see that the baby was to be born in the regular [manner], but the child had difficulties being born. It is right to ingest medicine to assist the mother and fortify her regular *qi*, and get the child to quickly descend and be born. This is called Hastening Birth (*cuichan*).

三曰催產

催產者言婦人欲產漿破血下臍腹作陣疼痛其痛極甚腰重穀道挺迸已見是正產之候但兒却未生即可服藥以催之忽有經及數日產母困苦已分明見得是正產之候但兒子難生亦可服藥以助產母之正氣令兒速得下生此名催產。

Topic Three, like Topic Two, describes prolonged childbirth and the great discomfort and suffering for the mother. The difference in Topic Three is the use of medicine or drugs to hasten the process of birth, instead of simply waiting for the fetus to descend. All the signs of impending birth have been met. The mother experiences different types of pains in various locations on her body, along with the telltale sign – the urge to defecate (*gudao tingbeng* 穀道挺迸). This sign is combined with the other types of pain moving from lower back to the navel and abdomen region, and is used as an indication that the woman needed to *zuocao* or

prepare to give birth. The author also explained that several days have passed and the fetus is still not born, causing great suffering for the mother. Given the mother's suffering, he feels it is necessary that she be given *Cuisheng* 催生 (birth hastening) drugs. Drugs were not advised in Topics One and Two, respectively *Zhengchan* (Regular Birth) and *Shangchan* (Injurious Birth), in which the pregnant woman is advised to wait for the right moment to give birth. The timing of birth is therefore considered seriously, and this is reflected in the next set of topics.

A Season to Birth

Topics Four and Five: Season and Climate

Topic Four is *dongchan* (Frozen Birth). Those who experiences *dongchan* in the three months of winter, when the weather (season) is cold and chilly, [when] the essence and blood of the pregnant mother become cold, then coagulate, [this complication would ensue]. Because this blood cannot be dissipated, it will cause the child not to be born; this one problem causes the most harm; however, most people are not aware. If it is during the months of winter, the pregnant woman should not remove the cotton clothes on her lower body, or sit or sleep in places that are chilly and cold. All the rooms ought to be filled with fire [warmth], such that the room would be constantly warm. Frequently check that the pregnant mother has her back facing a source of heat [fire], and ensure that she has warm air below her lower abdomen, between her legs and knees. If upon her back, and in front of her heart, there is a very slight chill or cold, warm by heating the silk-cotton clothes (usually padded), in order to preserve what is wrapped within (i.e., the baby). When blood is heated, it would flow and disperse, causing the baby to be born easily. This is called *dongchan*. If it is between Spring and Autumn, between heaven and earth, sometimes *qi* is damp with yin, and is chilly and cold. Therefore it would be appropriate to warm the room slightly with a little charcoal.

四曰凍產

凍產者蓋言三冬之月天氣寒冷產母經血得冷則凝結而不散因其血之不散以致兒子不能生下此之一弊為害最深然世人不知覺若冬月產婦下部不可脫去綿衣并不坐臥寒冷之處當滿房着火令遍房常有煖氣常令產母背身向火令臍下腿膝間常有暖氣若背上

心前少聞寒冷須是暖灸綿衣以包之貴其血得熱則流散使兒子易生此名凍產若春秋之間天地少有陰濕寒冷之氣亦可就房中以微炭火暖之為妙

Topic Five is *rechan* (Heated Birth). Those who experience *rechan*, especially those who have to give birth during the months of summer, should try to be in a temperate and cool place. Do not indulge in cooling [acts or food] due to the summer heat, as that would instead cause harm and damage the *qi* of the fetus. Also in the place where the birth would take place, ensure that there are not too many people, should there be many people, [I am afraid] that the hot *qi* would overwhelm the pregnant mother. As it is known, the blood and *qi* of humans dissipate when heated, and then when overheated they are damaged. When the pregnant mother has emptiness of *qi* during the hottest and driest summer heat season, and the *qi* [presence] of many people [would] tire [the pregnant mother], causing her blood to heat and disperse. Her blood becomes hot and then rises up and becomes “steamed,” possibly causing the pregnant mother to experience hot flushes and headaches. Her face flushes red and she would feel giddy as if she was drunk, and even pass out, oblivious to the world. This is the name of those who suffer from *xueyun* (Blood Swooning), and this was how the term came into being. And for the issue of *rechan*, if during the hot season, there is little cool air or yin-rain that changes the weather, the pregnant mother should not recklessly indulge in seeking cooling [foods or habits], or [she would] become very sick.

五曰熱產

熱產者蓋言盛暑之月欲產之婦當要其溫涼得所不可因熱恣意取涼反有傷損胎氣又生產之處不可多着人數切恐人多熱氣逼襲產母蓋人之血氣得熱則散熱過則損今當夏暑炎熱之盛而產母氣虛人氣一逼則其血沸溢而血得熱則上蒸能令產母發熱頭痛面赤昏昏如醉乃至不知人事世有名血暈者緣此而成也此名熱產若值夏月少有清涼之氣陰雨之變產母亦不可任意取涼恐生大病

In this next set of topics, the author discusses how the winter season could adversely affect childbirth delivery. In Topic Four, *dongchan* 凍產 (Frozen Birth), the cold and chilly climate of the winter season would affect the *jingxue* 經血 (either menstrual Blood or essence and Blood) of the pregnant woman, causing stagnation and subsequent birth complications. Similarly in Topic Five, *rechan* 熱

產 (Heated Birth), the blistering heat of summer would cause the Blood and *qi* of the pregnant woman to dissipate and lead to birth complications. Additionally, the summer heat usually meant that the pregnant woman might seek out cooling foods and liquids or engage in other behaviors that could harm the *qi* of the fetus.

Topics Four and Five are concerned with the seasons and environs, and that appear to have been linked to Yang Zijian's interest in *wuyun liuqi* 五運六氣 (Five Circulatory Phases and Six Seasonal Influences), a theory that was in vogue in the Northern Song period (see chapter on Yang Zijian).¹⁰⁶ Many learned men, such as Yang Zijian and Shen Gua, were studying diverse subjects and they tried to apply their knowledge to new fields of inquiry. *Wuyun liuqi* was one of these fields, in which scholars combined ideas about the circulatory phases of seasons, climate, and astrology, and linked these to the physiology and cosmological workings of the universe.¹⁰⁷ Literati and medical authors over the course of the Northern and Southern Song periods, like Xu Shuwei 許叔微 (1080-c.a. 1154), Chen Yan 陳言 (fl.1161-74), Liu Wansu 劉完素 (1110-1200) and

¹⁰⁶ Catherine Despeux, "The System of the Five Circulatory Phases and the Six Seasonal Influences (*wuyun liuqi*), A Source of Innovation in Medicine under the Song (960-1279)," in *Innovations in Chinese Medicine*, ed. Elisabeth Hsu (Cambridge: Cambridge University Press, 2001), 121-65. An important factor as to why *wuyun liuqi* became a "conscious attempt to define and structure the relationship between illness and environment, and between internal and external causes" was recurrent epidemic outbreaks in the periods the idea flourished. Records of serious outbreaks between 1045-1060, 1120-1140s, and in the thirteenth and fourteenth centuries were urgent concerns that compelled physicians and medical authors to write. Furth, "The Physician as Philosopher," 428. Angela Ki-chi Leung, "Medical Learning from the Song to Ming," in *The Song-Yuan-Ming Transition in Chinese History*, eds. Paul J. Smith and Richard Von Glahn (Cambridge, MA: Harvard University Press, 2003), 374-98.

¹⁰⁷ Scholars who have conducted studies on *wuyun liuqi* have divergent views of its origin. Fan Xingzhun (1951) placed its origin in the Han period when learned men wrote on the cosmological and calendrical conjectures that were normally the monopoly of *fangshi* 方士 ("gentlemen with a method" - Sivin's definition). Despeux, "The System of the Five Circulatory Phases and Six Seasonal Influences," 128. But the earliest extant source available on *wuyun liuqi* comes from seven chapters of the *Suwen* 素問 (Basic Questions) that date from the mid-eight century. Despeux tells us that the system was not fully developed till the Song period.

Zhang Congzheng 張從正 (ca. 1156-1228), all referred to *wuyun liuqi* in their works. Phrases in these two topics could very well have been taken from works discussing *wuyun liuqi*. These two topics therefore appear to be different from the rest of the treatise which is concerned with the tactile practices of women. The author appears to have been trying to link theoretical exposition of the effects of *yin* 陰, *shi* 濕 (damp), *han* 寒 (chilling) and *leng* 冷 (cold) *qi* with the human body, and its systems of functions during different seasons and in different climates (north versus south), with childbirth and practical care during childbirth. Yang Zijian was perhaps applying his interest in *wuyun liqi* to everything that was phenomenally within his world.

The content of these two topics is more practical than theoretical. For example, in Topic Four, the author advises the use of heat to warm up the cotton clothing of the pregnant mother¹⁰⁸ to avoid the chill of winter months and help in the birth of her baby. The author, Yang Zijian, draws on the idea of *jingxue* 經血 when he highlights the importance of maintaining warmth for the lower body of the pregnant woman, especially since coldness could lead to stagnation of Blood and essence and the inability to disperse Blood could lead to birth complications. Yang does not provide further information on how Blood and the fetus were connected, but goes on to provide practical information on how to keep the pregnant woman warm.¹⁰⁹ Yang obviously invokes an idea about essence-Blood

¹⁰⁸ I would like to add here that the advice to introduce heat throughout the room suggests that this could have been a larger or wealthier household that had the means to hire skilled practitioners (male physicians and midwives) and had enough fuel to heat the whole room, instead of one spot.

¹⁰⁹ Nathan Sivin has observed that it is quite impossible to differentiate theory and practice in Chinese medicine, and Topics Four and Five are excellent examples of how difficult it is to divide Chinese medical knowledge into theoretical or practical spheres.

and discussions about the seasons-weather influences that were probably current then, but does not elaborate further the theoretical basis of his recommendations. Instead he had assumed that his reader knew the importance of the relationships between essence, Blood, the seasons and climate, and childbirth. Presumably, his audience of fellow members of the educated elite were conversant in the same vocabulary.

Besides the practical concerns of staying warm in the winter and keeping cool in the hot summer months, we are introduced to definitions of afflictions like *xueyun* 血暈 (literally “Blood Swooning”),¹¹⁰ which would by the late imperial period become a potentially dangerous postpartum ailment. The same term would be ubiquitous in medical works on childbirth from the sixteenth century onwards.¹¹¹

Topics Four and Five stand in contrast to the rest of the topics. These two topics do not exactly describe skills or a specific complication. Instead, these two topics are causes for potential complications. These two topics could be read as attempts made by male medical authors to apply their knowledge from diverse fields to a tactile practice.

¹¹⁰ Here I use Yi-Li Wu's translation. Wu, *Reproducing Women*, 157. In Sun Simiao's *Beiji qianjin yaofang* and Chao Yuanfang's *Zhubing yuanhou lun*, the character for *yun* 暈 was 運, and both denoted dizziness. The symptoms were *xinfanmen qi yujue* 心煩悶氣欲絕—constrictions and gloominess in the heart, the cessation of *qi*. Chao Yuanfang had two entries on *xueyun* or blood swooning. The first was during birth, and the other was in the postpartum section where he associated this symptom with excessive loss of blood during childbirth, or too little blood loss resulting in contrary *qi* overwhelming the woman and causing *xueyun*. Sabine Wilms translates Sun Simiao's term *yunjue* 運絕 as “woman's loss of consciousness in childbed.” Sabine Wilms, trans., *Beiji qianjin yaofang*, 190.

¹¹¹ See Chapter Four on Xue Ji's changes to *xueyun*.

Part Three

Female Hands : *Shoufa* 手法 (Hand Techniques)

The next group of topics in the *Shichan lun* are concerned with complications that could lead to death and the way to manage the complications is with the human hand. This part of *Shichan lun* records the skills of women practitioners, a topic rarely discussed in male-authored medical texts. The author does not merely mention their skills in passing, but provides a systematic account of these techniques, described as *fa* 法. These *fa* are hand manipulations performed during childbirth, and especially during complicated deliveries. Women practitioners used their hands and fingers during specific complications to straighten the position of the fetus, to untangle the umbilical cord around the fetus, or to push up an arm that had emerged before the rest of the fetal body. Besides recording women's skills, the author also acknowledges that the skills of these women practitioners are crucial in saving the lives of both mother and child.

Topics Six to Nine are specifically on hand techniques, and these are respectively *hengchan* 橫產 (Horizontal Birth), *daochan* 倒產 (Inverted Birth), *pianchan* 偏產 (Tilted Birth), and *aichan* 礙產 (Obstructed Birth). The author cautions that these malpresentations are complications that can lead to death. Each technique described is further qualified. Topic Six, *hengchan* (Horizontal Birth 橫產), consists of a technique that is referred to as *tuier zhi fa* 推兒之法 (the method to push the child). Topic Seven on *daochan* (Inverted Birth) is described as *zhizhi zhi fa* 治之之法 (the method to control or manage it, i.e., the fetus, the problem or complication). Topics Eight and Nine on *pianchan* (Tilted Birth) and

aichan (Obstructed Birth), are referred to as *shouzhi zhi fa* 收之之法 (the method to receive it, i.e., the fetus). The *fa* in all these techniques are thus given characteristics and rendered clearer by verbs that describe further action, such as *tui* 推—to push, *zhi* 治—to manage, and *shou* 收—to receive. In all of these techniques, the dexterity and finesse of the midwife's methods, techniques and skills are emphasized as life-saving, while an unskilled midwife could cause death.

The same line¹¹² repeated at the end of Topics Six to Nine is a note of caution, but it also highlights the importance of tactile techniques in childbirth and the special occupational role midwives played in childbirth. The same line can also be read as an indication of the male physician's lack of confidence in the general practice of women tending to women in the birthing chambers, a discourse that would become dominant from the sixteenth century on.

***Fa* 法—Method, Technique and Skill**

In more general terms, *fa* 法 is most commonly used to denote law, regulation, and standard method. In medical works, *fa* usually meant a method, a way of doing something, or a procedure for obtaining certain results. *Fa* was often paired with another character to make words such as *zhenfa* 針法 (methods of needling),

¹¹² If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life. 若看生之人非精良妙手不可依用此法恐恣其愚以傷人命。

jiufa 灸法 (methods of heating or moxibustion), and *shoufa* 手法 (hand techniques).¹¹³

Before proceeding further, I would like to discuss my choice to use the words “method,” “techniques,” and “skills.” Here I follow the *Oxford English Dictionary* (OED) and understand **method** as a way of doing something according to a defined, regular plan or a procedure. To possess **techniques** is to be able to perform in the formal or practical aspect of a field. **Skill** denotes the capability of accomplishing something with precision and certainty. Someone who is skilled would have an ability to perform a function, acquired or learned through practice. In *Shichan lun*, *fa* is associated with all three – methods, techniques and skills. The step-by-step procedures or “how-to” used in specific complications were the **methods**, i.e., get the pregnant woman to lie supine, then use hand techniques to manipulate the fetus, and finally administer birth hastening medication. The **techniques** are the application of the methods, e.g., how to use one's hand and fingers to push, pull or tug, and how to feel for the presenting parts of the fetus. Finally, the **skills** consisted of applying the techniques at the appropriate time, and with precision during birth complications. The author of *Shichan lun* was able to describe the methods and techniques but was unable to aptly depict skills, which, as he acknowledged at the end of Topics Six to Nine,

¹¹³ There was a *chanfa* 產法 (birth methods) recorded in Chao Yuanfang, *Zhubing yuanhou lun*, *juan* 43. This *juan* is devoted to childbirth, and starts with a *chanfa* which explains the importance of giving birth without offending the deities or spirits, and keeping in line with the rhythms of life and *qi*. Medical authors from early medieval China, like their forebears in early China, conceived of birth complications as illnesses and outcomes of having offended ancestors, deities or spirits. The methods described therefore were concerned with *wuxing*, and avoiding *taisha* 胎殺 (Fetus Killer). Lee Jen-der, “Gender and Medicine in Tang China,” 1-29.

belonged to the women who practiced those techniques. Let me now turn to the detailed descriptions of these tactile techniques.

Topic Six: *Hengchan* 橫產 (Horizontal Birth)

Topic Six is *hengchan* (Horizontal Birth). When the child descends to be born, and first reveals its hand, or its buttocks, it is because the pregnant mother used too much force before it is time to exert and push. There is aching pain in the navel and abdomen regions, but the body of the child has not straightened, and yet the pregnant mother exerts with much force, thereby forcing the body [of the child to become] horizontally [aligned] and thus unable to descend to be born. Those unfortunate women diagnosed with this condition should be made to relax and lie face-up (supine), then get those attending to birth to push and enter into [the birth canal]. Whenever the technique is used, it first includes pushing the body of the child, causing it to go up, then gradually using the hand, then the middle finger to hold on to the shoulder, pushing it higher and then straighten, all the time using the finger to guide and to hold on to the [body of the child] when straightening it. It is necessary that the pregnant mother lie face-up (supine), then after the child has been pushed farther up, slowly and deliberately set it right. Wait for the body [of the child] to straighten and [for it to descend into] the path leading to the [birth] door. Decoct one shallow wine cup worth of hastening birth medicine, get the pregnant mother to consume it, and subsequently urge her to use energy to get the child to descend and emerge. This is called *hengchan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

六曰橫產 橫產者蓋兒子下生先露其手忽先露其臀此因未當用力而產母用力之過也 臍腹疼痛兒身未順 則是產母用力一逼 遂致身橫而不能生下不幸而有此證候當令產母安然仰臥令看生之人推而入去凡推兒之法先 推其兒身 令直上漸漸通手 以中指摩其肩 推其上而正之 漸引指攀其耳而正之 須是產母仰臥然後 推兒直上徐徐正之 候其身正門路皆順 煎催生藥一盞令產婦喫了方可令產婦用力令兒下生 此名橫產 vi 若看生之人非精良妙手 不可依用此法 恐恣其愚以傷人命

In Topic Six, the fetus has descended into the pelvic region, ready to be delivered (*xiasheng* 下生), but the hand or buttocks have emerged before the rest of the fetal body. The fetus is thus positioned horizontally and is unable to

descend further for delivery.¹¹⁴ According to the author, those unfortunate mothers who experienced this should be made to lie down, and there is a *fa* 法 (method) to solve the problem. The method calls for the midwife to use her hand, specifically her middle finger, to hold on to the shoulder of the fetus, and use it to straighten the body, using the finger on the shoulder as a guide. In this topic, the pregnant woman is also made to lie supine, unlike all the other birth positions, namely *zuocao* and *zuochan*, whereby she would be closer to the ground, probably hunched and crouched down, with her back off the bed. In the case of a complication, she was, however, unable to pro-actively engage her own body to give birth. Instead, the pregnant woman requires the help of women practitioners with experience and skills. The method is to be used during such a specific fetal presentation of hand or buttocks.

By describing the techniques used by midwives, Yang Zijian was producing a written form of women's knowledge for those who could read but did not necessarily practise. The techniques described, although used and proven to be efficacious, were not to be used by everyone. Only the very best midwives, with the most skills, should consider using them.

Marcel Mauss defined technique as “an action which is effective and traditional,” and emphasized the importance of the existence of a tradition that could safeguard and preserve knowledge through transmission.¹¹⁵ The author of

¹¹⁴ In contemporary medical texts, a fetal presentation with the above symptoms would be called transverse presentation. Although the presentation of the buttocks would be termed breech birth.

¹¹⁵ Marcel Mauss, “Techniques of the Body (1935),” *Techniques, Technology and Civilisation*, ed. and trans. Nathan Schlanger (New York: Durkheim Press/Berghahn Books, 2006), 82. Bray also uses Mauss in her definition of technology. Francesca Bray, *Technology and*

Shichan lun had recorded these skills which was clearly a part of an oral tradition that was practiced by women and therefore gender-specific. The midwife's ability to perform the intimate procedures during childbirth and the fact that Yang, a male literatus, was able to record it, also suggested a working relation whereby the woman practitioner was open to providing information about what went on in the privacy of the birthing chambers.

Topic Seven: *Daochan* 倒產 (Inverted Birth)

Topic Seven is *daochan* (Inverted Birth). Those who [experience] *daochan*, do so because there is insufficient fetal *qi* in the mother, and the fetus is not securely lodged in the womb. She exerts with force much too early, causing the child to not be able to turn around and align for birth, leading to its inability to descend and reveals one foot first. The method to treat this condition, is to get the pregnant mother to lie supine on the bed, then bid the birth attendant to push the foot back in [to the birth canal], forbidding the pregnant mother to exert energy, and desist from alarming or frightening [the mother]. Then wait for the child to eventually [turn around and] straighten/ align.

If after some time [and the woman] does not give birth, once again bid the midwife to gently use [her] hand to enter into the birth canal, push the foot, causing it to turn around halfway, getting the head of the child in the path to gradually face straight down, then wait for the child to turn its body around, and align itself with the door of birth. Thereafter bid the pregnant mother to drink a wine-cup size of simmered Hastening Birth decoction, and then she would be able to exert and push the child down to be delivered, this is called *daochan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

七曰倒產倒產者蓋因其母胎氣不足關鍵不牢用力太早致令兒子不能回轉順生便只直下先露其足也治之之法當令產母於床上仰臥令看生之人推其足入去分毫不得令產母用力亦不得驚恐候兒自順若經久不生却令看生之人輕輕用手內人門中推其足令就一畔直上令兒頭一畔漸漸順下直待兒子身轉門路正當然後煎催生藥令產母服一盞後方始用力一送令兒生下此名倒產若看生之人非精良妙手不可依用此法恐恣其愚以傷人命。

In Topic Seven, the feet of the fetus have emerged before the rest of its body.¹¹⁶ The technique for managing this complication is similar to that described in the previous Topic Six, *hengchan* (Horizontal Birth). The midwife has to insert her hand into the *chanmen* (birth door) and feel for fetal parts in order to push the fetus farther back into the body of the pregnant woman. An additional instruction is given for Topic Seven. After the technique is carried out, the midwife and pregnant woman have to wait for the fetus to turn around on its own. Should the fetus fail to turn around on its own, then the midwife has to insert her hand into the birth door again. Then the midwife has to feel for the head of the fetus and slowly guide it to face downwards towards the *chanmen*. Once the fetus has turned around, medicine to hasten the birth is to be administered and the pregnant woman is urged to push for the fetus to emerge.

For this topic, the midwife has to use two different methods involving her hand and fingers to bring about a successful birth. The male author's description clearly placed the fate of the pregnant mother literally in the hands of the midwife. The pregnant mother was forbidden to exert force, signaling the authority in this situation was that of the midwife.

Topic Eight: *Pianchan* 偏產

Topic Eight is *pianchan* (Tilted Birth). [A woman suffers from] Tilted Birth, because the child has turned itself around, but its body has not yet

¹¹⁶ This presentation is defined as breech in modern Western medicine. *Williams Obstetrics*, 23rd edition, 527. In the categories of breech presentation in contemporary medical textbooks like *Williams Obstetrics*, there is the “complete / flexed breech” when both legs are flexed at the hips and knees, and the “Frank / extended breech” in which both legs are flexed at the hips and extended at the knees. There is also the “footling breech” whereby a leg is extended at the hip and knee. It should be pointed out here that in the West, there were various types of “maneuvers” developed to extract a fetus in breech presentations. These include the Pinard Maneuver, the Mauriceau Maneuver, and the Prague Maneuver, all featured in *Williams Obstetrics*, 23rd edition, 532-38. These maneuvers require the use of fingers and palpation to extract the fetus.

become aligned along the path of birth. The sudden pressure exerted by the pregnant mother has caused the head of the child to be stuck sideways. It is blocked by the left leg, or sometimes by the right leg. Even though it is close to the entrance of the birth door, it cannot be born. Although [it appears that] the child has revealed the top of its head (crown), what is revealed is really not the [utmost] top [part] of the child's head, but is either the right edge or the left edge of the forehead. This is explained as the head of the child being obstructed on one side [lodged on the pelvic bone] such that it cannot be delivered. The method to bring forth the baby, is to get the pregnant mother to lie supine, then bid the birth attendant to gently push and straighten the head of the child, ensuring the top of the head (crown) is aligned with the birth door, then get the pregnant mother to exert to give birth to the child. If the bone on the back of the head of the child is lodged against the *gudao* (alimentary tract or birth canal), and at the same time only the forehead can be seen, get the birth attendant to apply heat to a cotton cloth, wrap it around her hand, and swiftly push and straighten the head of the child just outside the alimentary tract/ birth canal. Then get the pregnant mother to exert to expel the child. This is called *pianchan*. Whenever the technique is used to push and straighten the head outside the alimentary tract/ birth canal, it is necessary to push upwards and straighten. Always use a small amount of strength to push upwards, and the position of the child will straighten. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

八曰偏產 偏產者蓋因兒子回轉其身未順生路未正却被產母用力一逼致令兒頭偏挂左腿忽偏挂右腿 致令兒雖近人門 而不能生下 但云兒已露頂 然不知兒之所露 即非頂也 忽左額角 忽右額角而已 謂兒頭 偏挂一畔 以此不能生收之之法 當令產母於床上仰臥令看生之人輕輕推兒近上 以手正其 頭令 兒頭頂端正向人門 然後令產母用力一送即便兒子生下 若是小兒頭之後骨偏挂穀道 即令兒却只露額 當令看生之人以一件綿衣炙令溫暖用裹手急於穀道外旁輕輕推兒頭令正即便令產母用力送兒生也此名偏產 凡于穀道外旁推兒頭正 須推其上而正之 仍是小用輕力推些上兒而正之也 若看生之人非精良妙手 不可依用此法 恐恣其愚以傷人命

In Topic Eight, the fetus had turned around but its path towards the *chanmen* was obstructed by the sudden pressure exerted by the pregnant woman. The crown (or top part of its head) could be seen but delivery had stalled.¹¹⁷ If the

¹¹⁷ The description of the fetus suggests that it was hunched over, and very probably had its feet blocking its head in some way.

presenting part was the corner of the head, that meant that the fetus was stuck at an odd angle.¹¹⁸ The method of extraction here is for the midwife to gently push the fetus up into the pregnant woman's body (assuming she was pressing on the head). She is to then straighten the head of the fetus, focusing on the top part of the head (*touding* 頭頂), nudging it to align with the *chanmen*. If the forehead of the fetus can be seen and the pregnant woman feels pressure on her *gudao* 穀道 (alimentary canal), the technique is slightly different. The midwife should wrap her hands with a warmed cotton cloth, then swiftly but gently push and nudge the head of the fetus to straighten, performing all this outside the *gudao*. The midwife no longer could insert her finger because the head of the fetus has engaged the pelvic region and is stretching the birth door to its maximum, especially if the forehead can be seen. The pressure on the alimentary canal also signals that the fetus is ready to emerge but is stuck. If the head is already at the birth door, fingers can possibly scratch or hurt the fetus in some ways, and that is perhaps

¹¹⁸ In modern Western medicine describing birth, the most common presenting part of the fetus would be the vertex of the fetal head, and any other presenting part was managed as a malpresentation, i.e. birth complication that required intervention. Complications include the occiput (the back or the posterior of the head) being "malpositioned in the posterior of the pelvis," and birth would be prolonged. When the face was the primary presentation, or if during vaginal examination, any high and facial features was felt, this was called Face presentation. And here in this topic, when the fetal head is partially extended and the presenting part is high, the anterior fontanelle may be felt on one side and the orbital ridges on the other, or if the arrest of the brow occurs (brow presentation), childbirth is obstructed. Joanne Chadwick, "Chapter 6: Malpresentations and Malposition," *Emergencies Around Childbirth: A Handbook for Midwives*, edited by Maureen Boyle (Abingdon: Radcliff Medical Press, 2002), 63-82. WHO, "Managing Complications in Pregnancy and Childbirth," *Reproductive Health*, Geneva, 2003. In *Williams Obstetrics*, 23rd ed., it is noted that before labour, any diagnosis of fetal presentation and position was often inconclusive. With the onset of labour and the cervical dilation had taken place, practitioners would then be able to determine the presentations and position of the fetus through the palpation of the various fetal sutures and fontanel, face or fetal sacrum. *Williams Obstetrics*, 23rd edition, 378.

why the author clearly indicated for a method to be performed outside the birth door.¹¹⁹

Topic Nine: *Aichan* 礙產 (Obstructed Birth)

Topic Nine is *aichan* (Obstructed Birth). A woman suffers from *aichan*, when the body of her child has aligned along the birth canal and the uppermost crown of the child's head can be seen, but it cannot be born. It is due to the fact that [when] the body of the child was turning around, the umbilical cord got looped around the shoulder, such that the uppermost crown has emerged but [the child] cannot be born, this is called *aichan*. The method to solve this is to get the pregnant mother to lie supine on the bed, get the birth attendant to gently push the child upwards, little by little using the hand as a guide, with the middle finger, to feel and press on the shoulder of the child and pull down the umbilical cord. Then [one] must wait for the body of the child to align with the regular [path]. Subsequently get the pregnant mother to exert force to expel the child to be born, this is named *aichan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

九曰礙產 礙產者蓋言兒身已順門路俱正兒子已露正頂而不能生下蓋因兒身回轉 肚帶攀其肩以此露正頂而不能生此名礙產收之之法當令產母於床上仰臥令看生之人輕輕推兒近上徐徐引手以中指按兒肩下其肚帶也仍須候兒身正順方令產母用力一送使兒子下生此名礙產若看生之人非精良妙手不可依用此法, 恐恣其愚以傷人命

In this Topic Nine, the crown of the fetus head has emerged but the fetus is stuck. The midwife will need to determine that this is not the complication described in Topic Eight. Instead of pushing and nudging, the midwife needs to use her fingers to feel for the umbilical cord that has become wrapped around the shoulders of the fetus, causing it to become stuck. The technique calls for her to push the cord off the body of the fetus. After performing this and after the body of the fetus has straightened, the mother would exert force for the child to emerge.

¹¹⁹ At this point, asphyxiation could be a problem as the fetus engages the birth canal.

Touch of the Practitioner

Chen Ziming, the author of *Furen daquan liangfang*, described childbirth delivery as painful and tedious, sometimes lasting for days. From the start of the first contractions, up to the rupturing of the amniotic sac, and the emergence of the crown of the fetus, more than a day could pass. Then there were the final moments before delivering the baby when the mother suffered unbearable pain. According to Yang Zijian, in a standard delivery, once the baby's head had emerged, the rest of its body emerged quickly. But a malpresentation would take time to resolve. A seemingly normal and standard delivery could suddenly develop into a complication and then an emergency. A chaotic and noisy birthing chamber, crowded by an expectant mother-in-law and other women of the family could become very stressful for the pregnant mother, who was waiting between contractions and suffering from waves of increasing pain. In all of the situations I have described above, the calming and knowing touch of an older, experienced midwife was extremely important. The description of such a skilled midwife who possessed techniques that could save the lives of both mother and child and also be calm and knowledgeable was difficult to write. How would an author describe the intuitive capabilities the midwife developed over time to identify the appropriate moments to feel, press, pull, tug and push? The repetitive and cumulative process from years of practicing those hand techniques provided the midwife with the ability to perform the methods with precision and certainty, even among worried and noisy family members. The male author could only describe all that in one line at the end of Topics Six to Nine – hire a skilled midwife.

These were not just any skills, but life-saving techniques that the author acknowledged were possessed and deployed only by a midwife. Neither the author nor other male physician performed these hand techniques, because the midwife was *the* expert in the birthing chambers. The author did note that not all midwives were capable of performing these hand techniques. Only those who were highly skilled, possessed the most dexterous hands and had a lot of experience would be able to successfully perform the hand manipulations. In other words, the thorough description did not mean that *Shichan lun* was meant to be a manual for practice. And midwives, who probably did not read, and already knew these techniques, would not be reading *Shichan lun*. Instead, the author of *Shichan lun* offered male readers a very intimate look into the birthing chamber, a view that most men did not have in premodern China. *Shichan lun* was thus interesting to its reader because it provided details of delivery, but was not useful as a guide for practice.

The figure of the midwife in medical works and popular literature had always been ambiguous. While medical authors acknowledged the importance of hiring an honest, reliable and experienced midwife to assist with childbirth delivery, the very same authors also expressed much criticism about the dirty nails, clumsiness and dubious mores of these women practitioners. Portrayed as menacing, immoral and dispensers of abortifacients in popular late imperial China's novels like *Jinpingmei*, the figure of the midwife became a trope for literati outbursts in writings.¹²⁰ Yet midwives were socially authorized to manage the bloody and intimate details of fellow women's bodies, and men never usurped the roles of

¹²⁰ Cullen, "Patients and Healers in Late Imperial China," 99-150.

midwives. Despite their physical absence in the birthing chambers, men in China dominated in the production of medical knowledge on women's health.¹²¹ By recording the techniques practiced by women, male medical authors were able to textually streamline the practice of midwifery and appropriate the knowledge possessed by women practitioners. Despite this dominance in the production of textual knowledge, *Shichan lun* had successfully recorded a largely oral tradition belonging to women. Without *Shichan lun*, the oral tradition might never have been known.

Healing Hands in Chinese Medicine

What *Shichan lun* did not offer was a description of what the hand or fingers felt when pulling, nudging and pushing. There was a vocabulary in Chinese to describe texture, shapes, edges, but it was not used in *Shichan lun*. The most probable reason was that the author was not the practitioner. He did not know what to feel for. He did not inform the reader what the hands would feel when the skilled midwife pushed the fetus' foot or hand back into the birth canal, the level of resistance she might have felt, or how to traverse the unseen passage back into the body. All that intuitive knowledge belonged to the practitioner, who had to learn all that through sight, touch and palpating. While some practices can be delineated, much of the body was resistant to representation. There was a slipperiness in any attempt to capture the precise moment to apply a method to a situation and record its successful execution. This was because tactile actions and

¹²¹ In Europe, male midwives or accoucheurs gradually became the expert in birthing chambers. On the history of male medical authority in premodern gynaecology, see Monica H. Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: University of Oxford Press, 2008).

such forms of knowledge, that being artisanal knowledge, were learnt by imitation and replication. Cognition came about only when physical replication was enacted. Repeated enactment of the same act would then form a bodily habit, which would then “become a cognitive practice, and finally, lead to knowledge and the production of effects.”¹²² The formation of this type of knowledge of the body and such bodily processes required close observations in order to obtain an accurate textual representation. However, precision is not something that can be aptly described through words. Take, for example, how a modern Japanese swordsmith explained how ineffective words were in capturing the precision of certain bodily processes:

“Remember our work is not done by measuring or talking. The hammering, the forging, all the processes are performed by intuition. It's the split-second intuitive decision to remove the iron from the fire, when and how to bring up the flame, to immerse the blade in the water now — it is these acts of intuition that produce a sword.”¹²³

As I have suggested above, the author of *Shichan lun* was able to describe methods and techniques, but when it came to skills, Yang Zijian told his reader to hire only the most highly skilled midwife.

Techniques requiring a high level of tactility occupied a significant position in Chinese medicine. In a study on medical techniques associated with stone (lancets, pressing stones and mineral prescriptions) in early imperial China, Vivienne Lo discussed how received canonical medicine contained “vestiges” of

¹²² Pamela H. Smith, *The Body of the Artisan: Art and Experience in the Scientific Revolution*, (Chicago: The University of Chicago Press, 2004), 98.

¹²³ Smith, *Body of the Artisan*, 99.

tactile methods used in early Chinese stone culture.¹²⁴ The Han period historian Sima Qian recorded in *Shiji* 105, how the mythical sage physician Bian Que 扁鵲 applied cauterization with a lancing stone to open the channels for obstructed *qi*. Excavated works from Mawangdui also show a variety of treatments that were reliant on tactile techniques, including *daoyin* 導引.¹²⁵ In addition, by the Han, changes in medical ideas no longer privileged treatment using stones, but also made use of drugs, needling stones, wines and tinctures.¹²⁶ Sima Qian also described Chunyu Yi 淳于意 who privileged vessel diagnosis (linked to needling or acupuncture), which would become more prominent than using sharp pointed stones in treatment. That said, regardless of the types of treatment, palpation and tactile techniques for diagnosis were important skills for practitioners.

In early and medieval China, physicians obtained a diagnosis by observing the patient and examining his pulse.¹²⁷ For treatment, the physician had the choice of

¹²⁴ Vivienne Lo, "Spirit of Stone: Technical Considerations in the Treatment of the Jade Body," *Bulletin of School of Oriental and African Studies* 65.1 (2002): 99-128. According to Lo, medical tools and techniques from late Warring States and Western Han textual and archaeological records fall naturally into four areas: apotropaic medical stones, surgery tools, tools for hot pressing, cautery and massage. Lo highlighted the fact that in *Huangdi neijing Suwen* 14, potent drugs were used for illnesses that afflicted the interior of the body and advocated the use of stone, needle and moxibustion to treat the exterior, and exterior did not refer to superficial illnesses but to illnesses with external causes. Besides differentiating interior and exterior types of illnesses and their corresponding treatments, *Suwen* 12 also noted the differences between regions, specific illnesses connected to geographic areas and their treatment. There was no fixed definition for the use of external treatment in early sources. On the origins of acupuncture and moxibustion, see Yamada Keiji, *The Origins of Acupuncture, Moxibustion, and Decoction* (Kyoto: Nichibunken, 1998).

¹²⁵ Livia Kohn, *Chinese Healing Exercises: The Tradition of Daoyin* (Honolulu: University of Hawai'i Press, 2008).

¹²⁶ According to Sima Qian, medical techniques were used according to how deeply the illness had penetrated the body. If it was in the *couli* 腠理 take soups and hot-pressing to reach the spot, and for the Blood and channels use *zhenshi* 鍼石 (needling stones), and if it was in the bowels and stomach use wines and tinctures. If it was in the bone and marrow, there was nothing one could do. *Shiji* 105, 2815, 2807, 2805.

¹²⁷ *Neijing*, *juan* 16, [257]. "Discourse on the Essentials of Diagnosis and on Exhaustion in the Conduits," *juan* 17, [p.273] "Discourse on the Essentials of Vessels and the Subtleties of the Essence, describes the laws of diagnosis," and *juan* 80, [Unschuld 2011, 714, 717], "in

cauterizing, needling, or applying moxibustion to parts of the patient's body. Alternatively, he could also prescribe a formula of herbal decoction. Put differently and probably more accurately, the patient had the choice of a variety of experts who specialized in different treatments.¹²⁸ In this repertoire of techniques available to the physician and patient, the importance of touching the patient and the patient's narration of his or her own discomfort cannot be overstated. In pulse diagnosis, the fingers of the physicians pressed on the inner wrist to obtain signs of *qi* floating or waning. In order to insert needles or apply mugwort for moxibustion to move stagnant *qi*, the flesh of the patient was laid bare for tactile treatment. The hands of the physician were crucial tools for his profession. He had to develop a heightened sense of touch that could distinguish how sick a person might have been.¹²⁹

The body or bodies being touched, manipulated and handled by the practitioners were alive, therefore presenting tactile sensations to those who were feeling, pushing or pulling. These bodies could be pliable, resistant or limp, depending on the state of the person. But it is precisely this interaction between the practitioner's knowing or learning hands and the resisting or pliable flesh, skin and bones of the patient that helped to form the knowledge of the practitioner (in any case, the patient learns what the treatment would feel like). This was a dynamic, symbiotic interaction that could not happen without either party. Textual

diagnosis occasionally [it is essential] to observe [the patient's] breathing and to find out [his] sentiments.”

¹²⁸ Fan Kawai, *Liuchao Sui Tang yixue zhi chuancheng yu zhenghe*, esp. Chapter 5.

¹²⁹ Elisabeth Hsu, “Tactility and the Body in Early Chinese Medicine,” *Science in Context* 18.1 (2005): 7-34. Hsu examines the importance of touch and *mai* 脈 (pulse) in the Mawangdui medical texts and *Shiji* 105, and explores the location of pain spots throughout the vessel paths (meridians along which acupuncture needles are applied). Vision cannot locate pain but touch can.

representation would not be able to capture the complex interplay between the two bodies, the sensations experienced by the two different skins and two different persons working on the same goal – to alleviate the suffering of the patient.

In *Shichan lun*, the author, Yang Zijian, described the skills of midwives as *shoufa* 手法, which translates literally as “hand methods.” The character *fa* was also used by medical authors to refer to other treatment techniques. Besides taking the pulse, applying needles and moxibustion, other types of tactile treatment in Chinese medicine included *an* 按 (press) or *mo* 摩 (massage), *tuina* 推拿 (literally to push, grab, or simply massage) and *zhenggu* 正骨 (bone-setting). These were also described as *fa* 法 in various medical works. Based on official sources, the popularity of such tactile practices peaked in the Sui and Tang periods, when *anmo* was a subject imperial medical students had to study.¹³⁰ These tactile practices would slowly become less popular and *anmo* as a medical subject was eliminated by the Song dynasty.¹³¹ Tactile practices, like bone-setting and some of the tactile treatments described above, were regrouped under the category of *yangyi* 瘍醫, and herbal decoction became the preferred treatment. Touching a patient, especially feeling the flesh of the patient, or simply helping with

¹³⁰ Zhen Zhiya 甄志亞, *Zhongguo yixue shi* 中國醫學史 (Shanghai: Shanghai kexue jishu, 2001), 65-66. *Waike* 外科, literally “external medicine” is commonly translated as such, and dealt with *jinchuang* 金瘡, *yongju* 癰疽, *jie* 疥 and *huili* 癰癤 (ulcers, boils, carbuncles, sores, etc.). *Waike* treatment included the cessation of bleeding, pain, repair of lacerations, antidotes for poisoning, utilizing the ingestion of medicine and petty surgery. *Waike* was differentiated from *anmo* (literally “press” and “palpate”) and *gushangke* 骨傷科 (bonesetting).

¹³¹ Zhen Zhiya, *Zhongguo yixue shi*, 78. By the Song period, *anmo* (which was a subject in the Tang dynasty medical examination) was no longer listed, instead there was *yangke* 瘍科 (sores, ulcers, etc.) which included *chuangzhong* 瘡腫 (swollen sores), *zheshang* 折傷 (fractures injuries), *jinchuang* 金瘡 (wounds inflicted by metals), and *shujin* 書禁 (secret books). There was a separate subject for needling and moxibustion.

childbirth, which required contact with bodily fluids and orifices, became less common as a subject in medical works. The *fa* described in childbirth delivery was a part of this gradually marginalized tradition, although it also did not fit quite easily into the other types of tactile treatment like *waike*, *anmo*, or *gushangke*.¹³²

What is revealingly absent in *Shichan lun* was the use of needling for dealing with pain or complicated birth. Medical authors from the Tang did not shy away from using acupuncture for difficult birth. In *juan* 3 of Sun Simiao's *Beiji qianjin yaofang*, in the section on treatment of difficult birth (*Zhi nanchan fang* 治難產方), after a list of recipes that makes use of herbs and apotropaic materials (used grass blades from the entrance of a lavatory), Sun gives instructions on how to needle a point during a complicated delivery: “Needle both Jianjing points, entering one *cun*, drain it. The delivery will take place momentarily” (...針兩肩井入一寸瀉之，須臾即分娩).¹³³ The location to needle is called *Jianjing* 肩井 (“well in the shoulder”) and is located on the vessel called the *Zu Shao Yang Dan*

¹³² Xue Ji, the mid-Ming dynasty period physician, authored several *waike* works and edited Chen Ziming's *Waike jingyao*. I argue that he had reshaped the sub-medical field of external medicine and other tactile arts, rendering these tacit form of knowledge more textual and geared towards theory and the use of drugs. Li Jianmin has provided the most insightful and concise survey of *waike* in part three of his introduction to his 2009 work, *Out of Place: Travels Throughout Chinese Medical History*, 旅行者的史學: 中國醫學史的旅行 (Taipei: Yuncheng congkan 121, 2009), 13-25.

¹³³ Translation in Wilms, *Beiji qianjin yaofang*, 189. Wilms also provided the definition of *xie* 瀉 (drain), a method of needling described in the *Suwen* 27: “Insert the needle during inhalation, do not cause the *qi* to go astray, keep it still, and leave it for a long time, not letting the evil spread. When inhaling (again), rotate the needle to obtain the *qi*. Wait until [the patient] is exhaling before pulling on the needle, and take it out when the exhalation is finished. The great *qi* has completely come out; therefore it is called 'draining.'” Such a description of needling during birth complications in Song and post-Song period *chanke* and *fuke* works is rare.

Jing 足少陽膽經 (Gallbladder Channel of the Lesser Yang Foot).¹³⁴ This method was not collected in *Furen daquan liangfang*. The only entry for needling in the section on birth in *Furen daquan liangfang* was the instruction to poke the part of the fetus that had emerged during a birth complication.

To treat *hengsheng* (horizontal birth), *daochan* (inverted birth), [and] the presentation of hand and foot [during birth]: (cited from *Waitai miyao*). Use a thick needle to poke/ needle the baby's hand [or] foot, enter [at the depth of] two *fen* (about 0.6 cm). The baby would get a shock, recoil and turn, and return to the [correct] direction on its own. This is the same method in *Wenzhong*, *Beiji*, *Qianjin*, *Cuishu* (Mister Cui), and *Jiyan*.¹³⁵

療橫生、倒產，手足先出方（並出《外台》）。用粗針刺兒手足，入二分許，兒得痛驚轉即縮，自當回順。文仲，《備急》，《千金》，崔氏，《集驗》同。¹³⁶

Interestingly, this method was not mentioned in later medical works on childbirth. The only instance in later works when needling was mentioned was in Wu Zhiwang's 武之望 (?-1629) *Jiyin gangmu* 濟陰綱目, *juan* 10, "linchan men" 臨產門 (Subsection on the topic of "At Birth"). Wu Zhiwang quoted Chen Yan 陳言, *zi* Wuze 無擇, the Southern Song physician, who advised that needling be performed according to the previous method. Unfortunately, it is not clear in the text what that method was.

Chen Wuze said: In many cases, this was because the baby had not yet turned and straightened, [but the mother] *zuocao* 坐草 too early, or exerted too much

¹³⁴ The point *Jianjing* translates literally as "shoulder well" and refers to the part on the shoulder that is slightly depressed. The *Zu Shaoyang danjing* is also called the Foot Yang Minimum Gallbladder Meridian or simply the Gallbladder Meridian. Meridian is used today to mean vessels or *mai* 脈 or 脉. This meridian runs from *Tongziliao* (Gall Bladder Channel 1 or G.B.1), a point half an inch lateral to the outer cunthus, through the region of the eye, temple, ear, neck, shoulder, flank, and the outer side of the lower limb, terminating at *Zuqiaoyin* 足竅陰 (G.B.44), a point on the lateral side of the tip of the fourth toe. *Jianjing* G.B.21 is a commonly used point for treatment of pain in the shoulder and back, rigidity, and mastitis.

¹³⁵ These were medical works that Chen Ziming consulted for his *Furen daquan liangfang*. See chapter on Chen Ziming.

¹³⁶ Chen Ziming, *FRDQLF*, *juan* 17, part 3.

energy, such that the *baoyi* is broken, leading to the blood and water to dry up. The path of birth [becomes] rough (dried up) and the baby cannot descend. It would be advisable to first ingest the Miraculous Birth Hastening powder, in order to fortify Blood and prepare for childbirth. If it was the case of inverted and horizontal births, [it is] appropriate to use the previous method [to] poke with a needle.

陳無擇云: 多因兒未轉順, 坐草太早, 或努力太過, 以致胞衣破而血水乾, 產路澀而兒難下, 宜先服催生如神散, 以固其血, 設或逆生橫產, 當用前法針刺之。¹³⁷

Needling was a method that required palpation and intimate contact, and like hand methods utilized by midwives, were written out of medical texts in late imperial China. This conclusion corroborates Yi-Li Wu's observation that male medical authors favoured “drug-based approach to treatment over other therapeutic modalities such as religious or ritual healing, and manual techniques such as acupuncture, moxibustion, or massage.”¹³⁸

An important aspect of these women's work was also how they comforted the woman in labour, and that often involved tactile care. The length of birth is unpredictable, and so midwives, together with other women helping with birth spent much time with the woman about to give birth. They might hold the pregnant woman and walk around with her, as recommended and described in Chen Ziming, *juan* 17.¹³⁹ They also fed her, soothed her and comforted her during her pains. Recall the story of the Monk Tan Luan who forbade the birthing

¹³⁷ Wu Zhiwang 武之望. (fl. 1620), *Jiyin gangmu* 濟陰綱目 (A Comprehensive Guide to Benefitting Yin), 14 *juan*, edited by Wang Qi 汪淇 1665, (Shanghai: Shanghai kexue jishu, 2000), *juan* 10, 648.

¹³⁸ Yi-Li Wu, *Reproducing Women*, 9.

¹³⁹ Chen Ziming, *FRDQLF*, *juan* 17, part one. On the benefits of walking around during labour, see Penny Simkin, “Why Keep On Keeping On?” *Journal of Perinatal Education* 14.2 (2005): 5-7. Simkin pointed out that in the 1970s, the emphasis placed on certain positions, pushing techniques and episiotomy had been erroneous. Instead, she highlighted the benefits of walking during the first stage of labour and squatting during the second stage, and bearing down naturally instead of prolonged breath-holding and maximal straining during the second stage of labour.

mother any company during the birth. The physical contact between woman practitioners and the women they were assisting in birth was long and intimate.

How should these skills recorded in *Shichan lun* be read? If these hand techniques were transmitted orally, via a master-disciple relationship or women's network, what did a textual rendition mean? I am not able to provide answers to all these questions. However, we could also see *Shichan lun* as a work in which a member of the literati appropriated tacit knowledge of practitioners in order to divulge special skills, although in this case, the skills were not secrets, esoteric or clandestine. As a member of the elite minority, the author of *Shichan lun* was an “agent” of knowledge, involved in the writing and transmission process of a specialized type of knowledge.¹⁴⁰ Through writing, those who read it gained a specialized type of knowledge, which in turn translated it into a form of power.¹⁴¹ We do not know how much power literate men had over midwives, probably not much if we are to interpret the litany of criticisms heaped on midwives in medical and vernacular texts. By laying out the detailed work of midwives for fellow literati, the author was appropriating knowledge and in turn a certain level of power that midwives had in the privacy of the birthing chambers. Therefore, women's work and their specialized methods were no longer a mystery or reserved for the inner quarters that were closed off to non-familial men. These

¹⁴⁰ Here I use the word “agent” from the study of knowledge as power. Eliot Freidson, *Professional Powers: A Study of the Institutionalization of Formal Knowledge* (Chicago: University of Chicago Press, 1988), 1-17.

¹⁴¹ *Fa* was also a fascination for literati working in the field of poetry. The Northern Song literatus Huang Tingjian 黃庭堅 (1045-1105) and his Jiangxi School of Poets were extremely attentive to *fa* 法 in poetic composition, and advocated that poetry could be learned through systematic methods, knowledge and mastery of formal rules. See Wang Yugen, “Poetry in Print Culture: Texts, Reading Strategy, and Compositional Poetics in Huang Tingjian (1045-1105) and the Late Northern Song” (Unpublished PhD Dissertation, Harvard University, 2005).

midwives' hand methods were now made available to anyone who could read. The techniques of handling birth complications, at least the knowledge of such techniques, were no longer the monopoly of a group. Like in so many other medical works from pre-modern China, medical authors often described their work as a disclosure of secret recipes and family-held knowledge that was passed down only through apprenticeship and word-of-mouth instruction. Similarly, the author of *Shichan lun* claimed to have authored the treatise because he was pained by the ignorance of those who lost their lives to childbirth.¹⁴² He seems to be telling his readers that if they knew these complications and techniques, they might be able to avoid the pain of death at childbirth. The only contradiction here would be that he also explained that only skilled midwives would be able to perform those hand methods, and we are not told how reading about them would actually save lives.

Part Four

Topic Ten: *Zuochan* 坐產 (Sitting Birth)

The tenth is *zuochan* (Sitting Birth). It is said that in *zuochan*, when the child desires to be born, it is from a high spot. Tightly fasten a piece of woven cloth from a high spot, get the pregnant mother to hang on to the cloth, gently crouch on her feet like she is sitting, getting the child to be born. Do not allow the pregnant woman to sit on an object at the moment of delivering the baby, this is called *zuochan*. If when the pregnant mother desires to give birth, but is sitting on an object, thereupon obstructing the path of the child, and is unable to give birth.

十曰坐產: 坐產者蓋言兒子之欲生當從高處 牢繫一條手巾 令產母以手攀之 輕輕屈足坐身令兒生下非令產母臨生兒時坐着一物 此名坐產 若是產母兒將欲生却令坐着一物即抵着兒路 不能生也

¹⁴² Yang Zijian, *Introduction to Shichan lun*, in Chen Ziming, *FRDQLF*, *juan* 17.

In this topic, the author describes a technique for birth that requires the pregnant woman to use a long piece of cloth secured by hanging on a beam. The pregnant mother is either held up by or holds on to a long woven piece of cloth that is hung from a high beam in the room, and she slowly lowers herself into a sitting/ squatting position while grasping the cloth.¹⁴³ The same technique was used by the daughter-in-law of Yangdao Qing as recommended by the Monk Tan Luan, and was described by Cui as recorded in *Waitai miyao* 外臺秘要, *juan* 33 (see translation above). In this *Shichan lun* topic, the act of “sitting” was to help the pregnant woman bear down, and not sitting on an object is meant to avoid obstructing the fetus from emerging.

Topic Ten is therefore not a record of any theoretical exposition or techniques of women practitioners, but is an alternative method or position that a pregnant woman could use during childbirth. As recorded in *Waitai miyao*, midwives or those attending to the birth were charged with explaining the methods and reasons to the pregnant woman. In contrast to the position of bearing down on the grass, *zuocao*, which literally described “sitting on the grass,” *zuochan* in topic ten referred to “sitting birth.” Here “sitting” appears to mean a bent position that

¹⁴³ This is called a dangle position and is an upright supported squat. Squatting positions allows gravity to help in the contractions (certain level of pain relief), aids in the descent of the baby, and the position also widens the pelvic outlet region. E.D. Adams and A.L. Bianchi, “A Practical Approach to Labor Support,” *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 37 (2008): 106–15. The dangle position also has the potential to aid in the birth of a baby in a dangle position in order to aid the birth of an asynclitic or occiput posterior baby. An asynclitic fetal position is one with the axis of the fetal head oriented obliquely to the axial planes of the pelvis. Moderate degrees of asynclitism are the rule in normal childbirth. *Williams Obstetrics*, 23rd edition, 384-87.

resembled sitting but did not involve a chair or stool.¹⁴⁴ In fact, sitting on anything solid was thought to block the emergence of the fetus.

Topic Eleven was already included in the earliest extant edition of *Furen daquan liangfan*¹⁴⁵ and told a story of how to manage *panchang chan* 盤腸產 (rectal prolapse or hemorrhoids).¹⁴⁶ As I have mentioned earlier, the authorship of this topic is not known.

Topic Eleven: *Panchang chan* (rectal prolapse) 十一曰盤腸產

The eleventh is *panchang chan* (rectal prolapse). In the city of Zhao, [there was a] Lady Yun, each time she gave birth her rectum would first emerge and then she would give birth. After the delivery of the baby, the rectum would not retract, this was an extreme source of hardship. It was named *panchang chan*, and no physician could treat [this affliction]. Coincidentally, in Jianchang, there was a *zuopo* (midwife) who kindly taught me a method that solved this problem. When the womb would not retract after giving birth, use half a wine-cup size of vinegar, seven parts of freshly drawn well water, and mix evenly in a bowl. Spurt [the mixture] on the face of the woman, and with each mouthful of spurt the rectum would retract. And in three spurts the prolapsed part would retract. This is an excellent method; those who study [medicine] later on absolutely must know this technique.

十一曰盤腸產: 續添

¹⁴⁴ John Kieschnick, *The Impact of Buddhism on Chinese Material Culture*, Princeton: Princeton University Press, 2003, 222-49. Some Song literati, like Huang Tingjian and Su Shi, commented on how the ancients sat on mats on the floor and not on chairs, which had become common by the Song period.

¹⁴⁵ As mentioned before, the earliest extant edition is held in Beijing's National Library rare book collection and dates from the Yuan period.

¹⁴⁶ *Panchang chan* is also known as *panchang xianhua* 盤腸獻花, *tuichang sheng* 推腸生, *panchang sheng* 蟠腸生, *pengchang sheng* 盆腸生, *cuichang sheng* 催腸生. Li Jingwei, et al. eds., *Zhongyi da cidian* 中醫大辭典 (Beijing: Renmin weisheng chubanshe, 1995), 1600. Also recorded in Xie Liheng, ed., *Zhongguo yixue dacidian* 中國醫學大辭典 (Beijing: Zhongguo zhongyiyao chubanshe 1994), 1272. Rectal prolapse, also known as Rectocele is protrusion through the anus of some or all of the layers of the rectum, and is pelvic floor laceration during childbirth. See "Chapter 11, The Female Genitalia and Reproductive System," in *DeGowin's Diagnostic Examination*, edited by R.F. LeBlond, R.L. DeGowin, D.D. Brown (New York: McGraw-Hill Medical, 2009). However, *panchang* 盤腸 is sometimes substituted by *zichang* 子腸 (child intestine) and *chanchang* 產腸, both of which could also refer to the womb. See Yi-Li Wu, *Reproducing Women*, 92-97.

趙都運恭人每臨產則子腸先出然後產子產子之後其腸不收甚以為苦名曰盤腸產醫不能療偶在建昌得一坐婆施之一法而收之其法遇產後子腸不收之時以醋半盞新汲冷水七分碗調停嚥產婦面每嚥一縮三嚥收盡此良法也後學不可不知。

Once again, this was a record of a woman practitioner, who through her skills and knowledge managed to save the woman with rectal prolapse. In this topic which is concerned with another intimate part of the woman's body, the author indicated that physicians were unable to cure this ailment or alleviate the condition. The midwife, or *zuopo* 坐婆 (literally, “sitting granny” or old lady who sits with the pregnant mother), had a method that learned physicians did not possess. The medical author acknowledged that he was taught by a women practitioner, and that all those who studied medicine should know the method.¹⁴⁷

Conclusion

As a text, *Shichan lun* was coherent. But an actual birthing scenario could be and was probably very different from the order imposed by the author on the text. Although the author tried to arrange the various types of complications and related hand techniques or physiological state of the body into an order that was at least rational to him or his fellow educated men, the type of knowledge recorded was resistant to systematization. It was resistant because women provided much of the information. Women providing the knowledge in *Shichan lun* did not share the same literate language as those who were educated in the classics. A smooth

¹⁴⁷ Xue Ji would disagree with the method provided in *Shichan lun* via Chen Ziming's *Furen daquan liangfang*. He expressed concerns that spurting water to shock the already exhausted woman who just gave birth would further dissipate her qi, and cause other problems. He then provided recipes using drugs to solve the problem. Xue Ji, *Nüke cuoyao* 女科撮要, *juan* 下, 保產 section, collected in *Xue Lizhai yixue quanshu* 薛立齋醫學全書 (Beijing: Zhongguo zhongyiyao chubanshe, 1999), 64-65.

and successful childbirth experience did not require the intervention of established male physicians, and so details about the stages of delivery were retrieved from women who attended to births and women themselves, for example, describing the urge to defecate. Even during complications, descriptions of the presentation of the fetus (feet, brows or forehead), changes in the condition of the pregnant woman, were information not easily explicable or easily theorized.

In addition, to describe conditions like rectal prolapse (*panchang xianhua* 盤腸獻花, literally, “rectal prolapse like a flower presentation”) would have required intimate contact with women and substantial experience to recognize postpartum hemorrhoids. Descriptions of intimate bodily techniques and methods were probably rather disruptive. When one read the content in *Shichan lun*, one would come away with the impression that it was a text produced by those who had first-hand experience and was possibly not a part of the literate tradition. For example, describing how pain moved from the *yao* (waist) to the *qi* (navel) and *fu* (abdomen) areas instead of naming specific spots, especially since there was a tradition of naming locations on the body (moxibustion and acupuncture points),¹⁴⁸ suggests that the knowledge in *Shichan lun* belonged to practitioners who were not erudite. But because women did not write, we know that literati men authored and edited the work, and they could only have obtained such intimate forms of knowledge from women. The sources were most likely pregnant women and those who assisted in childbirth, and were mostly likely midwives.

¹⁴⁸ Vivienne Lo, “Huangdi Hama jing (Yellow Emperor’s Toad Canon),” *Asia Major* 14.2 (2001): 61-99, esp. 89-91. Especially since there was a tradition of mapping the experience of pain and of associated points for stimulating and relieving that pain, the silence in *Shichan lun* is telling.

What was missing in *Shichan lun*, would be the very prevalent medieval preoccupation with the influence of spirits of the constellations, prohibitive locations on the human body. Early and medieval Chinese were concerned with ancestors, spirits and ritual performance of healing during childbirth complications. Therefore, the tellingly missing connection between birth complications and the potentiality of ancestors and spirits speaks to a certain genre of writing, that Yang Zijian was involved in, and this I will further explain in the chapter on Yang Zijian. However, Chen Ziming, the Southern Song compiler of *Furen daquan liangfang*, would combine the medieval concerns with spiritual prohibitions and infringed taboos, although usually afterthoughts and attributed in retrospect as causes of childbirth complications, in *juan 17* of *Furen daquan liangfang*. And I will attempt to understand his reasons for that level of comprehensiveness.

As a record of women's knowledge, *Shichan lun* is therefore quite significant. The current trend of scholarship is to locate women writers in order to look for women's knowledge, especially in an effort to recover women's voice, agency and historicity. Women's knowledge in *Shichan lun* is quite different from women's writing. Women's knowledge in this work could be studied even though women did not write or physically produce the text that recorded their knowledge. *Shichan lun* is also invaluable because of the possibility of piecing together, albeit a fragmented and cautious, history of women, which included non-elite women, whose livelihood was dependent on a certain level of specialization and professionalism, and definitely remuneration.

I have highlighted the significance of pain and techniques/skills in *Shichan lun*. Pain was a sign for affliction that was unseen, and was used by physicians and practitioners to help identify the source of problem (location and sometimes cause). Pain helped practitioners identify the progress of childbirth, and prevented premature intervention or presumptive haste on the part of the woman giving birth. Pain allowed internal processes to manifest externally, and it also required the participation of the patient. The practitioner was dependent on the narration of the subject experiencing the pain to describe the quality of pain and to pinpoint the location of the pain. Our technology today has displaced the need for proficiency in the subtle language of pain because highly sophisticated machines can now “see” through the surface of the human body and penetrate deep into parts that the human eye or everyday language cannot see or express. An X-ray machine can reveal cracks and fractures that a patient would describe as “sharp shooting pain” and MRI machines can detect potentially fatal cranial bleeding which a patient might complain about as a persistent headache. In these contemporary examples, the patient's narration of pain is often downplayed as less important. However, in *Shichan lun*, there was a pain vocabulary articulated by the patient that was crucial for identifying the type of treatment or care provided.

Associated with managing and utilizing pain during childbirth was the importance of tactile care and the touch of a fellow woman who could empathize with one's pain and sufferings. The descriptions of hand techniques and methods for touching the intimate parts of a woman's body could perhaps tell us how women related to their bodies, especially intimate parts that involved sex, pleasure, pain and reproduction. In this context of childbirth, the knowing and

calming touch of another woman for an exhausted and vulnerable pregnant woman would have been extremely important. Is it possible for a historian to write about that? I hope I have begun that process.

Shichan lun would be revised in the Ming dynasty, when Xue Ji 薛己 (1487-1559), an imperial medical official, and a prolific author and editor of numerous medical works, took apart and edited Chen Ziming's *Furen daquan liangfang*. Xue Ji's 1547 edition of *Jiaozhu Furen liangfang* 校注婦人良方 would become the most widely disseminated version of Chen's work that contained *Shichan lun*. The *fa*, detailed descriptions of methods and skills in the Song edition would disappear from Xue Ji's version, as though he recognized the limits of written representation to reproduce the skills embodied by the midwives. What remained was a brief mention of midwives assisting in birth. *Shichan lun* became even more skeletal and shorter in the late Ming and Qing dynasty. Medical authors merely copied Xue Ji's version or merely listed the topics without including the descriptions. I will discuss this in Chapter Four on Xue Ji.

Chapter Two

Male Brushstrokes: The Author of *Shichan lun*, Yang Zijian

Introduction

Shichan lun 十產論 (Ten Topics on Birth) enjoyed a longevity and popularity that rendered it a staple within the subfield of obstetrics in Chinese medicine. It was the most quoted work on childbirth delivery techniques, and remained so right up to the end of the imperial period (1911). As a record of hand techniques that belonged to women practitioners, *Shichan lun* contained mostly practice, and it was a type of knowledge that did not fit neatly in the categories learned elites were familiar with in the twelfth century. My study of *Shichan lun* has led me to ask how a learned man came to write a treatise that documented intimate details on childbirth, and consequently recorded the work of midwives. What type of confluences in this period, from the eleventh and through the twelfth century, created the momentum for a literatus or *shi* 士 to produce such a text?¹ *Shichan lun* therefore serves as one particular type of evidence that points to tangible involvement of literati in medicine, and shows how the emergence of *ruyi* 儒醫 (literati-physicians) could be placed in the Northern Song period.

In this chapter, I will examine the life and milieu of the author, Yang Zijian 楊

¹ Peter K. Bol, *Neo-Confucianism in History* (Cambridge, MA: Harvard University Press, 2008), 8-9, 30. I follow Bol's definition of a literatus (plural, literati), or a *shi* 士 as an educated man, whose goal in life was participation in public life. *Shi* belonged to the upper stratum of society and were leaders in politics and culture. The definition of *shi* changed over time. In the eleventh century, the term came to denote those who were educated, took the civil service examination, served the government, and came from families which had members who were previously in government, too. The first shift in definition of the *shi* was the move away from officialdom to that of emphasizing the type of education in preparation for the civil service examination.

子建 (fl. 1098), who flourished in the Northern Song (960-1127). Scholars working the history of medicine have been reluctant to verify the authorship of *Shichan lun* as Yang, because there is no other extant work by Yang Zijian. Furth has suggested that we should treat Yang Zijian “as a name attached to a diffuse manuscript tradition of *chanke*.”² Yi-Li Wu had also described Yang's biography as “elusive.”³ Other scholars working on medical bibliographies, namely Taki Mototane 多紀元胤 (1789-1827),⁴ Okanishi Tameto 岡西為人 (1899-1973),⁵ and Ma Jixing 馬繼興⁶ have contributed to what little we know about Yang Zijian by providing bibliographic information to sources that mentioned Yang Zijian. However, no one has tried to historicize him or contextualize his works. This will be my attempt in this chapter.

Yang Zijian does not appear in official historical records, such as local gazetteers or biographies of famous physicians. However, a preface written by Huang Tingjian 黃庭堅 (1045-1105)⁷ for Yang Zijian's *Tongshen lun* 通神論

² Furth, *A Flourishing Yin*, 117. See also Okanishi Tameto 岡西為人 (1899-1973), *Song yiqian yiji kao* 宋以前醫籍考 (Studies of Medical Books through the Song Period), (Taipei: Kuting shuju, 1969), 1086-91. Hereafter, *SYQYJK*.

³ Yi-Li Wu, *Reproducing Women*, 290, n.21.

⁴ Taki Mototane 多紀元胤 (1789-1827), *Yiji kao* 醫籍考 (Iseki kō), *juan* 54, Chinese edition, Beijing: Renmin weisheng, 1956, 747. I consulted a nineteenth century edition of Taki Mototane's *Iseki kō* held at Waseda University Library, Kotenseki Sogo Database, #090002004. This edition was from the library of Mister Yamada 山田氏, Kyusetsudo 九折堂, publication date unknown. Yang Zijian was mentioned in *juan* 7, 11-13 and *juan* 46, 31-33. Hereafter, *ZGYJK*.

⁵ Okanishi Tameto, *SYQYJK*, 1969.

⁶ Ma Jixing 馬繼興, *Zhongyi wenxian xue* 中醫文獻學 (Shanghai: Shanghai kexue jishu, 1990), 219-20.

⁷ Huang Tingjian 黃庭堅 (1045-1105), *zi* 字 Luzhi 魯直, and his sobriquets included Shangu daoren 山谷道人 and Peiweng 涪翁. A native of Fenning 分寧, in Hongzhou xian 洪州縣 (present-day Xiushui 修水, Jiangxi province), Huang was awarded a *jinshi* in 1067 held several official positions before being forced out of politics. Huang was well-known for

(Discourse on Penetrating the Spirit)⁸ and a letter from Huang to Yang verify that such a person flourished around 1100. Consequently, I have also examined Yang Zijian's acquaintance with Huang Tingjian, and was able to contextualize Yang Zijian within a larger world of literati networks that served to circulate ideas and texts.

In order to create a composite biography of Yang Zijian, I have found in the person of Shen Gua 沈括 (1031-1095) comparable traits, which allows me to explain the eclectic authorship of Yang, especially that of *Shichan lun* and *Tongshen lun*. Like Shen Gua, Yang Zijian had a wide range of interests, and wrote about these (we have titles, but no extant works), revealing broad intellectual inclinations, common to some of his contemporaries in the Northern Song. After providing a composite biographical account of Yang Zijian and his milieu, I will present Shen Gua and examine him as an archetype against which Yang Zijian can be compared. Then I will discuss some of the political and social factors bearing on the phenomenon of literati involvement in medicine in the Northern Song period. As men who lived by their brushes, literati interested in medicine wrote and practiced medicine in an increasingly competitive medical marketplace. Yang Zijian and Shen Gua would be the harbingers in the rise of

his poems and calligraphy, and was a close associate of Su Shi 蘇軾 (1037-1101) in the Northern Song. *Huang Tingjian quanji* 黃庭堅全集 (Complete Works of Huang Tingjian), edited by Zheng Yongxiao 鄭永曉, Nanchang: Jiangxi renmin chubanshe, 2011, 1-23. *Zhongguo lishi dacidian* 中國歷史大辭典, 2634. Yang Zijian *tongshenlun xu* 楊子建通神論序 is collected in Huang Tingjian, *Shangu bieji* 山谷別集, *juan 3* and *juan 19*, SKQS, *Jibu*, *Bieji lei*.

⁸ I have used David Palumbo-Liu's translation for *Tongshen lun* 通神論 — "Discourse on Penetrating the Spirit." The title in Chinese or English does not tell us that the book has any medical content. David Palumbo-Liu, *The Poetics of Appropriation: The Literary Theory and Practice of Huang Tingjian* (Stanford: Stanford University Press, 1993).

influential *ruyi* culture. Yang's interest in technical types of knowledge, such as hand techniques and *wuyun liuqi*, present in *Shichan lun*, could be contextualized within the Northern Song milieu. As I trace the biography of *Shichan lun* in this dissertation, moving across time, from the Northern Song to the mid-Ming period in the sixteenth century, this contextualization of *Shichan lun* in the Northern Song period makes more evident the changes that Xue Ji (1486-1558) introduced in the sixteenth century.

The Northern Song (960-1126)

Yang Zijian lived in a period of brief stability after extremely tumultuous times.⁹ Following the unification of the empire, the Song emperor turned his attention to state building. This was accompanied by political, cultural and economic changes, and an increase in population,¹⁰ especially in the rice-producing southern

⁹ I do not have evidence that Yang was personally affected by the tumultuous times. Prior to the beginning of the Song Empire in 960, the tumultuous period would refer to the fall of the Tang (618-907), followed by the rise of the Khitan state (Liao dynasty, 916-1125), the Ten Kingdoms (907-979) and the Five Dynasties (907-960). A description of the *Wudai shiguo* 五代十國 (Five Dynasties and Ten States) can be found in Mote, *Imperial China, 900-1800*, 8-17. Each of the Five Dynasties occupied most of northern China, and nine of the Ten States were in parts of central and southern China. Mote notes that the Song would finally unify China proper in 960. For a different perspective, see Peter Lorge, *War, Politics and Society in Early Modern China, 900-1795* (London: Routledge, 2005). Amidst these tumultuous times the Song Empire established its capital in Kaifeng, within the present day province of Henan. With the seat of the government in the North, the regime flourished till it lost its northern territories to the Jin dynasty in 1127. The Song imperial court fled south and established its capital in Lin'an 臨安 (present-day Hangzhou) up to 1276, when the Mongols vanquished the Southern Song.

¹⁰ Jacques Gernet, *A History of Chinese Civilization*, 2nd edition (Cambridge: Cambridge University Press, 1998), 300-1. Bol, "This Culture of Ours," 15. In 752, the south and the Sichuan basin had 4.07 million registered households and the rest of the population (4.86 million households) lived in the north, which extended from the Huai River in the south to the northern and western mountains, including the river valleys to the west and northeast of the bend of the Yellow River. By 1085, registered households in the north increased to 5.66 million and the registered households in the south and the Sichuan basin rose to 10.94 million. By the end of the Northern Song (1127), the registered population of Northern Song stood at 21 million households, or 110 million individuals. Bol's data are from Dong Guodong 凍國棟,

regions.¹¹ Trade and commerce expanded throughout China, leading to an increase in the supply of money and government-issued paper currency in circulation.¹² Medical culture flourished alongside and within the growing money economy, print culture and commercial publishing, and the best evidence is the marked increase in the number of medical works listed in extant bibliographies.¹³ Much of the economic growth took place in the southeast, leading to the rise of a new wealthy, urban and influential elite, who began to take the place of the old aristocracy and elite families (both civil and military) traditionally located in the north.¹⁴ These aristocrats from the north who had previously staffed the Tang

Zhongguo renkou shi 中國人口史 (Shanghai: Fudan daxue chubanshe, 2002).

- ¹¹ Dieter Kuhn, *The Age of Confucian Rule: The Song Transformation of China* (Cambridge, MA: Harvard University Press, 2009). Kuhn provides a general history; for details, see *Cambridge History of China: Sung, volume 5, Part One: The Sung Dynasty and Its Precursors, 907–1279* (Cambridge: Cambridge University Press, 2009).
- ¹² Agrarian projects, especially water control, took place in the southern states well before the Song state was established. The result was agricultural productivity that in turn enhanced internal, interregional and international trade over land and by sea. Paul J. Smith, "Introduction: The Sung Dynasty and Its Precursors, 907–1279," *Cambridge History of China: Sung, volume 5, Part One*, 10. See also Paul J. Smith, Chapter 5: "Shen-Tsung's Reign and the New Policies of Wang An-Shih, 1067–1085," *Cambridge History of China: Sung, volume 5, Part One*, 347–483. On the economy, especially Wang Anshi's reform plans, see pages 384–94. On monetary issues, see Richard Von Glahn, *Fountain of Fortune: Money and Monetary Policy in China, 1000–1700* (Berkeley: University of California, 1996).
- ¹³ Asaf Goldschmidt, *The Evolution of Chinese Medicine: Song Dynasty 960–1200* (London: Routledge, 2009), 1. Goldschmidt cites Okanishi Tameto, *SYQYJK*, 1969. See also Chen Bangxian 陳邦賢, *Zhongguo yixue shi* 中國醫學史 (The History of Medicine in China), reprint ed., (Beijing: Tuanji chubanshe, 2005), 70–77, 130–62. For a list of books edited and published by the Bureau for Editing Medical Treatise, see TJ Hinrichs, "Four: The Song and Jin Periods," *Chinese Medicine and Healing: An Illustrated History*, edited by TJ Hinrichs and Linda L. Barnes (Cambridge, MA: Harvard University Press, 2013), 97–127, esp. 106. On printing in the Song and Yuan period, see Lucille Chia, "The Development of the Jianyang Book Trade, Song-yuan," *Late Imperial China* 17.1 (1996): 10–48; "Counting and Recounting Chinese Imprints," *The East Asian Library Journal* 10.2 (2001): 60–103; *Printing for Profit: The Commercial Publishers of Jianyang, Fujian (11th–17th Centuries)* (Cambridge, MA: Harvard University Press, 2002). See also Susan Cherniak, "Book Culture and Textual Transmission in Sung China," *Harvard Journal of Asiatic Studies* 54.1 (1994), 5–125.
- ¹⁴ On aristocratic families, see Patricia Ebrey, *The Aristocratic Families of Early Imperial China: A Case Study of Po-Ling Ts'ui Family* (Cambridge: Cambridge University Press, 1978). On recent studies on the south, see Anne Gerristen, *Ji'an Literati and the Local in Song-Yuan-Ming China* (Leiden: Brill, 2007); Paul Jakov Smith and Richard von Glahn, eds., *The Song-Yuan-Ming Transition in Chinese History* (Cambridge, MA: Harvard University

government gradually lost their influence in the Song, as the new rulers sought out men of competence and wealth rather than pedigree. The political aspirations of the new elite were served by the civil service examinations, which recruited some of them and their sons into the government.¹⁵ The civil service examinations became a means for the Song emperors to staff the bureaucracy with a group of elites who had few ties to the military or possess relative small or weak economic power base, both of which had traditionally been based in the north.¹⁶ Despite the economic and social transformations, Northern Song was also in a constant state of flux. Military pressure from the north and northwest (Xi Xia) remained a source of concern for the government.¹⁷

Press, 2003).

- ¹⁵ John W. Chaffee, *The Thorny Gates of Learning in Sung China: A Social History of Examinations* (Cambridge: Cambridge University Press), 1985. Not everyone thought that recruiting from the educated elite was a good idea. Sima Guang complained about the lack of administrative expertise of newly recruited officials and Wang Anshi was critical of clerical corruption since clerks were no longer allowed to enter officialdom. See also, Peter K. Bol, "Review Article: The Examination System and the Shih," *Asia Major* 3.2 (1990), 149-71.
- ¹⁶ Peter K. Bol, "The Transformation of the Shih," "This Culture of Ours": *Intellectual Transitions in T'ang and Sung China* (Stanford: Stanford University Press, 1992), 51-58. Military men were useful but thought to be too dangerous by the first Song emperors who patronized the *shi*. Smith, *Cambridge History of China*, 2009, 12-14. An increasing number of families from the south became more involved in the government, either through taking the civil service examination or through direct appointments via private introductions. Passing the civil service examinations did not guarantee entry into the officialdom. The examination system became an institution for previously unconnected families to claim elite status, especially in their hometowns. Peter K. Bol, "Review Article: The Examination System and the Shih," *Asia Major* 3.2 (1990), 149-71.
- ¹⁷ The Shanyuan Treaty of 1005 allowed the Song court to appease the Liao state by making annual payments of 100,000 taels of silver and 200,000 bolts of silk. There was a clearly marked border between the Song and Khitan states, extradition of criminals and no new fortifications were allowed to be built along the border. A fictive kinship relationship was established to facilitate communication between the Song and Liao emperors. Lorge, *War, Politics and Society in Early Modern China*, 37, fn39. The "peace" or diplomatic truce brought relative stability for the many years, until the end of Yingzong's reign in 1067. According to Smith, "the Shangyuan settlement coincided with the passing of the battle-hardened dynastic founders to court-nurtured successors, precipitating a shift in political power from an absolutist throne to an increasingly complex and self-confident bureaucracy." Smith, *Cambridge History of China*, 2009, 20-21.

The Intellectual Milieu

A direct outcome of the relaunching of the civil examination system was an increased number of men trained in the classics, and the spread of local schools that prepared them for the examinations.¹⁸ These educated men in turn fueled the “great flowering of intellectual life” in the Song.¹⁹ The writings and works of these educated or politically-engaged men would become the most salient feature of the Northern Song intellectual history, and their influence would extend until the end of the imperial period.

Yang Zijian was a part of this diverse group of men, who were the main proponents of this intellectual efflorescence.²⁰ They identified themselves as a distinct group through their learning (*wen* 文).²¹ While these men referred to themselves as either *shi* 士 (literati)²² or *shidafu* 士大夫 (literati-officials),²³ the

¹⁸ Chaffee, *The Thorny Gates of Learning in Sung China*, 136-37.

¹⁹ Mote, *Imperial China, 900-1800*, 144.

²⁰ His acquaintance with Huang Tingjian, the reference Huang made to Yang’s status as a *xiucai*, and the subsequent dissemination of his works in the Yuan dynasty, all point to his association with this literati culture.

²¹ The most recent study is that of Ari Daniel Levine, *Divided by a Common Language: Factional Conflict in Late Northern Song China* (Honolulu: University of Hawai’i Press, 2008). See also Douglas Skonicki, “Employing the Right Kind of Men: The Role of Cosmological Argumentation in the Qingli Reforms,” *Journal of Song-Yuan Studies* 38 (2008), 39-98. Skonicki’s article discussed different positions literati held in the Qingli Reforms (1041-1048), which failed because of Emperor Renzong’s indecisive and hesitant support for Fan Zhongyan’s 范仲淹 (989-1052) broad program to revamp the civil service system, especially the elimination of protection appointments (also known as *yin* privilege), that was based on connections rather than meritocratic standards. The Qingli Reforms, also known as the Minor Reform, was spearheaded by Fan Zhongyan and Ouyang Xiu 歐陽修 (1007-1072). The second reform movement was a larger one headed by Wang Anshi 王安石 (1026-86) between the years of 1069-73 and is commonly known as the New Policies (*xinfa* 新法). Mote, *Imperial China, 900-1800*, 124-6; 136-44; Gernet, *A History of Chinese Civilization*, 305-8.

²² On how the new literati defined themselves as *shi*, see Bol, “*This Culture of Ours*”, 32-75.

²³ The translations of *shidafu* include “scholar-gentlemen,” “scholar-official” (Ebrey 2010), “literati,” “landed-gentry,” and the list is not exhaustive. In my dissertation I have followed the translation of the *Cambridge History of China*, whereby the authors translated *shi* as

meaning of what it meant to be a *shi* changed over time. Prior to the Northern Song, *shi* referred to elites who played a leading role in political and cultural life, and they were usually aristocrats or were tied to the aristocracy through blood ties or landholdings. By about the 1050s, a *shi* in political terms was a man who served the government.²⁴ The new elite or *shi* group did not necessarily have immense wealth or large landholdings. Instead, their social status was obtained through their education. The Northern Song literati studied and read the same classics²⁵ to prepare for the examinations. Even though they came from different parts of the empire and possessed diverse political views, affiliations and interests, because they studied the same books, practiced the same examination questions, learned the same methods of composition, discussed the same ideas and practiced the same rituals, they came to see themselves as heirs and leaders of a single cultural heritage, and eventually contributed to the notion of a political unity.²⁶

Among the literati were men who started to articulate new ways of reading and comprehending the classics.²⁷ This impetus was in part an outcome of an

“literati” and *shidafu* as “literatus-official.” Smith, “Introduction: The Sung Dynasty and Its Precursors, 907–1279,” *Cambridge History of China*, 13-14.

²⁴ Bol, “*This Culture of Ours*,” 30-33. *Shidafu* in cultural terms would point to someone with an education that could be tested via the civil examination system. Once an examination candidate was successful in the civil service examination, either due to his own brilliance or through *yin* privilege secured by his official relatives, he was eligible for appointment. Many literati men never held office. See Bol’s review article (Bol, 1990) for his estimates of the high number of eligible *shi* and the low number of official positions.

²⁵ The Confucian classics referred to the five major classics around tenth century China: *Shijing* 詩經, *Shangshu* 尚書, *Liji* 禮記, *Zhouyi* 周易, *Chunqiu* 春秋. The Four Books that Zhu Xi provided commentaries for would become the core of the civil service examinations when it restarted in 1315. The Four Books were *Lunyu* 論語, *Mengzi* 孟子, *Daxue* 大學, and *Zhongyong* 中庸. Bol, “*This Culture of Ours*,” 90-91.

²⁶ Bol, “Review Article,” 166-67.

²⁷ Some of them, according to Bol, sensed a political and social crisis and took it upon themselves, individually and collectively, to save, revive and redefine their culture. In other words, culture to these elite was *ru* 儒 ideas that should be useful for practical needs of the day.

earlier socio-cultural phenomenon from the Tang dynasty that called for a revival of ancient cultural tradition, which was referred to as *Guwen* 古文 (Ancient Style).²⁸ The Northern Song literati acknowledged the importance of what Tang scholars started with the *guwen* movement, and went further by calling for practical applications. They believed that the central tenets of the ancients could be used to formulate policies and transform moral conduct according to the actual needs of their society.²⁹

One stream of intellectual impulse from the Northern Song period would come to dominate Chinese intellectual history, and this was Daoxue (learning the Way),³⁰ which emphasized *xue* 學 (learning) as a source of inspiration for reforming society.³¹ Starting with the individual, one read the classics in order to

There was no one single idea of how to redefine *ru* ideas. Mote provided a summary of the Neo-Confucian philosophical thought that influenced statecraft and social reforms in the Northern Song. Mote, *Imperial China, 900-1800*, 144-49. See also Peter K. Bol, "Neo-Confucianism and Local Society, Twelfth to Sixteenth Century: A Case Study," in *The Song-Yuan-Ming Transition in Chinese History*, 2003, 241-83.

²⁸ This earlier movement called the *guwen* 古文 (Ancient Style) was best articulated by the eighth century scholar Han Yu 韓愈 (768-824) and his followers, who advocated the learning of *wen* of antiquity and writing in the style of the ancients in order to understand the *Shengren zhi dao* 聖人之道 (Way of the Sages). The writing style Han Yu promoted challenged the ornate and embellished literary style favored at court. It was Han Yu's ideological essay, "Yuan Dao 源道" (Finding the Source of the Way) that provided Northern Song intellectuals with a source for their intellectual agenda. Bol, "This Culture of Ours," 52-58.

²⁹ The main difference between the Tang *guwen* scholars would be their idea that heaven determined the fate of men, and the aim of literary exposition was to better understand that predetermined fate or pattern of heaven, while the Northern Song *guwen* advocates really saw the classics as practical sources that could solve the problems of their time. Bol, "This Culture of Ours," 58-77.

³⁰ The common Chinese terms for *Daoxue* also included *Li xue* 理學 (learning of the principles that give all things their coherence), *Xin xue* 心學 (learning of the mind), *Xing li xue* 性理學 (learning of nature and principle), and *Shengxue* 聖學 (learning of the sages). Bol, "This Culture of Ours," 78.

³¹ This would come to be known as "Neo-Confucianism," which is a modern and foreign term. Bol, "This Culture of Ours," "Chapter Three: The Neo-Confucians," 78-90. Bol defined the Neo-Confucians as those who aligned themselves intellectually with the philosophical teachings of the eleventh century brothers Cheng Yi 程頤 (1033-1107) and Cheng Hao 程顥 (1032-1085), and the doctrines on human morality. The most notable proponent of

learn the way of the ancients and sages, and comprehend their meanings and principles.³² Equipped with this learning, one could then formulate new ways of thinking about personal cultivation and ethical conduct (*dexing* 德行), and eventually apply one's learning through active political participation.³³

With this significant rise in the number of literati, many, such as Yang Zijian, were associated with literary projects that were concerned with how the world around them functioned or were dependent on certain *li* 理 (pattern or coherence), *qi* 氣 (vital force of life) and *dao* 道 (the way). Their motive was to construct a synthesis of human knowledge, and therefore their projects involved systematizing and ordering knowledge³⁴ in encyclopedic formats, compiling and

Neo-Confucianism would be Zhu Xi who synthesized Northern Song thinkers in his writing which became state orthodoxy in the fourteenth century until the twentieth century. Other intellectual strands include Chen Liang who favored utilitarian approaches and disagreed with Neo-Confucians. See Hoyt Tillman, *Utilitarian Confucianism: Ch'en Liang's Challenge to Chu Hsi* (Cambridge, MA: Harvard University Press, 1982).

³² Sages and ancients are used loosely to refer to both mythical rulers and historical figures from early China. Confucius is referred to some as a *sheng* 聖 (sage), and the founders of the Chinese civilization like Yao and Shun are often called the ancients. However, Yao 堯 and Shun 舜 could also be referred to as sage rulers for having contributed to the development of the civilization. See Julia Ching, "Who were the Ancient Sages?" in *Sages and Filial Sons: Mythology and Archaeology in Ancient China*, edited by Julia Ching and R. W. L. Guisso (Hong Kong: Chinese University Press, 1991), 1-22. According to Peter Bol, although the first rulers were sages, Confucius hailed as a sage was never a ruler, and "that no rulers had been sages since well before Confucius' time." Bol, "Neo-Confucianism and Local Society, Twelfth to Sixteenth Century: A Case Study," *The Song-Yuan-Ming Transition in Chinese History*, 2003, 241-83; quote from p. 247.

³³ Peter Bol, "Chapter Two: The Sung Context: From Ouyang Hsiu to Chu Hsi," in Kidder Smith, Jr. et. al., *Sung Dynasty Uses of the I Ching* (Princeton: Princeton University Press, 1990), 26-55. Su Shi, most famous for his poetry, wrote commentaries on the classics (namely the *Shangshu*, *Zhouyi* and *Lunyu*) in 1079. See Bol, "Chapter Three: Su Shih and Culture," Smith ed., *Sung Dynasty Uses of the I Ching*, 56-7. On using literati using knowledge at the local administrative level, see Fu Daiwie, "World Knowledge and Local Administrative Techniques – Literati's *biji* 筆記 Experience in Some Song *biji*," *Science and the State in the Song Dynasty*, edited by Sun Xiaochun and Zeng Xiongsheng (Beijing: China Science and Technology Press, 2007), 253-68.

³⁴ For a discussion of how a Northern Song literatus-bureaucrat, like Shen Gua 沈括 (1031-1095), and his contemporary literati ordered their topics in writings, see Fu Daiwie, "A Contextual and Taxonomic Study of the 'Divine Marvels' and 'Strange Occurrences' in the

writing histories and providing commentaries to the classics. They refined and defined new forms of antiquity studies, including the collection of ancient calligraphy,³⁵ bronzes and stones. These men, and a few women, wrote poetry, literary and historical prose, and were patrons and creators of painting, calligraphy, and ceramics. Many of them were also interested in mathematics, science, medicine and technology, and wrote on these subjects. Many of them were involved in some form of activity related to Buddhism and Daoism.³⁶ Literati of this period wrote about a huge range of subjects, with the intention of *gewu* 格物 (investigating things) or to *guanwu* 觀物 (observe things).³⁷ Mote described these men as those who “lived by the brush.”³⁸

Medicine and medical writing was one such endeavor that literati applied their *ru* learning.³⁹ Yang Zijian's acquaintance with Huang Tingjian was not exceptional because Huang, like many of his contemporaries, was interested in literary

Mengxi bitan,” *Chinese Science* 11 (1993-4), 3–35.

³⁵ On Ouyang Xiu's collection of ancient calligraphy found on stone inscriptions scattered through temples, shrines, mountain tops, and burial sites in China (stone rubbings), see Ronald Egan, *The Problem of Beauty: Aesthetic Thought and Pursuits in Northern Song Dynasty China* (Cambridge, MA: Harvard University Press, 2006). See also Jeffrey Moser, "Recasting Antiquity: Ancient Bronzes and Ritual Hermeneutics in the Song Dynasty" (Unpublished PhD Dissertation, Harvard University, 2010).

³⁶ Mark Halperin, *Out of the Cloister: Literati Perspectives on Buddhism in Sung China, 960-1279* (Cambridge, MA: Harvard University Press, 2006).

³⁷ Zuo Ya, “Capricious Destiny: Shen Gua (1031-1085) and His Age” (Unpublished PhD Dissertation, Princeton University, 2011), 240.

³⁸ Mote, *Imperial China, 900-1800*, 152. The Southern Song literatus, Zhu Xi 朱熹 (1130-1200) referred to “the six gentlemen of Northern Song” which included Cheng Hao (1032-1085), Cheng Yi (1033-1107), Zhang Zai 張載 (1020-1077), Shao Yong 邵雍 (1011-1071), Sima Guang 司馬光 (1019-1086), and Zhou Dunyi 周敦頤 (1017-1073). All six men were highly skilled in interpreting *ru* ideas and produced political, literary and various types of miscellaneous writings on science, art, mantic arts and technical treatises throughout their careers. For an analysis of some of these men, see Bol, “*This Culture of Ours*,” on Wang Anshi and Sima Guang: 212-53; on Su Shi: 254-99; and on Cheng Yi: 300-42.

³⁹ Charlotte Furth, “The Physician as Philosopher of the Way: Zhu Zhenheng (1282-1358),” *Harvard Journal of Asiatic Studies* 2006

projects that embodied the intellectual impulse of the day.⁴⁰ Although Huang Tingjian did not practice medicine or write about medicine, he read about it, and was pleased to be asked to write a preface for Yang's medical work *Tongsheng lun*.

In this next section, I will first discuss the acquaintance of Yang Zijian and Huang Tingjian. Then I will examine works that Yang had written through titles recorded in bibliographies and extant medical works. Then I will introduce the similarities Yang Zijian shared with Shen Gua, the polymath from Yang's time, to provide some conjectures on the authorship of *Shichan lun*.

Yang Zijian, the Literatus from Qingshen

Besides *Shichan lun*, there is no other extant work by Yang Zijian and therefore it would be difficult to try to find out who Yang was and how he came to write *Shichan lun*. Yet the fragments of information on Yang Zijian found in extant medical works and a diverse range of works have provided interesting materials for me to construct a composite biography of Yang, and attempt to understand how the work came to be authored.

Huang Tingjian's account of Yang in the preface provided Yang's full name, “Yang Kanghou Zijian 楊康侯子建,”⁴¹ and his preface also helps to date Yang

⁴⁰ The affiliation could include patron-client relations (such as Fan Zhongyan who promoted Ouyang Xiu, who in turn was the patron of Su Shi), or friendship between literati (Huang Tingjian and Su Shi were extremely close). See also Gerritsen, *Ji'an Literati and the Local in Song-Yuan-Ming China*; Bol, “The Rise of Local History: History, Geography, and Culture in Southern Song and Yuan Wuzhou,” *Harvard Journal of Asiatic Studies* 61.1 (2001), 37-76; and Hargett, “Song Dynasty Local Gazetteers and Their Place in the History of Difangzhi Writing.”

⁴¹ “Yang Zijian” appears most frequently in printed medical works, and “Yang Kanghou” is rarely used. I would assume that his *ming* 名 was Zijian 子建 and his *zi* 字 was Kanghou 康侯.

Zijian and his works. Besides the preface, Huang also penned a letter in which Huang referred to Yang as a *xiucai* 秀才.⁴² Yang Zijian became acquainted with Huang Tingjian, the Northern Song scholar, who was on a visit to Qingshen 青神 around 1100.⁴³ Huang Tingjian was a *jinshi* from Fenning, and held several official positions before becoming embroiled in political factional upheavals at court. Besides being lauded for his poetic styles and calligraphy, his close friendship with Su Shi meant that Huang had access to literati and literati-official networks.⁴⁴ Yang Zijian met Huang just when he had fallen out of favour at court and was supposedly eking out a livelihood through farming and selling vegetables.⁴⁵

Their meeting took place in Qingshen, Sichuan. According to his *nianpu* 年譜

Huang Tingjian, "Yang Zijian *Tongshen lun xu*" 楊子建通神論序, *Shangubie ji* 山谷別集, juan 3, SKQS, Wenyuange edition, *Bieji lei*, 3-4.

⁴² In the Song, this was the unofficial designation of all examination candidates in a Metropolitan Examination in the civil service recruitment process. Hucker, *A Dictionary of Official Titles in Imperial China*, 248, #2633. In the Ming and Qing, a *xiucai* was also called *shengyuan* 生員 and was a licentiate or student of the county, prefecture or town school. Benjamin Elman, *A Cultural History of Civil Examinations in Late Imperial China*, California: University of California Press, 2001, 659. See also Chaffee, *The Thorny Gates of Learning in Sung China*; Ho Ping-ti, *The Ladder of Success in Imperial China: Aspects of Social Mobility, 1368-1911* (New York: Columbia University Press, 1962), 12.

⁴³ *Song Huang Wenjie Gong Tingjian nianpu* 宋黃文節公庭堅年譜, edited by Wang Yunwu and Yang Xiwen (Taipei: Shangwu yingshuguan, 1982), 17b.

⁴⁴ *Zhongguo lishi dacidian* 中國歷史大辭典, 2634. According to Ronald Egan, Huang Tingjian was one of Su Shi's closest friend. Ronald Egan, *Word, Image, and Deed in the Life of Su Shi* (Cambridge, MA.: Harvard University Press, 1984), 357.

⁴⁵ Wang Yunwu 王雲五, ed., *Song Huang Wenjie Gong Tingjian nianpu* 宋黃文節公庭堅年譜, (Taipei: Taiwan shangwu yingshu guan, 1982), 17-18. He was banished first to Fuzhou 涪州 (in present-day Sichuan province) in 1094. See also Li Jinrong 李金榮, "Huang Tingjian *Qingshen zhi xing xingji jiaoyou yu chuangzuo kaolun*" 黃庭堅青神之行行跡, 交游與創作考論," *Leshan shifan xueyuan xuebao* 樂山師範學院學報 (*Journal of Leshan Teachers College*) 25.6 (2010), 30-44. The image of an impoverished literatus could have been a rhetorical device to allude to his banishment from the political center. His frugal lifestyle could have been a choice since Huang Tingjian was disdainful of those who were wealthy and spent large amounts of money acquiring calligraphy and painting. See Egan, *The Problem of Beauty*, 176-78.

(biography), Huang Tingjian was in Rongzhou 戎州 in 1098 when he was fifty-four years old.⁴⁶ While he was living in Rongzhou, he visited Qingshen, in present-day Sichuan, in the summer by boat.⁴⁷ Huang had gone to Qingshen to visit an aunt, Zhang Zhi 張祉. Zhang Zhi was the mother of Zhang Jieqing 張介卿, who was the *wei* (commandant) of Meishan, Qingshen 眉山青神尉.⁴⁸ It was during those three months in Qingshen that Huang Tingjian became acquainted with Yang Zijian. Besides Yang, Huang Tingjian was in contact with other members of the Sichuan province elite and authored a series of poems that documented his trip.⁴⁹

According to an extant letter collected in *Shangu bieji* 山谷別集, Huang Tingjian referred to Yang as a *xiucai* 修才.⁵⁰ In the Song, *xiucai* was an unofficial

⁴⁶ Wang Yunwu, *Song Huang Wenjiengong Tingjian nianpu*, 17-18.

⁴⁷ Qingshen was located halfway on the tributary of the Yangzi River, in the middle of Sichuan province. Huang Tingjian visited Qingshen because he had an elderly aunt who lived there. This visit to Qingshen happened during another trip when the water level of the Yangzi River rose so much that Huang was stuck, and so he made a trip to see his aunt in Qingshen. Huang's trip started on the 21st day of the seventh month and he arrived on the 11th day of the eighth month, taking twenty-two days. He stayed from the eighth month till the eleventh month before returning to Rongzhou, all this took place in around 1100. Wang Yunwu, *Song Huang Wenjiengong Tingjian nianpu*, 17-18.

⁴⁸ *Wei* 尉 during imperial times was a common military title and is translated as "commandant." Hucker, *A Dictionary of Official Titles in Imperial China*, 564, #7657.

⁴⁹ Huang Tingjian was in exile from the mid-1090s to 1105, the year he died in the southwest, where most of his followers were from. See Wang Yugen, "Poetry in Print Culture," See also his new work which I have not yet have a chance to peruse, Wang Yugen, *Ten Thousand Scrolls: Reading and Writing in the Poetics of Huang Tingjian and the Late Northern Song* (Cambridge, MA: Harvard University Press, 2011). On the social circulation of poetry, see Colin S. C. Hawes, *The Social Circulation of Poetry in the Mid-Northern Song: Emotional Energy and Literati Self-Cultivation* (New York: SUNY Press, 2005). For a list of works Huang Tingjian produced between the years 1098 to 1105, see *Huang Tingjian quanji* 黃庭堅全集 (Complete Collected Works of Huang Tingjian), edited by Zheng Yongxiao 鄭永曉 (Nanchang: Jiangxi renmin chubanshe, 2011), 830-1270.

⁵⁰ Huang Tingjian, "Yang Zijian Tongshen lun xu" 楊子建通神論序, *Shangubie ji* 山谷別集, *juan* 19, *SKQS*, Wenyuange edition, *Bieji lei*, 3-4, *juan* 17. Also found in *Huang Tingjian quanji* 黃庭堅全集 (Complete Collections of Huang Tingjian), Nanchang: Jiangxi renmin chubanshe, 2008, 996.

designation for all candidates taking part in the Metropolitan Examination for the recruitment of civil administrators.⁵¹ In that letter Huang Tingjian wrote to tell Yang Zijian that Yang's work was excellent and he had written a preface for it. That work, *Tongshen lun* 通神論 (Discourse on Penetrating the Spirit),⁵² is no longer extant, except for Huang's preface.⁵³ According to Huang's descriptions in the preface, Yang Zijian's *Tongshen lun* was a medical work that relied on the theories of *wuyun liuqi* 五運六氣 (five circulatory phases and six influences) to diagnose illnesses.⁵⁴ He also noted that Yang Zijian's treatments included needling and moxibustion (*zhen'ai* 鍼艾, literally needling and Chinese artemisia used in moxa), and formularies. In particular, Huang Tingjian commented on the fact that Yang Zijian had managed to penetrate the difficult works of the ancients without a master,⁵⁵ and had been able to penetrate the *yi* 意 (true essence) of the medical classic.⁵⁶

⁵¹ Hucker, *A Dictionary of Official Titles in Imperial China*, 248, #2633. In the Ming and Qing dynasties, the term was more inclusive and referred to all men qualified to participate in the provincial examinations.

⁵² There is a translation of that preface in David Palumbo-Liu, *The Poetics of Appropriation: The Literary Theory and Practice of Huang Tingjian*, 61-62.

⁵³ Huang Tingjian, "Yang Zijian *Tongshen lun xu*," 3-4.

⁵⁴ *Wuyun liuqi* was a cosmological doctrine that explained that everything in the cosmos were interrelated. The basis of this was drawn on the astronomical-calendrical system of sexagesimal cycle (*ganzhi* 干支), the *yin-yang* modalities (i.e. *taiying* 太陰 (Mature Yin), *taiyang* 太陽 (mature yang) and so forth), and the six *jieqi* (seasonal influences: wind, fire, heat, dampness, dryness and coldness). The *wuyun* 五運 (five circulatory phases) were the influences of earth: *tu* 土 (earth), *jin* 金 (metal), *shui* 水 (water), *mu* 木 (wood), and *huo* 火 (fire), following the cycle of production in the *wuxing* (Five Phases) but starting with *tu* instead of *mu*. On how *wuyun liuqi* works and its significance in the Song, see Catherine Despeux, "The System of the Five Circulatory Phases and the Six Seasonal Influences (*wuyun liuqi*), A Source of Innovation in Medicine under the Song (960-1279)," In *Innovation in Chinese Medicine*, edited by Elisabeth Hsu (Cambridge: Cambridge University Press, 2001), 121-65.

⁵⁵ Huang Tingjian listed Huang Di and Qi Bo, the two interlocutors in *Huangdi neijing*.

⁵⁶ The idea of *yi* 意, which I have translated as "true essence" was an important concept in the

In the preface Huang wrote, we learn a few pieces of pertinent information about Yang Zijian. He had gone into seclusion to study medicine, and Yang's mastery of the most important medical classics of the day, *Huangdi neijing* 黃帝內經 (Yellow Emperor's Inner classics), without a teacher or master was quite extraordinary.⁵⁷ This was similar to other literati who gained knowledge of medicine without masters, such as Shen Gua and Su Shi. Not only did Yang master the difficult art of medicine without any teacher, he was able to apply what he had learned on *wuyun liuqi* and apply it to medicine. Huang had only praise for Yang, whose expertise in medicine and innovation of *wuyun liuqi* was meant to minimize errors in prescriptions and govern the use of needling and moxa.⁵⁸

In the same preface Huang wrote, we learn quite a lot about what a talented but politically displaced literatus thought was essential *ru* scholarship and its relationship to medicine. By providing a genealogy of thinkers, Huang not only displayed his own erudition but also inserted himself into that lineage.

Huang Tingjian first established the early genealogy of the ancients, and he listed Mengke 孟軻 (Mencius, ca ?372-?289 BCE) and Xun Kuang 荀況 (Xunzi, ca. 313-238 BCE) as representative *ru* of the Qin-Han period (221

Northern Song period among literati who were advocating the need to grasp the *yi* 意 or inner idea or substance of things. An example would be *yi* in Northern Song paintings by literati and court painters, see Ronald Eagan, "The Emperor and the Ink Plum: Tracing a Lost Connection Between Literati and Huizong's Court," in *Rhetoric and the Discourses of Power in Court Culture: China, Europe, and Japan*, edited by David Knechtges and Eugene Vance (Seattle: University of Washington Press, 2005), 117-48.

⁵⁷ Huang Tingjian's statement on Yang being able to achieve so much even though he did not have a master: 子建閉戶讀書貫穿黃帝岐伯 無師之學至能如此豈易得哉然. This would be quite different from what Mark Halperin's statement that Huang Tingjian was critical of the notion that one could achieve enlightenment without a teacher. Halperin, *Out of the Cloister*, 11.

⁵⁸ Huang Tingjian, "Yang Zijian *Tongshen lun xu*," 3-4.

BCE-220 CE), and then Zuoshi 左氏,⁵⁹ Zhuang Zhou 莊周 (Zhuangzi, ca. ?369-286 BCE), Dong Zhongshu 董仲舒 (ca. 179-104 BCE),⁶⁰ Sima Qian 司馬遷 (ca. 145-86 BCE), Sima Xiangru 司馬相如 (ca. 179-127 BCE),⁶¹ Liu Xiang 劉向 (77-6 BCE), Yang Xiong 楊雄 (ca. 53-18 BCE), Han Yu 韓愈 (768-824), and Liu Zongyuan 柳宗元 (773-819).⁶² These were famous (male) authors who were associated with *ru* scholarship whom Huang thought were very important and one needed to read and know these well.⁶³ Huang did not list the Five Classics but instead named one of the Four Books, *Mengzi*, signaling the shift that displaced the Five Classics and rise of the Four Books.⁶⁴ *Mengzi* stood

⁵⁹ Zuoshi, *zi* Qiuming was the alleged author of *Zuo zhuan* 左傳 (The Commentary of Mr. Zuo), and the *Zuozhuan* was believed to have been written as a commentary on the *Chunqiu* (Spring and Autumn Annals) the records of events in the regional states between 722-481 BCE, and was believed to have been edited by Confucius. Two other commentaries written with the aim to clarify the *Chunqiu* include the *Gongyang Commentary* and the *Guliang Commentary*. Wm. Theodore de Bary and Irene Bloom, eds. *Sources of Chinese Tradition: From Earliest Times to 1600, vol.1* (New York: Columbia University Press, 1999), 183-89. On *Zuo Zhuan*, see Yuri Pines, *Foundations of Confucian Thought: Intellectual Life in the Chunqiu Period (722-453 BCE)* (Honolulu: University of Hawai'i Press, 2002).

⁶⁰ Dong Zhongshu was a Western Han erudite who tried to promote a rational type of government based on interpretations of *ru* scholarship (particularly the *Chunqiu* 春秋傳 (Spring and Autumn Annals), and its accompanying *Gongyang zhuan* 公羊傳 (Gongyang Commentary). Wm. Theodore de Bary and Irene Bloom, eds. *Sources of Chinese Tradition*, 292-310. For scholarship on Dong Zhongshu, see Michael Loewe, *Dong Zhongshu, A 'Confucian' Heritage and the Chunqiu fanlu* (Leiden: Brill, 2011); and Sarah A. Queen, *From Chronicle to Canon: The Hermeneutics of the Spring and Autumn According to Tung Chung-shu* (Cambridge: Cambridge University Press, 1996).

⁶¹ Sima Xiangru, *zi* Changqing 長卿, was from Shu 蜀 (present-day Sichuan). He was a well-known Western Han *cifu* 辭賦 (rhapsody) composer. See Martin Kern, "The 'Biography of Sima Xiangru' and the Question of the Fu in Sima Qian's *Shiji*," *Journal of the American Oriental Society* 123.2 (2003), 303-16.

⁶² On Liu Xiang and Yang Xiong, see Michael Nylan, "Towards An Archaeology of Writing: Text, Ritual, and the Culture of Public Display in the Classical Period (475 BCE – 220 CE), in *Text and Ritual in Early China*, edited by Martin Kern (Seattle: University of Washington Press, 2006), 3-49. Both Han Yu and Liu Zongyuan were promoters of the *guwen* movement in the Tang dynasty. Stephen Owen, ed. *The Cambridge History of Chinese Literature, Volume 1 to 1375* (Cambridge: Cambridge University Press, 2010), 287.

⁶³ Quoting Han Yu here tells us that Huang Tingjian supported the *Guwen* movement.

⁶⁴ Daniel K. Gardner, "Confucian Commentary and Chinese Intellectual History," *Journal of*

out as the preferred classic as literati in the late eleventh century devoted commentarial efforts to this work that Han Yu championed.⁶⁵

Then Huang moved on to *jinshi* 近世 (the recent times or contemporary) and listed Liu Chang 劉敞 (1019-1068)⁶⁶ and Wang Anshi, Ouyang Xiu, Zeng Gong 曾鞏 (1019-1083), Su Shi (1037-1101), and Qin Guan (1049-1100).⁶⁷ By listing his contemporaries and some of whom were close associates like Su Shi, Huang was grouping the *ru* he thought was most important in his period. Also, by listing *ru* classics and authors from early China with a select few Northern Song literati, Huang Tingjian established who in the Northern Song literati were heirs of the ancient tradition. According to Huang, these few had truly been able to understand the legacy left by the wise ancients. Furthermore, by placing *ru* scholarship and literati first in a preface for a medical work, Huang asserted the dominant authority of literati culture. Medicine and medical writings were of secondary concern, or simply leisurely pursuits of a literatus.

But since it was clearly a medical work, Huang Tingjian was careful to list all the most important past and current medical works of his time. Thus he displayed his own familiarity with medicine, and also in the process, produced a reading list

Asian Studies 57.2 (1998), 397-422.

⁶⁵ Zuo Ya, "Capricious Destiny," 61-2.

⁶⁶ Liu Chang 劉敞 (1019-1068). *zi* Yuanfu 原父, *hao* Gongshi xiansheng 公是先生. He was from Xinyu 新余, Jiangxi 江西, and was a *jinshi* during the reign of Emperor Renzong (1046), and held different official positions. He was apparently a specialist of the *Chunqiu* 春秋 and wrote a commentary on the *Analects*. For more on Liu Chang, see Liu Te-ming 劉德明, *Lun bei Song Sun Fu Liu Chang yu Sun Jue dui Chunqiu zhong zhuhou ben de quanjie bing libian ming* "論北宋孫復、劉敞與孫覺對《春秋》中“諸侯奔”的詮解並列篇名 (The Seigneurs Who Leave the Country: A Comparison of the Interpretations of Sun Fu, Liu Chang, and Sun Jue,)" *Hanxue yanjiu* 漢學研究, 25.1 (2007), 221-46.

⁶⁷ See de Bary and Bloom, eds., *Sources of Chinese Tradition*, 590-641; for Ouyang Xiu, see Egan, *The Problem of Beauty*.

of works popular among literati interested in medicine.

Huang Tingjian's list of medical luminaries started with mythological and legendary figures of Shennong 神農, Huangdi 黃帝, Qibo 岐伯, Lei Gong 雷公, Qin Yueren 秦越人.⁶⁸ They were followed by historical figures: Chunyu Yi 淳于意 (who appeared in *Shiji* 105), Huangfu Mi 皇甫謐 (215-282), and Zhang Ji 張機 (ca. 150-219). Huang commented that most *ru* did not read these works (but he did), and even when they did, they were unable to grasp the profound ideas embedded in these medical works. The “depth” of these medical principles was considered philosophical, therefore only comprehensible through learning and reflection. These methods of learning were of course the purview of the literati, and here Huang was establishing the authority literati had over medical knowledge.

Let me briefly describe the figures Huang listed. Shennong, Huangdi, Qibo, Leigong, Qin Yueren were mythological figures.⁶⁹ When authors mentioned Shennong, they usually meant the work *Shennong bencao jing* 神農本草經 (Classic of Materia Medica of Shennong)⁷⁰ that bore the name of the mythological

⁶⁸ Vivienne Lo, "The Han Period," *Chinese Medicine and Healing: An Illustrated History*, ed. by Hinrichs and Barnes, 33-35.

⁶⁹ Chen Bangxian, *Zhongguo yixue shi*. Huangdi was believed to be the founder of the Chinese civilization, and his original surname was Gongsun 公孫, and his name was Xuanyuan 軒轅 and sobriquet was Xiongshi 熊氏. He has been attributed with the invention of Chinese culture.

⁷⁰ It is also transcribed as *The Divine Husbandman's Materia Medica*. Lo, 2013. Fan Kawai, *Liuchao Sui Tang yixue shi chuancheng yu zhenghe*, 14. *Shennong bencao jing* was put together as a book in the Eastern Han (25-220). Fan describes how Shennong and Huangdi became the founding fathers of Chinese medicine, and notes that their positions in the pantheon or medical lineage prior to the Han was much lower than those of Qibo, from whom Huangdi took lessons in the dialogues in *Huangdi neijing- Suwen* and *Nanjing*. The work *Shennong bencao jing* 神農本草經 (Shennong's Classic of Pharmaceutics) published around ca. 500, with three chapters covering 730 drugs was compiled by Tao Hongjing 陶弘景

figure Shennong.⁷¹ As part of the medical book tradition, authors chose to include the names of these mythological figures to confer authority on their own writings.⁷² In the *Suwen*, Huangdi (the Yellow Emperor) engages Qibo and Leigong (Thunder God) in a series of questions and answers in the form of dialogues,⁷³ and the content of these dialogues would come to form the basis of Chinese medical thought.⁷⁴ *Huangdi neijing* would become the most important canonical work in Chinese medicine from the Tang period up till today. Just

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- (452-536). See Paul Unschuld, *Medicine in China: A History of Pharmaceutics* (California: University of California Press, 1986), 145-80.
- ⁷¹ Shennong was also called Yandi 炎帝 (Thearch of Yan), or the Divine Husbandman or Red Emperor, was a mythical figure from the 3rd century BCE. In *Huainanzi* 淮南子, it was recorded that Shennong started to teach the people by ingesting hundreds of plants to test the texture and taste. In one day he was able to try seventy efficacious (poisonous) plants. Hence forth medical formularies flourished. Chen Bangxian, 2005, 7. *Shennong bencao jing* includes 365 types of medicinal matter, of which 252 are plants, 67 animals, and 46 minerals. Zhen Zhiya, *Zhongguo yixue shi*, 40-42.
- ⁷² Fan Kawai, *Liuchao Sui Tang yixue shi chuancheng yu zhenghe*, 8-16. Huangdi" referred to the following works that came under the title *Huangdi neijing*: *Suwen* 素問 (Simple Questions), *Nanjing* 難經 (Classic of Difficulties), *Lingshu* 靈樞 (Divine Pivot), *Taisu* 太素 (Grand Basis), and *Mingtang* 名堂 (Bright Hall). Nathan Sivin, "Huang ti nei ching 黃帝內經," *Early Chinese Texts: A Bibliographic Guide*, edited by Michael Loewe (Berkeley: University of California Press, 1993), 196-215. For translations, see Paul Unschuld, *Huangdi neijing suwen: Nature, Knowledge, Imagery in An Ancient Chinese Medical Text* (Berkeley: University of California Press, 2003). And Paul Unschuld, *Nan-Ching: The Classic of Difficult Issues, with Commentaries by Chinese and Japanese Authors from the Third through the Twentieth Century* (Berkeley: University of California Press, 1986).
- ⁷³ Leigong, an ancient mythological figure, was supposedly a minister in the court of Huangdi (the Yellow Emperor) who was skilled in medicine, especially needling and moxibustion. Leigong's conversation with Huangdi appears in the *Neijing*. Leigong was also the name of a Northern and Southern Dynasties (386-581) physician Lei Xiao 雷敷 (ca. 420-479) who was the author of *Leigong paojiu lun* 雷公炮灸論. Li Jingwei, *Zhongyi dacidian*, 1825-26.
- ⁷⁴ These ideas encompassed notions of the cosmos, the environment, the human body, as well as its emotional and physical well-being, diagnosis and pathological processes. The language of the *Huangdi neijing* is what scholars call "philosophical" and is based on yin-yang, Five Phases (*wuxing* 五行), and its predecessor would be the *Lüshi chunqiu* 呂氏春秋 (ca. 239 BCE) commissioned by Lü Buwei 呂不韋, a merchant from the state of Han who became the Chancellor of Qin and committed suicide in 235 BCE. Paul Unschuld calls this system of thought "systematic correspondence" and Nathan Sivin calls it "Chinese cosmological synthesis." See Paul Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 54-100; Geoffrey Lloyd and Nathan Sivin, *The Way and the Word: Science and Medicine in Early China and Greece* (New Haven: Yale University Press, 2002), 253-271.

before the time Huang was writing, critical editions of the *Suwen* had been prepared in the palace by the Bureau for Critical Editions of Medical Books in 1027, 1035 and 1067.⁷⁵

The other figures Huang Tingjian listed included Qin Yueren (also known as Bian Que) and Chunyu Yi (also known as Canggong 倉公, Master of the Granary, ca. 154 BCE), were both recorded in *Shiji* 105.⁷⁶ Chunyu Yi was most probably a historical person.⁷⁷ Zhang Ji and Huangfu Mi were famous physicians from early imperial China, and their works were considered canonical medical texts by the Northern Song period, and were included in the imperial recruitment examinations and medical education at court.⁷⁸ Zhang Ji (ca. 150-219), *zi* Zhongjing 仲景, was the author of *Shanghan zabing lun* 傷寒雜病論 (Discourse on Various Miscellaneous Cold Damage Illnesses), which would become the theoretical foundation for the school of medicine based on Cold Damage (*shanghan* 傷寒).⁷⁹ Huangfu Mi (215-282), *zi* Shi'an 士安, authored the

⁷⁵ Sivin, “Huang ti nei ching,” 206.

⁷⁶ Sima Qian, *Shiji*, *juan* 105, 2785-820. Chen Bangxian, *Zhongguo yixue shi*, 40-42. Hanfeizi 韓非子, *Zhanguo ce* 戰國策, *Shiji* provide historical records from before the Qin period (prior 221 BCE). *Hanshi waizhuan* records stories. Other works that record traces of Bian Que include *Liezi* 列子, *Hanshi waizhuan* 韓詩外傳, and *Xinyu* 新語.

⁷⁷ Elisabeth Hsu, *Pulse Diagnosis in Early Chinese Medicine: the Telling Touch* (Cambridge : Cambridge University Press, 2010). Hsu provided an annotated translation of the Memoir of Chunyu Yi (Canggong Zhuan) in the 105th chapter of the *Records of the Historian* (*Shi ji*, ca 86 BCE) by Sima Qian, and an anthropological analysis of the first ten medical case histories.

⁷⁸ Wang Zhenguo 王振國, ed. *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu* 中國古代醫學教育與考試制度研究 (Research on Ancient Chinese Medical Education and Examination System) (Jinan: Qiru shushe, 2006), 221.

⁷⁹ Zhang Zhongjing was from Nieyang Nan commandery 南郡涅陽 (present-day Nanyang City, Henan province). Zhang Zhongjing is most well-known for two works on formularies, *Shanghan lun* 傷寒論 and *Jingui yaolue* 金匱要略. Zhang’s theory of *shanghan* 傷寒 (Cold Damage) posits that the *wenbing* 溫病 (febrile diseases, characterized by fevers) suffered in the spring and summer are caused by invasive Cold during the winter. Chen Bangxian, *Zhongguo yixue shi*, 52-53. According to Paul Unschuld, Zhang Zhongjing’s work

Zhenjiu jiayi jing 針灸甲乙經 (Classic of Jiayi Acupuncture and Moxibustion).⁸⁰

The long list of names that Huang inserted were also titles of works medical students studying for medical civil service examinations would have had to know very well.⁸¹

Before Huang Tingjian introduced Yang Zijian in the preface, he mentioned two of his contemporaries. First he mentioned the physician Gao Ruona 高若訥 (997-1055), a *jinshi* from Liyang 黎陽 (in present-day Jixian, Henan province),⁸² who was extremely skilled in medical formularies but had unfortunately passed away and was thus unable to transmit his knowledge. Huang's reproach of Gao was not entirely based on Gao's medical expertise, but was in fact linked to Gao's involvement in court politics involving Ouyang Xiu, whom Huang admired.⁸³

had only marginal influence from the Han to the end of the Tang period. During the Song and Jin periods, Zhang's work received more attention from physicians, particularly from *ruyi*, because Zhang combined the use of drug therapy with the theory of "systematic correspondence (Unschuld, 1985)," or "Chinese cosmological synthesis (Lloyd and Sivin, 2002)."

⁸⁰ Commonly referred to as *Jiayi jing* too. Li Jingwei, *Zhongyi dacidian*, 1265. On the historiographical biography of *Jiayi jing* 甲乙經, see Ma Jixing, *Zhongyi wenxian xue*, 89-98.

⁸¹ Wang Zhenguo, *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu*, 225-27..

⁸² Gao Ruona was a *jingshi* during the Tiansheng 天聖 era (1024-1032) and was subsequently an academician of the Longtuge 龍圖閣 (Dragon Diagram Hall). Gao was also involved in court politics involving Fan Zhongyan and Ouyang Xiu, which led to the subsequent demotion of Ouyang Xiu. *Songshi* 宋史, Gao Ruona zhuan 高若訥傳. See also Douglas Skonicki, "Employing the Right Kind of Men: The Role of Cosmological Argumentation in the Qingli Reforms," *Journal of Song-Yuan Studies* 38 (2008), 39-98. Liyang jian 黎陽監 (Liyang prefecture). This was established in the Song but abolished in the Yuan dynasty, and was located in the northern part of Ji county in Henan. *Zhongguo gujin diming dacidian* 中國古今地名大辭典 (Encyclopedic Dictionary of Ancient and Modern Place Names in China) (Shanghai: Shangwu yinshu guan, 1933), 1210.

⁸³ Tuo Tuo 脫脫 (pub. ca. 1345), et al. comp., *Songshi* 宋史 (Beijing: Zhonghua shuju, 1977), *ce* 冊 28, *juan* 288, 9684-9686. Ouyang Xiu had written a letter to criticize Gao, and Gao used Ouyang Xiu's letter as evidence for factionalism at court and got Ouyang demoted and exiled to a regional administrative post in 1044 during the Qingli Reforms. See Levine, *Divided by a Common Language*, 47-56. Huang Tingjian's criticism of Gao Ruona was perhaps not only for his failure to transmit his medical knowledge, but was alluding to Gao's quiescent attitude towards knowledge and governance. Huang Tingjian's preface was therefore a veiled attack

Huang's criticism of Gao Ruona was a contrast to his approval for Yang Zijian whose published work would benefit everyone.

Then Huang mentioned his friend Yang Jie 楊介, a practitioner and author, whose advice Huang had not heeded.⁸⁴ According to Huang, Yang Jie, an expert in interpreting *Bencao* and *Suwen*, had also spoken at length about administering medicine based on observing and calculating the astro-calendary elements of the sexagesimal cycle according to the system of *wuyun liuqi*.⁸⁵ Huang Tingjian then went on to say that Yang Zijian had, however, been able to explicate how the *wuyun liuqi* system works concretely in medical terms, and went beyond Zhang Zhongjing and Yang Jie.⁸⁶ Yang Zijian's *Tongshen lun* thus combined the theoretical framework of *wuyun liqi* into medicine, and it was therefore a work that was written for fellow literati, who were familiar with the vocabulary.

The two physicians cited by Huang Tingjian for his preface were both famous

on Gao Ruona and those in his faction.

⁸⁴ In his preface, Huang referred to Yang Jie as a *fangwai ren* 方外人 which could have meant recluse or a monk (Buddhist or Daoist) who was outside the confines and rules of society. Yang Jie 楊介, *zi Ji Lao* 吉老, was from Sizhou 泗州, in present-day Jiangsu province. Yang Jie was a very famous physician who was active around late eleventh and early twelfth century. For a short biographical story of Yang Jie, see Lu Xinyuan 陸心源 (1834-1894), *Song Shiyi* 宋史翼 (Biographies from Song History), reprint, *juan* 38, *liezhuan* 列傳 38, *fangji* 方技 2 (Beijing: Zhonghua shuju, 1991), 412.

⁸⁵ Yang Jie pointed out to Huang that Zhang Zhongjing from the Eastern Han had thought at length about combining medicine and astro-calendary knowledge, but Zhang concentrated his efforts in refining the use of materia medica for febrile illnesses and did not pursue this line of thought. *Wuyun liuqi* was therefore not explicated at length in the early period. According to Catherine Despeux, *wuyun liuqi* became integrated into every aspect of medical practice (prognosis, diagnosis, prevention, pharmacology, acupuncture) in the Song period. Catherine Despeux, "The System of the Five Circulatory Phases and the Six Seasonal Influences (*wuyun liqi*) A Source of Innovation in Medicine Under the Song (960-1279)," in *Innovation in Chinese Medicine*, edited by Elisabeth Hsu (Cambridge: Cambridge University Press, 2001), 121-65. See also Ren Yingqiu 任應秋, *Yunqi xueshuo* 運氣學說 (Shanghai: Shanghai kexue jishu, 1959).

⁸⁶ Interestingly Shen Gua had included an entry on *wuyun liqi* in *Mengxi bitan*, and this shared interest in *wuyun liqi* would be an aspect that I highlight in my comparison of Shen Gua and Yang Zijian. Zuo Ya, "Capricious Destiny," 266-79.

in the Northern Song.⁸⁷ Both Gao Ruona and Yang Jie had written on *Shanghan lun* (Cold Damage Discourse), which was a popular idea among literati studying medicine in that period. Gao was a self-taught physician like Shen Gua, while Yang Jie came from a family of physicians and scholars. Huang's criticism of Gao was related in part to Huang's admiration of Ouyang Xiu and friendship with Su Shi. In contrast, Huang only had praises for Yang Jie. In this instance, Huang's interests were all intertwined together: politics, literati networks and friendships, and medicine. Huang was not a medical practitioner but was obviously conversant with medical classics and had even expressed desire to open a pharmacy.⁸⁸ In this dynamic intertwined relations and overlapping interests of intellectual concerns and political factionalism with medicine, we see the rising significance of literati involvement and influence in medicine from the Northern Song, therefore raising the prestige of medical practice.

The significance of Yang Zijian's *Tongshen lun* would extend into the Yuan period, when Wu Cheng 吳澄 (1249-1333) cited Yang and his work in a preface Wu penned for a work on *yunqi*.⁸⁹ Wu Cheng was an important synthesizer of

⁸⁷ *Songshi* 宋史, Gao Ruona zhuan 高若訥傳. Douglas Skonicki, "Employing the Right Kind of Men: The Role of Cosmological Argumentation in the Qingli Reforms," *Journal of Song-Yuan Studies* 38 (2008), 39-98.

⁸⁸ In 1102, Huang spoke of a desire to open a pharmacy – see Peter Bol, "Culture and the Way in Eleventh Century China (Unpublished PhD dissertation, Princeton University, 1982), 489-558, esp. 537.

⁸⁹ Wu Cheng, *Wu wen zhengji* 吳文正集, juan 17, 4-5, *SKQS*, *Jibu*, *Bieji lei*. Wu Cheng 吳澄 (1249 – 1333), zi Youqing 幼清 and also Boqing 伯清, had the sobriquets of Yiwu shanren 一吾山人 and Caolu xiansheng 草廬先生 (Mr. Thatched Hut). He was a scholar, educator, poet in the late Song and Yuan Dynasty. He was from Linchuan 臨川, Fuzhou 撫州 (in present-day Jiangxi province), which was where Chen Ziming, the compiler of *Shichan lun* was from. On the influence of Wu Cheng on later *ru* scholars like Wang Yangming, see David Gedalecia, "The Life and Career of Wu Ch'eng: A Biography and Introduction," *Journal of the American Oriental Society* 99.4 (1979), 601-41. On Wu Cheng's intellectual accomplishments, see David Gedalecia, *The Philosophy of Wu Ch'eng : A Neo-Confucian of*

divergent doctrines within *ru* scholarship in the Yuan period, especially those of Zhu Xi and Lu Xiangshan 陸象山 (1139–1192), both leading *ru* scholars of their time. Wu Cheng's interest in Yang Zijian's work stemmed from his eclectic interests, which included Buddhist and Daoist ideas and practices. Besides being interested in *Daoxue* 道學 (Learning of the Way),⁹⁰ Wu Cheng's knowledge of medicine probably came from his father, Wu Shu 吳樞 (b. 1224). Despite being a scholar, Wu Shu was poor and was known locally for having prepared medicine for many families in Xiankou 咸口, Fuzhou 撫州 (in the Jiangnan region) during an epidemic.⁹¹

Wu Cheng cited Yang Zijian's *Tongshen lun* in two prefaces on works discussing *yunqi* 運氣 (circulatory *qi*). In the preface to the non-extant work, *Yunqi xinshu* 運氣新書 (New Book on Circulatory Qi) by Deng Yan 鄧焘,⁹² Wu Cheng stated that Yang Zijian had explicated the ideas of *yunqi* (circulatory *qi*) and was able to extrapolate meanings of the ancients that were not yet discovered. In another preface that Wu Cheng wrote for the work titled *Yunqi kaoding* 運氣考定 (Critical Study of Circulatory Qi) by Cao Daben 曹大本, Wu Cheng again

the Yuan Dynasty (Bloomington, Ind. : Research Institute for Inner Asian Studies, Indiana University, 1999).

⁹⁰ The *Daoxue* 道學 I refer here to is also known to some as Neo-Confucianism, which by the time of Wu Cheng came to include (1) the works and ideas of Zhu Xi, (2) the Cheng-Zhu school or True Way of Learning, first adopted in 1241 as the basis of the state-sponsored examination system, and (3) a broader scholarly movement. On its definition, see Michael Nylan, “Key Terms,” *The Five “Confucian” Classics* (New Haven: Yale University Press, 2001), 365-66.

⁹¹ David Gedalecia, *A Solitary Crane in A Spring Grove: The Confucian Scholar Wu Ch'eng in Mongol China* (Wiesbaden: Harrassowitz, 2000), 7.

⁹² Besides the title and the preface written by Wu Cheng, Deng Yan left no extant work.

mentioned Yang Zijian's *Tongshen lun*.⁹³ Wu Cheng's descriptions of the content of Yang Zijian's work was similar to that of Huang Tingjian, thereby establishing the existence of this work, its popularity and circulation among prominent literati from the late Northern Song up to the Yuan period. *Tongshen lun* would cease in importance and popularity after the Yuan.

Writings of Yang Zijian

In this section, I look at the works of Yang Zijian. His known works could be divided into two groups.⁹⁴ The first group would be works that bear his name, and the content of these works tell us something about his medical interests and expertise. Yang's work was cited as a title or the content of his work was quoted. By examining works that cite Yang, we get a sense of the circulation and popularity of Yang's works. The second group is works that were loosely associated with Yang. And here I use "loosely" because some of these associations were either unproven or have been found to be erroneous. For example, in the case of the title, *Huangdi bashiyi nanjing zhu* 黄帝八十一難經注 (Commentaries on Huangdi's Eighty-one Difficulties), Yang Zijian was mistaken for Yang Xuancao 楊玄操 from the Tang dynasty.⁹⁵ This group tends to obfuscate the identity of Yang. However, such erroneous attempts have helped in my assessment of Yang Zijian. By revisiting these works associated with Yang, I

⁹³ Cao Daben 曹大本, *zi Yanli* 彦禮, was from Yuncheng (present-day Hezhe City 菏泽市, Shandong province). Wu Cheng, *Wu wen zhengji* 吳文正集, *juan* 17, 8-9, *Siku quanshu*, *Jibu* 集部, *Bieji lei* 別集類, Wenyuange edition, electronic edition.

⁹⁴ By work, I am referring to manuscripts or printed texts.

⁹⁵ Okanishi Tameto, *SYQYJK*, 111-15.

was able to ascertain which works were not authored by him.

Works that bear Yang Zijian's Name

There are four titles found in bibliographies and collected writings bearing the name of Yang Zijian.⁹⁶

Yang Zijian, *Shichan lun* 楊子建十產論

Yang Zijian, *Wanquan humingfang* 楊子建萬全護命方

Yang Zijian, *Tongshen lun* 楊子建通神論

Yang Zijian, *Qishuo* 楊子建七說

All four works are no longer extant as individual works. Currently, Yang Zijian *Shichan lun* is the most complete of Yang's work to be preserved. *Shichan lun* was not always quoted in later periods with Yang's name attached. The earliest extant edition we have of *Shichan lun* comes with Yang's name because the Southern Song author and compiler of the *Furen daquan liangfang*, Chen Ziming, included not only titles of works but also names of authors in his work. Thus *Shichan lun* was included with Yang's name attached. Another example from *Furen daquan liangfang* would be the *Channan lun* 產難論 (Discourse on Difficult Birth) by Guo Jizhong 郭稽中, another Song medical author who wrote about childbirth.

***Wanquan humingfang* 楊子建萬全護命方**

The second work listed above, Yang Zijian's *Wanquan humingfang*, is no longer extant, but parts of it exist in other extant works. In *Zhaode xiansheng junzhai*

⁹⁶ Attaching a name to a work was, of course, the most obvious way to attribute a work to someone. In many cases, authors did not include their personal name in the titles of their own work. That usually happened later, and was a practice common with compilers, editor or publishers. Chinese writers preferred classical allusions, the names of their study (*shuzhai* 書齋) or characters that would allow them to express an opinion. According to Wilkinson, the *Siku da cidian* is a good source that provided authors' reasons for choosing titles. Endymion Wilkinson, *Chinese History: A Manual* (Cambridge, MA: Harvard University Press, 2000), 288.

dushu zhi 昭德先生郡齋讀書志 (Bibliography of Mister Zhaode), a twelfth century bibliographical work, *Humingfang* was recorded to have consisted of five *juan*.⁹⁷ Besides being cited in the *Dushu zhi*, *Humingfang* was cited most frequently in the work, *Puji fang* 普濟方 (Prescriptions for the Multitudes), published some time between 1406-1424, by Zhu Su 朱橚 (d.1425) and his team of compilers, led by Zhu Su's teacher Teng Shuo 滕碩 (fl. 1360s) and the administrator Liu Chun 劉醇.⁹⁸ *Puji fang* was a massive work on formularies. There were a thousand nine hundred and sixty *lun* 論 (discourse topics), two thousand one hundred and seventy-five *lei* 類 (categories) of diseases, seven hundred and seventy-eight *fa* 法 (methods), and sixty-one thousand seven hundred and thirty-nine *fang* 方 (formularies).⁹⁹ As a part of the imperial family, Zhu Su had access to book collections and that was reflected in the huge range of

⁹⁷ Chao Gongwu 晁公武 (1105-1180), *Zhaode xiansheng junzhai dushu zhi* 昭德先生郡齋讀書志 (Bibliography of Mister Zhaode), *juan* 15, 17, based on Qing edition edited by Ruan Yuan 阮元 (Nanjing: Jiangsu guji chubanshe, 1988), 473. Chao Gongwu was a private collector of books and was an official in Rongzhou, Sichuan, during which he collected a large number of works. Also recorded in Taki Mototane, *ZGYJK*, 747. Yang Zijian *Wanquan huming fang* 楊子建萬全護命方 is sometimes shortened to *Huming fang* 護命方 (sans Wanquan 萬全, which could mean completely a thousand times or completely safe).

⁹⁸ Zhu Su 朱橚 (d. 1425), *Puji fang* 普濟方 (Prescriptions for the Multitudes), 景印文淵閣四庫全書 ; 第 747-761 冊 (Taiwan: shangwu, 1985). Li Shizhen 李時珍 (1518-1593), *Bencao gangmu* 本草綱目 (Collection of Materia Medica), *SKQS*, vol. 772-774 (Taipei: Taiwan shangwu, 1983). Zhu Su was the fifth son of the first emperor of the Ming dynasty, Zhu Yuanzhang, and brother of the Yongle Emperor. Zhu Su was named Prince of Zhou and enfeoffed in Kaifeng in 1381. Zhang Yanyu 張延玉 (1672-1755), et. al., *Ming shi* 明史, *juan* 116, 3565-66, Beijing: Zhonghua shuju, 1974. Roger Des Forges, *Cultural Centrality and Political Change in Chinese History* (California: Stanford University Press, 2003), 15-6, 19.

⁹⁹ Taki Mototane, *ZGYJK*, 915-14. The earliest copy probably consisted of one hundred and sixty-eight *juan*, and was changed in the *Siku quanshu* edition to become four hundred and twenty-six *juan*. *Siku quanshu*, *Puji fang*, Summary. Zhu Su was probably more well known for his 1406 work *Jiuhuang bencao* 救荒本草 (Famine Relief Pharmacopoeia), which analyzed 414 herbs found in the Kaifeng area, and out of which 276 had never been described. Des Forges, 2003, 16.

works cited in *Puji fang*. According to the editors of the *Siku quanshu*, Zhu Su drew from a wide range of available works to put together *Puji fang*, and the late Ming medical author Li Shizhen 李時珍 used *Puji fang* extensively for his work, *Bencao gangmu* 本草綱目 (Systematic Materia Medica).¹⁰⁰

Sixty-five formulas in *Pujifang* 普濟方 were cited from *Humingfang*. The largest group of these formulas was devoted to treating diseases that affected the Lung *yin*-viscera system. Then, these were followed by formulas for treating the Small intestines *yang*-viscera system.

¹⁰⁰ Besides the *Siku Quanshu* edition published in 1782 and since its first edition in the fifteenth century, *Puji fang* was never republished up to the twentieth century. As a repository for non-extant works like Yang Zijian's *Wanquan humingfang*, it is an important source for historians looking at the history of formularies and medical history at the beginning of the Ming period. The work serves to provide a representative survey of works available or in circulation in the Yuan and early Ming. See also Chan Yuet Ling, "Prince Zhu Su and his *Jiuhuang bencao*," MA., University of Hong Kong, 1985. On Li Shizhen, see Carla Nappi, *The Monkey and the Inkpot: Natural History and Its Transformation in Early Modern China* (Cambridge, MA: Harvard University Press, 2009).

List of Formulas from Yang Zijian's *Wanquan huming fang* cited in *Puji fang*

#	Category
<i>Fangmai yunqi zangfu</i> 方脈運氣臟腑 (internal-external medicine, circulatory phases, viscera-organ system)	
7	Heart yin-viscera (<i>xinzang men</i> 心臟門)
2	Spleen yin-viscera category (<i>pizang men</i> 脾臟門)
10	Lungs yin-viscera category (<i>feizang men</i> 肺臟門)
6	Kidney yin-viscera category (<i>shenzang men</i> 腎臟門)
2	Gall yang-viscera category (<i>danfu men</i> 膽腑門)
2	Stomach yang-viscera category (<i>weifu men</i> 胃腑門)
2	Big Intestine yang-viscera category (<i>dachangfu men</i> 大腸腑門)
9	Small Intestines yang-viscera category (<i>xiaochangfu men</i> 小腸腑門)
<i>Zhu ji men</i> 諸疾門 (Various types of Diseases)	
2	Wind illnesses (<i>zhu feng men</i> 諸風門)
5	Cold Damage illnesses (<i>shanghan men</i> 傷寒門)
1	Water-borne illnesses (<i>shuibing men</i> 水病門)
2	Febrile fevers (malaria) (<i>zhunüe men</i> 諸瘧門)
3	Chest constrictions category (<i>geye men</i> 膈噎門)
1	Various vacuity category (<i>zhuxu men</i> 諸虛門)
3	Debilitating/wasting illnesses (<i>laozhai men</i> 勞瘵門)
<i>Zhu chuangzhong</i> 諸瘡腫 (Various types of Sores/ Ulcers)	
1	Open sores that appear on the upper body (<i>zhu chuang men</i> 諸瘡門- <i>shangbu chuangzhong</i> 上部瘡腫).
<i>Furen</i> 婦人 (Women)	
7	All forms of debilitating illnesses, heat exhaustion, amassment causing distention and pain, all forms of illnesses affecting the lower body, pregnancy, pregnancy vexation, and heart-stomach pain (<i>zhulao</i> 諸勞, <i>relao</i> 熱勞, <i>jiju</i> 積聚, <i>xiabu zhuji</i> 下部諸疾, <i>renshen</i> 妊娠, <i>zifan</i> 子煩, <i>xinfu tong</i> 心腹痛)
<i>Yinhai</i> 嬰孩 (Children)	
1	All types of inflammation of the intestines (dysentery) (<i>yiqie li</i> 一切痢)

The majority of Yang Zijian's formulas cited in *Puji fang* were grouped under *Fangmai yunqi zangfu* 方脈運氣臟腑 (Internal-external medicine, circulatory phases, viscera-organ system), in which *yunqi* (circulatory phases) was a part of diagnosis and was used to determine what type of treatment would be prescribed.¹⁰¹ This would reinforce the idea that Yang Zijian had in fact written *Tongshen lun* which emphasized the theories of *wuyun liuqi*, which was Yang's specialization, as described by Huang Tingjian.¹⁰²

Other medical works that have included formulas from *Huming fang* included Li Shizhen's *Bencao gangmu*, Miao Xiyong's 繆希雍 (d.1627) *Shennong bencao jingshu* 神農本草經疏 (Commentary on the Classic of Shennong Materia Medica),¹⁰³ and Wang Kentang's 王肯堂 (1549-1613) *Zhengzhi zhunsheng* 證治準繩 (Standards for Diagnosis and Treatment).¹⁰⁴ Even if the complete

¹⁰¹ *Laozhai* 勞瘵 is debilitating and chronic, and is characterized by coughing blood, fevers and night sweats. It is referred to as consumption or pulmonary consumption. *Lao* 勞 is excessive exhaustion and *zhai* 瘵 is to waste away or suffer from a long term condition. Nigel Wiseman and Andrew Ellis, *Fundamentals of Chinese Medicine* (Brookline, MA: Paradigm Publications, 1996), 474.

¹⁰² Of special interest to me were the seven formulas on *furen zhuji* 婦人諸疾 (various women's illnesses): *zhulao* 諸勞, *relao* 熱勞, *jiju* 積聚, and within *xiabu zhuji* 下部諸疾 (various illnesses that afflicted the lower body), there were subcategories that were concerned with the reproductive system: *gongzang xuleng* 宮藏虛冷 (Cold-vacuous womb), *linchan* 臨產 (at birth), and *renmen tingchu* 人門挺出 (prolapsed vagina). Then, there were finer sub-divisions, one of which was a category of descriptions of symptoms and not formal etiology, *zangfu changduo zhuanxie*, *hunshen suitong* 臟腑常多轉瀉, 渾身碎痛 (organ-viscera often experienced constant bodily evacuations, fragmented/ intermittent pain throughout the body). Women's medicine was undergoing changes and medical authors were still trying to decide how to categorize different types of illnesses that were specific to women or were common to both men and women. There is no mention of birth complications here.

¹⁰³ Miao Xiyong 繆希雍, *zi Zhongchun* 仲淳, sobriquet Mutai 慕台, ca. 1546-1627. His hometown was Hailu 海虞 (present-day Changshu 常熟, Jiangsu province). Miao Xiyong 繆希雍, *Yixue quanshu* 醫學全書 *Ming-Qing mingyi quanshu dacheng* (Beijing: Zhongguo zhongyiyao chubanshe, 1999).

¹⁰⁴ Wang Kentang 王肯堂, *Yixue quanshu* 醫學全書, *Ming-Qing mingyi quanshu dacheng*

Humingfang was not in circulation by the late Ming period when Wang Kentang was writing, parts of *Humingfang* were in circulation and included in the medical collection of famous literati-officials like Wang Kentang.

***Tongshen lun* 通神論**

The third work, *Tongshen lun* 通神論, is not extant. Only the preface written by Huang Tingjian exists. As mentioned earlier, *Tongshen lun* was also cited by Wu Cheng in two difference prefaces in the Yuan period. The contents of *Tongshen lun* can only be gathered from information provided by Huang Tingjian, the author of the preface.¹⁰⁵ We know that it was related to medicine only because Huang Tingjian described Yang Zijian's work as a part of the genealogy of medical works. According to Huang, Yang Zijian was the authority on the theory of *wuyun liuqi* and had used the theory for diagnosing illnesses and choosing the right medicine and therapeutic treatments. Wu Cheng also cites Yang as the authority on the subject.

I should point out here that Pang Anshi 龐安時 (1044-99), another famous medical author from the Northern Song period had made use of *wuyun liuqi* in his commentary on the *Shanghan lun* 傷寒論 (Treatise on Cold Damage Disorders).¹⁰⁶ And Huang Tingjian had written a preface for Pang Anshi's work, *Shanghan zongbing lun* 傷寒總病論 in 1100, around the same time he met Yang

(Beijing: Zhongguo zhongyiyao chubanshe, 1999).

¹⁰⁵ Taki Mototane, *ZGYJK*, 747.

¹⁰⁶ Besides authoring the *Shanghan zongbing lun*, Pang Anshi 龐安時, zi Anchang 安常, was also the author of *Nanjing jieyi* 難經解義 and *Bencao buyi* 本草補遺. For Pang's biography, see *Songshi*, juan 462, 13520-2. Also in Li Lian 李廉 (1488-1566), *Yishi* 醫史, collected in *Xuxiu siku quanshu* 續修四庫全書, vol. 1030, 251-252 (醫史卷之五).

Zijian.¹⁰⁷ It would be plausible that Huang Tingjian had passed on Yang Zijian's writing to Pang Anshi, or had introduced Pang's work to Yang. Huang perhaps helped to circulate the works of Yang Zijian among the literati, especially those in Huang's circle. Shen Gua had also made use of *wuyun liuqi* to predict rain after a prolonged period of drought in the capital, Kaifeng.¹⁰⁸ Yang Zijian was therefore hardly exceptional in studying *wuyun liuqi*. According to Catherine Despeux's research, in the twelfth century there was a peak of interest in the *wuyun liuqi* system and its application in medicine.¹⁰⁹ Kou Zongshi 寇宗奭 (fl. 11th -12th century), an imperial physician from about the same time period as Yang Zijian, attempted to incorporate *wuyun liuqi* to the therapeutic effects of drugs.¹¹⁰ Other physicians of fame such as Xu Shuwei 許叔微 (1080-ca. 1154), Chen Yan 陳言 (fl. 1161-74), Liu Wansu 劉完素 (1110-1200), and Zhang Congzheng 張從正 (ca. 1156-1228) all included references to *wuyun liuqi* in their writings.¹¹¹

Literati-officials interested in medicine, such as Shen Gua, also commented on the importance of treating diseases with prior understanding of *yin-yang*, *wuxing*, and

¹⁰⁷ Huang Tingjian Despeux, "The System of the Five Circulatory Phases and the Six Seasonal Influences," 136.

¹⁰⁸ Shen Gua, *Mengxi bitan* 夢溪筆談 (Brush Talks From Dream Brook) (Beijing: Zhonghua shuju, 2009), *juan* 7-8, 95-110. Despeux, "The System of the Five Circulatory Phases and the Six Seasonal Influences," 137.

¹⁰⁹ Despeux, "The System of the Five Circulatory Phases and the Six Seasonal Influences," 136

¹¹⁰ Goldschmidt, *The Evolution of Chinese Medicine*, 178-80, on Emperor Huizong and *wuyun liuqi*, 180-86. Emperor Huizong's 徽宗 (r.1100-1125) works, *Shengji jing* 聖濟經 (Canon of Sagely Benefaction, pub. 1118), and *Zhenghe shengji zonglu* 政和聖濟總錄 (Sagely Benefaction of the Zhenghe Reign Period, pub. 1122), were attempts by the emperor to remodel medicine. *Wuyun liuqi* would be an important theoretical doctrine promoted in the works.

¹¹¹ Despeux, "The System of the Five Circulatory Phases," 136. It should be noted here that Xie Liheng (1880-1950) commented that *wuyun liuqi* was really a *ru* endeavour, and was not popular after the Wei and Jin period, this would contradict Catherine Despeux's assertion that the Song was the peak of *wuyun liuqi* scholarship. Xie Liheng, *Zhongguo yixue yuanliu lun* (Taipei: Shangwu shuju, 1970).

the *yunqi lun*.¹¹²

This interest in *wuyun liuqi* and related mathematical astronomical matters in the twelfth century would prove to be of significance at the political level in the thirteenth century. In the Mongol court in Northern China, concurrent with the Southern Song dynasty which fell in 1279, the Han political advisor to Khubilai (Hubilie 忽必烈, born 1215, reigned as Grand Forbear, Taizong 太宗, 1260–94), Liu Bingzhong 劉秉忠 (1216–74) had suggested that the Mongols reform the Chinese astronomical calendar in 1251 as a way to assert their political authority.¹¹³

At the ideological level, quite a few literati had an interest in *wuyun liuqi*, in part because its development was concurrent with that of the *Taiji tu* 太極圖 (Diagram of the Great Ultimate), which had its roots in the *Yijing* 易經.¹¹⁴ In the middle of the eleventh century, prominent literati such as Zhou Dunyi 周敦頤 (1017-73) and Shao Yong 邵雍 (1012-77) were deeply involved in developing explanatory models to explain the physiology of the universe and its cosmological processes. While the origins of the ideas for *wuyun liuqi* could be traced as far back

¹¹² Shen Gua, Preface, *Shenshi liangfang* 沈氏良方 (Efficacious Formulas of Mister Shen), in Taki Mototane, *ZGYJK*, 732-36. This work is no longer extant.

¹¹³ Nathan Sivin, *Granting of the Seasons: The Chinese Astronomical Reform of 1280, With a Study of Its Many Dimensions and an Annotated Translation of Its Records* (New York: Spring Science+Business Media, 2009), 25-30. According to Sivin, all of the seven planners and supervisors Khubilai appointed to work on the astronomical reform were “accomplished amateurs of yin-yang.” One of them was Xu Heng 許衡 (1209-81), a leading representative of the Cheng-Zhu Confucian tradition and a trained diviner. Another of the appointee was Chen Ding 陳鼎, who was the last imperial astronomer of the Southern Song court between the years 1271-1274 and carried out the last reform in the year 1271.

¹¹⁴ Despeux, “The System of the Five Circulatory Phases and the Six Seasonal Influences,” 134; Gedalecia, 2000, 97. Wu Cheng was interested in *taiji* too, and that was reflected in his writings.

as the Han period, its development as a system useful for medical practitioners and other “amateurs” only came to fruition in the Song period. The main source for the ideas within the system were traditionally thought to be drawn from seven chapters of the *Huangdi neijing Suwen* 黃帝內經素問 (Basic Questions of the Yellow Emperor's Inner Canon).¹¹⁵

Yang Zijian's work reflected that interest of his time, and he was in fact considered an authority on the subject by Wu Cheng in the fourteenth century.¹¹⁶ In the two prefaces written by Wu Cheng, for Deng Yan's in *Yunqi xinshu* and for Cao Daben's *Yunqi kaoding*, Wu discussed Shao Yong and Qixuan zi 啟玄子 (sobriquet of Wang Bing 王冰, ca. 710-805), the editor of *Huangdi neijing Suwen*, and then followed by Yang Zijian's *Tongshen lun*.¹¹⁷ Wu Cheng was therefore listing these names in order to set out a genealogy of authors on *wuyun liuqi*, much like Huang Tingjian did in his preface for Yang Zijian's book. While Huang Tingjian placed Yang Zijian within the genealogy of medical authors, Wu Cheng fit

¹¹⁵ Despeux, “The System of the Five Circulatory Phases and the Six Seasonal Influences,” 128-34. The other works that thinkers drew from to develop the system of *wuyun liuqi* in the Northern Song period included the following: 1) seven chapters of the *Suwen* (scholars generally attribute these additional seven chapters from the Tang period to Wang Bing, the editor of *Huangdi neijing Suwen*); 2) *Qixuan zi yuanhe jiyong jing* 啟玄子元和紀用經 (Master Qixuan's Use of the Calendar of the Original Harmony), ca. 899; 3) *Suwen liuqi Xuanzhu miyu* 素問六氣玄珠密語 (Secret Words of Master Mysterious Pearl on the Six Influences According to the *Suwen*), tenth century, attributed to Xuanzhu 玄珠, Daoist Master of Wang Bing; 4) the most important work according to Despeux, *Suwen Rushi yunqi lun'ao* 素問入式雲氣論奧 (Marvelous Introductory Remarks on the Theory of the Circulatory Phases and the Seasonal Influences according to the *Suwen*), by Liu Wenshu 劉溫舒 (late eleventh century), and 5) *Huangdi neijing Suwen yipian* 黃帝內經素問遺篇 (Recovered Chapters of the Basic Questions in the Yellow Emperor's Inner Canon) 11th century, attributed to Liu Wenshu. These works were devoted specifically to *wuyun liuqi* in the periods of Five Dynasties and the Song.

¹¹⁶ *Gujin tushu jicheng*, section 43, *juan* 534, 12b.

¹¹⁷ In *juan* 70 of the *Suwen*, *yunqi* was explicated. Guo Aichun 郭霽春, ed., *Huangdi neijing suwen jiazhu yuyi* 皇帝內經素問校注語譯 (Tianjin: Tianjin kexue jishu chubanshe, 1981), 414-32. Unschuld, 2011, 285-356.

Yang Zijian into a more specialized subfield of *wuyun liuqi*, without much emphasis on the medicinal or diagnostic uses. According to Wu Cheng, Yang Zijian had posited that *suiqi* 歲氣 (point of origin for the yearly weather conditions or climate)¹¹⁸ started at *dongzhi* 冬至 (winter solstice, also the maximum of yin). Having the winter solstice start at this particular point in the calendar would then affect how the weather for the rest of the year was calculated.¹¹⁹ According to Wu Cheng, prior to Yang Zijian, scholars had usually assumed that *suiqi* started at *dahan* 大寒. (Great Cold).¹²⁰ Yang Zijian's ideas about the beginning of the Chinese astronomical year during the winter solstice and the relationship of that to medicine were thus an important but otherwise unnoticed contribution. Huang Tingjian's preface mentioned that Yang Zijian “thoroughly explicated” the theory for medical diagnosis. By the thirteenth century and based on Wu Cheng's prefaces, *yunqi* 運氣 (circulatory *qi*) was a topic that generated specialized works.¹²¹

Yang Zijian *Qishuo* 楊子建七說

The last title on the list, *Yang Zijian Qishuo* 楊子建七說 (Seven Sayings of Yang Zijian), is also no longer extant. *Qishuo* was cited in the preface of a work with

¹¹⁸ *Suiqi* 歲氣 referred to the weather conditions and climate of the entire year.

¹¹⁹ On calendars in China and in particular on winter solstice as the start of the Chinese astronomical year, see Sivin, *Granting of the Seasons*.

¹²⁰ *Dahan* 大寒, or Great Cold, falls around the lunar calendar dates of twenty-first or twenty-second day, and usually the coldest days of the year. Wu Cheng's statement on Yang Zijian positing that *suiqi* 歲氣 (the origin of the Year Star) starts at *dongzhi* 冬至 (Winter solstice), was cited in the *Yuding yueling jiyao* 御定月令輯要 (pub. 1715), by Li Guangdi 李光地, *zi* Jinqing 晉卿, sobriquet Rongcun 榕村, Mr. Houan 厚庵先生, and Wenzhen 文貞.

¹²¹ Works devoted to *yunqi* became a category in some works and there were books devoted to the subject. But by the middle and late Ming period, *wuyun liuqi* became a source of contention for some medical authors who saw it as nonsensical.

extant fragments, *Chanru beiyao* 產乳備要 (anon.), with a preface by Zhao Yin 趙瑩 (?). No longer extant as a single work, parts of *Chanru beiyao* are collected as the second part (*juan xia* 卷下) of *Chanyu baoqing fang* 產育寶慶方,¹²² which is extant and collected in the *Siku quanshu*.¹²³ This work could have been an earlier version of *Shichan lun*, or it could have been on the same subject but had very different content.

This work, *Chanyu baoqing fang*, that cites *Qishuo* (being cited in another work) has been attributed to Guo Jizhong 郭稽中 (fl. 1107) and Li Shisheng 李師聖 (fl. Southern Song). According to the editors of the *Siku quanshu zongmu* 四庫全書總目, Li Shisheng from Puyang 濮陽, in present-day Henan province, received twenty-one chapters of theory on childbirth. According to the editors, there were *shuo* 說 (sayings or theoretical explication) but no formulas, and consequently Guo Jizhong included formulas after each *shuo*. The editors of *Siku quanshu* also added that the content of this work was greatly expanded.¹²⁴ The editors of the *Siku quanshu* pointed out that *Chanyu baoqing fang* in the eighteenth century probably looked nothing like that the twelfth century work by

¹²² This work was mentioned as *Chanke jingyan baoqing ji* 產科經驗寶慶集 in the work of Chen Yan 陳言 (1131-1190), titled *Sanyin fang* 三因方, also known as *Sanyinji yibing zhengfanglun* 三因極一病證方論. The work was completed in the year 1174 and consists of 18 *juan*. Chen Yan's sobriquet was Wuze 無擇 and he hailed from Hexi, Qingtian (present-day Zhejiang province). In *juan* 17, Chen Yan cited *Chanke jingyan baoqing ji* and listed Guo Jizhong as its author. It is also known as *Furen chanyu baoqing ji* 婦人產育保慶集. Taki Mototane, *ZGYJK*, 1238. See also Okanishi Tameto, *SYQYJK*, 1087-1094.

¹²³ Ji Yun 紀昀, *Siku quanshu zongmu* 四庫全書總目, *juan* 103, *zibu yijia lei*, 48b-49b.

¹²⁴ *SKQS zongmu*, *juan* 103, *Zibu, Yijia lei*. Okanishi Tameto, *SYQYJK*, 1089. The editors noted that new formulas were included, the *ruyue chantu* 入月產圖 (birthing month chart), incantation prayers, methods for safe delivery and *an chan cangyi fangwei* 安產藏衣方位 (positions for correct burial of placenta) were all added on.

Guo Jizhong. Here the editors erroneously cited Yang Zijian, and gave him a *ming* 名 (name) Tan 倓, and attributed the work *Yangshi jiacang fang* 楊氏家藏方 to him.¹²⁵

In another preface to *Chanyu baoqing ji*, Yang Zijian was grouped with Li Shisheng and Guo Jizhong as the authors. In the same preface, there was a sentence quoted from a work called *Shengchan pian* 生產篇 which was similar to Topic Two in *Shichan lun*, on the definitive duration of a ten-month pregnancy. *Shichan lun* or fragments of its contents appeared to have been in circulation.¹²⁶

Loose Association

Yang Zijian was mentioned in several works through loose association. In the following examples, the name “Yang Zijian” was mentioned but there is no corroborating evidence.

In Okanishi Tameto's comprehensive survey of medical works before the Song period, we learn that Yang Zijian, *zi* Kanghou 康侯 was erroneously mixed up with Yang Xuancao 楊玄操 who had written the commentaries for the *Huangdi bashiyi nanjing* 黃帝八十一難經.¹²⁷

¹²⁵ Yang Tan 楊倓 authored *Yangshi jiacang fang* 楊氏家藏方 (Collected Formulas from the Yang Family), published in 1178. Li, *Zhongyi dacidian*, 809. Okanishi Tameto pointed the mixed up by the editors of the *Siku quanshu*. Okanishi Tameto, *SYQYJK*, 1086.

¹²⁶ The preface by Ji Zhijun 冀致君 (fl. 13th -14th century), a Yuan dynasty medical author who wrote the preface for *Chanyu baoqing ji*. Li, *Zhongyi dacidian*, 1952. Okanishi Tameto, *SYQYJK*, 1090.-91.

¹²⁷ Taki Motatane, *ZGYJK*, *juan* 7, Waseda University Library, Kotenseki Sogo Database, #09000020004, 11-13. The preface by Yang Xuancao 楊玄操 for *Huangdi bashiyi nanjing zhu* 黃帝八十一難經注 was also recorded in *Dushuhou zhi* 讀書後志 as one *juan*, *Wenxian tongkao jing* 文獻通考經 as five *juan*, *Benchao xianzai shumu* 本朝現在書目 as nine *juan*. The last item *Benchao xianzai shumu* is the bibliography of Chinese works in Japan

Yang Zijian was also mentioned in *Chanke datong lunfang* 產科大通論方 by Zhang Shengdao 張聲道 (dates unknown but claimed to be from the Song), with only the title and author recorded in various bibliographies.¹²⁸ Zhang Shengdao's work had apparently contained another work titled "Yang Zijian *taichan datong lun yaofang yishiba fang* 楊子建胎產大通論藥方一十八方," which was associated with a Yang Yuan 楊苑, *zi* Zijian 子建 from the Liang dynasty.¹²⁹

Okanishi was unable to locate Yang Zijian *Taichan datong lun* in the *Suizhi* 隋志 (Sui Dynastic Bibliography), or in the Tang and Song *zhi*. His suspicion was that the work was written by a Ming dynasty author but was passed off as a Song dynasty work.¹³⁰ In the preface, Zhang Shengdao wrote that Yang Zijian was from the Liang dynasty and came from Baoding *lu* 保定路, Yizhou, Dingxing province 易州定興縣 (present-day Hebei province). In this preface, Yang Zijian had learned his medical skills from Yang Shilin 楊士林, and his work included

at the time of Taki Mototane's composition. Taki pointed out the mistake made by Zhang Shoujie 張守節 (8th century) while writing *Shiji zhengyi* 史記正義 which quoted the preface of Yang (presumably Yang Xuancao). Zhang Shoujie had mistakenly lumped Yang Xuancao, the author of *Huangdi bashiyi nanjing zhu* 黃帝八十一難經注, with Yang Kanghou (i.e., Zijian). Taki was doubtful of the connection made of the two Yangs since Yang Xuancao was from the early Tang period, and Yang Zijian was associated with works in the Song period, (notwithstanding other mistakes he found in the recopying of the *Huangdi bashiyi nanjing zhu*). Taki Mototane therefore went about sorting out these two Yangs. Taki used the preface written by Huang Tingjian for the work *Yang Zijian Tongshen lun* 楊子建通神論 in *Shanggu ji* to verify this mistake, i.e., to ascertain that Yang Zijian was not from the Tang dynasty.

¹²⁸ Okanishi Tameto, *SYQYJK*, 1119. These bibliographies included the *Guoshi jingji zhi* 國史經籍志, *juan* 4, part 2, *Qianqingtang shumu* 千頃堂書目, *juan* 14, *Zhongguo yixue shumu xu* 中國醫學書目續, *Nübian ke liuba* 女編科六八.

¹²⁹ Okanishi Tameto, *SYQYJK*, 1119.

¹³⁰ Okanishi Tameto, *SYQYJK*, 1119.

eighteen prenatal and thirty-six postpartum conditions. Although the preface was dated in the Northern Song era, 1025,¹³¹ Okanishi was doubtful about its authenticity. He suggested that the preface was written in the Ming period because of the language. I concur with Okanishi and argue that this cannot be the Yang Zijian that Huang Tingjian met in Qingshen.

Thus, I have provided a fragmented and cautious biographical study of Yang Zijian and some of the works he had apparently authored. Yang was probably a rather ambitious literatus who sought out Huang Tingjian, the well-connected and prolific literatus. Like many literati of his time, Yang was interested in medical studies, including *wuyun liuqi*, formularies, and childbirth. *Shichan lun* could have been a work born out of practical needs, combined with Yang's pursuit of unlikely subjects to write about. The next section would be my attempt to further probe authorial intent that was subject to social and cultural influences, and I will do so by placing Yang alongside another literatus who wrote on subjects that were perhaps a little unusual.

Yang and His Contemporaries

In this section, I will examine Shen Gua as an analogous figure for Yang Zijian, for whom we have so little information. While *wuyun liuqi* did have wide appeal, both Shen Gua and Yang Zijian were also interested in techniques or technical knowledge that did not appeal widely to their fellow literati peers. Both men belonged to a small group of literati who wrote on technical expertise, detailed descriptions of artisanal and practical skills. My intention in comparing Shen Gua

¹³¹ Okanishi Tameto, *SYQYJK*, 1119.

and Yang Zijian is to highlight the richness of literati thinking in the Northern Song.

Currently, most of our knowledge of the Northern Song has concentrated on intellectual, political and literary writing.¹³² Although, that is changing, as younger scholars in Europe and North America have started to expand on earlier scholarship and worked on local history with emphasis on historical trajectories of local communities, urban history and technical knowledge.¹³³ Of particular interest to me was that of technical knowledge, the category that Yang Zijian's writings on medicine and *wuyun* would fall under. The vibrant intellectual milieu of the Northern Song reverberated in a wide range of interests, with some paying close attention to the practical and technical types of knowledge.

For example, Shen Gua had a wide range of interests that were concerned with tactility and "how things worked." Some of these interests included music and harmonics, astronomy, canal hydraulics, and measurement.¹³⁴ Zuo Ya examined Shen Gua's writing that described an artisan producing movable-type print and she argued that "causal analysis" oriented Shen Gua's writing on technical matters.¹³⁵ Another scholar, Ronald Egan, also discussed Ouyang Xiu's essay on

¹³² Hilde de Weerd, "Song Studies," *A Scholarly Review of Chinese Studies in North America*, edited by Zhang Haihui, et. al. (Ann Arbor, MI: Association of Asian Studies, 2013), 23-53.

¹³³ de Weerd, "Song Studies," 26-38. Hilde de Weerd listed the following types of history being explored: social, local, urban, gender and family, daily routines, economics, political economy, trade, agriculture, intellectual, classical commentary and ritual, education, books and reading, historiography, technical knowledge, religious, political, social and cultural history of politics, foreign affairs, the military, and historical geography.

¹³⁴ These could potentially be theoretical, but the writings produced by Shen Gua were detailed and technical. Zuo Ya called Shen Gua a "cultural virtuoso" and I think quite a few literati aspired to be seen as such. Zuo Ya, "Capricious Destiny," 48. Zuo Ya chose to introduce Shen Gua's interest in music, astronomy,

¹³⁵ Zuo Ya, "Production of Written Knowledge Under the Rubric of *Jiyi*," *East Asian Science, Technology and Society: An International Journal* 4 (2010), 255-73. Zuo Ya defined "causal analysis" as the cause and effect relations between a process and a product (p. 267).

Tree Peonies of Luoyang, and highlighted attention to technical details of planting, grafting, soil quality, thinning the buds and so forth. Egan informed us that this type of writing was rather exceptional for a literatus of Ouyang's stature.¹³⁶ Both Zuo Ya and Egan also pointed out that literati shunned specialized “hands-on” knowledge, and that their subjects of study (respectively Shen Gua and Ouyang Xiu) were writing something out of the ordinary.¹³⁷

In the same vein, Yang Zijian's *Shichan lun* was unique within medical works. The details of what went on in the birthing chamber, the order of the birth complications, and the descriptions of hand techniques used by midwives, were all “hands-on.” These were also techniques that belonged to women practitioners, not male practitioners, whom male literati could assess more easily.

While recent scholarship shows that there were literati projects that documented agricultural tasks, hydraulic mechanics, architectural expertise and military weaponry, such technical knowledge on science and technology were seldom included in Song literati's oeuvre.¹³⁸ The impetus to record such types of knowledge was perhaps related to the elites' sense that they were responsible for which types of practical knowledge were worthy of recognition.¹³⁹

¹³⁶ Egan, “Chapter Three: The Peony's Allure: Botanical Treatise and Floral Beauty,” *The Problem of Beauty*, 109-60.

¹³⁷ Zuo Ya and Egan meant that literati who wrote on politics, governance and philosophical matters did not usually write about detailed matters that those non-literati were concerned with on a daily basis. There were of course other Song treatises on practical matters, like maps, calendrical expertise, and medicine. Needham's *Science and Civilisation in China* has been devoted to documenting many of these works authored in the Northern Song period. The most recent work on technological knowledge would be *Cultures of Knowledge: Technology in Chinese History*, edited by Dagmar Schäfer (Leiden: Brill, 2012).

¹³⁸ Nathan Sivin, “A Multi-dimensional Approach to Research on Ancient Science,” *EASTM* 23 (2005), 10-25; 19.

¹³⁹ Dagmar Schäfer, “Introduction,” 1-18.

Shen Gua

Shen Gua 沈括 (1031-1095), *zi* Cunzhong 存中, whom Nathan Sivin called a “polymathic statesman” was from Qiantang 錢塘, present-day Hangzhou, Zhejiang province.¹⁴⁰ Shen Gua came from a southern household and his father Shen Zhou 沈周 (ca. 978–1052) was a low ranking official. That connection allowed Shen Gua to enter the imperial bureaucracy, and in 1063 he passed the imperial examinations, was awarded a *jinshi* degree and a first appointment in Yangzhou 揚州. Shen Gua being gifted with literary and organizational skills, was able to advance his career quite quickly under the auspices of his famous patron, Wang Anshi 王安石 (1026-86), who was the mastermind behind the *xinfa* 新法 (New Policies) of 1069-85. However, like other talented literati of his time,¹⁴¹ Shen Gua's career in the capital would be dogged by intermittent troubles because of factional politics. It would end in disgrace when he was vilified by opponents of the New Policies. After the departure of his patron Wang Anshi,

¹⁴⁰ Ruan Yuan 阮元 (1764-1849), *Chouren zhuan huibian* 疇人傳彙編 (Compilation of Biographies of Mathematicians and Astronomers) (Yangzhou: Guanglin shushe, 2008), *juan* 20, 215-19. Nathan Sivin, “Shen Gua,” 1973, revised 1995. <http://ccat.sas.upenn.edu/~nsivin/shen.pdf> Zuo Ya proposed a different way of reading Shen Gua's works. See also Zuo Ya. "Capricious Destiny."

¹⁴¹ Joseph Needham, *Science and Civilisation in China*, Volume 4: *Physics and Physical Technology, Part II: Mechanical Engineering* (Cambridge: Cambridge University Press, 1965; (Taipei: Caves Books, 1986), 446-81. A contemporary of Shen Gua who managed to avoid court rivalries was Su Song (1020-1101), who built the astronomical clock that was installed in Kaifeng before the fall of the Northern Song. Su Song wrote on astrology, mathematics, botany, mineralogy, iron and steel metallurgy in the Northern Song period. As a civil servant, he was sent to the Liao State in the North in 1077 to offer congratulations to the Khitan emperor. The Chinese calendar was ahead by a day and when Su Song returned to Court, all the staff of the Bureau of Astronomy and Calendar were punished. This incident is collected in *Shilin yanyu* 石林燕語 (Chats at Shilin) by Ye Mengde 葉夢得 (1077-1148), chapter 3, 14b and chapter 9, 7a.

Shen Gua was impeached in 1077 by Cai Que 蔡確 (1036-1093) the censor.¹⁴²

Shen Gua would survive the first purge, but he would eventually end his career in the aftermath of a battle with the Tanguts (also known as the people of the Xi Xia state) around 1081-1082. He lived out the rest of his life in isolation and illness.¹⁴³

Besides being appointed to official posts, Shen Gua was also a member of the Hanlin Academy and traveled widely. Deeply interested in a wide variety of topics, Shen Gua wrote about many subjects. Only a portion of Shen's work is extant today, but we get a hint of the variety and breadth of his work based on bibliographies and comments by other contemporary literati. According to Sivin, Shen wrote “commentaries on Confucian classics, two atlases, reports on his diplomatic missions, a collection of literary works and monographs on rituals, music, mathematical harmonics, administration, mathematical astronomy, astronomical instruments, defensive tactics and fortification, painting, tea, medicine, and poetry.”¹⁴⁴ Shen's interest in the techniques and knowledge of quantity and measure was linked to his career in the Directorate of Astronomy (*Tianwen* 天文), and other such appointments. In Shen's time, literati interest in antiquarianism peaked, and literati wrote on the workmanship of ancient bronze

¹⁴² Shen Gua was demoted from his official position as Acting Commissioner of Three Fiscal Agenda to that of Prefect of Xuangzhou, in present-day Anhui Province in 1077. Cai Que was the new leader of the New Policy reform and accused Shen Gua of treachery. On Cai Que, see Hugh Clark, *Portrait of a Community: Society, Culture, and the Structures of Kinship in the Mulan River Valley from the Late Tang through the Song* (Hong Kong: The Chinese University Press, 2007).

¹⁴³ Sivin, “Shen Gua,” 1973, revised 1995, <http://ccat.sas.upenn.edu/~nsivin/shen.pdf>, 5-10. Zuo Ya, “Capricious Destiny.”

¹⁴⁴ Sivin, “Shen Gua,” 10. The most famous of Shen Gua's works is *Mengxi bitan*, which includes philosophy, art, literary criticism, diplomacy, occultism, linguistics, medicine, hemerology and archeology. Sivin also noted that a large portion of this work was devoted to fate, divination and portents, besides records of early Chinese science and technology.

vessels, artisanal techniques on how to cast bronze pieces and so forth.¹⁴⁵ Shen Gua's preoccupation with details and processes might have been in part influenced by this antiquarian movement and that of the *guwen*.¹⁴⁶ Nevertheless, according to Sivin, "the exceptional richness of his record bespeaks a rare curiosity, and the trenchancy of his descriptions a seriousness about mechanical detail unusual among literati-officials."¹⁴⁷ Although there was a general sense that many literati were interested in topics other than history, politics, philosophy and poetic arts, Shen Gua's level of observation, methods of rendering the techniques he learned from watching artisans seems to have been unique.¹⁴⁸

Shen Gua's work, *Mengxi bitan* 夢溪筆談 (Brush talks from the Dream Brook, ca. 1088) contains a huge array of topics. Fu Daiwie contextualized Shen's *Bitan* within the genres of *biji* 筆記 and *leishu* 類書 (collectanea of categorized knowledge), which covered a vast range and quantity of topics not dealt with in historical works.¹⁴⁹ *Biji* (miscellanies) included reading notes, short stories on family and social life that appeared too trite for formal historical works, anecdotes and gossip,¹⁵⁰ while *leishu* were comprised of excerpts compiled from other works

¹⁴⁵ Craig Clunas, *Superfluous Things: Material Culture and Social Status in Early Modern China*, (Honolulu: University of Hawai'i, 1991), 97.

¹⁴⁶ Yun-Chiahn Chen Sena, "Pursuing Antiquity: Chinese Antiquarianism from the Tenth to the Thirteenth Century" (Unpublished PhD Dissertation., University of Chicago, 2007)

¹⁴⁷ Sivin, "Shen Gua," 28.

¹⁴⁸ Zuo Ya, "Capricious Destiny," 17, 20, 28, and 66.

¹⁴⁹ Fu Daiwie, "World Knowledge and Local Administrative Techniques – Literati's *biji* 筆記 Experience in Some Song *biji*," 253-68.

¹⁵⁰ Wilkinson, *Chinese History*, 610-12. Cuncun Wu argues that *biji* offered "a broader, 'eye-witness account' of historical society" and "display much more of real social life than formal official historical work. Cuncun Wu, *Homoerotic Sensibilities in Late Imperial China* (New York: RoutledgeCurzon, 2004), 14.

for easy reference.¹⁵¹ Shen Gua in particular was interested in the “ancient techniques,” practical arts and lost processes of workmen, artisans and local administrators.¹⁵²

Take for example Shen Gua's writings on *jiyi* 技藝 (Particular Skills).¹⁵³ Zuo Ya explained in her analysis of Shen Gua's description of movable-type print that Shen Gua was able to transcend the inherent difficulties of transferring tactile perspective and the ineffable physical maneuvers into text. Shen Gua's language had no technical jargon and the non-practitioner could easily comprehend his rendition of intricate details. His presentation was clear and was obviously the result of “deliberate observation,” and “much reflection.” If Shen Gua did observe the artisan as Zuo Ya suggested, he would have had to select the crucial parts of a process or operation and leave out that which he considered irrelevant. Shen Gua's description was not necessarily the order of the artisan, but the “mental sequence” in Shen Gua's mind/ memory.¹⁵⁴ Of particular importance to Zuo Ya was Shen Gua's emphasis on causality between a process and a product, the efficacy of a physical operation and the order of that operation within a certain sequence.¹⁵⁵ I

¹⁵¹ Wilkinson, *Chinese History*, 601-9. *Leishu* often contained works that are no longer extant, and are therefore an important historical sources. They were usually divided into categories that reflect society's intellectual, political or social ordering of the world. This is likened to “ordering the world” within texts. There are large scale *leishu* such as *Taiping yulan* 太平御覽 (*The Imperial Collectanea of the Taiping xingguo Era*), or household *leishu* that were printed for wide circulation. *Riyong leishu* 日用類書 (encyclopedias for daily use) recorded popular religion, commonly held attitudes, law, economy, and other types of information summarized for quick reference. On *riyong leishu* in late imperial China, see Shang Wei (2005); Chang Chechia (2006); Wang Chenghua (2002).

¹⁵² Sivin, “Shen Gua,” 29-30.

¹⁵³ Here I follow Zuo Ya's translation. Zuo Ya, “Production of Written Knowledge Under the Rubric of *Jiyi*,” 255–273, esp. 264.

¹⁵⁴ Zuo Ya, “Production of Written Knowledge Under the Rubric of *Jiyi*,” 255–273, esp. 263-266.

¹⁵⁵ Zuo Ya, “Production of Written Knowledge Under the Rubric of *Jiyi*,” 267.

agree with Zuo Ya that “cause and effect” are not self-evident processes, and that practitioners do not necessarily reflect on the finer details of how to explain sequence and consequence.¹⁵⁶ Shen Gua was probably writing for fellow literati, and wanted to communicate his knowledge to a discriminating audience.

Similarly in my analysis of Yang Zijian's *Shichan lun* in Chapter One, I show that his ordering of various birth complications was carefully conceived. Yang arranged different types of birth complications according to the types of skills used to manage the problems. Like Shen Gua, both writers had to arrange information they had gathered, either through observations or interviewing practitioners. The order in the text probably followed certain principles, for which we can only provide educated conjectures. In the case of Yang Zijian, the order was based on how the complications deviated from the Regular birth, needed certain hand techniques for solving the problems accordingly. In Shen Gua's case, the order reflected the actions within a process to produce movable-type printing. Besides observing or interviewing the artisan or the midwife, both men had to describe processes which often included tacit skills that would be difficult to put into words. While Shen Gua described casting of clay types, cutting of characters, mixing of pine resin with wax and ashes and so on, Yang described how to put back a foot or hand of the fetus that had emerged, which finger the midwife should use to straighten the fetus, or how to dislodge a fetal forehead that was stuck. Both men had to describe techniques and skills, which most educated elites shunned.¹⁵⁷

¹⁵⁶ Zuo Ya, “Production of Written Knowledge Under the Rubric of *Jiyi*,” 266.

¹⁵⁷ Shen Gua was interested in medicine, which was recast as a respectable field of study during

Both Shen Gua and his work *Mengxi bitan*, were popular in the twentieth century, especially since Shen Gua's writings on technical topics have often been described as China's version of scientific progress.¹⁵⁸ There have been many studies that identify techniques or skills in Chinese history. The most common of these attempt to fit identifiable “scientific” techniques into categories corresponding to existing ones in Western science or medicine, usually in an effort to prove that China had certain developments *before* or similar to that in the West.¹⁵⁹ For example, early twentieth century historians like Chen Bangxian 陳邦賢 (1889-1976), Wu Lien-teh 伍連德 (1879-1960) and K. Chimin Wong (dates unknown) , adopted Western models of history, scientific progress and civilization to describe China's history of medicine.¹⁶⁰

this period. Shen Gua took up the study of medicine due to poor health and went on to author two medical works, one of which is extant today in an edited version. *Sushen liangfang* 蘇沈良方 (Good formulæ of Su Shi and Shen Gua) is attributed to Shen Gua but was really put together by some anonymous compiler who took parts from Shen Gua's work *Liangfang* 良方 (also known as *Dexiao fang* 得效方) and Su Shi's *Suxue shi fang* 蘇學士方 (Formulæ of Literatus Su). The combined work of fifteen juan from the Northern Song is no longer extant. Another work by Shen Gua that is no longer extant is *Lingyuan fang* 靈苑方 (Prescriptions of the Numinous Garden), consisting of twenty juan. Most of what we know about *Lingyuan fang* today come from multiple sources which have preserved parts of the original work. One of those work is *Furen daquan liangfang*.

¹⁵⁸ Usually by the Chinese state. For earlier works on Shen Gua, see Zuo Ya, "Capricious Destiny."

¹⁵⁹ Zuo Ya discusses how Shen Gua has been redefined by various scholars, usually during politically charged periods, with specific agendas to appropriate historical figures to fit current intellectual trends. For example, calling Shen Gua a pre-modern “scientist” is anachronistic but a popular feature of scholarship in China in the 1950s-60s. Zuo Ya, "Capricious Destiny," "State of the Field," 8-27.

¹⁶⁰ Chen Bangxian, 2005; K. Chimin Wong and Wu Lien-teh, *History of Chinese Medicine: Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Tientsin: Tientsin Press, 1932). For a discussion of this, see TJ Hinrichs, “New Geographies of Chinese Medicine,” *Beyond Joseph Needham: Science Technology and Medicine in East and Southeast Asia*, edited by Morris F. Low, *Osiris* 13 (1999), 287-325. Joseph Needham adopted the same perspective for the *Science and Civilisation* project. Recent studies have focused more on medicine as a culture system, and historians have adopted multidisciplinary approaches to focus on processes, instead of a unitary coherent single trajectory for the history of Chinese medicine. See also Francesca Bray, “Technics and Civilization in Late Imperial China: An Essay in the Cultural History of Technology,” *Beyond Joseph Needham: Science*

Scholars of recent studies, moving beyond those earlier strictures and adopting multidisciplinary approaches, have been able to show the non-linear nature of the development of Chinese medicine.¹⁶¹ This interest in new approaches is illustrated by recent studies of Shen Gua. The same approach could also be extended to others such as Su Song and Yan Su 燕肅 (fl. 1016) who designed the odometer and south-pointing chariot.¹⁶²

Yang Zijian is much less known than these men, but the ubiquity of *Shichan lun* in medical works in late imperial China calls for this examination. In my composite biography of Yang Zijian, I have introduced a literatus with a broad range of interests, and his most famous acquaintance, Huang Tingjian. From the titles of works associated with Yang and works that have preserved Yang's work, Yang Zijian was interested in *wuyun*, childbirth, and formularies. While there is no evidence that Yang belonged to any specific network of literati, although his connection to Huang Tingjian might have provided Yang with some access to other well-connected literati. Huang's network included the famous literatus-official Su Shi, and Huang also wrote a preface for another famous Song physician, Pang Anshi 龐安時.¹⁶³

Scholarly Learning and Medicine

In the Northern Song, literati like Shen Gua and Yang Zijian started to take an

Technology and Medicine in East and Southeast Asia, edited by Morris F. Low, *Osiris* 13 (1999), 11-33.

¹⁶¹ Hinrichs, "New Geographies of Chinese Medicine."

¹⁶² Nathan Sivin, "A Multi-dimensional Approach to Research on Ancient Science," *East Asian Science Technology and Medicine* 23 (2005), 10-25.

¹⁶³ See my discussion of *wuyun liuqi* in Northern Song and Pang Anshi's interest in this subject.

interest in medicine. They were not unique, and in fact, medicine was increasingly viewed as a legitimate subject of study by the elites.¹⁶⁴ In this period, raising the status of the medicine and learned medical practitioners became a priority for the elites, including several Song emperors, the government and literati. These elites argued that medicine, as a field of study, provided the opportunity to emulate the ancients and sages and apply their knowledge in practical manners. According to them, learned medicine encompassed intellectual and philosophical inquiry, and was also a specialized practice, an occupation, and a craft. Literati in the Northern Song, such as Huang Tingjian, therefore saw healing as an ethical and righteous act that could be practiced both at the social and individual level.¹⁶⁵

If the works on technical knowledge produced by Yang Zijian and Shen Gua were unique and only a select number of literati wrote on these subjects, what did such writing relate to medicine? What types of changes did these new influences bring to medicine? Goldschmidt argued that the end of the twelfth century was “strikingly different” from the late tenth century, and that a “profound transformation” took place within medicine, and left its mark most indelibly on medical theory. My study would show that I am in agreement with most of his findings: the literati I have so far discussed in this chapter are excellent examples that fit Goldschmidt's assertion that literati men conceived of medicine in novel ways and were proactive in heralding changes.

However, my study will also demonstrate that within medicine and a few other fields of inquiry, there were certain aspects of technical knowledge that

¹⁶⁴ Goldschmidt, *The Evolution of Chinese Medicine*.

¹⁶⁵ This was what he implied in his preface for Yang Zijian's *Tongshen lun*.

resisted documentation and theorization.¹⁶⁶ The type of tactile skills recorded in *Shichan lun* and Shen Gua's *jiyi* 技藝 (practical skills) were such types.

Goldschmidt acknowledged that in the twelfth century, medical authors made special efforts to apply medical theories into their medical writings, but it was not always easy, especially in discussions of drugs and formulas.¹⁶⁷ The analysis of *Shichan lun* in Chapter One revealed that it was possible to record techniques and skills, but there were subtle elements of practice that could not be described or rendered in text.¹⁶⁸ Records like *Shichan lun* therefore stand out because this work has proven to be hard to incorporate into various strands of theoretical exposition (Blood, *qi*, *wuyun liuqi*, etc.). Few changes were therefore made to the work from the thirteenth to sixteenth centuries, and no new content was developed in textual form. When changes were introduced by Xue Ji in the sixteenth century, the meaning of some of the content changed. Consequently, the changes made to knowledge that defied theorization further eroded its already limited authority to represent skills and experience. Therefore, by the nineteenth century, *Shichan lun*

¹⁶⁶ Maurice Merleau-Ponty, *The Phenomenology of Perception*, translated by Colin Smith (London: Routledge and Kegan Paul, 2002).

¹⁶⁷ Goldschmidt, *The Evolution of Chinese Medicine*, 137-40, 197. According to Goldschmidt, medical authors worked at constructing “theoretical and clinical bridges” to assimilate and adapt three different approaches: Prescription Medicine, which was an umbrella term for *bencao* 本草 (materia medica) and *fangshu* 方書 (formularies); *Shanghan* 傷寒 (Cold Damage) disorders, and Classical Medicine, which was the refined, cosmological, doctrine-laden, patient-centered medicine best represented by the canonical work, *Huangdi neijing* 黃帝內經 (Yellow Emperor’s Inner Canon) and *Huangdi bashiyi nanjing* 黃帝八十一難經 (Canon of Problems).

¹⁶⁸ Since skills and experience were so difficult to record and transmit, and learning from mere reading was quite impossible, there existed the established practice of kings, princes and bishops in Europe who “lent” their experts in certain trades. See Wolfgang Lefèvre, “Symbolic Technology Politics,” in *Cultures of Knowledge: Technology in Chinese History*, edited by Dagmar Schäfer (Leiden: Brill, 2012), 147-54.

became a list of topics with no explanations for each topic.¹⁶⁹

Within the field of medicine, there were aspects that literati and medical authors simply could not incorporate into the theoretical realm. Despite efforts at synthesizing knowledge that would bind the structure of heaven and earth with that of the human body, physicians found it hard to “implement classical theory in their daily medical practice.”¹⁷⁰

Yang Zijian was therefore writing in a period that saw the confluence of factors that gave rise to the growth of such works. These factors have been examined by scholars,¹⁷¹ and I would like to briefly discuss these in order to place Yang Zijian within this historical context. By doing so, I hope to explain how Yang came to write his unique treatise and yet was very much a man of his time.

Medical Governance

Goldschmidt posited that the profound transformation that reshaped medical theory and medicine from the late tenth to end of twelfth century was due to changes in the state, society and environment.¹⁷² Of particular importance was what TJ Hinrichs called “medical governance,” which included a list of factors that characterized medicine in the Northern Song.¹⁷³ The first was “imperial

¹⁶⁹ The most skeletal version of *Shichan lun* I found was in *Nüke jiyao* 女科輯要 (Essential Collections of Women’s Medicine) by Shen Yaofeng 沈堯封 (fl. 18th-19th c.), zi Youpeng 友朋, published in 1850, although the work was written by 1764. Shen Yaofeng, *Nüke jiyao* 女科輯要 (Beijing: Renmin weisheng chubanshe, 1988), 77-78.

¹⁷⁰ Goldschmidt, *The Evolution of Chinese Medicine*, 177.

¹⁷¹ Namely, Asaf Goldschmidt and TJ Hinrichs.

¹⁷² Goldschmidt, *The Evolution of Chinese Medicine*, 3. These were changes in the civil service and governmental structure, changes in demography and changes in economy and commerce.

¹⁷³ I mentioned the flourishing print and publishing culture at the beginning of the chapter. Hinrichs has also argued that the Northern Song government governed through medical texts.

interest,” which included the emperor’s personal interest in medicine,¹⁷⁴ imperial publication projects,¹⁷⁵ institutionalization of medicine within the court and beyond, the delivery of medical services¹⁷⁶ and the publication and dissemination of medical texts.¹⁷⁷ Imperial patronage and personal involvement of the emperors helped to elevate the overall status of medicine.

This proactivist form of medical governance included the reorganization, reshuffling and redefinition of medical bureaus or divisions and was testimony to

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- See TJ Hinrichs, “Governance Through Medical Texts and the Role of Print,” in *Knowledge and Text Production in An Age of Print: 900-1400* (Leiden: Brill, 2011), 217-238.
- ¹⁷⁴ The first few Song emperors were personally interested in medicine. The first Song emperor Taizu (Zhao Kuangyin 趙匡胤, r. 960-976) ordered the populace to collect or donate their medical works to the court, and his brother Emperor Taizong (Zhao Guangyi 趙光義, r. 976-997), the second ruler, commissioned the collection of prescriptions and compilation of the *Taiping shenghui fang* 太平聖惠方 (Taiping Era Prescription of Sagely Grace pub. 982-992) of 100 *juan*, for which he also wrote the preface. The third ruler, emperor Zhenzong 真宗 (r. 997-1022), was skilled in formularies and there is a record of him personally preparing a medical decoction for an official, Wang Wenzheng. For this account, see *Meng qi bi tan* 9:10a; and *Bencao gangmu* 34:1963. Emperor Renzong 仁宗 (r.1022-1063), the fourth ruler, was familiar with acupuncture, moxibustion and formularies, and was apparently able to practice acupuncture on himself. Goldschmidt, *The Evolution of Chinese Medicine*, 20-26. See also *Songren yishi huibian* 1.27. *Songren yishi huibian* 宋人軼事彙編 [A Compilation of Anecdotes of Song Personalities]. Compiled by Ding Chuanjing 丁傳靖 (fl. 1870–1930). Reprint (Beijing: Shangwu yinshu guan, 1958). By the time of the last Northern Song ruler, Emperor Huizong 徽宗 (r. 1100-1125), he wrote prefaces for the two large compilation of formularies he commissioned. These were the *Sheng ji jing* 聖濟經 (Canon of Sagely Benefaction) 10 *juan* of medical theories, published in 1118 and the *Zhenghe shengji zonglu* 政和聖濟總錄 (Medical Encyclopedia: A Sagely Benefaction of the Zhenghe Reign Period) of 200 *juan* of formularies, published in 1122.
- ¹⁷⁵ The Northern Song government also commissioned thirty-three medical works, which reflected its interest in medical matters, especially when compared to the fourteen works produced in the Southern Song, Jin and Yuan over a span of two hundred and forty years. TJ Hinrichs, “The Medical Transforming of Governance and Southern Customs in Song Dynasty China (960-1279),” (Unpublished PhD Dissertation, Harvard University, 2003), 114, 242-247. For a list of government medical publications, see TJ Hinrichs, “Four: The Song and Jin Periods,” *Chinese Medicine and Healing: An Illustrated History*, 106.
- ¹⁷⁶ In the early days of the Northern Song, medical officials were dispatched around the capital to treat the sick. Song *dazhao linji* 宋大詔令集, 992. Anon 佚名, *Song dazhao linji* 宋大詔令集, *juan* 219 (Beijing: Zhonghua shuju, 1962), 842.
- ¹⁷⁷ Hinrichs, “Four: The Song and Jin Periods.” In *Chinese Medicine and Healing: An Illustrated History*, 97-127.

imperial attempts to alter and enhance medical governance and practice.¹⁷⁸

Besides reorganizing older governmental bureaus, a new *Taiyi ju* 太醫局 (Imperial Medical Services) was established in 1044 and was charged with the responsibility of training and certifying physicians for government service.¹⁷⁹ The curriculum of the medical students included three broad fields of *fangmai ke* 方脈科 (internal and general medicine), *zhenke* 針科 (acu-moxa), and *yangke* 瘍科 (external medicine).¹⁸⁰ The status of those practising medicine was also subsequently raised when Emperor Huizong ordered the Directorate of Education (*Guozijian* 國子監) to educate and train physicians in 1103. By this decree, the status of physicians was the same as those of other imperial students studying for the highest level of civil service examinations.¹⁸¹ Besides medical training and education, and as a part of Wang Anshi's New Policies reform of 1069 to monitor the prices and supply of herbs and medicines, the court created an official pharmacy service that manufactured and sold medicine directly to the public.¹⁸²

¹⁷⁸ For instance, the Hanlin yiguan yuan 翰林醫官院 (Hanlin Medical Institute) was renamed Hanlin Yiguan ju 翰林醫官局 (Hanlin Physician Services) in 1082. This department took care of the imperial family, and had initially been under the jurisdiction of the Hanlin jishu yuan 翰林技術院 (Hanlin Artisans Institute), which also oversaw astrology, divination and painting in the imperial household. Hinrichs, "The Medical Transforming of Governance and Southern Customs in Song Dynasty China (960-1279)," 115. Hucker, *A Dictionary of Official Titles in Imperial China*, 267, #2965.

¹⁷⁹ *Taiyi ju* was subordinate to the Taichang si 太常寺 (Court of Imperial Sacrifices), and was briefly attached to the Guozijian 國子監 (Directorate of Education) in 1103. Wang Zhenguo, *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu*, 195-240. See also Hucker, *A Dictionary of Official Titles in Imperial China*, 479, #6179.

¹⁸⁰ See Goldschmidt, *The Evolution of Chinese Medicine*, 53, for the table of the structure and curriculum of the Medical School.

¹⁸¹ Xu Song 徐松, "崇寧二年(1103)," in *Song Huiyao jigao*, "Chongru 3" 宋會要輯稿 崇儒三 (Beijing: Zhonghua shuju, 1957), 2213. See also Wang Zhenguo, *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu*, 219.

¹⁸² This department was established to mitigate the problems of uneven quality of medicine on

The government also briefly combined the functions of administering the trade of pharmaceuticals and the processing of medicine in the office of the Yaoju 藥局 (Pharmacy).¹⁸³ When Song emperors commissioned medical works, they did so in the name of benefiting the general populace.¹⁸⁴

Elites and Medicine

The attention the Song emperors paid to medicine was paralleled in literati circles. Many literati, such as Yang Zijian and Shen Gua, viewed medicine as a field of knowledge, much like the Confucian classics, or astronomy and mathematics. They applied their intellectual efforts to early medical works like the *Huangdi neijing* much like they would the *Yijing*. In other words, medical works were subjected to scholarly scrutiny, commentarial efforts, and recompilation by literati,

the market, control the prices of medicine and oversee the supply of medicine. Li Jingwei, *Zhongyi dacidian*, 319.

¹⁸³ In 1076, Shenzhong combined the functions of the Pharmaceutical Preparation Offices (*shuyao ku* 熟藥庫), Services for Compounding Medicines (*heyao suo* 合藥所), Pharmaceutical Sales Office, with all these functions served by the new Xiuhe maiyao suo 修合賣藥所, commonly referred to as Yaoju 藥局 (Medical Services). The name of Yaoju or Xiuhe maiyao suo would change in 1114 to Yiyao heji ju 醫藥合劑局 (Services for Compounding Medicines), and local Shuyao suo 熟藥所 (Prepared Pharmaceuticals Offices) were changed to that of Yiyao huimin ju 醫藥惠民局 (Pharmaceutical Services for Benefiting the People), indicating the “benevolent” nature of the government bureau. Hucker, *A Dictionary of Official Titles in Imperial China*, 577, #7893. Hinrichs, “The Medical Transforming of Governance and Southern Customs in Song Dynasty China (960-1279),” 115.

¹⁸⁴ Emperor Huizong’s preface to *Jisheng jing* summarized his government’s medical policy of establishing medical schools, institutionalizing official positions for medical practitioners and these Huizong explained would be to implement the art of the Way (i.e., correct governing). See Goldschmidt, *The Evolution of Chinese Medicine*, 68. The first two Song emperors had come to power via military means and were eager to shed the martial image once they were on the throne. Their strategy of promoting scholarship and education was concurrent with stripping military generals of their troops and titles and giving them civil administrative positions. Scholarly projects such as commissioning medical works occupied the literati class and allowed the emperors to make claims about the benevolence of their rule. See Mote, *Imperial China, 900-1800*.

and in turn became legitimate forms of elite knowledge.¹⁸⁵ Besides studying the medical classics, medicine was also studied and examined in a leisurely fashion, such as calligraphy, bronze collection, or on the appreciation of tea.¹⁸⁶ Medical writings and the occasional medical advice for family and friends were opportunities for learned men to display erudite learning, and establish their authority over all realms of knowledge.

Besides learning and becoming authoritative figures of certain types of knowledge, literati also described their involvement in medicine as a concrete way to improve the society at large, and exemplify their morality and benevolence. Here the practice of medicine was predicated on principles of ‘morality’ accepted by society, that is, dictated by the elite. ‘Morality’ here consisted of right decorum, lack of greed and the genuine desire to serve those who were sick without thought of profit. By claiming that they did not expect remuneration for their medical advice or services, the literati who occasionally dispensed gratuitous medical services set themselves apart from physicians who received payment. Being paid or making a profit from practising medicine was considered a lowly endeavor by the elites.

During the Song, a parallel phenomenon that espoused the same type of

¹⁸⁵ For example, the *Huangdi neijing* was edited in the Tang dynasty (ca. 672) by Wang Bing 王冰, and this work and Wang Bing’s commentary were considered by medical authors in the Northern Song as the harbinger of exegetical excellence, and was emulated and applied to other medical works. Nathan Sivin, “*Huang ti nei ching* 黃帝內經,” *Early Chinese Texts: A Bibliographic Guide*, edited by Michael Loewe (Berkeley: University of California, 1993), 196-215. Critical editions of the *Su wen* 素問, one of the four books associated with the title *Huangdi neijing*, were produced in the palace by the Bureau for Critical Editions of Medical Books in 1027, 1035 and 1067.

¹⁸⁶ Huang Tingjian wrote in his preface for *Tongshen lun* that he studied medicine in his free time. Kang-I Sun Chang, et.al., *Cambridge History of Chinese Literature*, Volume One (Cambridge: Cambridge University Press, 2010), xxxi.

attitude was that of the scholar-amateur artist that James Cahill wrote about. Cahill examined the literati artist who did not produce his art for money, because if he did, it would be considered a craft and occupied a lower social status. Cahill also cautioned the reader that this contempt for those who produced art for money was a rhetorical device that was used to distinguish the ideal literati-artist and the professional artist. In reality, literati sold their art like professional artists whom they wrote about disdainfully.¹⁸⁷ The literati-artist received gifts, money and favours for commissioned projects and requests from patrons who wanted art, poetry and calligraphy that represented the lofty erudition of literati expression, (and usually with sale and resale value if the literati were famous). Cahill argued that in the Northern Song, the “amateur ideal” was “anti-specialist” and that it came about in part as a reaction to increasing specialization in society.¹⁸⁸ An amateur-artist produced superior art work because of his literary refinement and the importance of individual self-expression.¹⁸⁹ Similarly, a literatus who had mastered medicine would be able to tailor specific formularies to suit individual patients and thus achieve maximum efficacy and a complete cure. A literatus who

¹⁸⁷ James F. Cahill, “Confucian Elements in the Theory of Painting,” *The Confucian Persuasion*, ed. Arthur F. Wright (Stanford: Stanford University Press, 1960), 115-140, especially p. 122-23. “The *wen-jen hua* theorists of the Northern Song period were to arrive at a solution of this problem by finding for painting a means other than descriptive by which it might communicate the ineffable thoughts, the transient feeling, the very nature, of an admirable man, and so contribute to the moral betterment of those who see it.”

¹⁸⁸ James Cahill, *The Painter's Practice: How Artists Lived and Worked in Traditional China* (New York: Columbia University Press, 1995), 150, fn 6. See also James Cahill, “The Place of the Artist in Chinese Society,” 1992 Lecture, Las Vegas and Elko, Sept. 25-26, 1992, <http://jamescahill.info/the-writings-of-james-cahill/cahill-lectures-and-papers/89-clp-108-1992>, accessed 22 August 2011.

¹⁸⁹ I am using Cahill's study to illustrate how literati portrayed themselves as the amateur-ideal types who became authoritative figures in their chosen fields of study, just like Huang Tingjian praising Yang Zijian's self-taught “success” in medicine. Cahill's work has been supplemented by more recent work. See Patricia Ebrey and Maggie Bickford, edited, *Emperor Huizong and Late Northern Song China: The Politics of Culture and the Culture of Politics* (Cambridge, MA: Harvard University Press, 2006).

was well-learned could therefore paint, composed poetry, write prose, write medical works and dispense the right medicine because of his erudition. This was of course the ideal literatus, who should ideally be known as *boxue* 博學, or a “cultural virtuoso.”¹⁹⁰

Shen Gua was a literatus-official who wrote about medicine much like an amateur-artist. He never referred to himself as an *yi* 醫 or a physician. Yang Zijian, too, was a literatus who had taken the civil service examination and was interested in authoring medicine but did not appear to have practiced as a practitioner.¹⁹¹ Yang and Shen were therefore medical authors, and were different from an emerging group in this period (late eleventh and early twelfth century). This other emerging, loosely defined and largely unidentifiable group was the *ruyi* 儒醫 (literati-physicians).¹⁹² The earliest definition of *ruyi* was used to refer to

¹⁹⁰ Shen Gua “dabbled” in many things and medicine was only one of many activities that allowed the literatus to exemplify his superior moral cultivation and erudite training. In particular, Shen Gua is a good example, as a literatus and bureaucrat, he was able to apply his interests in various types of science and technology during his tenure as an official. For example he was appointed by Wang Anshi to take part in the canal hydraulics project on the Bian canal in 1072. Shen Gua’s career as an official also facilitated travels to faraway terrain, like his mid-1075 trip to the camp of the Khitan monarch on Mount Yong’an 永安 (close to modern Pingchuan, Hebei). That trip allowed him to acquire biological specimens and maps of places he passed through, all of which were knowledge that was incorporated in his *Mengxi bitan*. Zuo Ya, “Capricious Destiny,” 31, 48.

¹⁹¹ Huang referred to Yang as a *xiucai* 秀才. See earlier note. We have no reference to him as a practitioner, only as an author.

¹⁹² On the emergence of *ruyi*, see Robert Hymes, “Not Quite Gentlemen? Doctors in Sung and Yuan,” *Chinese Science* 8 (1987), 9-76; Chen Yuanpeng 陳元朋, *Liang Song de shangyi shiren yu ruyi – jian lun qizai jinyuan de liubian* 兩宋的『尚醫士人』與『儒醫』-兼論其在金元的流變 (Song “gentlemen admirers of medicine” and “literati physicians” with a discussion of their Jin-Yuan evolution) (Taipei: Guoli Taiwan daxue chubun weiyuanhui, 1997); and Chu Ping-yi 祝平一, *Song Ming zhiji de yishi yu ruyi* 宋明之際的醫史與『儒醫』 (Narrations of Histories of Medicine from the Song to the Ming and the Rise of the Confucian Physician), *Institute of History and Philology Journal* 中央研究院歷史語言研究所集刊 77.3 (2006), 401-49. On *ruyi* in the Ming-Qing period, see Chao Yuanling, *Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou, 1600-1850* (NY: Peter Lang Publishing, 2009).

literati the imperial court had hoped to recruit for its Taiyi ju 太醫局.¹⁹³ The term would come to include physicians from families of *shiyi* 世醫 (generations of physicians, i.e., hereditary medical families) who were also trained as *ru* specialists.¹⁹⁴ An example would be Pang Anshi 龐安時 (1044-99), a contemporary of Shen Gua and Yang Zijian, who came from family *shiyi* and wrote self-consciously as a practitioner. According to the editors of *Siku quanshu*, Pang Anshi was a literatus who practiced and wrote medicine.¹⁹⁵ Pang was also in contact with other literati interested in medicine. Su Shi wrote the preface and Huang Tingjian penned the postscript to Pang's work, *Shanghan zongbing lun* 傷寒總病論 (Complete Discourse on Cold Damage Illnesses).¹⁹⁶ Since Huang Tingjian wrote the preface for Yang and the postface for Pang in the year 1100, there was a high possibility that these literati knew of each other.¹⁹⁷ Pang was the

¹⁹³ The term *ruyi* first appeared in edicts from the *Song Huiyao jigao* 《宋會要輯稿》 in 1113 and then in 1117. “崇儒三之一二.” *Song huiyao jigao* 宋會要輯稿 (Taipei: Xinwenfeng, 1976), 2199.

¹⁹⁴ The term *ruyi* is problematic because there is tension in the combination of *ru* and *yi*, whereby *ru* denoted scholarly pursuits and *yi* was associated with *gong* 工 (artisanal craft). The struggle to define *yi* (physicians) have had a long history. See Nathan Sivin, *Science and Civilisation in China, vol. 6, Part VI: Medicine* (Cambridge: Cambridge University Press, 2000), 40-42. On the early history of *gong* and the associated perceptions of negativity it aroused, see Anthony Barbieri-Low, *Artisans in Early Imperial China* (Seattle: University of Washington Press, 2007), 31-66.

¹⁹⁵ Taki Mototane, *ZGYJK*, 489-93.

¹⁹⁶ Pang Anshi 龐安時, *Shanghan zongbing lun* 傷寒總病論 (Beijing: Renmin weisheng, 1989). Huang Tingjian's postface for Pang Anshi's *Shanghan zongbing lun* 傷寒總病論 was dated 1100, and Huang referred to Pang as a *liangyi* 良醫 (excellent physician). Taki Mototane, *ZGYJK*, 489-93.

¹⁹⁷ TJ Hinrichs, “Pragmatism, Rationalism, and Their Resistance in Southern Song Medicine,” Paper given at “The (After)Life of Traditional Knowledge: The Cultural Politics and Historical Epistemology of East Asian Medicine, 20-21 August 2010, University of Westminster, permission of author. Hinrichs discussed how literati collaborated and socialized with physicians, and literati therefore were involved in medical text production, and physicians in turn emulated literati in their writing and production of medical works. Pang Anshi was also well-connected to Zhang family, from which the physician Zhang Gao was

embodiment of this newly emergent group of *ruyi*, having come from a medical lineage,¹⁹⁸ was trained to be a literatus and was extremely well-connected with literati-officials and physicians. It was within this environ that Yang Zijian produced *Shichan lun*. And perhaps like Shen Gua who had lengthy conversations with artisans, physicians and court musicians,¹⁹⁹ Yang spoke to midwives who were attending births. In my analysis of Topics Six to Nine in *Shichan lun*, I showed that the related complications in the four topics point to rigorous thinking about the unfolding of problem that was reflected in the text, and the form and structure of the work was the outcome of intellectual application. However, the knowledge that was being structured spoke of intimate familiarity and extensive experience with childbirth and birth complications, which was the exclusive domain of women practitioners. Both men produced written works that highlighted particular kinds of skills that were difficult to record in written form. They were certainly not unique since there were other works produced on various types of skills. What sets them apart would, however, be the particular rendering of their thought processes into a form that made their works enduring, and resist theoretical cooptation by later scholars.

Who was Yang Zijian?

My lengthy attempt to contextualize Yang Zijian is meant to show, first of all, that

from. Zhang Gao authored *Yishuo* 醫說 (Medical Sayings), pub. ca. 1189, 10 *juan*, photoreprint ed. of the Wenyuan ge copy (Taipei: Shangwu yinshu guan, 1976).

¹⁹⁸ *Shiyi* 世醫 (hereditary physicians) most often appear in this phrase, “yi bu sanshi, bufu qi yao 醫不三世，不服其藥” (if the physician is not from a medical lineage of three generations, do not ingest his medicine).

¹⁹⁹ Zuo, “Production of Written Knowledge Under the Rubric of Ji yi.” 267.

Yang flourished in the early twelfth century, in Qingshen, Sichuan. He was schooled in the Confucian classics, and then turned to the medical classics, which he mastered without a teacher. His interest in applying the latest theoretical studies in medicine led to the writing of *Tongshen lun*, which apparently reflected the vogue subject of *wuyun liuqi*, and resulted in Yang's work being read by prominent *ru* scholars like Wu Cheng in the Yuan dynasty. Yang Zijian's work of formularies was no longer extant by the mid-Ming, although parts of it were collected in Zhu Su's *Puji fang*, which never became widely circulated. Yang Zijian's acquaintance with Huang Tingjian suggested some form of socialization in the *ru* community interested in topics like *wuyun liuqi* and medicine. This network of *ru* very probably became the route through which his works, especially *Shichan lun* and *Tongshen lun* circulated.

Although Yang Zijian was no childbirth expert, he recorded the work of childbirth attendants. He was clearly interested in how assistance was provided during childbirth and how hand techniques were utilized during various types of complications. Yang had no wish to usurp the role of midwives in the birthing chamber, since he acknowledged that only an experienced and skilled midwife was able to perform the techniques described in *Shichan lun*. He was writing for fellow literati who wanted to know what went on in the birthing chambers. His interest in recording techniques was similar to Shen Gua's keen sense of observation and ordering knowledge. Yang Zijian's diverse interests were not exceptional in the Song period, but an ideal established by elite scholars.²⁰⁰ His

²⁰⁰ Besides Shen Gua and Su Shi, there were other less well-known literati with such *boxue* 博學 or encyclopedic interests. Tong Wei 董煟, (*jinsi* 1193, d. 1217), the author of *Jiuhuang*

interest in childbirth and the record he left could be read as "anthropological" jottings from the field.

Knowing Yang Zijian to Read *Shichan lun*?

Topics Four and Five in *Shichan lun* on seasonal influences on childbirth appear out of place in a list of topics on birth complications. As a pair, the two topics cohere, but within the list, they do not fit in with the descriptions of hand techniques, or of the midwives' skills. Yet now that we know about Yang Zijian's interest in *wuyun liuqi*, we can then appreciate how he tried to apply climate, seasonal influences and clearly theories of *wuyun liuqi* into Topics Four and Five in *Shichan lun*. Topics Four and Five are the only two topics that could have been theorized further, and I think they appear out of place with the other topics. For Yang, it was, however, a good opportunity for him to apply his expertise in *wuyun liuqi* to childbirth knowledge. This was a case of an erudite who wanted to apply popular knowledge.

Yang Zijian's record of childbirth delivery complications and techniques would at first appear to be aberrant in a period in which the medical tradition increasingly emphasized theoretical exposition over practical techniques. Based on extant bibliographic records, there was a sharp increase in the number of works

huomin shu 救荒活民書 (A Book for Relieving Famine and Reviving the People) in the Southern Song would be an excellent example. He was a *ru* scholar in the lineage of the Cheng brothers, and wrote books on the *Classic of Changes*, on the *Spring and Autumn Annals* and its commentaries, on the *Analects*, and the *Mencius*. He also produced a work on medicine, a monograph on population, land systems, and taxation, and of course the work on famine relief. See Robert Hymes, "Moral Duty and Self-Regulating Process in Southern Sung Views of Famine Relief," in *Ordering the World: Approaches to State and Society in Sung Dynasty China*, edited by Robert P. Hymes and Conrad Schirokauer (Berkeley: University of California Press, 1993), 280-309.

on medical theories (*li* 理) and works on *yao* 藥 (pharmaceutics). That, combined with the support provided by the government to publish medical works, and the increased number of literati writing on medicine, the general direction in the Northern Song was one that valued lengthy and often complex systems of theorization and written medical records. Among literati involved in medicine, there was also tacit approval for literati, such as Yang Zijian and Shen Gua, who were able to master medicine without a teacher, therefore endorsing learning from books rather than by apprenticeship.

Yang's record of practical techniques in childbirth delivery is a glimpse into the world of oral transmission of medical knowledge and skills. Texts usurp to a large extent the formal, ritualized process of a master-disciple relationship, often emphasizing oral rather than textual transmission. The role of the teacher, as the guardian and channel for such knowledge, was minimized. But as I said, it is a hint only, because ultimately, most skills and experience elude texts, as Yang wrote.

Chapter Three

Envisioning Women's Medicine: Chen Ziming

The Southern Song (1127-1279) medical author, Chen Ziming 陳自明 (fl. 1237-1271), stood out prominently in the history of Chinese medicine written in the mid 1930s. He was described as the representative figure of *fuke* 婦科, which was being likened to gynaecology in Western medicine by those arguing for the preservation of Chinese medicine.¹ In 1935, Xie Guan 謝觀 (*zi* Liheng 利恆, 1880-1950) was tasked with writing a history of medicine in China, as part of the movement to fight the attempts by Western-trained doctors to officially abolish Chinese medicine in Republican China.² In his concise history of Chinese medicine, Xie Guan described Chen Ziming's *Furen daquan liangfang* 婦人大全良方 (All Inclusive Good Prescriptions for Women)³ as the most widely disseminated book on *nüke* 女科 (medicine for women).⁴ Even though he attributed an important role to Chen Ziming, Xie noted that the edition most widely circulated was not the original work by Chen, but one that had been

¹ Sean Hsiang-lin Lei, "When Chinese Medicine Encountered the State: 1910-1949" (Unpublished Ph.D. Dissertation, University of Chicago, 1999).

² Yu Yunxiu 余雲岫 (1879–1954) first proposed to abolish Chinese medicine in the first National Public Health Conference in 1929. For a description of the struggle between Chinese practitioners of Western medicine who wanted to abolish Chinese medicine and Chinese physicians who formed a professional body for the first time in China, see Lei, "When Chinese Medicine Encountered the State," 25-66; and also Sean Hsiang-lin Lei, "How Did Chinese Medicine Become Experiential? The Political Epistemology of *Jingyan*," *positions: east asia cultures critique* 10.2 (2002), 333-64. Yu Yunxiu was a prominent Shanghai intellectual and was the first president of the Shanghai Medical Practitioners' Association (*Shanghai yishi gonghui* 上海醫師公會), founded in 1925 to represent the interests of doctors practising Western medicine in Shanghai.

³ Chen Ziming, *FRDQLF*.

⁴ This term *nüke* 女科 was used by Xie Guan and it includes *fuke* and *chanke*.

extensively modified by Xue Ji 薛己 (1487-1559), a physician and medical author of the mid-Ming dynasty.⁵ Thus, Chen Ziming's name remained attached to the work, but the work that circulated was actually different from the one that he had originally compiled. As I trace the history of *Shichan lun*, I will pause in Chen Ziming's milieu in the Southern Song, and examine how Chen Ziming came to incorporate *Shichan lun* in his *Furen daquan liangfang*.

Despite being the author of the most widely disseminated work on women's medicine in Chinese history, little is known about Chen Ziming. This could be attributed to the lack of sources like a biography, memoir or an epitaph, but it is also the case that no one has attempted to analyze his medical writings. Chen is of particular importance for the history of *Shichan lun*. His *Furen daquan liangfang* was the earliest source for the extant version of *Shichan lun*. Therefore in this chapter, I will examine how Chen organized *Furen daquan liangfang* and I provide some conjectures for why *Shichan lun* was included. In doing so, I hope to get beyond merely listing Chen in a line of famous medical authors who wrote about women's medicine. To get to know Chen through his writing is to understand how he conceived of his world, and what he thought about women, their health, and how their bodies should be managed.

In the previous chapter, I contextualized Yang Zijian in his milieu, and showed that his authorship of *Shichan lun* was consistent with a general sense of curiosity that literati had developed and nurtured through writing during the Northern Song. While the impulse for Yang Zijian's record of birth complications and techniques was slightly different as that in his writings on formularies and *wuyun liuqi*, the

⁵ Xie Guan 謝觀, *Zhongguo yixue yuanliu lun* 中國醫學源流論 (On the History of Medicine in China) 1st edition 1935 (Taipei: Shangwu yinshuai guan, 1970).

emphasis on *wuyun liuqi* type of knowledge in Topics Four and Five links Yang to *Shichan lun*. Furthermore, the content of *Shichan lun* reflected Yang's interest in producing specialized knowledge, and in this case, knowledge about childbirth. Following the approach that I adopted for Yang Zijian, I will examine Chen Ziming in his milieu, and attempt to show how Chen's vision of women's medicine was reflected in his book.

In the preface to *Furen daquan liangfang*, Chen Ziming tells us that he had collected knowledge that was important for both practitioners and patients. Therefore, *Shichan lun* was collected in *Furen daquan liangfang* because Chen acknowledged the important and useful knowledge Yang had recorded. What other types of work did he include in his book? I will start by examining the works and authors that Chen included, and in the process, attempt to understand how Chen thought about women's medicine. I argue that Chen's incorporation of *Shichan lun* reflected a certain impulse of his milieu and his particular vision of what women's medicine should look like.

Chen Ziming's *Furen daquan liangfang* was unusual in quite a few ways. First of all, this is the largest extant work on women's medicine from the end of the Song dynasty, published around 1238. Chen Ziming's book is important as a repository for many works no longer extant. In particular, he incorporated a great variety of private manuscripts, household notebooks, manuals and collections of recipes into his twenty-four *juan* work. None of his contemporaries, besides the imperially-published medical works from the Northern Song, had the same level of comprehensiveness. Its internal logic, and organization were also a departure from other *fuke* and *chanke* works of the same period. Instead of starting with

progeny or childbirth as the first topic in women's medicine, Chen prioritized menstruation as the first element to regulate in order to optimize the health of a woman, so that she would be able to become pregnant. Another unique feature was Chen Ziming's vision of what medicine for women should look like, which was quite different from those of his colleagues. Instead of offering new theorization of women's medicine with the most recent development in medicine, Chen synthesized popular practices into his medical works. Most of such knowledge, especially technical content such as those found in *Shichan lun* and popular rituals, was difficult to place within a theoretical framework. The inclusion of Yang Zijian's *Shichan lun* was, therefore, in line with Chen's particular vision of women's medicine.

Most of our information on Chen Ziming comes from prefaces he wrote for his works and an entry in the Fuzhou 撫州 gazetteer. Chen Ziming, *zi* 字 Liangfu 良甫, had the sobriquet Yaoying laoren 藥隱老人 (Old Recluse of Medicine). He came from a medical lineage in Lingchuan 臨川, Fuzhou, in present-day Jiangxi province.⁶ Chen practised as a physician in Baotang 寶唐, in present-day Jiangxi around 1263, and was later appointed as *yiyu* 醫諭 (medical lecturer) at Mingdao shuyuan 明道書院 (Enlightened Dao Academy) in Jiankang fu 建康府 (present-day Nanjing, Jiangsu) around 1237.⁷ Besides

⁶ *Fuzhou fu renwu zhi* 撫州府人物志, *juan* 27, "Renwu kao fangshu" 人物考方術, 1743. There is no date of birth for Chen, and while some scholars have established his death in 1270, the preface to his work *Xinbian beiji guanjian daquan liangfang* 新編備急管見大全良方 (Newly Edited Essential and Limited All Comprehensive Formularies), was dated 1271 by Chen himself; therefore, it would be most prudent to assume that he lived up to around 1271.

⁷ Mingdao shuyuan was a government-run academy, and this was rare in Southern Song according to Robert Hymes. Hymes, "Not Quite Gentlemen? Doctors in Sung and Yuan," 31,

practising in those two places, Chen Ziming wrote in his preface that he traveled extensively in the south to collect medical works and formularies from various locations, indicating that he was well-traveled.

Chen Ziming was best-known for his *fuke* work, *Furen daquan liangfang*, which is often considered the most influential medical work on women's health and medicine in imperial China.⁸ He also wrote two other works. One of which was *Waike jingyao* 外科精要 (Essentials of External Medical Treatment),⁹ one of the earliest works devoted entirely to the treatment of external ailments of boils, ulcers and lesions. The other work, *Beiji guanjian daquan liangfang* 備急管見大全良方 (Essential and Limited All Comprehensive Formularies, 1271), was a formulary collection designed for quick reference and possibly to be used while traveling, or by those escaping wars and social upheavals.¹⁰

fn 41. Jiankang fu was the site of important battles fought between the Jin and Song armies. The Song emperor Gaozong 高宗 (r. 1127-1162) stayed in Jiankang fu for a year before moving on to Hangzhou.

⁸ Textbooks used for teaching the history of Chinese medicine in Taiwan and China cite Chen's work as the most important work on women's medicine in pre-modern China. Zhen Zhiya, *Zhongguo yixue shi*, 88-89. Ren Yingqiu 任應秋, ed., *Zhongyi gejia xueshuo* 中醫各家學說 (The Instructions of Various Medical Specialists) (Shanghai: Shanghai kexue jishu, 1986). Both are works included in the curriculum of medical students in China, as indicated by the subheading, "*Gaodeng yiyao yuanxiao jiaocai*" 高等醫藥院校教材. In *Zhongguo yixue tongshi: gudai juan* 中國醫學通史: 古代卷 (A General History of Chinese Medicine), Chen's *Furen daquan liangfang* is touted as the most famous work from the Song period. Li Jingwei 李經緯, *Zhongguo yixue tongshi: gudai juan* 中國醫學通史: 古代卷 (A General History of Chinese Medicine) (Beijing: Renmin weisheng, 2000), 356-58. This is a four volume work that covers the history of Chinese medicine from the Xia, Shang and Western Zhou period to contemporary times. This massive 8-year project was spearheaded by the Zhongguo Zhongyi yanjiu yuan 中國中醫研究院, with Li Jingwei as the main editor, who collated the writings on Chinese medicine by physicians and authors from all over China.

⁹ *Waike jingyao* consisted of three *juan*, and a preface by Chen Ziming dated 1263. The two other prefaces by Wu Qi 伍起 and Li Sili 李嗣立 were not dated.

¹⁰ Fan Kawai, *Liuchao Sui Tang yixue shi chuancheng yu zhenghe*, 164-76. Fan argued that medical titles that included the phrase "*beiji* 備急" (prepared for emergency) were popular works that were used for emergencies and for travel. The contents of these works often included methods for reviving those who suddenly passed out, drowned, fell sick from drunkenness, those who suffered from bites by wild animals, food poisoning, and so forth.

The End of the Southern Song

In the previous chapter on Yang Zijian, I described how the impulse for writing and producing knowledge influenced the authorship of *Shichan lun*. Goldschmidt has argued that the Northern Song period from the end of the tenth century to the first quarter of the twelfth century was particularly important for changes in medicine.¹¹ What about the end of the Southern Song period? What was the milieu that Chen Ziming was writing in?

Around the end of the Southern Song period, from about the early thirteenth century onwards, the Southern Song regime experienced protracted confrontations with the foreign powers up north,¹² and an imperial court plagued with political upheavals.¹³ As the only route to social mobility, learned men continued to take the civil service examination.¹⁴ The society at large was expanding despite the threat from war, and southern cities were centers of art, learning, and commerce. Trade, especially cross-border trade, regional and international trade was especially vibrant.¹⁵ There were however huge problems with overcrowding in

¹¹ Goldschmidt, *The Evolution of Chinese Medicine*.

¹² First the Jin, then the Mongols, were constantly pressing on the Southern Song empire. For details, see Twitchett and Smith, *Cambridge History of China*, 839-961.

¹³ Southern Song had long-serving *chengxiang* 丞相 (chief councilors), such as Qin Gui 秦檜 (in office 1139-55), Han Tuozhou 韓侂胄 (1195-1207), Shi Miyuan 史彌遠 (1208-33), and Jia Sidao 賈似道 (1213-1275), and were described by historians in the Ming as self-serving and factious politicians who did more harm than good for the state. Paul J. Smith, "Impressions of the Song-Yuan-Ming Transition: The Evidence from *Biji* Memoirs," in *The Song-Yuan-Ming Transition in Chinese History*, 71-110.

¹⁴ On the issue of social mobility in the Song period, see Ebrey's review article of works by Richard L. Davis, Thomas H.C. Lee, Robert Hymes and John Chaffee, Patricia Ebrey, "The Dynamics of Elite Domination in Sung China," *Harvard Journal of Asiatic Studies* 48.2 (1988), 493-519.

¹⁵ Jung-pang Lo, edited by Bruce A. Elleman, *China as a Sea Power, 1127-1368: A Preliminary Survey of the Maritime Expansion and Naval Exploits of the Chinese People During the Southern Song and Yuan Periods* (Singapore: NUS Press, 2012),

the southern capital, Hangzhou, and ensuing devastating fires that lasted for days and resulted in incalculable losses.¹⁶ Severe earthquakes, devastating plagues of locusts and other calamities were sources of burden on the already strained government that was surviving on rising expenditures and declining revenues.¹⁷

In the field of medicine, several Northern Song emperors' personal interest and the proactive participation of literati in medicine had clearly elevated the status of medicine within the court and among the elite.¹⁸ Literati wrote about nearly everything, and that motivation to establish authority, especially in medicine, was quite evident by the Southern Song period.¹⁹ While the field of medicine as knowledge was increasingly popular, it is not entirely clear if the social status of medical practitioners, whom the literati called *yigong* 醫工 (medical craftsmen), had improved.²⁰ By the end of the Southern Song period or by the mid-thirteenth century, there were many more literati interested in studying

¹⁶ Richard L. Davis, "Chapter 11: The Reign of Li-Tsung (1224-1264), *Cambridge History of China: Volume 5, Part One: The Sung Dynasty and Its Precursors, 907-1279*, 906-7.

¹⁷ Ibid.; and see also Jacques Gernet, *Daily Life in China on the Eve of the Mongol Invasion, 1250-1276* (Stanford: Stanford University Press, 1962).

¹⁸ Hinrichs and Barnes, *Chinese Medicine and Healing*, 97-127. Several Northern Song emperors and literati were important patrons of medicine. They spearheaded the collection, compilation and publication of large-scale medical works, as well as the re-issuance of works from earlier periods. The imperial court also initiated the recruitment, training and examination of medical physicians, and employed them at court and dispatched them throughout the state. By establishing a bureau to edit medical treatises, and instituting medical training through formal examinations and schools, the state became involved in defining which medical works became institutionally important and subsequently widely known.

¹⁹ The trend I am describing started in the Northern Song. TJ Hinrichs described the proactive efforts the government and literati who saw medicine as a way to govern the populace. TJ Hinrichs, "Governance Through Medical Texts and the Role of Print," *Knowledge and Text Production in An Age of Print: China, 900-1400*, edited by Lucille Chia and Hilde De Weerd (Leiden: Brill, 2011), 217-38.

²⁰ Zhang Zongdong 張宗棟, "Yisheng cheng weikao" 醫生稱謂考 (Research on the Appellation of "Doctor"), *Zhonghua yishi zazhi* 中華醫史雜誌 20.3 (1990), 138-47. The term "*yigong zhang* 醫工長" was coined in the Han *Tongdian* 通典; "*yigong* 醫工" was coined in the Tang period, together with *yijian* 醫監, *yizheng* 醫正, *yishi* 醫師, *yigong* 醫工, *yisheng* 醫生 and *dianyao* 典藥. Xie Guan, ed., *Zhongguo yixue dacidian* 中國醫學大辭典 (Chinese Medical Dictionary) (Beijing: Zhongyiyao chubanshe, 1994), 674, on *yiguan* 醫官.

medicine and authoring medical works, therefore signaling a shift in literati regard for medical practice, although many of these literati would eschew the label of “physician,” because physicians received remuneration for services rendered.

This was what Furth termed “the textual development of Song gynecology,”²¹ which was dominated by *ruyi*, who wrote and practiced medicine without remuneration. *Ruyi* came to be idealized as model physicians through a confluence of reasons, such as the increasing number of famous literati who took an interest in and authored medical works, and the imperial government’s attempt to recruit literati into the imperial medical academy. Literati involvement in medicine in turn spurred physicians from medical lineages (either family or master-disciple lineages) to fashion themselves more like literati, especially in their writings. I will show in this chapter that Chen Ziming was one such physician whose writing was informed by literati style and learning.

Therefore, while *ruyi* became increasingly prominent in authoring medical works, physicians (non-literati) were not silent. By the end of the Southern Song period, physicians, especially those who were well connected to literati circles and the imperial court, were industriously producing and promoting their writing. When compared to the start of the Northern Song, by the mid-thirteenth century, there was a distinct group of imperially-trained or imperially-employed elite physicians, whose medical works would become fairly influential. Examples of such physicians included Yan Yonghe 嚴用和 (fl. 1200-1267),²² Chen

²¹ Furth, *A Flourishing Yin*, 63.

²² Yan Yonghe 嚴用和, fl. 1253, *Yanshi jisheng fang* 嚴氏濟生方 (Yan’s Prescriptions for Rescuing Lives); Taki Mototane, *ZGYJK*, 820-21.

Wenzhong 陳文中 (fl. 1254),²³ Chen Yan 陳衍 (fl. 1190-1257),²⁴ and so forth.²⁵ They were writing and publishing as prolifically as some of their literati colleagues. In their writings we see greater finesse in theoretical expositions and formulary composition that incorporated literati concerns of the day, more so than their predecessors in the Northern Song period.²⁶

The one century that separated Yang Zijian from Chen Ziming saw an expansion of printing that had a significant impact on medicine. Overall, literate physicians, whether they were amateur, literati, lineage-trained, palace trained or master-disciple trained, were writing and publishing medical works. Even though manuscripts were still prevalent,²⁷ the expansion of printing in the Song period—whether it was sanctioned and promoted by the imperial government,²⁸ or fueled by the rise of commercial publishers—served to facilitate the work of medical authors. In the Northern Song, the imperial government's printing projects, especially imprints issued by the Guozijian 國子監 (Directorate of Education),

²³ Chen Wenzhong, *zi* Wenxiu 文秀, and his dates are unknown. We have a preface dated 1254 for *Chenshi xiao'er douzheng fanglun* 陳氏小兒痘疹方論 (Formularies for Children's Smallpox by Mister Chen); Okanishi Tameto, *SYQYJK*, 410-13.

²⁴ Taki Mototane, *ZGYJK*, 147.

²⁵ See Liu Pei Chi 劉伯驥, *Zhongguo yixue shi* 中國醫學史 (History of Chinese Medical Studies) (Taipei: Huagang chubanshe, 1974), 291-310.

²⁶ Goldschmidt, *The Evolution of Chinese Medicine*, 103-36, 199-201.

²⁷ Even though printing was starting to flourish, manuscripts were still popular. Authors in the 2011 collection of essays address the print phenomenon. Lucille Chia and Hilde De Weerd, eds., *Knowledge and Text Production in An Age of Print: China, 900-1400* (Leiden: Brill, 2011).

²⁸ Cherniack, "Book Culture in Sung China," 5-125, esp. p. 35, fn.68. The Song government commissioned revised editions of the Confucian classics, commentaries, classical dictionaries, compendia on law, literature, medicine, and dynastic histories. The first printing of the entire Buddhist canon, the *Tripitaka* (the Kaibao zang 開寶藏 edition, 971-83) was engraved in Chengdu and shipped to Kaifeng. According to Ronald Egan, in early Song, printing was still rare and were confined to monasteries and large printing projects of encyclopedias. Ronald Egan, "The Northern Song (1020-1126)," *Cambridge History of Chinese Literature*, 381-464, esp. 381-4.

were the most prestigious, while commercial printers led the way in terms of quantity. For the entire Song period, most of the printing centers were located in the south: Chengdu 成都 and Meishan 眉山 in Shu (present-day Sichuan province) and Hangzhou (in the Wu-Yue 吳越 region).²⁹ By the Southern Song period, there were quite a number of printing centers included those in Jianyang, Fujian.³⁰ Many of these commercial printers were producing large numbers of examination primers, religious texts and medical works which saw a growing readership and market.³¹

Chen Ziming wrote and published his work in a period which saw a spike in medical publications, and an expansion of readership. Chen mentioned in his preface to *Furen daquan liangfang* that his family library housed a large collection of medical works, and that he was able to collect a great number of southern formularies. Both of these advantages were in part due to the increase in the circulation of printed works.³² Chen Ziming wrote with the intention of getting his book into wide circulation, as his preface clearly demonstrates. Residing in Hangzhou at the time of publishing his work, Chen was aware of the status of Hangzhou as a thriving publishing and printing center.

All these developments created a conducive environ for his work to take shape.

²⁹ Chengdu was the site for the engraving of the *Tripitaka* of 871-83. Cherniack, "Book Culture in Sung China," 57. See also Poon Ming-sun, "Books and Printing in Sung China" (Unpublished Ph.D. Dissertation, University of Chicago, 1979).

³⁰ Chia, *Printing for Profit*, 65-99.

³¹ In the Northern Song period, commercial printing was relatively new and catered mostly to the needs of examination candidates preparing for the civil service examinations in the capital. Ronald Egan, "To Count Grains of Sand on the Ocean Floor: Changing Perceptions of Books and Learning in The Song Dynasty," in *Knowledge and Text Production in An Age of Print: China, 900-1400*, 33-62.

³² Chen Ziming could have had access to manuscript copies of earlier medical works as a member of the Mingdao academy. His travels to the south had apparently yielded him many recipes. Chen Ziming, *FRDQLF*, preface.

While the content and organization of Chen Ziming's book were unique, it must be acknowledged that he was writing in a milieu that facilitated this very sort of ambitious undertaking.

Chen Ziming's Unique and Ambitious Undertaking

Chen presented himself as a medical author who was conversant with *ru* scholarship. In this respect, Chen's work differed from other extant *fuke* and *chanke* works of this period.³³ Before pursuing this point further, I should note that my argument for the characteristics of Chen's book is suggestive rather than conclusive. Many medical works printed in the Song are no longer extant, and therefore, extant works must be treated with extreme caution. Many extant works from this period have been subjected to a great deal of editorial and publishers' interpretation and redaction. For example, many purported Song period medical works extant today date only from the Ming or Qing period. Additions or excisions by unknown editors or overzealous publishers are difficult to trace.³⁴ Furthermore, not all editors or publishers were trained as medical experts, and cheaper, lower quality editions hastily put together by commercial printers often contain mistakes, with chunks of texts missing or fragmentary bits of formularies in disarray. Recensions sometimes provide more information about the editor and his time period than the author and the time when the work was allegedly first

³³ This analysis could change if other works from the same period are excavated or recovered. As it stands, I have limited my comparison to extant medical works from the period.

³⁴ Cherniack, "Book Culture in Sung China," 5-125, esp. p.73 on print errors. Cherniack has argued that "texts are always changed in the course of transmission," and she describes the Song as a "period of remarkable textual volatility," with broad sanctions for various types of editorial interventions.

written.³⁵

In the case of Chen Ziming, he was very much an author as well as an editor, and his works included parts he authored and those of his contemporaries and predecessors. Chen Ziming's medical works could therefore serve as sources that would provide a kaleidoscopic view of Song medicine for women, but not a bird's-eye view of the period. In particular, Chen's inclusion of *Shichan lun*, a relatively short and perhaps obscure treatise written by someone not very well known is an example of that particular impulse that he had as an author and compiler.

I have identified a number of attributes of Chen's style that contributed to the uniqueness and longevity of *Furen daquan liangfang*. First, Chen organized the topics in his book in an order that was different from his predecessors and contemporaries. Unlike fellow medical authors of his time, as well as those earlier, who started with *qiushi* 求嗣 (seeking an heir)/ *qiuzi* 求子 (seeking a son), or *renshen* 妊娠 (pregnancy), Chen started with menstruation and menstrual

³⁵ This was the case for Qi Zhongfu's *Nuke baiwen* (published ca. 1220), and Li Shisheng and Guo Jizhong's *Chanyu baoqingfang*, and Xue Guyu's 薛古愚 work. Xue Guyu's *Nuke wanjin fang* 女科萬金方 was supposedly written in the Song but it is actually a Ming period work. The earliest extant manuscript copy was from the Ming (1629) and the most telling fact that the work was not written in the Song is in the second section on the formation of the fetus (*shoutai zonglun* 受胎總論), it starts with "Dong Yuan 東垣 says." Dong Yuan or Dong Yuan laoren 東垣老人 was the sobriquet of the Jin dynasty physician Li Gao 李杲 (1180-1251) who lived in the North, and who had been anachronistically hailed one of "the four masters of the Jin and Yuan period." Li Gao's works were not widely circulated before 1320s, and his work was adopted and synthesized only in the Yuan. The so-called "Jin-Yuan medicine" which emphasized purgation, emesis and diaphoresis, was not dominant in the Jin-Yuan period but started to gain prominence in the Ming period. See Fabian Simonis, "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine" (Unpublished PhD Dissertation, Princeton University, 2010), esp. 132-33. Simonis' dissertation refines the studies of pioneer scholars like Paul Unschuld who had argued that medical innovations in the Jin dynasty (by physicians like Li Gao) were synthesized in the Yuan. Simonis placed Ming as the period of medical synthesis for Jin-Yuan medicine. See also Reiko Shinno, "Promoting Medicine in the Yuan Dynasty (1206-1368) : An Aspect of Mongol Rule in China" (Unpublished PhD Dissertation, Stanford University, 2002).

regularity. In addition, by incorporating *ru* sayings and excerpts from classics, and the writings of famous literati throughout the book, his work reflected the influence of literati and literati-officials who were energetically promoting their ideas. Thus, by consciously shaping his writings to include literati orientations, Chen displayed his erudition, and quite possibly elevated the status of his book. Related to this feature of his authorial style was the way Chen meticulously cited authors and titles he had incorporated into his book, which provided provenance for his sources, some of which were from non-practitioners. The outcome was that Chen's book recorded intellectual trends and popular practices, some of which reflected contradictory ideologies and competing practices. In *Furen daquan liangfang*, Chen Ziming wove together the tension between the idealized and the practical modes of managing women's health. In the next section, I will expand my discussion of these attributes I have identified as unique in Chen's work on women's medicine.

Chen Ziming's Vision/ Revision of *Fuke*

Chen Ziming had a grand vision of what he was going to achieve in his book, one of which was a high level of comprehensiveness that was dependent on the groundwork established by his predecessors, a few literati-physicians but mainly imperial physicians,³⁶ who started to produce large-scale, multi-volume medical works and to record practices that would have otherwise been lost. Despite being a beneficiary of a rich tradition, Chen Ziming was unequivocally critical of his

³⁶ Here I mean physicians who were appointed to serve at court because of their fame, and those trained by the imperial government.

predecessors and contemporaries.³⁷ He thought that their books were disorganized and difficult to use. He also found their explanatory frameworks too general and incomplete. Chen argued in his preface to *Furen daquan liangfang* that his book remedied these lacks in other medical books on women. He claimed that his book would be different; it would be well-organized and comprehensive. To his credit, his book stands out in both regards even today. In terms of being well organized, based on extant works from the Song, I found that Chen was the only Song medical author who organized menstrual regularity as the first topic in medicine for women. His scheme for organizing women's medicine would become the “standard” in the Ming and Qing dynasties, and it is still the first “disease” category in Chinese medical texts on gynecology and obstetrics published today.³⁸

Chen Ziming's work is also outstanding in terms of comprehensiveness. It is the only large-scale work on women's medicine extant from this period. Other

³⁷ This was a rhetorical strategy that many authors adopted to justify the publication of their medical works in imperial China.

³⁸ In the 2001 work *Zhongyi fuchan kexue* 中醫婦產科學 published by Renmin weisheng chubanshe for training medical professionals (to practice and teach Chinese medicine or conduct medical research), the editors asserted that the most influential and important period of Chinese medicine for women (*fuchanke*) was the Song period and the most important work is Chen Ziming's *Furen daquan liangfang*. Liu Minru, et. al. *Zhongyi fuchan kexue* 中醫婦產科學 (Gynecology and Obstetrics in Chinese Medical Studies) (Beijing: Renmin weisheng chubanshe, 2001), Introduction, 6 (on *Furen daquan liangfang*). Chapter One, *Yuejing bing* 月經病 (Menstrual Diseases). In the two hundred *juan* medical work, *Shengji zonglu* 聖濟宗錄 published by the Song Emperor Huizong 宋徽宗 (r. 1082-1135), the section on women started with *xuefeng* 血風 (Blood and Wind) and *xueqi* 血氣 (Blood and *qi*). This is the closest to menstrual regulation I have found in Song medical works on women. Also, the emphasis was not so much on menstruation or on Blood as the unifying factor, but that the combination of Blood and Wind, and the imbalance of the two accounted for ailments suffered by women. By the Qing, the editor, Cheng Linyun 程林雲 rearranged the topics in *Shengji zonglu*, and he started the section on women with *qi* and Blood as the unifying theory and menstrual irregularity as the first ailment in the work. Cheng Linyun 程林雲, *Shengji zonglu zuanyao* 聖濟宗錄纂要, collected in *Zhongguo yixue dacheng* 中國醫學大成, #50 (Shanghai: Shanghai kexue jishu chubanshe, 1990). In an earlier work, *Chaoshi bingyuan lun*, the section on women started with *feng* (Wind). Chao Yuanfang (ca. 610), *Chaoshi bingyuan houlun* 巢氏病源候論 (On the Origins and Symptoms of Diseases)/ Sho byō genkōron, 1645 edition, Kyoto: Umemura Yaemon 梅村弥右衛門, Waseda University Library, Kotenseki Sogo Database, #09 00136.

medical works on women's medicine from the Southern Song period were much shorter in length. For instance, Qi Zhongfu's *Nüke baiwen* 女科百問 contained only a hundred questions and accompanying short answers.³⁹ There are, in fact, few extant medical works devoted only to women's medicine from the Song period.⁴⁰ Works that were concerned with medicine for women were usually included as a subsection in larger scale works, which contemporary Chinese scholars have called “*zonghe* 綜合” (synthetic) types of publications.⁴¹ The “larger scale” here would refer to medical books with over twenty *juan*. These usually contained theories and formularies, and the title often had the character *fang* 方 (formularies). Examples of such works include *Taiping shenghui fang* 太平聖惠方 (Imperial Grace Formulary, 992), or Chen Yan's 陳言 *Sanyin fang* 三因方 (Three Factors Formulary, 1174), and were the results of proactive medical governance.⁴² These medical works were, however, organized very differently from Chen Ziming's book. Women's medicine was included only as a small subsection, usually in the last few chapters of the book. What really differentiated Chen's book was that the entire work was devoted to women. Chen's book contained twenty-four *juan*, with eight different sections on various

³⁹ Qi Zhongfu 齊仲甫 (fl. 1200), *Nüke baiwen* 女科百問 (One Hundred Questions on Medicine for Females), 2 *juan*. Reprint of 1736 Jujingtang edition (Tianjin: Tianjin kexue jishu chubanshe, 1999).

⁴⁰ Ma Jixing, *Zhongyi wenxian xue*, 219-26.

⁴¹ There have been few studies that explore the complicated history of how different categories within medicine and medical writings developed in imperial China. Chinese and Japanese scholars have been working for years on defining *yixue fangshu* 醫學方書 (medical formularies), *jinglun* 經論 (medical theories and discourse), *bencao* 本草 (material medica) and so on. See Ma Jixing, *Zhongyi wenxian xue*. *Zonghe* 綜合 or combination medical works is a label used by contemporary Chinese scholars to describe works that include medical theories and formularies.

⁴² Chen Yan, *Sanyin fang*, has a preface dated 1174. Taki Mototane, *ZGYJK*, 787-89. On ‘medical governance’ see previous chapter on Yang Zijian.

categories of ailments.

Preservation of Non-Extant Works

The comprehensive nature of Chen Ziming's work is suggested by its length. More important, however, is his book's inclusiveness. He incorporated a wide range of works that described disease symptoms, etiologies and treatment, and also included his own opinions of those works. He was thorough in his explanations and methodical in his presentation of ideas and examples from past works. His use of examples from past works also meant that his book served to preserve older works no longer extant or widely distributed in his time.

Chen's approach would stand in contrast to that of other writers on medicine in the Song. For example, after combing through works on women's medicine from early China and the Song period, I found that authors like Sun Simiao (7th century) and Chao Yuanfang (fl. 605-616) mentioned *chanfa* 產法 (birth techniques) and *shufa* 術法 (procedures and techniques), but did not elaborate on their meaning or the sources from which these techniques were drawn. When Chen provided analysis and his own opinions, he would highlight differences and changes in how a topic was perceived over time.

Besides possessing strong opinions about other scholars' works, Chen was quite thorough in locating obscure works. Based on non-extant titles that included the character "*chan*" 產 (birth) recorded in bibliographies, we know that there were a substantial number of titles from the Sui and Tang period that were concerned with childbirth. Only a small number of these have been preserved in

fragmentary form in various works.⁴³ If these fragments are any indication, the works recorded various types of rituals, religious beliefs, folklore and practical skills. It was likely the nature of these works that made them of little interest to most literati and elite medical authors. As a result of Chen's interest in these non-theoretical works, he preserved fragments in his own work, allowing us a rare glimpse of popular culture in the Song and pre-Song period. It is quite likely that *Shichan lun*, being a short and rather "un-theoretical" treatise, would have disappeared from history if not for Chen.

Chen consulted over forty-four formulary works, of which thirteen were specifically on women's medicine.⁴⁴ Due to his method of citation, we are able to learn which medical works were in circulation, or were at least extant during his time. *Furen daquan liangfang* should therefore be valued as a repository for non-extant and rare works from before the Song period. Works that are no longer extant, like *Shichan lun*, Zan Yin's 咎殷 (fl. 897) *Chanbao fang* 產寶方 (Birth Treasury),⁴⁵ were fortuitously preserved and provide a more complex picture of a medical tradition that was undergoing extensive changes.⁴⁶ Besides citing titles,

⁴³ For example, *Chanbao* 產寶, attributed to Tang dynasty Zan Yin 咎殷 of Sichuan province, was one of the earlier works devoted to pregnancy and childbirth care for women. The original work is no longer extant and only fragments have been preserved in works like *Furen daquan liangfang*. An extant manuscript copied from a printed Song work was preserved in Japan and was brought back to China during the Guangxu reign (1875-1908). Liang Jun, *Fan Xingzhun jiyi zhongyi guwenxian congshu*, 751-822. For other versions, see Ma Jixing, *Zhongyi wenxian xue*.

⁴⁴ Sheng Weizhong 盛維忠, *Chen Ziming quanshu* 陳自明醫學全書 (Complete Works of Chen Ziming) (Beijing: Zhongguo zhongyiyao, 1999), 349-65.

⁴⁵ This work was also known as *Jingxiao chanbao* 經效產寶 (Precious Classics on Effective Birth, ca. 853-6). Zan Yin was from Shu (present-day Sichuan) and was a medical official and professor. Only fragments of his works were collected in a few different medical works, one of which was *Furen daquan liangfang*. During the Guangxu Emperor reign (1875-1908), a complete printed work of Zan Yin based on a Song dynasty imprint was found via Japan. This version is collected in Liang Jun, *Fan Xingzhun jiyi Zhongyi guwenxian congshu*, 751-822.

⁴⁶ Chen Ziming was teaching in Lin'an, present-day Hangzhou, the Southern Song capital, during

Chen listed authors who were well-known then but have become relatively obscure over the course of time. An example would be Chu Yushi 初虞世 in *juan* one and eight of *Furen daquan liangfang*. Chu Yushi (ca. 1100), *zi* Hefu 和甫, was a Northern Song physician who had authored *Yangsheng biyong fang* 養生必用方 (Essential Formularies for Cultivating Longevity, preface dated 1097). Chu was famous in his own time for treating wealthy and powerful patients and for donating his remuneration to the poor. He was also a close associate of Huang Tingjian, the renowned Northern Song literatus who wrote the preface for Yang Zijian's work on *wuyun liuqi*.⁴⁷ Chen also cited Wang Kuang 王貺 (*zi* Zixiang 子享), another famous Song physician whose work has only been preserved in fragmentary form.⁴⁸ Chen either had access to these works through personal connections or a library that held these works.⁴⁹

Furth hypothesized that Yang Zijian's *Shichan lun* had been recorded by chance, and she cited a late nineteenth-century manuscript which tells the story of how a practitioner visiting an aristocratic household shared knowledge on

a period of constant threat from the north. Medicine was especially important for a war-stricken population and empire under siege.

⁴⁷ Taki Mototane, *ZGYJK*, 746-747.

⁴⁸ Taki Mototane, *ZGYJK*, 776. Wang Kuang 王貺 was the author of *Jishi quansheng zhimi fang* 濟世全生指迷方, *juan* three, was not in circulation for a long time and was only recorded in the bibliography of the Song dynasty. The *Siku* editors found fragments in the *Yongle dadian* 永樂大典 (Yongle Encyclopedia). Other fragments of this work can be found in works such as Chen Ziming's *FRDQLF*.

⁴⁹ The entire imperial library was lost to the Jurchen invaders in 1127, and had to be reconstituted in Lin'an, present-day Hangzhou, in 1131. A large number of significant works were collected through 1135, and then this acquisition stopped between 1136 to 1143. In 1143, permanent quarters were constructed for the imperial library and two significant collections of works were received. Most of its reconstituted works were from private collections, mostly from literati and literati-officials. John Winkelman, "The Imperial Library in Southern Sung China, 1127-1279. A Study of the Organization and Operation of the Scholarly Agencies of the Central Government," *Transactions of the American Philosophical Society, New Series* 64. 8 (1974), 1-61, esp. 27-32.

obstetrical techniques that was subsequently recorded.⁵⁰ I would argue that Chen may have actively sought out obscure works or writings that were not in wide circulation. If we are to believe what Chen said in his preface about collecting all sorts of medical works from different practitioners from various places, then Yang Zijian's *Shichan lun* would have been the type of work he would have sought out.

Chen Ziming's *Furen daquan liangfang* was unusually comprehensive for a work on women's medicine. My interest is in how that might have reflected a certain perception about medical works in his milieu. Comprehensiveness was unusual in works on women's medicine in the Song period. However, as a principle of scholarship, it was a methodology for knowledge-production that had been in vogue since the massive imperial projects started under the auspices of the Northern Song emperors.⁵¹ Chen was therefore emulating those large-scale Northern Song compilation projects that advanced the idea of including past writings, as broadly and widely as possible, even if one did not agree with the idea or concept. Chen's interest in comprehensiveness in his vision for his work could have also been inspired by the literati oeuvre of *biji* 筆記 (miscellanies) and *leishu* 類書 (encyclopedia anthologies).⁵² Both genres were transformed in

⁵⁰ Furth quotes from *Yiyuan* 醫苑, ca. 1875, preface by Zhang Shengdao 張聲道 dated 1025. This is a compilation of rare medical works in manuscript, held at the rare book library of the Zhongyi Yanjiuyuan in Beijing. I consulted the same work in the summer of 2009 in Beijing.

⁵¹ Here I am referring to *Taiping sheng huifang* 太平聖惠方 (Imperial Grace Formulary of the Great Peace and Prosperous Reign Period), compiled by Wang Huaiyin, et al., 978–992 (Beijing: Renmin weisheng chubanshe, 1958), and *Taiping huimin hejiju fang* 太平惠民和劑方 (Formulary of the Pharmacy Service for Benefiting the People in an Era of Great Peace), edited by Chen Shiwen, et. al., 1107–1110 (Beijing: Renmin weisheng chubanshe, 1962).

⁵² Zuo Ya compares Shen Gua's *Brushworks* (*Mengxi bitan*) to other literati writings of the Song period. Zuo Ya, "The Production of Written Knowledge Under the Rubric of *Jiyi*," 255–73. See also Liu Gang, "The Poetics of Miscellaneousness: Literary Design of Liu Yiqing's *Qiantang Yishi* and the Historiography of the Southern Song" (Unpublished PhD Dissertation, University of Michigan, 2010). Liu Gang provides a history of *biji* writing from the Han to the

the Song period,⁵³ with new nomenclatures and taxonomies being incorporated into the literati writings. Chen's massive project therefore possessed those very qualities admired by literati and literati officials, which was to have the idealized characteristic of *boxue* 博學 (broad learning).⁵⁴ To be deemed *boxue*, a literatus acquired a large number and wide range of materials (or knowledge), and then reorganized them to fit new paradigms of that period in order to demonstrate erudition and possibly acquire some form of authority.

Female Difference in Song Medical Texts

In her pioneering book, *A Flourishing Yin*, Furth pointed out that Chen Ziming's work documented a unique feature of Song dynasty medical thought: a greater concern with female difference than in other periods.⁵⁵ Furth argued that the impulse to develop theories for treating women's medical problems resulted in emphasis placed on Blood, and that in turn produced gender difference.⁵⁶

The impulse to theorize and apply new readings of canonical works to

Southern Song, and the main subject of the study, Liu Yiqing 劉一清 (1127-1279) a literati and loyalist, was a contemporary of Chen Ziming, who authored *biji*.

⁵³ On *biji* and techniques, see Fu Daiwie, "World Knowledge and Local Administrative Techniques —Literati's *biji* (筆記) Experience in Some Song *biji*," in *Science and the State in the Song Dynasty* 宋代國家文化的科學, Sun Xiaochun and Zeng Xiongsheng, ed. (Beijing: China Science & Technology Press, 2007), 253-68; Fu Daiwie, "The Flourishing of *Biji* or Pen-Notes Texts and Its Relations to History of Knowledge in Song China (960-1279)," *Extrême-Orient, Extrême-Occident* 1 (2007), 103-30. On *leishu*, see Hilde de Weerd, "The Encyclopedia as Textbook: Selling Private Chinese Encyclopedias in the Twelfth and Thirteenth Centuries," *Extrême-Orient, Extrême-Occident* 1 (2007), 77-102. De Weerd translates *leishu* as encyclopedias.

⁵⁴ Chia and De Weerd, "Introduction," *Knowledge and Text Production in An Age of Print*, 1-29, esp. 17. The idea of *boxue* in the Song period was a widely shared value among literati-officials. The idea was also reflected in "a book, a chapter, or any element of a text always refers to other texts and can only make sense through connections with other texts." Building connections among texts, much like what Chen Ziming was doing in his work, drawing from a wide range of texts.

⁵⁵ Furth, *A Flourishing Yin*, 60-61.

⁵⁶ Furth, *A Flourishing Yin*, 91.

diseases was a prominent feature of Song medicine with far reaching consequences, as Goldschmidt pointed out in his book on medicine in Northern Song.⁵⁷ However, the discussion of women's illnesses and how certain theoretical frameworks could further illuminate female diseases and beget appropriate treatment started earlier.⁵⁸ Prior to the Song, in early imperial China, medical authors were already discussing each of the ten-months of pregnancy, and the same language was used in other non-medical discourses popular among elites of that period.⁵⁹ Correlative ideas such as yin-yang, *wuxing* 五行 (Five Phases) theories, and *zangfu* 臟腑 (visceral-organ system) were some early examples of metaphors used in political, philosophical and medical discourses. The most important Han period medical work, *Huangdi neijing* 黃帝內經 (Inner Classic of the Yellow Emperor), contains correlative thinking that literate men and men of *techné* (physicians, astrologers etc.) applied to their craft to restore balance and harmony to the body or the cosmos.⁶⁰ That universalizing theoretical language was also used to describe the female body and its illnesses within the Chinese worldview. Sabine Wilms recently argued that even as early as the time of Bian

⁵⁷ Goldschmidt, *The Evolution of Chinese Medicine*, 199-201.

⁵⁸ Angela Leung pointed out that early twentieth century medical authors like Xie Guan 謝觀 (1880-1950), Fan Xingzhun 范行準 (1906-98) and Zhao Pushan 趙璞珊 (1926-) had provided historical examples of medical treatments specific to women in works prior to the Song. In particular, Xie Guan identified the Sui-Tang period as the beginning of *nüke xue* 女科學 (learning on medicine for women). Angela Leung, "Recent Trends in the Study of Medicine for Women in Imperial China," *Nan Nü: Men, Women and Gender in China* 7.2 (2005), 2-18.

⁵⁹ Furth, *A Flourishing Yin*, 101. Examples of texts discussing the development of the fetus included the *Guanzi* and *Huainanzi*, *juan* 7, "Jingshen xun." Anne Behnke Kinney, "Dyed Silk: Han Notions of the Moral Development of Children," in *Representations of Childhood and Youth in Early China*, edited by Anne Behnke Kinney (Stanford: Stanford University Press, 2004), 17-56, esp. p. 35.

⁶⁰ Sabine Wilms, "Ten Times More Difficult to Treat," *Nan Nü: Men, Women and Gender in China* 7.2 (2005): 74-107.

Que (recorded in *Shiji* 105), there were records of practitioners who specialized in treating women's illnesses.⁶¹ Although medical authors used the same theoretical language in *Huangdi neijing*, which treats the bodies of men and women in the same way theoretically, in concrete practice, the female body was described as "uncontrollable," associated with "life-endangering leaking and flooding of vital fluids from orifices above and below."⁶² The need to theorize female difference was a prominent feature in late imperial medicine for women, which Yi-Li Wu examined in *Reproducing Women*, and she noted that Song medical authors "did not produce gender difference so much as to produce a new way of explaining gender differences that were already presumed to exist and which already patterned therapy."⁶³

All of the scholars mentioned above have made cogent arguments that provide various ways to think about the complexity of medical discourse on women's medicine in imperial China. My study affirms the broadest conclusions reached by Furth, Wilms and Wu on female difference in Chinese medicine. What this study offers is a refinement of Furth's conclusions. Based on my examination of Chen's work, I argue that Chen was actually quite different from his predecessors and contemporaries in how he conceived of medicine for women. While I am in agreement with Furth that female difference in medical discourse in the Song was being extensively elaborated and became a distinct feature of medicine of the time, however, Chen Ziming was not a pioneer in the development of the concept of

⁶¹ Wilms, "Ten Times More Difficult to Treat," 74-107.

⁶² Ibid. See also, Sabine Wilms, "The Transmission of Medical Knowledge on 'Nurturing the Fetus' in Early China," *Asian Medicine* 1.2 (2005), 276-314.

⁶³ Yi-Li Wu, *Reproducing Women*, 233. Wu provides a further refinement of Furth's study of gender in Chinese medicine from where Furth ended her study, i.e., 1665, at the end of the Ming dynasty.

female difference in medicine. Instead, he made creative use of the opportunities that the concept of a different physicality in women's reproductive functions offered in the thirteenth century. Also, he was the last of prominent medical authors who wrote on women's medicine.⁶⁴

Before I show how Chen distinguished himself through writing about female difference in medicine, let us look at the momentum for such a phenomenon. I am of the opinion that the impulse for writing about female difference in medicine came from other influences within society. For example, the combination of factors, such as the increased number of literati medical authors in the Song period, the Northern Song state support for medicine and the flourishing print culture described earlier, would have tangentially or directly affected the impulse of the period. I also argue that by discoursing on female difference, medical authors, especially those who wrote exclusively on medicine for women, were carving out a niche for themselves. On the one hand, medical authors, like Chen Ziming, were able to describe female physiological functions with existing theoretical discourse. And, on the other, where female reproductive functions resisted the universality of the androgynous *Huangdi Neijing* body, the same male medical authors were able to capitalize in writing by expounding the importance of male physicians taking charge. The so-called "female difference" was in fact a theoretically and rhetorically successful strategy used by medical authors and physicians who were interested in distinguishing themselves in an extremely competitive medical marketplace.

⁶⁴ Furth listed Qi Zhongfu, Guo Jizhong and Chen Ziming. The works by Qi and Guo were much smaller in scale, shorter in length, and much less comprehensive than that of Chen Ziming. Furth, *A Flourishing Yin*, 67.

Let us examine the first of these factors. The participation of so many more literati in medicine meant that there were many more medical works written and circulating. These reflected current intellectual trends, including influences and discourses from diverse subjects that were being explored by the learned elites.⁶⁵ Taking on the role of “amateur experts” in the world of medicine, they advocated greater theorization of how the body could be expressed and understood within philosophical frameworks, which were in vogue in literati circles. An excellent example of ideas that circulated and developed via different fields of inquiry would be *wuyun liqi* (five circulatory phases and six influences), popular in *Yijing* studies, astro-calendrical uses and in medicine.⁶⁶ Yang Zijian, the author of *Shichan lun*, was interested in *wuyun liuqi* and thereafter wrote *Tongshen lun*. Furthermore, he tried to apply ideas of circulatory influences of seasons and their effects on health in *Shichan lun*. (Topics Four and Five of *Shichan lun*, see Appendix I).

The active literati involvement with medicine that led to an increased emphasis on female difference was concomitant with then-concurrent concerns literati had with the family system. In the process of debating and discoursing on

⁶⁵ In the Song, scholarly interests in prognostication, predestination and divination, especially explored through classics like *Yijing*, was common. That combined with the idea of greater activism in all realms of life contributed to cross-fertilization of ideas in many fields of learning. On *Yijing* in the Song and subsequent periods, see Richard Smith, *Fathoming the Cosmos and Ordering the World: The Yijing (I Ching, or Classics of Changes) and Its Evolution in China* (Charlottesville: University of Virginia Press, 2008). On fundamental tendencies of neo-Confucian ideas mirrored in concepts of medical literature, see Unschuld, *Medicine in China*, 166-68. The influence of Buddhist and Daoist ideologies could also be seen in medical works. The inclusion of Buddhist prayers and Daoist incantations and talismans speak to a confluence of different influences bearing on medical work.

⁶⁶ Despeux, “The System of the Five Circulatory Phases and the Six Seasonal Influences (*wuyun liuqi*)”, 121-65. Despeux described in her article how in the Song period, the *wuyun liuqi* system, based on astro-calendary elements of the sexagesimal cycle, was applied or adopted in studies of the *Yijing* 易經 (*Book of Changes*), the development of the *Taiji tushuo* 太極圖說 (Explanations of the Diagram of the Great Ultimate) and other Daoist works.

the family system, women's roles within a paternalistic and patriarchal society were continually being redefined by leading scholars of the period. As Patricia Ebrey pointed out, literati like Sima Guang, Cheng Yi and Zhu Xi⁶⁷ were writing about women as a part of their concern with family ethics, rituals and management, especially that which involved money, inheritance, property and law.⁶⁸ It would be anachronistic to think that Song literati authors wrote exclusively on women because of their patriarchal and misogynistic attitudes. Instead, managing women and their reproductive functions was considered a part of family management. In fact, when medical authors framed their concerns about fertility, pregnancy, safe childbirth delivery and women's postpartum health, in their minds the family was the ultimate beneficiary. The need to highlight female difference in medicine was therefore more a reflection of male anxiety in the unpredictable aspects of family life than a need to control or subdue women as prime motives.

How did Song medical authors highlight female difference within the existing medical discourse? Furth astutely noted the tension between the idealized androgynous body in classical medical works and what medical authors described the reproductive-generative female body.⁶⁹ The theoretical framework and literate language of the Song period sought to universalize and explicate ailments, and apply theories to diseases old and new.⁷⁰ The principal medical classic, *Huangdi Neijing*, contained concepts of *qi*, yin-yang, and Five Phases in various

⁶⁷ The extent of their influence on their peers were limited, and here I am referring to discourses that were circulating and not specific works of individuals.

⁶⁸ Patricia Ebrey, "Women, Money, and Class: Sima Guang and Song Neo-Confucian Views on Women," *Women and the Family in Chinese History* (London: Routledge, 2003), 10-38.

⁶⁹ Furth, *A Flourishing Yin*, 45-49.

⁷⁰ Unschuld, *Medicine in China*, 167.

combinations to explain how the universe and the human body functioned. The same theoretical language was being applied to other fields of knowledge. This privileged discourse of the body and its functions of the spleen, heart, kidney, lungs and liver *zangfu* 臟腑 (visceral system), were presumed to be the same in both men and women.⁷¹ Illnesses arose from the imbalances or damage brought about by excesses, blockages, stagnation, deficiency, vacuity, plethora, and contrary flow in the androgynous body of both men and women.

The idea that there was a difference in how the female body functioned would appear to be contradictory to the universal applicability of the androgynous *Huangdi neijing* body. However, elite physicians either ignored that tension, or worked with the contradiction in the background. In the case of Chen Ziming and some of his colleagues, they harnessed the potential in that tension and developed ways to describe female difference. By “potential,” I am describing the ability that Chen developed to concurrently utilize the *Huangdi neijing* androgynous body and still write about the practical needs of the female body that was different from that of males.

As can be seen in the discourse of gestation and birth in Song medicine, Furth found that elite learned physicians tried to incorporate the gestational body into concurrent discourse by explaining the transformations of both mother and fetus during pregnancy according to yin-yang and Five Phase elements. By using the same theoretical language used for *shanghan* or *wuyun liuqi* for the ten months of pregnancy, medical authors demonstrated their abilities to explain and explicate

⁷¹ In the Song, there was more emphasis placed on Blood, and by the Ming, the *zangfu* system became the focus of theoretical medicine and practical treatment. See my discussion in Chapter Four on Xue Ji.

most things and phenomenon in literary language, which in turn reinforced the power and authority of elite language. Yet the very process of explaining the reproductive functions of women highlighted female difference and therefore the need for separate diagnosis and treatment.

Therefore, instead of medical universality, medical authors used the language of moral counsel and ethics where childbirth was concerned. Furth observed that as more literati became involved in medicine, Song medicine increasingly reflected society's views of a "valourized" motherhood. There was a general sense that there should be stricter sex segregation and that women in the inner quarters needed the counsel of their husbands, or male authority figures such as Chen Ziming. These anxieties were not related only to medicine, but what was clear to us today would be that medicine and medical writing for women became an avenue for these anxieties to be placated or at least expressed.

Male anxieties in Song medical works were usually expressed in paternal and patriarchal tone, which was apparent in Chen Ziming's introduction to the chapter on "Difficult Birth" (*juan* seventeen). Chen was critical of sedentary women from wealthy households, licentious pregnant women who continued to indulge in wanton sexual relations during the last months of pregnancy, and women who socialized with socially-undesirables, those in mourning and quacks who dabbled in prognostication and superstition. While men clearly could come into contact with these so-called undesirables, Chen thought that women, especially pregnant elite females, were more impressionable and susceptible to what he thought were immoral influences. Elite females therefore had to be monitored closely and

guarded from those socially-undesirable.⁷²

In addition to discouraging contact with outsiders, male physicians also placed themselves above their competitors and represented themselves as both medical experts and moral guardians. Chen documented the complaints of fellow male physicians who discussed the difficulties of treating wealthy women who were cloistered in the inner quarters, or were concealed behind screens and curtains. Physicians were thus unable to observe their complexion to obtain diagnosis. In addition, these women wore silk that covered their wrists making it hard to take their pulses.⁷³ So while male physicians opined that these wealthy women should be accessible to male physicians, especially for physical examination, these women were to be kept away from the male physicians' competitors (other types of healers, religious or popular, male or female).

At this point, I would like to draw attention to the ways in which male medical authors, along with fellow literati in the Song, were contributing to the textual representation of the ideal elite woman. She was the paragon of virtue, hidden in

⁷² Some of these elite women were literate, had claims to property and were sometimes involved in activities outside the home. Patricia Ebrey, *The Inner Quarters: Marriage and the Lives of Chinese Women in the Sung Period* (Berkeley: University of California Press, 1993), 4-20; 261-271.

⁷³ Chen Ziming, *FRDQLF*, *juan* two, "Zongji men" 總疾門 (Various Diseases), #4, Kou Zongshi. Kou Zongshi complained about the difficulties of treating wealthy elite women and Chen Ziming identified with Kou's complaints and included it in his work. Although the passage was simply a litany of complaints, Chen titled it a *lun* (discourse). Kou Zongshi 寇宗奭 (fl. 1111-1117) was one of the editors of the imperially edited *Chongxiu Zhenghe jingshi zhenglei beiyong bencao* 重修政和經史證類備用本草 (Revised Zhenghe Reign Materia Medica for Urgent Use), *Sibu congkan chubian* 四部叢刊初編, volumes 376-87, Jingshang hai hanfenlou cang Jin kanben 景上海涵芬樓藏金刊本, 30 *juan*. The other editors included Xu Shuwei 許叔微 (1079-1154), *zi* Zhike 知可 and was from Zhenzhou 真州 (present-day Yizheng xian in Jiangsu province). He was a Hanlin literatus but switched to studying medicine. He was the author of *Puji benshi fang* 普濟本事方, (not to be mistaken with *Puji fang* by Zhu Su in the Ming dynasty). Chen Ziming quoted extensively from Xu Shuwei's works. Kou Zongshi compiled *Tujing yanyi bencao* 圖經衍義本草 (Enlarged and Illustrated Materia Medica) in 1116. For more on *Tujing yanyi bencao*, see Kristofer Schipper and Franciscus Verellen, eds., *The Taoist Canon: A Historical Companion to the Daozang*, volume II (Chicago: University of Chicago Press, 2004).

the inner quarters from the world, except for the occasional visit of the male physician. She was, of course, sickly and required the ministrations of her learned husband, who read medical works for leisure and knew when to consult a more experienced practitioner when the need arose. The polar opposite of the virtuous, filial and obedient wife was the lazy, licentious, and superstitious woman who was easily influenced by meddling women from outside the household, popular healers, nuns and monks. Her lifestyle of extravagance and excessiveness ruined her health. Her illnesses were made worse because of mediocre or fallacious advice from midwives, shamans and quacks. These stereotypes and two-dimensional representations of women were thus embedded in Southern Song medical works.⁷⁴ Chen Ziming's preface to *Furen daquan liangfang* and his descriptions of pregnant women in the introduction to *juan* seventeen reinforced the above descriptions of elite women and the non-elites who were serving as medical and ritual practitioners. Ironically, elite women were not cloistered or hidden from Chen Ziming and other male medical authors, as evidenced in the case histories recorded by Chen Ziming.⁷⁵ Well-connected male physicians were asked to treat women from elite households, like Kou Zongshi, even if they were not able to take their female patients' pulse or see their faces. Even at childbirth, some elite women, probably clothed, had their pulses taken by male physicians—but not during birth complications.⁷⁶

⁷⁴ The bodies of women were, by the late Song, symbols that were promoted as models for male political behavior, and in particular, loyalty to dead husbands was described as congruent to loyalty to the Song rulers. Beverly Bossler, "Gender and Empire: A View from Yuan China," *Journal of Medieval and Early Modern Studies* 34.1 (2004), 197-223.

⁷⁵ Chen Ziming, *FRDQLF*, *juan* three, *furen zhongfeng fanglun* 婦人中風方論 (Formularies on Wind Strokes for Women), "Pai Feng Tang" 排風湯 (Decoction for Eliminating Wind). Furth, *A Flourishing Yin*, 139-40.

⁷⁶ Chen Ziming provided an example in *juan* 18, number 5, "Nanchan zishifuzhong fanglun

Writing on female difference had thus positioned these medical authors at the helm of the medical marketplace in the Song. Female difference in medicine had, in fact, provided the opportunity for authors to develop theories, refine older formularies and apply new trends. This would be the “potential” that I had earlier posited. Chen Ziming took full advantages of his new “space” and produced a classic on women’s medicine. Instead of only seeing female difference as a paradox within a theoretical framework of an androgynous body, male medical authors turned the paradox around and used it as a possibility to apply their learning to what appeared to be a thorny medical conundrum or a contradiction within literate medicine. They successfully created a new field carved out of the existing body of works that required extensive new exposition.⁷⁷ Those who wrote exclusively on this topic were also increasingly seen as specialists in one particular area of medicine.⁷⁸

As an encyclopedic tome, Chen’s book documented the trend of medical authors subscribing to greater theorization in diagnosis and prescriptions, in order to make medicine more scholarly and therefore more prestigious. The theorization

diwu” 產難子死腹中方論第五 (Formularies for Stillborn in Difficult Childbirth), in which he was called to provide a diagnosis for née Du in the Miao household after trying to give birth for a few days without success. Midwives and boy mediums have been called in to help but were ineffective. Chen examined the woman by taking her pulse and gave her two servings of this medication, which she took and recovered.

⁷⁷ Medical authors started to write specialized works on epidemics (*jibing* 疾病) and separate epidemics theories and formularies from general illness (*zabing* 雜病). See Liu Pei Chi, chapter 6, Song Medicine, *Zhongguo yixue shi*, 281-85. The emphasis placed on *fang* 方 (formulas) and or *bencao* 本草 (materia medica), especially in the context of supply and demand of medication for mass distribution during epidemics and for sale by merchants and pharmacies also gave rise to specialized literature on formulary and materia medica.

⁷⁸ Wilms argued that medical authors prior to the Song period had already addressed female difference and the necessity of separate medical treatment and exposition; the legend of Bian Que being a specialist of women’s ailments (*daixia yi* 帶下醫) and Sun Simiao devoting *juan* 2 to 4 of his work to women’s illness were some evidence to show that medical authors were conceptualizing women’s medicine separately. Wilms, “Ten Times More Difficult To Treat,” 182-215. See also Robin D.S. Yates, “Medicine for Women in Early China: A Preliminary Survey,” *Nan nü: Men, Women and Gender in China* 7.2 (2005): 127-81.

of medicine was taking place in every aspect of literate medicine.⁷⁹ Although in childbirth, Furth argued that physicians were pushed to pursue strategies that were more akin to religious healing practices.⁸⁰ At the level of practice, Furth suggested that it was much more fluid, because the patient and family had much more say about treatment. They could reject the physician's diagnosis and course of treatment, and chose to consult multiple types of healers.⁸¹ The authoritative tone in medical works did not signal compliance by the reader or patient, but was more indicative of literati influence on medicine, or their efforts to dominate medicine textually. In being all-inclusive, Chen Ziming managed to include all of these strands, intellectual, social and cultural, in his writings. This ecumenical nature of *Furen daquan liangfang* included popular forms of healing using religious instruments and rites. Interestingly enough, such religious and popular forms of healing were removed from and eschewed in medical works published in the fifteenth century onwards.⁸²

Aspirations to Become a Literatus-Physician

Chen Ziming presented himself not only as a good physician and medical author,

⁷⁹ Unschuld, *Medicine in China*, 166-168. There were intensive efforts to verify the universality of the medicine of systematic correspondence by extending it to practical drug therapy (or *bencao*), especially in the Southern Song period. Goldschmidt, *The Evolution of Chinese Medicine*, 1-3, 199-201.

⁸⁰ Furth, *A Flourishing Yin*, 94-95. According to Furth, the fetus was imagined as an intruder and female blood was ritually polluting, therefore both required rituals to purify, appease and propitiate deities, gods, spirits and ancestors—all of whom were very much present in the world of imperial China.

⁸¹ Furth, *A Flourishing Yin*, 124-29.

⁸² I observed this trend in a large number of *fuke* works from the Song to the early Republican era. Particularly in *fuke* books published in the Jiangnan region, popular healing strategies were removed from *fuke/chanke* works that included attempts by the authors to theorize female difference and separate therapies. But in works that merely republished older materials, popular religious healing strategies were included, or left intact. This was a probably a reflection of little editorial thought or demands from readers. This is an ongoing research project which I am developing.

but also as a morally upright literatus, or at least someone who was conversant with *ru* scholarship. The most obvious aspect in *Furen daquan liangfang* was Chen's pronatalist⁸³ expressions on the prescribed behavioral norms of women and his use of terms drawn from then current medical cosmological language and literate medical jargon. Thus Chen aligned with mainstream male discourse on family and womanly virtue, as a part of authoritative medical knowledge.

Throughout his preface to *Furen daquan liangfang*, Chen cast himself as an excellent medical author. He lamented that the other works on women's medicine were disorganized and lacked coherence, and were therefore difficult to use. He pointed in particular to the problem of authors failing to clearly state their motives for writing, and therefore lacking a framework for their books. Chen's book, as he claimed, was coherent and well-organized, and the obvious alternative to other works, which he did not list. To critique the writings of one's predecessor, or to present one's comments as the ideal alternative reading was a common practice in scholarly circles.⁸⁴ To Chen, his book was meant to be *the* authoritative work on women's medicine. He informed his reader that his book would benefit physicians who could not grasp the deeper principles of medicine and those who did not have reliable formularies in their practice.

Chen casts himself as the morally upright physician, when he criticized wealthy patients who despised and refused cheap drugs. He also expressed regret that there were impoverished patients who feared expensive drugs and avoided medicine. Chen thought that the worst culprits were those physicians who were

⁸³ Furth, 1999, 129-33.

⁸⁴ On commentaries, see Daniel K. Gardner, "Confucian Commentary and Chinese Intellectual History," *Journal of Asia Studies* 57.2 (1998), 397-422.

greedy for profit and substituted expensive drugs with inferior ones. Chen blamed those unscrupulous physicians for causing death.⁸⁵ By setting himself apart from the disorganized medical authors, the uninitiated physicians and the profiteering quacks, Chen placed himself in a separate category of experts: one with both skills and ethics. Chen also reassured his readers that he came from a *shiyi* 世醫, that commonly referred to a family which had three generations of men practicing medicine. His pedigree was perfect, or so he wanted the readers of his preface to think.

But he did not stop there, Chen also informed his reader that he had inherited a large collection of medical works from his family.⁸⁶ Here he was referring to the tradition of knowledge transmission conducted in secret, either within a family, through a lineage, or via a master-disciple transmission.⁸⁷ This claim was important, because it meant that he was privy to secret formularies and expertise that other literati medical authors did not have. Next, his assertion that he had a whole library of medical works may have been an allusion to the popular narrative of literati relying on textual knowledge rather than medical masters to learn medicine. Chen further claimed authority by pointing out he had traveled to collect formularies from other physicians in the south, which he told his reader he had included in the book.⁸⁸ Clearly, Chen wanted his reader to see him in a new light, slightly different from family and lineage-based practitioners or literati

⁸⁵ Chen Ziming, *FRDQLF*, preface.

⁸⁶ Chen Ziming, *FRDQLF*, preface.

⁸⁷ See my discussion of master-disciple and lineage training of physicians in Chapter Two.

⁸⁸ He could have been sent south to acquire works. This was the case for the Imperial Library, and could have been an across the board directive. Winkelman, "The Imperial Library in Southern Sung China, 1127-1279," 1-61, esp. 29.

medical authors. He was a member of the new breed of literatus-physician.⁸⁹

His pretensions or desire to be seen as an exemplary literatus-physician was most apparent when he wrote in his preface that he had gone into retreat to study the medical works and formularies he had collected on his travels.⁹⁰ The image of the scholar studying in isolation,⁹¹ and mastering obscure theories and prescriptions was that of a literatus who mastered medicine without the benefit of a medical lineage or master. This image happened to be precisely the same as that which Huang Tingjian used to portray the author of *Shichan lun*, Yang Zijian.

Chen Ziming's self-representation as a literatus-physician was not limited to *Furen daquan liangfang*. Chen's sense of moral prerogative was evident in the preface he wrote for his 1263 book, *Waike jingyao* 外科精要 (Essentials of External Medicine). Commenting on the less than ideal lifestyles of his wealthy clientèle, Chen thought that the wealthy's love for excess in alcohol, food, and sex, led to illnesses that manifested on the surface (skin) in the form of boils, sores, abscesses and carbuncles.⁹² Chen Ziming saw his book as not only providing medical knowledge, but also a guide to the correct way to live. His work sits squarely in the prescriptive and discursive genre. *Waike jingyao* was written for men, especially literati, and the nouveaux-riches,⁹³ who made up the bulk of his

⁸⁹ It is not known if he tried to take the civil service examinations and had turned to medicine after failing, like many literati of the Song period.

⁹⁰ Chen Ziming, *FRDQLF*, preface.

⁹¹ On the history of the recluse in Chinese history, see Li Chi, "The Changing Concepts of the Recluse in Chinese Literature," *Harvard Journal of Asiatic Studies* 24 (1962-63), 234-47.

⁹² Chen Ziming, *Waike jingyao*, preface 1263. Reprint (Taipei: Xin wenfeng chubanshe, 1987).

⁹³ On the rise of the merchant class, see Jacques Gernet, *Daily life in China*, esp. on merchants, 76-91. According to Gernet, Hangzhou was home to those most powerful and wealthiest whose lifestyles called for the most luxurious and expensive goods from around and outside China. Valuable items such as "rhinoceros horns from Bengal, ivory from India and Africa, coral, agate, pearls, crystals, rare wood (chiefly sandal wood and aloe), incense, camphor, cloves, cardamom...." were imported while silk, brocades, porcelain and earthenware were

clients or patient-pool. Of course, Chen also added the modest disclaimer common to many literati writings. He wrote that he expected educated medical authors to read his work and make additions to what he had written.⁹⁴

Based on extant prefaces from Chen Ziming's works, he was covering all the possible grounds for establishing himself as a respectable literati-physician, lineage-based physician and authoritative medical author. This reputation that he was trying to build for himself may have contributed to the longevity of *Furen daquan liangfang*, which was extensively quoted in the Ming and Qing period. Prominent literati-officials like Wang Kentang 王肯堂 (1549-1613) from the Ming, quoted extensively from *Furen daquan liangfang* in his massive work, *Liuke zhengzhi zunsheng* 六科証治準繩 (Guideline for the Treatment of Female Disorders, published ca. 1602).⁹⁵ Wang Kentang would be the best example of how successful Chen Ziming was in reaching his target audience and this audience seems to have accepted the authority that Chen claimed for himself.

Chen's book was also widely disseminated at the popular level. Based on Lucille Chia's research into the publication history of Jianyang book printers, *Furen daquan liangfang* was edited by Xiong Zongli 熊宗立 and was reprinted in three editions, respectively 1440, 1464, 1509.⁹⁶

By studying how one physician, also a medical author, envisioned women's medicine and transformed medical categories/ etiology in *fuchanke*, we are able to

exported (p.84).

⁹⁴ Chen Ziming, *FRDQLF*, *juan* 4, "Furen xiangjing qiangtong...."

⁹⁵ Wang Kentang 王肯堂, *jinshi* 1589, *Zhengzhi zhunsheng* 證治準繩, 44 *juan*, vol. 61-70 Nüke 女科, 5 *juan*, Wanli reign, 1602-1608 edition, Princeton Gest East Asian Library Collection, TC68/531.

⁹⁶ Chia, *Printing for Profit*, 232. Chia discussed Chen's *FRDQLF* specifically.

document the reach of intellectual trends from socioeconomic and political realms into practice and *techne*.⁹⁷ At the level of praxis, we are also able to observe the ways in which medical authors applied social and moral teachings and discourse to those areas of medical practice that theories failed to incorporate. Through Chen, we also come to understand the personal ambitions or aspirations of those working in medicine, their desire to be respected as experts, their attempts at distinguishing their practice and *techne* in the face of criticism and appropriation by literati and amateur-experts in the Song period.

Organization of *Furen daquan liangfang*

I argued earlier that the organization of *Furen daquan liangfang* was different from other *fuke/chanke* works. The next section will be devoted to explicating that difference and specifying those aspects of Chen's work that appear to have been distinctive.

Chen Ziming's *Furen daquan liangfang* consisted of twenty-four *juan*, and was divided into eight main categories: *tiaojing* 調經 (regulation of menstruation), *zongji* 衆疾 (various illnesses), *qiushi* 求嗣 (begetting heirs), *taijiao* 胎教 (fetal education), *renshen* 妊娠 (pregnancy), *zuoyue* 坐月 (literally "sitting month" or final month of pregnancy), *channan* 產難 (difficult birth), *chanhou* 產後 (postpartum). Each category included numerous *zheng* 證 (diagnoses) along with *lun* 論 (theoretical discourses). After each *lun*, Chen Ziming attached formulas, details of drugs and combinations of herbs, and case

⁹⁷ I use *techne* here to mean craftsmanship, art, technique and even a method or principle to achieve or create something.

histories. Within each *juan*, there were sub-topics, which could include theories on the topic generated by other medical authors, prefaces from other works that were tangentially related, formulas that would serve to treat the disease or symptoms. These sub-topics contained either titles or names (either of the author or work from which the citation was taken from) and were always numbered, therefore providing the reader immediately with bibliographic information of the work. This was vastly different from the question-answer format that other specialized works on women's medicine adopted (such as the works of Guo Jizhong (fl. 1131) and Qi Zhongfu.⁹⁸ In his preface, Chen Ziming explained that the organizing principle for what he thought about women's medicine could be found in the table of contents of his book. Chen claimed that he had not followed the examples of specialty works on women's medicine, such as *zhuanzhi* 專治 (Specifically for Treatment), which is no longer extant, and extant fragments of *Chanbao* 產寶 (Birth Treasury), because those works lacked coherence, contained repetitive parts or provided no answers to real medical needs.⁹⁹

The organization of the materials in his work was therefore meant to reflect Chen Ziming's way of thinking about medicine for women. First, the order of the topics in the table of contents reflected the level of importance accorded by Chen Ziming to various processes of the female body. By starting with *tiaojing* 調經 (regulation of menstruation), Chen Ziming chose to focus on regulating

⁹⁸ Guo Jizhong and Li Shisheng, ca. 1131, *Chanyu baoqing fang* 產育寶慶方. Qi Zhongfu, , *Nike baiwen*, ca. 1200. Both dates are based on the prefaces of their respective works. Furth had explained that Qi Zhongfu's work served the needs of physicians and patients because the questions and answers in Qi's work "asks what cannot be asked, and answers what is inconvenient to answer." Furth, *A Flourishing Yin*, 142.

⁹⁹ Chen Ziming, *FRDQLF*, Preface.

menstruation as the key to treating female ailments. Chen tells his readers at the beginning of his first chapter: “In treating illness in women, one must first regulate the menstruation, and it is for this reason I have ordered [menstrual regulation] at the beginning of the work.”¹⁰⁰ According to Chen, menstrual regulation was much more effective than treating a woman after she had gotten sick with various illnesses (*zongji* 總疾). His view differed from earlier works which usually started with topics related to pregnancy and begetting heirs.¹⁰¹

There were several implications with the decision to begin with menstrual regulation. For one, Chen had thus expanded the reach of medicine, or at least specialized medicine for women, when he theorized that care should start with the regulation of menstruation. Menarche was no longer just a natural physiological process that *might or might not* start at the age of fourteen. Instead, Chen provided a standard according to which any other forms were considered abnormal.¹⁰² Since the menstrual cycle for most women did indeed start around fourteen years of age,¹⁰³ the number of years during which women and their bodies came under

¹⁰⁰ Chen Ziming, *FRDQLF*, *juan* 1.

¹⁰¹ For example, in Sun Simiao’s work, which has a section on women’s medicine (*juan* 2-4), and in Zhu Duanzhang’s 朱端章 (twelfth century), *Weisheng jiabao chanke beiyao* 衛生家寶產科備要, published 1184, both started with *qiushi* 求嗣 (begetting an heir).

¹⁰² Chen Ziming quoted from *Huangdi neijing suwen*, but slightly altered the meaning. In *Suwen*, Qibo said that the monthly fluids flowed according to its predestined time (岐伯曰：女子七歲，腎氣盛，齒更髮長；二七而天癸至，任脈通，太衝脈盛，月事以時下，故有子.... Chen changed it to 應時而下 which could mean “according to needs,” “the right season,” or “immediately.” Chen Ziming, *FRDQLF*, *juan* 1, *shinü yueshui butong fanglun diba* 室女月水不通方論第八 (Blocked Menses of Virgin Girl, number eight). Here the lack of menstrual regularity of an adolescent girl became a medical issue if her menses did not come after each bloc of thirty days.

¹⁰³ Chen Ziming, *FRDQLF*, *juan* 1, “Yuejing xulun” 月經序論. Chen cites *Huangdi neijing* on the physiological time span for the female body. Qibo said, “At seven years of age a girl’s Kidney qi is flourishing, her adult teeth come in and her hair grows long. At fourteen, she comes into her *tiangui* (prenatal vitalities), her *renmai* (conception vessel) flows, and her *taichong* (thoroughfare vessel) is abundant; her menses flow regularly and she is able to bear children.” Translation from Furth, *A Flourishing Yin*, 45.

the purview of medicine was thus lengthened and began at a much younger age. In contrast to medical works that started with the theorization or description of pregnancy, the medicalization of the female body was lowered from about twenty to fourteen years of age. This, however, did not mean that Chen Ziming advocated an earlier age for childbearing. In fact, there is a section on the appropriate age of marriage for women collected in *Furen daquan liangfang*, whereby girls were advised to wait till about twenty years old instead of advocating marriage and childbirth right after menarche.¹⁰⁴ According to Chen Ziming, the failure to regulate menses would be similar to postpartum mismanagement, and could lead to death.¹⁰⁵ Chen's medicalization of the female body over a longer period reflected the increasing attention paid to women and the female body in his milieu. Furth suggested that this medicalization of menstruation (combined with increasing emphasis on female bodily difference) was an expression of "learned doctors' commitment to the problems of maternal and child health under the prodding of the state anxious to make medicine an effective instrument of the imperium's benevolent rule, and under the aegis of a society that was revising its inherited models of kinship and family."¹⁰⁶ By emphasizing menstrual regulation and its relation to Blood-qi 血氣,¹⁰⁷ Furth argued, Chen Ziming was taking part in a larger intellectual context to reorganize medicine, especially by literati physicians, whose "textual bias, formal rigor and elegance" in their writing

¹⁰⁴ Chen Ziming, *FRDQLF*, *juan* 9, "Qiusi men " 求嗣門.

¹⁰⁵ Chen Ziming, *FRDQLF*, *juan* 1, "Yuejing xulun" 月經序論.

¹⁰⁶ Furth, *A Flourishing Yin*, 60-61.

¹⁰⁷ For an explanation of Blood and qi as primary vitalities of the body in Chinese medicine, see Furth, *A Flourishing Yin*, 25-58; on Blood and qi, 46-48. Blood is the yin aspect of *qi*, and Blood-*qi* is especially important to generation.

became the standard in medical writing.¹⁰⁸

Other contemporaneous efforts to reorganize the topics on medicine for women can be seen in the work of Qi Zhongfu, a contemporary of Chen Ziming. In *Nüke baiwen* (preface dated 1220), Qi Zhongfu had organized his topics by starting with the difference between Blood and Essence (*jing-xue* 精血) in men and women. Although he did not start with menstrual regulation, Qi highlighted gender difference and the physiological matter that make men and women distinct – Blood and Essence (*jing* refers to semen produced after ejaculation).¹⁰⁹ The issue of menarche and menstrual regularity were not singled out as the main health indicators for women by Qi Zhongfu. Instead, he was of the opinion that other factors were more important, and those included invasive *feng* 風 (Wind)¹¹⁰ and different types of pain.¹¹¹ Qi Zhongfu opined that sickness was not to be blamed if a fourteen year old girl experienced the sudden cessation of her menstrual cycle in the first year after menarche. In such a situation, Qi did not think there was a need for medication.¹¹² Chen Ziming thought otherwise. Chen

¹⁰⁸ These words are from Furth, *A Flourishing Yin*, 133.

¹⁰⁹ It should be pointed out here that Chen Ziming did not concern himself with men's *jing*, but concentrated on women's *xue* (blood).

¹¹⁰ See also Paul Unschuld and Herman Tessenow, *Huang Di Nei Jing su wen, An Annotated Translation of Huang Di's Inner Classic – Basic Questions*, “Chapter 42: Discourse on Wind,” 625-37.

Feng 風 (Wind) was an important medical concept in medical discourse from early imperial times, and basically dominated medical works until about the eighth century. Wind illnesses would be replaced by *Shanghan* 傷寒 (Cold Damage) in the Jin-Yuan period; see Simonis, “Mad Acts, Mad Speech, and Mad People,” 73-135.

¹¹¹ Qi Zhongfu, *Nüke baiwen*, 28- 71. Book publishers in the late imperial period changed the title to *Chanbao baiwen* 產寶百問 (Hundred Questions on Childbirth) and it was attributed to Zhu Zhengheng 朱震亨 (fl. 1281-1358) to increase the sale of this work. Zhu Zhengheng was posthumously hailed as one of the four Great Medical Masters of the Jin-Yuan period who transformed the direction of Chinese medicine.

¹¹² Qi Zhongfu, *Nüke baiwen*, the twelfth question on “*binian*,” 11. Here Qi Zhongfu quoted a certain Shi 師 (master) who said that it was not abnormal for a girl of fourteen years to

not only gave his own opinion, but provided a number of other medical works that thought that any disruption to the menstrual cycle was a symptom of a deeper illness related to other imbalances within the body. To support his argument, Chen quoted from Zan Yin's *Chanbao fang* (Birth Treasury), and Chu Yushi's 初虞世 *Yangsheng biyong lun* 養生必用論 (Essential Theories on Longevity Techniques), and from the untitled work by Kou Zongshi.¹¹³ Chen also quoted from other works like *Jiuji* 救急 and *Boji fang* 博濟方.¹¹⁴

Chen's concern with menstruation was also evident by two additional sections in his work. First, he included a separate section for *shinü* 室女 or unmarried girls. He thought that their menstrual regularity was a matter that required the attention of physicians, and here he gathered works that dealt with this issue. Second, he arranged *juan* two to discuss all other types of illnesses women suffered, and his medical reasoning was that nearly all of these were caused by irregular menstrual cycle.¹¹⁵ Other medical authors would not have necessarily connected some of these symptoms (headaches, weight loss, etc.) with menstrual irregularity, but Chen did. While his thinking was not entirely without precedent, Chen Ziming seems to have been the most ardent advocate for the idea that a regular menstrual cycle was indicative of good health in both adolescent girls who had experienced menarche and women.

suddenly stop menstruating. Her menstrual cycle would continue later on its own.

¹¹³ Chen had only quoted Kou Zongshi's name and not his book. See Chen Ziming, *FRDQLF*, *juan* 1, where he quoted both Kou and Chu several times.

¹¹⁴ Chen Ziming was also citing formularies that had nothing to do with menstrual regularity, but were only tangentially related to the stasis of blood. For example he listed the formula "Maijian san" 麥煎散. Chen Ziming, *FRDQLF*, *juan* 1, part 9.

¹¹⁵ Chen Ziming, *FRDQLF*, *juan* two, "Zongji men" 衆疾門. Chen said that if "menstruation is not regulated, all sorts of illnesses will thus be born" 經脈不調眾疾生焉.

Chen Ziming's format for his work was therefore quite a departure from that of his contemporaries, especially Qi Zhongfu. Qi had adopted the question-answer format, similar to that found in the *Huangdi neijing*. This format of presenting medical ideas in a *wenda* 問答 (question-answer) style was used also in *Chanbao* by Guo Jizhong and Li Shisheng, another Song period medical work on women's medicine.¹¹⁶ Qi was not striving for comprehensiveness, unlike Chen Ziming, and he did not list the works consulted. Both Chen and Qi quoted from older works, but it was Chen who cited authors of medical theories and the origins of formularies. For some sections, Chen cited more than two or three different authors or works, thus making his own theories or recommendation of certain formularies appear authoritative.

Take for example the recipe called *Cuisheng ru shen san* 催生如神散 (supernatural powder for hastening birth) in Chen Ziming's *juan* seventeen (part three on *cuisheng* [hastening birth] formularies) was based on two main ingredients, *Baicao shuang* 百草霜 (Plant Soot, soot from the bottom of a boiler) and *Xiang baizhi* 香白芷 (*Angelica dahurica*; Dahuricae Angelica Root). In Chen Ziming's entry, this formulary could be used during breech birth, *hengchan* 橫產 (horizontal birth), for *shoutai* 瘦胎 (slimming the fetus), for those suffering from prenatal and postpartum depletion, unregulated menstruation and *benglou* 崩漏 (uterine bleeding; metrorrhagia¹¹⁷ and metrostaxis).¹¹⁸ As for the

¹¹⁶ This was put together earlier and have been revised by more than one person. See preface of *Chanbao*.

¹¹⁷ OED: "metrorrhagia: Bleeding from the uterus other than that which occurs during normal menstrual periods; an instance of this. Metrostaxis: Abnormal bleeding from the uterus."

¹¹⁸ Chen Ziming also added three other names: *Cuisheng Heisan* 催生黑散, *Wujinsan* 烏金散,

preparation, Chen instructed that the two herbs of equal amounts should be ground into a fine powder. For the second herb *xiang baizhi*, it should not be heated and was to be ground finely. When a woman was about to bear down to give birth, the physician was to take two big *qian* 錢 (portions) of the powder, mix it with the urine of a little boy and very little rice vinegar and form it into a paste, and then get the mother to ingest the paste with boiled water. This was to be repeated if the mother's condition did not improve after the first ingestion.

According to Chen, in another work, *Jiyan fang* 集驗方 (Collection of Efficacious Formularies),¹¹⁹ the two herbs were mixed with half a wine-cup of alcohol and a young boy's urine, then heated till boiling and ingested when warm. Chen also listed alternative names of the recipe, ensuring that readers would not use the wrong recipes. Qi's entry for this formula had a different name, *Wujin san* 烏金散 (black gold powder), and his description was minimal compared to Chen's. Qi's instructions were for equal parts of the two herbs to be ground finely and then mixed with urine of a little boy and vinegar. The medicine was to be ingested with warm boiled water. This was to be repeated if the mother's condition did not improve. Qi did not provide extra information for alternative uses and names of the decoction, different methods of preparation, or of the texture of the medicine (Chen described it as a paste – *gao* 膏).¹²⁰

and *Ershen san* 二神散. It is not clear if Chen was trying to indicate that this formula was also known by three other names or that the other three formularies had similar curative properties. My opinion is that this particular formula was known by those three other names.

¹¹⁹ Hong Zun, 洪遵 (1120-1174), *Hongshi jiyang fang* 洪氏集驗方 (Collected Efficacious Medical Prescriptions of Mister Hong), 1175. Reprint (Shanghai: Shangwu yinshuguan, 1939).

¹²⁰ Qi Zhongfu, *Nüke baiwen*, *juan xia* 卷下, No. 79, *Wujin san*. Compare Qi's entry on *Wujin san* to Chen Ziming's entry. Chen Ziming, *FRDQLF*, *juan* 17, section 3.

To provide another example of Chen Ziming's thoroughness, I will examine another recipe from the same *juan* seventeen, section three, which Chen grouped together under the heading of *Cuisheng fanglun* 催生方論 (Hastening Birth Formularies). The main ingredient in the pill, *Cuisheng shenmiao ruzhu dan* 催生神妙乳珠丹 (Marvelous Red Frankincense Hastening Birth Pills) was *ruxiang* 乳香 (frankincense),¹²¹ which was mixed with *zhuxin xue* 豬心血 (blood of pig's heart) to form pellets the size of the *wutong zi*¹²² (a seed that is about half a centimeter in diameter) and coated with *zhusha* 朱砂 (cinnabar).¹²³ Chen Ziming provided different suggestions for how this medicine could be used. Its uses were not limited to ingestion during childbirth, but could also be deployed during protracted labour, for stillbirths and when the placenta would not emerge. It could be used in combination with common formularies like the *Siwu tang* 四物湯 (the Four Ingredient Decoction), the *tongjingwan* 通經丸 (Pill of regular menses), the *rushengsan* 如聖散 (Sagely powder), and also mixed with the common

¹²¹ *Ruxiang* 乳香 is commonly called frankincense. The pharmaceutical name is Gummi Olibanum. The part used is the gum resin from *Boswellia carterii*. Botanical name: *Pistacia lentiscus*, L.; *Boswellia carteri*, Bird. This herb is used to relieve pain and swelling by invigorating blood circulation during treatments of pain due to blood-stasis. *Dictionary of Traditional Chinese Medicine*, Beijing: Beijing Medical College, Hong Kong: The Commercial Press, 1984, 198. Wu Jing-Nuan, *An Illustrated Chinese Materia Medica* (Oxford: Oxford University Press, 2004), 144-5.

¹²² *Wutongzi* 梧桐子 is the seed of the Phoenix Tree. Zhou Jiaju, et. al., *Encyclopedia of Traditional Chinese Medicines: Molecular Structures, Pharmacological Activities, Natural Sources and Applications*, vol. 5, 447, T2733, *Firmiana simplex* (Sterculiaceae) -*wutongzi* 梧桐子. In other medical works, *wutongzi* is translated as the seed of the Chinese Parasol Tree. The wood of the Chinese Parasol Tree was used for the soundboards of Chinese instruments such as the *guqin* and *guzheng*. Wang Jie 王介 (宋), 履巉岩本草 *Lüchan yan bencao*, collected in *Nan-Song zhenxi bencao sanzong* 南宋珍稀本草三種, edited by Zheng Jinsheng 鄭金生 (Beijing: Renmin weisheng, 2007), 51, #165. *Wutong* here belongs to the family of *Firmiana platanifolia*, *Marsigli*, *F. simplex*.

¹²³ Wu Jing-nuan, *An Illustrated Chinese Materia Medica*, 682. This is the mineral sulfide of cinnabar that contains mainly mercuric sulfide. Due to its toxic properties, *zhusha* is not to be used for a long time or in large doses.

cong tang 蔥湯 (spring onion soup). In addition to these combinations, Chen provided calendrical information on the most propitious days to make the medicine, assuming that some households made their own medicine instead of purchasing it from physicians or pharmacies. In Qi Zhongfu's *Nüke baiwen*, the instructions for the same formulary using *ruxiang*, were minimal again, without any other combinations. Although Qi did indicate that the same formula could be used for those who had problems getting the placenta out after the baby had emerged.

Both Chen Ziming and Qi Zhongfu were citing works that were in circulation among elite physicians in printed and manuscript editions. However, Chen listed more names and titles than Qi did, and certainly more than any other authors writing on women's medicine in that period. Since both Qi and Chen were involved with the imperial medical establishment during their lifetime, they would therefore have had the opportunity to examine large collections of medical works. Chen's method and style of citation and thoroughness was unique for a single author.

Teaching Materials

Another way to think about Chen Ziming's organizing principles for his book is to consider his appointment as a lecturer at the Mingdao shuyuan 明道書院 (Enlightened Dao Academy) in Jiankang fu 建康府 around 1237. The need to teach medicine in a way different from the usual master-disciple probably necessitated the production of materials that were organized for efficient pedagogy. Medical students had to study for an imperial examination in order to

enter the Imperial Medical Academy. They had to specialize in a topic, such as acupuncture and moxibustion (*zhen'ai*) or women's medicine (*fuke*), and were tested in their chosen field of specialization. Instructors would need to organize their materials in a way that reflected their fields of specialization. Instructors like Chen Ziming had to know which components were to be tested and had to instruct their students accordingly.¹²⁴ It would not be impossible to imagine *Furen daquan liangfang* as a textbook, much as *William's Obstetrics*.

Chen Ziming organized his materials in a way that clearly indicated the main disease categories, followed by the sub-topics and related formularies. He had arranged all directly and tangentially-related topics under the same category, thus making each one exhaustive and encyclopedic. Let us compare Chen again to his contemporary Qi Zhongfu, a fellow imperial medical instructor. The question-answer format adopted by Qi did not group topics under a single category. Instead, Qi grouped fifty questions in the first *juan*, and started with the theory that men were defined by their *jing* 精 (essence) and women by their *xue* 血 (blood). This was followed by the right ages for men and women to wed and beget children—for men, the age was thirty while for women the age was twenty. The next question Qi posed was why women's diseases were many times more difficult to treat than men's. The fourth question raised the definition of *tiangui* 天癸 (literally heavenly water or prenatal vitality). Only in the fifth question did the issue of menstruation arise. The next four questions were concerned with menstrual issues. The tenth question addressed *xulao* 虛勞 (debilitating

¹²⁴ On medical examination in the Southern Song, see Wang Zhenguo, *Zhongguo gudai yixue jiaoyu yu kaoshi zhidu yanjiu*, 240-68.

exhaustion) and the eleventh returned to menstrual cessation.¹²⁵ It appears that Qi Zhongfu was following the life cycle of a female when arranging these questions.

Chen, on the other hand, started with theoretical exposition of menstrual blood and connected it to injury incurred during childbirth and lack of melioration after childbirth. Here Chen started with one line from the *Huangdi neijing*, on the start of menarche, but went on with his own explanation for why regulating menstrual blood was vital, and failure to do so would result in life-threatening illnesses that plagued women after childbirth.¹²⁶ Chen's opening exposition was followed by a similar passage on the same subject from a Qi dynasty work, *Chucheng yishu* 褚澄遺書.¹²⁷ The quoted passage discussed the bodies of both men and women, and started with the importance of *jing* 精 (essence) in men. Interestingly, the ending of this passage taken from *Chucheng yishu* 褚澄遺書, warned against excessive sex with men, which would cause desiccation and aridity, leading to *xu* 虛 (emptiness). The passage also included warnings against giving birth too many times and that nursing would exsicate a woman's essence and blood, leading to

¹²⁵ Qi Zhongfu, *Nuke baiwen*, 1999.

¹²⁶ Chen Ziming, *FRDQLF*, *juan* one. "If menstruation was moving according to its time, it is best to regulate accordingly. When not regulated vigilantly, it is easy to get sick after giving birth. Light illnesses would cause one to be bed-ridden, and a serious illness could lead to death. 若遇經脈行時，最宜謹於將理。將理失宜，似產後一般受病，輕為宿疾，重可死矣。

¹²⁷ The excerpt that Chen chose to quote started with ingesting the five tastes, and the nourishment of the sinews, bones, flesh, blood, skin and hair. Then it went on at length to discuss the difference between men and women, and was not specifically tailored to theorizing about Blood or menstruation. According to Zhao Pushan 趙璞珊, *Chucheng yishu* 褚澄遺書, one *juan*, was probably a Song period work, but was erroneously dated earlier as a Qi 齊 dynasty (479-502), work. Circulating in the Song, the short work allegedly found in the form of a stone carving during the Tang dynasty. Attributed to Guanglu dafu 光祿大夫, this work dealt with topics similar to that found in *Huangdi neijing*. Zhao Pushan, *Zhongguo gudai yixue* 中國古代醫學 (Chinese Medicine in Early China) (Beijing: Zhonghua shuju, 1997), 78.

death.¹²⁸ Here was a medical diagnosis that combined medical insight and a hint of derision against excess sexual activities. Here, I would like to point out that there was also Chen's constant reference back to the damaging effects of childbirth and nursing. Chen therefore provided a thorough inventory of excerpts from works that concurred with his notion of the paramount importance of regulating menstruation, even if the quoted authors had not privileged menstrual regulation in their own works. And when Chen disagreed with other medical authors, he would include his reasons after having provided the arguments of others.¹²⁹

Chen Ziming had a total of twenty sections devoted to the exposition of menstruation and menstrual regulation in the first *juan* on *jing* 經 (menstruation). No other works in the period organized their materials in this manner. The schematic ordering of materials resembled that of *leishu* 類書 (encyclopedic anthologies), which sought to shape the known universe into categories of classified knowledge.¹³⁰ Or one could juxtapose the inclusiveness of Chen's work to the genre of *biji* 筆記 (miscellanies) which was very popular in the Song, and

¹²⁸ Chen Ziming, *FRDQLF*, *juan* 1, part 2: 合男子多則瀝枯、虛人；產乳眾則血枯殺人。觀其精血，思過半矣。

¹²⁹ For example, Chen Ziming did not agree with the use of *mahuang* 麻黃 (ephedra) for treatment of sweating during *zhongfeng* 中風 (literally being "hit" by Wind) as recommended in *Qianjin* 千金 (by Sun Simiao). Chen Ziming thought that using *mahuang*, which was sudorific in nature was problematic. When used on someone who was already sweating, it would cause the patient to be depleted and exsiccated, leading to further deterioration. Chen was also critical of Zhang Zhongjing 張仲景 who used *guizhi* 桂枝 (cinnamon twig) which also promoted sweating. Chen instead favoured the use of *duhuo* 獨活 (doubleteeth pubescent angelica root; *Angelica pubescens* Maxim). All three herbs listed above are warming but only *duhuo* does not promote sweating. Chen Ziming, *FRDQLF*, *juan* 3, no.6. On Wind, see Simonis "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine," 39-41; Unschuld, *Medicine in China*, 67-73.

¹³⁰ Fu Daiwie, "A Contextual and Taxonomic Study of the "Divine Marvels" and "Strange Occurrences" in the *Mengxi bitan*." *Chinese Science* 11 (1993-4), 3-35. See also Zuo Ya, "The Production of Written Knowledge Under the Rubric of *Jiyi*," 255-73.

included unofficial writings of literati, comments, descriptions, anecdotes and observations. This was a huge genre which aimed to be inclusive and broad in focus, encompassed a huge number of works that did not fit into the more well-defined categories of official and literary writings.¹³¹ Without belaboring the point that Chen aimed to be encyclopedic in his work, grouping all the most important writings on a specific topic in one chapter of his book probably served him well while teaching.

The link with teaching is apparent in Chen's references to his fellow teachers of medical academies and included their formularies. For example, he wrote that he had obtained the efficacious formulas from the professor of medicine in Chengdu,¹³² and another was from an assistant professor who taught in the capital.¹³³ Chen also made a reference to the *chanke* specialist Zheng Zongwen 鄭宗文, using a formula from the work of another medical author.¹³⁴ Chen Ziming appeared not to have known the name of the lecturer from Chengdu but had access to his writing, suggesting some kind of shared academy library or manuscript repository. Besides sharing medical knowledge and formularies with each other or depositing one's writing at the academy for the use of other teachers,

¹³¹ Liu Gang, "The Poetics of Miscellaneousness: Literary Design of Liu Yiqing's *Qiantang Yishi* and the Historiography of the Southern Song," (Unpublished PhD Dissertation, University of Michigan, 2010). Liu Gang provides a history of *biji* writing from the Han to the Southern Song, and the main subject of the study, Liu Yiqing 劉一清 (1127-1279) a literati and loyalist, was a contemporary of Chen Ziming.

¹³² Chen Ziming, *FRDQLF*, *juan* 23, "Chanhou men" 產後門. "For the flow of breastmilk after childbirth: for treatment of scant milk, the formula was from a medical professor from Chengdu. 產後乳汁或行或不行方論第十一, 涌泉散: 療乳無汁, 成都教授單驤方."

¹³³ Chen Ziming, *FRDQLF*, *juan* 20, "Chanhou men" 產後門. "...this formula was from an assistant professor working the in the capital. 此京師祝景助教方."

¹³⁴ Chen Ziming, *FRDQLF*, *juan* 13. Here Chen Ziming was so thorough that he explicitly informed his reader that the *chanke* specialist Zheng Zongwen obtained his formulary from Chen Zangqi's *Bencao shiyi* 陳藏器《本草拾遺》.

Chen and his colleagues probably had access to an impressive collection of medical works. If that was the case, it would have been a consequence of the Northern Song imperial efforts to collect medical works from all over the empire for its compilation projects.¹³⁵

Because Chen Ziming named the authors of the works he quoted or included in his book, we can decipher which works were in circulation and available to him, who and what he agreed with or disagreed with, and the range of knowledge and therapeutic choices that were perhaps available to the pregnant woman and her family. The idea of comprehensibility and comprehensiveness in Chen's mind was that which was useful, efficacious and important to his patients and readers.

Chen also used citation as a way of claiming authority for his own work. For example, in *juan ten* on *taijiao* 胎教門 (fetal education category), Chen quoted from a variety of works, which he arranged according to levels of importance. Here, he privileged the work of Chao Yuanfang, *Chaoshi bingyuan*, and he compared it to three other works describing the formation and growth of the fetus. *Chaoshi bingyuan* in Chen's opinion surpassed the following works which he listed: *Wuzhang lun* 五臟論 (Five Organ Discourse, a Buddhist text),¹³⁶ *Lulu jing* 顱鹵經 (Classic of the Salt Skull, a Daoist work), and *Shengji jing*'s "Yuanhua pian" 聖濟經-原化篇 (Canon of Sagely Benefaction, Transformation

¹³⁵ Winkelman, "The Imperial Library in Southern Sung China, 1127-1279," 27.

¹³⁶ *Wuzang lun* was known as *Qipo wuzang lun* 耆婆五臟論 (*Jīvaka Treatise on the Five Viscera*), and was listed in the *Chongwen zongmu* 崇文總目 (Bibliography of Chongwen) as containing one *juan*. See Taki Mototane, ZGYJK, 232. On Jīvaka and the Buddhist Medicine King, see Pierce Salguero, "The Buddhist Medicine King in Literary Context: Reconsidering an Early Medieval Example of Indian Influence on Chinese Medicine and Surgery," *History of Religions* 48.3 (2009): 183-210.

of Origins).¹³⁷

Chen Ziming drew not only on the writings of other medical authors, some of which were relatively obscure, but also on other works that were in circulation and would have been well-known to a literati readership. His choice of specific authoritative works, like the *Yijing*, *Shuowen jiezi*, *Zishuo*, and *Xiaojing*, among others, was probably intended to confer authority on his own writing. Chen's inclusion of Buddhist and Daoist titles reflected the interests of the literati, many of whom were interested in religious practices.¹³⁸ His criticism of those works perhaps mirrored the ambivalent or open hostile attitudes some literati had towards Buddhism.¹³⁹

By quoting these works, Chen displayed his erudite training as well as his familiarity with works popular within literati circles. Besides showing that he was a well-trained physician, he was not entirely uncultivated. Any educated person reading his work would recognize these classics and identify with Chen's *boxue* 博學 (comprehensive intellectual abilities).¹⁴⁰

Chen's meticulous citation format was accompanied by his arguments and choice of materials. He indicated clearly when he was the author for a particular section. Chen was not only interested in collecting rare and efficacious recipes

¹³⁷ Chen Ziming, *FRDQLF*, *juan* 10, "Taijiao men" 胎教門, no. 1. Besides quoting from medical classics like *Tianzhen lun* 天真論 (Discourse of the Supreme Being) and *Yinyang lihe lun* 陰陽離合論 (Discourse on the Union and Separation of Yin Yang) from the *Huangdi neijing*, and commentaries by the Northern Song imperial physician and medical author Wu Ti 吳提. Chen also quoted from the *Yijing* 易, *Shijing* 詩, and *Zhuangzi* 莊子, *Liezi* 列子, *Zishuo* 字說, *Shuowen jiezi* 說文, *Xici* 系辭, *Xiaojing* 孝經, *Liji* 禮記 and *Fayan* 法言.

¹³⁸ On literati perspectives on Buddhism in Sung China, see Mark Halperin, *Out of the Cloister: Literati Perspectives on Buddhism in Sung China, 960-1279* (Cambridge, MA: Harvard University Press, 2006).

¹³⁹ Halperin, *Out of the Cloister*, 62-65, 160-63.

¹⁴⁰ In *FRDQLF*, *juan* 4, no. 6, Chen Ziming deprecated his lack of education and asked literati who read his work to supplement what he had written.

and medical theories, but was concerned that he displayed and expounded his own knowledge. Where he disagreed with other prominent authors, like Chen Yan, the author of *Sanyin fang*, Chen stated his opinions directly, and explained how he differed in practical applications and successful treatments. He did not merely list materials but wanted to show that he was in dialogue with the works he quoted.

Childbirth

I would like to return to childbirth, the focus of this dissertation, and examine Chen Ziming's methods of compilation in this section.¹⁴¹ In most topics of women's health, like menarche and menstruation, medical authors like Chen Ziming were applying or fine-tuning theories being developed by literati men. But the practical aspects of childbirth were "particularly resistant to modes of knowing of the sort easily codified in print."¹⁴² According to Furth, tracing the history of writing about birth has revealed that "medicine was fundamentally a domestic activity," with ritual "integrated into healing strategies."¹⁴³ Medical texts provided only a part of the story about how physicians, families and non-elite healers negotiated and interpreted gestation and birth. In Furth's words, "texts on *chanke* – the obstetrical sphere of childbirth itself – were particularly fragmentary and changeable, showing with especial clarity how print as a mode of textuality claiming to produce public and standard forms of learning was

¹⁴¹ On pregnancy, Chen Ziming devoted seven *juan*, and on postpartum illnesses six *juan*. Although on menstruation there was only one *juan*, it was at the beginning of the work, therefore signaling its importance. Chen had more sources to consult for pregnancy and childbirth because these were subjects that preoccupied medical authors of earlier periods.

¹⁴² Furth, 1999, 99.

¹⁴³ Furth, 1999, 95.

destabilized by medicine's fluid, practice-modes of producing knowledge.”¹⁴⁴

For Chen Ziming, this was probably less a theoretical tension than an opportunity. I would argue that he took full advantage of that expansive realm of medical practice where theoretical language reached its limits. The physicality of pregnancy, childbirth and postpartum health provided Chen with a way of differentiating the illnesses of women from those of men and allowed him to re-define older etiology and therapies or add new knowledge.

Chen did not attempt to theorize the practical aspects of childbirth. Instead he presented what other medical authors had eschewed. He collected two *juan* of what scholars today would call “popular customs” or religious healing. These two chapters were related to the concrete aspects of birth. The first was *juan* sixteen: “Zuoyue men” 坐月門 (On the “Sitting Month”) and the other was *juan* seventeen: “Channan men” 產難門 (On Difficult Birth). As a thread running throughout his work, Chen emphasized the importance of Blood in women, and in these two *juan*, Chen would try to apply that same idea.

In *juan* sixteen on childbirth, Chen made it a point to reinforce his emphasis on regulating a woman's menstrual cycle. Although the *juan* was on the month before giving birth, Chen somehow managed to link it to menstrual regulation. Here he emphasized that a woman's Blood and subsequent health was at stake here. Her Blood risked being depleted or damaged because of pregnancy and childbirth. Here, Chen made use of Zhou Ting's 周頌 preface collected in Zan Yin's 詹殷 *Jingxiao chanbao* 經效產寶 (Prescriptions from the Birth Treasury), to reiterate the damaging effects childbirth had on the Blood of a woman, and how

¹⁴⁴ Furth, *A Flourishing Yin*, 94-95.

a woman who gave birth frequently really needed the care and counsel of a physician to help in the revival of the health of her Blood.¹⁴⁵ By quoting Zhou Ting 周頌 at the beginning of *juan* sixteen on “Zuoyue men” 坐月門 (On the “Sitting Month”), Chen had provided yet another source that bolstered his argument that the well-being of a woman was dependent on Blood. By promoting the dangers of childbirth, Chen linked the crisis of childbirth to that of Blood and menstrual regulation. Zhou Ting’s argument was really that pregnancy and childbirth depleted and damaged the Blood of women, causing them to develop other types of illnesses, and Zhou Ting wrote in a period when pregnancy and childbirth (*chanru* 產乳) were really the most important concerns of medical authors when they wrote about women’s health. However, Chen was more interested in Zhou Ting’s elaborate explanation about damaging Blood and *qi* for the purposes of bolstering his argument.¹⁴⁶

Zhou Ting, like most works before Chen published *Furen daquan liangfang*, started with the dangers of pregnancy and childbirth (*chanru* 產乳), especially difficult birth (*channan* 產難), which he considered the most urgent type of medical emergency, because the lives of both the fetus and mother could be lost within moments. What makes the situation worse, he added, was if the pregnant woman had not regulated her health prior to her pregnancy. She was therefore more prone to damage wrought during the intense rigours of birth. Zhou also noted that women who gave birth to one or two children had not yet totally destroyed their Blood-*qi* reserve, but when they gave birth to four or five, any

¹⁴⁵ Chen Ziming, *FRDQLF*, *juan* 16.

¹⁴⁶ In the *juan* on childbirth in *Waitai miyao*, there was no attempt to theorize about the damaging effects of childbirth.

prior illness that had not been thoroughly healed would resurface and become fatal for women. And women who gave birth seven or eight times were most likely to suffer long-lasting damage to their health, having weakened or exhausted their Blood-*qi*. These women needed to seek medical help in order to improve their and their baby's health. For most families, mothers would nurse their babies immediately and that would further deplete the energy of postpartum mothers, because nursing causes damage to women's Blood.¹⁴⁷

Recall my earlier description of *tiaojing* 調經 (menstrual regulation) and how repeated childbirth was thought to damage the Blood-*qi* of a woman, which had been elaborated by Chen in the first *juan*. Without any new elaborate theories on Blood-*qi*, Chen was still able to establish his work as authoritative. He did so by describing childbirth as a debilitating and exhausting experience, and his work contained the most comprehensive and efficacious knowledge on how to handle this healthcare dilemma.

These two *juan*, sixteen and seventeen, differed from the rest of the work. Despite the shared centrality of Blood, besides the fear of the massive loss of blood and the long term damage inflicted on a woman's health, there was not much theorization of the birthing process. Instead, these two *juan* were organized to reflect the breadth of his research and collected materials. It was the content of those materials and the way he organized it that made these two *juan* authoritative knowledge on childbirth.

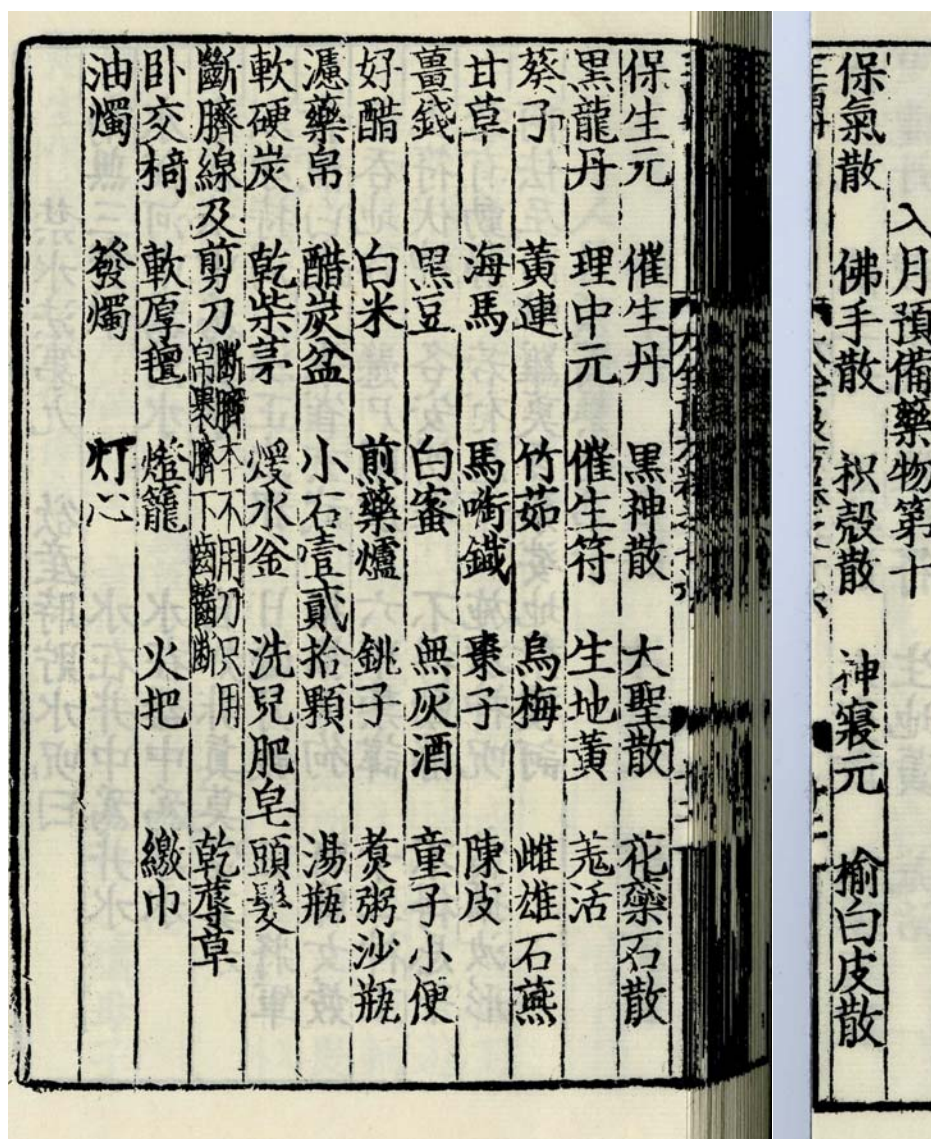
The content that Chen included was comprehensive, and because the practical aspects of birth could not be theorized, Chen assembled an array of information

¹⁴⁷ Chen Ziming, *FRDQLF*, *juan* 16.

that did not resemble the abstract medical reasoning in other sections. Chen included materials that would be what we call popular practices, such as how one would handle other worldly beings who co-inhabited the human sphere. Chen recorded rituals and implements that could placate gods, deities, spirits and ghosts, household goods and simple foodstuffs to prepare for the impending birth. In *juan* sixteen and seventeen, besides formulas commonly used during the final month of pregnancy and for the actual birth itself, Chen included information on the correct burial of the placenta and on space interdictions because of deities and spirits within the household.¹⁴⁸ There was also a long list of things to prepare for use in the birthing chamber. No other extant medical work contains a similar list.¹⁴⁹

¹⁴⁸ These were not new and were already included in medical works in early imperial China. Fragments of where to bury the placenta was addressed in the Mawangdui excavated work, *Taichan shu* 胎產書 (Book of the Generation of the Fetus). See Harper, *Early Chinese Medical Literature*, 372-84.

¹⁴⁹ Chen Ziming, *FRDQLF*, *juan* 16, part 10. The list starts with medicines that were common. Then common materia medica, such as ginger and dried orange peel, were listed. Those were followed by common household condiments like honey and vinegar, and alcohol. Then, pots and utensils, containers of various sizes and material, soap, dried hay, mattresses, lantern, etc. I am naming just some things listed.



The list appears to be quite comprehensive, from medication to the smallest item like oil for the lamp and a candle. During an emergency, the lack of the most mundane daily household item might have dire consequences. Chen was not leaving anything to chance. The attention to details would have been in line with his claim to be comprehensive.

Preparing the Woman About to Give Birth

Following the preface by Zhou Ting quoted from Zan Yin's *Chanbao fang* 產寶

方,¹⁵⁰ Chen Ziming continued in *juan* sixteen with a summary of advice for the pregnant woman entering the final month of pregnancy. In this second section, the emphasis on Blood ceased to dominate. Instead, Chen collated advice, probably passed down over generations, on how women managed the final days before the arrival of the baby. Chen composed a list of seven proscriptions for the pregnancy woman.

1. Do not sleep too much and move about often.
2. Do not eat food that is sticky or hard to digest.
3. Do not drink alcohol.
4. Do not take unnecessary medication.
5. Do not receive unnecessary acupuncture and moxibustion.
6. Do not have too much worry and keep an open mind and be in good spirits.
7. Do not carry heavy objects or climb to reach high spots (dangerous).

If the pregnant woman should feel that her fetus was unsettled, take some *antai yao* 安胎藥 (fetus-calming medication) once or twice till the fetus calms down.

Although this practical advice would hardly have been considered medical *techné*, but when written out and published, it became the expertise of the physician, male medical author, and possibly the male literatus reader.

In the same vein, Chen was claiming the expertise of fellow practitioners when he reminded his reader of the importance of having the *Chantu* 產圖 (birth diagram) ready in order to know where *riyou taisha* 日游胎殺 (Fetus Killer Traveling during the Day) or Taishen 胎神 (another name for Taisha 胎殺), was

¹⁵⁰ Chen Ziming, *FRDQLF*, *juan* 16.

located.¹⁵¹ Appropriating the technical know-how of ritual specialists on locating Taishen, Chen also informed his readers on how the family should also prepare for the bed and bedding that the pregnant woman would use when she gave birth in order to avoid Taishen. This would include setting her bed in the right direction according to the *Chantu* and getting the right materials to lay on the ground so that no blood would spill or touch the floor. Then Chen instructed that in the summer, thick straw should be used, together with a thin well oiled, mat and sash tent. These should be cleaned by the frequent use of burning incense. Soups and medicine, and containers used during birth should also be prepared. These instructions appear to be read or used with the detailed list of items to prepare at the end of *juan* sixteen. These were chores and material preparations that had nothing to do with medical theories or formularies, but with quotidian knowledge or popular practices.¹⁵²

Chen then cautioned against noise and loud disturbances, or unnecessary persons, usually other women, loitering around the birthing chambers. All these were intended to avoid alarming or disturbing the pregnant woman about to give birth. Before the birth, an experienced and elderly *shengpo* 生婆 (midwife) should be selected, and one or two women (married, since *furen* 婦人 was used here) should be selected to assist the midwife. They should not upset the pregnant

¹⁵¹ According to Guo Li-Cheng, there are five types of Taisha 胎殺 (Fetus Killer) or Taishen 胎神 (Fetus Deity). The five are: Yueyou Taisha 月游胎殺 (Fetus Killer Traveling in the Night), Riyong Taisha 日游胎殺 (Fetus Killer Traveling during the Day), Xiaoer sha 小兒殺 (Killer of Little Children), Benming sansha 本命三殺 (The Three Killer of Original Fate), and Chanmu shenhuang dingming 產母身黃定命 (Fixed Fate of the Pregnant Mother). Guo Li-Cheng 郭立誠, *Zhongguo shengyu lisu kao* 中國生育禮俗考 (Study of Popular Chinese Birth Rituals) (Taipei: Wenshizhe chubanshe, 1971), 79-83.

¹⁵² Chen Ziming, *FRDQLF*, *juan* 16.

woman with worries or noise. Chen's advice included the prohibition of those in mourning or ritually polluted persons from having any contact with the pregnant woman, and a caution that the midwife not use too many hand techniques and alarm the pregnant woman, thereby leading to birth complications. All of these pieces of caution and advice were based on the primacy of women in the birthing chamber. It was these women, and not Chen, who were the actors. However, when we read Chen's expert advice, he adopts the position of an expert, as though women did not know beforehand about moving cautiously just before giving birth, preparing for materials that would soak up all the blood and bodily fluids emitted during childbirth, or how to care for a fellow woman giving birth.

Chen and his fellow male medical authors had to obtain their information from older women who had helped with childbirth or highly experienced midwives, but his act of documenting an oral tradition had the effect of appropriating the knowledge for male medical authors. Chen documented popular practices of women and household customs on childbirth but, unlike his careful citation of male-authored sources, he left the origins of this knowledge unattributed. In effect, he claimed this knowledge for himself. Those who offered those specialized services like midwives left no written records.

Chen then cited another passage from *Chanbao fang*, on how to tell if a woman was about to give birth. These instructions were specific and detailed. But more importantly, such information was intimate. Not all male physicians would have had the experience of witnessing the prolonged agony of dilation and the rapid changes that transformed a woman's body just before birth. The long hours of waiting for the baby and mother to be ready, settle into the birthing position

and the very intense and painful pushing from the womb. Such information were most probably obtained from women who attended to other women during birth. To be able to describe the “flames” in the eyes of the woman about to push the baby out from the womb and the exact location of her pain in the waist and navel area, one had to know what to look for (see my analysis of *Shichan lun*).

It is recorded in *Chanbao* that: when a pregnant woman experienced pain in her stomach but not extreme pain around her waist, she was probably not about to give birth. She should be encouraged to walk around, and if she could not walk unassisted, hold her up to walk around. She should get used to bearing the pain. If the amniotic sac had broken and water has descended, and she started to feel waves of pain in her waist and stomach areas, and it was as if there were flames in her eyes, that was the moment when the fetus has broken away from the Kidney channel and is pressing on the birth door. The woman should then ingest one or two portions of *cuisheng yao* 催生藥 (Birth Hastening Medicine). She should then be assisted to the bed of straw laid out for her to bear down. Absolutely do not let the woman bear down too early, and she should reserve her energy for the birth itself.¹⁵³ Eat and drink intermittently to shore up energy. All these should be explained by the midwife prior to giving birth. Should the pregnant woman feel vexation in her chest, it is advisable to take a spoonful of white honey, use newly drawn water to mix and ingest. If one is hungry, then eat soft rice (well-cooked rice) or porridge, which should be prepared beforehand. Do not allow the pregnant woman to become famished or thirsty, or she will not have the energy and there will be difficulties. If she is not thirsty, do not force her to eat. Generally, those

¹⁵³ The advice of not bearing down to give birth before one was really ready would be repeated again and again in Chen's book. This is the most common and popular advice given in medical works. From Chen Ziming's *Furen faquan liangfang* in the thirteenth century to *Dasheng bian* in the eighteenth century, medical authors who wrote about childbirth complications would give this advice, and state that when this was not followed, all subsequent complications that ensued were most probably due to pregnant woman bearing down too early. Whether it was because pregnant women wanted to start pushing too early on their own or that inexperienced midwives urged them erroneously, male medical authors almost always start with this advice.

who give birth will do so in their own time (when the time is right), do not force birth by ingesting Birth Hastening decoction or Slippery Fetus medicine. Also, when one bears down too early, the right/appropriate time is missed [by not perceiving the right moment] and it passes. If one takes medicine, and there is no difficulties and medicine is forced upon the woman, this might give rise to other illnesses and one should be cautioned against it.¹⁵⁴

《產寶方》云：妊娠欲產，腹雖痛而腰不甚痛者，未產也，且令扶行熟忍。如行不得則憑物扶立，行得又行。或衣漿先下，然後作陣腰腹痛，眼中如火生，此是胎離 腎經，兒逼產門也。即服催生藥一、二服，即扶人蓐草，切不可坐草早。務要產婦用力，存養調停，亦令坐婆先說諭之。如覺心中煩悶，可取白蜜一匙，用新汲水調下。或覺飢，即吃軟飯或粥少許亦須預備，勿令飢渴，恐產婦無力困乏也。若不飢渴，亦不須強食。大凡生產自有時候，不可強服催生、滑胎等藥。或因坐草早，勢不獲已則服之。若無事強服，恐變生他疾，又須戒之。

In the advice given above, Chen and the male doctors he quoted advocated minimal intervention with medicine, and emphasized care for the well-being of the birthing woman. Her experience of pain, pangs of hunger or any other discomfort, were all concerns that should be watched and observed closely, and most probably by the attending midwife and her assistants. The midwife also had the task of explaining to the mother-to-be before the baby was due, what to expect during birth. Here, Chen highlighted the duties of midwives and in turn provided a sense that the male readers of his work should know what happened in the birthing chamber but did not personally handle tactile care for the pregnant woman. His authoritative tone placed him above the midwives, as he was the one instructing his male readers to keep the midwives in line.

¹⁵⁴ Chen Ziming, *FRDQLF*, *juan* 16, number two, “*Jianghu yunfu lun*” 將護孕婦論.

Following the advice on preparing for childbirth, the next section called “Huatai” 滑胎 (Slippery Fetus or Sliding the Fetus) returned to a realm of knowledge that was firmly part of male medical discourse. All the formularies in this section were designed to reduce the size of the fetus, so that if the fetus became “thinner,” it would be easier to give birth. These medications were to be taken in the final month of pregnancy. Once again the provenance of the formularies were varied. The first formulary, “Huatai zhiqiao san” 滑胎枳殼散 (Bitter Orange Powder for Slippery Fetus) was from a Daoist priest, Nanshan daoshi 南山道士 and was prescribed for a certain Huyang princess.¹⁵⁵ The five sets of formularies used ingredients like *zhiqiao* 枳殼 (bitter orange), *gancao* 甘草 (licorice), which invigorates the heart and spleen system) and *cheqian zi* 車前子 (plantain), which is diuretic and anti-diarrheric in nature.¹⁵⁶

Aligning the Birthing Woman with the Stars

The next section on instructions on how to use astrocalendars really speaks to Chen’s attempt to appropriate and incorporate the knowledge of other experts.

¹⁵⁵ *Zhiqiao* 枳殼 (bitter orange) was carminative or flatus-relieving in nature. *Zhiqiao* was used in two of the five formulas listed in this section. Chen opined that Xu Shuwei 許叔微 had noticed that most medications for pregnant women had the tendency to curb yang and support yin, but this often led to other illnesses when yin-yang become confused (*jiaocuo* 交錯). The best of the formulas, *Zhiqiaosan* 枳殼散 by Nanshan daoshi, only curbed yang, but its cold properties would cause the fetus to be too cold and lead to stomach aches if used alone. It should therefore be combined with *Neibu wan* 內補丸 which would fortify the pregnant woman’s *Chongren mai* 衝任脈. Chen Ziming, *FRDQLF*, juan 16.

¹⁵⁶ Other ingredients include *ruxiang* 乳香 (Frankincense) which relieves pain and swelling by invigorating blood circulation. *Ruxiang* would be featured extensively in formularies in the section on Difficult Birth because of its effectiveness in treating traumatic pain. *Ruxiang* was not allowed during the entire period of pregnancy because it could cause miscarriage (or enable abortion), and was not allowed till the actual time of birth to help with pain and to hasten birth.

However, unlike techniques described in *Shichan lun*, which had belonged to a specific group of women practitioners, astrocalendary knowledge was more diffuse. It was produced by a few experts but was widely used by all sectors of society, and it was also a popular subject of inquiry in literati circles. Here, Chen provided astrological and divination lists and charts to help the pregnant woman and her family manage childbirth complications that were not due to only physical troubles.¹⁵⁷

To make his case, Chen quoted Wang Kuang 王貺 (*zi* Zixiang 子享), who cautioned that one should be aware that there were principles governing the course of life events that could not be explained by the imbalance of *qi* and Blood. Wang Kuang warned that birth complications were sometimes the results of ritual violations and other offenses that displeased gods and deities. Earlier in *juan* eleven, Chen provided advice on how to avoid *taisha* 胎殺 (Fetus Killer) at the beginning of the pregnancy.¹⁵⁸ Here in *juan* sixteen, besides *taisha*, there were

¹⁵⁷ The fear of offending ancestors and spirits was the concern of both women and men in early China, as various contemporary studies of Mawangdui and Zhangjiashan excavated texts have shown. For example, see Li Jianmin 李建民, “Mawangdui Hanmu boshu ‘Yu zang mai bao tu’ jian zheng” 馬王堆漢墓帛書‘禹藏埋胞圖’箋證,” *Shengming shixue: congyliao kan zhongguo lishi* 生命史學:從醫療看中國歷史 (Chinese History in View of Medicine and Healing) (Taipei: Sanmin shuju. 2005), 207-324; Harper, *Early Chinese Medical Literature*.

¹⁵⁸ Chen Ziming, *FRDQLF*, *juan* 11, no.4-9. No. 4: “Taisha biji chanqian jianghu fa” 胎殺避忌產前將護法 (Methods and Care on Avoidance of Fetus Killer before Giving Birth); 5: “Yueyou Taisha” 月遊胎殺 (Night Wandering Fetus Killer); 6: “Shi kan riyong Taisha” 十干日遊胎殺 (Ten Heavenly Stem Day Wandering Fetus Killer); 7: “Shier zhi riyong taisha” 十二支日遊胎殺 (Twelve Earthly Branch Day Wandering Fetus Killer); 8: “Liujiayun you Taisha” 六甲旬遊胎殺 (Six *Jia* Days of Wandering Fetus Killer); and 9: “Taishi ju riyong taisha” 太史局日遊胎殺 (Grand Astrologer’s Office Day Wandering Fetus Killer). [天干地支相配計算時日，其中有甲子、甲寅、甲辰、甲午、甲申、甲戌，故稱為「六甲」。Alternatively, *Liuja* 六甲 is also the name of a planet. 星名。晉書卷十一·天文志上：「華蓋杠旁六星曰六甲，可以分陰陽而配節候，故在帝旁，所以布政教而授農時也。」 It is also a method for dispelling spirits and ghosts: 一種五行方術，可據以隱遁或避除神鬼。南朝陳·徐陵·答諸求官人書：「五行有驛馬之言，六甲有官鬼之說。」]

other malevolent deities and spirits which shared the same space as humans. The family had to either avoid, placate or appease these ephemeral but powerful and sometimes deadly members or visitors of the household. In particular, the final month of pregnancy and the birth were crucial periods which required a variety of strategies to deal with the anxieties of birth. No one could predict when the baby would be born, and how smooth or uncomplicated the birth would be. Besides using the latest scholarship on astronomy and astrology to avoid malevolent spirits according to the seasons, the fate of the woman and those in her family, the space, the location, placement of the site of birth and the burial of placenta, and where birth would take place had to be considered to appropriately in order to manage influences which were not immediately perceivable. Parts of the information sound repetitive, but the constant reminder or repeated warnings by Chen, would serve to remind us that prior and during the Song period and later (up to today), managing the spirit realm was an important concern of many Chinese, and they sought out techniques to deal with that.

It is in this area that Chen Ziming was able to display his familiarity with the latest astrological knowledge. First, he included the *yuekong fangwei li* 月空方位例 (Moon Void Positions and Directions) that informed when there will be no malevolent deity present at a specific month of the year.¹⁵⁹ Once the *yuekong*

¹⁵⁹ I follow Ho Peng Yoke's translation of *yuekong* 月空 (Moon Void), which is in opposition to *yuesha* 月殺 (Moon Evil Spirit). *Yuesha*, also known as *Yuexu* 月虛, was an imaginary evil spirit or object found in one of the twelve *dizhi* 地支 (terrestrial branches). Ho Peng Yoke, *Chinese Mathematical Astrology: Reaching Out to the Stars* (London: RoutledgeCurzon, 2003), 123-25. The Chinese calendar was based on a stem-branch system that followed a cycle of sixty (sexagenary) days/years made up of ten *tian kan* 天干 (heavenly branches) and twelve *dizhi* 地支 (terrestrial branches). Sivin 2010, 68-70. The odd numbered months were grouped under *bingren* 丙壬 (the third and ninth of the ten heavenly stems in the calendrical system) and even numbered months were grouped under *jiageng* 甲庚 (the first and seventh of the ten

position was established, then one should find out where the thirteen baleful spirits (or star constellations) were located during the month. In each month, there was one spot (direction included) that was suitable for the birth to take place and another to bury the placenta. This section called *zhuyue anchan cangyi jixiang fangwei* 逐月安產藏衣忌向方位 (monthly positions and directions to avoid when burying the placenta) came with a diagram which Chen did not label. Here Chen quoted from *Taiping shenghui fang* 太平聖惠方 that advised for a copy of *chantu* 產圖 (birth diagram) to be copied in vermilion ink and pasted on the wall of the pregnant woman's bedroom.¹⁶⁰ However, these systems to locate various stars/spirits, for example, the *Tianyi guiren* 天乙貴人 (Noble One), in order to locate the other eleven heavenly generals in the *Liuren* 六壬 system, were quite difficult to use.¹⁶¹ Even Chen acknowledged that birth diagrams were not easy to use. He observed that this knowledge was much simpler in *Taiping shenghui fang* 太平聖惠方 (compiled ca. 978-992) than in *Waitai miyao* 外台秘要 (first published in 752). Chen noted that in general, the populace followed the simplified instructions from *Taiping shenghui fang*.¹⁶² However, the simplified version from *Taiping shenghui fang* did not take into account the *jieqi* 節氣 (solar divisions of a year) that were different from lunar

heavenly branches).

¹⁶⁰ According to the list, the first month is under *bingren* 丙壬, it is permissible to set up the bed and tent in the *ren* position, and bury the placenta in the *bing* position. Paste the amulet (*gua* 掛) on the northern wall of the pregnant woman's room.

¹⁶¹ Ho Peng Yoke, *Chinese Mathematical Astrology*, 123-125. This system was described in Shen Gua's *Mengxi bitan*, please previous chapter for details.

¹⁶² Although *Waitai miyao* is a Tang work (first published in 752), it was reissued by the Song imperial government in 1051, in an effort to curb malaria among troops in the south. Cherniak, "Book Culture and Textual Transmission in Sung China," 57, fn.140.

intercalations.¹⁶³ Chen pointed out that the lunar month and the *jieqi* differed, and therefore the birth chart should be adapted to each month differently. Here Chen was raising doubts about the reliability of following one single chart or an inaccurate calendar to ascertain the locations of the spirits. At the same time he displayed learning in the technical field of reckoning the sky, which many of his literati colleagues were interested in as a subject of inquiry.

The determination of the right location to give birth was important because it would allow the birthing woman to avoid offending spirits or deities, represented by the stars in constellations. These included Baihu 白虎 (White Tiger),¹⁶⁴ Tianhou 天候 (Heavenly Monkey), Kuang Hu 狂虎 (Mad Tiger), and Tian Gou 天狗 (Heavenly Dog).¹⁶⁵ Their location on earth was identified according to the *tiangan dizhi* 天干地支 (ten heavenly and twelve earthly branches) that designate the order and months of a year.¹⁶⁶ Having ascertained their location on one chart, one had to then consider the age of the woman giving birth. Using another chart and based on woman's birth date, one would then have to locate the

¹⁶³ *Qi* 氣 in this context was the twelve divisions of the year based on the sun, and was the counterpart of the month. The lunar months (calculations based on the moon) was not useful for planting seasons or for tracking seasonal change, there was therefore a calculation system based on the solar constellation. Each *qi* was further divided into half nodes (which is the *jie* 節). There are 24 *jieqi* 氣節 divisions used to describe the yearly climatic cycle in rural north central China. Nathan Sivin provides a thorough explanation of *jieqi* and intercalation in *Granting the Seasons*, 2009, 79-81.

¹⁶⁴ Baihu 白虎 (White Tiger) was one of the thirteen potentially baleful or maleficent spirits within the pantheon of star spirits. This is also a name that refers to the western celestial palace that is used in Chinese astrology to divide up the sky. See Edward H. Schafer, *Pacing the Void: T'ang Approaches to the Stars* (Berkeley: University of California Press, 1977), 76, table 2, 'Important Starry Chronograms.' In the western palace, other associated constellations included Baidi 白帝 (White Thearch) and Taibai 太白 (Venus).

¹⁶⁵ The only male deity that protects mother and child during childbirth was Zhang Xian (all the rest were women), and he was often portrayed holding a bow and arrow aimed at a pair of heavenly dogs (*Tiangou* 天狗). For more on Zhang Xian, see Guo Li-Cheng 郭立誠, *Zhongguo shengyu lisu kao*, 24-27.

¹⁶⁶ Chen Ziming, *FRDQLF*, *juan* 16.

three directions she should avoid, and the one that was favourable.¹⁶⁷ The chart specified two months and one special day that should be avoided. Provided in the same chart were colours that the woman giving birth should wear. The colours yellow, red, black, green, and white, reflected the colours associated with the Five Phases and directions on the *baqua* 八卦 (hexagram).¹⁶⁸ The chart also provided the appropriate auspicious direction the mother could lie facing and where the master (dressed in the appropriate designate color of the month) could position himself to oversee childbirth. Here the term is 看產 (literally to “watch” or “see” the birth), and the *shi* 師 (master or teacher) was someone who was trained in some form of expertise. We are however not told what that expertise encompassed.¹⁶⁹ Similar information was provided in earlier works like *Waitai miyao* and *Chaoshi zhubing yuanhou lun*, both from the Tang dynasty, and reprinted in the Song.

Specialized knowledge of astronomy and astrology was the prerogative of the elites. According to Ho Peng Yoke, Chinese astronomy and astrology tended to be

¹⁶⁷ *Shengqi fang* 生氣方. This was the auspicious direction in which the woman giving birth should face when lying down or sitting up. Historian Chang Che-chia translated *shengqi fang* as the “direction of the *qi* of life,” and since childbirth was unpredictable and possibly life-threatening, it was advisable to follow the directions of the life force (i.e. *qi* 氣). This also included the birthing woman and the attending midwife don robes consistent with the colour of that specific direction. Other possible readings could include hiring a midwife from the right direction indicated on the birth chart. Private correspondence with Professor Chang Che-chia. 11 November 2011.

¹⁶⁸ The five colours were those associated with the number “five,” used in the *Luoshu tu* 洛書圖 (Luoshu Chart) and *Hetu* 河圖 (River Diagram), both of which were used in numerology from the twelve century onwards. Ho Peng yoke, *Chinese Mathematical Astrology*, 64,

¹⁶⁹ According to the contemporary Chinese scholar Yan Liang 鄢良 and his team of scholars working on mathematical astrology and medicine, the woman who was giving birth and the midwife would both don the same colour robe according to the chart provided. See Yan Liang 鄢良, et. al., *Renshen xiaotian di : Zhongguo xiangshu yixue yuanliu, shijian yixue juan* 人身小天地: 中國象數醫學源流・時間醫學卷 (Little World of Humans: Chinese Numerology and Medicine, Time and Medicine) (Beijing: Huayi chubanshe, 1993), 123-29.

the monopoly of the ruling class, and utilized the portents of heaven to make claims about legitimacy of rule.¹⁷⁰ However, the association between legitimate rule and astronomy did not mean that the populace did not utilize such knowledge. The vast number of popular sources that demonstrate an interest in the utility of astronomy in medicine are many. The idea of nature and its potential forces having influence over one's fate and life, including and especially one's health and well-being, had a long history in early China.¹⁷¹ By the Song, specialized knowledge of astronomy, astrology and numerology was no longer the monopoly of a few,¹⁷² and Chen Ziming saw fit to include the latest development of such knowledge in his work.

The experts trained to make calculations of asterisms, constellations, and abnormalities often commented on the mistakes made by competing systems,¹⁷³ or errors resulting from instruments and reading. Chen Ziming's note of caution about using the right calendrical tools would be particularly apt in light of the various competing schools of thought and increasingly chaotic political times in the Southern Song. Reckoning the sky was tied to imperial portents and the emperor's right to issue a new dynastic and civil calendars. When such knowledge was not in the hands of those in the service of the reigning regime, it could potentially be used in subversive manners according to the ruling regime.¹⁷⁴

¹⁷⁰ Ho, *Chinese Mathematical Astrology*, 1-5.

¹⁷¹ Harper, *Early Chinese Medical Literature*, introduction.

¹⁷² On medicine and astrology, see Chang Che-chia, "Medicine and Astrology: Their Encounter on a Cross-cultural Occasion," *EASTM* 24 (2005), 62-77.

¹⁷³ There were several systems of calculating or reckoning the stars, moon and sun. The *zibai* 紫白 system still used today, the *Yijing* 易經 and the *Taiyi* 太一 cosmic boards, etc. *Ziwei doushu* system of astrology 紫微斗數 (Numbers According to Ziwei and the Plough)

¹⁷⁴ Sivin, *Granting the Seasons*, 25, 59, 240. Private study of astronomy in the Ming dynasty was even made illegal.

Prior to Chen Ziming's period, we have records of various works on *chantu* 產圖 (birth diagrams) recorded in the Sui dynastic bibliography.¹⁷⁵ The precursor to *chantu* was most probably the Han era *Taichan shu*, the earliest extant fragments was unearthed at Mawangdui, Changsha in 1975.¹⁷⁶ The Taiwanese historian Li Jianmin posited that early Han Chinese believed that the right burial location and method for the placenta was important not only for the well-being of the mother and the family, but was crucial for the health and fate of the new baby. While the diagram in the *Taichan shu* was devoted only to the burial of the placenta, that information had become incorporated into the *chantu* into a single table by the time of Chen Ziming. Instead of having a separate diagram for the burial of the placenta, one for the direction of *shengqi* 生氣 (Qi of Life) and one for the direction of death or inauspiciousness, all that information was combined into one table.¹⁷⁷ Besides including this complicated and elaborate specialized system of the sky and deities who inhabited the realm, Chen also included knowledge that could be utilized without the expert, like the prayer or chant for “borrowing” the ground for the woman to give birth. The prayer was to be copied and pasted on the northern wall of the bedroom of the pregnant woman. The need

¹⁷⁵ Lee Jen-der has collected all the latest extant *chantu* in her 2008 work. Lee Jen-der, *Nüren de zhongguo yiliao shi* (Taipei: Sanmin shuju, 2008), 79-95. In *Suishui jingji zhi* 隋書·經籍志 (Dynastic Bibliographies of the Sui), there were records of the work *Chantu* 產圖, 2 *juan*, and *Za chantui* 雜產圖, 4 *juan*.

¹⁷⁶ Lee Jen-der, *Nüren de zhongguo yiliao shi*, 80. Ma, *Mawangdui gu yishu kaoshi*, 764; and Li, “Mawangdui hanmu boshu ‘Yuzang maibao tu’ qianzheng, 2005, Harper, *Early Chinese Medical Literature*, 372-84.

¹⁷⁷ Li Jianmin, 2005, 207-323. *Waitai miyao* has three different sets of diagrams. See *Waitai miyao juan* 33. There were twelve diagrams (*tu* 圖) on 逐月安產藏衣 (Month by month diagram on the burial of the placenta) collected in *Weisheng jiabao chanke beiyao* 衛生家寶 產科備要 and also the *Cuishi chantu* 崔氏產圖 collected in *Waitai miyao*. The *Chanjing* 產經 mentions a Birth Chart/ diagram but since it is no longer extant, we did not know what the diagrams looked like. Lee Jender, *Nüren de zhongguo yiliao shi*, 2008, 82-95.

to “borrow” the ground for the birthing mother was another way to avoid offending the gods positioned in various locations and directions when childbirth took place.

Conclusion

The end of Southern Song period for many physicians was a transitional period, with intellectual trends from the Northern Song period maturing and their influence visible in the medical works that were produced. Medical authors and physicians were also adopting new personas and social status when medicine became recognized at court as an important subject of study and a legitimate field of study for the literatus. At this cross-road, medical authors of some social standing had the opportunity to recast their public image, and many did so in the likeness of the literati amateur-expert. The intellectual disposition of Chen Ziming was an interesting mix of family-based medical practice, combined with literati learning and aspirations. Chen Ziming would be the prototype for the Ming period physicians who were self-consciously fashioning themselves more like literati, as described by Chu Pingyi.¹⁷⁸

In terms of content, in the works of Chen we can detect traces of older medical theories, like *feng* 風 – Wind etiology, which was on the wane. We also see emerging intellectual trends that emphasized vastly different schematic theorization. For example, the association of Blood-*Qi* to *zangfu* in Chen Ziming’s writings, which was subsequently elaborated by Xue Ji, the imperial

¹⁷⁸ Chu Ping-yi 祝平一, “*Song-Ming zhiji de yishi yu ruyi*” 宋明之際的醫史與儒醫 (Narrations of Histories of Medicine from the Song to the Ming and the Rise of the Confucian Physician), *Journal of the Institute of History and Philology* 中央研究院歷史語言研究所集刊 77.3 (2006): 401-49.

physician in the Ming, who emphasized the spleen-stomach and *qi*-Blood dyad (脾胃氣血).¹⁷⁹ Xue Ji had studied Chen Ziming's work very carefully and elaborated many of Chen's ideas of *qi*-Blood and Chen's use of *wenbu* 溫補 (warming and fortifying) formularies. Chen Ziming was also on the tail-end of the trend of physicians specializing in *waike* 外科 (external medicine).¹⁸⁰

Chen Ziming's *Furen daquan liangfang* was conceived on a grander scheme than any other medical works on women's medicine. Chen's overall emphasis on Blood and its regulation was key to understanding how he reconceptualized childbirth and postpartum illnesses as debilitating and potentially deadly. Where theoretical frameworks were not useful or applicable, Chen had an encyclopedic collection of religious and popular practices and strategies to help a pregnant mother and her family negotiate the unpredictable nature of childbirth. In this light, Chen Ziming's collection of Yang Zijian's *Shichan lun* would be in line with Chen's vision of what his revisioning would achieve.

¹⁷⁹ In my Chapter on Xue Ji, I discuss the difference between *qi*-Blood and Blood-*qi*.

¹⁸⁰ *Waike* 外科 (external medicine), in the medieval period, dealt with external manifestations of diseases that included carbuncles, boils, ulcers, tumours and blisters. These were treated with needling, and various type of treatment and cures that favoured external application of suppositories, fumigation, lancing, and even massage. But with the increased emphasis on formularies and accompaniment greater theorization of medicine in general, external medicine did not feature as prominently in medical publication. *Waike* was however still a popular form of healing and was often transmitted orally. See Li Jianmin, 華佗隱藏的手術 *A Visual Journey through Chinese External Medicine and the World of Bodily Experience* (Taipei: Tongda tushu, 2011).

Chapter Four

Xue Ji: A Successful Physician and the Charlatan?

Introduction

Shichan lun enjoyed a longevity that lasted almost a millennium, with no comparable work written to rival its status as *the* text on childbirth and childbirth complications. The type of knowledge *Shichan lun* contained and the way it was written lent itself to easy replication and inclusion in other medical works. In Chapter One, I examined the content of *Shichan lun*, and highlighted features that contributed to its ubiquity in medical works for women. Then, in Chapter Two, I investigated how Chen Ziming came to include *Shichan lun* in his large work that really became a staple in the Chinese medical canon and publishing industry. In this chapter, I examine the changes Xue Ji 薛己 (1486-1558), *zi* Lizhai 立齋, made to *Shichan lun* and explore how some of these changes contributed to its longevity in early modern China, paying particular attention to the sixteenth century.

Xue Ji, an imperial physician and medical author from Wu 吳 County in present-day Suzhou, Jiangsu province, edited *Furen daquan liangfang*, and published it as *Jiaozhu furen liangfang* 校注婦人良方 (Edited and Annotated Good Prescriptions for Women) around the mid-sixteenth century.¹ In this process,

¹ The earliest extant preface for this work was 1547. Xue Ji, *Jiaozhu furen liangfang* 校注婦人良方 (Edited and Annotated Good Prescriptions for Women), preface 1547, based on modern critical edition reprinted in *Xue Lizhai yixue quanshu* (The Complete Medical Works of Xue Lizhai) (Beijing: Zhongguo zhongyiyao chubanshe, 1999). I have consulted several editions of Xue Ji's *Jiaozhu furen liangfang* (hereafter *JZFRLF*).

Xue Ji also shortened *Shichan lun* considerably into a compact, easy to cite work, quite possibly a list used for memorization and recitation.² *Shichan lun*'s ubiquity in the early modern period should therefore be attributed in large part to the editorial ministrations of Xue Ji. Streamlining Chen Ziming's huge work and rendering it accessible and relevant to an audience in the sixteenth century, Xue Ji had in fact produced a different work. This raises the issues of the role of editors and authors in the transmission of medical works, and what the changes made meant for the longevity of a work.

To address these issues, this chapter focuses on Xue Ji, an imperial physician and medical author who played a crucial role in the transmission of *Shichan lun*. Xue Ji's editorial decisions and his fame as a successful physician, all contributed to the elevation of Chen Ziming's *Furen daquan liangfang* as one of the most widely disseminated works on women's medicine in late imperial China. It was Xue Ji's edition of *Jiaozhu furen liangfang* that was the most widely disseminated version, and earlier editions by Chen or the Jianyang edition published by the Xiong family were not as widely disseminated in the late imperial period.³ Despite his fame and prolific body of medical publications, Xue Ji would become the target of condemnation by a number of established medical authors in the

² In the margins of Wu Zhiwang's work, *Jiyin gangmu* 濟陰綱目 (A Comprehensive Guide to Benefitting Yin), *juan* 10 (1665), there are two lines that suggests that one's children should familiarize themselves with such knowledge prior to the event. Wu Zhiwang, *Jiyin gangmu*, reprint (Shanghai: Shanghai Kexuejishu chubanshe, 2000), 649.

³ Chia, *Printing for Profit*, 167-69, "Xiong publishers." This edition is available in microfilm at the Gest Library, Princeton University. Chen Ziming, *Xinkan furen liangfang buyi daquan* 新刊婦人良方補遺大全 (Newly Published and Edited Good Prescriptions for Women), 16 *juan*, edited by Xiong Zongli 熊宗立, preface 1464. A general survey of titles collected in bibliographies of private libraries in China also show that Xue Ji's *Jiaozhu furen liangfang* was most popular, listing several different Xue editions from different years.

eighteenth century.⁴ The constraints of space in this chapter means that I present only one small part of Xue Ji's enormous oeuvre. By studying Xue Ji's changes to *Shichan lun*, I hope to understand how a medical author in the middle of the Ming dynasty⁵ thought about childbirth and the skills of midwives, and, in turn, shed light on the medical marketplace and the print culture flourishing in this period.

Xue Ji's Role As Editor

Before I examine the changes Xue Ji made to *Shichan lun*, I would like to highlight some questions that this study has raised about the role of an editor. Xue Ji listed himself as an editor of *Jiaozhu furen liangfang*, but took much liberty and transformed Chen Ziming's work into something quite different from the original. If the sixteenth century edition of Chen Ziming's *Furen daquan liangfang* no longer resembled the thirteenth century edition, can we still refer to Chen Ziming as the author? Perhaps a better question is how Yang Zijian (the author), Chen Ziming (the compiler) and Xue Ji (the editor) separately contributed to the longevity and enduring value of *Shichan lun* and *Furen daquan liangfang*. How should we access the changes made by Xue Ji? Did Xue Ji in fact contribute or undermine the longevity of *Shichan lun*? Did Xue Ji contribute to its rebirth?

The longevity of this text was a process that involved many individuals over a

⁴ Paul Unschuld, trans., annotated, *Forgotten Traditions of Ancient Chinese Medicine: A Chinese View from the Eighteenth Century: The I-Hsiieh Yüan Liu Lun of 1757 by Hsü Ta-Ch'un* (Brookline, MA: Paradigm Publications, 1998), 362-66. Hsü Ta-Ch'un or Xu Dachun was writing in a milieu in which scholars involved in *Kaozheng* (evidential learning) were very critical of much of the scholarship from the Ming period.

⁵ I follow the periodization of the Ming dynasty proposed by Willard Peterson. In his proposal, early Ming was from 1368 to 1449, middle Ming from 1449 to 1582, and late Ming from 1582 to 1644. Willard Peterson, "Ming Periodization: An Immodest Proposal," *Ming Studies* 3 (1976): 7-8.

considerable period of time.⁶ Both *Shichan lun* and *Furen daquan liangfang* were considered important by medical authors from the thirteenth century onwards, until the nineteenth century, and were therefore a part the medical canon. The longevity and ubiquity of both works is striking. Both were widely disseminated, quoted and transmitted from the end of the fourteenth century to the nineteenth century. They were reprinted as separate works or incorporated into other books.⁷ Even at the height of the call for the abolition of Chinese medicine in Republican China, *Furen daquan liangfang* continued to be popular throughout China. *Shichan lun* would however cease to be quoted by the Republican period and only very few medical authors ever mentioned the work until it appeared again in print in the 1980s.⁸

In essence, the two works became part of a canon of women's medicine. In this lengthy process of canonization,⁹ the role of the original author was important, but when placed in a longer time period, the roles of others such as editors and publishers, would prove to be equally significant.¹⁰ Editors, like scholars who

⁶ On canonical works, see Mark Edward Lewis, *Writing and Authority in Early China* (Albany: SUNY Press, 1999).

⁷ Furth, *A Flourishing Yin*, 155-86. Wang Kentang and Wu Zhiwang quoted extensively from Xue Ji, and their rendition of *Shichan lun* was Xue Ji's version.

⁸ The fate of *Shichan lun*, especially its disappearance, was tied to the rise of newly trained midwives who were usually young and schooled in Western medicine. The work of traditional midwives was of course associated with the ills of the traditional society in the early twentieth century, and was therefore slated for removal. On modern midwifery after the collapse of the Qing empire, see Tina Phillips Johnson, *Childbirth in Republican China: Delivering Modernity* (Maryland: Lexington Books, 2011).

⁹ I discuss canonization in Chapter One. *Shichan lun* was a classic within the medical canon for women's medicine. The idea of a canon of work and the process of canonization are both highly contested and routinely reexamined in many fields of study, especially in biblical and literary studies.

¹⁰ On the concept of canonical medical works in early imperial China, see Li Jianmin 李建民, "Zhongguo yixueshi de hexin wenti" 中國醫學史的核心問題, Conference Paper, (New Perspectives on the Study of Chinese Culture and Society) Princeton, 2003. See also John

authored commentaries on the Confucian classics, engaged the “base-text” that “speaks with authority and insight and consequently is worthy of such interpretive engagement.”¹¹ Most works become popular long after they were authored. Some of these works became canonical because someone, either in a position of power or with access to power, promoted certain ideologies in these works or had specific use for these works.¹² Examples from within the field of medicine would be that of Zhu Zhenheng 朱震亨 (1282-1358), whose work dominated Ming dynasty medicine, long after his demise.¹³ Zhu’s fame went beyond that of his home district Wuzhou, and that was in part because of his students, one of whom later became a court physician who served the first Ming emperor. This student, Dai Yuanli 戴原禮 (1324-1405), together with his lineage, became the leading transmitters of Zhu’s work. Therefore, in the case of Zhu’s fame and the Danxi corpus attributed to him, prominent students like Dai Yuanli and close acquaintances of Zhu, like the Hanlin scholar Song Lian 宋濂 (1310-1381) and the polymath and Yuan loyalist Dai Liang 戴良 (1317-1383), all played crucial roles in elevating Zhu’s work to that of canonical status by the fourteenth

Guillory who argued that the ideological and cultural value of canonical works did not lie with the work itself but was in the process and institutions that gave the work value. John Guillory, *Cultural Capital: The Problem of Literary Canon Formation* (Chicago: University of Chicago Press, 1993), 55.

¹¹ I am quoting from Gardner, “Confucian Commentary,” 397-422.

¹² By power, I refer to imperial, provincial, county and/ or local level forms of power, where patrons, friends, relatives or family members, disciples or supporters could play a role in advancing the printing and dissemination of a work. The higher the levels of power, the more likely a work would get institutional sanction and be widely disseminated.

¹³ Zhu Zhenheng, *zi Danxi* 丹溪, was from Wuzhou 婺州, Zhejiang (prefectural capital Jinhua 金華). Charlotte Furth, “The Physician as Philosopher of the Way: Zhu Zhenheng (1282-1358),” *Harvard Journal of Asiatic Studies* 66.2 (2006): 423-59.

century.¹⁴

The author's fame (not necessarily achieved only through his writings) could certainly provide impetus for the dissemination of his works. For example, well-known literati such as Su Shi and Shen Gua were not famous during their time in the Northern Song for their opinions on medicine, but when their fame in other areas (politics, poetry and connections) rose, their writings on medicine became known and sought after. This was probably because their writings on medicine along with other works on politics, Buddhism and poetry circulated among fellow literati. In this context, it would be accurate to say that even when authors were not famous, their works were more likely to be disseminated and preserved through networks of political and social connections because of their social status as elites.¹⁵ Literati men read and wrote for each other.

In the case of *Shichan lun*, I would argue that the roles of the compiler and editor were more significant than that of the author, Yang Zijian. Chen Ziming and Xue Ji were key agents in the process of inscription and erasures that ensured the longevity of *Shichan lun*.¹⁶ In Chapter Three, I argued that Chen Ziming had a particular vision of *fuke*, which he incorporated into his work, but that alone was

¹⁴ Furth, "The Physician as Philosopher," 423-459. See also Simonis, "Mad Acts, Mad Speech, and Mad People," 132, fn 195. Simonis explains how the "Four Masters" or the four most prominent medical authors from imperial China was a changeable category that was defined by medical authors in later periods. Zhu Zhenheng's fame, together with those of the other "Masters," continues in modern and contemporary Chinese medicine. See Zhen Zhiya, *Zhongguo yixue shi*, 76-96.

¹⁵ Yang Zijian's *Shichan lun* was very likely circulated in this way, from Sichuan where Yang was to the Jiangnan region where Chen Ziming eventually incorporated it into his large work.

¹⁶ On printing and the role of compilers, editors and publishers, I drew inspiration from Roger Chartier, *Inscription and Erasure: Literature and Written Culture from the Eleventh to the Eighteenth Century*, trans. Arthur Goldhammer (Philadelphia: University of Pennsylvania Press, 2007).

not enough for *Furen daquan liangfang* to become one of the most widely disseminated works in late imperial China. Chen Ziming was clearly the agent in the inscription process,¹⁷ while Xue Ji, I would suggest, made erasures and omissions that ensured the work's popularity in the Ming period.¹⁸ He was not the only editor of this work,¹⁹ since there were other editors, such as Xiong Zongli from the famous Jianyang publishing family, who published Chen's work.²⁰ Why did Xue Ji's version prevail? What were the reasons for Xue's version of Chen's work to become the most widely disseminated? Xue Ji's role in this process of effacement, deletion and transformation sheds important light on how a Song medical work could be adapted to fit the needs of a flourishing Ming medical market.²¹

¹⁷ Inscription here draws on the idea of writing and printing with the intention of leaving a lasting record. I am drawing on Roger Chartier's study of inscription and erasure as complex multifold relationships that take place over different times and places. Chartier, *Inscription and Erasure*, 2007, introduction, vii-xiii.

¹⁸ This conclusion is based on the number of medical works that included Xue Ji's edited version of *Shichan lun* and also the number of editions of Xue Ji's *Furen liangfang*.

¹⁹ Lucille Chia, *Printing for Profit*, 167-69, "Xiong publishers." The roles played by other editors and publishers, like Xiong Zongli of Jianyang, whose edition of *Furen daquan liangfang* survived and remains extant (but was not as widely disseminated as Xue Ji's) should be acknowledged here.

²⁰ Chia, *Printing for Profit*, 167-69.

²¹ There is evidence that his work also gained audience in Japan. Waseda University Library, Kotenseki Sogo Database has three different edition of Chen Ziming's *Furen liangfang*, edited by Xue Ji. 1. *Sanke taiyiyuan buzhu furen liangfang daquan* 三刻太醫院補註婦人良方大全, 24 *juan*, 余元長 重訂, unknown date of publication; 2. *Taiyi yuan jiaozhu furen liangfang daquan* 太醫院校註婦人良方大全. 24 *juan*, 建邑書林泗泉余彰德, based on a version with a 1547 preface, reprinted in 1636 in Kyoto (大和田意閑); 3. *Furen liangfang* 婦人良方, 24 *juan* unknown date of publication, 東溪堂. On the influence of Chinese medical works in Japan from the Tang to the Song, see Andrew Goble, *Confluences of Medicine in Medieval Japan: Buddhist Healing, Chinese Knowledge, Islamic Formulas, and Wounds of War* (Honolulu: University of Hawai'i Press, 2011). In Goble's study of the Buddhist priest and physician Kajiwarra Shōzen (1265-1337), we are told that Shōzen read and quoted from Chen Ziming's 1237 *Furen daquan liangfang* and 1263 *Waikē jingyao* (Goble, 33-35). In comparing the formula for the Suhexiang wan 蘇合香丸 (Storax Pill), Shōzen talked about *Furen daquan liangfang* having just arrived in Japan. From its publication in China in 1237 to its arrival in Japan in the 1300s, Chen Ziming's works travelled pretty quickly through various networks of

Editorial Style

As I had suggested earlier, Xue Ji's editorial decisions transformed *Furen daquan liangfang* and also *Shichan lun*. He took much liberty in part because he wanted his work to be widely read. In this section, I will examine his editorial style. My conclusions in this section will necessarily be tentative because Xue Ji was such a prolific writer and editor, and I will not be able to comment on all his writings in this dissertation. For now, my conjectures are established on my detailed study of *Shichan lun*, *juan* 16 and 17 of *Jiaozhu furen liangfang*, Xue Ji's own work on women's medicine, *Nüke cuoyao* 女科撮要, and cursory examination of his *waike* (external) medical works.²²

Throughout his own works and those that he edited, Xue Ji utilized two features of writing style that were prominent among literati, and here I call them editorial devices. One was the use of commentary and the other was the inclusion of medical case histories. Including commentaries to medical theories and formulas was not common in medical works in the Ming period.²³ In works that Xue Ji edited, such as *Jiaozhu furen liangfang* and *Mingyi zazhu* 明醫雜著 (Miscellaneous Writings by Enlightened Physicians),²⁴ he would add *yu'an* 愚按

exchanges (trade and religion in this case to Shōzen). Xue Ji's edition would eventually usurp Chen's earlier version.

²² See list of Xue Ji's works listed in this chapter.

²³ Theoretical medical works like *Huangdi Neijing* have had a tradition of authors providing commentary since Wang Bing in 672. Other medical genres, such as *fangshu* 方書 (formularies) and *fuke* works, did not usually contain commentary. In some cases, editors might indicate changes in other editions in the margins. See Chia, *Printing for Profit*, on the format of a leaf in a block-printed Chinese book, 43.

²⁴ The most widely disseminated edition of Wang Lun's 王綸 *Mingyi zazhu* was edited and republished by Xue Ji in 1555. On Wang Lun, see Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and Geographic Imagination in Late Imperial China* (New York:

which translates as “my modest comments.” Xue Ji used this editorial device to disagree with the author of the work he was editing, or to add what the Four Masters (especially Danxi or Dongyuan) would have said.

The other editorial device was the inclusion of medical case histories. This was not a unique feature of Xue Ji’s work, because some of his contemporaries were also using it. This format of writing within medical works would become quite popular among medical authors during the Ming.²⁵ Xue Ji was therefore not unique among his contemporaries,²⁶ but I would like to highlight here that the sheer volume of case histories included by Xue Ji led to his case histories being among the most widely disseminated in the late imperial period.²⁷

Xue Ji’s efforts were duly noted by medical authors and editors in subsequent periods. The early twentieth century scholar Xie Liheng (1880-1950) highlighted the fact it was Xue Ji’s edited version of *Furen daquan liangfang* that was one of the most widely disseminated works on women’s medicine.²⁸ Xie Liheng’s

Routledge, 2011), 55-68.

²⁵ Charlotte Furth argued that medical case histories became a mature form by the Ming dynasty. Charlotte Furth, “Introduction,” in *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*, eds. Charlotte Furth, Judith T. Zeitlin, and Ping-chen Hsiung (Honolulu: University of Hawai’i Press, 2007), 14, 125-51. On the history of the record of medical case histories in early China, see Elisabeth Hsu, *Pulse Diagnosis*. Hsu translated the medical cases narrated by Chunyu Yi that were recorded by Sima Qian in *Shiji* 105.

²⁶ Wang Ji 汪機 (1463-1539), the physician from Huizhou, whom Joanna Grant studied at length in her book, published many of his medical case histories. Joanna Grant, *A Chinese Physician: Wang Ji and the “Stone Mountain Medical Case Histories”* (London: RoutledgeCurzon, 2003).

²⁷ According to Furth, Xue Ji and seventy of his case histories were cited in the *fuke* section of Jiang Guan’s *Mingyi leian* (pub. 1591). All of Xue Ji’s work would later be collected in the collection titled *Xue’an bian* 薛案辨疏 (Distinguishing Annotations of Cases by Xue Ji), which was subsequently republished in the Qing as *Xueshi yi’an ershi si zhong* 薛氏醫案二十四種 (Twenty-four types of medical cases by Mister Xue).

²⁸ Xie Liheng, *Zhongguo yixue yuanliu lun* 中國醫學源流論, 1924, reprint (Taipei: Jingxue shuju, 1960), 38-39.

comments on the efforts of Xue Ji were much less critical than the eighteenth century editors of the *Siku quanshu* 四庫全書 (Complete library of the four treasuries).²⁹ The *Siku quanshu* editors commended Chen Ziming,³⁰ but were critical of Xue Ji. Working within a long tradition of studying and interpreting the classics along with the production of commentarial writings,³¹ the editors of the *Siku quanshu* (especially those involved in *Kaozheng xue*) were writing in a milieu reacting to the Song interpretations of the classics.³² Their criticism of Song and Ming commentarial reinterpretation, combined with their efforts of locating the earliest extant “pristine” editions of older works for inclusion in the *Siku* collection, meant that the editorial style of Xue Ji would come under scrutiny.³³ In my opinion, ultimately, the editors of *Siku quanshu* and Xue Ji were all a part of the process of validating the “base-texts,” reaffirming the importance

²⁹ *Siku quanshu* was a twenty-two year imperial project initiated by the Qianlong Emperor in 1772 to locate, report and make copies of all rare and valuable manuscripts held in libraries all over China. On the history and significance of the *Siku quanshu*, see R. Kent Guy, *The Emperor's Four Treasuries: Scholars and the State I the Late Ch'ien-lung Era* (Cambridge, MA: Harvard University Press, 1987). The editors of *Siku quanshu* noted that Chen Ziming was meticulous in collecting and quoting from a large number of works in his time, and that Xue Ji had erased and revised much of Chen's original work to include his own case histories. The editors slotted *Furen daquan liangfang* within the textual genealogy for *fuke*, which they asserted started in the Tang with Zan Yin's (fl. 897) *Chanbao* (Birth Treasury), followed by Li Shisheng's *Chanyu baoqing ji* (Childbirth Treasury Collection), ca. 1131, and Lu Zizheng's 陸子正 *Taichan jingyan* 胎產經驗, which is no longer extant. Chen's contribution to the field was his preservation of these works listed above in his *Furen daquan liangfang*, *SKQS*, vol. 742.12-13.

³⁰ “[Chen] Ziming gathered and selected the main principles of various [medical] lineages, such that *fuke* [his book] was detailed and comprehensive in diagnosis and treatment, leaving nothing out.” *SKQS*, vol. 742.12-13.

³¹ On canonical works and the related exegetical and commentary traditions, see John B. Henderson, *Scripture, Canon, and Commentary: A Comparison of Confucian and Western Exegesis* (Princeton, NJ: Princeton University Press, 1991); and Steven Van Zoeren, *Poetry and Personality: Reading, Exegesis, and Hermeneutics in Traditional China* (Stanford, CA: Stanford University Press, 1991).

³² Gardner, “Confucian Commentary,” 410.

³³ Guy, *The Emperor's Four Treasuries*; *SKQS*, “Xue Ji Yi'an Ti Yao 薛己醫案提要,” vol. 742.12-15.

and value of *Shichan lun* and *Furen daquan liangfang*.³⁴

The Untalented Doctor

Who exactly was Xue Ji? What was his role in the transmission of *Shichan lun*?

Xie Liheng described Xue Ji as the representative figure of the *Xuelizhai xuepai*

薛立齋學派 in the Ming period,³⁵ and in modern medical school textbooks

published by the Shanghai Science and Technology Institute, Xue Ji was

portrayed as the pioneer of the Wenbu 溫補 (Warming and Tonifying) *xuepai* 學

派 (lineage-scholarly current/ school).³⁶ Based on these two examples, a

contemporary reader might conclude that Xue Ji had been renowned and

celebrated. However, I should point out here that Xie Liheng did not portray Xue

Ji as a physician of great talent. In fact, Xie described Xue Ji as an ambitious man

with little talent. Xie informed his readers that Xue Ji had been labeled an

imposter or a quack by some of his rivals and critics, of which the most vehement

was Xu Dachun 徐大椿 (1693-1771).³⁷ Xie also explained that Xue Ji came to be

³⁴ I am using Daniel K. Gardner's words here. The difference between Xue Ji and the *Siku* editors was that Xue Ji erased, rearranged and inserted commentarial interpretation while Ji Yun and his team of editors worked on collation, restoration and recovering omitted and erased parts of texts. Gardner, "Confucian Commentary," 404.

³⁵ Xie Liheng, *Zhongguo yixue*, 38-39. A *pai* 派 was a lineage-like scholarly current. Furth, "The Physician as Philosopher of the Way," 429. Furth used Volker Scheid's translation on the fluid boundaries between different groups of medical practitioners and authors. Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham and London: Duke University, 2002), 31.

³⁶ Ren Yingqiu, *Zhongyi gejia xueshuo*, 103-108. Physicians grouped under Xue Ji's *pai* included Sun Yikui 孫一奎 (1522-1619), Zhao Xianke 趙獻可 (1573-1644), Zhang Jiebin 張介賓 (1562-1639), and Li Zhongzi 李中梓. These were all famous physicians in the Ming. Although these physicians might have referred to each other in their works, they did not identify themselves as a single school of thought during their own time. Grouping them together into a *pai* was done retrospectively by later physicians, authors and historians.

³⁷ Unschuld, *Forgotten Traditions of Ancient Chinese Medicine*, 362-66. Xu Dachun was the most adamant in his condemnation of Xue Ji.

described in such an unfavorable light because, according to Xie, Xue Ji's training as an imperial physician and his preference for taking a centralist position in diagnosis and treatment, had the effect of making him look like a quack, who wavered between doctrinally opposite schools of medical thought. Instead of developing a doctrinal stance that would be applicable in all thirteen sub-fields of medicine, Xie suggested that Xue Ji had chosen to follow different doctrines of predecessors for various sub-fields. Xue Ji adopted the theories of Zhang Zhongjing 張仲景 (ca. 150-219) for *waigan* 外感 (external afflictions), Dongyuan 東垣 (i.e., Li Gao 李杲, 1180-1251) for *neishang* 內傷 (internal damage), the He 河 medical lineage (i.e., Liu Wansu 劉完素, 1120-1200) for febrile illnesses, and Danxi 丹溪 (Zhu Zhenheng 朱震亨, 1281-1358) for miscellaneous illnesses.³⁸ Instead of specializing in one area of medicine, or developing a doctrine that could be used in every subfield, Xue Ji was portrayed by Xie Liheng as an overly ambitious imposter. His blunder was to aspire to be a master of everything and yet excel in nothing. By publishing in all thirteen sub-fields without any new doctrinal ideas, Xue Ji merely revealed himself to be untalented. Despite these criticisms, Xie did concede that Xue Ji had made some contributions to medicine, especially in the field of *zhenggu* 正骨 (bonesetting).³⁹ Works on *zhenggu* were extremely rare and by collecting it in his tome, Xue Ji had in effect preserved rare and non-extant works.

³⁸ Xie Liheng, *Zhongguo yixue yuanliu lun*, 18.

³⁹ Xie Liheng's assessment of Xue Ji would differ from the *Siku* editors who concluded that Xue Ji's specialty was *waike*, and especially *chuangyang* 瘡瘍 (sores and skin diseases).

These were the opinions of Xie Liheng, a respected medical historian in the 1930s, who was most well-known for his attempt to summarize the entire history of medicine in China during the momentous period that determined the survival or reinvention of Chinese medicine.⁴⁰ His short summary of Chinese medical history leaves one pondering what he left out and his choices for highlighting certain subjects and not others. But there is no doubt that Xue Ji was well-known in his time. Unlike Yang Zijian and Chen Ziming, whose lives, motivations and influences were harder to put together because few said anything about them, Xue Ji was actually respected by those who wrote prefaces for his books, cited him in their work, or was scorned and lambasted by others. His connections and access to powerful, influential and wealthy clients, as evidenced by the case histories he published, probably made him a target of authors who were critical of physicians who profited from their practice. The figure of Xue Ji is therefore particularly interesting. Starting with his huge oeuvre, with numerous prefaces written by literati and scholar-officials, combined with the known identity of some patients in medical case histories, it is therefore possible to come to a more nuanced understanding of his life and the significance of his medical practice. This chapter is concerned only with the impact of Xue Ji's editorial decisions on the transmission and longevity of *Shichan lun*, but I intend to expand the study to other works by Xue Ji in the near future.

⁴⁰ On the attempt to abolish Chinese medicine during the Republican period, see the scholarship of Sean Lei. In particular, see Sean Hsiang-lin Lei, "How Did Chinese Medicine Become Experiential," 333-64. See also, Bridie J. Andrews, "Seven: The Republic of China," in Hinrichs and Barnes, *Chinese Medicine and Healing*, 209-38, especially 225-33.

Major Milestones

Xue Ji, *zi* Xinfu 新甫, *hao* Lizhai 立齋, was born in Wujun 吳郡 (in present-day Suzhou), Jiangsu province, around 1487 and died around 1558.⁴¹ He was the son of an imperial medical official, Xue Kai 薛鎧, *zi* Liangwu 良武, who was recruited by the government some time between 1488 and 1505. Unfortunately, Xue Kai's career was unsuccessful,⁴² and when he died some time before 1508, Xue Ji took over Xue Kai's title of *limu* 吏目 (the lowest rank, nine *pin* 品) at the age of twenty-two years old. This would launch the young man into the world of medicine and imperial service.⁴³ For his first assignment, Xue Ji was sent to an outpost called Yongguan 庸關⁴⁴ in 1508, the third year of the Zhengde reign 正德, and was stationed in this outlying area as the lowest ranking medical official.⁴⁵

⁴¹ These dates were based on the preface in Xue Ji's work by Shen Qiyuan 沈啟原 (1526-1591), a *jinshi* from Xiushui 秀水 (Xiushui was a part of Jiaking fu 嘉興府, and in the Ming, Jiaking fu was a part of the Zhejiang Buzhengshisi 浙江布政使司 (a provincial administrative commission). Harvard GIS database, retrieved 23 July 2012).

⁴² Gu Menggui 顧夢圭, *Bencao fahui* 本草發揮 (Excellence of Materia Medica), preface. Gu Menggui wrote the preface for this work, *Bencao fahui*, that was attributed to Xu Yanchun 徐彥純 from the late Yuan and early Ming period, and Xu was a student of Zhu Zhenheng. Taki Mototane, *ZGYJK*, 181, 932. Xu Yanchun was also the author of *Yixue zezong* 醫學折衷, which is no longer extant.

⁴³ Shi Changyong 史常永, *Benwei ji - Shi Cangyong yixue zawen* 本味集—史常永醫學雜文 (Collected Writings on Medicine by Shi Changyong) (Beijing: Beijing Zhongyiyao chubanshe, 2007), 300-5. According to Shi Cangyong, Xue Ji became a *taiyiyuan yuanshi* 太醫院院士 (the lowest ranked official in the imperial medical academy), in 1511 was promoted to *Limu* 吏目 (medical secretary in the *Taiyiyuan*, Hucker, *Official Titles*, 306.3626), and in 1514, was promoted to *Taiyiyuan yuyi* 太醫院御醫 (imperial physician), and in 1519 became a *Yuanpan* 院判 (administrative assistant).

⁴⁴ During the Ming dynasty, this was an outpost along the Great Wall, northwest of the capital, Beijing.

⁴⁵ After inheriting the title, Xue Ji had the choice of working within the palace for three years or being stationed outside for six years, and if the stationed position was on the border, serving one year was equivalent to three years. After the assignment, a *Limu* could be promoted to become a *Yuyi* 御醫 (imperial physician).

From the dates provided in Xue Ji's medical case histories, he was posted to Yongguan from 1508-1510.⁴⁶

In 1511, based on his collected case histories, Xue Ji treated Liu Yanqi 劉廷器, a *jinyi zhangtang* 錦衣掌堂 (Head of the Imperial Bodyguard, *Jinyiwei*).⁴⁷ *Jinyiwei* were the most prestigious and influential of the imperial guards and were the personal bodyguards of the emperor. To successfully treat Liu Yanqi, who was the head of the unit in-charge of the emperor,⁴⁸ suggests that Xue Ji was considered competent and most likely well-connected at the imperial court. This connection with an imperial bodyguard and his evident talent might explain why, at the age of twenty-eight, Xue Ji was selected to treat Emperor Wuzong in 1514.⁴⁹ His career took off and by 1519, Xue Ji was promoted to the position of *yuanpan* 院判 (Administrative Assistant) of the imperial medical bureau in Nanjing, and this was second in command to the head of the imperial academy of

⁴⁶ Shi Changyong, *Benwei ji*, 294-95.

⁴⁷ Xue Ji, *Waikē shuyào* 外科樞要 (Essentials of External Medicine), *juan* 2, No. 13, “Lun fuyong” 論腹癰 (Discourse on Stomach Carbuncle), in Xue Ji, *Xuelizhai yixue quanshu*, 258-9.

⁴⁸ According to Hucker's descriptions, in the Ming, *Jinyiwei* were the imperial bodyguards of the emperor, and they “cooperated with influential eunuchs to maintain an empire-wide, irregular police and judicial service, and provided sinecure appointments for palace hangers-on and favorites.” Hucker, *Official Titles*, 166, #1127. Hucker's description in #1127 was only for *jinyiwei*, and in another entry on *zhang* 掌 (107 #83) denoting someone in-charge of a unit or group. *Tang* 堂 was a unit of instruction or college.

⁴⁹ Xue Ji, *Neike zhaiyao* 內科摘要 (Summary of Internal Medicine), in Xue Ji, *Xuelizhai yixue quanshu*, 24. Also found in Shi Changyong, *Benwei ji*, 301. Although Wu miao 武廟 *Miao* was commonly known as a temple. Susan Naquin translated *miao* as temple in her tome, *Peking: Temples and City Life, 1400-1900* (Berkeley: University of California Press, 2000), 20, 23. Wu miao, i.e. Ming Wuzong 明武宗, in this case Wu miao was the posthumous temple name of Zhu Houzhou 朱厚照 (r. 1505 -1521). *Da Ming huidian* 大明會典. 文職衙門. 禮部. 祠祭清吏司. *juan* 86. 1359-2. *Da Ming huidian* 大明會典 (Collected Statutes of the Great Ming), *juan* 86 (Taipei: Xinwenfeng chubangong si, 1976).

medicine (*Taiyi yuan yuanshi* 太醫院院使, Commissioner).⁵⁰

Despite that meteoric rise, according to Wang Xun 王詢 who penned the preface for Xue Ji's *Jiaozhu waikē jingyao*, Xue Ji had asked for retirement when he was transferred to administrative duties at the imperial medical bureau in Nanjing.⁵¹ The contemporary medical historian Shi Changyong suggested that Xue Ji may have wanted to be closer to his aging mother, or he could have felt that the transfer to Nanjing was a demotion since Beijing was the center of the imperial apparatus, and Nanjing was merely an empty shell.⁵²

In the years after [Xue Ji] turned forty, he was assigned to administrative responsibilities of the imperial medical academy. [He] subsequently retired to his hometown. 迨中年轉掌院事。遂拂袖歸...⁵³

It is not clear when Xue Ji retired from official duties. But he certainly made good use of his official title to disseminate his personal writings on medicine. In the preface for the work *Aoshi shanghan jinjing lu* 敖氏傷寒金鏡錄 (Golden Mirror Records on Cold Damage of Mister Ao), Xue Ji held the title of *yuanpan* and published this work in an official capacity in 1529.⁵⁴ One preface noted that Xue

⁵⁰ “A middle-level headquarters official in various agencies,” and was either in rank 5a or 6a in the Ming dynasty. Hucker, *Official Titles*, 596, #8236. Administrative assistant carried the rank of 6a, second in command to the commissioner, head of the imperial medical academy.

⁵¹ Xue Ji, *Jiaozhu waikē jingyao* 校注外科精要 (Edited and Annotated Essentials of External Medicine), Dongxitang 東溪堂, 1548, Waseda University Library, Kotenseki Sogo Database, #09005840038. The preface by Wang Xun 王詢, *jinshi* 1544, was written in 1548 and that was many years after Xue Ji had retired from office. Based on the preface written by Shi Qianwei 石錢薇 (ca. 1549-51), for the work *Mingyi zazhu* 名醫雜著 (Miscellaneous Writings by Enlightened Physicians) that was edited by Xue Ji, Shi tells us that Xue Ji retired around 1530, in the ninth year of the Jiajing reign. After leaving office, Xue Ji spent his time studying medicine and practised for twenty years.

⁵² In Xue Ji, *Neike zhaiyao* 內科摘要, *juan* 上, no. 七, *Xuelizhai yixue quanshu*, 1999.

⁵³ Wang Xun 王詢, Preface to *Jiaozhu waikē jingyao* 校注外科精要, preface dated 1548. Place and date of publication unknown, Waseda University Library, Kotenseki Sogo Database, #09005840038.

⁵⁴ Xue Ji, ed., *Aoshi shanghan jinjing lu* 敖氏傷寒金鏡錄 (Golden Mirror Records on Cold

Ji retired in 1530, but kept his title which he continued using through the 1530s. In the preface for *Niuke cuoyao* dated 1546, Xue Ji had the title of *Fengzheng yuanshi* 奉政大夫 (Grand Master for Governance), a prestige title given to civil officials.⁵⁵

Xue Ji's most active and productive years were between 1540 and 1545, during the Jiajing reign (1522-1566). During this period, besides numerous publications, he also traveled to Jiaxing 嘉興 in present-day Zhejiang province,⁵⁶ Siming 四明 in present-day Ningbo,⁵⁷ Xiabao 下堡 (1543)⁵⁸, and Hengjin 橫金, within the area of present-day Suzhou, to treat patients. The subjects that he wrote on were diverse, and included the subfields of *nei* 內 (internal), *wai* 外 (external), *fu* 婦 (women), *er* 兒 (children), *zhengjiu* 針灸 (needling and moxibustion), *kouchi* 口齒 (literally, “mouth and teeth,” or dental), *yan* 眼 (ophthalmology), *zhenggu* 正骨 (bone-setting), *bencao* 本草 (materia medica). He authored a total

Damage of Mister Ao), preface dated 1529, *Zhongguo yixue dacheng xuji* 10. This was a work from the Yuan period by Du Qingbi 杜清碧 (1271-1368). In the preface, Xue Ji signed off in the preface as the *yuanpan* of Nanjing imperial medical academy in 1529.

⁵⁵ Hucker, *Official Titles*, 212, #1961. Xue Ji continued to use the title in his other publications, e.g. in the preface to his edited version of Chen Ziming's *Waiké jingyao* in 1547, he used the same title *Fengzheng dafu taiyi yuan yuanshi* 奉政大夫太醫院使 and indicated that he was retired from the official post.

⁵⁶ Xue Ji, *Neike zhaiyao*, *juan* 上, *Xuelizhai yixue quanshu*, 11, 26.

⁵⁷ Xue Ji, *Waiké jingyao*, *juan* 中, 4. Undated. Waseda University Library, Kotenseki Sogo Database, #09005840038.

⁵⁸ Xue Ji visited Xiabao 下堡 in 1543 to treat a Mister Gu; see *Neike zhaiyao*, *juan* shang, #2 and #5, *Xuelizhai yixue quanshu* 8, 11. I have not been able to locate Xiabao in the Ming dynasty. There is a Xiabao si 下堡寺 in Shandong province in the Qing dynasty. See *Zhongguo lishi ditu ji*, vol. 8, map 22-23, ③2. However, this is unlikely the Xiabao Xue Ji visited. The other places mentioned were mostly within the Jiangnan region.

of ten works in thirty-one *juan*.⁵⁹ Xue Ji was also busy as an editor, and edited seven works which contained a total of 60 *juan*.⁶⁰ To all the edited works, he added case histories of his own and also provided his evaluation of the original work. The historian Shi Cangyong commented that Xue Ji's editorial approach was more akin to criticism, and was unprecedented in the medical tradition.⁶¹

There were, however, some works towards which Xue Ji took a more modest approach, and did not record any critical opinions. These works did not include any of Xue's personal comments, nor did he appear to have made any extensive changes to their structure or format (with the caveat that no earlier extant copies of these works have been found).⁶²

⁵⁹ Here is a list of the works he wrote: 1. *Neike zhaiyao* 內科摘要 (Summary of Internal Medicine), 2 *juan*, 2. *Nike cuoyao* 女科撮要 (Essentials of Female Medicine), 2 *juan*, 3. *Guoting xinglu* 過庭新錄 (New Records of Passing Chambers), also titled *Baoying jinjinglu* 保嬰金鏡錄 (Records and Golden Mirror for Protecting Infant), 1 *juan*, 4. *Waiké fahui* 外科發揮 (Expressions on External Medicine), 8 *juan*, 5. *Waiké xinfa* 外科心法 (Methods from the Heart on External Medicine), 7 *juan*, 6. *Waiké shuyao* 外科樞要 (Essential Pivot of External Medicine), 4 *juan*, 7. *Zhengti leiyao* 正體類要 (Essential Categories of the Regular Body), 2 *juan*, 8. *Kouchi leiyao* 口齒類要 (Essential Categories of Mouth and Teeth), 1 *juan*, 9. *Liyang jiyao* 癰瘍機要 (Organic Essentials of Ulcers and Sores), 3 *juan*, 10. *Waiké jingyan fang* 外科經驗方 (Efficacious Formulas for External Medicine), 1 *juan*.

⁶⁰ This is a list of works Xue Ji edited (*jiaozhu* 校注): Song dynasty works: 1. *Jiaozhu furen liangfang* 校注婦人良方 (Edited and Annotated Good Prescriptions for Women), Chen Ziming 陳自明, 24 *juan*, 2. *Waiké jingyao* 外科精要 (Essentials of External Medicine), Chen Ziming 陳自明, 3 *juan*, 3. *Xiaoer yaozheng zhijue* 小兒藥証直訣 (Quick Secrets to Diagnosis and Medicine for Children), Qian Yi 錢乙, 3 *juan*, 4. *Xiaoer douzheng fanglun* 小兒痘疹方論 (Formulas and Discourse on Children's Pox), Chen Wenzhong 陳文仲, 1 *juan*. Ming dynasty works: 5. *Mingya zazhu* 明醫雜著 (Miscellaneous Writings of Enlightened Physicians), Wang Lun 王倫, 6 *juan*, 6. *Yuanji qiwei* 原機啓微 (Profound and Enlightened Sources), Ni Weide 倪維德, 3 *juan*, 7. *Baoyin cuoyao* 保嬰撮要 (Essentials for Infants), Xue Kai 薛鎧, 20 *juan*.

⁶¹ Shi Cangyong, *Benwei ji*, 300-5.

⁶² These works included: 1. Yuan 元 period, Hua Shou 滑壽, *Shisi jing fahui* 十四經發揮 (Expressions of the Fourteen Classics), 3 *juan*, 2. Yuan 元 period, Du Ben 杜本, *Aoshi shanghan jinjing lu* 敖氏傷寒金鏡錄 (Golden Mirror Records on Cold Damage of Mister Ao), 1 *juan*, 3. Ming 明 period, Xu Yongcheng 徐用誠, *Bencao fahui* 本草發揮 (Expressions of Materia Medica), 4 *juan*, 4. Ming 明 period, Tao Hua 陶華, *Yongju shenmi yanfang* 癰疽神秘

Two additional works, *Bencao yueyan* 本草約言 (Trusted Sayings on Materia Medica) and *Shiwu bencao* 食物本草 (Food and Materia Medica) were attributed to Xue Ji, but the historian Shi Cangyong has raised doubts about their provenance.⁶³ Shi argued that Xue Ji's popularity prompted some publishers to falsely attribute medical works to Xue Ji in order to sell more books. Some of these works were collected in the modern and commercially printed and distributed *Xueshi yi'an* 薛氏醫案 (Medical Case Histories of Mister Xue), which included a total of twenty-four titles. Within this collection, the works titled *Nanjing benyi* 難經本義 (Basic Meanings of the Difficult Classic), *Pingzhi huicui* 平治薈萃 (Collected Rules of Treatment), *Shanghan lingfa* 傷寒鈴法 (Efficacious Methods for Cold Damage), were all erroneously attributed to Xue Ji.⁶⁴

Among the large number of works Xue Ji wrote and edited, the *Siku* editors argued that Xue Ji's most important contributions to the field was his authorship of some of the earliest works specializing in external medicine, including *Liyang jiyao* 癰瘍機要 (Organic Essentials of Ulcers and Sores), *Kouchi leiyao* 口齒類要 (Essential Categories of Mouth and Teeth), and *Zhengti leiyao* 正體類要

驗方 (Secret Efficacious Formulas for Carbuncles and Growths), 1 *juan*. A total of four types of work in 9 *juan*.

⁶³ *Bencao yueyan* 本草約言 (Trusted Sayings on Materia Medica), 4 *juan*, dates unknown; and *Shiwu bencao* 食物本草. Shi Cangyong, *Benwei ji*, 299.

⁶⁴ Other discrepancies with what Xue Ji really authored or edited can be found in the *Guoshi jingji zhi* 國史經籍志 (Bibliographies of State Histories), which recorded Xue Ji's work *Jiaju yilu* 家居醫錄 as a work with seven *juan* in the *Mingshi* "Yiwenzhi" 明史藝文志 (Ming Dynasty Bibliographies). However, the same work, *Jiaju yilu* 家居醫錄, was recorded as having 16 *juan* in the *Suzhou fuzhi* 蘇州府志 (Gazetteer of the Suzhou prefecture). Currently, the earliest extant edition of the same work, *Jiaju yilu* 家居醫錄, contains only 4 *juan*.

(Essential Categories of the Regular Body).⁶⁵ In addition, the editorial efforts of Xue Ji have resulted in the preservation of a number of medical works.⁶⁶

If we are to believe the editors of the *Siku quanshu*, Xue Ji's eventual death had an ironic twist. According to the editors, Xue Ji's own health was not very good and unfortunately he often ingested replenishing medicine such as the *Buzhong yiqi tang* 補中益氣湯 (Decoction for Replenishing the Centre and Benefitting the *Qi*) and the *Dihuang wan* 地黃丸 (Foxglove root pill).⁶⁷ The editors wrote that Xue Ji caused his own demise.⁶⁸ Because he had constantly advocated the use of replenishing and warming medicine, after his death, his detractors speculated that he must have died from self-administering *wenbu* medicine. But at his death, Xue Ji was already seventy-three years old, and so it would therefore be difficult to judge if he really died from self-treatment or simply old age.⁶⁹

Social, Cultural and Political Background of Xue Ji's Period

Xue Ji flourished during the mid-Ming dynasty, which was a period of economic

⁶⁵ *SKQS*, vol. 742.12-15.

⁶⁶ The earliest extant editions of the following works were edited by Xue Ji: Song 宋 dynasty: 1. *Xiao'er douzhen fanglun* 小兒痘疹方論, Chen Wenzhong 陳文仲, 1 *juan*, Yuan 元 dynasty: 3. *Aoshi shanghan jinjing lu* 敖氏傷寒金鏡錄, Du Ben 杜本, 1 *juan*, Ming 明 dynasty: 4. *Yuanji qiwei* 原機啓微, Ni Weide 倪維德, 3 *juan*, 5. *Yongju shenmi yanfang* 癰疽神秘驗方, Tao Hua 陶華, 1 *juan*.

⁶⁷ *Di Huang* 地黃 (*Radix Rehmanniae*) is commonly known as the rehmannie root or Chinese foxglove root. Sweet and bitter in flavor, cold in property, it acts on the Heart, Liver, and Kidney channels, and its function is to clear Blood Heat, nourish Yin to promote the production of fluids. Wu Jing-Nuan, *An Illustrated Chinese Materia Medica*, 546.

⁶⁸ *SKQS*, vol. 742.12-15.

⁶⁹ Shen Qiyuan, "Preface to *Waiké shuyào* 外科樞要." *Xue Lizhai yixue quanshu*, 298.

prosperity and demographic expansion.⁷⁰ These developments were particularly pronounced in the area where he lived, around the Suzhou and Nanjing circuit. This area, a part of the Jiangnan region, had a high level of commercial activity and handicraft production, which in turn witnessed increasing monetization of its economy.⁷¹ Alongside these developments was the publishing industry. As the Ming society became more literate and readers sought out reading materials that included novels, medical works and examination primers, the print and publishing sector flourished.⁷² Although the imperial government under the Yuan dynasty was no longer publishing medical works like the Song dynasty government,⁷³ there were publishing hubs all over the empire, which continued to publish and

⁷⁰ For an analysis of demographic expansion, see Martin Heijdra, “Chapter 9: The Socio-Economic Development of Rural China during the Ming,” and on the larger economy, see William Atwell, “Chapter 8: Ming China and the Emerging World Economy, c.1470-1650,” in *Cambridge History of China, The Ming Dynasty, 1368-1644*, Part 2, eds. Denis Twitchett and Frederick W. Mote (Cambridge: Cambridge University Press, 1998), respectively 417-578 and 376-416. The general prosperity and well-being of the population was intermittently disrupted by natural disasters leading to famines. Timothy Brook, “The Middle Century,” *Confusions of Pleasure: Commerce and Culture in Ming China* (Berkeley: University of California Press, 1999), 86-152, on famines, 104-7.

⁷¹ The Single Whip tax reform was largely implemented throughout China by around 1580s. Mote, *Imperial China*, 731. On commerce and culture in the Ming in the middle century (1450-1550), see Brook, *The Confusions of Pleasure*, 86-152. Joanna Grant’s book on Wang Ji, a contemporary of Xue Ji, described the rise of the merchant class and the effects of their extravagant lifestyle on health and diseases in the wealthy segment of the Xin’an 新安 area. Grant, *A Chinese Physician*, 21-50.

⁷² Evelyn Rawski argued that the literacy rates in the Qing were a part of a process that started in the Ming, with more publishing, advances in print technology, rise of popular literature, development of local school, and social mobility. Evelyn Rawski, *Education and Popular Literary in Ching China* (Ann Arbor, MI: University of Michigan Press, 1979), 146. Wilt Idema suggested that the term “literacy” needed more explanations since not everyone who was considered literate could read the same type of works. A majority of people might be able to use inexpensive primers and household manuals, but not everyone could read political expositions or commentaries of certain classics. Wilt Idema, *Chinese Vernacular Fiction: The Formative Period* (Leiden: Brill, 1974).

⁷³ For a list of books edited and published by the Bureau for Editing Medical Treatises in the Song period, see Hinrichs and Barnes, *Chinese Medicine and Healing*, 106. State publication of medical works retrospectively created a medical canon. See my discussion on medical canon in the introductory chapter and at the beginning of this chapter.

sell an increasing variety of works, including medicine.⁷⁴ It was likely that Xue Ji worked closely with publishers to disseminate his works.⁷⁵

Medicine in Mid-Ming China

The extensive development in medicine during the Song dynasty, especially at the imperial level, would be continued to some extent during the Yuan, when the regime elevated the status of medical practitioners and all those who had knowledge of techniques and artisanal knowledge.⁷⁶ There was, however, no large scale publishing projects quite like those spearheaded by the Song emperors, especially Emperor Huizong.⁷⁷

Ming medicine was characterized by the ascent of a body of writings attributed to a late Yuan figure Zhu Zhenheng. Zhu's works, referred to as the "Danxi Corpus," became very popular among medical authors and were among the most commonly cited medical works in the Ming.⁷⁸ In fact, the sobriquet of Zhu Zhenheng, Danxi, became so popular that quite a few medical works were

⁷⁴ Chia, *Printing for Profit*, 232-33. Chia introduced various publishers which were run as lineage or family businesses, like those of the Xiong family.

⁷⁵ Xue Ji's work was popular not only in China but also in Japan, and this is based on the numbers of copies of Xue Ji's work available in Japan today.

⁷⁶ On Yuan medicine, see Shinno, "Promoting Medicine in the Yuan." Besides Shinno's PhD dissertation on Yuan medicine, parts of Simonis' PhD also addressed the Jin-Yuan masters and the effects of the Jurchen invasion of the north in 1125 and the subsequent Mongol conquest of China in 1225 on medicine in English. Japanese studies of the subject include Miyashita Saburo's lengthy article on Song-Yuan medicine.

⁷⁷ Asaf Goldschmidt, "Huizong's Impact on Medicine and on Public Health," *Emperor Huizong and Late Northern Song China: The Politics of Culture and the Culture of Politics*, eds. Patricia Ebrey and Maggie Bickford (Cambridge, MA: Harvard University Press, 2006), 275-323.

⁷⁸ Simonis, "Mad Acts, Mad Speech, and Mad People," 136-201. Simonis is interested in how the Danxi corpus attributed madness to mucus and Fire, resulting in the extensive use of purgatives and emetics, two treatment methods most favored by physicians who invoked Zhu Zhenheng; and I am interested in how the Danxi corpus was used by Xue Ji to justify his treatment which was relatively warming and quite different from that advocated in the Danxi corpus. For a concise study of Zhu Zhenheng and his oeuvre, see Furth, "The Physician as Philosopher of the Way," 423-59.

falsely attributed to him by unscrupulous editors and publishers who wanted to turn a quick profit. The popularity and significance of Zhu Zhenheng's work have been attributed to his scholarship, which successfully melded medicine and *Daoxue*.⁷⁹ Zhu Zhenheng was not only a medical author and practitioner whose practice came to be seen as innovative, he was also a literati who studied the *ru* classics with the aim of passing the imperial examinations and was a part of the local network of Wuzhou 婺州 in Zhejiang.⁸⁰

Much of Zhu Zhenheng's fame in the Ming period and even up till today was due to the laudatory writings of his two friends, the eminent Hanlin scholar Song Lian 宋濂 (1310-1381) and the polymath Dai Liang 戴良 (1317-1383).⁸¹ Both described Zhu Zhenheng most admiringly in their works and did much to promote his medical scholarship. Dai Liang summarized Zhu Zhenheng's medical ideas and practice as one that synthesized three famous Jin-Yuan medical masters,⁸² *ru*

⁷⁹ Furth, "The Physician as Philosopher of the Way," 423-59.

⁸⁰ The largest number of *ruyi* 儒醫 (scholar-physicians) and *shiyi* 世醫 (physicians from medical lineages) were from the southern provinces of Jiangsu 江蘇 and Zhejiang 浙江. Hinrichs and Barnes, *Chinese Medicine and Healing*, 130-31. Besides physicians, these two provinces had the highest number of successful candidates for the imperial examinations. Ho, *Ladder of Success*, 227. Elman, *A Cultural History of Civil Examinations*, 656-57. Elman listed Nan-chih-li (Qing period name for Jiangnan 江南, which included Jiangsu and Anhui provinces) producing the most top candidates for the entire Ming and Qing period (1370-1905), and in the Ming period, especially the early and mid-Ming. During Xue Ji's time, Fuzhou and Fujian produced quite a few *juren* and *jinshi*, (ibid., 655).

⁸¹ Song Lian was famous for his writings and teachings, and he was sought out by the Yuan rulers to serve but Song Lian declined. On the life of Song Lian, see F. W. Mote, "Sung Lien," in Carrington Goodrich and Chaoying Fang, eds., *Dictionary of Ming Biography* (New York: Columbia University Press, 1972), 1228-1229. On Dai Liang [Dai Liang 戴良, born in 1317 in Pujiang 浦江 county in Jinhua prefecture] see Anne Gerritsen, "Friendship through Fourteenth-Century Fissures: Dai Liang, Wu Sidao and Ding Henian," *Nan nü: Men, Women and Gender in China* 9.1 (2007): 34-69. Furth, *A Flourishing Yin*, 148.

⁸² Jin-Yuan refers to the Jin dynasty (1125-1234) and the Yuan dynasty (1225-1368). The Jin-Yuan (1150-1360) masters refer to medical authors who were later elevated to the status of "masters," and they included Liu Wansu 劉完素 (ca. 1110-1200), *zi* Shouzheng 守真, *hao*

classics such as the *Yijing* and *Liji*, and works by the Song Neo-Confucians.⁸³ Besides Dai Liang, the men of the Dai family from Wuzhou would become followers of Zhu Zhenheng. Dai Liang's brother, Dai Shishi 戴士世 and his two sons, Dai Yuanli 戴原禮 (1324-1405) and Dai Wen 戴溫, all actively promoted the works of Zhu Zhenheng. When Dai Yuanli became a physician in the court of the first Ming emperor, Zhu Zhenheng's teachings were disseminated widely through that particular network. Zhu's teachings were further disseminated when the Dai lineage transmitted Zhu's work to the network of Huizhou physicians, such as Wang Ji 汪機, Wang Lun 王綸, and Lu Fu 盧傳 in the mid-Ming dynasty.⁸⁴

Zhu Zhenheng was described by Dai Liang as an innovator who synthesized and devised new ways of interpreting the classics (both medical and scholarly). Zhu argued that “Yang is always in excess; yin is always deficient (*yang you yu* 陽有餘, *yin chang buzhu* 陰常不足).”⁸⁵ He also did not differentiate between male

Tongyuan chushi 通元處士 who was known for emphasizing the element Fire as the cause of all forms of aberrant *qi* and his use of emetic and purgative remedies. [Liu Wansu's preface to *Suwen xuanji yuanbing shi* 素問玄機原病式.] Zhang Congzheng 張從正 (1156-1228), *zi* Zihe 子和, argued that *han* 汗 (sweating), *tu* 吐 (vomiting), and *xia* 下 (purging) could treat all illnesses and were designed especially for robust northerners. Li Gao 李杲 (1181-1251), *zi* Mingzhi 明之, *hao* Dongyuan 東垣, emphasized depletion as the origins of illnesses and the importance of the spleen and stomach in treatment therapies, and was revered as the founder of the *pi-wei pai* 脾胃派 (“Spleen-stomach school”), which favored replenishing formulas to fortify digestion. The last of the masters was Zhu Zhenheng 朱震亨 (1282-1358), *zi* Yanxiu 彥修, *hao* Danxi 丹溪, who synthesized the theories of the earlier masters. On the most recent history of the four Jin-Yuan masters, see Fabien Simonis, “Mad Acts, Mad Speech, and Mad People,” chapters 4-5. Simonis argues that much of what we call Jin-Yuan medicine took shape in the 1320s, in the Jiangzhe 江浙 province.

⁸³ Furth, *A Flourishing Yin*, 136, fn 3. For a summary of the Jin-Yuan masters and women's medicine, see Furth, *A Flourishing Yin*, 136-45.

⁸⁴ Furth, “The Physician as Philosopher of the Way,” 432-33.

⁸⁵ Furth, “The Physician as Philosopher of the Way,” 432-33. Furth, *A Flourishing Yin*, 145-51.

or female illnesses, and utilized the androgynous body explicated in the *Huangdi neijing*. Zhu was in fact the idealized *ru* physician that became the model for practice in the Ming.⁸⁶ In the person of Zhu Zhenheng and in his oeuvre of writings, Ming medical authors and *ru* scholars interested in medicine had by the mid-Ming, found the perfect medical master and writings to make reference to, criticize, or use as a basis to establish their own legacy.

Xue Ji drew from the Danxi corpus and referred to “Danxi” throughout his published work. We could perhaps assume that his reasons were varied: to assert his credentials as a literate medical author, to limit the reading or interpretation of a particular medical theory, or to align himself with those belonging to the Danxi currents. Up to a certain extent, Xue Ji was committed to the Danxi “school’s” support for treatment that favored *zi-yin* 滋陰 (nourishing the yin), and he rejected cooling or harsh treatments. Especially since the Danxi current was so popular, by referring to Danxi, his works would have appeared current and conventional since the bestselling books of his time nearly always referred to Zhu Danxi. What we know for sure was the fact that Xue Ji harnessed the potency of the Danxi fame and described himself as heir to the teachings of the Jin-Yuan masters.

Xue Ji drew inspiration from Zhu's theory of abundant yang and deficient yin, but went further to develop the idea that deficiency of yin should be treated by way of *jiyin yangyin* 濟陰養陰 (assisting and fortifying yin).⁸⁷ He also thought

⁸⁶ Chu Ping-yi, “Song Ming zhi ji de yishi,” 401-49. Chu’s article analyzes the representations of Confucian physicians and their works in medical histories authored between the Song and Ming dynasties.

⁸⁷ Li Lin 李林, *Shouchuang wenbu de Xue Ji* 首創溫補的薛己 (Xue Ji, Pioneer of Warming and

that both the *pi-shen* 脾腎 (spleen and kidney) had equal status and due attention should be given to both organ systems. But he was critical of Yuan medical masters' emphasis on reducing fire, an approach which he believed led to the overuse of cold and cooling medicine and treatment. He thought that their emphasis on the vacuity of the kidney was erroneous and that the vacuity of the spleen was the culprit for causing further harm to patients. He therefore emphasized the use of sweet and warming medicine to *bu* 補 (replenish) the *qi* in the spleen and stomach, paying attention to its yang *qi*, since Xue Ji believed that the spleen and stomach were the roots of the *wuzang* 五臟 and was the source of life.⁸⁸

Xue Ji's own preference to use warming (*wen* 溫)⁸⁹ herbs such as angelica and astragalus, was probably more in line with Li Gao's medical ideologies of nourishing and replenishing the *pi-wei* 脾胃 (spleen-stomach) organ systems. He did adopt Zhu Zhenheng's formula, "Buzhong yiqi tang" 補中益氣湯 (Decoction for Replenishing the Centre and Benefitting the *Qi*) to nourish and strengthen the *pi-wei* system.⁹⁰ In addition, Xue Ji often used Zhang Zhongjing's 張仲景 "Shen

Nourishing) (Beijing: Zhongguo kexue jishu chubanshe, 1990), 1-14.

⁸⁸ Li Lin, *Shouchuang wenbu de Xue Ji*, 14.

⁸⁹ Simonis, "Mad Acts, Mad Speech, and Mad People," 710, used "calorific replenishing" or warm replenishing, and this was done so by means of using material medica with warm qualities.

⁹⁰ "Decoction for Replenishing the Centre and Benefitting the *Qi*" (補中益氣湯). Its ingredients were astragalus root (黃芪), licorice (甘草), ginseng (人參), angelica taproot (當歸身), Mandarin orange peel (橘皮), bugbane (升麻), Bupleurum (柴胡), and atractylodes root (白朮). *Piwei lun* 脾胃論 2.4b-5a. Simonis, "Mad Acts, Mad Speech, and Mad People," 103 and 187. Simonis found that Wang Lun had used a similar recipe in his work *Mingyi zazhu* 明醫雜著, since Xue Ji's edited version of Wang Lun's work is the most widely disseminated extant

qi wan 腎氣丸 (Pill for the *Qi* of the Kidney),” and Qian Yi’s “Liuwei dihuang wan 六味地黃丸 (The Six Flavours and Radix Rehmanniae Pill” to nourish the Kidney and replenish weaknesses in the Kidney-Liver system.⁹¹ He used these formulae quite regularly in his treatment of all fields of medicine (*nei* 內, *wai* 外, *fu* 婦, *er* 兒, and *gushang* 骨傷).⁹²

Another distinct feature of Xue Ji’s treatment method was the administration of medicine in the morning and at sunset. He believed that some illnesses followed a certain time-frame, and that a healthy individual’s yin-yang *qi* rose and fell according to the time of the day when the sun was at its strongest (noon) or at its dimmest (sunset). So for those who were deficient in yin, he prescribed the *Siwu tang* 四物湯 (Four Ingredient Decoction) in the morning and for those who were deficient in yang, used *Liujunzi tang* 六君子湯 (Six-Gentlemen Decoction)⁹³

copy available today, it is possible that Xue Ji might have been the one to adopt Zhu Zhenheng’s recipe.

⁹¹ This specific pill called “Liuwei di huang wan” (the Rehmannia Bolus of Six Ingredients) calls for the Rehmannia Bolus (pharmaceutical name of Fructus Corni and commonly called the Japanese cornel). The “di huang” in the name of the pill should not be mistaken for the commonly used *Di Huang* (pharmaceutical name of Radix Rehmanniae (*Sheng Di Huang*) is sweet and used for Yin Deficiency. Commonly known as foxglove, with “raw foxglove” (*shengdi* 生地) and “steamed foxglove” (*shoudi* 熟地)). Wu Jing-Nuan, *An Illustrated Chinese Materia Medica*, 547-50.

⁹² Xue Ji often used the following, with the first being the most frequent: *Buzhong yiqi tang* 補中益氣湯 (Decoction for Replenishing the Centre and Benefitting the *Qi*), *Sijunzi tang* 四君子湯 (Four Ingredient Decoction), *Liujunzi tang* 六君子湯 (Six Gentlemen Decoction), *Bazhen tang* 八珍湯 (Eight Treasure Decoction), *Shiquan dabu tang* 十全大補湯 (Ten Good Replenishing Decoction). See Huang Xiaohong 黄晓红, “Xue Lizhai zhiliao ‘Zhu San Yin’ xusun de zufang sixiang chutan” 薛立斋治疗足三阴虚损的组方思想初探 (Initial Survey of the Organization of Formulas Used by Xue Lizhai to Treat *Sanyin xu*), *Journal of Beijing University of Traditional Chinese Medicine* 29.8 (2006): 523-25.

⁹³ The *Liujunzi tang* was also known as the Decoction of the Six Noble Herbs. Wu, *An Illustrated*

The editors of the *Siku quanshu* 四庫全書 commented on Xue Ji's preference for using older and more traditional types of formulae, of which his favourite repertoire consisted of about ten.⁹⁴ He also used similar treatments and formulas for *nei* and *waike*. The editors summarized Xue Ji's use of "Bawei wan" 八味丸 (Eight Flavours Pill) and the "Liuwei wan" as his main method to nourish the *zhen-yang* 真陽 (True *Yang*) and *zhen-yin* 真陰 (True *Yin*) in order to *zi* 滋 (nourish) and *hua* 化 (transform) the *yuanshi* 源實 (repletion source).⁹⁵

In terms of Xue Ji's treatment of women's illnesses and his views of *chanke*, Xue Ji did not only edit Chen Ziming's *Furen daquan liangfang*, but also incorporated the views of other Song, Yuan and Ming medical authors (e.g. the opinions of the Song imperial physician, Chen Wuze was favored by Xue Ji). The earliest extant edition of *Furen daquan liangfang* had about forty-eight case histories and Xue Ji included about five hundred and thirty of his own. He also removed about six hundred formulas and replaced those with about two hundred and sixty of his own.⁹⁶ His preference for warming and replenishing treatment extended to *fuke* and *chanke*. His general attention to the health of the *pi-wei* and *pi-shen* (spleen-stomach, spleen-kidney) organ systems was extended to *fuke* and

Chinese Materia Medica, 124, 344. The combinations of either six or four ingredients were usually included in the *Liujunzi tang* or *Sijunzi tang*. Li Lin, *Shouchuang wenbu*, 16.

⁹⁴ Ji Yun, "Xue Ji *Yi'an Ti Yao* 薛己醫案提要," *SKQS*, vol. 742.12-15.

⁹⁵ Repletion or *shi* 實 (strength and fullness) is the opposite of vacuity or *xu* 虛 (weakness), and a healthy person who suffered from over-repletion would be characterized by acute forms of pain, distention and fullness. Nigel Wiseman and Andrew Ellis, *Fundamentals of Chinese Medicine* (Brookline, MA: Paradigm Publications, 1996), 494. *Yuanshi* 源實 (source repletion) would be the source from which a healthy person drew from to be healthy.

⁹⁶ Wang Xinzhì 王新智, "Xueji fukexue shu tedian tanhe 薛己膚科學術特點探析 (Analytical Study of Xue Ji's Scholarship on Skin Aetiology)," *Chinese Journal of Basic Medicine in Traditional Chinese Medicine* 11.2 (2005), 156-60.

chanke. In particular, for the period of pregnancy, Xue Ji emphasized nourishing the kidney and spleen in preparation for birth.

I have not been able to include in this dissertation a detailed study of Xue Ji's medical ideology. The huge collection of writings attributed to Xue Ji, combined with multiple editions held in various libraries in China, Japan, Europe and North America would entail another project. For the moment, let us return to the focus of this dissertation, and explore Xue Ji's role in the history of *Shichan lun* and *Furen daquan liangfang*.

Contemporaries of Xue Ji

The period during which Xue Ji flourished was an interesting one, with a mixture of medical lineages and imperial physicians promoting the writings of Zhu Zhenheng. Having examined extant medical works published between the end of the Yuan dynasty and the period during which Xue Ji flourished, there were a number of medical authors and practitioners who stood out.

The medical market place was competitive and crowded during Xue Ji's time. His contemporaries were varied, and many were prolific medical authors and well-known practitioners. Some of Xue Ji's contemporaries included: Wang Lun 王綸 (1453–1510), Wang Ji 汪機 (1463-1539), Han Mao 韓懋 (fl. 1522) from Sichuan, Wei Guiyan 魏桂岩 (fl. 1525) from Jiangsu, Sun Yikui 孫一奎 (1522-1619) of Xiuning, Fu Shan 傅山 (1607-1684) of Taiyuan, Shanxi, Wan Quan 萬全 (1495-1580) of Luotian, and Xu Chunfu 徐春甫 (1520-1596) of Qimen, Wang Kentang 王肯堂 (1549-1613) of Jintan, Suzhou, and Wu Zhiwang 武之望 (1552-1629) from Lintong, Shaanxi. Some like Wang Kentang was a literati and official

of the imperial government.⁹⁷

Against the backdrop of a flourishing and competitive medical marketplace among the elites, Xue Ji aligned himself with medical authors who promoted Zhu Zhenheng's work. They would eventually be criticized by late Ming dynasty physicians for overemphasizing the importance of cooling and the element of fire in medical treatment. Xue Ji stood out as the forerunner among the most prolific medical authors in the mid-Ming period, and also received the most vehement attacks from late Ming and Qing medical authors.⁹⁸

Changes in the Description of Childbirth

The extant works edited by Xue Ji, including *Shichan lun*, provide evidence of a shift in the language used between the Song and Ming dynasties. What Xue Ji considered to be “repetitive” language⁹⁹ probably meant that certain terms had by the mid-sixteenth century become common everyday language, or “common knowledge.”¹⁰⁰ Xue Ji did not seem to think that these terms required extensive description or repetition in his edited works. This view contributed to the most noticeable contrast between recensions, i.e., the length of each topic. Xue Ji had indicated in his *fanli* 凡例 (statement of general editorial principles) that his

⁹⁷ Furth, *A Flourishing Yin*, 158. Furth has provided a map which lists some of these male medical authors from the Ming period.

⁹⁸ Unschuld, *Forgotten Traditions of Ancient Chinese Medicine*, 362-66.

⁹⁹ In the *fanli* 凡例 (statement of general editorial principles, or guide for the reader), Xue Ji indicated three times that he had removed anything that was repetitive (*chongfu* 重複) in order to facilitate easy reading. Xue Ji, *Taiyi yuan jiaozhu furen liangfang, fanli*, 1636 edition, Waseda University Library, Kotenseki Sogo Database, #0901087. Hereafter *TTYJZFRLF*.

¹⁰⁰ Using this term raises the question of who knew what or what was “common knowledge,” how was common knowledge transmitted, such that it became common. I think *Shichan lun* is an excellent example to illustrate the makeup or at least the process of how the “common knowledge” pool of works changed over time.

redaction was meant to remove “superfluous” language.¹⁰¹ By examining the language that he removed, we are able to see important changes in medical thinking from the Song to the Ming. In the following section, I will focus on the changes he made to *Shichan lun* and *juan* 16 and 17 of Chen Ziming’s *Furen daquan liangfang*.¹⁰²

Preliminary Observations

One of the immediately apparent changes in Xue Ji’s edition of *Shichan lun* was a change in the names used to refer to midwives. The change in appellation suggests a more formal designation of role for those who attended to birth. This could be a proto-professionalism of women medical practitioners. In the Song period, those who attended to birth were described as *kansheng zhi ren* 看生之人 (person who saw to birth) or *shousheng zhi ren* 收生之人 (person who attended to birth) or birth attendants in Yang Zijian’s *Shichan lun* authored around the 1100. By Xue Ji’s time in the mid-Ming, women assisting other women to give birth were called *wenpo* 穩婆 (literally “stable granny,” or midwife). Reflecting this broader change, Xue Ji adopted the term *wenpo* in his edition of *Shichan lun*. The change in term was also a reflection of their expanding roles in the medical marketplace. From other sources, we know that *wenpo* were not only present at childbirth, but had a variety of duties like performing the *Xisan* 洗三 ceremony

¹⁰¹ Xue Ji, *Taiyi yuan jiaozhu furen liangfang*, “fanli,” 1636 edition, Waseda University Library, Kotenseki Sogo Database.

¹⁰² Wang Lun’s *Mingyi zazhu* contains extensive commentaries by Xue Ji, indicating his close reading and possibly thorough involvement with the content of the work. *Mingyi zazhu* was published in 1502 and the earliest extant copy available today is a Hongzhi era (1488-1505) edition (ca. 1502-1505) held at the Zhejiang provincial library. Xue Qinglu, *Quanguo zhongyi tushu lianhe mulu*, 1989, #04903, 320.

(Third Day Ritual) for the family which just had a baby.¹⁰³ *Wenpo* could also be called on by the local magistrate to examine cadavers or female prisoners.¹⁰⁴

An interesting difference that Xue Ji recorded in *Shichan lun* was where women gave birth. In the Song period, women gave birth in a makeshift location (*shengchan zhi chu* 生產之處), but by the Ming, they were in a designated location called *chanshi* 產室 (birthing chamber). The *chu* 處 in the Song period denoted a space, probably makeshift, and had to be ritually cleansed after the birth took place.¹⁰⁵ The *shi* 室 was a room, probably the pregnant woman's own room.¹⁰⁶

The consolidation of categories of illnesses that were previously not well-defined was clearly taking place during Xue Ji's time. *Xueyun* 血運 (blood swooning) was no longer described explicitly and was by this period a commonly

¹⁰³ Besides attending to childbirth, midwives were invited by families they served to oversee the *Xisan* (Third Day Washing) Ritual that was well described in popular literature, such as *Honglou mengying*.

¹⁰⁴ Xu Lian 許璉, comp. *Xiyuan lu xiangyi* 洗冤錄詳義 (Explanation of the Meaning of The Washing Away of Wrongs), 1877, Reprint: Hubei fanshu 湖北藩署, 1877. See also Song Ci 宋慈, *Xiyuan jilu* 洗冤集錄 (A collection of records on The Washing Away of Wrongs), Preface dated 1247. Beijing: Falü chubanshe, 1958, and [Sung Tz'u]. *The Washing Away of Wrongs: Forensic Medicine in Thirteenth-Century China*, trans. Brian E. McKnight (Ann Arbor: The University of Michigan Center for Chinese Studies, 1981). In all these works, *wenpo* was used as the title for women who examined female cadavers to check for wounds or injury, virginity and pregnancy. See also *The Great Ming Code / Da Ming lü* (1397), translated and introduced by Jiang Yonglin (Seattle, WA: University of Washington Press, 2005), 240.

¹⁰⁵ In Song and pre-Song medical works, locations where birth took place had to be ritually prepared (see earlier chapter) to avoid offending spirits and deities. The aftermath was mentioned occasionally, especially if the woman who gave birth or her baby, or someone in the family got sick, blame was sometimes traced to the failure of correct ritual treatment for childbirth. Li Jianmin, *Shengming shixue*, 207-306.

¹⁰⁶ If Xue Ji's readers were mostly wealthy and educated, there might have been expectations for the language of the medical works to reflect some of the realities of the day. The text was not read as a historical artifact or document, like what I am using the work for, but was supposed to be a medical work that was read and used by fellow medical practitioners, literati and their literate household members.

known illness that affected new mothers. In addition, in Xue's *Shichan lun*, certain descriptions of the techniques used by midwives were shortened or removed, for instance, the character *fa* 法 that was used by the author and earlier editors, by Yang Zijian and Chen Ziming respectively, to describe the methods and techniques for handling complicated birth was removed from *Shichan lun*.

Analysis of the Changes Xue Ji Made to *Shichan lun*

In the following section, I look more closely at the changes Xue Ji made to *Shichan lun*. I do not repeat the earliest extant edition of *Shichan lun*, which I analyzed in Chapter One, and instead provide suggestions to explain the significance of those revisions.

Introduction of *Shichan lun*

In the Song edition, Yang Zijian described the misfortune of childbirth complications as the work of fate, but those who suffered such ill fortune could depend on the superior skills and dexterity possessed by few birth attendants to save the lives of both mother and child. Xue Ji removed the reference made to the determinate nature of fate and the fragility of life (*xingming* 性命) during childbirth.¹⁰⁷ Taken at face-value, this could have been because the role of fate was no longer as unpredictable in the mid-Ming, possibly because of years of relative stability, unlike the tumultuous years of the Northern-Southern Song transitions when lives could be easily lost to wars and epidemics. By removing

¹⁰⁷ On scholarship of *ming*, translated as fate or life, see Lupke, *The Magnitude of Ming*.

fate as an agent of life and death, Xue Ji was asserting that pregnant women had to depend solely on birth attendants when birth complications occurred, or that someone was responsible if something went wrong. In addition, Xue Ji described the lives of women and children in such circumstances as “innocent,” therefore implying that factors other than fates or the health of mother and child were reasons causing birth complications to turn deadly. In fact, his statement could be read as an accusation of incompetent midwives (or even fellow physicians) causing innocent women and children their deaths.¹⁰⁸ This idea would subsequently predominate in the Qing period medical works and popular literature.

Topic One: *Zhengchan* 正產

Since this topic sets the tone for the rest of the treatise, Xue Ji did not alter the meaning but instead removed subtle details provided in the Song version.

According to Xue Ji, superfluous language was not useful and the reader was better served by concise language and additional case histories.¹⁰⁹ The most important erasure in the first topic in Xue Ji's edition was the description of pain and its movement from the waist to the navel and abdomen areas. Instead of using *gudao tingbeng* 穀道挺迸 (alimentary tract bursting forth), Xue Ji described the sensation just before birth as *tai zhi gudao* 胎至穀道, which literally translates as “fetus arriving at the alimentary tract.” The “bursting” sensation or overwhelming

¹⁰⁸ See Appendix for full translation.

¹⁰⁹ For example, he removed the character *man* 滿, which means abundance, plentiful and to be at its limit, and was used by the author to denote the full ten months of pregnancy. Xue Ji had probably thought that it was no longer necessary to define standard birth as the full ten months since everyone knew.

need to defecate had been replaced by the fetus “arriving” at the *gudao*.¹¹⁰

By removing pain locations on the pregnant woman's body, and omitting descriptions of pain, such as *xiangci* 相次, which could mean a formation, pattern or closeness, Xue Ji altered the description of childbirth pain from his received texts. Pain was simply pain, with only the term *zuozhen* 作陣 (throbbing) left intact to articulate the complex, multi-layered sensations of throbbing, pulsation, rhythmic and wave-like discomfort or torture. By describing the fetus as having “arrived” in the alimentary tract or bowels, the emphasis was no longer on the sensation described by the woman, which was previously *gudao tingbeng* 穀道挺迸, and such a vivid description was most probably described by a woman giving birth. With no specific parts of the body identified as pain locations, childbirth pain was now an obscure and indistinguishable suffering.

The effects of this editorial decision would be momentous. In medical works published at the end of the Ming and in the Qing periods, there emerged a childbirth pain discourse that was quite different from that described in *Shichan lun*. The late Ming and Qing discussion of pain did not talk about using it as a tool for marking the progress of birth, but rather described it as something natural that women should bear. For example, in *Dasheng bian*, the most popular *chanke* work in the nineteenth century, which quoted a truncated version of *Shichan lun* taken from Xue Ji's *Nüke cuoyao* 女科撮要, pain was reduced to something that had to be borne with courage. Although there was a description of the rhythm of

¹¹⁰ What was the sensation of having “arrived”? Perhaps Xue Ji was describing the sensation of the fetus pressed close to the mouth of the vagina, waiting to be born.

pain, without the quality, duration or location during childbirth, there was no pain description or the potential of using pain as a diagnostic tool.¹¹¹ Childbirth pain would become a general birth condition that had to be tolerated, with no specific reason or use in childbirth.¹¹²

Topic Two: *Shangchan* 傷產

Xue Ji's changes to this topic was substantial. The Song edition of the Topic Two, *Shangchan* (injurious or extremely painful birth) contained a description of premature births, extended pregnancies lasting one, two and up to five years, a definitive statement of *zhengchan* 正產 (Standard Birth) being a full ten months of pregnancy (*zuyue* 足月). Xue Ji removed all of the above and also the reference made to *shiyue* 試月 (Testing Month), which I had described in Chapter One.

Then there was the idea that fate's decision about each individual's length of pregnancy could not be changed, and one had to manage how their fate was played out. There was blame put on the birth attendant who instructed the already weakened and tired pregnant woman to bear down to push at an unsuitable time, causing the fetus to descend in the birth path in the wrong way. The mother's exertion and premature pushing, just when the fetus was turning around to descend, was the cause of the complication. The advice given was for the woman

¹¹¹ It is appropriate to note that *Dasheng bian* did have a section on *shitong* 試痛 (Testing Pain), which described sporadic pain that did not lead to childbirth. Here, the author referred to *tongfa* 痛法, and described how pain manifested prior to childbirth. "If the pain came in quick successions one after another, it was imminent birth, but if pain came in slow waves, or was sporadically fast and slow, it was *shitong*. "一阵紧一阵者, 正生也, 一阵慢一阵, 或乍紧乍慢者, 皆试痛也." Jizhai Jushi 亟齋居士, *Dasheng bian* 達生編, 1749 Preface, 1774 edition, Waseda University Library, Kotenseki Sogo Database, # 09 01140, 6-7.

¹¹² Jizhai Jushi, *Dasheng bian*, 1749 Preface, 1774 edition, Waseda University Library, Kotenseki Sogo Database, # 09 01140.

giving birth to wait till the body of the fetus had straightened and pressed upon the birth door before urging the mother to push.

Xue Ji erased most of the above, and shortened it to one statement that explained that *Shangchan* was caused by premature birth (i.e., less than ten months of pregnancy) that led to a mistaken interpretation of the pain felt around the waist and abdomen region as a sign for imminent birth. This was followed by the mother bearing down to push too early, therefore causing the fetus to “go down the wrong path.” Xue Ji no longer placed blame on the midwives for urging the pregnant woman to bear down too early, which was the case in the Song version.

Xue Ji removed many details: variable pregnancy periods, the hand of fate, the identification of “false pain,” descriptions of birth attendants holding the waist of the pregnant mother and the various locations and types of pain. While he might have thought all these erasures had in fact made this topic easier to read and possibly more comprehensible for his contemporaries, the removal was no doubt at the expense of the original intentions. By removing the repeated warning that the pregnant mother should not act in haste, be presumptuous or indiscriminate (*wangluan* 妄亂), the Song author had placed much of the blame on the pregnant mother and those helping her, especially those who *baoyao* 抱腰, or held the waist of the pregnant woman about to give birth. Xue Ji’s removal of the phrase meant that the textual reference made to the women holding up pregnant women

to give birth was lost.¹¹³ By the late Ming and Qing period, the actions of birth attendants or midwives were no longer considered as important as the husband's knowledge of *what* to do during his wife's delivery. The husband had to know when to intervene to bolster the *qi* of the mother and fetus, and also when *not* to intervene.¹¹⁴ Xue Ji's changes would foreshadow these developments. The deletion of false pain or the importance of using pain as a way to tell how birth was progressing would eventually be lost by the late imperial period, too.

Topic Three: *Cuisheng* 催生

In this topic, Xue Ji removed the descriptions of the pregnant woman's desire to give birth, the breaking of the amniotic sac with blood and water gushing out, and the reference to pain in specific locations, and as well as the overwhelming desire to defecate or the sensation of the end of the alimentary track bursting (*gudao tingbeng*). Instead, he added his own description of what the midwife should look out for after the pregnant woman expressed desire to give birth. He wrote that when the head of the fetus could be seen at the birth door, it was time to administer Birth Hastening medicine (*cuisheng yao*). If the pregnant women had been trying to give birth for days and was extremely exhausted, it would be appropriate to give her medicine to fortify her Blood and *qi*, and get the child out

¹¹³ There are statues of a pregnant woman about to give birth being held up from behind by a women around the waist at Dazu 大足, in Sichuan province. There is another woman on one knee at the foot of the pregnant woman, and this woman had her sleeves folded, as if she was getting ready to do something physical. These statues at Dazu, near the border with Sichuan, date from the late ninth to the thirteenth centuries. Although the grottoes are Buddhist, many of the carvings depict ordinary secular life, such as childbirth. See cover of Lee Jen-der's book, *Nüren de Zhongguo yiliao shi*, cover, *Dazu shike Fumu enzhong zaoxiang, linchan shouku* 大足石刻父母恩重造像, 臨產受苦 (Stone Carving at Dazu of Heavy Debt to One's Parents, Suffering at Childbirth).

¹¹⁴ Wu, *Reproducing Women*, 147-87.

quickly.

Xue Ji's addition to this topic, i.e., a description of the head presenting at the birth door, displaced the standard birth description that had been present in the Song edition. Xue Ji's erasure also made clearer the point that medication should be administered only after the head could be seen at the birth door, and the mother had been in labor for days. It could be assumed that by Xue Ji's time, the standard birth description was commonly known, and therefore Xue Ji did not see the need to repeat the step-by-step description of how birth progressed, but instead focused on the appropriate time to administer medication.

Topic Four: *Dongchan* 凍產

Xue Ji shortened and rewrote this topic considerably. From his rewriting, we learn that the theoretical significance of *jingxue* 經血 (menstrual blood) from the Song had been replaced by *xueqi* 血氣 (blood and *qi*) in the Ming.¹¹⁵ In the Song edition, the three months of the winter season were described as the period when the *jingxue* of the pregnant woman became *ningjie busan* 凝結不散 (coagulated and unable to dissipate), and therefore led to the inability of the fetus to descend and be born. In addition, the author warned that some spring or late autumn days could be cold, and it was therefore wise to always keep some coal to warm the room when needed. The Song edition also indicated that one of the reasons that could cause the above problem was the removal of the lower garments of the

¹¹⁵ Yi-Li Wu explained that *qi*-Blood (*qi-xue*) was the most distinct phase that characterized the “ensemble of vital forces that animated and nurtured the body.” Wu, *Reproducing Women*, 24. In this *qi-xue* phase, the yang aspect was the *qi* and the yin aspect was the *xue* (Blood), which encompassed the red liquid flowing in bodies and also all fluids within the body, including perspiration, menses and breast milk. See also Furth, *A Flourishing Yin*, 144.

pregnant woman (presumably for her to give birth). In addition, the pregnant woman should not sit or lie down in parts of the room that were cold. All the above was removed by Xue Ji.

In Xue Ji's version, cold weather caused the pregnant woman's *xue* 血 blood and *qi* 氣 to become *chizhi* 遲滯 (slow and sluggish), and the child was therefore slow in being born. Xue Ji assumed that whenever the weather was cold, it would cause a pregnant woman's blood to become slow and sluggish. This condition is different from the coagulation of blood, which referred to a stagnation that required the dispersal of blood. The slow and sluggish blood could be hastened but not dispersed. In the Song, the emphasis on *jingxue* reflected the growing concern Song medical authors had with female menstrual health, and although that concern has come to dominate women's medicine, Xue Ji's editorial correction could be seen as a return to the classical (pre-Song) reference to *xueqi*, mentioned in the *Huangdi neijing*. Another reading could perhaps be that Xue Ji wanted to streamline what he thought was inconsistent etymology and took it upon himself to correct references to *jingxue* to *qixue*.¹¹⁶

***Xue and Qi* 血氣 (Blood and Qi)**

Charlotte Furth described *xue* and *qi* as a paired component of the primary bodily vitalities that “referred to underlying bodily vitality and not to any particular

¹¹⁶ One possibility for Xue Ji's emphasis on *qi-xue* 氣血 was influence from Li Dongyuan's teachings on 脾胃為氣血之本 (Spleen and Stomach are the roots of *qi* and blood), and therefore to increase or fortify blood, treat and nourish the *yang* of the spleen and stomach first. Xue Ji believed that in cases where there was vacuity of blood, there was usually weak spleen *qi*. Wang Xinzhì, *Xue Ji fuke*, 156-60. Ren Yingqiu, *Zhongyi gejia xueshuo*, 103-8.

function.”¹¹⁷ Blood was therefore an important aspect of vitality that Chinese medical thinkers address in their writings.¹¹⁸ In the Tang period work, *Beiji qianjin yaofang* by Sun Simiao, the author referred to blood alone, without pairing it with *jing*. However, he did mention *xueqi* when discussing the illnesses of women. Sun Simiao thus privileged the dyad of *xue-qi* or blood-*qi* (and *qi*-blood).¹¹⁹ Based on how Sun Simiao ordered different types of women’s illnesses, it appears that in the Tang period, begetting a son was a more important concern than regulating the menstruation of a woman. Sun’s concerns with blood and its regulation and treatment were secondary to that of how to produce an heir. This shift, from the Tang to the Song period when blood became more prominent as the fundamental basis for female health, reflected a re-vision of women’s medicine, which I discussed in Chapter Three on Chen Ziming.

While extant medical texts from the Sui and Tang discussed blood and *qi* as a

¹¹⁷ Furth, *A Flourishing Yin*, 47-48, 70-77. Blood is the *yin* aspect of *qi*, and the Blood-*qi* pair was linked with *yin-yang* in the *Inner Canon*. According to Furth, Blood-*qi* was important to generation and hierarchies of gender, whereby Blood is receptive (*kun* 坤), always paired, cannot operate independently, and “Blood always follows *qi*.” Furth describes how Song *fuke* emphasized Blood and regulating blood, which was equivalent to the male seminal essence.

¹¹⁸ An early medical work that discusses the relationship between blood and *qi* can be found in the *Suwen*, *juan* 24, “*Xueqi xingzhi*” 血氣行志 (Blood and *Qi*, Physical Appearance and Mind). In this chapter, the discussion of blood and *qi* was in relation to the channels in which blood and *qi* circulated and was vital for life. In the *taiyang* (major *yang*) channels, there was more blood and less *qi*, while in the *shaoyang* (minor *yang*) channels, there was more *qi* and less blood. In the *yangming* (*yang* brilliance) channels, there was much *qi* and blood, while in the *shaoyin* (minor *yin*) there was little blood and much *qi*, and in the *jueyin* (ceasing *yin*) there was much blood and little *qi*, while the *taiyin* (major *yin*) channels contained much *qi* and little blood. And the rest of the chapter discusses how to needle in order to remove excess blood or *qi*, since excess of either was thought to lead to sickness.

¹¹⁹ I am convinced that the order of blood coming before *qi* or *qi* coming before blood had some sort of hierarchical significance, but am unable to identify an explanatory framework. Sun Simiao, *Beiji qianjin yaofang*, early seventh century (Tang dynasty). Sun Simiao described the criteria of a great doctor in the first *juan*, and also included diagnostic procedures and methods for making medicine. Then in *juan* 2, he proceeded to women’s medicine, starting with begetting a child. Wilms, *Bei ji qian jin yao fang*; Sun Simiao, (ca. 682), Waseda University Library, Kotenseki Sogo Database, #0900175, 1659 edition, Kyoto: Tsurugaya hyoue 敦賀屋久兵衛.

paired dyad,¹²⁰ they did not designate this dyad to describe only women's illnesses. But by the Song, medical authors began to use *xueqi* more specifically for women's problems. The Northern Song medical author, Chen Yan, discussed *xueqi* several times in his work, and most of these were in reference to the damaged or weakened state of a woman's *xueqi*. By Chen Ziming's time in the Southern Song period, medical authors were frequently and at times exclusively quoting the saying, "Blood was the leader in women." Furth explained that in the Song period, especially in the works of Chen Ziming, medical authors thought of female disorders as originating from Blood-*qi* problems, which were often the results of Cold or Wind incursions. Chen Ziming therefore emphasized *jingmai* 經脈 (cardinal channels and pulses).¹²¹ Xue Ji on the other hand, emphasized the *zangfu* (organ systems) instead of circulation channels.¹²²

In the Song version of *Shichan lun*, the advice was to keep the room of the pregnant woman warm and to frequently warm her back or get her to sit with her back facing a heat source. Her feet were to be constantly warmed. Xue Ji retained the advice to keep the room warm, and to leave the clothes of the pregnant woman on and warmed. However, in Xue Ji's version, there was no mention of the blood stasis taking place in the lower body, as emphasized in the Song. The subtle

¹²⁰ Wang Tao's *Waitai miyao* ca. 752 referred to *xueqi* and quoted from Sun Simiao's *Qianjin yaofang*. The earlier work attributed to Chao Yuanfang, *Zhubing yuanhou lun* (ca. 610) contains a *juan* on *xue* covering various illnesses related to blood, and *xueqi* was discussed as a term, usually depicted as weak and therefore requiring fortification and nourishment.

¹²¹ Furth, *A Flourishing Yin*, 144.

¹²² Furth, *A Flourishing Yin*, 144. Furth explained this in light of Xue Ji's emphasis on Spleen-stomach system (*pi-wei*) as responsible for digestion and associated with Liver and Heart functions. Xue Ji would therefore treat the Spleen or Liver in order to regulate the flow of Blood and *qi*, and Xue Ji was indebted to Zhu Zhenheng and the other Jin-Yuan medical authors.

difference might be attributed to the Song emphasis on blood and all its manifestations: stasis, stagnation, vacuity and so on. While by Xue Ji's time, blood was secondary to *qi* and the relation of *qi* to the *zangfu* system. Topic four in the Song edition really played up the stagnation of blood as the main impediment to a successful birth while Xue Ji's drastic excision reflected the rise of a new emphasis, that was nourishing the stomach-spleen system and the use of warming drugs .¹²³

Another possibility would be Xue Ji removed references to some of these practices which might have been costly because he was hoping that his work would appeal to a wider readership.

Topic Five: *Rechan* 熱產

Like topic four on *Dongchan*, this topic was substantially shortened by Xue Ji to reflect his milieu's concerns. *Xueqi* 血氣, which I explained above, was removed, but the mention of the condition of *xueyun* 血暈 (literally, blood swooning) was retained. Xue Ji provided a relatively short description of *xueyun*:

.... the pregnant woman would suffer from headaches, flushed face, and experience dizziness and faint. If the birthing chamber was crowded, the hot *qi* would [be like] steam, bearing upon [the pregnant woman] till she suffered from the symptoms mentioned, which was called *xueyun*.

產母則頭痛面赤昏暈若產室人衆熱氣蒸逼亦致前患名曰血暈(Xue Ji edited).

¹²³ Xue Ji's contemporary Wang Ji (1463-1539) was concerned with *qi* depletion and used the same herbs, ginseng and astragalus, to treat *qi* disorders. Grant, *A Chinese Physician*, 5-10.

It is important to note the part of the description of *xueyun* that Xue Ji removed:

... As it is known, the blood and *qi* of humans dissipate when heated, and then when overheated they are damaged. When the pregnant mother has emptiness of *qi* during the hottest and driest summer heat season, and the *qi* [presence] of many people tires [the pregnant mother], causing her blood to heat and disperse. Her blood becomes hot and then rises up and becomes “steamed,” possibly causing the pregnant mother to experience hot flushes and headaches. Her face flushes red and she feels giddy as if she were drunk, and even passes out, oblivious to the world. This is the name of those who suffer from *xueyun*, and this was how the term came into being.

盖人之血氣得熱則散熱過則損今當夏暑炎熱之盛而產母氣虛人氣一逼則其血沸溢而血得熱則上蒸能令產母發熱頭痛面赤昏昏如醉乃至不知人事世有名血暈者緣此而成也。

A part of the description of *xueyun* in the Song was the pregnant woman feeling giddy as if she were drunk, and having headaches, both of which were probably recounted by the pregnant woman. By removing the description of the giddiness resulting from drinking to just dizziness, Xue Ji rendered the topic more terse and also more vague.

The part Xue Ji removed was the definition and aetiology of a condition. There was perhaps a circulating knowledge of what *xueyun* was and he therefore saw no need to repeat it here.¹²⁴ Xue Ji was writing in a period that was increasingly conservative in terms of notions of what women could or could not

¹²⁴ Although Xue Ji removed this description which was obviously provided by a patient, he was highly dependent on patient accounts and included rich accounts provided by patients or based on his own experiences in his medical case histories.

do in a patriarchal society, like drinking, or expressing personal or intimate descriptions of their physical conditions.¹²⁵ Drinking, or the topic of alcohol, was of great importance for the Song society. In *juan* 16 of the Song edition of *Furen daquan liangfang*, Chen Ziming advised pregnant women to avoid drinking too much alcohol (不可多飲酒), and Xue Ji gave similar advice for pregnant women not to drink in excess rice alcohol and sweet wines (過飲酒醴). Xue Ji had thus given us a sense of what elite households might have been consuming in terms of alcohol.¹²⁶

Topic Six: *Hengchan* 橫產

Xue Ji excised the description of the presenting parts (hands or buttocks) in the complication called *hengchan*.¹²⁷ It is plausible that this had become common knowledge in the Ming. In the Song edition, we were told that the body of the baby was lying “horizontally” in the mother, in addition to a description of the

¹²⁵ The mid-Ming dynasty was increasingly patriarchal, with ideas from *lixue* 理學 of female subservience bearing on medicine. Xue Ji often described the women in his medical case histories as suffering from excessive emotions that in turn caused them to get sick. Many of his female patients were thought to possess anger that caused yang to be injured. Furth and Wu both addressed this issue in their works. See also Yuan Weiling 袁衛玲 and Liu Lixiang 劉理想, “*Shilun Ming dai fengjian lijiao sixiang dui fuchanxue de yingxiang* 試論明代封建禮教思想對婦產學的影響,” *Journal of Nanjing University of TCM (Social Sciences)* 5.2 (2004): 90-94.

¹²⁶ Dieter Kuhn, *The Age of Confucian Rule*, 209, 246-48. Kuhn explained that the Song treasury was dependent on high taxes imposed on monopolies on alcohol, salt and tea. Which types of alcohol were Chen or Xue advising women to drink less of? And were these taxed highly? What about the alcohol listed in the recipes of formularies?

¹²⁷ A similar example in English would be breech birth which is widely known as the presentation of the feet or buttocks of the fetus. The clinical definition of breech presentation is a longitudinal lie with the fetal buttocks in the lower part of the uterus. There are four classification of breech: Frank breech, Complete (flexed) breech, Footling breech and Kneeling breech. Breech delivery can be managed with hand techniques by midwives or doctors, and in texts, these techniques are described as rarely practiced since the rate of caesarean section has increased. Joanne Chadwick, “Malpresentations and Malpositions,” *Emergencies Around Childbirth: A Handbook for Midwives* (Abingdon: Raddcliff Medical Press, 2002), 63-81.

presenting parts. With Xue Ji's revisions, the reader would only have the reason as to why *hengchan* occurred (because the mother had exerted just when the fetus was turning around), but not the condition of the fetus.

The most significant change Xue Ji made to this topic was the removal of the details in the descriptions of the techniques for pushing the fetus into a position conducive for birth. The Song edition of *Shichan lun* described the details as *tui er zhi fa* 推兒之法 (the methods for pushing the fetus). This *fa* was hand techniques, and the descriptions in the Song included instructions on how the birth attendant would use her hand and her middle finger to push on the shoulder of the fetus to straighten and align its position. Xue Ji took out most of these and left intact the reference made to using the middle finger to seek the shoulder of the fetus. Xue Ji managed to retain the “spirit” of the instructions but omitted the sequence of the method.

<p>Song edition <i>Shichan lun</i></p> <p>六曰橫產：橫產者蓋兒子下生先露其手，忽先露其臀，此因未當用力而產母用力之過也。臍腹疼痛兒身未順則是產母用力一逼遂致身橫而不能生下。不幸而有此證候，當令產母安然仰臥令看生之人推而入去。</p> <p>凡推兒之法先，推其兒身令直上，漸漸通手以中指摩其肩，推其上而正之。漸引指攀其耳而正之。須是產母仰臥，然後推兒直上，徐徐正之。候其身正門路，皆順，煎催生藥一盞，令產婦喫了，方可令產婦用力令兒下生。</p> <p>此名橫產^{vi}若看生之人非精良妙手不可依用此法恐恣其愚以傷人命</p>	<p>Ming edition <i>Shichan lun</i>, Xue Ji edited.</p> <p>曰橫產：橫產者言兒方轉身產母用力逼之故也。</p> <p>凡產母當令安然仰臥，穩婆先推兒身順直頭對產門，以中指探其肩，不令臍帶羈扳，方用藥催之，繼以產母努力兒即生。</p>
<p>A.</p> <p>Topic Six is <i>hengchan</i> (Horizontal Birth). When the child descends to be born, and first reveals its hand, or its buttocks, it is because the pregnant mother use too much force before it is time to exert and push. There is aching pain in the navel and abdomen regions, but the body of the child has not straightened, and yet the pregnant mother exerts with much force, thereby forcing the body [of the child to become] horizontally [aligned] and thus unable to descend to be born. Those unfortunate</p>	

women diagnosed with this condition should be made to relax and lie face-up (supine), then get those attending to birth to push and enter into [the birth canal]. Whenever the technique is used, it first includes pushing the body of the child, causing it to go up, then gradually using the hand, then the middle finger to hold on to the shoulder, pushing it higher and then straighten, all the time using the finger to guide and to hold on to the [body of the child] when straightening it. It is necessary that the pregnant mother lie face-up (supine), then after the child has been pushed farther up, slowly and deliberately set it right. Wait for the body [of the child] to straighten and [for it to descend into] the path leading to the [birth] door. Decoct one shallow wine cup worth of hastening birth medicine, get the pregnant mother to consume it, and subsequently urge her to use energy to get the child to descend and emerge. This is called *hengchan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

B.

Topic Six is *hengchan*. Women [who experiences] *hengchan* do so because when the child has just turned its body around, the pregnant mother exerts with strength and forces it [into that position.] All pregnant mothers should be made to relax and lie face-up, the midwife would first push the body of the child straight, with its head aligned to the door of birth. Then use her middle finger to feel for [ascertain] the shoulder [of the child], making sure that the umbilical cord is not restraining and hindering [the descent of the child]. It would be appropriate to use medicine to hasten the birth and get the pregnant mother to use force to exert and give birth to the child promptly.

Xue Ji added the idea that the attending midwife should check to make sure that the umbilical cord was not hindering the descent of the baby. This required an additional maneuver for the midwife to perform. Xue Ji had probably obtained this information from a midwife.¹²⁸

An explicit erasure from the Song edition is the last line of this topic and subsequent topics seven, eight and nine. This line acknowledged the specialized skills midwives possessed, and the fact that midwives were the experts in the birthing chambers. This is the line in the Song edition:

Supposing the birth attendant was not one whose skills were the finest and most proficient, do not rely on or use this method, [I am afraid] those who are reckless and slow would bring about mortal harm to the pregnant

¹²⁸ In a case history written by Xue Ji in part four on lodged placenta of *juan* 18, “Chanhou men” 產後門 of *FDQLF*, he described a treatment a midwife taught him because he had consulted her repeatedly about the said complication. Xue Ji, *Jiaozhu furen liangfang*, *juan* 18, part 4, case history section, 949.

mother.

此名橫產若看生之人非精良妙手 不可依用此法恐恣其愚以傷人命

Xue Ji removed this line from Topics Six to Nine. Did he remove it because he did not think that midwives were necessary in childbirth?¹²⁹ Perhaps Xue Ji was cognizant of the impossibility of representing the manipulations that midwives performed with their hands and thought that the *Shichan lun* had not been accurate in its description of the work of midwives. I would like to add here that Xue Ji deleted the description of the technique of pushing upwards during complications with the presentation of some fetal part in the *Shichan lun*, but included the same detail in his own *fuke* work, *Nüke cuoyao* 女科撮要.¹³⁰ This inconsistency could be simply due to editorial oversight, or a deliberate appropriation of knowledge and the control of how that knowledge get transmitted.

It should be noted that the reference to *kansheng zhi ren* 看生之人 (those who attended to birth) were removed by Xue Ji. In Xue Ji's *Jiaozhu furen liangfang*, those who helped women give birth were referred to as *wenpo* 穩婆 (stable grannies), while in the Song period they were called *kansheng zhi ren* (those who attended to birth). The change from birth attendants to midwives signal a general recognition by Xue Ji, and possibly other medical authors in his circle, that there were women who specialized in helping other women give birth. This was most

¹²⁹ The best example of a male practitioner who had the opinion that midwives or birth attendants were not needed in a birthing chamber was described in a story collected in Wang Tao's *Waitai miyao*, *juan* 33. Monk Tan Luan expressed the opinion that childbirth could be carried alone and went on to test his hypothesis on daughter-in-law of Yangdao Qing. See above.

¹³⁰ Xue Ji, *Nüke cuoyao*, *juan* 下, *Xue Lizhai yixue quanshu*, 64-65. In his own work, *Nüke cuoyao*, he retained the details: the direction *jingshang* 近上 denotes an upward direction.

probably a proto-professionalization of midwives, with a shift in how they were referred by the common person.¹³¹

Topic Seven: *Daochan* 倒產

Topic Seven in the Song edition described this complication as the presentation of the fetal foot,¹³² but Xue Ji removed this description. He also excised the step-by-step details of the midwife's hand techniques, and the caution against startling the pregnant woman.

In the Song version of this topic, the midwife used her hand twice; first to gently nudge and push the emerged foot back into the body of the mother, and second, to adjust the position of the fetus using her hand in the woman's *chanmen*, if the mother did not give birth after waiting for some time. The basic skeletal description was retained in Xue Ji's rendition. However, he removed the Song author's advice to forbid the pregnant woman to exert herself and instruction that she completely surrender to the midwife. The descriptions of the light touch of a midwife was also omitted, perhaps because most of the readers were presumed to hire midwives who had these skills.

Topic Eight: *Pianchan* 偏產

This topic is concerned with the presentation of the child's brow or forehead.

Unlike the previous two topics, Xue Ji did not remove the descriptions that

¹³¹ In *Dasheng bian*, there is a description of how midwives were referred to in various regions of China in the 18th century. In the Wu-yue region (present-day Jiangsu and Zhejiang area), they were referred to as *wenpo*, in the Jianghuai region (between the Yangzi and Huai River), they were called *shousheng po* and in the Huainan area (Anhui and Nanjing area), they were called *jieshengpo*. “按吳越之間·謂之穩婆·江淮間·謂之收生婆·徽寧間·謂之接生婆。” I would like to thank Grace Fong for pointing out my errors.

¹³² This would be equivalent to breech birth in modern medical vocabulary.

defined the topic. The Song and Ming editions of topic eight tell of a fetal body that had not straightened and was stuck as a result of the left or right leg. Then as birth progressed, the top of the fetal head could be seen, but it could not descend. The presenting part could be either the right or left side of its forehead, and the fetus was deemed stuck due to its head, although its foot was assumed to have caused the initial problem. The hand technique here was performed externally. Xue Ji removed an important part from the method to solve a brow presentation complication. The technique in the Song edition called for an upward motion when pushing, which Xue Ji's version did not include.¹³³ In Xue Ji's version, the reader would not know which direction to push because the description was simply “to push.”

Topic Nine: *Aichan* 礙產

Topic Nine describes a fetus unable to emerge despite having presented its *zhengding* 正頂 (fetal vertex, or the topmost part of the skull) and that its umbilical cord was wrapped round its shoulder, halting its descent. Xue Ji's shortened version did not alter the meaning of the topic. The most apparent deletion was the line describing the fine and proficient skills of an experienced midwife being able to save the mother and child.

The Techniques of Delivery

¹³³ In contemporary modern biomedical obstetrics, the Ritgen Maneuver (first described by Ritgen in 1855) is used to assist in the delivery of the fetal head that has distended the vulva and called for controlled delivery of the head to avoid laceration. This maneuver has been challenged by Mayerhofer (2002) who argued that the Ritgen Maneuver was associated with third-degree lacerations and more frequent use of episiotomy. *Williams Obstetrics*, 23rd edition, 2010, 395.

In Chapter One, I highlighted topics six to nine as a set that described techniques possessed by midwives whose skills and experience were crucial in helping to bring forth a child. The Song period author, Yang Zijian, grouped these four topics and arranged them in an order of increasingly grave complications and more elaborate care and methods of extraction. By repeating the same sentence that extolled the techniques of skilled midwives and cautioning readers to hire a skilled midwife, the author, Yang, signaled that each of these topics was concerned primarily with techniques. Xue Ji's decision to shorten the four topics considerably and consequently de-emphasize the techniques and skills that would manage these complications is puzzling. As I have suggested earlier, Xue Ji might have simply acquiesced to the fact that his clients or readers hired able midwives to assist with delivering babies, and there was no need to describe these techniques in detail, especially since men did not enter the birthing chambers during a delivery. Xue Ji could also have realized that any description of techniques would not be able to capture the essence of what really took place during a complication that turned into an emergency. Techniques or *fa* had to be learned through apprenticeship and practice, and not by reading.

The removal of the character “*fa*” 法, the most distinctive aspect of these four topics, was a deliberate attempt on the part of Xue Ji to designate it for some medical expertise. The definition of *fa* as the authoritative method to do something, in order to obtain certain results, might be simply be descriptive for the modern reader of this work. However, the readers of Xue Ji's milieu would

have also known about *fa* in other contexts.¹³⁴ By the Ming dynasty, *fa* in medical titles had a distinct Buddhist or legal connotation.¹³⁵

The medical marketplace was crowded with experts in possession of an amazing assortment of skills, but the only ones who could assist in the birthing chambers were midwives. Male medical authors all acknowledged the presence of midwives and some were vitriolic in their criticism of those who bungled during an emergency. Was Xue Ji aligning with his fellow male authors who were critical of midwives? Did he think that the techniques of midwives did not deserve to be called *fa* and there really was nothing special in their techniques? Based on his changes made to *Shichan lun*, one could argue that Xue Ji was culpable in further diminishing the importance of women practitioners, and this was also seen in his emphasis on their mistakes in case histories he added throughout *Jiaozhu furen liangfang*. However, in the next *juan* eighteen,¹³⁶ Xue Ji explained that he often consulted midwives on the problem of retained placenta¹³⁷ and was given the

¹³⁴ In Chapter One, I discussed the issues with the use of *fa* in the context of method in the Song dynasty. By the mid-Ming period, there were many more types of practitioner, selling their skills and claiming to have special methods for dealing with life's problems. One such group would be a class of Daoist exorcists called "Ritual Masters" (*fashi* 法師) or *faguan* 法官 and related works with the character *fa* in their titles that emerged from the twelfth century onwards. See Edward Davis, *Society and the Supernatural in Song China* (Honolulu: University of Hawai'i Press, 2001).

¹³⁵ The use of *fa* was probably quite extensive and varied. For example, Davis described a new class of exorcists called *fashi* 法師 (Ritual Masters) that emerged in the south and southeast of China during the twelfth to fourteenth centuries. These *fashi* or *faguan* were practitioners who wrote and transmitted talismans, exorcized demons and summoned rain. Did Xue Ji remove *fa* in order to remove any associations midwives might have with therapies that were exorcistic or religious in nature? Davis, *Society and the Supernatural*, 21-44.

¹³⁶ Xue Ji completely changed this *juan* 18, deleting huge portions of each subsection, and included his own case histories throughout. It bears little resemblance to the earliest extant edition of Chen Ziming's *Furen daquan liangfang*.

¹³⁷ "Retained placenta" is a biomedical term, referring to the last stage of labour when all or parts of the placenta remained in the womb. Three reasons for this could be uterine atony (uterus ceased to contract enough for the placenta to separate from the walls of the uterus), trapped placenta (placenta lodged behind a closed cervix), or placenta accrete (an area of the placenta

advice to use the *Yimuca wan* 益母草丸 (Motherwort Flower Pill).¹³⁸ In this record, Xue Ji was acknowledging the skills possessed by a midwife and his appropriation of knowledge from her. In other words, I would suggest that Xue Ji's removal of midwives might actually have been a sign that he recognized them as experts whose skills were acquired not through text, but through experience.

Topic Ten: *Zuochan* 坐產

This topic describes a different method for the pregnant woman to give birth. Instead of the commonly described *zuocao* 坐草 (bearing down on the grass), the mother could hang on to a long cloth suspended securely to a high spot in the room (most likely a beam). The main idea of not obstructing a fetus emerging from the mother's body was maintained in Xue Ji's Ming dynasty version of the topic.

Topic Eleven: *Panchang chan* 盤腸產

This additional topic is a case history of a woman named Lady Yun whose intestine (all the way to her rectum) that emerged before she gave birth, and would not retract after.¹³⁹ In the Song edition, the author attributed the cure to a midwife from Jianchang 建昌 (modern day Fuzhou, Jiangxi province) and also

remained attached and deeply embedded in the uterus wall, other forms include placenta increta and placenta percreta). *Williams Obstetrics*, 23rd ed., Chapter 35, Placenta Accreta, Increta, and Percreta. Chinese medical authors from the Song (Guo Jizhong) described massive bleeding as one possible feature of retained placenta, and this is described in *Williams Obstetrics*, Chapter 35.

¹³⁸ Xue Ji, *Jiaozhu furen liangfang*, juan 18, part 4, case history section, collected in *Xue Lizhai yixue quanshu*, 949. *Yimucao san* (powder) and *yimucao tang* (decoction) were from the Song dynasty *Shenghui fang* 聖惠方, and by the Ming period, it was appearing as a pill in Ming period medical works.

¹³⁹ As I have explained in Chapter One, this was most likely rectal prolapsed or hemorrhoids.

noted that no *chanyi* 產醫 (birth doctor) could cure Lady Yun. Only midwives had the knowledge and expertise. By the Ming, Xue Ji had removed the detail that a midwife had provided knowledge for this treatment, and also the note that no doctor had been able to cure Lady Yun, although he did leave the name of the patient intact. Xue Ji also removed the makeup of the vinegar decoction (it was supposed to be a half wine cup of vinegar and three quarters of a bowl of newly drawn water, mixed together) and how many times (three) to “spurt” this vinegar water on the afflicted woman’s face.

In addition, Xue Ji added a commentary to this topic. He disagreed with the treatment of this affliction, arguing that spurting the decoction on the mother’s face would scare and frighten her to the extent of dissipating her *qi*. Xue Ji included a recipe which he claimed was ancient, and called for forty-nine *caomaziren* 草麻子仁 (seed of *cannabis sativa*)¹⁴⁰ to be ground into a paste and then administered on the top of the mother’s head. It was to be washed off when the *chang* retracted. Should the *chang* dry up, Xue Ji instructed his reader to use a very little liquid from the stone used for sharpening knives (grey slimy liquid) to moisten the bodily part (the prolapsed part). Or one could use a magnet belonging to a *yin-yang* master to decoct a broth and then ingest it. He also included another

¹⁴⁰ The botanical name is *Cannabis sativa* L., and is commonly known as hemp or marijuana seeds. Variant Chinese names include *zi ren* 麻子仁, *damazi* 大麻子, *damaren* 大麻仁, *dongmaren* 冬麻子, and *huomaren* 火麻子. Wu, *An Illustrated Chinese Materia Medica*, 160. The part used is the dried ripe seed, and it is sweet in flavour, neutral in property, and acts on the spleen and large intestine channels, moistens the bowels and relieves constipation. *Caomazi ren* appears to be a variant of *maziren wan* 麻子仁丸 (The Hemp Seed Pill).

recipe calling for the use of ground *banxia* 半夏 (*Rhizoma Pinelliae*)¹⁴¹ as snuff, and this was combined with special paper lit with a sesame oil lamp to fumigate the nasal passage of the woman. The last recipe called for the protruding part to be immersed in the clean container filled with the thickly decocted *dihuang* (foxglove) broth till all the liquid was absorbed.

Conclusion

My study of Xue Ji in this chapter only scratches the surface of a large iceberg – Xue Ji was a prolific author and editor of a large number of works. By focusing on *Shichan lun*, I have been able to enter Xue Ji's world, and in turn attempt to interrogate some aspects of his practice, writing and vision of medicine.

I have chosen to study Xue Ji as an editor because of how he had transformed *Furen daquan liangfang* and *Shichan lun*. He called himself an editor, but he was much more than an editor. In my introduction to this chapter, I alluded to a number of other roles undertaken by Xue Ji or were associated with him. The most noteworthy would be his career as court physician during the reigns of Emperor Zhengde (r.1506-1521) and Emperor Jiajing (r. 1522-1566). His role as an accomplished medical author, who published widely and probably made huge profits from the sale of his books, were also important details of his life. His association with a *pai* (current or school of learning) in medicine, his role as a practitioner and an author, and the subsequent condemnation by the late Ming and early Qing dynasty physicians, all took place after he passed away. All these

¹⁴¹ The English name is pinellia rhizome and the part used is the dried tuber. It is pungent in flavor, warm in property, acts on the spleen, stomach and lung channels, removes dampness and resolves phlegm. Wu Jing-Nuan, *An Illustrated Chinese Materia Medica*, 486.

different parts of his life, others writing about him and what he left behind in terms of writing, tell an interesting narrative of a medical author, whose life we had previously known little about. And when we return to the biography of *Shichan lun*, we see a meticulous editor and an experienced medical practitioner who worked closely with women practitioners.

In my process of uncovering Xue Ji, I was able to demonstrate how he harnessed the potential set forth by the development of the Danxi corpus of work, and aligned himself with the most current and popular theoretical frameworks during his milieu. He did so by quoting “Danxi” throughout his writings.¹⁴² As a physician who had access to the emperor, Xue Ji’s client pool was made up of those who served the emperor and his officials. His references to specific ranks and official titles in his medical case histories attest to those relationships.¹⁴³

In the changes Xue Ji made to *Shichan lun* and to *Furen daquan liangfang*, I found that women’s medicine in the mid-Ming dynasty period had changed in several ways. One was that the erasure of information suggested a certain level of familiarity readers had with childbirth as described in *Shichan lun*. If no other work with new information on childbirth was written after its composition in the

¹⁴² I have provided a list of works by Xue Ji in this chapter, see footnote 59. Besides Xue Ji’s *fuke* works, I have also examined his *waike* writings, which I believe would offer more clues to his relations with non-elite practitioners such as midwives, bonesetters and other practitioners who relied heavily on tactile touch.

¹⁴³ Xue Ji was meticulous about stating the rank or official titles of his patients. I have only began to piece together how Xue Ji circulated in this network of elites and privileged, and intend to pursue this project further. For example in Xue Ji’s *Neike zhaiyao* 内科摘要 1548, he listed ranks and titles of many of his patients. If he did not have their rank or title, he would indicate if it was a man or woman, and if it was a learned man, he would indicated *ruzhe* 儒者 (classicist). Other examples of Xue Ji’s connections included Fan Qing 范慶, a 1535 *jinshi*, who wrote the preface to *Nuke cuoyao* 女科撮要 in 1548. *Xuelizhai yishu*, 1999.

1100s, and the topics were so frequently quoted by other authors, *Shichan lun* would certainly have achieved canonical status. Another related point would be that male medical authors quoted *Shichan lun* freely suggesting that they, as well as their readers (both men and women), had ready access to knowledge about childbirth and complications that could take place. The availability of printed books meant that literate families owned books and had medical works such as *Jiaozhu furen liangfang*. However, these readers no longer had access to the detailed descriptions of techniques that managed those complications, or the intimate corporeal sensations of how pain changed during the course of delivering a baby. Xue Ji's editorial decision effectively removed such knowledge from print. These were of course knowledge and skills that midwives possessed and continued to use in their work. Xue Ji did not try to discredit midwives, as many of his contemporaries and later medical authors would, and instead, he acknowledged their presence in different ways, such as revealing that he learned new knowledge from midwives. However, the erasure of midwives from birth complications in print, despite the continued absence of men in the birthing chambers, would become a permanent feature in medical works. By the late imperial period, male medical authors would be writing about "easy childbirth" or non-interventionist care that Yi-Li Wu describes in her work, *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China*.¹⁴⁴

¹⁴⁴ Yi-Li Wu, *Reproducing Women*.

Conclusion

This biography of *Shichan lun* is only the beginning of my search for answers to questions I raised in my introduction. As a text with such a long history, *Shichan lun* presented a unique opportunity for me to conduct a systematic study of how one set of ideas and practices were composed, received and transmitted over a long period of time. The content of *Shichan lun* has unique qualities that do not resemble intellectual or philosophical works like the *Analects* or the *Yijing*, which were open to speculative interpretation and countless commentaries. The content of *Shichan lun* resisted that process, which was a feature of the textual tradition in China, and to which other medical works, such as the *Huangdi neijing* *Suwen*, were constantly subjected.

This study of a text has highlighted the experience of women giving birth, the description of their pain and how it was used as a diagnostic tool. In analyzing birth complications, we witnessed how the hands and bodies of women managed complications and saved lives. In the person of Yang Zijian, we appreciate how literati networks provided inspiration and support for writing and the production of knowledge. In Chen Ziming and his work, we see the results of an earlier proactive imperial government's efforts at promoting medicine and medical publication. Chen's revision of women's medicine also becomes evident when his work was placed alongside his peers. This dissertation cannot do justice to the complexities of Xue Ji, who was much respected but later vilified. Xue Ji's changes to *Shichan lun* were pivotal, especially since Xue Ji's *Shichan lun* was the most widely disseminated version from the sixteenth to nineteenth century.

Shichan lun has been the thread, weaving together the lives of men who were otherwise unrelated.

Much like the study of an individual's life, the focus on a single text such as *Shichan lun* has allowed me to keep the project within a limited scope, and also explore trajectories that did not conform to standard political or social boundaries. At the same time, the biography of a text has certain limitations. Because I trace the movement of the text over different time periods, there remain questions specific to a certain period that have the potential for further research. For example, Chen Ziming's *Furen daquan liangfang* was a huge work that contained many fascinating topics. In my study of drugs used during a protracted birth complication, I observed the sudden increase in the use of *ruxiang* 乳香 (frankincense) in formulas in *juan* 17. *Ruxiang* was prescribed for dysmenorrhea (difficult or painful menstruation), amenorrhea (absence or suppression of the menstrual discharge), stomach pain, and other types of pain.¹ Specifically for childbirth, it was only used during painful childbirths, and was prohibited during pregnancy because it could cause miscarriage. It was not used at all in formulas for women prior to the thirteenth century, and appeared only sporadically in medical works prior to the Song period. In the Song, three medical works recorded a large number of uses for *ruxiang*: *Taiping shenghui fang* 太平聖惠方 (Imperial Grace Formulary, ca. 978-992), *Taiping huimin heji jufang* 太平惠民和濟局方 (Prescriptions of the Public Pharmacy of the Era of Great Peace and of the

¹ Wu Jing-Nuan, *An Illustrated Chinese Materia Medica*, 144-45.

Bureau of Medicines, ca. 1078) and Chen Ziming's *Furen daquan liangfang*.²

The Northern and Southern Song governments had a monopoly on the importation and resale of *ruxiang*. Huge profits were made by the government when it resold *ruxiang* to Korea and Japan.³ I have been intrigued by how *ruxiang* came to be incorporated into formulas treating childbirth and postpartum pain, and have conducted some preliminary research. Did the imperial government encourage its imperially commissioned medical authors to incorporate the use of this drug in formulas it included in imperial formulary publications? How did the uses of this drug come to be known by medical practitioners? How did such knowledge circulate from Arabia and Persia to the courts of Song China? All these are questions I would like to work on. This is just one example of how working on one text kept me from following up on all the interesting elements I found in *Furen daquan liangfang*.

While I was examining the “who, what and when” components of *Shichan lun*, I was fully aware of the silent but very “visible” presence of women in my study. Although *Shichan lun* is really the record of women's experiences, it has been extremely difficult to talk about women in this dissertation. The women in this study remain static. My constant attempt at highlighting their skills, tactile fingers and hands provide a different way to think about writing history. Is it possible to write a history of a highly skilled group of practitioners who did not

² Wang Huaiyin 王懷隱, et. al., comp. 978-992, *Taiping Shenghuifang* (Beijing: Beijing Renmin weisheng chubanshe, 1958); *Taiping huimin heji jufang* 太平惠民和濟局方 (Prescriptions of the Public Pharmacy of the Era of Great Peace and of the Bureau of Medicines), 1078 (Beijing: Beijing Renmin weisheng chubanshe, 1985).

³ Tansen Sen, *Buddhism, Diplomacy, and Trade: The Realignment of Sino-Indian Relations, 600-1400* (Honolulu: University of Hawai'i Press, 2003), 193-4, 223.

write and were probably illiterate? Is reading against the grain of male authored medical works the only way to locate women practitioners?

I have not been able to write a history of the women who were in childbirth pain or the women who had life-saving hand techniques. Instead, this biography of *Shichan lun* highlights author, compiler and editor, and their vivid worlds. For these men who wrote, I have been able to identify specific times and places, and particular historical contingencies. But for the women, they appear somewhat timeless and undifferentiated. The slight changes this dissertation highlighted, such as the changes in what midwives were called, and the existence of techniques women transmitted to each other orally for management of pain or related childbirth issues, were significant, even though these are composite representations.

Yet, I am convinced there might perhaps be a way to do so. When I examined comments in the margins of *fuke* works, I noted advice for literate men to read *Shichan lun* aloud to their children. In novels such as *Honglou mengying*, I see medical terms like *xueyun* (blood swoon) used as a quotidian phrase, suggesting the integration of what we call medical knowledge in other spheres of family lives. Childbirth and birth complications continue to be an important source of anxiety for many women and their families for much of late imperial China. As male medical authors continue to write about managing childbirth in various ways in the subsequent centuries, midwives and women remain largely silent. Perhaps it will be possible at a later stage to write a history of these highly skilled women.

Appendix 1

Earliest Extant and Most Widely Disseminated Editions of *Furen daquan liangfang*.

A. Chen Ziming 陳自明 (ca. 1238-1271). *Xinbian furen daquan liangfang* 新編婦人大全良方 (The New All Inclusive Good Prescriptions for Women). Based on Yuan dynasty, Qinyou tang 勤有堂 woodblock print edition, held at the National Library of China. Beijing: Beijing tushuguan chubanshe, 2005.

B. Chen Ziming. *Furen liangfang* 婦人良方, 24 juan. Edited by Xue Ji 薛己 (1486-1558), preface date 1547, published between 1573 and 1662. Bogu tang 博古堂 edition, as part of *Xueshi yi'an* 薛氏醫案 (Medical Case Histories of Mister Xue). Held at Princeton University, Gest Rarebook library, TC98/1446.

Note: In orange and crossed out – the characters removed by Xue Ji; in brackets, newly added by Xue Ji in 1547.

楊子建十產論 Yang Zijian Ten Topics on Birth

A	B	A&B combined	Notes
凡人生產先知此十證候則生產之婦永無傷損性命生產之間性命最重幸而孩子易生人不知福 萬一有少艱難 則須與之間子母之命懸於絲髮但世人所患者惟看生產收生之人少有精良妙手緣此而多有傾性命予因傷痛其事不為無補 外有盤腸產僕添方法在後	凡生產先知此十症庶免子母之命折於無辜也世之收生者少有精良妙手多致傾命予因傷痛而備言之	凡人生產先知此十證(症)候則生產之婦永無傷損性命。生產之間性命最重幸而孩子易生,人不知福 萬一有少艱難 則須與之間子母之命懸於絲髮但世人所患者惟看生產。(庶免子母之命折於無辜也世之)收生之人少有精良妙手緣此而多(致)有傾性命予因傷痛(言之)其事,不為無補 外有盤腸產僕添方法在後。	<ul style="list-style-type: none"> Removed: the idea that those with complications would need midwives/birth attendants. Women and children were described as innocent. The determinate quality (fate) and fragility of life was also erased. Prolapsed of womb during delivery became a part of <i>Shichan lun</i>

A. Introduction

All who give birth [should] first know the following ten symptoms, and as a consequence [no] woman who gives birth would ever experience any injury or harm to her life. During birth, the fate and lives [of mother and child] are the most important. Those who are fortunate experience an easy childbirth, and they are unaware of how fortunate [they were], if by any chance there is a little difficulty [during delivery], wherefore in a moment, the lives of the mother and child hang by a strand of hair. However, those who suffer [from difficult births] had to solely depend on those who attend to birth, and there are few with the finest dexterousness. It is for that reason that there are many who have lost their lives. I am therefore pained by this matter, and it does not help if I did nothing. Included at the end is an extra method for [solving the problem of] Rectal Prolapse.

B.

When giving birth, first know the ten symptoms in order to spare the innocent lives of the mother and child. Nowadays, there are few birth attendants with the finest dexterousness, and many mothers lose their lives. I am pained by this and am therefore explaining [this] clearly.

A. Topic One

一曰正產

正產者蓋婦人懷胎十月滿足陰陽氣足忽然腰腹作陣疼痛相次胎氣頓陷至於臍腹疼痛極甚乃至腰間重痛穀道挺迸繼之漿破血下兒子遂生此名正產

B.

一曰正產

正產者言懷胎十月陰陽氣足忽然作陣疼痛胎至谷道漿破血下兒即正產

A&B combined

一曰正產

正產者[言]蓋婦人懷胎十月滿足陰陽氣足忽然腰腹作陣疼痛相次胎氣頓陷至於臍腹疼痛極甚乃至腰間重痛穀道挺迸繼之漿破血下兒子遂生此名正產

Notes

- Removed the term *manzu* that indicated full term. A fetus that had not developed to its complete term would be premature or overdue. Both conditions would have meant problems for the pregnant woman and fetus. Also removed the emphasis on pain.
- 胎至谷道 Women about to give birth describe feeling this sensation, and in SCL, it is an important sign, used in combination with the different types of pain and pain-location on the pregnant woman's body, to tell the progress of birth.

A.

Topic One is *zhengchan* (Regular Birth.) Now, a woman who experiences *zhengchan* carries her fetus for the full ten months,¹ and has sufficient yin-yang and *qi* (vital energy). Suddenly, [she] experiences waves of pain rising [and ebbing] about the waist (yao 腰 that is around the lower back,) and then around the abdomen (fu 腹). And following soon after, the *qi* of the fetus suddenly sinks, such that the pain around the navel (lower abdomen) becomes unbearable, and the [area] between the waist [lower back] becomes swollen with extreme pain. The alimentary tract (the end, i.e. the rectum and anus) feels like it is about to burst, and subsequently [birth] fluid breaks and blood descends, and the child is born swiftly, this is called Regular Birth.

B.

Topic One is *zhengchan* (Regular Birth.) It is said that a woman who experiences *zhengchan* carried her fetus for ten months, with sufficient yin-yang and *qi*. Suddenly there are waves of pain, the fetus is at the *gudao* (alimentary tract or birth canal). The [birth] fluid breaks and blood descends, and the child is promptly born in a regular manner.

¹ The full term of pregnancy was ten months in premodern Chinese medicine. In *Huainazi*, there is an excerpt that describe the 淮南子·精神训: 九月而躁, 十月而坐, 形體以成, 五藏乃形.” See also Yi-Li Wu, *Reproducing Women*, 130-35; Wu, “Ghost Fetuses, False Pregnancies,” 170-206.

A. Topic Two

二曰傷產

傷產者蓋婦人懷胎 忽有七月八月而產 忽至九月十月而產 忽有經一年二年乃至四年五年而後產者 今獨以十月滿足為正產 蓋一人之生陰注陽定各有時日不可改移 今有未產一月已前忽然臍腹疼痛有如欲產仍却無事是名試月非正產也 但一切產母未有前面正產證候即不可令人抱腰產母亦不可妄亂用力 蓋欲產之婦臍腹疼痛兒身未順收生之人却教產母虛亂用力兒身纔方轉動却被產母用力一逼遂使兒子錯路 忽橫忽倒不能正生 皆緣產母未當用力之所致也 凡產母用力須待兒子順身臨逼門戶方始用力一送令兒下生 此方是產母之用力當也 若未有正產之候而用力傷早并妄服藥餌令兒下生 譬如揠苗而助之長非獨無益而又害之此名傷產

B.

二曰傷產

傷產者言懷胎未足月有所傷動以致忽然臍腹疼痛或服催藥過早或產母努力太早逼兒錯路不能正產凡分娩須待兒身順頭對產門努力以一送兒即正生

A&B combined

二曰傷產

傷產者(言)蓋婦人懷胎忽有七月八月而產 忽至九月十月而產忽有經一年二年乃至四年五年而後產者今獨以十月滿足為正產 蓋一人之生陰注陽定各有時日不可改移今有未產一月已前(懷胎未足月有所傷動以致)忽然臍腹疼痛有如欲產仍却無事是名試月非正產也但一切產母未有前面正產證候即不可令人抱腰產母亦不可妄亂用力蓋欲產之婦臍腹疼痛兒身未順收生之人却教(或服催藥過早或產母努力太早)產母虛亂用力兒身纔方轉動却被產母用力一逼遂使兒子錯路忽橫忽倒不能正(產)生皆緣產母未當用力之所致也凡(分娩)產母用力須待兒子(身)順(頭對產門)身臨逼門戶方始用(努)力一送令兒(即正)下生此方是產母之用力當也若未有正產之候而用力傷早并妄服藥餌令兒下生譬如揠苗而助之長非獨無益而又害之此名傷產

Notes

Xue Ji has also erased the idea of non-regular birth, or uncanny births that take a short time or a much longer time than the ten months. The idea of a ten-month pregnancy was probably unequivocally standardized in the Ming by Xue Ji's time.

- the way to ascertain false pains.
- Refers to previous topic, thereby confirming that there is one author who collated/wrote the ten topics.

A.

Topic Two is *shangchan* (Injurious Birth). Probably, for pregnant women, it is possible that some would suddenly give birth in the seventh or eighth month of their pregnancy. Some would give birth in the ninth or tenth month, and there are some who would experience one, two years, and even up to four and five years of pregnancy before giving birth. Now, only the full duration of ten months is considered Regular Birth. The yin and yang in the life of a person are pre-determined; each person has his or her allotted time and day which cannot be changed or altered. Now, there are some, a month before the birth date, who suddenly experiences aching pains in the navel and abdomen, resembling one about to give birth, but nothing happens, and this is called “testing month,” and is not Regular Birth. But all pregnant mothers, without having experienced the previous symptoms of (or signs associated with) Regular Birth, do not immediately get someone to hold the waist (*baoyao* 抱腰). The pregnant mother should not rashly use excessive force [to push]. All pregnant women who feel [that they were] about to give birth, is experiencing aching pain in the abdomen and navel regions, but [at that time] the body of the child had not yet straightened. Unfortunately, the birth attendant had

instructed the pregnant mother to pointlessly use force [when] the body of the child is just only starting to rotate to one side. Due to the mother's sudden use of force, this will cause the child to [move] in the wrong direction. Some would lie horizontally and some would have turned around, and in every case the reason would be that the mother exerts physical force before the right time. In such a situation when the pregnant woman exerts physically, [she] ought to wait for the child's body to straighten itself, and when the baby is pushed right at the entrance of the birth door, then start to exert physically and push, to get the child to descend and be born. In this way, the pregnant woman has used force at the appropriate time. If there is no sign associated with regular birth and she pushes too soon, and also recklessly takes medicine, she will cause the premature descent of the child. This is similar to pulling a sprout to assist its growth, not only is there no benefit, but harm will ensue. This is called *shangchan*.

B.

Topic Two is *shangchan*. It is said that those who experiences *shangchan* have not been pregnant for the full [ten] months, but because of pain due to the movement [of the fetus]², and [she suffers] sudden pain in the navel and abdomen regions. Should the pregnant mother ingest Hastening Birth medicine much too early [at this point], or pushes and exert way too early, the child will [move] in the wrong path and not be born regularly. All those who give birth should wait till the child's body has straightened and its head is aligned with the birth door (*chanmen*), before exerting to get the child born regularly.

A. Topic Three

三曰催產
催產者言婦人欲產漿破血下臍腹作陣
疼痛其痛極甚腰重穀道挺迸已見是正
產之候但兒却未生即可服藥以催之忽
有經及數日產母困苦已分明見得是正
產之候但兒子難生亦可服藥以助產母
之正氣令兒速得下生此名催產。

B.

三曰催產
催生者言欲產時兒頭至產門方服藥催之
或經日久產母困倦難生宜服藥以助其血
氣令兒速生。

A&B combined

三曰催產
催產者言婦人欲產漿破血下臍腹作陣
疼痛其痛極甚腰重穀道挺迸已見是正
(時兒頭至)產(門) 之候但兒却未生即可
(方)服藥以催之忽有(或)經及數日(久)
產母(倦)困苦已分明見得是正產之候但
兒子難生亦可(宜)服藥以助產母之正
(其血)氣令兒速得下生此名催產

Notes

Xue added the extra information about the head of the child being visible at entrance of the vagina.

² I have not been able to find an explanation of *shangdong*, and the closest I have found in Chinese medical works that uses *shang* in the same way is *shangshi* 傷食 whereby damage is inflicted on the stomach because of voracious eating. Nigel Wiseman and Andrew Ellis, *Fundamentals of Chinese Medicine* (Massachusetts: Paradigm Publications, 1996), 480.

A.

Topic Three is *cuichan* (Hastening Birth). In the case of [*cuichan*], when the pregnant woman feels the urge to give birth, fluid breaks and blood descends. [She] experiences waves of aching pain in her navel and abdomen area, the pain then becomes unbearable. [She feels] that her waist area is heavy, and child is in the *gudao* [and] feels quite ready to burst. [One can see that] it is time for regular birth to take place, but the child will not be born. [This is the time to] quickly ingest medicine to hasten the birth. There are a small number who experiences [this state] for a number of days, [where] the pregnant mother is overwhelmed by suffering and while all could clearly see that the baby was to be born in the regular [manner], but the child had difficulties being born. It is right to ingest medicine to assist the mother and fortify her regular *qi*, and get the child to quickly descend and be born. This is called Hastening Birth (*cuichan*).

B.

Topic Three is *cuichan*. For those who feels the desire to give birth, the head of the child is at the door of birth, just then ingest medicine to hasten birth. Perhaps the mother has experienced [this state] for a few days and is suffering and tired from the difficult birth. It is suitable to ingest medicine to assist the Blood and *qi* [of the mother in order to] get the child born quickly.

A. Topic Four

四曰凍產
凍產者蓋言三冬之月天氣寒冷產母經血得冷則凝結而不散因其血之不散以致兒子不能生下 此之一弊為害最深然世人不知覺若冬月產婦下部不可脫³去綿衣并不坐臥寒冷之處當滿房着火令遍房常有煖氣常令產母背身向火令臍下腿膝間常有暖氣 若背上心前少聞寒冷須是暖灸綿衣以包之貴其血得熱則流散使兒子易生 此名凍產若春秋之間天地少有陰濕寒冷之氣亦可就房中以微炭火暖之為妙

B.

四曰凍產
凍產者言天氣寒冷產母血氣遲滯兒不能速生故衣裳宜厚產室宜煖背心亦溫和庶兒易生

A&B combined

四曰凍產 凍
產者者蓋言三冬之月天氣寒冷產母經血(氣)得冷則凝結而不散因其血之不散以致(遲滯)兒子不能(速)生下此之一弊為害最深然世人不知覺若冬月產婦下部不可脫去綿衣(裳宜厚)并不坐臥寒冷之處當滿房着火令遍房常有(產室宜)煖氣常令產母背身向火令臍下腿膝間常有暖氣若背上心(亦溫和)前少聞寒冷須是暖灸綿衣以包之貴其血得熱則流散使(庶)兒子易生 此名凍產若春秋之間天地少有陰濕寒冷之氣亦可就房中以微炭火暖之為妙

Notes

Removed the idea of dampness between the months of Spring and Autumn, which required mild warming to get rid of cold dampness. Blood was removed, and was *xie* 滯 sluggish

³ In the 1464/1910 edition, there is a *yue* 月 radical combined with a *gong* 公 on the right hand top corner and an *er* 儿 below it. Variant character.

A.

Topic Four is *dongchan* (Frozen Birth). Those who experiences *dongchan* in the three months of winter, when the weather (season) is cold and chilly, [when] the essence and blood of the pregnant mother become cold, then coagulate, [this complication would ensue]. Because this blood cannot be dissipated, it will cause the child not to be born; this one problem causes the most harm; however, most people are not aware. If it is during the months of winter, the pregnant woman should not remove the cotton clothes on her lower body, or sit or sleep in places that are chilly and cold. All the rooms ought to be filled with fire [warmth], such that the entire room would be constantly warm. Frequently check that the pregnant mother has her back facing a source of heat [fire], and ensure that she has warm air below her lower abdomen, between her legs and knees. If upon her back, and in front of her heart, there is a very slight chill or cold, warm by heating the silk-cotton clothes (usually padded), in order to preserve what is wrapped within (i.e., the baby). When blood is heated and it would flow and disperse, causing the baby to be born easily. This is called *dongchan*. If it is between Spring and Autumn, between heaven and earth, sometimes *qi* is damp with yin, and is chilly and cold. Therefore it would be appropriate to warm the room slightly with a little charcoal..

B.

Topic Four is *dongchan*. Those [who experience] *dongchan*, [do so when] the weather is cold and chilly, [causing] the pregnant mother's blood and *qi* to slow down and become sluggish, [which in turn causes] the child the inability to be born swiftly. This is why the top and bottom layers of clothing [of the pregnant woman] should be thick, the birth chambers should be heated, the vest (*beixin*) warmed and the combination [of all of the above] would hopefully bring about an easy birth of the child.

A. Fifth Topic

五曰熱產
熱產者蓋言盛暑之月欲產之婦當要
其溫涼得所不可因熱恣意取涼 反有
傷損胎氣又生產之處不可多着人數
切恐人多熱氣逼襲產母蓋人之血氣
得熱則散熱過則損今當夏暑炎熱之
盛而產母氣虛人氣一逼則其血沸溢
而血得熱則上蒸能令產母發熱頭痛
面赤昏昏如醉乃至不知人事世有名
血暈者緣此而成也此名熱產若值夏
月少有清涼之氣陰雨之變產母亦不
可任意取涼恐生大病

B.

五曰熱產
熱產者言盛暑之月產婦當溫涼得宜
熱甚產母則頭痛面赤昏暈若產室人
衆熱氣蒸逼亦致前患名曰血暈若夏
月風涼陰雨亦當謹避

A&B combined

五曰熱產
熱產者蓋言盛暑之月欲產之婦當要
其溫涼得(宜)所不可因熱恣意取涼
反有傷損胎氣又生產之處不可多着
人數切恐人多熱氣逼襲產母蓋人之
血氣得熱則散熱過則損今當夏暑炎
熱之盛而產母氣虛人氣一逼則其血
沸溢而血得熱則上蒸能令(熱甚)產母
(則)發熱頭痛面赤昏(暈)昏如醉乃至
不知人事世有(若產室人衆熱氣蒸逼
亦致前患)名血暈者緣此而成也此名
熱產若值夏月少有清(風)涼之氣陰雨
之變產母亦當謹避不可任意取涼恐
生大病

Notes

Blood was removed.

A.

Topic Five is *rechan* (Heated Birth). Those who experiences *rechan*, especially those who has to give birth during the months of summer, should try to be in a temperate and cool place. Do not indulge in cooling [acts or food] due to the summer heat, and that would instead cause harm and damage the *qi* of the fetus. Also in the place where the birth would take place, ensure that there are not too many people, should there be many people, [I am afraid] that the hot *qi* would overwhelm the pregnant mother. As it is known, the blood and *qi* of humans dissipate when heated, and then when overheated they are damaged. When the pregnant mother has emptiness of *qi* during the hottest and driest summer heat season, and the *qi* [presence] of many people [would] tire [the pregnant mother], causing her blood to heat and disperse. Her blood becomes hot and then rises up and becomes “steamed,” possibly causing the pregnant mother to experience hot flushes and headaches. Her face flushes red and she would feel giddy as if she was drunk, and even pass out, oblivious to the world. This is the name of those who suffer from *xueyun* (Blood Swooning), and this was how the term came into being. And for the issue of *rechan*, if during the hot season, there is little cool air or yin-rain that changes the weather, the pregnant mother should not recklessly indulge in seeking cooling [foods or habits], or [she would] become very sick.

B.

Topic Five is *rechan* (Heated Birth). In the peak months of the summer, pregnant mothers should be kept temperately cool, if it is too hot, the pregnant woman would suffer from headaches, flushed face, and experience dizziness and faint. If the birthing chamber is crowded, the hot *qi* would [be like] steam, bearing upon [the pregnant woman] till she suffers from the symptoms mentioned, which is called *xueyun*. If in the months of summer there is chilly wind and yin-rain, it would be wise to carefully avoid them.

A. Topic Six

六曰橫產
橫產者蓋兒子下生先露其手忽先露其
臀此因未當用力而產母用力之過也臍
腹疼痛兒身未順則是產母用力一逼遂
致身橫而不能生下ⁱⁱⁱ不幸而有此證候
當令產母安然仰臥令看生之人推而入
去凡推兒之法先 推其兒身 令直上漸
漸通手以中指摩其肩推其上而正之
漸引指攀其耳而正之 須是產母仰臥
然後推兒直上徐徐正之 候其身正門
路順煎催生藥一盞令產婦喫了方可令
產婦用力令兒下生 此名橫產若看生
之人非精良妙手 不可依用此法恐恣
其愚以傷人命

B.

六曰橫產
橫產者言兒方轉身產母用力逼之故也
凡產母當令安然仰臥穩婆先推兒身順
直頭對產門以中指探其肩 不令臍帶羈
扳方用藥催之繼以產母努力兒卽生

A&B combined

六曰橫產
橫產者(言)蓋兒子下生先露其手忽先露
其臀此因未當用力而(方轉身)產母用力
(逼)之(故也)過也臍腹疼痛兒身未順則
是產母用力一逼遂致身橫而不能生下
不幸而有此證候當令(凡)產母(當令)安
然仰臥令看生之人(穩婆先)推而入去凡
推兒之法先推其兒身(順)令直(頭對產
門)上漸漸通手以中指(探)摩其肩(不令
臍帶羈扳)推其上而正之漸引指攀其耳
而正之須是產母仰臥然後推兒直上徐
徐正之候其身正門路皆順煎催生(用)藥
(催之繼以)一盞令產婦喫了方可令產婦
用(努)力令兒(卽)下生 此名橫產若看生
之人非精良妙手不可依用此法恐恣其
愚以傷人命

Notes

羈-ji4 to restrain, fetter
扳 ban1 – to pull

A.

Topic Six is *hengchan* (Horizontal Birth). When the child descends to be born, and first reveals its hand, or its buttocks, it is because the pregnant mother use too much force before it is time to exert and push. There is aching pain in the navel and abdomen regions, but the body of the child has not straightened, and yet the pregnant mother exerts with much force, thereby forcing the body [of the child to become] horizontally [aligned] and thus unable to descend to be born. Those unfortunate women diagnosed with this condition should be made to relax and lie face-up (supine), then get those attending to birth to push and enter into [the birth canal]. Whenever the technique is used, it first includes pushing the body of the child, causing it to go up, then gradually using the hand, then the middle finger to hold on to the shoulder, pushing it higher and then straighten, all the time using the finger to guide and to hold on to the [body of the child] when straightening it. It is necessary that the pregnant mother lie face-up (supine), then after the child has been pushed farther up, slowly and deliberately set it right. Wait for the body [of the child] to straighten and [for it to descend into] the path leading to the [birth] door. Decoct one shallow wine cup worth of hastening birth medicine, get the pregnant mother to consume it, and subsequently urge her to use energy to get the child to descend and emerge. This is called *hengchan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

B.

Topic Six is *hengchan*. Women [who experiences] *hengchan* do so because when the child has just turned its body around, the pregnant mother exerts with strength and forces it [into that position.] All pregnant mothers should be made to relax and lie face-up, the midwife would first push the body of the child straight, with its head aligned to the door of birth. Then use her middle finger to feel for [ascertain] the shoulder [of the child], making sure that the umbilical cord is not restraining and hindering [the descent of the child]. It would be appropriate to use medicine to hasten the birth and get the pregnant mother to use force to exert and give birth to the child promptly.

A. Topic Seven

七曰倒產
倒產者蓋因其母胎氣不足關鍵不牢 用力太早 致令兒子不能回轉順生 便只直下先露其足也 治之之法 當令產母於床上仰臥令看生之人推其足入去分毫不得令產母用力亦不得驚恐候兒自順 若經久不生 却令看生之人輕輕用手內⁴ 人門中推其足令就一畔直上令兒頭一畔漸漸順下 直待兒子身轉 門路正當然後煎催生藥令產母服一盞後方始用力一送 令兒生下此名倒產 若

B.

七曰倒產
倒產言產兒未能轉身產母努力故也當令產母仰臥穩婆推入候兒自順若良久不生令產婆手入產戶一邊撥兒轉順近產門却服催藥并努力卽下

A&B combined

七曰倒產。
倒產者(言)蓋因其母胎氣不足關鍵不牢用力太早致令兒(未能)子不能回轉(身母努力故也)順生便只直下先露其足也治之之法當令產母於床上仰臥令看生之人(穩婆)推其足入去分毫不得令產母用力亦不得驚恐候兒自順若經(良)久不生却令(產婆)看生之人輕輕用手內入(產戶)門中推其足令就一畔直上令兒頭一畔漸漸(一邊撥兒轉順)下直待兒子身轉(近產)門(却服)路正當然後煎催生藥

Notes

回=回
撥 po1: To stir with hand or stick: 撥土, 灰 stir dust, ashes; to move (switch, etc.) with a slight finger movement.
Prod.
一畔: halfway, one side.

⁴ Nei 內 denotes interior and is also a replacement for na 納, which denotes to insert.

看生之人非精良妙手不可依用此法恐
恣其愚 以傷人命⁵

~~令產母服一盞後方始用(并努)力一送
令兒生卽下此名倒產 若看生之人非精
良妙手不可依用此法恐恣其愚以傷人
命~~

A.

Topic Seven is *daochan* (Inverted Birth). Those who [experience] *daochan*, do so because there is insufficient fetal qi in the mother, and the fetus is not securely lodged in the womb. She exerts with force much too early, causing the child to not be able to turn around and align for birth, leading to its inability to descend and reveals one foot first. The method to treat this condition, is to get the pregnant mother to lie supine on the bed, then bade the birth attendant to push the foot back in [to the birth canal], forbidding the pregnant mother to exert energy, and desist from alarming or frightening [the mother]. Then wait for the child to eventually [turn around and] straighten/ align.

If after some time [and the woman] does not give birth, once again bid the midwife to gently use [her] hand to enter into the birth canal, push the foot, causing it to turn around halfway, getting the head of the child in the path to gradually face straight down, then wait for the child to turn its body around, and align itself with the door of birth. Thereafter bid the pregnant mother to drink a wine-cup size of simmered Hastening Birth decoction, and then she would be able to exert and push the child down to be delivered, this is called *daochan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

B.

Topic Seven. It is said that *daochan* [happens] because the pregnant mother exerts force before the child is able to turn around. It would be appropriate to get the pregnant mother to lie supine, get the midwife to push and enter, and wait for the child to straighten on its own. If after a long period of time she is unable to give birth, get the midwife to go into the birth canal with her hands to prod the child to turn around [and move] closer to the door of birth. Then ingest Hastening Birth medicine and exert with force to give birth swiftly.

A. Topic Eight

八曰偏產
偏產者盖因兒子回轉其身未順生路未
正却被產母用力一逼致令兒頭偏挂左
腿忽偏挂右腿 致令兒雖近人門 而不
能生下 但云兒已露頂 然不知兒之所
露即非頂也 忽左額角 忽右額角而已

B.

八曰偏產
偏產者言兒回身未順生路產母努力逼
兒頭偏一邊產難露頂非也乃額角耳 當
令產母仰臥穩婆輕手正其頭向產門卻
令產母努力子卽下若兒頂後骨偏挂穀
道露額令穩婆以綿衣灸暖裹手於穀道

A&B combined

八曰偏產
偏產者盖(言)因兒子回轉其身未順生路
未正却被產母(努)用力一逼致令兒頭偏
(一邊產難)挂左腿忽偏挂右腿 致令兒
雖近人門 而不能生下 但云兒已露頂
(非也)然不知兒之所露即非頂也忽左

Notes

偏-slanted, oblique, out of the way. Xue Ji removed all the descriptions of how to ascertain the malpresentation.

⁵ In the Xiong Zongli edition, the extra lines read: 補遺: 治倒產脚先出者烏蛇蛻一條 蟬退十四箇 血餘一箇卽胎髮 右同燒為灰分作二服酒調溫服仰臥霎時兒 卽順生或用穀尖刺兒足心刺三五次急以塩少擦刺處卽生。

調兒頭 偏柱一畔 以此 不能生收之之法當令產母於床上仰臥令看生之人輕推兒近上 以手正其 頭令 兒頭頂端正向人門 然後令產母用力一送即便兒子生下 若是小兒頭之後骨偏柱穀道即令兒却只露 額 當令看生之人以一件綿衣炙令溫暖用裹手急於穀道外旁輕輕推兒頭令正即便令產母用力送兒生也此名偏產 凡于穀道外旁推兒頭正須推其上而正之 仍是小用輕力推些上兒而正之也 若看生之人非精良妙手不可依用此法 恐恣其愚以傷人命

(乃)額角(耳)忽右額角而已 調兒頭 偏柱一畔 以此不能生收之之法當令產母於床上仰臥令看生之人輕(手)輕推兒近上以手正其頭令兒頭頂端正向(產)人門然後(卻)令產母(努)用力一送即便兒子(即)生下若是小兒(頂)頭之後骨偏柱穀道(露額)即令兒却只露額當令(穩婆)看生之人以一件綿衣炙令溫暖用裹手急於穀道外旁輕(手)輕推兒頭令正即便令產母(努)用力送兒(即)生也此名偏產凡于穀道外旁推兒頭正須推其上而正之 仍是小用輕力推些上兒而正之也若看生之人非精良妙手不可依用此法 恐恣其愚以傷人命

A.

Topic Eight is *pianchan* (Tilted Birth). [A woman suffers from] Tilted Birth, because the child has turned itself around, but its body has not yet become aligned along the path of birth. The sudden pressure exerted by the pregnant mother has caused the head of the child to be stuck sideways. It is blocked by the left leg, or sometimes by the right leg. Even though it is close to the entrance of the birth door, but it cannot be born. Although [it appears that] the child has revealed the top of its head (crown), what is revealed is really not the [utmost] top [part] of the child's head, but is either the right edge or the left edge of the forehead. This is explained as the head of the child being obstructed on one side [lodged on the pelvic bone] such that it cannot be delivered. The method to bring forth the baby, is to get the pregnant mother to lie supine, then bid the birth attendant to gently push and straighten the head of the child, ensuring the top of the head (crown) is aligned with the birth door, then get the pregnant mother to exert to give birth to the child. If the bone on the back of the head of the child is lodged against the *gudao* (alimentary tract or birth canal), and at the same time only the forehead could be seen, get the birth attendant to apply heat to a cotton cloth, wrap it around her hand, and swiftly push and straighten the head of the child just outside the alimentary tract/ birth canal. Then get the pregnant mother to exert to expel the child. This is called *pianchan*. Whenever the technique is used to push and straighten the head outside the alimentary tract/ birth canal, it is necessary to push upwards and straighten. Always use a small amount of strength to push upwards, and the position of the child will straighten. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

B.

Topic Eight is *pianchan*. It is said that [a woman experiences] *pianchan* because the child has turned but is not completely aligned along the birth path and the mother exerts and pushes, forcing the child's head to tilt to one side. Difficult birth ensues and what is revealed is not the crown of the child but the corner of the forehead. Get the pregnant mother to lie supine and the midwife to gently use her hand to straighten the head to face the birth door. Then get the mother to exert and swiftly give birth. If the back bone of the crown of the child's head is lodged against the *gudao*, and the forehead is revealed, get the midwife to take a cotton cloth and apply heat to warm it, wrap it around her hand, and swiftly just outside the alimentary tract/ birth canal, gently straighten, then get the pregnant mother to exert to expel the child.

A. Topic Nine

九曰礙產
礙產者蓋言兒身已順門路俱正兒子已
露正頂而不能生下蓋因兒身回轉 肚帶
攀其肩以此露正頂而不能生此名礙產
收之之法當令產母於床上仰臥令看生
之人輕輕推兒近上徐徐引手以中指按
兒肩下其肚帶也仍須候兒身正順方令
產母用力一送使兒子下生此名礙產若
看生之人非精良妙手不可依用此法，恐
恣其愚以傷人命

A.

Topic Nine is *aichan* (Obstructed Birth). A woman suffers from *aichan*, when the body of her child has aligned along the birth canal and the uppermost crown of the child's head can be seen, but it cannot be born. It is due to the fact that [when] the body of the child was turning around, the umbilical cord got looped around the shoulder, such that the uppermost crown has emerged but [the child] cannot be born, this is called *aichan*. The method to solve this is to get the pregnant mother to lie supine on the bed, get the birth attendant to gently push the child upwards, little by little using the hand as a guide, with the middle finger, to feel and press on the shoulder of the child and pull down the umbilical cord. Then [one] must wait for the body of the child to align with the regular [path]. Subsequently get the pregnant mother to exert force to expel the child to be born, this is named *aichan*. If the birth attendant is not one [whose skills are] the finest and most proficient, do not rely on this technique. [I am afraid] those who are reckless and slow would cause harm leading to the loss of life.

B.

Topic Nine was *aichan*. This affliction happened when the child's body had straightened and aligned with the birth door, and the child's head could be seen, but because when the child turned around the umbilical cord became coiled around the shoulder causing it to be stuck and not be born. Get the pregnant mother to lie supine, and the midwife to gently push the child upwards, and use her middle finger to press on the shoulder and pull down the umbilical cord. Then get the child's body to straighten and the pregnant mother to exert and give birth to the child swiftly.

A. Tenth Topic

十曰坐產
坐產者蓋言兒子之欲生當從高處 牢繫
一條手巾令產母以手攀之輕輕屈足坐
身令兒生下非令產母臨生兒時坐着一

B.

九曰礙產
礙產者言兒身已順門路已正兒頭已
露因兒轉身臍帶絆其肩以致不能生令
產母仰臥穩婆輕推兒向上以中指按兒
肩下脫臍帶仍令兒身正順產母努力兒
即生

B.

十曰坐產
坐產者言兒之欲生當從高處牢繫手巾
一條令產母以手攀之輕輕屈足坐令兒生
下不可坐砥兒生路

A&B combined

九曰礙產
礙產者蓋言兒身已順門路(已)俱正兒
(頭)子已露正頂而不能生下蓋因兒(轉)
身回轉(臍)肚帶(絆)攀其肩以致此露
正頂而不能生此名礙產收之之法當令
產母於床上仰臥令看生之人(穩婆)輕輕
推兒(向)上徐徐引手以中指按兒肩下
(脫臍)其肚帶也仍(令)須候兒身正順方
令產母(努)用力一送使兒(即)子下生此
名礙產若看生之人非精良妙手不可依
用此法，恐恣其愚以傷人命

A&B combined

十曰坐產
坐產者蓋言兒子之欲生當從高處 牢繫
一條手巾(一條)令產母以手攀之輕輕屈
足坐身令兒生下(不可)非令產母臨生兒

Notes

Notes

Xue Ji changed a method into a problem. His rationale appears to be for women to give birth “naturally”
砥 – *dǐ3* to grind/ polish a

物此名坐產 若是產母兒將欲生却令坐
着一物即抵着兒路 不能生也

時坐(砥)着~~一物此名坐產~~若是產母兒 stone.
將欲生却令坐着~~一物即抵着兒(生)路不~~
能生也

A.

Topic Ten is *zuochan* (Sitting Birth). It is said that in *zuochan*, when the child desires to be born, it is from a high spot. Tightly fasten a piece of woven cloth from a high spot, get the pregnant mother to hang on to the cloth, gently crouch on her feet like she is sitting, getting the child to be born. Do not allow the pregnant woman to sit on an object at the moment of delivering the baby, this is called *zuochan*. If when the pregnant mother desires to give birth, but is sitting on an object, thereupon obstructing the path of the child, and is unable to give birth.

B.

Topic Ten is *zuochan*. It is said that those [who experience *zuochan*] when the child wishes to be born it is from a high spot. Tightly fasten a piece of cloth and get the pregnant mother to hang on with her hands, gently crouch and let the child br born. Do not obstruct the birth path of the child.

A. Topic Eleven

十一曰盤腸產：續添
趙都運恭人每臨產則子腸先出然後產
子產子之後其腸不收甚以為苦名曰盤
腸產醫不能療偶在建昌得一坐婆施之
一法而收之其法遇產後子腸不收之時
以醋半盞新汲冷水七分碗調停嚥產婦
面每嚥一縮三嚥收盡此良法也後學不
可不知

B.

十一曰盤腸產
趙都運恭人每臨產則子腸先出然後產
子其腸不收名曰盤腸穩婆以酢水各半
盞默然嚥產婦面背才收不可不知

愚按前症古方以草麻子仁四十九粒研
塗產母頭頂腸收上即洗去其腸若乾以
磨刀水少許溫潤之以用磁石煎湯服之
即收上磁石須陰陽家用有驗者若以水
嚥母面背恐驚則氣散

治盤腸產以半夏為末搐鼻中腸自上

又方大紙撚以麻油潤燈吹滅以烟薰產
婦鼻中腸即上

又方腸出盛以潔淨漆器濃煎黃芪湯浸

A&B combined

十一曰盤腸產：續添
趙都運恭人每臨產則子腸先出然後產
子產子之後其腸不收甚以為苦名曰盤
腸產醫不能療偶在建昌得一坐(穩)婆
施之一法而收之其法遇產後子腸不收
之時以醋半盞新汲冷水(各半盞默然)
七分碗調停嚥產婦面(背才收)每嚥一
縮三嚥收盡此良法也後學不可不知
(愚按前症古方以草麻子仁四十九粒研
塗產母頭頂腸收上即洗去其腸若乾以
磨刀水少許溫潤之以用磁石煎湯服之
即收上磁石須陰陽家用有驗者若以水
嚥母面背恐驚則氣散

治盤腸產以半夏為末搐鼻中腸自上

又方大紙撚以麻油潤燈吹滅以烟薰產

Notes

Physicians could not treat this problem
but midwives were able to -

Removed the term *chanyi* 產醫 -did it
use to mean a male physician who took
care of medicine or anyone who
specialized in treating birthing issues.
Were midwives called *chanyi* then?

之腸卽上

婦鼻中腸卽上

又方腸出盛以潔淨漆器濃煎黃芪湯浸
之腸卽上)

A.

Topic Eleven is *panchang chan* (rectal prolapse).

In the city of Zhao, [there was a] Lady Yun, each time she gave birth her rectum would first emerge and then she would give birth. After the delivery of the baby, the rectum would not retract, this is an extreme source of hardship. It was named *panchang chan*, and no physician could treat [this affliction]. Coincidentally, in Jianchang, there was a *zuopo* (midwife) who kindly taught me a method that solved this problem. When the womb would not retract after giving birth, use half a wine-cup size of vinegar, seven parts of freshly drawn well water, and mix evenly in a bowl. Spurt [the mixture] on the face of the woman, and with each mouthful of spurt the rectum will retract. And in three spurts the prolapsed part would retract. This is an excellent method; those who study [medicine] later on absolutely must know this technique.

B.

Topic Eleven is *panchang chan*. In the city of Zhao, there is a Lady Yun, and each time she gave birth, her rectum would first emerge, and after the birth, it would not retract. This is called *panchang*. The midwife [should] use vinegar water, each half wine-cup, and quietly spurt the pregnant woman's face and back, and the rectum will retract. Everyone needs to know this.

Xue Ji: For the symptom above, older recipes call for forty pills of *caomazi*, grind into a paste and apply to the forehead of the pregnant mother. When the rectum retracts quickly wash off. If the womb is dry use the water for sharpening knives, warm it and then use loadstones to decoct to make a soup. Ingest and the rectum would immediately retract. The loadstone should be that used by yin-yang masters who are efficacious. If one uses water to spurt the face and back of the pregnant mother, she might be frightened and scared, causing her *qi* to scatter.

There is another recipe that calls for paper being soaked in sesame oil and then used in lamps. Extinguish the fire and use the smoke to fumigate the pregnant mother's nose and the rectum would immediately retract.

There is another recipe, when the rectum is out, put the prolapsed part into a clean container filled with the thickly decocted *huangdi* soup, soak it in that soup and the part would retract.

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Abbreviations

<i>FRDQLF</i>	<i>Furen daquan liangfang</i> 婦人大全良方
<i>JZFRLF</i>	<i>Jiaozhu furen liangfang</i> 校注婦人良方
<i>OED</i>	<i>Oxford English Dictionary</i>
<i>SKQS</i>	<i>Siku quanshu</i> 四庫全書
<i>SYQYJK</i>	<i>Song yiqian yiji kao</i> 宋以前醫籍考
<i>ZGYJK</i>	<i>Zhongguo yiji kao</i> 中國醫籍考
<i>T</i>	Taisho edition of the <i>Tripitaka</i> 大藏經
<i>TTYJZFRLF</i>	<i>Taiyi yuan jiaozhu furen liangfang</i> 太醫院校注婦人良方

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