BLOOD, BODY AND GENDER

Medical Images of the Female Condition in China

1600-1850

by

Charlotte FURTH

Menstruation, when it has been thought of as an acceptable subject for scholarly inquiry at all, has been studied mostly by anthropologists interested in women and ritual pollution. In many cultures, including China's, folk practice shows that female blood has been shunned as dangerous. Imagined as a source of contagion, liable to make crops wither and to offend the gods, it has been associated with female threats to forms of cosmic and social order managed and defended by men. Some anthropologists, like Mary Douglas, have argued that menstrual blood, like other bodily discharges, is symbolically linked with dangers to social order because it is "matter out of place," which has left the normal confines of the body, to mark the perilous transitions of birth and reproduction. In such a view, ritual avoidances and taboos symbolically restore cosmic and social boundaries, and suggest control over the powers of life and death associated with conception and birth. Other interpretations emphasize that pollution beliefs express male anxiety over female power and male unease at society's dependence upon women as childbearers. In both views, a culture's beliefs about female pollution shape the way it defines gender—the social construction of sexual differences. Menstrual taboos represent women as sources of dirt and disorder yet mistresses of generation. These taboos create a symbolic system in

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which female pollution and female power are intertwined, warred on by male authority.

A difficulty with these anthropological accounts of gender has been that “the power of pollution” has never easily translated into social categories that reflect women’s experiences rather than male myths and fantasies. No one has shown that pollution beliefs are strongest in cultures where male solidarity is in fact most threatened, or that women themselves are normally aware of their condition as “power.” These omissions suggest that explanations of gender in China (and elsewhere) which are based on folk taboos surrounding female blood may be flawed or at least incomplete.

My strategy in this paper is to look beyond popular attitudes to medical symbolizations of female blood in China. The presence of a premodern, literate, massively documented Chinese medical tradition enables us to see theories about female biology in complex historical development, and to trace alternative perceptions of social roles based on them. We can thus see how pollution beliefs were transformed in a classical system of thought which contributed to a more elaborate and diverse gender system. The tradition recorded in the medical literature was not merely an elite alternative to folk practice, but an eclectic system which constantly borrowed and adapted grassroots ritual and medical ideas, and then fed these back into the mainstream of popular culture, often in altered form. The medical texts that I draw upon here date from the late sixteenth to the late nineteenth centuries. They range from imperially sponsored encyclopedias to popular household manuals. Without exception they reflect a mixture of scholastic, ritual and empirical modes of reasoning, in the course of which female biology was redefined, not around symbolic poles of power, purity and pollution, but around those of vitality and loss. What emerges is a positive model of female generativity, symbolized by the menstrual function, but seen as a biological exchange economy that condemned women to bodily depletion and loss. In the course of elaborating this model, Chinese medical experts developed stereotypes of female sickness and emotionality which contrasts with the “power of pollution” of folk taboo. Their conceptions suggest a gender system that stressed female weakness and enslavement to reproductive necessity.

“In women, blood is the ruling aspect” (nü-tzu 女子 . . . i hsueh wei chu 以血為主 ). On one level this was a worldwide medical cliché, generalized from women’s reproductive functions. However, in classical Chinese thought this commonplace observation must be seen against the

4 For a discussion of the medical tradition, see Nathan Sivin, “Ailment and Cure in Traditional China” (unpublished draft).

5 Li Shih-chen 李時珍, Pen ts’ao kang mu 本草綱目 (Systematic materia medica, publ. 1596; Jen-min wei-sheng ch’u-pen-she ed. of 1975), hereafter PTKM. On the nature of blood, see 52: 2952-66 (vol. 4).
background of a theory of the human organism in which hsueh (“blood” 血) stands for life energy at several levels of generality, always paired with a male principle, ch'i 氣 (untranslatable but sometimes rendered as “pneuma” or “breath”).

Most abstractly “ch'i and blood” (ch'i-hsueh 氣血) referred to vitality underlying all organic processes and essential to the survival of all the organ systems of the body, but not specific to certain bodily functions or structures. It was in part “prenatal” (hsien t'ien 先天), or “received from Heaven,” i.e., an endowment that is bestowed at conception. When ch'i and blood are exhausted, the human being dies.

Other aspects of ch'i and blood are “dependent upon food and drink.” Postnatal (hou t'ien 後天) vitality is produced in the functioning material body, which needs nutrients to survive and grow. This aspect of ch'i and blood is derived from, if not entirely reducible to, food and breath. In keeping with this, Chinese biology identified two reservoirs of vitality in the body—the “sea of blood” (hsueh hai 血海), a lower abdominal center, storing the energy of generation and assimilation, and the “sea of breath” (ch'i hai 氣海) in the chest area, concentrating the energy of respiration. Thus paired, two forms of energy flow through the body's circulation tracts.

All of these connotations of blood and ch'i keep to the symmetrical yin-yang dualism underlying Chinese cosmology. Symbolically they show blood sexualized as female both in the formal aspects of the dualism, according to the familiar complementary poles; and, more strikingly, by blood’s internal dependency in any pairing. In terms of the basic cosmology outlined in the Book of Changes (I ching 易經), blood is “receptive” (kun 穴). In thinking of body functions, the medical men put it that “blood follows ch'i.”

Even more specific female associations of blood begin to emerge in the paired term “essence and blood” (ching-hsueh 精血, literally, “blood and semen”). At times “blood and essence” refers to the concentrated form of life energy in the functioning organism. In this usage it is close to the second meaning of “ch'i and blood” above. The buried metaphor in “ch'i and blood” evokes the assimilation of food and the respiration of air, but that of “blood and essence” suggests reproduction. This is because of the literal meaning, which implies the male and female contributions to the conception of a child, or more the generative capacities.

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6 The word “energy” is used here in the original qualitative sense, not the special sense of modern physics or chemistry.

7 Ching lo 精絡, sometimes mistranslated “meridians.”

8 See most recently A. C. Graham, Yin-Yang and the Nature of Correlative Thinking (Occasional Paper and Monograph Series, 6; Singapore: The Institute of East Asian Philosophies, 1986).

9 PTKM, 52: 2955.
of both sexes. Each sex draws on reservoirs of both “essence and blood.” Thus women are said to have sexual fluids (“essence”), and male “essence” (semen) is made of blood.

Finally, there is “yin blood” (yin hsueh 阴 血), the aspect of blood identified with the woman’s contribution to reproduction as a physical process. Yin blood is the unity underlying all manifest forms of reproductive fluid: it appears now as menses, now as breast milk, now as the blood which nourishes the fetus.

Within the yin-yang dualism, the symbolic depiction of blood in human biology more explicitly feminized as functions move from the supraphenomenal realm of creation, associated with ch’i and heaven; pass through a sphere of body growth and maintenance based on relatively complementary yin-yang functions; and reach the concretely material female sphere of sexual acts and reproductive processes. In both males and females, the sexual zones of the body are “yin”, as in “yin ch’u 陰 腹,” for the center of generation below the navel, or “yin ch’ü 阴 腹”, “private parts.” Still, although its materiality identified the sexual realm with female aspects of the cosmic dualism, female generativity was never divorced from cosmic creation, but allowed to share in it on a lower plane. Similarly, a woman’s sexual function, like a man’s, was seen as dependent upon the energy of “essence” (ching 精), a yang energy symbolically associated with maleness.

Dozens of common folk beliefs and practices show the traditional Chinese fear of blood loss, which gains strength from these symbolic associations. Even today many older Chinese remain suspicious of hypodermic injections that draw blood. The association of blood with specifically female forms of vitality is especially clear in classical prescriptions for the use of human blood in medicine. Since the sixteenth century, the standard classic of pharmacy has been the Pen ts’uo käng mu, by Li Shib-chen (1518-1593), a brilliant and encyclopedic rationalizer of two thousand years of pharmaceutical tradition. Li classified medicinal “blood” in four forms: plain blood, menses, breast milk and placenta. The interchangeability of the last three is clear from his remarks explaining the nature of breast milk: “it is made of transformed yin blood; it grows due to the action of the digestive systems, and is maintained and supported by the action of the highway and conception channels (ch’üng jen mai 行 任 脉). Before conception it appears as menses below; during pregnancy it provides nourishment for the fetus; after birth, red changing to white, it ascends as milk. The subtleties of these creative transformations are nature’s marvels.” Moreover while authorities on pharmacy labelled plain blood “toxic” (tu 毒), that is, a powerful substance with dangerous side effects if incorrectly used, the

10 On Li see Dictionary of Scientific Biography, s.v.

11 PTKM, 52: 2950.
other three were classified as benign (wu tu 無毒).

TABLE 1

<table>
<thead>
<tr>
<th>DISORDERS BY TYPE</th>
<th>DRUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic wounds; from weapons, bites, etc.</td>
<td>1,2,4</td>
</tr>
<tr>
<td>Ch'i exhaustion in males</td>
<td>2,4</td>
</tr>
<tr>
<td>Body sores, scarlet birthmarks</td>
<td>1,2,4</td>
</tr>
<tr>
<td>Shrinking penis, sores on penis (from sexual contact)</td>
<td>2</td>
</tr>
<tr>
<td>Fits from epilepsy or fright syndrome, delirium, etc.</td>
<td>2,3</td>
</tr>
<tr>
<td>Amenorrhrea</td>
<td>4</td>
</tr>
<tr>
<td>Red, weeping, swollen eyes</td>
<td>3,4</td>
</tr>
<tr>
<td>Vomiting, blood loss through hemorrhage, nosebleed, etc.</td>
<td>1</td>
</tr>
<tr>
<td>Poisoning</td>
<td>3,4</td>
</tr>
<tr>
<td>Fatigue and debility disorders (emaciation, etc.)</td>
<td>1,3,4</td>
</tr>
<tr>
<td>Used to replenish ch'i and blood</td>
<td>3,4</td>
</tr>
</tbody>
</table>

1 = plain blood  2 = menstrual blood  3 = placenta  4 = human milk

Table 1 outlines the commoner types of disorders which blood in its various forms could be used to cure. As the table suggests, blood worked first of all to replace itself. It was prescribed as a remedy for traumatic blood loss, especially from wounds by weapons, bites, or mauling by wild animals. It served to counteract the effects of abnormal bloody discharges, such as nosebleeds, bloodshot eyes, hemorrhages or the exudates of certain ulcerations and sores. A second major group of disorders responsive to blood were sexual dysfunctions in males, or wasting diseases identified with serious blood or ch'i depletion. In the form of placenta and breast milk, blood was highly recommended for males as "yang support" to preserve a youthful body and prolong life. Placenta was often prescribed for barren women and as a post-partum tonic. In sum, these various forms of female yin blood were prized for efficacy against most of disorders treatable by plain blood, and for others as well, particularly where a deficiency of sexual vitality was implicated.

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12 Table 1 draws upon PTKM, 52. I have simplified the original by combining similar syndromes under a single heading, and by leaving out some miscellaneous entries. For example, breast milk is recommended for loss of voice, and to remove insects from the ear, therapies hard to explain by the natural symbolism used elsewhere. For a detailed analysis of the same text, category by category, see William C. Cooper & Nathan Sivin, "Man as a Medicine: Pharmacological and Ritual Aspects of Traditional Therapy Using Drugs Derived from the Human Body," pp. 203-72 in Shigeru Nakayama & Sivin (ed.), Chinese Science: Explorations of an Ancient Tradition (Cambridge, MA, 1973). The authors conclude that "if the ingredients of the Chinese prescriptions had been chosen by the most stringent criteria of clinical pharmacology, fewer than one-quarter of the ailments treated could have been relieved strictly by known properties of the constituents or their combinations." (p. 262).
Judged by the frequency of recommendation, these were treatments of choice.

Moreover, it is clear that Li Shih-chen, as a scholarly gentleman, excluded from his catalogue a large number of popular recipes that used menstrual blood to increase vitality and potency. Indeed his commentary criticized the “practitioners of heterodox arts” (hsieh shu chia 鄭術家) who concocted the menstrual “red lead,” or peddled breast milk as “converted menses which makes mother’s milk” (fan ching wei ju 反經為乳). He predicted that the men who took these doses would dissipate the sexual vitality they wished to hoard. Other sources indicate that such remedies enjoyed a lively underground reputation in late Ming elite circles.

Concerning placenta, Li was responding to an alchemical tradition that prized this “immortals’ cloak” (hsien jen i 仙人衣), or “purple river carriage” (tzu ho che 紫河車) to convey adepts to immortality, and to old popular rituals in which women ate their own afterbirths, “like animals.” As ritual medicines, both menses and placenta threatened to cross the razor-thin divide between sources of creative vitality and dangerous power, provoking a familiar reaction of disgust. “Women’s menses are rank and dirty,” Li remarked, “and so the gentleman avoids them, considering them unclean and liable to injure his yang.” His ambivalence toward placenta was evident in his suggestion that such medicines be consumed dry in pills rather than cooked and eaten in a broth. Li’s aversion was as much an acknowledgement of medicinal potency as a warning of danger; reproductive substances remained staples of the classical medical repertory.

In sum, medical symbolizations of blood were permeated with connotations of femaleness. Even within the range of a single author’s discussion these ranged from images of the “prenatal” cosmic vitality of earth, to the constructive energy of the growing and reproducing body, to the dangerous efficacy of reproductive substances able to cure or kill. Female gender in the medical imagination implied sources of symbolic power. Nonetheless, the blood of life and generativity was also the substance whose disorders and depletions made women the sickly sex.

“‘It is easier to treat ten men than one woman.’ Medical authorities of the Ch‘ing period repeated this saying as a well-known distillation of conventional wisdom, bearing out their conviction that women were

13 PTKM, 52: 2950.
14 PTKM, 52: 2952-53.
15 PTKM, 52: 2963.
16 PTKM, 52: 2953.
17 PTKM, 52: 2963-64.
more prone to illness than men, and harder to cure. Consider the image of a woman’s life cycle in the following sketch of a medical history, laid out year by year in the eighteenth-century New Book of Childbearing.\textsuperscript{18}

At the time of her first menses (12 to 13 years), a girl may experience pain or fever; her face may become red, or there may be a bitter taste in her mouth; she may suffer alternate hot and cold sensations or fainting spells as well. As a maiden she may suffer from blocked menses (amenorrhea), knots or lumps of congested \textit{ch'i} (ch'ieh k'uai 結塊) in her belly, melancholy, headaches, dizziness, nausea and “anxious sensations” (\textit{fan men} 煩闷).\textsuperscript{19} She may be pale and unable to think of food. At the time of her menses a young married woman of 18 to 21 years may ache all over, feel numbness in her hands and feet; she may be now hot, now cold, dizzy and faint. Women in their mid-twenties are liable to irregular periods and intermittent fevers, and are vulnerable to the serious wasting disease “bone-steaming.”\textsuperscript{20} By 24 or 25, a woman’s “sea of blood” is already in danger of depletion and attacks from cold. In addition to the usual symptoms of headache, dizziness, hot and cold sensations and cramping, these women will often suffer from vaginal discharges, menstrual flooding or spotting, or protracted periods. By 28 or 29, childbearing has taken its toll. Her “\textit{ch'i} has dispersed and her blood is depleted,” and she suffers from “blood depletion with stomach heat, a condition of fatigue.”\textsuperscript{21} At 35 internal weakness has made her so vulnerable to noxious invasions from without that her best defense when menstruating is to take to her bed. By her early forties her menstrual cycle has ceased, leaving her with a chronic depletion of \textit{ch'i} and blood. She is now subject to disorders caused when old, bad blood is not dispersed, but congests and stagnates within.

On the one hand, this sad chronology simply recognizes a typical pattern of gynecological disorder. Amenorrhea is common in adoles-

\textsuperscript{18} \textit{T'ai ch'\'an hs\'in shu} 胎産新書 (New book of childbearing, publ. 1793, hereafter TCHS). This compilation of three titles, \textit{N\'u k'o mi yao 女科秘要}, \textit{N\'u k'o mi chi\'ih 女科秘訣}, and \textit{N\'u k'o chi\'ih yao 女科旨要}, is one of many attributed to the monks of Bamboo Forest Temple (Chu-lin ssu ｀林寺) of Mt. Hsiao, Chekiang.

I have used the reprint in Ch’iu Chi-sheng 表吉生 (ed.), \textit{Chen pen i-shu chi-ch\'eng 珍本醫書集成} (Collected rare medical texts, hereafter CPISCC; Shanghai, 1936). For the passage cited see NKCY, 1: 175-82 (vol. 8).

\textsuperscript{19} Though “\textit{fan men}” today means “anxiety,” Chinese physicians associated the emotion with physical sensations: palpitations, faintness, constricted chest, etc.

\textsuperscript{20} Contemporary diagnosticians link “bone-steaming” with pulmonary tuberculosis, but its original scope was broader.

\textsuperscript{21} TCHS, \textit{n\'u k'o chi\'ih yao}, p. 180.
cents, leucorrhoea plagues sexually active married women, while older mothers are more likely to be heavy bleeders. In traditional societies repeated childbearing was a universal drain on women’s health. The rapid ageing of a married woman, seen here as declining in vigor by thirty and worn out by forty, also conforms to life patterns that were all too common. On the other hand, the account also outlines a socially acceptable pattern of female sickliness, and some of the biological premises underlying it. Women were expected—in fact taught—to experience all sorts of diffuse bodily distress as part of their monthly reproductive cycles, and to be permanently weakened by childbearing. Moreover, the holistic bias of Chinese medical theory pushed diagnosis toward the assumption that disorders of reproductive function played a key role in the underlying pattern of almost any disease in women. “Fu k’o 婦科,” properly translated, does not mean “obstetrics and gynecology” but “the women’s department of medicine,” that is, all internal female disorders, especially during the childbearing years.

This classic outline of a distinctive female pattern of disease, frequently quoted by Ch’ing-dynasty physicians, originates in Prescriptions Worth a Thousand (Pei chi ch’ien chin yao fang 至 便, ca. 650):

The reason that there are special prescriptions is that women become pregnant, give birth, and suffer from uterine damage. This is why women’s disorders are ten times more difficult to cure than those of men. The Classic says of women that they are a gathering place for yin influences, always exposed to dampness. From the age of thirteen their yin ch‘i is replete to the point of overflow, and all sorts of thoughts pass through their minds, damaging the organ systems within and ruining their beauty without. Their monthly courses stop and go, now early, now late, [leading to] congestion and coagulation of blood, and blocking central pathways of circulation. The injuries that arise from this can’t be fully enumerated. Cold and heat affect the organ systems, depletion (hsu 虛) and repletion (shih 腫) conditions interact, noxious blood leaks within, and the circulation vessels become worn out. Sometimes undisciplined diet causes more than one kind of trouble. Sometimes before skin sores have healed they take part in “the union of yin and yang.” Sometimes when they relieve themselves at open privies, wind enters below and brings on the twelve chronic diseases. For all these reasons, women have their separate prescriptions.22

In answer to the question, “why are women more sickly than men?,” a late Ming standard treatise on women’s health closely paraphrased this passage, adding an additional comment on the pathological consequences of female emotionality: “Women are gripped by compassion and love, aversion and envy, melancholy and grief. Since they are unable to con-

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22 Pei chi ch’ien chin yao fang (Taipei, 1965, reprint of Edo Igaku ed. of 1849, 7.1)
trol these feelings, their illnesses are deep-rooted and cure is difficult."

Of course women were not viewed medically as a separate species. Ex-
ternal agents of disease were the same for both sexes, as were the basic
principles of biological functioning and of diagnosis. Nonetheless
doctors agreed about female vulnerability and its systemic nature.

Female health evoked metaphors of easy circulation, reliable
periodicity and free flow of blood. These images resonated with an
organismic cosmology of harmonious parts, orderly in their movements
and interpenetrating without hindrance. Despite these obvious associ-
ations, the rhetoric of female illness began with evocations of stoppage,
congestion, stagnation—of blood diverted from its normal paths, chaotic
and unpredictable in its movements. When stagnant (yü 薄), blood was
responsible for pain; congealed (chiah 結), it presented itself as swellings,
tumors, bruises or contusions; static (chih 構), it impeded circulation,
blocking bowels and impairing digestion; reversing course (ni 逆), it
leaked out through sores, hemorrhages or bloody discharges. Old blood
needed to be dispersed and new blood created, a process dependent upon
the regular rhythms of the specifically female “conception and
highway” circulation tracts (jen-ch'ung mai 任衝脈). This ambivalent
model of a woman’s pathology led naturally to a focus on menstruation,
the bodily function which displayed blood ideally in its harmonious, re-
liable rhythms of health, or else revealed in incipient signs an underly-
ing disorder.

This is how the Sung medical classic, Good Prescriptions for Women
(Fu jen liang fang 婦人良方) put it:

The highway tract makes up the sea of blood; the conception tract rules
the womb. When the kidney ch'i is full and flourishing, there is an easy
flow in these two tracts, the menstrual fluid gradually increases to fill its
reservoir, and then descends at the proper time. So we may say that the
menstrual period of one with healthy harmonious ch'i appears regularly
once every thirty days, a counterpart to the moon’s waxing and waning.
During the menses it is most advisable to protect one’s health carefully.
A woman who fails in this risks disorders like those following childbirth,
ranging from minor night upsets to fatal illness. In general, fright will
disorient blood and ch'i, stopping the tracts from circulating, reversing
blood flow within the body to produce chronic wasting diseases. Hard
labor and fatigue at this time will give rise to depletion and hot type
disorders, leading further to intolerable pain. If a woman is angry, her
flowing ch'i will reverse course, reversing the course of blood. If this
affects the waist and legs, she will have severe pain there as long as the
period lasts. If the reversal affects head, belly, heat, lungs, back, sides,
hands or feet, the resulting syndromes will be the same. If her anger is
great, the liver will be injured; she will feel dizzy, her sides will ache, she

23 Nü k'o pai wen 女科百問 (One hundred questions on female disorders,
hereafter NKPW; in CPISCC, vol. 8), p. 2. This book is attributed to Ch'i
Chung-fu 詹仲方 and dated ca. 1220, but was not widely available until
printed (or reprinted) in late Ming.
will vomit blood and suffer from tuberculous lymphadenitis (lei-li 瘴”, abscesses, and sores. Further, if menstrual blood soaks into her body, it will drip out all her bodily openings. If during her menstrual period she is exposed to wind, she will fall ill of a wind disease; if she is exposed to cold, she will catch a cold disorder. If these are not cured quickly, she will experience innumerable pathological changes. Carelessness, although at the time it seems light as down, may give rise to illness that weighs heavy as a mountain peak! Is this not something to dread? 24

This is saying less that menstrual irregularity caused other illnesses in women than that it is a sign, either precipitating factor or dependent response, of an underlying bodily imbalance. The linkage of menstrual patterns with other syndromes made diagnosis complicated and allowed for diverse pathology, ranging from fevers and wasting diseases to ulcerations, tumors and inflammations, and indigestion. Questions about menstrual function were thus imperative in any medical consultation involving an adult woman, and menstrual symptoms always implicated a total organic pattern. In the words of the authoritative medical encyclopedia Golden Mirror of Medical Orthodoxy (1742), “a woman whose courses are regular will be healthy. If her courses are irregular, then a hundred disorders will arise.”25 Of, as Ch’en Nien-tsu 陳念祖, a famous early-nineteenth-century physician and medical popularizer put it, “Medicine for women takes the monthly cycle as its fundamental topic.”26 Texts on fu k’o invariably began with a section entitled “menstrual regulation” (t’iao ching 調經).

An enormous variety of symptoms entered the complex typology of menstrual dysfunction (see Table 2).27 Timing of flow was basic, but the consistency and color of the discharge, the quality and timing of pain or cramps, the presence of absence of feverish sensations, all also contributed to the pattern. Early, profuse periods were usually associated with yang excess and heating conditions, and their opposites with cold, stag-

24 Ch’en Tzu-ming 陳自明, fl. 1237. Fu-jen ta-chüan liang fang 婦人大全良方 (Complete good prescriptions for women; Ssu k’u chüan shu, ser. 7, vol. 129) 1: 1a-2a.

25 Wu Ch’ien 吳謙 et al. (ed.), I tsung chin chien 医宗金鑑 (the medical encyclopedia sponsored by the Ch’ien-lung emperor; Ta Chung-kuo t’u-shu kung-ssu ed., hereafter ITCC), III, 62.

26 Ch’en (usually referred to by his tsu Hsiu-yuan 陳修園, 1753-1823) Nü k’o yao chih 女科要旨 (Essentials of female disorders; Peking, 1959), p. 1.

27 This chart is based on the section on “menstrual regulation” (t’iao ching 調經) in Wu Chih-wang 武之望, Chi yin kung mu 清陰圖目 (Systematic aid for disorders of yin [i.e., of women], pref. 1620, hereafter CYKM; K’o-chi wei-sheng ch’u-pan she, Shanghai, 1958), pp. 1-17.
<table>
<thead>
<tr>
<th>Irregularity</th>
<th>Sensation</th>
<th>Character</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>Pain</td>
<td>Early (heating)</td>
<td>Dark</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Late (depleting)</td>
<td>Pale</td>
</tr>
<tr>
<td></td>
<td>Heating</td>
<td>Early</td>
<td>Dark</td>
</tr>
<tr>
<td></td>
<td>(feverish)</td>
<td>Late</td>
<td>Pale</td>
</tr>
<tr>
<td>Flow</td>
<td>Pain</td>
<td>Scanty (dry blood)</td>
<td>Dark</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Profuse</td>
<td>Pale</td>
</tr>
<tr>
<td></td>
<td>Heating</td>
<td>Scanty</td>
<td>Dark</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Profuse</td>
<td>Pale</td>
</tr>
</tbody>
</table>

nation of blood and depletion. Pain carried connotations of blood congestion, or invasion by external cold factors. Clots particularly were likely to indicate internal Fire (extreme and usually reactive yang manifestations) accompanying yin depletion, while a pale and watery discharge suggested exhausted, dry blood. Medical authorities warned that correct diagnosis is tricky because it is difficult to identify underlying as opposed to superficial patterns. Yang excess, for example, could mask an underlying yin deficiency. One common view was that all irregularity, whatever its surface type, involved underlying patterns of depletion.

Medical management of menstrual irregularity only began with the commonplace advice against exposure to cold, anger, stress or overwork during the period. Chinese therapists expected women to avoid drafts, washing with cold water, doing laundry and getting their feet wet. They also recommended, as they did for other disorders, a complex drug therapy, minutely adjusted to individual patients and their symptoms. The New Book of Childbearing summarizes a simple, commonsense approach to prescription in easy-to-memorize form:

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28 For warnings about damp and drafts, see NKPW, p. 14; TCHS, p. 40.

29 TCHS, Nü k'o mi yao, I: 1.
Early menses is a sign of heat.
Late menses is a sign of depletion.
If blood is stagnant, break it up.
If blood is dry, build it up.
Regular flow with early pain means accumulation of blood.
Late pain means blood is depleted.
If she feels feverish throughout, she has blood depletion and stagnant accumulation;
If she feels feverish afterwards, she has blood depletion and a hot disorder.

The remedies most often prescribed for menstrual disorders were drugs with warming properties, those that cleared up stagnation, and above all, those that counteracted depletion by building up and vivifying blood. Drug functions were grouped into "four chi", namely heating, warming, cooling, and chilling; and "five flavors" (wu wei 五味), namely sweet, salty, sour, bitter and aromatic. These were abstract classifications, the first identified two by two with the yin-yang dualism, and the second (which need not coincide with the taste of the drug) with the Five Phases, of traditional cosmology. In practice a neutral subclass was added to each. The combination of these two rubrics determined the locus and kind of action produced. Restoring a normal level of vitality was called "replenishing" (pu 補 ) when applied to chi, and "vivifying" (huo 燠 ) when applied to blood. Other drugs were used to disperse (san 散 ) or break up (p'o 破 ) stagnation, or to clear (ch'ing 淸 ) heat or phlegm.

Holistic medical reasoning allowed for a wide variety of initial strategies, using many possible combinations of drugs. One might prescribe to replenish chi, because "blood follows chi." One might stimulate the spleen system, because some kinds of depletion and congestion attack digestive functions. Or one might warm the energy circulation tracts to defend against invasion by cold. Though menstrual disorders were divided into hot and cold types, physicians usually considered heat a symptom of depletion. Drugs classified as chilling or bitter were rarely recommended.30

The most important of the blood-building "replenishing and vivifying" medicines preeminent in menstrual therapy was Chinese angelica (Angelica sinensis, tang kuei 唐歸). According to F. Porter Smith, it was among the most frequently prescribed simples in the whole materia medica for stagnations and depletions of blood. Angelica's special affinity for women was considered implicit in the name (literally, "ought to return."). Popular tradition explained the name by the root's

30 Wang Meng-yin 王孟英, tzu Shih-hsiung 王士雄, Shen shih nü k'o chi yao 沈氏女科輯要 (Master Shen's collected essentials of female disorders, pref. 1850; Hong Kong, 1959 ed.), p. 4. The text is based on a family tradition of the Hangchow region attributed to a Master Shen. Wang was a physician known for his critical acumen.
ability to “return” a woman to her husband, presumably strengthened for her procreative functions. Angelica was usually compounded with three other plant drugs, Szechwan lovage rhizome (Ligusticum wallichii, ch’uan hsiung 川芎 ), peony root (Paeonia lactiflora, pai shao 白芍 ), and Chinese foxglove root (Rehmannia glutinosa, ti huang 地黄 ), in the popular Four-ingredients Infusion (ssu wu t’ang 四物湯 ). Angelica and lovage are noted for their warming and replenishing functions. Peony and foxglove are slightly cooler in nature, regulating excess heat (a byproduct of yin depletion or liver Fire) and dispersing blood stagnations responsible for pain or blocked flow. This pharmacodynamic discourse evoked the vulnerability of a woman’s body to monthly loss, and the chill of yin influences liable to inhibit an active flow. The dominant therapeutic metaphors were restoration and renewal; the dispersal of the old blood was less a purge than a quickening of blood-building constructive energy.

Following these broad principles, the composition of Four-ingredients Infusion could be modified minutely for individual symptoms, the season of the year, or the patient’s bodily constitution. It could also be altered for serious reproductive crises such as amenorrhea, miscarriage, difficult labor or postpartum depletion. Other drugs with similar properties could be recommended instead. Chen Nien-tsu raised eyebrows among his disciples when his treatise on female disorders included “only” nineteen recipes for menstrual irregularity. The master’s explanation was that the multiplicity of such formulas was a vulgar mercenary practice, particularly notorious among modern lineages of “family” (i.e., hereditary) practitioners. The pharmacy section of a standard barefoot doctor’s manual of the People's Republic of China is not so selective. It identifies sixty-one common plant substances as useful for menstrual disorders.


32 For these drugs and their pharmaceutical properties, see Chiang-su hsueh yuan 江苏新医学院 (ed.), Chung yao ta tz’u-tien 中药大辞典 (Unabridged dictionary of Chinese materia medica; 3 vols., Shanghai, 1977-1978), 1, 220, 706, 805. The standard authority for English translations is Shiu-ying Hu, An Enumeration of Chinese Materia Medica (Hong Kong, 1981), s.v.

33 Hsieh Kuan 謝觀 (ed.) Chung kuo l-hsueh ta tzu-tien (Unabridged dictionary of Chinese medicine; Shanghai, 1921, 1927), pp. 724-729. This dictionary lists 99 variants of ssu wu t'ang, of which 51 were prescribed for women’s disorders. Most of the rest were for both sexes.

34 Ch’en, Nü k’o yao chih, p. 5.

In Taiwan today, common patent medicines in pill or infusion form are
recommended as daily doses for the entire intra-menstrual phase of the
monthly cycle. A Hong Kong scientist recently surveying the traditional
materia medica found thirty-five botanical emmenagogues and forty-nine
deemed good for amenorrhea. Interestingly, only twelve were listed pri-
marily as remedies for menorrhagea, and only one specifically for
dysmenorrhea (menstrual pain). This distribution seems to reflect the
traditional preference for replenishing and vivifying yin blood over other
therapeutic strategies.36

Nor did the therapeutic repertory end at the druggist’s door. Many
Chinese women today still avoid “chilling and raw” foods during their
periods, and dose themselves with warming and clearing concoctions
such as ginger tea and hot brown sugar solution. There is every reason
to suppose that these domestic remedies have been known and available
for centuries.37

As the medical preoccupation with amenorrhea suggests, menstrual
regulation was important for fertility as well as general health, if indeed
the two could be separated. The assumption that absence of menses
means inability to conceive is medically plausible. It becomes obvious in
a population under conditions of natural fertility, for frequent pregnancy
and lactation would substantially reduce the portion of a woman’s life
during which monthly periods would signal that her body was prepared
for conception.38

There is no way to tell whether amenorrhea was particularly wide-
spread in the population these healers observed. They linked it to the
disorders one would expect—serious wasting fevers, anemia and anorexia.
They also associated it with fatigue and anxiety. The special vulnerabil-
ity of young girls, who suffer from “the first stirrings of human
emotions,” and even from “fright” at the sight of their own menstrual
blood, is interestingly analogous to the maiden’s “green sickness” of
European medical tradition.39 In any case, amenorrhea was only the most
serious of the menstrual disorders likely to cause barrenness.

1977), pp. 570-942. Translation of Ch’ih chiao i-sheng shou-ts’e 赤脚医
生手册 (Changsha, 1971).

36 Yun Cheung Kong, et al., “Potential Anti-Fertility Plants from Chinese
pp. 122-24. This list, drawn up as a guide for future laboratory and clinical
research, is based on the traditional medical literature.


38 This point is made by Barbara Harrell in her cross-cultural study of
lactation amenorrhea, “Lactation and Menstruation in Cultural Perspec-

39 Shen shih nü k’o chi yao, p. 8., and NKPW, p. 14. “Fright” at the sight
of menstrual blood was listed as one of the “three illnesses” in maidens.
In thinking about conception, medical men recognized that fertility was a complicated matter that they did not understand. Observation bore out old accounts of anomalies, of women who menstruated quarterly (*chū* *ching* 嫁 嫁), yearly (*pi* *nien* 年), or not at all, without effect on their fertility. Nonetheless, the experts offered menstrual regulation as the key to fertility. "If a woman's periods are regular and she has no other disease, she will inevitably conceive." This was plausible, given the belief that menstrual blood in some sense makes the child in the womb, as the woman's contribution to the equal parts of blood and essence from which the fetus develops. Moreover, theories of conception stressed the lunar periodicity of female fertility: "Yang [the sun] ascends daily, so male *ch'i* arises every day; yin [the moon] has a monthly cycle, so woman's time is once a month." Accounts of a woman's fertile period differed slightly. One very old view, still repeated in the Ch'ing dynasty, identified it as the moment "one day each month and at one time of that day" when a woman's "*ch'i* steams and she is dizzy with desire." This theory, like others, assumed that the moment occurred as the menstrual period ended. According to one widespread formula, boys would be conceived on the first or second day after a period ended, and girls on the third or fourth day. The common rationale was that menstruation was the turning point when stagnant old blood was dispelled and vital new blood began to grow. Following this line of reasoning to one logical extreme, some medical authorities identified the critical fertile moment as two and one half days after the onset of the menses itself, or halfway through. A popular jingle, freely translated, went as follows:

Count two and a half days—the hours are thirty;
At twenty-eight or nine you'll know she's ready.

On Fright Syndrome see Marjorie Topley, "Chinese Traditional Ideas and the Treatment of Disease: Two Examples from Hong Kong." *Man*, 1970, n.s. 5. 3: 421-37, esp. 429-34. The analogy to green sickness is discussed below.

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40 PTKM, 52: 2953. NKPW, p. 54, notes that "*chū* *ching*" was sometimes used to suggest that a woman was three months pregnant.

41 *Ch'en*, *Nǔ k'o yao chih*, p. 12.

42 ITCC, I: 173.

43 CYKM, p. 182.

44 The jingle in Chinese reads *San-shih shih-ch'en liang-jih-pan* 三十時辰 日半 *Erh-shih-pa-chiu chün hsu suan* 二十八九九 {下}算. It is also quoted in CYKM, p. 182, and in *T'ang Ch'ien-ching* 夏生養{下} (Essentials of life, pref. 1762), I: 2a. One Chinese hour (ch'en 鬥) is two Western hours long.
Ch’en Nien-tsu explained the jingle and its strategy for conception by four considerations:

Select the place, cultivate the seed, seize the moment, cast into the vacancy. “Place” refers to the mother’s blood, “seed” to the father’s essence. The “time” is the moment when blood and essence will commingle, and the “vacancy” is when the old has gone and the new is engendered. . . . Note the time when the menses come and count thirty [Chinese] hours [i.e., two and a half days]. This is the time of “vacancy”, when the dirty ch’i is cleansed and the new blood has just begun to germinate.45

Once again yin blood is divided into the good and the bad, passing through cyclic phases of growth and decay, where the ideal pattern includes both cleansing and renewal. In the technique that Ch’en recommends to the husband, the association of menstrual blood with fecundity licenses sexual relations during the period itself.46 This flawed rhythm strategy for conception has persisted. As recently as 1982 a health manual published in the P.R.C. thought it useful to correct the notion that “it is easy to get pregnant” during a woman’s menstrual period.47

To be ruled by blood is to be subject to the rule of one’s emotions. Irregularity in monthly rhythms had its counterpart in unstable and excessive feelings, those extremes of “resentment, anger, jealousy and envy” which medical men especially lamented in women.48 Doctors connected good health with an equable temperament, free of emotional excess. They were also suspicious of erotic passion. Indulgence in the bedchamber was blamed for a variety of debilitating illnesses in both sexes. Emotions were always linked with physical manifestations. Sometimes psychic phenomena were discussed as if they caused morbid body changes. Sometimes the emotion would be treated as a symptom

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45 Ch’en, Nü k’o yao chih, p. 14.

46 I have found two medical cautions about danger to health from sexual relations during the menses, in TCHS, Nü k’o mi yao. The author lists this as a cause of “fever with blood depletion” (3: 28), and warns that young women risk irregular and pathological blood loss if lustful men use them at this time (4: 43). ITCC, 4: 150, warns that intercourse during the period can cause menstrual irregularity. All of these texts are concerned with female, not male, health. The paradoxes of medical reasoning converge in PTKM, 52: 2954, where males suffering from penis sores due to sexual contact during the menstrual period are prescribed menstrual blood as a cure!

47 Shu Huai-yin 舒懷音 and Pa Ching-yang 巴清楊, Fu nü wei-sheng wen ta (Questions and answers on female health; Shengyang, 1982), p. 16.

48 “Women in general are stubborn in their feelings and too much inclined to resentment, anger, jealousy and envy.” TCHS, Nü k’o mi yao, 4: 43.
triggered by somatic pathology. Because they did not divide mind and body, their understanding was not psychosomatic but somatically psychic. Bodily conditions are inseparable from emotions, and influence can act in either direction. There is the “hepatic Fire” (kan huo 肝火) of anger; on the other hand, melancholy engenders “static congestions” (yǔ chieh 等結).

A contemporary psychiatrist and anthropologist has suggested that the traditional Chinese concept of disease diverse “somatized” syndromes, in which psychic states are described in terms of bodily sensations.49 This is a useful insight, provided we remember that the concept of distinct psychic and physical realms is our own culture-bound construction of experience. There is no objective way, free of all such assumptions, to decide whether in illness Chinese were experiencing negative or excessive emotions physically. We can only know that this way of interpreting behavior reveals the rich social meanings attached to illness, and lets us elaborate gender-specific patterns of disorder. Though men indeed suffered from many of the same syndromes as women, such syndromes were considered gender-specific because women were especially susceptible, and because their susceptibility was associated with a causal pattern implicating female blood.

Thus, according to the standard late Ming treatise, One Hundred Questions on Female Disorders, a major cause of female sickness was women’s “inability to control their emotions.” The resulting excesses of “compassion and love, aversion and envy, melancholy and grief” led to bodily imbalance.50 But the causal chain ran both ways. Ch’en Hsiu-yuan warned that menstrual irregularity usually made women “become perverse in nature,” and the New Book of Childbearing classified menstrual and fertility disorders according to a woman’s psychophysical type. Thin and repressed women suffer from “static congestion”; hot-tempered and jealous types are afflicted with “liver Fire”; while lethargic and plump ones can be expected to suffer from “phlegmatic stagnation” and “fat blocking the womb.”51

Stereotypes of dangerous female emotionality took both expressive and repressed forms. One the one hand, women were seen as particularly prone to anger, which could cause barrenness, trigger amenorrhea or miscarriage, or lead to a variety of functional blood disorders. Anger, as we have seen, was visualized as a kind of heat associated, when extreme, with the Fire of the Five Phases. It affected somatic functions such as those associated with the liver, producing through this interaction


50 NKPW, p. 2.

51 Ch’en, Nû k’o yao chih, pp. 2-3; TCHS, Nû k’o mi yao, 4: 43-44.
sensations of feverishness and dryness, and fits of temper. On the other hand, women were particularly subject to "static congestion," a kind of melancholy syndrome of congealed blood associated with spleen system dysfunction. It was experienced as feelings of oppression and suffocation, pressure or tightness in the chest, langour and loss of appetite, all linked to pent-up resentments and repressed desires. Physicians knew that static congestion and liver Fire were related, just as psychologists today know that anger and depression often mask each other. "Static congestion" and "static anger" (yú nu 成怒) were often paired. Congestion, blocking yin splenetic, hepatic, or cardiac functions, could produce reactive heat, as excess yang surged in the vacancy left by underlying yin depletion, with manifest "wind and Fire ascending" and overconsumption of blood. Alternatively, such congestion was thought to produce circulation blockage, and manifest itself in stagnant and coagulated blood. Static congestion was especially a woman's complaint because it could arise from social repression. As the Golden Mirror explained it, "women must follow others and do not command their own persons; therefore they suffer from worry, resentment, and static ch'i." Further, this disorder particularly afflicted young and humble women whose circumstances did not allow them to "fulfill their desires." "Maids and concubines often suffer from stasis; their emotions are not outgoing and unimpeded."^52

The sexual implication is clear. We can see how people also associated "static congestion" with sexual frustration. The famous late Ming novel, Golden Lotus, describes an illness of Vase Lady, a lovesick widow. Vase Lady loses her appetite and is listless. At night she dreams of her lover, and of fox spirits in human form that feed off her "essence and marrow." A doctor diagnoses her condition in a pastiche of medical jargon: "Yin and yang are at war; you are now hot, now cold, as if there was some static congestion within from unsatisfied desires. It seems like a malarial fever, but it isn't; it seems like an attack of chills, but it isn't. You feel languid and low-spirited all day, and at night your spirit is restless and you dream of intercourse with ghosts."^53 The anonymous novelist suggests a pathology in which spirit possession, psychological depression and physical illness are all at work. Moreover, this doctor warns Vase Lady that she risks slipping into the serious wasting disease, "bone-steaming." (ku cheng or cheng ku).

The popular novel followed medical practice in associating static syndromes in women with the graver, potentially life-threatening "depletion and wasting disorders" (hsu lao耗勞). "Bone steaming" was often presented as a final, fatal transformation of such disorders. According

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^52 ITCC, 44: 150 (vol. 4); CYKM, p. 208.

^53 Ch'in ping mei 金瓶梅 (Gold, vase, plum; first published 1610; Chung-yang shu-tien reprint, Shanghai), I, 175. For a medical version see CYKM, pp. 3, 12, 126-27.
to the *Outline of the Salvation of Yin*, “depletion and wasting” was a broad group of depletion disorders due to fatigue. Because “women are ruled by blood,” this group takes a gender-specific form. Medical experts identified several variants, but generally agreed that the underlying pattern was one of depletion due to menstruation and childbearing, emotional excess, or immoderate living. Manifestations of these protean yin deficiency diseases included irregular menses, emaciation, and recurrent fevers and chills; dizziness and fainting spells, cold extremities, hot sensations in the “Five Hearts” (*wu hsin* 魂心), the heart region, palms of the hands and soles of the feet; and serious respiratory symptoms such as chronic coughing, aching ribs, and spitting blood.

To a modern student this disease pattern suggests nutritional deficiency disorders or tuberculosis. To Chinese medical experts it was the quintessential disorder of female blood, which, overconsumed and depleted, assumed chaotic form and motion, discharging above rather than below, producing heat now felt as flashes of fever, now as steam consuming the flesh itself.

Ultimately the progress of this disease was associated with sexual exhaustion. In female sufferers, “dreams of intercourse with ghosts” were counterparts to the “spontaneous seminal emissions” expected in men who came down with depletion and wasting disorders. The male or female victim’s sexual essence was drained away and lost in the course of uncontrollable, pathological erotic excitation. The underlying Chinese biological exchange economy made such loss of yin essence always a dangerous sign. For males, ancient, persistent traditions of physical hygiene made conservation of vital essence, through continence or techniques for control of semen in intercourse, a key to longevity. However, women did not have the option of strength through abstinence. Sexual dreams, medical wisdom had it, were especially likely to trouble celibate women, such as widows, nuns, palace women, and those whose marriages were too long delayed. Sexual activity was imperative if a woman was to remain normal, but at long-range cost. Static congestion and depletion and wasting disorders, as gender-linked syndromes, were associated both with sexual frustration and with the results of sexual fulfilment. They began as disorders of melancholy virgins, and were associated with menstrual irregularity and bodily lassitude, with the resentful frustrated

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55 In males the “depletion and wasting” syndrome was described in terms of *ch'i* exhaustion and associated in older men with “localized pain” disorders due to blood dysfunction (*hsueh pi* 血脈), often rheumatic) and in younger ones with semen loss.

emotions of the inner quarters, secluded from male influence. But depletion and wasting disorders were also endemic in worn-out mothers, who had expended their sexual vitality in childbearing.

Any system of beliefs about health and disease in an indigenous medical system raises questions about the actual medical profile of the population in question, and about the efficacy of the therapies available. One can only wonder whether tuberculosis and menstrual disorders like amenorrhea were particularly common among women patients of Ming-Ch'ing dynasty physicians, or only particularly feared. The foregoing account of female disease could simply reflect the anxieties of a profoundly pro-natalist society, or it could center female health on menstruation because the rhythm of the latter meshed with underlying cosmological beliefs. It is intriguing that, by encouraging anxiety about menstrual function, doctors might have contributed to the menstrual anomalies they warned their female patients about. On the other hand, we are ignorant about the physiological activity of even the most prevalent drugs used for such purposes. Many were used for a broad range of illnesses, some in men as well as women.

There are some interesting correspondences between certain stereotypical "female disorders" in Chinese medicine and in traditional Europe. "Green sickness," or chlorosis, a malady often diagnosed in Western girls, was characterized by listlessness, poor appetite, pallor, amenorrhea—symptoms associated with menstrual irregularity in Chinese maidens. Modern medical authorities consider chlorosis an obsolete form of iron-deficiency anemia usually due to bad diet. There is no conflict between this view and that of historians who see it as a culture-bound syndrome of traditional adolescence. Similarly, depletion and wasting disorders and bone-steaming sound suspiciously like variants on the "consumption" to which young adult women were thought particularly vulnerable in 18th and 19th century Europe. Consumption was also a broad category of wasting disorders encompassing pulmonary tuberculosis and other kinds of chronic debility. In parts of Northern Europe it indeed struck women disproportionately, for reasons that are not well understood. Facts of this kind and related statistical evidence on maternal mortality have caused Edward Shorter to argue that in early modern Europe women were in truth "the sickly sex," though others disagree.57 In fact, no historian has successfully balanced for any historical population the risks of childbirth, neglect, and poor nutrition against the presumably greater ability of female infants to survive and the greater life expectancy of older women.

Whether or not there were worldwide patterns of female disorder, medicine offered women a range of authoritative models for their experience of gender. Concepts of disease and disease behavior are not biological universals, but culturally patterned and socially taught ways of understanding normality and abnormality. Chinese medical texts do not directly express the patient's experience, but they pay a great deal of attention to symptoms, and describe in detail patterns of psychological and somatic distress expected in ill people. These texts also cluster symptoms into syndromes and often suggest a biosocial context for their occurrence. Above all they describe the ill and the healthy in evocative symbolic language which maps the psychic dimensions of bodily experience, and links them to cultural assumptions about cosmos and value.

The classical medical model taught women that menstrual function was central to their overall pattern of health or disease, and encouraged minute attention to its variations. It suggested patterns of somatic distress that were likely to accompany monthly cycles. It portrayed women as prone to emotional instability which could be expected to trigger diffuse physical symptoms of disorder. It predicted that female susceptibility to disorders of blood and depletions of blood inclined them to sickness in general, not only in reproductive functions. While warning against any excess of erotic appetite, in all these ways it taught that reproduction was the reason for woman's existence. It suggested that this vital function must be paid for in gradual physical decline and early exhaustion, against which medicine offered only a partial defense. Finally, the system encouraged them to be the pharmacists' best customers. Although the genesis of disease was manifold and often insidiously gradual, relief came straightforwardly and reliably in a bewildering array of drugs and tonics.

The medical model of sexual relations was not organized about the equal and complementary yin-yang poles of classical cosmology. Nor did it endorse the image of inexhaustible female vitality communicated by old Taoist bedchamber manuals, Ming pornography, and the rich folklore of male illness caused by sexual exhaustion. Physicians repeatedly warned against the popular notion of the sexual act as a combat, in which partners vied for each others' "essences," arguing instead for a mild creed of continence. Medically speaking, if males were worn out through dissipation, females exhausted themselves in childbearing. The destructive power of un-restrained female sexuality in the novel Golden Lotus is portrayed through Lotus, the barren heroine. Yet while males could find the way to longevity through sexual control, women had to menstruate and become mothers, to the detriment of their health.

Moreover, in considering the nature of yin blood, medical accounts stressed vitality and its loss over purity and pollution. Pollution of blood

58 R. H. Van Gulik, Erotic Colour Prints of the Ming Period (3 vols., Tokyo, 1951), and Sexual Life in Ancient China (Leiden, 1961), discuss both the cosmological and erotic views.
survived, reinterpreted as disease, coming into play mainly in connection with childbirth, not menstruation. It was post-partum discharge that physicians called “noxious” (o lu 膠露). The polite phrase for menses was “monthly constancy” (yueh ching 月經). The pollution of birth, medically speaking, had gravest consequences for the child, not the mother. It was held responsible for much infant mortality and early childhood illness.⁵⁹

For male healers, then, beliefs about the “power of pollution” were repressed, either resurfacing as largely pediatric disease categories, or undergoing a positive transformation. Biology had tamed the powers of pollution associated with the borders between life and death, replacing them by a set of naturalistic symptoms controlled within a system of healing. It thus became easier for males involved in the female business of reproduction, as doctors or fathers, to act as masters of the situation. Threatening symbols of female sexual power were replaced by benign symbols of female generativity and weakness that moderated pollution taboos and permitted an interpretation of gender based on paternalism, pity, and protection.

How did women themselves interpret the classical medical model? An analysis of cultural symbols cannot predict individual behavior. Such models suggest but do not dictate. These images of the female condition were not only medical, based on experience with people who were sick rather than well, but male, not derived directly from women’s own experience. Nonetheless they concerned not only disease but the nature of biological reproduction and the bodily processes universally associated with it. Given the social power of dominant ideologies, and the burdens of childbearing, it is unlikely that many women would be bold enough to reject physicians’ assumptions as an alien projection.

A more likely response would be to adapt male images of the feminine to subversive, purely female uses. Sickliness could become a means of self-protection against male sexual demands or burdensome work, as well as a strategy for winning sympathy. Menstrual therapies stressed fertility and procreation, but if a woman wished to have no more children, such medication could disguise an attempt at abortion. Pharmacy texts considered dozens of drugs unsafe during pregnancy, and a number, including common labor-hastening drugs, were known as abortifacients.⁶⁰ The author of Outline for the Salvation of Yin, recognizing that some women, worn out with childbearing, wished to stop, warned of the debilitating


⁶⁰ See Yun Cheung Kong, pp. 122ff, for a list of traditional abortifacients and drugs counterindicated during pregnancy.
consequences of drugs strong enough to sterilize.61 The novel Golden Lotus portrays an informal network of female healers and midwives whom the ladies of this polygamous urban household preferred to the male specialists recommended by their husband. These healing women were always ready with nameless aphrodisiacs, fertility drugs and abortificients to serve female sexual strategies. If nothing else, this account suggests masculine anxiety that reproduction was not theirs to control. “The six kinds of old women” of the conventional moralists’ stereotype—those that conservative gentlemen kept away from their inner quarters—included two who provided medical services, namely midwives (wen p’o 婆婆) and drug peddlers (yao p’o 薬婆).62

Further hints about female interpretations of these norms may be gleaned from field research among Chinese women today who continue to believe in traditional medical ideas. One sample of native Taiwanese women from Taichung included a few who accepted the generalization that women are inherently sickly, but considered themselves fortunate exceptions—individuals with naturally strong constitutions and a “lucky fate.” Theirs was the resilience of healthy minds and bodies evading the cultural logic they did not reject. Old peasant women who took part in the same survey understood the privileges of dependency. They complained of having been too poor to take care of their health with monthly rest and expensive medicines.

Concerning the more subversive issue of contraceptive abortion, an anthropologist working with Hokkien-speaking Chinese women in rural Malaysia has found that they used herbal formulas to aid the menstrual flow when they were late and feared they might be pregnant. Here “menstrual regulation” thrived on ambiguity about the facts of a woman’s internal bodily state. The desire for an abortion could remain inarticulate and so relatively blameless.63

If the classical medical system had to contend with informal female health networks and the manipulations of the segregated inner quarters, it could offer the gentry woman respectability. The lesson society taught was that Chinese women had a choice between the power to disrupt the agnatic kinggroup, and positive esteem as procreators if they accepted the weakness that physicians told them was their fate. If this is true, to be

61 CYKM, pp. 208-9.

62 For a discussion of this cliché see Chao I 趙愛, Kai yü ts’ung kao (The step-by-step collection of studies, ca. 1775; Shanghai, 1957), p. 632.

one of the “sickly sex” was a way of defining one’s place as a proper woman in the web of social relations.

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