REVIEWS


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This monograph is a major contribution to a growing literature on the history of women’s reproductive health in late imperial China. Although its focus is on the shaping of the textual record, the epistemological debates, the many modalities associated with pregnancy, childbirth, postpartum care, and other “female” conditions, the book will be of interest to a number of fields ranging from history of science and medicine to anthropology to literature and cultural studies. As Wu notes in her introduction, the book examines how “medical thinkers of late imperial China approached a set of universal concerns that have occupied all societies: promoting fertility, sustaining pregnancy, ensuring the safe delivery of healthy babies, and facilitating women’s postpartum recovery” (3).

Wu mines the results of her comprehensive survey of printed records to identify distinct intellectual trends in late imperial fuke, or “medicine for women,” while at the same time taking into account the origins of these source materials (the politics of print production, the motivations for their production, etc.). In the book’s opening chapters, for instance, Wu gives us a detailed discussion of “amateur” publishing and distribution of medical texts; evidence of the religious motivations behind some of this publishing; and a careful outline of debates about epistemological legitimacy. Wu also attempts to account for the relative lack of women authors represented among these source texts by contextualizing the materials against the

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1 One thinks for example of works in English by Chia-feng Chang, Charlotte Furth, Ping-chen Hsiung, Angela Ki Che Leung, and Judith Zeitlin, to name only a few.
broader backdrop of trends related to attitudes toward women in late imperial literary and print culture at large. Wu’s inclusion (not only in the introductory chapters but throughout the book) of accounts of both sides of various debates in the medical literature about “medicine for women”—such as her explanation of divergent opinions about the benefits and drawbacks of actively inducing birth—has the incidental benefit of contributing to dispelling contemporary fallacious understandings of “traditional” Chinese medicine (or TCM) as a homogenous, rather than highly diverse and often contested, body of knowledge in the pre-modern period.

The book’s earlier chapters, covering philological, theoretical, and contextual bases, set the stage for subsequent chapters’ attention to cosmological explanations of childbirth, the complications of postpartum treatment, and the eventual dominance of various treatments, drugs, and schools of thought in medicine. In Chapter 3, “Function and Structure in the Female Body,” Wu deviates from what she identifies as “conventional wisdom that says Chinese doctors were uninterested in bodily structure, and that the womb was irrelevant to understanding the female body” by emphasizing questions of body morphology (85-5). Thus the chapter includes an extended discussion of the conceptual etymology of the “womb” (or what is translated/translatable as “womb”), a biography and discussion of the influential medical thinker and commentator Zhang Jiebin and his theories of womb structure, and an explanation of the development of the idea of “the womb as both a universal organ and one that took a particular morphological form in women.” This emphasis on body morphology contributes to the development of Wu’s provocative thesis that the literature on “medicine for women” of this period tended increasingly to move away from more essentialized understandings of gendered physiology and instead toward “the increasing subordination of female difference to a master narrative of bodily androgyny.”

If Chapter 3 emphasizes a kind of discursive re-integration of questions of corporeality, then Chapter 4 (“An Uncertain Harvest: Pregnancy and Miscarriage”) turns to the more symbolic or globally metaphoric understandings of the womb in this period. Noting “the existence of a medical discourse of childbearing whose organizing metaphors underscored the mutability and unpredictability of pregnancy itself,” Wu here addresses contrasting theoretical and practical approaches to the management of the uncertainties of gestation, a process that was itself “highly contingent and easily subverted” (122). Thus the chapter looks closely at representations in the literature of diagnostic problems related to false pregnancy and the proper determination of the timing of birth, as well as conditions on “the continuum between what today would be called a miscarriage, a premature birth, and an intrauterine death.” The chapter contributes to loosening the grip of “earlier analyses” that discerned in teachings about regulating
women’s bodies what Wu refers to as “the heavy hand of Confucianism.” Wu demonstrates compellingly that “[r]estrictions on women’s behaviour […] were [rather than purely patriarchal] a general extension of broader social ideals of morality and order applicable to all people” (145).

Building on this claim about the application of broader cosmological (as opposed to purely patriarchal) agendas to the regulation of women’s bodies, Chapter 5, “‘Born Like a Lamb’: The Discourse of Cosmologically Resonant Childbirth,” outlines the emergence of a non-interventionist approach to childbirth that prioritized recognizing birth as subject to the same general cosmic principles that governed other areas of life and health for both men and women. The early eighteenth-century scholar Ye Feng, for instance, argued strenuously against harsh drugs or dramatic interventions in childbirth, arguing that childbirth should be “easy”—“self-correcting and self-driven”—provided cosmological rules were respected and allowed to run their course. In this view, correctly determining time of birth was imperative, as doctors (and patients) might be misled by false labors, water breaking, and other factors. Allowed to run its course, a “real” birth, Wu reminds us, could according to this line of thinking take as long as several years—determined by cosmological and other factors instead of by human intervention (Wu also describes analogous conditions in European medical contexts, such as one in which a fetus has died in the womb but is only expelled much later, that could explain the observed phenomenon of such extremely long “gestation” periods). This chapter also includes an original discussion of apparent divisions in the management of gestation, childbirth, and postpartum care along gender lines, whereby male literati doctors were disproportionately occupied by abstract questions of theoretical and cosmological resonance, while hands-on obstetrics were left to midwives whom the literati tended to characterize as a “meddling” but necessary evil. According to Wu, one explanation for this hierarchically gendered ‘division of labor’ (Wu decorously avoids this pun; I am less considerate) had to do with mens’ professional aspirations as they tried to establish legitimacy based on textual mastery. Stereotypes of dangerous or meddlesome midwives, meanwhile, might be explained (among other reasons) by “the material conditions of childbirth prior to the twentieth century” when “the physical destruction of an unborn child could be the only feasible way to resolve an intractable labor” (186).

Chapter 6, “To Generate and Transform: Strategies for Postpartum Health,” uses analysis of the rise and (sometimes) fall of Generating and Transforming Decoction, a “once-obscure remedy” that later “bec[ame] a prominent part of the literate medical repertoire,” as a means of organizing discussion of “debates over the nature of childbirth as well as larger contests for intellectual authority in Chinese medical circles.” Wu shows that male literati physicians may not have been as involved in hands-on
obstetrical practice, but that they were nonetheless deeply concerned with postpartum care. Childbirth itself, she takes care to demonstrate, was not necessarily viewed as pathological. Rather the postpartum period as a whole was seen as a time when the mother might be especially vulnerable to imbalances and (in some cases) to the well-meaning but misguided ministrations of midwives and family-members. This chapter functions to a certain extent comparatively: Wu draws connections between the Chinese practices and certain more familiar non-Chinese diagnostic conventions and medical traditions, suggesting for instance that “the signs of post-partum illness described in Chinese texts would have signaled danger in any language,” while at the same time carefully avoiding gratuitous cognates (193). Wu observes for example that what were described in Chinese as “deadly convulsions” likely corresponded to “the modern disease of maternal tetanus infections” (194). “Tetanus,” she adds, “was undoubtedly prominent among the various ailments classified as [the Chinese medical diagnosis of] postpartum windstrike” (196). Similarly, this chapter also suggests a contrast between non-pathologizing views of the postpartum period and “ritual and popular practices that treated childbirth as an unavoidably polluting event” (203).

Wu’s investigation concludes with a discussion of the evolution of various explanations of Chinese medical approaches to gender and body difference. Outlining theories such as Charlotte Furth’s explanation of a movement in the Song from “homology to difference” and the idea that “androgyney and difference were two points on a spectrum of gender along which Chinese medical thought could position itself differently at different points of time,” Wu seizes upon an analogy from linguistics to explain what she sees as the most helpful way of describing understandings of gender in “the Chinese doctrinal body.” This body, Wu elaborates, is best thought of—like the root of a verb—as “infinitive”: one that “serves as the basis for all human bodies, to be conjugated into male and female, young and old, robust and delicate, Southern and Northern, depending on circumstance” (231). Wu’s inauguration of this notion of the “infinitive body”—in its rhetorical precision—should prove very useful in ongoing discussions about the construction of gender in Chinese medical corporeality. (For that matter, the analogy has the potential to be useful in any debate that touches on questions of essentialism and the Chinese medical body.)

In addition to its detailed textual analysis and articulation of intellectual trends in late imperial “medicine for women,” Medicine, Metaphor, and Childbirth in Late Imperial China is well-written and accessible. Wu’s use of case-studies to frame each chapter makes potentially dense material easy to follow while bringing the historical figures and texts vividly to life. Yi-Li Wu’s volume is essential reading for students and researchers alike.