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## INTRODUCTION

### Medical History, Gender, and the Body

In the summer of 1982, while browsing in the library of Beijing University, I chanced upon a small volume anonymously published in 1715. Worn yet sturdily printed, bearing traces of some long-dead reader's inked-in punctuation marks, *On Successful Childbirth* (*Dasheng bian*)<sup>1</sup> turned out to be a popular guide to pregnancy and delivery, and it started me on the path that has led to writing this book. The excitement of reading it inspired me to search out an enormous late-imperial Chinese literature on health and medicine that circulated among the literate public as much as among professional healers. Even more, this text and others like it placed medicine in the context of elite domestic life and showed how the language of the body and body

1. Anon. ("Jizhai jushi"), 1715. See also Furth 1987.

processes constructed cultural identity. Much in *On Successful Childbirth* and many similar works seemed at first to tell a story familiar to feminist scholars of early modern Europe: a story of sex segregation and dense social rituals surrounding parturition, of tensions between male-dominated medical authority and a female sphere of health care associated with midwifery, of birth as a perilous and polluted life passage for mother and child. Above all, doctors repeated constantly that “in women Blood is the leader,” and that “the disorders of women are ten times more deep-rooted and harder to cure” than those of males — tropes that inscribed gender difference on the female body, representing it as weak and hostage to reproductive necessity.

*Fuke*, or “the department of [medicine for] women,” was the classificatory label Chinese physicians gave to that field of medical knowledge devoted to the disorders they deemed specific to women alone. My initial search to understand the body as a site of gender ideology in Chinese history drew me deeper into the literature of *fuke* as an integral part of China’s ancient medical traditions and as a lens for thinking about the culturally constructed body. This book is the outcome of that inquiry. Writing it has involved long explorations along three scholarly paths: the history of Chinese medicine, feminist interpretations of gender in China, and the cultural history and anthropology of the body.

## Medical History

The history of medicine in China is where I begin. A two-thousand-year literary tradition lies behind it, and it remains a living practice. Important fundamentals of Chinese medical history have been introduced to Western scholars by eminent historians of science like Joseph Needham and Nathan Sivin in the English-speaking world and Manfred Porkert and Paul Unschuld on the European continent. All who work in the field have benefited from the vast energy and visionary humanism that Needham brought to his pioneering work on premodern scientific and technological contributions of Chinese civilization. Needham’s prestige as a distinguished Cambridge biochemist added insight and authority to his claim that Chinese achievements in sciences from mathematics to astronomy and chemistry, and in technologies like engineering, shipbuilding, metallurgy, and agronomy, matched and even surpassed those of the European West before the seventeenth century. His massively researched project, still incomplete at his death in 1995, introduced the voluminous textual record of Chinese achievements and

interpreted them as an honorable chapter in the history of a globally evolving universal science. Medicine was only one facet of Needham's protean explorations, and an incomplete one. Perhaps this was not only because of the sheer volume of Chinese records about medicine but because their theoretical foundations eluded the positivist framework of Needham's own "ecumenical" model of world-historical scientific truth.<sup>2</sup>

Scholars of China's medical history following Needham, like Nathan Sivin, have turned to an internalist strategy—explaining this ancient science in terms of its indigenous conceptual framework and the cultural assumptions of its makers, opening the way for relativist approaches involving alternative epistemologies.<sup>3</sup> By this route the field has recently attracted more attention from social and cultural historians and encouraged my feminist perspective. Much of this book reconstructs the rich but neglected learned tradition of *fuke* over the long span of the Song, Yuan and Ming dynasties (960–1644), a tradition that today is identified with obstetrics and gynecology. My later chapters focus more narrowly on the sixteenth and seventeenth centuries and on the social relations of healing as seen through medical case histories and literary sources. Here I can more easily show how theoretical orientations translated into clinical strategies. Medicine also reveals itself as a social practice not dominated by the role of the elite doctor, where the management of illness might also appear as a domestic skill, as amateur literati learning, as a humble craft or as a religious practice based in ritual. Here sick people and their families negotiated with various kinds of healers—both male and female—who were valued as service providers but who did not command an unquestionably authoritative "science." In the historically specific context of late Ming elite culture, Chinese medicine was em-

2. Joseph Needham's monumental series is *Science and Civilization in China* (abbreviated as SCC), 1954– . Originally projected at seven volumes, it eventually ballooned into many more. However, Needham never completed a volume on basic medicine, and his various shorter essays on medical topics are being edited by Nathan Sivin for posthumous publication in the series. Among the completed volumes, his *Celestial Lancets* (with Lu Gwei-djen, 1980) explored acupuncture and moxibustion, while the topic of bodily self-cultivation for longevity was the theme of a volume originally projected as part of the series on chemistry, which was published separately (with Lu Gwei-djen, 1983) under the title *Spagyric Discovery and Invention: Physiological Alchemy*. It was characteristic of Needham to analyze this complex of yogic meditation exercises known to Chinese immortality seekers as *nei dan*, or "internal alchemy," under the rubric of macrobiotic chemistry. I discuss the practice of *nei dan* in the Ming dynasty in chapter six.

3. See Sivin 1987, 1995a, 1995b, 1995c.

bedded in both cosmology and daily life, shaped by social relations that diffused power, and used in a world where the inner functioning of a human body was publicly knowable primarily through signs and speech.

The historical specificity of such a medical culture is illuminated by both similarities and dissimilarities with Renaissance and early modern Europe. In much of what follows it will be clear how much I have benefited from the insights and interpretive approaches of such recent social historians of that period in European medicine as Roy Porter, Barbara Duden, and Thomas Laqueur. Porter's work has popularized medical history from below, showing how a patient-centered approach to the early modern clinical encounter in England changes our historical understanding of medical authority and makes a truly social history of medicine possible. Duden has read eighteenth-century German medical case histories as revealing a phenomenological language of experience through which the historicity of a pre-Enlightenment body itself may be known. Laqueur, in considering the history of anatomy from the Renaissance through the nineteenth century, has shown how medical knowledge of the gendered body, once understood as a human manifestation of a metaphysically grounded hierarchy of Being, became essentialized in a biology of two basically incommensurable sexes.<sup>4</sup> My debt to these scholars will be apparent to every reader who knows their work.

Unlike the European humoral medicine these historians analyze so imaginatively, Chinese medicine has been seen as outside of history, both timeless and contemporary. It remains a living therapeutic system for millions of people today—a fact that is both an aid and an obstacle in reconstructing its past. The ethnographic present can, if carefully used, illuminate possible meanings of historical evidence. Among many fine anthropological studies, I have learned particularly from Arthur Kleinman's analysis of the clinical encounter in the pluralistic medical culture of Taiwan in the 1970s and from Judith Farquhar's subtle reading of the epistemology of medical knowledge as taught and practiced in a contemporary college of traditional Chinese medicine (TCM) medical college in Guangzhou.<sup>5</sup> Still, it is dangerous to accept the evidence of today's living tradition uncritically. In the PRC particularly, Chinese medicine is a well-established branch of the state health-care system.

4. Porter 1985; Duden 1991; Laqueur 1990.

5. Kleinman 1980; Farquhar 1994. TCM is conventional shorthand for Chinese medicine today, distinguishing present practice from the tradition in its original historical settings.

Maoist ideology has elevated it to the status of a national cultural treasure, producing researchers committed to their own version of a Whig history of Chinese medicine as a proto-science both “empirical” and “dialectical.” To people outside Asia, on the other hand, Chinese medicine remains romantically traditional—an indigenous folk system, the domain of the anthropologist, easily mystified as a countercultural holistic art of Oriental healing, in opposition to hegemonic cosmopolitan biomedicine. Neither of these oppositions—tradition versus modernity, or science versus folk superstition—point to fruitful analytic categories for my subject. Rather, they encourage the discredited binary oppositions of Orientalism, the mutually reinforcing and totalizing stereotypes of East-West difference in the global discourse of colonialism. Such binaries are just as problematic when they valorize Eastern wisdom and spirituality as when they condemn or rationalize Asiatic scientific backwardness. The contemporary practice of TCM in both mainland China and Taiwan has taught me much about the medical world of my sixteenth- and seventeenth-century texts: about the doctor-patient relationship, about the art of diagnosis and prescription, about popular health habits and medical pluralism. But TCM today operates in a world vastly changed from the late Ming dynasty, whether the issue is patterns of fertility and mortality, technologies of knowledge, or the Chinese social system. Understanding the specificity of such changes is itself a useful antidote to Orientalist reasoning.

## Gender

A feminist history of medicine in China is imaginable today partly because it builds upon the work of social historians who since the 1980s have been excavating the premodern Chinese woman as a historical subject. Among Euro-Americans, pre-twentieth-century Chinese society has been popularly defined by Confucianism, an ethos whose patriarchal foundations appear to be confirmed by anthropological accounts of China’s patrilineal, patrilocal joint family system and lineage organization. Institutions like arranged marriage, son preference, footbinding, concubinage, and sex segregation extending to the exclusion of women from public office have fleshed out a feminist stereotype of Chinese women as profoundly subordinated. Moreover, such Western constructions of Asian women’s victimization have been subtly

complemented by the judgments of China's own nationalist modernizers, who in their zeal for revolutionary change have identified traditional womanhood with feudal backwardness. Looking beyond such politicized representations, feminist historians like Patricia Ebrey, Dorothy Ko, and Susan Mann have sought to compare prescriptive norms with evidence about women's social practice and their self-perceptions in specific historical contexts.<sup>6</sup> Without being apologists for the Confucian gender system, they have tried to understand both its internal diversity and its overall durability. Without seeing women's lives through the politicized prisms of resistance or accommodation, they have tried to show the roles that were possible and the sorts of subjectivities these roles fostered. Among many topics they have illuminated, several are particularly relevant to my study.

Both the place of the family in society and the norms of gender difference were constructed by Confucian moralists around a bifurcation of spheres into inner (*nei*) and outer (*wai*) — terms that demarcated separate spaces but also claimed a complementarity between them. Since the family as “inner” was understood as a microcosm of the state as “outer,” responsible for its own sphere of social order, functions that today are thought of as public were aspects of family life. Most economic production and much education, worship and ritual life took place at home or on family farms. In this context the imperial state not only recognized the family as a foundation of social order but also left substantial legal as well as social powers vested in it. Here as elsewhere, the doctrine of separate spheres did not separate women from their male kin within the household, while circumstances drew many women beyond the walls of domestic compounds as workers, travellers and sojourners. As Dorothy Ko and Francesca Bray have argued, inner and outer are best imagined as nested and overlapping spheres whose boundaries shifted with circumstance, while the family model of the state gave the conduct of domestic life more than private significance. Identifying a wife as an “inner person” (*nei ren*) constructed her femininity via bodily location rather than biology, a spatial habitus that taught female gender in the idiom of a socially complex domain of family life. All of these factors were at work in the management of sickness, which took place largely at home.

The idiom of inner and outer points to the fact that ideas about gender difference were not easily separated from those about the social

6. See especially Ebrey 1993, 1995; Ko 1994; Mann 1997.

roles of men and women. Patricia Ebrey and others have shown the importance of kinship in defining a woman's powers and in differentiating among different groups of women. Identities as daughter, wife or mother were among the most significant social markers for women in Confucian society. Emphasizing this, some scholars accordingly bifurcate the bodily and the social to locate traditional Chinese gender in kinship and other social hierarchies, minimizing the significance of the body as a site of the Chinese feminine.<sup>7</sup>

In this interpretation, popular among postcolonial scholars, body-based systems of gender construction look like a unique invention of the West's modern scientific revolution, transported to China complete with the baggage of science, social Darwinism, and the ideology of political revolution and economic modernization—baggage that included a project of female emancipation. There is some truth to the view that gender relations changed significantly in the twentieth century as Chinese learned the modernist axiom that only science can decipher the body's nature and represent it in truthful relationship to social norms.<sup>8</sup> However, the very ideological power of scientism to define Chinese modernity suggests what its secularizing teachings undermined: the old imperium's conviction of unity between Heaven, Earth, and Humanity—a natural philosophy without sharp boundaries between sacred and secular or between nature and culture. To seek to locate gender exclusively in either social roles or natural (bodily) attributes is to lose sight of other possible worlds encompassing both.

In this context inner and outer, which led away from the body in the foregoing discussion, are also categories that can lead back to it. Demarcating relationships of gender and social space, inner and outer were also a yin yang pair, linking patterns of social organization with larger overarching patterns in Chinese cosmology. Most broadly, the Chinese concepts of yin and yang constructed an interlocking network of signs binding a wide range of phenomena to a common system of signification that was metaphysically grounded. As part of this system, the categories of male and female were understood as both natural and social, and their bodily powers were given spiritual significance as fitting microcosmic participants in a universal order. Inner and outer, then, were not purely about gender boundaries demarcating domestic and public space; they were relationships in the natural world as well, including the human

7. Barlow 1994.

8. See Dikötter 1995.

body. This can also be a starting point for exploring how gender difference was naturalized in medicine.

While focusing on family and kinship as central, feminist historians of gender in China have also been concerned with exploring spheres of female activity beyond the functions of wife and mother. They have shown that women's work as economic producers was significant; they have analyzed female religious expression and looked into the stigmatized yet glamorous demimonde of prostitutes and courtesan entertainers. Literary historians in particular have brought to light a voluminous body of poetry and other writings by women of the Ming and Qing, demonstrating the high level of classical education attained by some elite women and the opportunities it afforded them as teachers and, to a limited extent, as participants in literati discourse.<sup>9</sup> Medicine can contribute to filling out this picture of female activity. Certainly literacy for women, as for men, provided one avenue to medical knowledge, and some women were economically productive health workers within and without the domestic setting.

However, the Chinese medical culture of *fuke* was perennially concerned with the gestational functions of women, defined as menstruation, pregnancy and postpartum recovery from childbirth. This emphasis brings us back to women as wives and mothers. The importance of reproductive medicine is reinforced by demographic estimates that marriage at a relatively early age (18–20 years) was a near-universal destiny for Chinese women throughout history, while infant mortality was high (estimated around three hundred per thousand on average). While seeking evidence for reproductive failure in macroeconomic conditions producing poor nutrition and disease, James Lee and his collaborators have recently argued that cultural factors, including conscious reproductive strategies, gender norms and sexual practices, also may help explain demographic patterns. Their figures suggest that completed marital fertility was on average low to moderate—four to six children, as against seven to eleven for comparable groups in early modern northwestern Europe.<sup>10</sup> These Chinese demographic patterns, then, hint of the basic

9. See Hu Wenkai 1985; Widmer 1989; *Late Imperial China* special issue on "Poetry and Women's Culture in Late Imperial China," 13.1 (June 1992); Widmer and Chang 1997.

10. Lee and Campbell 1997: 83–102; Lee and Saito, forthcoming. For the social historian, demographic estimates like these raise as many questions as they answer. Stevan Harrell (1985, 1995), Liu Ts'ui-jung (1995a, 1995b) and others work with Ming-Qing lineage genealogies that were originally composed to trace patriline. These records underreported births in general and vital facts concerning daughters in par-



social contexts in which *fuke* was practiced, but also of medical norms surrounding reproductive processes. They evoke a social history of patriarchal kinship structures—the joint family system that allowed young couples to marry without responsibility for maintaining an independent household but required them to live under the authority of elders, and sex-selective child mortality that led to recurrent shortages of brides. By contrast, however, the history of medicine and the body in China seems at first to take a different direction, toward a natural world imagined in terms of transmutation, process, and change that relativizes all static hierarchies.

## The Body

If the history of medicine is one path this book follows and feminist history is a second, the two meet in a consideration of the body. Histories of the human body are a recent and still experimental product of American and European scholarship. Intellectual roots for such a project extend back to the insights of the cultural anthropologists—their ethnographies of the diverse explanatory and symbolic systems that have shaped understandings of bodily experience in different human communities—and to the philosophical relativism of Nietzsche and the phenomenologists. Michel Foucault dramatized the possibilities for historicizing the body with his cumulative work on disease, madness, criminality and sexuality in eighteenth- and nineteenth-century Europe. Instead of Enlightenment rationality consolidating the findings of modern science, Foucault saw an epistemic rupture producing “games of truth” by which human nature came to be redefined. Instead of knowledge systems producing liberal emancipation and progress, Foucault saw nineteenth-century biology, psychology, medicine and the social sciences as imposing new forms of social discipline embedded in law,

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ticular. Better sets of data come from the eighteenth- and nineteenth-century records of Manchu banners, explored by Lee and Campbell, and from colonial Taiwan. The broad constants I have summarized here conceal wide variability in figures on both marital fertility and child mortality, linked to region, economic conditions and social class (“the rich get children,” in the words of Stevan Harrell 1985). Nonetheless Lee and Campbell’s work breaks new ground for feminist analysis by reconstituting family records in an effort to reveal reproductive behavior. They point to long intervals between marriage and the birth of the first child and to “early stopping”—a last pregnancy in a woman’s mid-thirties—as evidence of low coital frequency. They point to skewed sex ratios correlated with sibling birth order as evidence for sex-selective infanticide.

education and politics—disciplines powerful enough not only to police society but to shape the psyche's own subjectivity. If Foucault's notion that "discourses of power" are diffused in the personal relationships of daily life was a riposte to Marxist class analysis, his idea that "discursive formations" of language construct culture turned inquiry into the epistemological foundations of knowledge of the human body away from a materialist base. The most intimate dimensions of embodiment—our health and normality, our disease and suffering, our sexuality, the very boundaries of flesh and spirit that shape the self—all these could be related to a phenomenological body of experience that is felt and lived in, and is conditioned by culture.

While not necessarily embracing all the radical epistemology of a Foucauldian project, subsequent scholars have fleshed out the contours of a post-Enlightenment bourgeois body shaped by the impact of technology and science, by regimens of sanitation and hygiene, clothing and adornment, sexuality and sports. Not surprisingly, some of the most interesting work has historicized bodily gender. Using the representations of Galenic and Renaissance anatomy as evidence, Thomas Laqueur has argued for the relative novelty of the modern belief in a profound bodily difference between males and females that is demonstrated by the facts of biology. When Barbara Duden turned to accounts of illness in eighteenth-century German medical case histories, she exposed a female humoral body of fluxes and plethoras, of warm and cold wombs, of reproductive seeds and fruits, profoundly unlike the body of modern pregnancy. From another direction, Duden's account of the startling new reproductive technologies of DNA mapping, of sonograms, amniocentesis and fetal monitors constructs a biotechnical fetus that even our mid-twentieth-century grandmothers would have found alien. All of these authors have offered a common critique of modernist assumptions that the language of bioscience constructs an epistemologically privileged, truthful account of an ahistorical natural body.<sup>11</sup>

By and large, this postmodernist wave is just beginning to wash up on the shores of Chinese studies. Although there have been a few exploratory exceptions, notably the essay collection *Body, Subject and Power in China*, edited by Angela Zito and Tani Barlow,<sup>12</sup> the most familiar

11. See Laqueur 1990; Duden 1991; Duden 1993. A further sampling of a huge literature, in addition to Foucault's major works (*The Birth of the Clinic*, 1973; *Discipline and Punish*, 1979; and *A History of Sexuality*, 1978–1985), might include Corbin 1986 on odor and hygiene, Hollander 1978 on clothing, Stafford 1991 on visual perception.

12. Zito and Barlow 1994.

Euro-American scholarship on the subject has shown us a Chinese body that has been not so much historicized as Orientalized: imagined as an embodiment of the life forms of the East as opposed to the West. When R. H. Van Gulik wrote his classic work *Sexual Life in Ancient China*, it was as a Freudian admirer of what he saw as a healthy and pleasure-affirming Chinese *ars erotica* free of the repressions and perversions that were the unfortunate legacy of Christian sexual morality in the West.<sup>13</sup> In his important work on religious Daoism, Kristofer Schipper imagines a body of transmutation and generativity containing the seeds of its own rebirth; honoring the feminine, neither ascetic nor licentious, the Daoist self-cultivator strives for a sacred form of corporeality embodying pacifism, equalitarianism and nonstriving.<sup>14</sup> As I have already suggested, in any number of works the Chinese medical body has been praised as holistic, embodying ideals of psycho-physical integration and human harmony with the natural world, ready to teach alienated Western man and woman the secrets of self-healing and inner peace. All of these accounts are haunted by their opposite: a Western body bifurcated between body and soul, objectified as a material object shaped by regimens of modern science, and associated with a range of Darwinian attributes—competition, individualism, human domination of nature and the European domination of Asia.

All of these idealizations of an Oriental body have been based on the self-fulfilling oppositions of colonialist cultural discourse. They have found common ground with Asian self-interpretations because the Chinese have thought about the human body in terms of their own grand binary of nature, yin and yang. Classificatory, yin and yang align all phenomena as complementary opposites based on qualities of light and dark, day and night, male and female, hot and cold, and myriad extrapolations from these. Dialectical, yin and yang explain process and change as the product of the movement of such opposites in ceaseless alternation. There is no doubt that the concepts of yin and yang are fundamental to Chinese cosmology, and therefore to indigenous Chinese understandings of the workings of the human body, but the romance of yin and yang as Oriental philosophy is based on a one-dimensional and idealized reading of a polysemic field of meanings. One of my goals in writing about the Chinese medical body is to show this protean conceptual tool kit at work in different specific contexts and to historicize it adequately, including exposure of its metaphorical contradictions. It

13. Van Gulik 1974; Furth 1994.

14. Schipper 1993.

is to dissolve the discourse of symmetrical opposition between East and West by situating Chinese bodies in their own complex history.

Any critical analysis of culture and the human body leads easily to a consideration of gender. The old Chinese binary of yin and yang no less than the teachings of modern biology has provided prime examples of the way cultural agendas shape human notions of what is natural. While the first wave of feminist scholars of the 1970s took for granted that the body is an obvious foundation for the perceived differences between the sexes, the Foucauldian and later feminist critiques of bioscience successfully demolished this belief. Subsequent efforts to distinguish between sex and gender, between a physical substratum of biological difference and the cultural attributes of masculinity or femininity with all their baggage of values and social practices, also came increasingly under attack. Foucault argued that erotic desire itself is not so much a natural biological drive as a set of plastic impulses today understood through the prism of a distinctly modern discourse of incitement.<sup>15</sup> Jeffrey Weeks argued that coupling not only is surrounded by social rituals and moral judgments but is even performed according to culturally distinct erotic scripts.<sup>16</sup> Judith Butler proposed that gender is in fact a performance of the body, a cultural aesthetics of self-fashioning that constructs modern sexual identities.<sup>17</sup> All of these perspectives have worked to undermine the solidity of the idea of biologically based sex, suggesting that the categories of male and female are literally invented in the course of discursive cultural practices.

As a cultural historian I have found this a powerful, even seductive, tool of analysis, and much that follows will show its influence. My history of classical Chinese medical thought and practice is a history of texts that can be read on many levels, texts that were and are unstable over time, and through which we can see competing and conflicting models of embodied gender. I find symbolic bodies that tell stories about the social world, bodies of power that are shaped and disciplined

15. The phrase is from *The History of Sexuality* vol. 1 (1978: 17–18). As sex became the subject of scientific study, its importance in social life was enhanced by the discussions of biologists, doctors, psychologists, and educators, even before reactions against Victorian decorum opened the path to our twentieth-century “incitements” to pleasure via the discourses of popular entertainment and consumerism.

16. Weeks 1986. In arguing for an anti-essentialist approach to sexual meanings, Weeks has adopted the notion of a “sexual script” from interactionist sociologists. It calls attention to codes of sexual behavior that not only prescribe what is normal or abnormal but shape the production of desire itself.

17. Butler 1990, 1993.

by social rituals, fashion, morality, or law, cosmic bodies that metonymically replicate the universe as a whole and figure ontological meaning, as well as subterranean bodies expressing human fears and desires. By shifting their readings over time and speaking something other than an author's intentions, texts do their work as concrete bearers of a socially conditioned cultural meaning which shapes individual consciousness. Gender systems are built of such things.

But while gender may usefully be defined as a kind of cultural performance of bodily roles, bringing that perspective to a study of health and disease raises questions about the limits of the cultural constructionism that has been such a powerful stimulus to body history. As the historicity of the body is affirmed, problems of interpretation become epistemological. Essentialist categories constructing identity out of the presumably natural bodily characteristics of race, gender, or demographic population disappear, but along with them I find also disappearing any body knowable in its materiality to be part of a stable epistemological order. This debate has produced an impasse between those who maintain a positivist commitment to nature as bioscience defines it and radical relativists whose skepticism is bolstered by Marxist or phenomenological epistemologies.

I could speculate about why such a deconstructionist strategy has been especially attractive to recent feminist theorists and others struggling with the contradictions of today's identity politics. While this position is a tempting one for some, many social historians and anthropologists of medicine try to relativize post-Enlightenment scientific understandings of the body without rejecting the knowability of a natural world, including a corporeal body, to which the language of health and disease refers. Thus Charles Rosenberg prefers to say that culture "frames" disease rather than "constructs" it, while Margaret Lock, speaking of "cultures of biomedicine," argues that though there may be no "real biology out there entirely separate from the way in which we apprehend it," it is also mistaken to speak of biology as purely representational, knowable only through culturally plastic discourse.<sup>18</sup>

On the one hand, the body cannot be considered an object. The word itself is shorthand, a product of limitations of English that do not hobble the Chinese *shen* (or the German *Leib*, for that matter). Just as *shen* is sometimes translated "body/person," and just as *Leib* refers to the sentient living organism rather than the physical object that is the German

18. Rosenberg and Golden 1992; Lock 1993.

*Körper*, so the real subject here is an embodied and functioning human being bounded more profoundly by time than by space, shaped more deeply by the processes leading from birth to death than by the structures of size, shape or volume encasing her.<sup>19</sup> But on the other hand, basic bodily functions—menstruation, conception, childbirth, lactation—cannot be treated just as the products of the languages through which they become culturally known. As functions that human beings in some sense share with animals, they stand across cultures as stable, materially grounded forms of human embodiment. There is a limit to the ways in which Chinese bodies are different from our own—or from each other. Boundaries of gender, too, appear more stable when the subject is a gestational body as opposed to a body of generation or the body erotic.

## Textuality, Language, and Experience

Finally, in returning to discourse, I am made to recognize how my themes—history and medicine on the one hand, and gender and the body on the other—both require consideration of problems of textuality, language and experience. First, whatever the body may be, it enters culture as soon as we begin to speak of it. Here the theoretical problems of the knowability of an “objective” body intersect in an interesting way with the historiographical problems of the knowability of the past. I think historians have to believe that the texts they analyze are necessarily incomplete traces of past lives. The medical writings I discuss here were produced for use as memory aids, as household manuals or other guidebooks, as pedagogical tools, or as reportage of a clinical encounter. To complicate matters further, beginning in the tenth century C.E., print technology became available in China, and the medical system, like other domains of learning, gradually adapted to the shifts in relationship between knowledge and power fostered by print culture, encouraging both the codification of medical classics and the discursive polyphony of mechanical reproduction. Many surviving texts were not originally meant to be public. Printing them often appears to have been something of an afterthought. Some were esoteric writings passed down as part of rituals linking masters and disciples in medical lineages; others were householders’ or clinicians’ notes. I find anonymous and multiple

19. For *shen* see Elvin 1989: 267–349; for *Leib* see Ots 1994: 116–36.

authorship, texts cobbled together out of a shifting bricolage of component antecedents and commentary, many-branched variant manuscript traditions, and everywhere traces of oral transmission via family lineages and personal master-disciple relations. All of these call attention to medicine as a practice carried on outside the text, and to the centrality of the clinical encounters and personal relationships that constructed medical culture not in formal literary discourse but in knowledge-producing practices.

Yet these fragmentary texts also use language in complex ways to evoke the body. Their language about nature, cosmology and events—that is, the language claiming to describe the world beyond the self—is intermixed with a language of symptoms and sensations, words that point to a culturally dense phenomenology of experience. In confronting the language of illness we cannot refer simply to a world “out there”; we must also “read” our own bodies’ realms of sensation, and imagine bodily experience framed in other words than our own. To the extent that the medical language of my texts takes this irreducible form, it constitutes, and does not merely represent, the culturally animated body. Moreover, this phenomenological aspect of language is an invaluable historian’s tool, allowing me to hear the voices of the sick speaking through the doctors’ narratives.

While I privilege language as the vehicle by which the mute presocial body enters the cultural domain, medical language is only partially phenomenological. In thinking about discourse as it shapes bodily experience—the relationship between language and embodied self-fashioning—I read medical language as communicating on three planes: the structural, the phenomenological, and the metaphorical. The first is a language of logical relationships and abstract qualities—claims about “nature” and “science,” if you will. The second is a language of sensation, whereby hidden bodily events are named as symptoms and made a shared social property. This is how sick people and healers arrive at a common understanding of malady and of the processes by which suffering might be relieved. The third dimension, the metaphorical, is important because of the plastic, open-ended way in which words can shift meanings and associations, giving play to a diversity of connotations and associations. Metaphor is a particularly rich shaper of gendered and other social meanings of experience, while also potentially a domain of freedom enabling the new. As metaphor, language often seems to speak the social in ways that reinforce cultural hegemony, but it also may allow subversion, transgression or invention.