

# **Authority or Alternative? Rethinking Gender and the Use of Medical Knowledge in Song China, 960-1279**

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## **Abstract:**

This paper seeks a new approach to studying gender in pre-modern China through a contextual study of Song medicine, in order to highlight the unstable aspects of gender history: the alternatives, the resistance, and the maneuvers, in contrast to the fixed institutional/ideological frameworks. I use medical publications, anecdotal stories, and doctors' notes to examine the nature of Song medical books, the use of medical knowledge, and the actual encounters between doctors and patients. I look for traces of doctors' frustration, patients' resistance, and how women participated in the use and the discussion of medical knowledge. As I observe from the materials, first of all, there is not a coherent or systematic gender differentiation/discourse in Song medical books. Song medical books are open and multi-vocal resources that provided patients with more choices. Second, the state-sponsored compilation and publication of medical books, instead of strengthening the authority of the medical profession, actually increased the accessibility of medical knowledge and exposed it to public discussion, in which women also participated. Finally, patients in the Song, including women, instead of listening to the doctor's words passively, appealed to various sources, did research by themselves, made choices among all the alternatives, and constantly challenged the doctor's authority.

1      Scholars studying pre-modern Chinese medicine have demonstrated its tremendous development during the Tang-Song periods. The two aspects related to gender that have been well studied are the rapid increase in separate prescriptions for women and the establishment of gynecology as a distinct field. These developments coincided with large-scale state projects of compiling and publishing medical books, among which some particularly focused on "treatments for women." In past scholarship, these two phenomena are associated with a process of sex/gender differentiation, a shift in responsibility for reproduction from men to women, and the systemization of medical discourse on the female body. For example, Jen-der Lee focuses on medical innovations from the Tang, concluding that in Tang medicine, men's and women's bodies were essentially differentiated, and that the responsibility for pregnancy gradually shifted from men to women. The increased prescriptions for women's infertility, according to Lee, reflect an increasingly heavy burden and a set of physical and moral regulation of women (Li 316-17, Lee 7-11). Charlotte Furth argues that "treatments for women" had gone through a process of systemization during the Song, characterized by the use of "pattern diagnosis," that is, "a strategy for grouping the multiplicity of individual symptoms into a smaller number of broad categories that in turn could be related to each other dynamically" (65). The female body was presented as dominated by Blood, while the male

body was dominated by qi. Blood and qi are in a hierarchical relationship: Blood is inferior, secondary, and dependent on the qi (70-74).

2 However, the picture would not be complete without considering the nature and use of Song medical compilations. The layout of Song medical books shows a pragmatic and all-inclusive approach that was intended for a popular use. It may be part of the male literate physicians' effort to canonize their own medical opinions, yet it also increased the accessibility of medical knowledge and exposed it to public discussion. Anecdotal stories show that men as well as women all participated in that discussion, and there are cases where female patients contended with doctors based on their understanding of the *materia medica*. How did the large-scale compilation and circulation of medical books which might contain certain gender ideologies actually affect men and women's lives during the Song? How was medical knowledge used and discussed when printing made both old and new ideas more accessible? What can we learn from the dynamics taking place beside the sickbeds? Taking into consideration the circulation of medical knowledge and the actual encounters between doctors and patients may change the way we read gender from medical texts during the Song. I therefore seek a contextual approach to studying gender in Song medicine, in order to highlight the unstable aspects of gender history: the alternatives, the resistance, and the maneuvers, in contrast to the fixed institutional/ideological frameworks.

3 I begin with the framework itself. Using chapters concerning fertility as an example, I analyze the all-inclusive and hybrid nature of Song medical books and the ambiguity of gender differences reflected in those chapters, in order to present those books as open and multi-vocal resources, rather than something that creates or reinforces a systematic gender discourse. Then I will turn to the other side of history-to explore the actual encounters between doctors and patients, and the circumstances where medical knowledge was used and discussed, mostly from *Yijian zhi* (or Record of the Listener, a twelfth-century book recording various anecdotal stories), to call attention to patients' resistance and active participation in their own treatment, as well as the ways medical knowledge provided alternatives rather than imposed authority.<sup>1</sup>

## The Framework

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<sup>1</sup> There are various kinds of "healing" taking place in stories in *Yijian zhi*. Here I only focus on those concerning uses of medical knowledge which comes from what Angela Leung has called, the "scholarly tradition"-that is, materials that were written in standard medical texts, especially those that were compiled, published, and distributed under the patronage of the Song state (375). This is to highlight my point that the authority of "standard" medical knowledge was challenged not simply by the popular or shamanistic (the "non-scholarly") tradition but also by the popular use and discussion of the scholarly tradition.

4 A major difficulty that one encounters when studying Song medical books is that they preserve a large number of texts from previous dynasties without indicating the source, and many of the sources are no longer extant. What is from an earlier tradition and what is a Song invention is not always readily apparent, except for a few cases when the compiler explicitly commented on the development of certain notions or prescriptions, such as Kou Zongshi's comment on the herb Cangzhu-which will be discussed below. This is related to the pragmatic approach of the Song state compilation projects.<sup>2</sup> Such a pragmatic approach produced an all-inclusive yet not so consistent appearance of those books. It would be problematic to interpret gender from Song medical books in a systematic way without considering that those texts often contain disparate information drawn from sources of different time periods.

5 Take one of the grand projects from the Northern Song (960-1126) as an example, *Prescriptions of Sacred Benevolence under the Great Peace* (*Taiping shenghui fang*, compiled in 978-992, published in 992, *Prescriptions of Sacred Benevolence* hereafter). It consists of a long catalog of all kinds of illnesses, brief descriptions of the causes, and lists of all symptoms, prescriptions, and recipes under each category. When it was compiled, the edict ordered all doctors in the Imperial Medical Academy to present recipes handed down from their families. After all recipes were put into categories, the editors then inserted one passage from a Sui dynasty (581-617) book, *On the Origins and Symptoms of Various Diseases* (*Zhubing yuanhou lun*, compiled in 605-617, *Origins and Symptoms* hereafter), in front of each chapter as a brief introduction (Song shi 461.13507). As soon as the book was finished, copies were distributed "all under Heaven." Official copies reached at least all the prefectures, some temples, garrisons, and overseas to Koryo (Song Shi 461.13508, *Song hui yao li* 62.35, 36, 39).<sup>3</sup> In the chapter on disorders of semen, there is a section on "Prescriptions for Depletion, Exhaustion, and Dreaming of Intercourse with Ghosts." A short passage taken directly from *Origins and Symptoms*

Human life comes from the essence of the Five Phases and relies on the divine energy (*shenqi*) of the Five Viscera. When the *yin* and the *yang* forces are ample and balanced, the viscera and bowels are strong, and vicious spirits cannot disturb a person. Yet if one does not rest and ingest regularly, the blood and the *qi* become depleted and weak, then the vicious influence from the Wind (*fengxie*) takes the opportunity to invade the depleted body, and ghost spirits disturb its regular pattern. This is why those who are exhausted, whose weak viscera are unable to guard the

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<sup>2</sup> As Angela Leung has pointed out, the Song scholarly tradition was "characterized by a highly pragmatic approach, consisting of the study of materia medica and the publication of prescription manuals, as well as an elaborate system of public dispensaries," and that the Song state's interest in publishing medical books "derived less from a philological search for historical authenticity than a desire to promote an image of state benevolence" (375-76).

<sup>3</sup> One story in *Yijian zhi* tells about some supernatural incidents happening in Shuzhou (the Shu Prefecture) in 1146 when the blocks of *Prescriptions of Sacred Benevolence* were reproduced there. *Yijian zhi*, bing, 12.464.</p></div>

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divine energy, are disturbed by vicious spirits and dream of intercourse with ghosts. (*Taiping* 30.857, *Zhubing* 40.2a)

However intriguingly, in the Sui book, this passage is subsumed under the category of "Miscellaneous Illnesses of Women." When it appears in this Northern Song book, it is put into the section on men's disorders. Similar passages also appear in other Song books explaining women's symptoms of this kind (*Nüke baiwen* 1.61a, *Furen daquan* 6.12a). If the same description of causes could be used rather loosely for either men's or women's disorders, it seems that some gender division that existed in earlier dynasties was not reinforced and, quite the opposite, was even blurred in Song medical books.

6 According to the chapter on semen disorders, a brief description outlines six prescriptions and their corresponding symptoms. All the symptoms listed are those that can easily be recognized by patients such as lack of strength in limbs, itch on the groin, and so on, rather than those often used by doctors for diagnosis such as the pulse or the coating on the tongue. They were therefore, aside from being doctors' reference, compiled also for patients' information, so that they could fetch certain prescriptions for themselves from a dispensary for example, rather than always going to a doctor.

7 In addition, the opening paragraph of this chapter on men's ailments states that "to strengthen yin brings one children (*qiang yin ling ren you zi*)," suggesting that men's fertility is one of the main concerns for this chapter (*Taiping* 30.836). Fertility is not emphasized only in chapters on women's treatments but also men's, although it does not occupy as much space in men's as in women's.

8 The pragmatic and all-inclusive approach is perpetuated in Southern Song (1127-1279) medical books. A good example is the chapter on "Asking for Progeny (*qiu zi*)" in the *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*, compiled in 1237), where the author lists prescriptions for infertility from both earlier and contemporary books, some dating back as far as the Six Dynasties (220-589). Some of them suggest that men should find women who already had several boys, while others recommend looking over the husband's and wife's dates of birth and their health conditions. Still others advise men to perform good deeds and accumulate merit. All sources are cited in this case, yet the author does not offer any comment or judgment on the divergent information (*juan* 9). It seems to imply that readers of this book are expected to choose for themselves among those different options.

9 Among all the prescriptions listed in this chapter, one is particularly worth noting. This prescription comes from another Song dynasty source, "Prescriptions for Asking for Progeny

and Preserving Life (qiusi baosheng pian fanglun)," and the instruction clearly says that it treats both men's and women's

This prescription treats men's cold and diluted semen, impotence, nocturnal emission, as well as women's leucorrhea, emaciation, and Cold and Hot influences. It also treats those men and women who are depleted because of various damages, night sweats, lethargy, paleness, and a lack of appetite. (9.14b, 16b-17a)

In this case, treatment for women is not separated from men's. There are of course other cases with slight variations in ingredients, and cases where separate prescriptions for women are complemented with different causes of disease in women's and in men's bodies. But the whole spectrum ranging from identical prescriptions to entirely different treatments for men and women coexists in Song medical books.

10 A story was given before the prescription mentioned above telling us where it came from: A man setting off in search of solutions for his lack of sons. He was instructed by an old monk to accumulate good deeds for three years and then finally given this recipe that successfully solved his problem (14b-16a). In this case, "asking for progeny" was certainly not solely women's responsibility. Furthermore, even though there might already be quite a few remedies at hand (since prescriptions on infertility were increasing and the state had been promoting medical books), the man still went out to search for more options, found and tried still another recipe. And this prescription that the man acquired during his travel was in turn incorporated into the state-sponsored medical book. This leads to my main concern in the second part of this paper: medical books as open resources and patients as active participants in their own treatment.

### **Whose Knowledge?**

11 Francesca Bray reminds us in her book, *Technology and Gender: Fabrics of Power in Late Imperial China*, that medical techniques for menstrual regulation, which might cause a miscarriage, could at the same time provide women "room for maneuver" (276, 331-334). Here I search for evidence that shows there was indeed room for patients, men and women, to negotiate and seek alternatives. One story from *Yijian zhi* relates:

When Shi Kangzu was the magistrate of Guangde, he served [the deity] King Zhang piously with caution. Later when he was transferred to Wencui, he had an ulcer on the left side of his chest [...] for half a year he tried hundreds of treatments but none of them worked [...] He then prayed earnestly in front of King Zhang's shrine, and dreamed of [King Zhang] speaking to him: "If you want to recover, just take Xiangfu (Nutgrass Galingale Rhizome, *Rhizoma Cyperi*) along with natural ginger sauce." He woke up and called his son to look it up in the *Classic of Materia Medica*. What the book said about these two ingredients matched his symptoms. He then consulted a doctor, and the doctor also thought that prescription was reasonable. He then removed

the root hair of Xiangfu, soaked it in the ginger sauce, and drank it along with two qian of rice soup. After he took only a few doses, the pus flowed out and the tumor gradually disappeared. He recovered after that. (1794, my translation)

Just as medical books incorporated prescriptions of diverse origins, people in the Song acquired recipes from miscellaneous sources. Unidentified sources were not separated from orthodox ones. Although Kangzu in this story got this recipe from his dream—a mysterious source, one may call it, he was able to analyze the ingredients by using medical classics. He checked medical books by himself before checking with a doctor.

12 Scholars have been debating how to use stories as historical sources from *Yijian zhi*, a book that records "strange" stories the author insists are true. Edward Davis distinguishes *Yijian zhi* from the "*zhiguai*" (or "strange tales") tradition long existing in traditional Chinese literature: "[I]n [*zhiguai*] homodiegetic techniques ('I saw this,' 'I heard this from...') serve the largely heterodiegetic end of sheer storytelling, whereas in [*Yijian zhi*] the homodiegetic aim of telling what happened is, on occasion, shaped by heterodiegetic forms" (18). In other words, "strange tales" are fiction that were told as if they were real, while stories in *Yijian zhi* are aimed at telling unusual but true stories. This definition justifies Davis' use of *Yijian zhi* as one of his crucial sources in studying the practice of spirit-possession rituals in the Song. For me, the usefulness of *Yijian zhi* lies in the unexplained details that the storyteller had taken for granted, and the way that he told the story—the way that he made sense of the unusual. What had been taken for granted in the above story, for example, is Kangzu's ability to look up herbs in medical books and the accessibility of those books.

13 Another story in *Yijian zhi* tells how Kangzu was cured of a twenty-year heart ailment by adopting a prescription from the state-sponsored book mentioned earlier, *Prescriptions of Sacred Benevolence*:

During the reign of Chunxi (1174-1190), [Kangzu] served as the controller-general in Wenzhou. The prefect Han Ziwen saw [his suffering from the disease] and felt sympathy for him, then looked through the section on lumbago in *Prescriptions of Sacred Benevolence*, and showed Kangzu both Cold and Hot causes of the disease and let him choose for himself. Kangzu said: "I am such an old man and have been weak for so long. How would I dare to use prescriptions for the Hot!" He tentatively picked up a prescription from the Cold category, and took it along with antlers. After ten days the pain was eased [...] After more than a month, his crouched back became straight and no longer hurt, and his heart disease was cured as well. He told some doctors about this, and none of them were able to explain what had happened. (1794)

As Robert Hymes has pointed out, in the Song, doctors were not the only group of people with medical knowledge. There is occasionally a "scholar who had learned enough from medical texts to treat his family and friends" (33). Inferring from cases like the two stories

above, one probably would not have to be all that well-learned to consult medical texts. What Kangzu and the prefect did was simply look for specific herbs and prescriptions from the books that responded to the symptoms. Medical texts of this kind were therefore more like reference books than something that had to be studied before use. In addition, as in the previous story, doctors were not portrayed as omniscient, authoritative figures. Rather, it was the patient who looked for opportunities, did research, and made choices. Patients, or non-specialists, occasionally appealed to the "non-scholarly tradition" and some associated with religious activities; nonetheless, as we will see more cases in the next part, non-specialists also encroached on the doctors' professional realm by using knowledge from the "scholarly tradition" and presenting a different perspective on their own treatment. And that, of course, is closely related to the revolutionary development of printing, the state policy of widely distributing their publications, and the largely improved accessibility of medical books by this time.

### **Women in Medical Practice**

14 It is not anything surprising that women in the Song, especially those from the upper class, read books (Ebrey 120-124). Stories from *Yijian zhi* suggest that women held medical opinions as well. And just as we have seen from previous stories, their medical knowledge came from diverse sources, including the "scholarly tradition." In the first story below, the woman's knowledge and ability to talk about medicine is part of the unexplained details that the author took for granted, while in the second story, there seems to be a different angle to telling the story from the two stories of Kangzu.

15 This is the first story: A young official met a lady when touring West Lake, and they developed a romantic relationship. But the man failed to persuade the lady's parents to betroth her to him before leaving for another post. Five years later when he came back, he encountered this lady again and they lived together for half a year. One day the lady suddenly confessed to him that she was in fact a ghost-she had died four years earlier right after he left. She then taught him how to survive intercourse with a ghost:

"My yin influence has penetrated your whole body. You will soon have serious diarrhea. Then you should take only the Stomach-Soothing Powder (*pingwei san*) to nourish and stabilize your essence (*jing*) and blood." Having heard this, the man was stunned for quite a while, and then said: "I once read the episode about Sun Jiuding encountering a ghost in *Yijian zhi*. Sun also took this powder. Yet I thought the properties of the ingredients in this recipe were moderate. How can it be so effective?" The lady said: "It uses Cangzhu (Rhizoma Atractylodis), the highest grade of herbs, to repel malignant influences." (754-55)

Unlike in some ghost stories, the lady in this one is not a spirit coming from nowhere nor a "fox lady" of the sort that often appears in "strange tales." She is the daughter of a gentry family. And the recipe that she suggested, the "Stomach-soothing Powder," is not anything esoteric either, but a classic prescription listed in *Prescriptions of the Medical Bureau for Benefiting the People Under the Great Peace* (*Taiping huimin hejiju fang*, *Prescriptions of the Medical Bureau* hereafter).<sup>4</sup> Furthermore, her pointing out the crucial role of Cangzhu in this recipe echoes the Northern Song imperial doctor Kou Zongshi's comment on this herb in his *Expanded Commentaries of Materia Medica* (*Bencao yanyi*):

Ancient prescriptions and the *Classic of Materia Medica* did not distinguish Cangzhu and Baizhu (Rhizoma Atractylodis Macrocephalae, or Largehead Rhizoma Atractylodis) but simply listed *zhu*. Since the Hermit Tao distinguished two kinds of *zhu*,<sup>5</sup> people often favored Baizhu. Today people simply treasure the rare and only use Baizhu, oftentimes leaving Cangzhu aside. However they do not realize that Cangzhu is the most crucial ingredient in some classic recipes such as the Stomach-soothing Powder and has immediate effect. (7.2a)

According to Kou, it was his insight to recognize the importance of Cangzhu and its medicinal properties. Judging from its insignificance in earlier texts, valuing Cangzhu was very likely a Song development. The lady-ghost's medical suggestion therefore shows that she is not only familiar with the classic tradition but also knowledgeable of new Song development in *materia medica*.

16 The young official's reaction gives us a clue to how to read the story. He was at first stunned at the fact that the woman he had been living with was a ghost, but soon after the shock, he turned to a mundane conversation with the lady regarding the prescription that she offered. Why the lady would know so much about medicine did not bother him. It is almost impossible to precisely estimate how common it was for women in the Song to know medicine, but for this story to make sense to its contemporary audience women had access to medical knowledge.

17 Another even more intriguing story in *Yijian zhi* tells about a sick woman claiming to be possessed by an ancestor's spirit and arguing with the doctor:

The wife of the literatus Li San from Raozhou, née Yang, was the daughter of a government clerk. When she caught an epidemic disease in the spring of the fifth year of Shouxi (1194), the village doctor Zheng Zhuang was summoned to her house, yet her disease did not respond to his treatment. A few days later she suddenly rose up and talked and behaved like a man. She called Li San and said: "I am the spirit of the ancestor whom you enshrine in the main hall. Since you have been sincerely preparing the offerings and worship, I came to help with your wife's disease. You can summon

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<sup>4</sup> HJJF 3.76. First compiled in 1107-10, expanded and distributed throughout the empire by the court during the Southern Song.

<sup>5</sup> Referring to "Baizhu" and "Chizhu" recorded in Tao Hongjing (452-536)'s *Variorum of Materia Medica*.



the doctor again." After a while the doctor came, and Yang scolded him by name. Doctor Zhuang said: "How come you suddenly despise me like this!" Yang responded: "I am a god. Why can I not call you by your name! You constantly use the monkshood (*fuzi*) in prescriptions and cause harm to people's lives. Don't you dare to do that again!" Zhuang denied having used monkshood. Yang said: "It was in the prescription you gave the other day. Why do you lie to me?" Zhuang began to be scared. Yang continued: "Fetch me the Bamboo Leaves and Gypsum Infusion (*zhuye shigao tang*) so that at least it neutralizes [the toxicity of monkshood] and eases [my symptoms.]" Zhuang tried to get out of it by saying: "I do not know the ingredients of this recipe." Yang was infuriated and scolded: "How ridiculous that a doctor does not know this recipe!" She then listed the ingredients and dosage without the slightest deviation [from the standard prescription.] Zhuang then prepared one dose for her. She drank it and fell asleep. When awake she took another dose. The next day her symptoms were gone. (952-53)

Again, this prescription, Bamboo Leaves and Gypsum Infusion, has an orthodox source-it first appeared in an Eastern Han medical classic *Treatises on Cold Damage Disorders* and was included in the Song book *Prescriptions of the Medical Bureau* (2.45). It should not be surprising that members of a gentry family would have a chance to look at the book or have heard of some of the prescriptions. But the main problem is the voice and the gender of the patient, Lady Yang. There are different ways to interpret this story. Should we follow the storyteller's logic, simply regard Yang as a woman possessed by a male spirit? Or are there other possibilities? For example, the woman behaved extraordinarily because of her trance during her illness, and that behavior was interpreted as being possessed when the story was told. Or, one may say, knowing those herbs and prescriptions struck others as being strange, so they readily believed she was not herself-this would be less possible if, as shown in the previous story, people were not surprised at women with medical knowledge. Still another possibility is that she consciously spoke by making use of the ancestor's voice in order to give weight to her opinion on her own treatment-this interpretation offers the possibility of resisting the storyteller's logic and reading women's agency between the lines. In any case, first of all, this story echoes what we have seen earlier, that both old medical classics and new Song compilations are readily accessible for at least the gentry class in the Song dynasty. Men and women are all able to participate in diagnostic discussions and to search for and to choose prescriptions for themselves. Second, although we can never know for sure, there is a chance that Lady Yang in this story was wide awake and speaking out of her own medical knowledge. In that case, the patient can not only resist certain treatment but also give her own opinion on the choice of remedies. She knows medicine better than the doctor does.

18     Aside from anecdotal stories from *Yijian zhi*, we also have a complaint from a doctor's perspective. The Northern Song imperial doctor Kou Zongshi, in the preface of his book

*Expanded Commentaries of Materia Medica*, showed his frustration when treating female patients:

Although treatment for women has been developed into a specific medical specialty, there are cases where the principles of the sages cannot be fully carried out. Women of distinguished families live in the inner quarters. [When consulting with a doctor,] they hide behind the curtain and cover their wrists with a piece of silk. In this way, the doctors can neither observe their complexion nor completely assess the pulse. Two out of the four [crucial elements for diagnosis] are thus unavailable. [...] In cases where the pulse of the patient does not quite correspond to her disease and the doctor cannot see her body and complexion, he can only prescribe according to the pulse. Then how can he give the right prescription? How can he wield his medical skill to the best extent? This is a common complaint among doctors, which they have not been able to solve. [When encountering such a situation,] the doctor unavoidably asks for more details about the symptoms, yet the patient and her family regard his questions as a sign of the doctor's incompetence and are unwilling to take the medicine. There are numerous cases like this. [. . .] This is how difficult it is to treat female patients. (3.1a-b)

As this passage indicates, the doctor did not seem to be able to put much pressure on the patient. Meanwhile the patient's family, rather than pushing her to follow the doctor's instructions, sided with her and mistrusted the doctor's competence-even though the doctor was someone who, like the author of the book, worked in the imperial medical bureau and taught in the medical academy. The doctor in this case put all the blame on the ignorance of the patients and their families. However as we have seen from previous stories, what weakened the physician's authority might not simply be the different expectations between doctors and patients but also the increased accessibility of medical knowledge to the populace. Furthermore, here we see the conflict between two authorities that both attempted to situate women under their own system: the doctor wanted professional access, while the family insisted on protecting their women from inappropriate contact. The two parties that both tended to control (if not "protect") women's body did not work hand in hand but contradicted each other. And the reason that women's treatment was considered "ten times more difficult than men's" (*Beiji qianjin yaofang* 2.16a), at least according to this doctor, was not simply that women's bodies were more complicated or alien to men's, but also the conflict between the two systems, the professional doctor and the gentry, the specialist and the non-specialist.

## **Concluding Remarks**

19 Taking into consideration the nature of the sources and how they were used and discussed in historical context changes the way that we analyze gender from Song medical texts. Several conclusions can be drawn here: First, there is gender differentiation/discourse in

Song medical books, but it is by no means a coherent or systematic set of ideas. Song medical books are open and multi-vocal resources that provide patients with more choices. Second, the state-sponsored compilation and publication of medical books, instead of strengthening the authority of the medical profession, actually increased the accessibility of medical knowledge and exposed it to public discussion, in which women also participated. Last but not least, it seems to me that patients in the Song, including women, instead of listening to everything the doctor says, appealed to written sources, did research by themselves, made choices among all the alternatives, and constantly challenged the doctor's authority. As we see in the last story, the patriarchal and the medical systems seemed to contradict and compete with each other in terms of how they deal with women's bodies. How women responded to those two systems and found their own ways between them is a question I hope to pursue in my future studies.

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