

DEPLETED MEN, EMOTIONAL WOMEN:
GENDER AND MEDICINE IN THE MING DYNASTY

BY

MARTA E. HANSON
(Johns Hopkins University)

Joanna Grant. *A Chinese Physician: Wang Ji and the 'Stone Mountain Medical Case Histories.'* Needham Research Institute Series. London: Routledge Curzon, 2003. xi, 209 pp., illus. £55.00/US\$114.95 cloth. ISBN 0-415-29758-3.

General Assessments

In her new book *Vernacular Bodies*, Mary Fissell asks questions broadly relevant for the history of women, gender, and medicine anywhere. How did ordinary people understand the female body in early modern England, and what are the broader implications of changes in their understanding? She used vernacular sources—ballads, jokes, images, pamphlets, broadsides, and popular medical manuals—instead of elite medical treatises to demonstrate how women's bodies had become a cultural site for the articulation and discussion of historical changes, specifically the Protestant Reformation and the English Civil War.¹ Changes in the meanings of women's bodies did not just reflect historic moments, but rather these interpretations of female bodies were the way ordinary people made meaning of and worked out the crises in gender relations integral to both periods.² The “world turned upside down” during the English Civil War, for instance,

¹ Mary E. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004).

² For other methodological insights useful for the history of gender, women, and medicine in China, see Mary E. Fissell, “Making Meaning from the Margins: The New Cultural History of Medicine,” in Frank Huisman and John Harley Warner, eds., *Locating Medical History: The Stories and Their Meanings* (Baltimore: Johns Hopkins University Press, 2004), 364-89.

precipitated a broad crisis in paternity and a concomitant assertion of male authority over female bodies and of male involvement in reproduction.

Using elite instead of vernacular sources in Chinese medical history, both Francesca Bray and Charlotte Furth have similarly shown how medical authors worked out crises in gender relations, social changes, and economic transformations through reinterpretations of reproduction and the female body.³ Yet, discourses on female bodies in both England and China were as much about men as they were about women and perhaps even more about political crises and social ills than illness per se. The most recent and interesting study of this phenomenon in China is Joanna Grant's gender analysis of the case records of an elite Chinese physician named Wang Ji 汪機 (1463-1539). Grant finds the locus of gender anxiety in male instead of female bodies. She reads Wang's dominant diagnoses of male corporeal depletion as an extension of his moral concern about the excesses of pleasure and consumption of his era. Wary of the immoral behaviors and high social aspirations of the newly emergent merchant class in his native Huizhou 徽州 region, Wang responded to the social ills of his day by treating what he perceived to be the resulting depletion disorders in his male patients. He advocated warming and replenishing drugs to boost the protective system he thought his upwardly mobile male clients had worn down through excessive sex, food, and wine. Here we see how male more than female bodies became a cultural site for Wang Ji's articulation of and response to the dramatic economic, social, and cultural changes in the Huizhou region during his lifetime.

Grant's case study is intended not just for historians of Chinese medicine and historians of medicine elsewhere, but also for historians of late imperial China, especially those interested in gender and women in Chinese history. By focusing on a specific time, place, and physician, she astutely connects the economic, social, and cultural

³ Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999). Francesca Bray, *Technology and Gender: Fabrics of Power in Late Imperial China* (Berkeley: University of California Press, 1997). Fissell cites both in *Vernacular Bodies*, 13. Literate Chinese medical conceptions of reproduction were considerably sophisticated. See also Angela Ki Che Leung, "Autour de la naissance: La mère et l'enfant en Chine aux XVIe et XVIIe siècles," *Cahiers internationaux de sociologie* 76 (1984):51-69.

transformations in late fifteenth and early sixteenth-century Huizhou with the medical concerns of Wang Ji, arguably the most successful and prolific *ruyi* 儒醫 (literati physician) of his time.⁴

The structure of *A Chinese Physician* follows three explicit methodologies: traditional socioeconomic and biographic, textual, and gender analyses. The traditional socioeconomic and biographic method guides the opening chapter in which Wang Ji emerges as an upright Confucian gentleman who, having failed in the civil service examinations, turned to medicine as an alternative means to benefit society, and, presumably to make a living. His disciples collected over one hundred of his cases, compiled them into one text, and published them in 1531 as the *Shishan yi'an* 石山醫案 (Stone Mountain medical case histories).⁵ Their compilation is the earliest extant Chinese medical text devoted to the clinical encounters of one physician.⁶

The textual analysis begins in the second chapter, which covers the history of the *yi'an* as a genre and the contents of the *Stone Mountain* text itself. *Stone Mountain* contains not only Wang's case histories but also those of physicians who supported his views, several doctrinal essays, and two biographies, one of him and the other one by him of his father, who was also a physician. Grant argues that Wang did not mention marginal, folk, or female healers, engaging exclusively with issues that concerned other elite male physicians. This new medical genre of case histories used the model of legal cases to secure a place for Wang's views in the contemporary medical debates made available through the sixteenth-century boom in medical

⁴ See my first review of *A Chinese Physician*, by Marta Hanson, *Medical History* 48.1 (2004):397-99. Ordinarily, I would not review a book twice, but in this case, I have delved deeper into the Chinese evidence and changed my original assessment of the conclusions.

⁵ For a modern edition of this book, I use the collection of Wang Ji's medical texts in the *Ming Qing mingyi quanshu dacheng* 明清名醫全書大成 (Compilation of the complete works of famous physicians from the Ming and Qing) series. Gao Erxin 高爾鑫, ed., *Wang Shishan Yixue quanshu* 汪石山醫學全書 (Beijing: Zhongguo zhongyiyao chubanshe, 1999).

⁶ See Nathan Sivin on the political context and clinical contents of the earliest medical histories from the Han dynasty in "Text and Experience in Classical Chinese Medicine," in Don Bates, ed., *Knowledge and the Scholarly Medical Traditions* (Cambridge: Cambridge University Press, 1995), 177-204; and Christopher Cullen on the history of the genre thereafter, "*Yi'an* (case statements): Origins of a Genre of Chinese Medical Literature," in Elisabeth Hsu, ed., *Innovation in Chinese Medicine* (Cambridge: Cambridge University Press, 2001), 297-323.

publishing.⁷ Wang and his disciples chose cases that demonstrated the efficacy of his preference for replenishing tonics to treat cases of *qi* 氣 depletion. The third chapter continues the textual analysis by exploring Wang's theoretical positions and therapeutic preferences through his clinical encounters, the doctor-patient dynamic, and evidence of competitors.

Although gender is mentioned throughout the first three chapters, the core of the gender analysis is in the final chapter on gender, culture, and medicine. Here Grant examines when gender did and did not matter in the 109 cases traced directly to Wang Ji of more than 170 case histories discussed in *Stone Mountain*.⁸ By looking at both sexes as well as the full range of female disorders within one collection of medical histories, Grant expands upon the scholarship of her predecessors and challenges previous conclusions.⁹

One reviewer has already assessed the ways in which Grant's socioeconomic analysis could be improved. Not only did disruptive changes in Huizhou culture and commerce influence Wang Ji's dominant medical diagnosis of male depletion, but also the comparatively strong devotion to Confucian education in the Huizhou region and internalization of Confucian classics such as the *Yijing* 易經 (Book of Changes) may have influenced Wang's medical theory as much as did his professional identity as a *ruyi* literati physician. Similarly, within the Huizhou context of merchant families investing in their sons' education for success in the civil service examinations, the tension evoked between upright Confucian physicians and wayward

⁷ On the growth of medical publishing during the late Ming to early Qing transition, see Ellen Widmer, "The *Huanduzhai* of Hangzhou and Suzhou: A Study in Seventeenth-century Publishing," *Harvard Journal of Asiatic Studies* 56.1 (1996):77-122. For medical publishing in the Huizhou region, see Marta Hanson, "Merchants of Medicine: Huizhou Mercantile Consciousness, Morality, and Medical Patronage in Seventeenth-century China," in Keizo Hashimoto, Catherine Jami, and Lowell Skar, eds., *East Asian Science: Tradition and Beyond* (Osaka: Kansai University Press, 1995), 207-14.

⁸ The additional sixty-one case histories were of children or attributed to other physicians. For evidence from the primary sources, see Gao Erxin ed., *Wang Shishan Yixue quanshu* (1999).

⁹ She particularly engages with Charlotte Furth's first two articles: "Blood, Body, and Gender: Medical Images of the Female Condition in China," *Chinese Science* 7 (1986):43-66; and "Concepts of Pregnancy, Childbirth, and Infancy in Ch'ing Dynasty China," *Journal of Asian Studies* 46.1 (1987):7-35.

Huizhou merchants may have been more imagined among literati than real in society.¹⁰

Another reviewer raises several issues with Grant's argument that Wang had unique medical perspectives and that they are best explained as the product of culture.¹¹ If the literati backlash against the perceived decadence of the Huizhou *nouveau riche* was widespread, one should be able to find comparable cultural effects on the medical practices of other Huizhou physicians. Wang also may not have been as much of an iconoclast as an innovator within a newly emerging doctrinal lineage from Li Gao 李杲 (1180-1251) and Zhu Zhenheng 朱震亨 (1281-1358) to his contemporary Xue Ji 薛己 (1487-1559), the leading proponent of the *wenbu* 溫補 (warm replenishing) therapeutic doctrine, which Wang Ji strongly favored. Moreover, Furth had previously shown that other sixteenth-century authors of *fuke* 婦科 (gynecology) texts appear to be similarly more interested in male self-cultivation practices to ensure fertility and fecundity than in the female differences that preoccupied earlier *fuke* authors since the Song.¹² Because Grant's socioeconomic and cultural interpretations have already been sufficiently assessed, this review focuses instead on the gender analysis of the medical case histories presented in the final chapter.

Three methodological weaknesses mitigate the persuasiveness of Grant's claims. These cracks in the edifice relate to the presentation and interpretation of primary evidence, the limitation of relying on only one text of a prolific physician's corpus without broadly reading his views on male and female differences, and a limited use of gender analysis that tends to challenge more than further previous scholarship. This critique generally follows the structure of the gender analysis chapter, with general facts and figures followed by sections on diagnosis, etiology, illness syndrome, treatment, and outcome.

¹⁰ See the review of *A Chinese Physician* by Ann Shu-ju Chiu, *East Asian Science Technology and Medicine* 21 (2003):156-61. For evidence of the renewed relations between the literati and merchants in the Ming-Qing period using mostly sources on Huizhou, see Yu Yingshi 余英時, *Zhongguo jinshi zongjiao lunli yu shangren jingshen* 中國近世宗教倫理與商人精神 (Taipei: Lianjing Publishers, 1987).

¹¹ For the criticisms and insights on Grant's cultural interpretation summarized here, see the review of *A Chinese Physician* by Yi-Li Wu, *Journal of Asian Studies* 64.2 (2005):442-4.

¹² See Furth, *A Flourishing Yin*, Ch. 6, "Nourishing Life," 187-206.

Facts and Figures

First, let us do the numbers. Although most of the claims rely on them, they are incomplete and unnecessarily confusing. Grant focuses her analysis on 109 of the 123 cases attributed to Wang Ji in the three fascicles of *Stone Mountain*, the other 14 being either of children or from other physicians. Table 4.1 on disorder classifications, however, includes the cases histories of children and from other physicians. It also lists the number of men (67, including 5 children and 3 supplementary cases) and women (38, including 1 child and 2 supplementary cases) for the thirty classifications of disorders in the first two fascicles. The unnecessary confusion stems from Grant's choice not to include in Table 4.1 either the twenty-two other classes of disorders or the fourteen cases (10 male, 4 female listed in Table 4.2) from the third fascicle.¹³ Table 4.2 then presents the distribution of the 109 cases (68 male, 41 female) attributed to Wang Ji in all three fascicles, excluding the case histories of children or from other physicians. Not only do the totals of male and female cases in Tables 4.1 and 4.2 not match, but also because data from the third fascicle was left out of Table 4.1, the gender distribution of the twenty-two diagnoses for the remaining fourteen cases (actually twenty-one) in the third fascicle cannot be known without checking the Chinese original. The reader or reviewer should not have to do this additional work. Grant explains her choice by stating that "cases in the third fascicle are not arranged according to any definable pattern" (p. 105), but does not give further details about its contents. It is always better to err on the side of caution and present all available data in a consistent way. By choosing to excise data because it did not fit an obvious pattern, Grant not only risked criticisms of data manipulation, but also lost the opportunity to see the underlying logic of the original author.

Table 4.2 divides Wang's 109 cases according to male and female in each of the three fascicles. This division reveals a much higher proportion of female cases in the second fascicle (24 male/22 female, 52%/48%), then in the first (34 male/15 female, 70%/30%)

¹³ Although in Table 4.2, Grant lists ten male and four female patients for the third fascicle, the fascicle refers to twenty-one cases, fifteen male and six female. Grant excluded five of the fifteen male cases and two of the six female cases because Wang did not see them himself.

and third fascicles (10 male/4 female 71%/29%). This discrepancy is due to the four sections in the second fascicle that group together female disorders related to menstruation, irregular pulses, pregnancy, and postnatal problems. Although the overall sex ratio of the 109 cases was 1.7 male to 1 female, when the reproductive cases were excluded, Table 4.2 demonstrates that the other two fascicles contained similar sex ratios of approximately 2.3 males to 1 female case. Wang Ji clearly saw more male than female patients, but he also had a significant percentage of female patients who saw him for nonreproductive problems. Grant concurs with other scholars that Chinese women were most likely first to see female rather than male healers¹⁴ and only sought male physicians as a last resort. She casts light for the first time, however, on an important distinction between reproductive and nonreproductive disorders among the female cases.

As a result, Table 4.3 divides the forty-one cases of Wang's mature female patients from all three fascicles into three categories based on the type of relation between the main disorder and reproduction: A) seventeen women or 41 percent had disorders unrelated to reproduction, B) nine women or 22 percent had disorders not directly related to reproduction but complicated by a recent pregnancy or birth, and C) fifteen women or 37 percent suffered explicitly from reproductive disorders related to menstruation, pregnancy, pulse abnormalities, and postnatal conditions. About two thirds of Wang's female patients suffered from nonreproductive disorders.

Grant argues convincingly that one should look at the full range of illnesses among Chinese women to better understand how gender played out in the clinical encounter, diagnosis, and treatment. She makes two arguments related to this position. In contrast to the emphasis on reproductive disorders and menstrual regularity found in

¹⁴ Grant contradicts herself on female healers. First she discusses "the only example in the *Shishan yi'an* of a female healer of any sort" (98-99) and then she writes that "There is evidence from contemporaneous sources, both historical and literary, to substantiate this explanation, although there is no mention of female healers in the *Shishan yi'an* itself" (107). The essay on *si* 思 (pensiveness) in the third fascicle, however, mentions a *nuwu* 女巫 (female spirit medium) hired by a husband to help him cure his wife of unceasing grief after her mother's death. See *Wang Shishan Yixue quanshu: Shishan yi'an* (juan 3), 98b. Nathan Sivin translates the same case in the article "Emotional Counter-Therapy," *Medicine, Philosophy and Religion in Ancient China* (England: Variorum, 1995), 11.

Chinese gynecological texts, Wang Ji did not consider menses integral to his diagnosis of female patients suffering from nonreproductive problems. He did not, in other words, always follow the maxim “ruled by Blood” that Furth found to be dominantly the case in *fuke* texts after the Song dynasty.¹⁵ Nor did he consider his female patients to be ruled by their uterus, as many of his Western medical contemporaries would have assumed.¹⁶

Grant did not consider, however, the ages of these women. Wang, on the other hand, considered age important enough to state it directly after the sex of most of his male and female patients. Of the seventeen women with nonreproductive disorders, for example, seven are over fifty years old, three are over forty, three are over thirty, one just turned thirty, and three have no age stated.¹⁷ Ten of the women with nonreproductive disorders (58 percent) were over forty years old when Wang saw them. Wang Ji may not have mentioned their menses or indicated any reproductive complications simply because they were obviously past their reproductive years. This could have also been the case for the women in their thirties since Ming women tended to marry young and begin reproducing in their late teens and early twenties.

Furthermore, Wang gave the ages of his female patients more frequently for class A cases of nonreproductive disorders (fourteen out of seventeen) than either class B cases of nonreproductive disorders complicated by pregnancy or birth (two out of nine, of which both women were over thirty) or class C cases, when the women clearly had reproductive disorders (five out of fifteen, of which two were in their twenties, two were over forty, and one was fifty-two years old). All fourteen of the ages given for the seventeen nonreproductive cases in class A, in fact, were for middle-aged women between thirty and fifty years old. This evidence suggests that age was central in Wang’s clinical assessment of his female patients and was di-

¹⁵ I refer here to Furth, *A Flourishing Yin*.

¹⁶ For an overview of the relation between the uterus and hysteria in Western medical history, see Ilza Veith, *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1965).

¹⁷ The three women for whom an age was not given suffered from ailments unrelated to reproduction: *shenma* 身麻 (numbness) from sitting too long and *jiaochuang* 腳瘡 (foot sores), nevertheless related to irregular menses, and *si* (pensiveness) over the death of her mother (see n. 13). For the cases, see *Shishan yi’an* in *Wang Shishan Yixue quanshu*, 78b, 87a, 98b.

rectly related to his sense of their reproductive status. One sees this clearly in his medical views on virgins and widows.

Reading Beyond the "Stone Mountain Case Histories"

Women in class A who had reached menopause would have been considered no longer predisposed toward *yin* or Blood depletion but rather susceptible to the opposite. In one compilation titled *Waikeli* 外科理例 (Patterns and examples for external medicine; preface, 1531), Wang wrote an unusual essay about widows titled *Lun guafu bing jiushiwu* 論寡婦病九十五 (On widows' disorders no. 95). For Wang, menopause occurred among widows because they no longer had an outlet for their sexual desire and suffered exhaustion from exuberant Blood (*xuesheng* 血盛), the opposite of Blood depletion:

They live alone without *yang*; they desire a man, but because they cannot obtain one, they get depressed and become ill. They dwell in the women's quarters where they have desire but no way to fulfill it. *Yin* and *yang* struggle, hot and cold alternate, just like the class of intermittent fevers. After a while, this causes them to become exhausted and acquire syndromes such as amenorrhea, white flux, phlegm, dizziness, *qi* in the diaphragm, abdominal lumps, facial discoloration, and emaciation, all of which are illnesses of widows. Feeling their pulse, they only have a stringy Liver pulse, which comes out of the "Inch Opening" (*cunkou* 寸口) [on the inside of the wrist] and rises to the "Fish border" (*yujì* 魚際) [point on the inside base joint of the thumb], all of which indicate exuberant Blood.¹⁸ The *Inner Canon* says: Men who have exuberant Essence [*qi*] think of taking a wife; women who have exuberant Blood conceive.¹⁹

We see here that Blood was as central to Wang's understanding of the special pathologies of widows as it was in his essays on menses and reproductive disorders. His essay *Yuejing men* 月經門 (Menstruation), for example, predictably begins with the statement: "Women are *yin* and take Blood as their root."²⁰

Wang discusses widows in another essay from the same book titled *Lun jing xue bashiqi* 論精血八十七 (On essence and Blood no. 87).

¹⁸ The "Inch Opening" is the location of the wrist pulse closest to the base of the wrist. The "Fish Border" is the LU-10 point located on the Lung channel. It is located in a depression behind the base joint of the thumb between the midpoint of the shaft of the first metacarpal bone and the thenar muscles.

¹⁹ *Waikeli li: Lun guifu bing jiushiwu* (juan 2) in *Wang Shishan Yixue quanshu*, 380a-b.

²⁰ *Yixue yuanli: Yuejing men* (juan 12) in *Wang Shishan Yixue quanshu*, 813a-b.

This time he links both the lack of sexual intercourse and the lack of sexual desire with amenorrhea: “As for women whose menses have ceased, they stop when they have either not had intercourse with a man for ten years or have not thought about sex with a man for ten years. If the menses do not flow, then the old Blood cannot exit, the new Blood flows in the wrong direction, sometimes leaking into the bones and sometimes transforming and causing swelling. If they do have sex, it is difficult for them to have children.”²¹

One of his widowed patients over forty fit these criteria. Wang discussed her *xuebeng* 血崩 (profuse uterine bleeding) in the longest case under *Tiaojing* 調經 (Regulating menstruation) in *Stone Mountain*.²² Wang clearly indicates that she has been widowed for over ten years, which according to “On widows’ disorders” puts her at risk for exuberant Blood. Instead of the bitter and cold drugs intended to stop the excessive abnormal bleeding that other physicians prescribed, however, Wang prescribed his preferred warming and replenishing herbs to treat an underlying spleen and stomach *qi* depletion. After being cured, however, the widow took a long trip to her natal home by sedan chair. Completely exhausted from this trip, she experienced an even more severe case of uterine bleeding. Wang wrote that “After fifty years, the Blood and *qi* slip out [of their normal channels], so actually it was hard to save [her] life, but I could not bear to sit and watch her die.”²³ He gave her a strong dose of mostly ginseng and astragalus root, with some of his other preferred herbs, and she recovered.²⁴ Here again we see that Wang Ji considered age an important factor in the balance of Blood and *qi* in relation to the life stages of his female patients.

In the previous essay “On widows’ disorders no. 95,” Wang also compares the effect of repressed sexual desire on depleted Essence in virgin boys and depleted Blood in virgin girls: “For a boy, first

²¹ *Waikeli li: Lun jing xue bashiqi (juan 2)* in *Wang Shishan, Yixue quanshu*, 379a-b.

²² *Shishan yi’an: Tiaojing (juan 2)* in *Wang Shishan Yixue quanshu*, 88b-90a.

²³ *Shishan yi’an: Tiaojing (juan 2)* in *Wang Shishan Yixue quanshu*, 89b.

²⁴ He prescribed seven *qian* 錢 of ginseng and astragalus root, one *qian* of Chinese angelica root, *rehmannia glutinosa*, ginger, and cyperus tuber, and five *fen* 分 of licorice. Grant’s section on treatment mentions four of these herbs—ginseng, astragalus, angelica, and licorice—as among the top five that formed the core of Wang’s prescriptions, the fifth being *atractylodes rhizome* (p. 147).

his facial expression scatters; for a girl, first her period ceases.”²⁵ Wang criticizes other physicians who do not know the appropriate prescriptions to start a virgin’s period. They administer cold formulas because they wrongly assume that a virgin’s Blood is classified as hot. Instead, doctors should know that Blood moves with heat and congeals with coolness. The symptoms of comparatively scant menses and no flow are aches in the hands, feet, bones, and flesh; waves of heat; a gradual wasting away; and a weak pulse. For Wang, all of these conditions indicate cases of Yin depletion and Blood deficiency, diagnoses dominantly gendered female in *fuke* texts. Because Blood requires heat to move, he recommends warm medicines to start the menses of virgins who have conditions of depleted Blood.²⁶ Whether at the beginning or the end of the reproductive life cycle of women, Blood still ruled women in Wang’s theoretical essays as well as in cases of female disorders involving reproduction.

In several other essays in *Waikeli li*, Wang also discusses how the sexes differ in terms of illnesses, emotions, and appropriate treatments. In an essay titled *Lun jiaoqi jiushiba* 論腳氣九十八 (On foot *qi* no. 98), Wang follows the Song physician Chen Ziming 陳自明 (1190-1270) on how *jiaoqi* 腳氣 (foot *qi*) differs between the sexes.²⁷ In the *fuke* section of the tenth-century Song pharmacopoeia *Taiping sheng hui fang* 太平聖惠方 (Imperial Grace formulary), for example, foot *qi* was classified as a disorder of the circulation channels associated with the womb. Chen Ziming linked it to weakness of the Kidney system for men and weakness in the channels of the womb for women.²⁸ Following this line of reasoning, Wang argues that although women as well as men suffer from it, they contract this illness because their “Sea of Blood has become deficient and they are affected by the seven emotions” and not from the gluttony or sexual wantonness to which men were more socially prone.²⁹ For men, foot *qi* is due to Kidney deficiency from sexual excess; for women, it is the result of Blood deficiency or emotional excess. The same medicine is used for men and women, but Wang warns that to treat

²⁵ See both essays *Lun jing xue bashiqi* and *Lun furen bing bashijiu*, in *Waikeli li*, (juan 2) in *Wang Shishan Yixue quanshu*, 379.

²⁶ *Waikeli li*: *Lun guifu bing jiushiwu* (juan 2) in *Wang Shishan Yixue quanshu*, 380.

²⁷ *Waikeli li*: *Lun jiaoqi jiushijba* (juan 2) in *Wang Shishan Yixue quanshu*, 381.

²⁸ Furth discusses the gendered aspects of “foot *qi*” in *A Flourishing Yin*, 82-83, 166, 167 n. 18.

²⁹ *Waikeli li*: *Lun jiaoqi jiushijba* (juan 2) in *Wang Shishan Yixue quanshu*, 381.

women effectively, the medicinal treatment must be combined with manipulation of the seven emotions.

Wang also quotes Zhu Zhenheng on sexual differences in temperaments in an essay titled *Nan nu yong ju zhifa butong ershiwu* 男女癰疽治法不同二十五 (On how the treatment method for swollen sores of the *yong* and *ju* type differs for men and women no. 25): “It is ten times more difficult to control the temperament of a woman than that of a man.” This gender bias also appears in an essay *Lun funu bing bashijiu* 論婦女病八十九 (On women’s disorders no. 89), which focuses on female susceptibility to emotions: “Women’s temperament is to hold on to the emotions; they are not able to release them and are more often damaged by the seven emotions It is best first to give them Four-Seven decoction to regulate the draining *qi* and then use drugs that nourish the Blood.”³⁰ In Wang’s other medical writing, even more evidence of gender differences and the role of Blood in female pathology contradicts Grant’s interpretations of the data.

A broader reading of his corpus on widows and virgins, for example, challenges Grant’s claims that Wang did not consider Blood central in his distinctions of women at different stages of the reproductive cycle. Grant’s dual emphases on the exceptions to the rule and fissures between theory and practice are methodologically useful and insightful. Exceptions to the rule that in Chinese medicine “Blood is the root for women” do not, however, necessarily override the general rule. Rather these exceptions illuminate how medical case histories reveal a greater complexity and flexibility within the clinical encounter than is otherwise preserved in doctrinal essays. With these insights from Grant’s analysis in mind, we now turn to the clinical encounter.

Diagnosis

When Wang interviewed his patients, he followed the *sizhen* 四診 (four examinations) method of diagnosis: looking, listening/smelling, asking, and touching. Although he indicates the sex of the patient first, sex thereafter become largely irrelevant. One has a sense of

³⁰ *Waikeli li: Nan nü yongju zhifa butong ershi (juan 1)* in *Wang Shishan Yixue quanshu*, 361.

greater similarity than difference. Grant argues that Wang did not routinely question women about menstruation and found no evidence that the information provided on women's menses was integral to diagnosis. Since menstruation did not appear to Grant to play a central role in Wang's female cases, she calls into question the centrality of menstrual regulation to female health in Chinese medicine. As already discussed, the age of the female patients may have been as much a factor in this omission as the nonreproductive nature of their complaints. This evidence nevertheless suggests that the medical view of women was not confined solely to their role as potential child bearers. Nevertheless, Wang more often than not indicated the reproductive status of his female patients somewhere in their medical case histories, whether through statements of their age or about their menses, and often both.

With respect to asking, Grant surprisingly found that Wang did not have any difficulty talking with his female patients. All seemed candid about their reproductive and nonreproductive problems, which contrasts markedly with work by other scholars.³¹ Two women of means even came by sedan chair to visit him, which differs from accounts of other Ming physicians frustrated not only by women's inaccessibility, but also by the conventions of modesty required during house calls. The only difference Grant found was that Wang never quoted a woman replying to him or asking him about a diagnosis. He attributed speech only to men. With respect to touching, Wang took the pulses of both his female and male patients. The issue of gender and modesty so explicit in theoretical texts, and even in fiction, appears not to have been an issue in Wang's practice.³² This contrast, Grant points out, may be because Wang was not as concerned with reproductive disorders as were many of his predecessors and contemporaries.³³ Another possibility relates back to the bias in the selection criteria toward successful treatments of *qi* de-

³¹ I refer to the work of Cullen (1993), Bray (1997), and Furth (1986, 1987, 1999).

³² For Ming examples, see Christopher Cullen, "Patients and Healers in Late Imperial China: Evidence from the *Jinpingmei*," *History of Science* 31 (1993):99-150. For comparable Qing evidence, see Yi-Li Wu, "The Bamboo Grove Monastery and Popular Gynecology in Qing China," *Late Imperial China* 21.1 (2000):41-76.

³³ See the chapter on the Yangzhou doctor Cheng Maoxian 程茂先 (1581-?) in Furth, *A Flourishing Yin*, 224-65.

pletion on which Wang staked his reputation and secured a legacy among his male and female patients.

Illness Syndromes and Treatments

Based on Wang's discussions of illnesses, Grant argues that there is no evidence that he found male and female bodies dissimilar in form, function, or processes. Nor did he address in the theoretical sections or case histories the differences in the nature of male and female bodies or in the way the two sexes react to illness. If Grant had read broadly in his medical writings, she would have found that Wang discussed these sexual differences elsewhere. Perhaps this was the case because such differences were irrelevant to the key arguments of *Stone Mountain*. The opening passage of the essay on *Yuejing men* (Menstruation) of his *Yixue yuanli* 醫學原理 (The first principles of medical learning) states: "Women are classified as *yin* and take Blood as the root. Humans resemble Heaven and Earth, and *yin* is often insufficient. Moreover, because of the diminishing [of *qi*] due to breast-feeding and menses in women, their *yin* and Blood are more deficient, which is the reason why most women suffer from Blood disorders."³⁴ Other passages on sexual differences cited above further illustrate the contradiction between what Grant found in the case histories and what Wang wrote about in his doctrinal essays.

To what extent did gender have an effect on Wang's choice of treatment? Grant argues again that the evidence shows that the main difference in therapy was not between men and women but between women with and without reproductive illnesses. He gave ginseng (*renshen* 人參) to nearly all his patients, male (80 percent) and female (70 percent), and another four replenishing drugs—atractylodes rhizome (*baishu* 白朮), Chinese angelica root (*danggui* 當歸), licorice (*gancao* 甘草), and astragalus root (*huangqi* 黃芪)—to two-thirds of the male and just one-half of the female patients. Men had a higher rate than women of depletion treated by these herbs. Although Wang prescribed cyperus tuber (*xiangfu* 香附) and donkey-hide gelatin (*ajiao* 阿膠) to more women than men because of their proper-

³⁴ Essay on menses, *Yixue yuanli: Yuejing men* (juan 12), in *Wang Shishan Yixue quanshu*, 813.

ties to regulate menstruation, replenish Blood, and stop bleeding, he did not use these drugs as much when his female patients had disorders unrelated to reproduction (p. 147).

Clinical Outcomes

In the final stage of the clinical encounter, Grant makes one of her boldest arguments. According to three criteria—overall recovery rates (90 percent male, 85 percent female), number of treatments required for recovery, and number of healers seen before Dr. Wang—she argues that contrary to the theoretical essays, in the case histories, women were neither sicker nor harder to treat than men. With just one treatment, for example, Wang cured 70 percent of female and 50 percent of male patients. After the second treatment, he cured another 20 percent of female and 30 percent of male patients. He cured as many men as women only after four treatments. With respect to number of healers, nearly three-fourths of the men and just three-fifths of the women saw more than one doctor. Not only did most women survive among Wang's patients, but they also recovered more quickly and saw fewer healers than men. By contrast, more men than women suffered from serious *yin* depletion, and men rather than women appear to have been the more difficult sex to treat.

What are we to make of these unexpected findings? Instead of the cultural analysis Grant employed to interpret Wang's cases of male depletion as cultural constructions based on perception of moral decay, Grant welds a social analysis grounded in demographic facts to the unexpected image of women as being healthier than men. Men may have had more access to physicians because of their greater mobility. A woman could only see an elite physician like Dr. Wang by going through her husband or son, making it less convenient for women than men to return. Women may have also chosen not to disclose visits with marginal and female healers, which based on evidence from mostly literary and some other medical sources, is a reasonable conclusion.

From an even more positivist angle, Grant then asks if this picture of slightly healthier women than men reflects a broader social reality. The slightly lower mortality rates for women than men from Harriet Zurndorfer's study of the Fan lineage in the same region sup-

port this point.³⁵ Less mobility probably sheltered elite women from the infectious diseases to which their more mobile merchant and official husbands would have more likely been exposed. These arguments are thought provoking, but from a demographic perspective unconvincing. Wang's female patients appeared to have been a highly select group comprised of mostly elite, many older, and otherwise relatively well-off women. These figures are not generally representative of the range of women in the Huizhou region during the mid-Ming dynasty. Except for the case of an elderly village woman in her fifties,³⁶ Wang did not see peasant women, concubines, or prostitutes in his clinic or in their homes, at least not as their physician. Even though he refers to the concubines of some of his depleted male patients, he never discusses the consequences of sexual indulgence on their health (pp. 122-24). The lives of these three types of women, however, would have been profoundly changed by the transformations in the Huizhou economy and these women possibly exposed to more serious illnesses than their elite female contemporaries. Yet, obviously, all were excluded from the social networks from which Wang Ji culled his female patients. The general impression that the *Stone Mountain* cases convey of slightly sicker male than female patients does not, however, reflect an actual social reality so much as it manifests the moral lens through which Wang filtered his social world and made meaning of his medical cases.³⁷

Etiology

Because the most significant and interesting gender differences are found in Wang's discussions of etiology, I have chosen to discuss them last. Whereas he warned men about excessive sexual activity, he wrote about women being apprehensive or repressed about sex. Emotions were gendered as well in that more men suffered from disorders related to anger and anxiety, whereas women experienced problems stemming from pensiveness or sorrow. Emotional states tended to be cast as central in women and incidental in men. In

³⁵ Harriet T. Zurndorfer, *Change and Continuity in Chinese Local History: The Development of Hui-chou Prefecture 800-1800* (Leiden: Brill, 1989).

³⁶ *Shishan yi'an* (juan 2), in *Wang Shishan Yixue quanshu*, 81b.

³⁷ See the main distinction between social history and cultural history analysis that Fissell makes in "Making Meaning from the Margins," 366-67.

general, Wang blamed excessive sexual activity, alcohol, and rich food for most male disorders and attributed nonreproductive female illnesses to excessive or uncontrolled emotions.

The third fascicle contains a cluster of six disorders related to emotions that further support Grant's conclusions. The first four female cases following an essay on the *wu zhi* 五志 (the five emotions) were grouped together as examples of emotional counter-therapy, a practice of inciting specific emotions in a patient in order to right an imbalance according to the conquest cycle of the five phases.³⁸ Here men suffer from excessive joy (*xi* 喜) and anxiety (*you* 憂), women from pensiveness (*si* 思) and fright (*jing* 驚). Whereas in fiction as well as in medicine Chinese men more than women suffer from sexual overindulgence, women inordinately endure sexual repression and manifest bodily depletion.³⁹ Men actively contract syphilis in the brothels; women passively fall prey to seductive fox spirits or fantasies of illicit sex in their dreams. Men have too much sex; women possess excessive desire and repressed passion.⁴⁰

Wang's view of depleted males may have been as much a response to perceived social ills, however, as an acknowledgement of compromised masculinity. Such males often appear as pale, weak, and fragile as female ghosts and sickly women—the two literary tropes of hyperfemininity.⁴¹ From a more expanded gender perspective, Wang's preference for restoratives may have been implicitly as much about restoring the masculinity of his male patients as they were explicitly about treating their depletions. This implicit intention would align well with Furth's interpretation of Zhu Zhenheng's earlier doctrines of "Yang Surplus and Yin Deficiency" as aligning the medical body with neo-Confucian metaphysics and a new construction of literati masculinity.⁴² Grant observes that Wang also recommends

³⁸ For an explanation of this form of therapy, see Sivin, "Emotional Counter-Therapy," 1-6.

³⁹ See especially the section "The Ghost's Body and Medical Images of Women," 244-52, in Judith T. Zeitlin, "Embodying the Disembodied: Representations of Ghosts and the Feminine," in Ellen Widmer and Kang-I Sun Chang, eds., *Writing Women in Late Imperial China* (Stanford: Stanford University Press, 1997), 242-63.

⁴⁰ See "The Experience of Venereal Disease in Ming and Qing China," in Andrew David Schonebaum, "Fictional Medicine: Diseases, Doctors and the Curative Properties of Chinese Fiction" (Ph.D. diss., Columbia University, 2004), 256-68.

⁴¹ On the connections between hyperfemininity and masculinity, see Zeitlin, "Embodying the Disembodied," 244-48.

⁴² See "The Body of Yang Surplus and Yin Deficiency," in Furth, *A Flourishing Yin*, 145-51.

self-cultivation only to his male patients, as an antidote to their over-indulgence in sex, alcohol, and diet. Women are neither susceptible to such excesses nor capable of moral self-cultivation (p. 134). This line of reasoning relates well with Grant's analysis of Wang's self-portrayal and biography of his father Wang Wei 汪渭 (1433-1515) as models of the moderate behaviors and moral values of the ideal Confucian male that his upwardly mobile but morally wayward male patients should emulate.

Final Assessment

Grant engages with women in Chinese medical history as a lawyer would approach a legal case. By using new evidence from the medical case histories of one sixteenth-century physician, she tests the universal applicability of previous scholars' generalizations about Chinese conceptions of women, which had been based on a broader reading of medical, literary, and official sources. Her emphasis on the exceptions to the rule that "Blood rules women" forces a revision of previous assessments. Her instincts to examine the fissures between abstract doctrine and concrete clinical practice are as sound as the method promises to be long lasting. Her approach to see how gender manifests in every stage of the clinical encounter is illuminating. Her insight, in other words, that differences between women (reproductive versus nonreproductive disorders) may have been even greater than differences between the sexes suggests a new dimension for further reflection. When Wang dispenses moral advice and self-cultivation along with replenishing herbs to his depleted male patients, we see how cultural and historical factors intersected with his medical diagnoses and therapeutic interventions. The connection made between Wang's dominant medical diagnosis of male depletion and his cultural perceptions of male decadence in the newly emergent Huizhou mercantile culture significantly contributes to the field. A stimulating yet ultimately tantalizing book, Grant's interpretation of the *Stone Mountain Medical Case Histories* leaves room for others to break new ground and reap richer harvests in the history of women and gender in Chinese medicine.

Copyright of NAN NU -- *Men, Women & Gender in Early & Imperial China* is the property of Brill Academic Publishers and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.