The Menstruating Womb

A Cross-Cultural Analysis of Body and Gender in Hō Chun's Precious Mirror of Eastern Medicine (1613)

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Abstract

This paper analyses body and gender in East Asian medicine through a case study of Hō Chun's 許浚 *Precious Mirror of Eastern Medicine* (*Tongŭi pogam* 東醫寶鑑, first ed. 1613). While Hō Chun's Chinese sources classified menstrual ailments as a disease of women, Hō created a new nosological model that defined menstrual ailments as maladies of the 'womb', an internal body part found in men and women alike. I read back and forth between the *Precious Mirror* and the Chinese sources that Hō Chun cites to analyse the textual and intellectual processes by which he constructed his androgynous, menstruating womb. My findings engage with scholarship on the history of East Asian medical exchanges as well as with scholarship on menstruation, sex, and gender in world medicine.

Keywords

Hō Chun – Tongŭi pogam – menstruation – womb – gender – women's diseases – Chosŏn dynasty – Ming dynasty

Introduction

Where do menses come from, and is menstruation a bodily phenomenon unique to females? Biomedicine says that a uniquely female organ—the uterus—prepares itself for a possible pregnancy each month by

building up a nutrient rich inner lining. If no egg is fertilised, the lining is shed.¹ But historical understandings of menstruation and sex have been far more fluid and diverse. In early modern Europe, humoral theories of the body defined menstruation as but one of the ways that the body could rid itself of impure or excess blood, and women's monthly flows were readily conflated with other forms of spontaneous or episodic bleeding.² In particular, many saw menstruation in women and haemorrhoidal bleeding in men as two manifestations of a single phenomenon.³ In a sinister variant, European anti-Semitic rhetoric claimed that Jewish men menstruated, a sign that they were an impure race and cursed by God.⁴ Even if menstruation was considered a distinctively female phenomenon, therefore, it might not be considered uniquely female. A plethora of historical and anthropological studies has analysed the different ways in which menstruation has been conceptualised and implicated in understandings of gender and the body.⁵ Recent scholarship on the relationship between gynaecology, obstetrics, and state building during Korea's colonial era (1910–45) has shown that menstruation became the focus of intense attention from Korean reformers and Japanese colonial doctors alike. Employing models from biomedical science, they defined menstrual disorders as one of the important 'diseases of women' that could afflict the minds and bodies of Korean wives and mothers and thus impair the modernisation of Korea.

Here I examine medical depictions of menstruation in Korea during a much earlier era, when Chinese classical medicine, not biomedicine, was the dominant point of reference. My case study is Korea's most celebrated medical text, Hŏ Chun's 許浚 (1539–1615) *Precious Mirror of Eastern Medicine* (*Tongŭi pogam* 東醫寶鑑), completed in 1610 and first printed in 1613. The *Precious Mirror* is a particularly useful vehicle for cross-cultural explorations into menses and gender. As is well known, Hŏ Chun cited over 200 medical works in his *Mirror*, mostly Chinese in origin, which he synthesised with Korean medical writings,

1 MedlinePlus 2014.

2 King 1998.

3 Pomata 2001. See also Duden 1991, pp. 115–16; Brain 1988.

4 Katz 1999; Beusterien 1999; Resnick 2000; Balizet 2005.

5 The range of scholarship and methodology in the vast literature on the cultural history and anthropology of menstruation is reflected in edited volumes such as Buckley and Gottlieb 1988, Van de Walle and Renne 2001, and Shail and Howie 2005. For menstruation in China and Taiwan, see Furth 1986 and 1999, Furth and Chen 1992, Wilms 2005, Lee J. 2008, Wu 2010, and Lin 2013; for Japan, Nakayama 2007; and for Korea, Yoo 2008, Kim 2008, and Park 2008 and 2013.

and the text is written almost entirely in Chinese characters.⁶ Furthermore, Hō employed the term 'Eastern medicine' (*tongŭi*) to convey the idea that the *Precious Mirror* represented a distinct current of classical medicine akin to the famous intellectual currents of northern and southern China. In other words, the intellectual authority of Hō Chun's text simultaneously came from its mastery of the Chinese medical corpus and its ability to create a locally-specific form of healing adapted to Chosŏn bodies in the 'East'.⁷ The *Precious Mirror* also circulated widely in China and Japan, forming part of broader Sinophonic discussions about health, disease, and cure.⁸ An obvious question, therefore, is how Hō Chun's depiction of female bodies compared to that of his Chinese sources, and what this might reveal about the range of gendered bodies in East Asian medicine.

In asking this question, I wish to bring Hō Chun's work into conversation with a larger body of comparative scholarship shaped by Thomas Laqueur's influential writings on the 'one-sex' and 'two sex' models of bodily difference.⁹ According to Laqueur, the one-sex model dominated European medicine prior to the eighteenth century. It viewed the male body as the paradigmatic human body, with the female body as but its variant form. By contrast, the two-sex model that supposedly arose to prominence during the eighteenth century saw male and female bodies as intrinsically different. Laqueur's core evidence for the prevalence of the one-sex model included medical descriptions that portrayed the female sex organs as an internal version of the male genitalia, as well as descriptions that likened haemorrhoidal bleeding to menstruation.¹⁰ But Helen King criticises Laqueur's focus on genital anatomy, and she points out that in the Hippocratic tradition, 'women's difference extends beyond the organs of generation to every part of the flesh'.¹¹ Medical perceptions of male-female bodily difference, furthermore, are rooted in 'the centrality of menstruation in the economy of the female body'.¹² Rather than a dominant one-sex

6 Important Korean language studies are Kim 2000; Shin 2001, 2015; Kim, Yoshida, Sakai, et al. 2016; Kim N. I. et al., 2016. For Chinese and English studies, see Che 2001 and Suh 2006, 2017. Hō's section on drugs provides Korean drug names in hangŭl.

7 See Soyoung Suh's analysis of Hō Chun's work in the larger context of historical efforts to define a Korean medical identity. Suh 2006, 2017.

8 For the *Tongui bogam* and the history of East Asian medicine, see Kim, Yoshida, Sakai, et al. 2016; Kim N. I. et al., 2016. For specific information on Chinese and Japanese editions, see also Shin 2015, ch. 11 and Park 2000.

9 Laqueur 1990.

10 Laqueur 2003.

11 King 2013, p. 48.

12 Ibid.

model, King finds that ancient and early modern medicine contained a much wider range of gender models.

Scholars of Asian medical history have also tested Laqueur's one-sex/two-sex narrative and also found it to have limited explanatory utility. Charlotte Furth found that Chinese medical conceptualisations of bodily gender were too fluid and context-specific to be understood in terms of a one- or two-sex model: while Chinese medicine saw male and female bodies as homologous versions of a truly androgynous 'Yellow Emperor's body', the androgyny of this body of 'generation' was challenged at various points by a uniquely female body of 'gestation' defined in terms of childbearing.¹³ Drawing on Furth's work, Kim Ho and Shin Dong-won have also asked how gender may have shaped the nosology of the *Precious Mirror*. One issue is what significance to assign to the existence of separate sections on the diseases of women and the diseases of children. Kim Ho has suggested that the *Precious Mirror* classified diseases according to three types of people—men, women, and children—whose gender characteristics are distinguished by their ability to reproduce as well as their bodily contributions to human reproduction.¹⁴ Shin has criticised Kim's analysis by pointing out that the rubrics of gynaecological and paediatric diseases were already well-established and not novel to Hǒ Chun. Furthermore, Shin argued that the supposed tri-partite division between men, women, and children was undermined by the fact that Hǒ Chun assigned the 'womb' (K. *po*, Ch. *bao* 胞) and the 'breast' (K. *yu*, Ch. *ru* 乳) to his chapters on the body's 'internal landscape' (K. *naekyǒngpyǒn*, 內景篇) and 'external form' (K. *oehyǒngpyǒn*, 外形篇), respectively. The fact that these 'female bodily organs' (*yǒsǒng ŭi sinch'egigwan*), were not discussed under the rubric of women's diseases, Shin says, means that for Hǒ Chun, 'gender difference was not the primary criterion, and the [internal or external] location of the bodily organs took precedence in classification [of disease]'.¹⁵

While I agree with Shin's assessment of Hǒ Chun's nosological priorities, I would argue that the way that Hǒ negotiates gender is more complex than has been previously recognised. In particular, we cannot assume that Hǒ Chun himself gendered the womb and breast as 'female'. Indeed, in Shin's most recent study, he notes in passing that the *Precious Mirror* portrays the womb as a 'universal' bodily organ rather than as something specific to women.¹⁶ But the ways in which Hǒ articulated gender and its relevance (or not) to specific as-

13 Furth 1999.

14 Kim 2000, pp. 197–8.

15 Shin 2001, pp. 94–5.

16 Shin 2015, p. 242.

pects of the body still remain to be explored in depth. Beyond discussing how Hō categorised the womb, a consideration of gender also needs to examine the way in which menses figured into Hō's conceptualisation of the body. This becomes particularly clear when we compare Hō Chun's portrayal of 'women's diseases' with that of his Chinese source texts. Chinese writers constructed a model of gender difference predicated on female blood, and they viewed menstrual ailments as an important category of women's diseases. To the extent that the womb was mentioned, it was the bodily space in which conception and gestation occurred. By contrast, Hō Chun omitted menstrual diseases from his discussion on 'women's diseases', and reconfigured menses as a phenomenon of a bodily organ, the womb. In this paper, I will read back and forth between the *Precious Mirror* and its Chinese sources to reveal the epistemological work that Hō did in order to construct this universal, yet menstruating womb. After reviewing the place of women's diseases in the *Precious Mirror*, I examine how Hō both degendered the womb and created a category of menstrual ailments that was textually divorced from the Chinese tradition of 'regulating menses'. I then show how Hō's reconfiguration of menses was consistent with his broader desire to construct a medical system rooted in self-cultivation practices.

Body and Disease in the *Precious Mirror*

Hō Chun was a scholarly physician, born the illegitimate son of a *yangban* (aristocratic, office-holding elite) father and a concubine mother, who was herself the illegitimate daughter of a *yangban* father. While the details of Hō's medical training remain to be uncovered, his trajectory would have been shaped by the fact that as an illegitimate son, he was barred from taking the civil service examinations, but as someone with *yangban* connections on both sides of the family, he would have had access to networks of learning and social influence. Hō Chun's clients included the family of high official Yu Hui-chun 柳希椿, whose recommendation helped Hō obtain a position as an imperial physician around 1571.¹⁷ Hō Chun gained the confidence of King Sŏnjo 宣祖 (r. 1567–1608) after he treated one of the princes for smallpox in 1590, and further when he accompanied the court into exile during the Japanese invasion of Chosŏn in 1592–4. In 1596, the king ordered Hō Chun to compile a medical treatise that would serve as a standard of excellent care. Hō assembled a team of scholarly and court physicians and they created an early outline for the *Precious Mirror*. But when the Japanese again invaded in 1597, the other

17 Suh 2006, p. 75, n. 57. A standard biographical reference is Shin 2001.

physicians dispersed. The king then ordered Hō Chun to complete the text as its sole author, which he did in 1610.¹⁸

Much has been written about the way that the *Precious Mirror* uses body parts and their location as the primary schema for organising its discussion of diseases and treatments.¹⁹ The main division that Hō drew was between the 'internal' or 'external' aspects of the body. While such labels corresponded generally to imagined location, they also drew a distinction between those components associated with vital functions, and those that constituted the physical form.²⁰ The first section of the *Precious Mirror* consisted of four *juan* on the 'Inner Landscape' which detailed the vitalities and components of the body that governed human birth, growth, and senescence. In addition to the body's core animating forces of 'essence' (精 K. *chōng*, Ch. *jīng*), *ki* (氣 Ch. *qì*), and 'psyche' (神 K. *shin*, Ch. *shén*), Hō discussed blood (血, K. *hyōl*, Ch. *xue*) and fluids, the internal viscera, and various phenomena and substances produced by bodily functions (e.g. dreams, phlegm, faeces). The womb was included in this inner landscape. Next came four *juan* on the 'External Form', essentially those components that could be directly seen or palpated. Starting at the top of the body, then moving down and outwards, these chapters listed the parts of the head, neck, torso, and limbs, as well as the material constituents of skin, flesh, bones, pulses, and sinews. The 'breast' as well was included as part of the 'external form'. In these sections on the internal and external body, Hō Chun described the illnesses associated with each aspect of the body as well as the remedies used to treat them. Subsequently, diseases that were not readily associated with a specific bodily component were assigned to a long, 11-*juan* section on 'Miscellaneous Diseases' (K. *Chappyōngp'yōn* 雜病篇).²¹ 'Miscellaneous' did not mean unimportant, however, and this third category included epidemic illnesses and other acute conditions. The tenth *juan* in the section on miscellaneous illnesses is titled 'Women' (K. *Puin* 婦人), thus denoting a class of illnesses specific to females but not reducible to a given body part. Finally, these sections focusing on the body and disease are followed by three *juan* on medicinal 'Decoctions' (K. *T'angaek* 湯液), describing

18 This textual history is described in *Tongŭi pogam*, Yi Chōng-ku, preface dated 1611, preface *juan* (unnumbered), pp. 1a–2a.

19 Detailed analyses included Shin 2009, Shin 2015, ch. 7.

20 Shin 2015, ch. 7.

21 The *Tongŭi pogam* is written almost entirely in Chinese characters. When I am quoting it, I will romanise technical terms according to the Korean pronunciation, but when I quote Chinese concepts or Hō Chun's Chinese source texts directly, I will romanise terms according to the Mandarin Chinese pronunciation.

the proper preparation and use of materia medica and formulas, and one *juan* on 'Acu-moxa' (K. *ch'ing* 鍼灸), describing the therapeutic use of needles and burning mugwort.

The Illnesses of Women

Hǒ Chun's section on women addressed a range of medical challenges directly pertaining to childbearing: promoting male and female fertility and conceiving healthy children; diagnosing pregnancy and discerning the sex and number of foetuses; treating maternal ailments provoked by pregnancy; preventing miscarriage; correctly discerning the time of birth; preventing and managing complications of childbirth; treating post-partum illnesses and discomforts; and providing emergency treatment to newborns. Many of these topics would be familiar to people today, including common maladies like morning sickness and dangerous complications such as a retained placenta and post-partum hemorrhage. Others bespoke a very different view of the body, instructing readers how to change a girl foetus to a male one, for example. Hǒ Chun's therapies were also diverse, ranging from orally-ingested formulas (composed of single or multiple drugs) to external plasters, and from acu-moxa to Daoist charms. Instructions for promoting safe childbirth, for example, included the use of drugs to slim the foetus and make it slippery. Hǒ also explained the geomantic calculations a family should undertake when orienting the birthing room and burying the placenta, in order to prevent evil spirits and malign forces from harming mother and child. This wide range of concerns and strategies was consistent with those of Hǒ Chun's Chinese source texts and would have been familiar as well to his Chinese contemporaries.

The *Precious Mirror* is densely punctuated by book titles that indicate which source Hǒ Chun is quoting, and Hǒ's chapter on women cited 48 different works from which he drew concepts and medicinal formulas. Table 1 shows the 11 most frequently cited works, all of which were authored by Chinese writers, and all of which would have been standard references in China as well. The one specialised work on women's diseases that Hǒ cited was Chen Ziming's 陳自明 foundational treatise, the *Comprehensive Good Formulas for Women* (*Furen daquan liangfang* 婦人大全良方), completed in 1237.²² Chen Ziming, a

22 It is unclear whether Hǒ consulted the original text, or whether he used an edition of Chen Ziming's work that the Fujianese scholar and medical author Xiong Zongli 熊宗立 produced during the Ming Zhengtong reign (1438–49). The Xiong version is the one that Hǒ names in the list of important medical works at the beginning of the *Precious Mirror*. Although Xiong added commentaries and remedies to Chen's text, he otherwise presented a faithful copy of the original. See Yu 1991, p. 691.

hereditary doctor and a teacher, synthesised his own medical experiences with the work of earlier and contemporaneous writers. His conceptual framework served as a key point of reference for learned Chinese doctors' approaches to women's diseases, and a point of departure for subsequent innovations.²³ The rest of the works in Table 1 were treatises that addressed a wide range of human illnesses, including those defined as particular to women.

Viewed as an ensemble, Hǒ Chun's source texts notably embodied the particular concerns of doctors in China's Ming dynasty (1368–1644), a period of vigorous trade and diplomatic relations between China and its tributary Chosŏn. By the sixteenth century, increasing numbers of Chinese scholars were taking up medicine as an alternate profession when they failed to advance in the examinations. This stimulated the production of new genres of medical texts written by or designed for literate doctors, including 'introductory' medical texts and comprehensive, didactic treatises that covered all aspects of medical knowledge and practice.²⁴ As Fabien Simonis has noted, however, 'many books claiming to be for beginners were sophisticated digests of complex medical teachings; they were not easy "primers", but points of entry into the intricate traditions they summarized'.²⁵ Such was the case with Li Chan's 李梴 (sixteenth century) *Introduction to Medicine* (*Yixue rumen* 醫學入門, first published 1575), the text that Hǒ Chun cited most in his chapter on women. Li's text became one of the most influential medical texts in East Asia, circulating in Tokugawa Japan as well as Ming-Qing China.²⁶ Historians also consider Li Chan's work to be a major influence on Chosŏn medicine, even describing it as playing 'a decisive role' in the compilation of the *Precious Mirror*, for it provided a systematic distillation of Chinese ideas that Hǒ Chun could then reconfigure according to his own perspectives.²⁷

A central concern of Ming medicine was how to apply the innovative yet often conflicting doctrines proposed by famous doctors of the Jin-Yuan era (1115–1368). Particularly influential was the Yuan dynasty doctor Zhu Zhenheng 朱震亨 (1282–1358, style name Danxi 丹溪), who was famous not only for his teachings on bolstering vulnerable bodily yin, but also for championing a syncretic approach that sought to meld the finest teachings of all

23 For Ming dynasty revisions of Chen Ziming's treatise, see Yu 1991, Furth 1999, and Wu 2010.

24 Wu 2010, chs. 1 and 2; Leung 2003.

25 Simonis 2010, p. 144.

26 See extant editions in Xue 2007.

27 Cha et al. 2007, p. 6. See also Hong et al., 2016.

TABLE 1 *Texts cited in Hō Chun's chapters on women's diseases*

Author, Title (date compiled or first published)	Citations: teachings	Citations: remedies	Total
Li Chan, <i>Introduction to Medicine</i> (1575)	55	57	112
Chen Ziming, <i>Comprehensive Good Formulas for Women</i> (1237)	36	35	71
Zhu Zhenheng (1282–1358), attrib. <i>Danxi's Essential Methods</i> (1450–6)	24	40	64
Yu Tuan, <i>Correct Transmission of Medical Learning</i> , (1515)	22	36	58
Tang Shenwei, <i>Materia Medica for Emergencies, from the Classics and the Histories, Arranged by Category</i> (late eleventh to early twelfth century)	2	53	55
Wei Yilin, <i>Efficacious Formulas from a Hereditary Medical Family</i> (1337)	17	29	46
Lou Ying, <i>Compendium of Medical Learning</i> (1396)	9	16	25
Gong Xin, <i>A Mirror of Medicine, Ancient and Contemporary</i> (1576)	6	16	22
<i>Formulary of the Imperial Pharmacy for Supreme Harmony and Benefitting the People</i> (twelfth to mid-thirteenth century)	13	8	21
Gong Tingxian, <i>Cures for the Myriad Diseases</i> (1587)	8	9	17
Wang Shuhe, <i>Classic of the Pulses</i> (third century)	14	2	16
Seven texts cited 5 to 8 times; Fourteen texts cited 2 to 4 times; Seventeen texts cited once			

previous masters.²⁸ Hō Chun's chapter on women's diseases quoted extensively from *Danxi's Essential Methods* (*Danxi xinfa* 丹溪心法), a compilation produced by Zhu's followers during the mid- to late fifteenth century, as well as

28 For the influence of Danxi syncretism and further details on the key texts in this tradition, including those discussed here, see Simonis 2010, ch. 5 and Simonis 2015.

from comprehensive treatises that self-consciously employed Zhu's syncretic approach. These included the *Systematic Outline of Medical Learning* (*Yixue gangmu* 醫學綱目), by Lou Ying 樓英 (1332–1400), a student of Zhu Zhenheng, and the *Correct Transmission of Medical Learning* (*Yixue zhengchuan* 醫學正傳 (1515), written by the physician Yu Tuan 虞搏 (1438–1517), whose great-grand-uncle reportedly studied medicine with Zhu Zhenheng. The wide-circulating texts by Gong Xin 龔信 (sixteenth century) and his son, Gong Tingxian 龔廷賢 (ca. 1522–1619), both of whom had served in the imperial medical service, were also comprehensive syntheses that melded classical teachings with the doctrines and experiences of historical and contemporary masters to establish systematic guidelines for diagnosis and therapy.²⁹ In short, the Chinese texts that Hǒ used to compile his writings on women's diseases—and indeed the *Precious Mirror* itself—embodied the most important intellectual currents of Chinese classical medicine as it was understood in his lifetime.

Textual Adaptation

As other scholars have documented, Hǒ Chun actively modified, combined, and rearranged passages from Chinese writings to fit his own medical priorities. With respect to women's diseases, an illustrative example of how thorough these changes could be is Hǒ's revision of the famous essay 'A Discussion of the Ten Types of Birth' (Ch. *Shichan lun* 十產論) by the scholar and medical expert Yang Zijian 楊子建 (fl. 1098).³⁰ Yang's essay survives because it was anthologised in Chen Ziming's gynaecological text. Its original ten topics described the course of normal childbirth as well as how to manage common complications and malpresentations. Chen Ziming also appended an eleventh topic on uterine prolapse during labour ('platter intestine' birth). While Yang's essay assumed that any manipulation of the baby would be carried out by a midwife, it also assumed that male readers should be familiar with these procedures. Furth notes that Chen's text represented a peak of Chinese scholarly male medical interest in the manual aspects of childbirth that waned markedly in subsequent eras.³¹ To the extent that later Chinese doctors discussed manual obstetrics, they largely repeated Yang Zijian's essay.

29 For the history of these works, see *Gong Tongxian yixue quanshu*, pp. 1409–13.

30 For the evidence pertaining to Yang Zijian's background and medical writings, see Ng 2013, pp. 112–40.

31 Furth 1999.

Hǒ Chun provides a version of this essay, titled ‘Ten Manifestations of Childbirth’ (K. *ship san hu* 十產候) in his chapter on ‘women’.³² He notes that these ten topics were drawn from *Good Prescriptions*, and indeed his ‘Ten Manifestations’ covered almost all of the same topics as Yang Zijian’s essay. However, Hǒ altered the content and organisational logic of the Chinese original. For example, he adds descriptions that were not in Yang’s original, including an entry on giving birth in a ‘lying down’ position.³³ Hǒ also completely rearranged the order of Yang Zijian’s topics (see Table 2). In Yang Zijian’s original, the first topic described normal, smooth birth, and the next two topics described the main ways that the birthing process could be subverted—by the mother pushing too early in labour (‘injurious birth’) or by labour simply being protracted (thus requiring ‘expedited birth’). Yang’s fourth and fifth topics then described how to mitigate the danger that excessively hot or cold weather posed to the *qi* and blood of the birthing mother. One could call these first five topics ‘peri-obstetrical’ issues, in that they discussed physiological and environmental factors that could affect the course of labour. Only in the second half of the list did Yang turn to the issue of manual obstetrics—how the birthing attendant should correct the position of a malpresented baby—and the squatting position that a woman should adopt in labour.

By contrast, Hǒ Chun’s version foregrounded manual obstetrics. Like Yang Zijian, he started by describing normal birth. However, Hǒ Chun then turned to the ‘sitting’ and ‘lying down’ positions for birth, followed by the topics on managing malpresentation. The peri-obstetrical topics that Yang Zijian had privileged were relegated to the second half of Hǒ Chun’s version. Particularly noteworthy is Hǒ Chun’s comparative lack of interest in ‘injurious birth’, Yang’s second topic, where the mother pushed too early in labour and caused the

32 *Tongǔi pogam*, ‘Miscellaneous Illnesses’, j.10, pp. 19a–20b. The *juan* in of each of the *Tongǔi pogam*’s five sections are separately numbered, so I will provide section titles as well as the *juan* and page numbers.

33 Hǒ attributes ‘lying down birth’ to Chen Ziming, but it is not in Chen’s text. One possibility is that Hǒ derived this description from the writings of Wei Yilin, who notes that women give birth in either a squatting or lying down position. *Shiyi de xiaofang*, j.14, p. 701. It must be noted that there are other discrepancies in the way that Hǒ Chun cites his Chinese sources in ‘Ten Manifestations of Childbirth’. In particular, while the opening remarks say that the first ten topics came from *Good Prescriptions* and two additional entries from Gong Tingxian’s *Cures for the Myriad Diseases*, the main discussion attributes specific entries to Yu Tuan’s *Correct Transmission* and Li Chan’s *Introduction to Medicine*. An obvious explanation is that these are editorial errors arising during the long process of compiling the *Precious Mirror*. Bibliographic errors notwithstanding, ‘Ten Manifestations’ is clearly meant to be understood as Hǒ Chun’s rendering of the Yang Zijian essay.

TABLE 2 *Comparison of Yang Zijian and Hǒ Chun's Enumerations of the Ten Manifestations of Childbirth*

Yang Zijian's topics	Hǒ Chun's topics
(1) Proper birth (Ch. <i>zheng chan</i> 正產)	(1) Proper birth
(2) Injurious birth (Ch. <i>shang chan</i> 傷產)	(2) Sitting birth
(3) Expedited birth (Ch. <i>cui chan</i> 催產)	(3) Lying-down birth (K. <i>wa san</i> 臥產)
(4) Frozen birth (Ch. <i>dong chan</i> 凍產)	(4) Transverse birth
(5) Hot birth (Ch. <i>re chan</i> 熱產)	(5) Reversed birth
(6) Transverse birth (Ch. <i>heng chan</i> 橫產)	(6) Tilted birth
(7) Reversed birth (Ch. <i>dao chan</i> 倒產)	(7) Obstructed birth
(8) Tilted birth (Ch. <i>pian chan</i> 偏產)	(8) Platter intestine birth
(9) Obstructed birth (Ch. <i>ai chan</i> 礙產)	(9) Hot birth
(10) Sitting birth (Ch. <i>zuo chan</i> 坐產)	(10) Frozen birth
(11) Platter intestine birth (Ch. <i>pan chang chan</i> 盤腸產)	(11) Injurious birth
n/a	(12) Expedited birth

baby to get stuck in an incorrect position. By Hǒ Chun's time, Chinese male doctors routinely warned about the dangers of pushing too early, which they saw as a major cause of difficult labour.³⁴ Such authors included Yu Tuan, whom Hǒ Chun cited frequently in his discussion of women's diseases.³⁵ But Hǒ provided only a curtailed version of Yang's original discussion of pushing too early and moved the topic to 11th place in his list of 12 topics.

Hǒ's changes are particularly interesting because they also contrast with the choices made by other doctors. One point of comparison is an earlier Chosŏn author, the fifteenth-century royal doctor No Chung-rye 盧重禮. In *A Record of the Essentials of Childbearing* (*Taesŏn yorok* 胎產要錄) of 1434, No discussed the first five peri-natal topics from Yang's essay in their original order, but omit-

34 Wu 2010, ch. 5.
35 For Yu's discussion of pushing too early, see *Xin bian yixue zheng chuan*, j. 7, pp. 43b–54b. According to bibliographic catalogues, this is the earliest extant complete edition of Yu Tuan's work. See, for example, the relevant entries in Zhongguo yiji dacidian bianji weiyuan hui 2002 and Xue 2007.

ted the descriptions of how manually to correct the baby's position.³⁶ Another point of comparison is the seventeenth-century Chinese author Xiao Xun 蕭熏. In his *Canonical Teachings on Medicine for Women* (*Nüke jinglun* 女科經論, 1684), Xiao only discussed two of Yang's topics—childbirth during cold or hot weather—explaining that these were 'within the doctor's [sphere] of using drugs to regulate and protect'. As for the other topics discussed by Yang Zijian, Xiao said, these were 'the affair of the mother in labour and the midwife'.³⁷ While Hō Chun did not explain why he configured Yang Zijian's essay to foreground manual obstetrics, it is reasonable to assume that this also reflected a desire to address a particular audience with a particular set of perceived needs and interests. Additional research will be required to understand fully the socio-medical factors that may have influenced Hō's choices. Meanwhile, however, Hō's reworking of Yang Zijian's essay illustrates how freely he could rearrange Chinese sources to serve his own priorities.

Eschewing the Chinese Model of 'Women's Diseases'

Beyond reorganising specific passages to emphasise different techniques, Hō Chun's gynaecological discussions also deconstructed the overall nosological logic of his Chinese originals. Chinese writers portrayed menses and menstrual ailments as distinctive issues of women, rooted in female blood. But Hō Chun classified menstrual ailments as diseases of the womb, essentially proposing a new way of envisioning gender in the body. To appreciate how he did this, it will be helpful to review what scholars have written about historical Chinese views of menstruation.³⁸

Menses and Blood as the Root of Female Health

Early Chinese medical works focused mostly on issues surrounding conception, pregnancy, and birth, but they also recognised the link between menses and female health and fertility. A canonical description of female sexual maturation from the ancient *Yellow Emperor's Inner Canon: Basic Questions* (*Huangdi neijing suwen* 黃帝內經素問), based on writings from the second to first century BCE, described menarche as one of the phenomena marking female sexual maturation.³⁹ As medical thinkers increasingly investigated

36 *Taesan yorok*, j. 1: pp. 46–50. For details on No and this text, see Lee M. H. 2008.

37 *Nüke jinglun*, j. 5, pp. 7–8.

38 See especially, Furth 1999; Wilms 2007; Lee J. 2008; Wu 2010.

39 Tessenow and Unschuld 2008, p. 620.

female reproductive functions, they expanded their attention to female forms of blood (Ch. *xue* 血). All bodies had 'blood,' conceptualised as the yin form of *qi* and as the body's nutritive fluids, but in women it served as the female reproductive seed and as nourishment for the developing foetus and the newborn. As the influential seventh-century physician Chao Yuanfang 巢元方 explained, the menstrual flow was the surplus blood of the channels which 'ascends as breast milk and descends as menses'.⁴⁰ In his *Treatise on the Origins and Manifestations of the Myriad Diseases* (*Zhubing yuanhou lun* 諸病源候論, 610), Chao Yuanfang discussed almost 130 pathological conditions of pregnancy and post-partum as well as more than 142 'miscellaneous diseases of women' ranging from vaginal discharges to febrile disorders. A few decades later, Sun Simiao's 孫思邈 *Essential Prescriptions Worth a Thousand Gold Pieces for Managing Urgent Situations* (*Beiji qianjin yaofang* 備急千金要方, 651), provided the earliest explicit statement of why one needed a separate category of remedies for women: because 'they differ in experiencing pregnancy, childbirth, and injury from [blood] collapse'. After menarche, women became especially vulnerable to pathological disturbances of yin *qi*, and they were fundamentally also prone to intense and uncontrolled emotions. Thus, Sun explained, women's diseases were more numerous, more deeply rooted, and much more difficult to cure, and required their own prescriptions.⁴¹

When Chao Yuanfang and Sun Simiao wrote about menstrual ailments, they treated them as 'miscellaneous' ailments not specifically associated with pregnancy or childbirth and grouped them together with 'girdle discharges' (*dai xia* 帶下), a general term for pathological gynaecological flows.⁴² During the Song dynasty, however, 'regulating menses' (Ch. *tiao jing* 調經) became an independent category of gynaecological medicine. Doctors seeking to understand the particular medical needs of women pointed out that 'men take *qi* as the main principle, while women take blood as the main principle' (Ch. *nan yi qi wei zhu, nü yi xue wei zhu* 男以氣為主, 女以血為主). All bodies were animated by yin and yang, and *qi* and blood. However, the nosological and therapeutic significance of these phenomena differed according to sex.⁴³ Men were yang and had affinity for *qi*, also yang, while women as yin had an affinity for blood, which was yin.

In Song medicine, this focus on female blood was also accompanied by intensified medical attention to menses. Not only did the state of a woman's

40 *Zhubing yuanhou lun*, j. 37, pp. 7b–11b.

41 Historical analyses of this passage include Wilms 2005, Furth 1999, Wu 2010.

42 Wilms 2005.

43 Furth 1999, esp. ch. 2.

menses reveal the state of her overall health, but pathologies of the menstrual flow could themselves engender other diseases. These perspectives are exemplified by Chen Ziming's *Good Prescriptions*, which presented eight categories of issues that the doctor had to manage to preserve women's health. The very first category was 'regulating menses' and Chen explained that 'when providing medical treatment to women, the first necessity is to regulate the menses, therefore we begin with this'.⁴⁴ Chen's second category addressed the 'multitudinous ailments' (Ch. *zhong ji* 眾疾) that would arise if menses were not regulated. The third was 'seeking descendants' (Ch. *qiu si* 求嗣), because 'the multitudinous ailments having been eliminated, it is necessary to know about seeking descendants'. Only after managing menstruation, in other words, could one talk about pregnancy. Chen's remaining five categories then discussed topics related to pregnancy, childbirth, and post-partum. In sum, Chen presented healthy menstruation as the foundation for female well-being and depicted menstrual disorders as an integral category of gynaecological disease.

Detaching Menstruation from 'Women'

During the Ming, prominent Chinese doctors revised Chen Ziming's approach to female blood in important ways. As Furth has shown, they eliminated or recategorised many of Chen's non-gestation-related 'multitudinous ailments' and reduced the nosological scope of 'female diseases' to those most directly related to childbearing. However, as the number of blood-related diseases shrank, 'menstruation assumed proportionally greater significance'.⁴⁵ Doctors continued to view menstrual illness as a central concern of gynaecology and to follow Chen Ziming's 'menses first' model. This was also the case with those of Hǒ Chun's source texts that were produced after Chen Ziming's work. For example, Li Chan began his 'division of women's medicine' (Ch. *furen men* 婦人門) with a long discussion of 'menstrual manifestations' (Ch. *jing hou* 經候), namely the physiology and pathologies of menses.⁴⁶ Here too, Li pointed out that, 'Women take blood as the main principle' (Ch. *furen yi xue wei zhu* 婦人以血為主). His discussion of menstrual ailments was then followed by two additional sections on other kinds of irregular flows and stagnations of blood related to menstrual irregularity. Only after these discussions of wayward female blood did Li turn to the issue of pregnancy and its complications.

44 In the *Furen daquan liangfang*, these descriptions appear in the 'outline' (*gangmu* 綱目) at the beginning of the text as well as at the beginning of each topical section in the main body of the text.

45 Furth 1999, p. 169.

46 *Yixue rumen*, pp. 406–9.

Hǒ Chun's own chapter on women's diseases also included quotations that described menstrual regulation as the key to promoting female fertility. However, when viewed as a whole—and especially when compared to its Chinese source texts—it manifests a striking lack of attention to menstruation as a medical topic in its own right. It did not discuss the physiology of menstruation, for example, nor attempt to present a systematic nosology of menstrual disorders. Instead, its references to menstruation are subordinate parts of larger discussions of conception and pregnancy. Furthermore, there is a distinct textual and conceptual distance between these quotations and Chinese writings on 'regulating menses'. An illustrative example is the very first entry in Hǒ's section on women, titled 'Seeking Descendants':

The way of producing humankind starts with the seeking of children. Of the methods for seeking children, none is more important than the regulation of menses. Every time one sees a childless woman, it is inevitably the case that her menses are either early or tardy, excessive or scanty, painful prior to the flow or painful after the flow, purple or black, or dilute or congealed, and thereby irregular. If they are irregular, then blood and *qi* will perversely contend with each other, and she will not be able to conceive.⁴⁷

This passage is an almost verbatim citation of the beginning of Lou Ying's discussion of pregnancy.⁴⁸ In Lou Ying's original text, this passage is preceded by dozens of pages on the problem of menstrual irregularity and noxious flows. However, Hǒ Chun did not cite Lou's writings on menses, preferring instead to draw this quotation about menstruation from Lou's section on pregnancy. This bespeaks a kind of nosological segregation, such that references to menstruation in Hǒ Chun's chapters on women are textually divorced from actual Chinese writings on menses as a special female medical problem.

This textual distance also appears in the way that Hǒ quotes Li Chan's writings on conception. The passage from *Precious Mirror* below opens with a mention of menses. However, the sentences in this passage do not come from Li's extensive writings on female menses. Instead, they are plucked from different sections of Li Chan's own discussion of 'seeking descendants', a discussion

47 *Tongǔi pogam*, 'Miscellaneous Illnesses', j. 10, p. 1a.

48 For the passage in Lou Ying, see *Yixue gangmu*, j. 35, pp. 1a–b. Although Hǒ Chun attributes this quotation to *Danxi's Essential Methods*, I have not been able to find an edition of the *Danxi* text that includes this quotation.

which appeared under the rubric of ‘miscellaneous illnesses’ and that was separate from Li’s chapters on women:

The way of seeking descendants is that women’s menses must be regulated, and men’s psyche must be sufficient. Also: the supreme principle is to minimise desires and clear the heart. If desires are few, then one will not recklessly couple. Accumulate *qi* and store up essence, and await the [proper] time to move them. Because of this, one can have children. The reason is that when desires are minimised then the psyche will be complete. Not only will there be many children, but they will be long-lived.⁴⁹

Although this passage begins with a mention of menses, it quickly shifts focus to another issue—excessive or unregulated sexual desire—that Ming Chinese writers saw as a problem of men. During this era, diverse Chinese writings on medicine, reproduction, and ‘nourishing life’ all shared the view that the depletion of seminal essence through unrestrained lust would endanger men’s health and impair their ability to father sons.⁵⁰ Hō Chun’s discussion of ‘seeking descendants’ shared such concerns and devoted a great deal of attention to male inadequacies and their effect on conception. Mentions of menstruation in Hō’s chapter on women thus appeared as part of a larger discourse on fertility, disassociated from the gendered Chinese discourse on female blood.

Menstruation and the Androgynous Womb

The Chinese character for *po* 胞 (‘womb’) was composed of the graph for ‘flesh’ joined to the graph for ‘wrap’, and in Chinese medical literature it was regularly used to refer to the organ that held the developing foetus during gestation.⁵¹ Some scholars have translated *po* as ‘uterus’, the biomedical term for the female reproductive organ.⁵² However, I prefer the translation ‘womb’ because it allows a broader range of literal and figurative meanings. This is important because Hō Chun deliberately portrayed the *po* as something that was universal, and not specific to women. Hō establishes this lack of gender specificity at the very beginning of his discussion with two entries titled ‘The Form

49 *Tongǔi pogam*, ‘Miscellaneous Illnesses’, j. 10. p. 1a, compare to *Yixue rumen*, pp. 403–4.

50 Furth 1999, ch. 6; Grant 2003, ch. 4.

51 For more information on the Chinese medical views of the womb discussed here, see Wu 2010, ch. 3.

52 See, for example, Kim, Cha, et al. 2013, part 1, pp. 480–1.

of the Womb' and 'The Position of the Womb'. His depictions owed much to two overlapping currents of thought and practice: Chinese medical writings that sought to understand the well-spring of life and vitality within the human body; and Daoist writings on internal alchemy (Ch. *neidan* 内丹) that taught male adepts how to achieve transcendence by nurturing gods or immortal embryos within their bodies. In other words, Hō's construction of a de-gendered, yet menstruating, womb owed much to cultivation practices that focused on the male body's generative powers.

The 'Form' of the Womb

Although Hō spoke of the 'form' (K. *hyōngsang* 形象) of the womb, he made no mention of its physical shape. This is noteworthy because Hō had certainly read Chinese medical descriptions of the female childbearing organ. Hō's section on women notably cites two famous descriptions from Zhu Zhenheng, one which said that the 'child palace' (Ch. *zigong*, K. *chagong* 子宮) resembled 'a conjoined bowl with two branches', and another which averred that the sex of the foetus corresponded to which branch of the child palace it occupied, with male foetuses lodging in the left (yang) branch and girls in the right (yin).⁵³ Such writings, however, did not figure in Hō's discussion of the womb, which he portrayed as a locus of generative power that existed in all bodies.

Hō Chun began his discussion of the womb's form with a quotation from the Jin dynasty master Li Gao 李杲 (1180–1251, style name Dongyuan 東垣) that described the womb as a master centre of primordial vitalities:

As to the womb, one name for it is the red palace, another name is the cinnabar field, and another is the gate of life. In men, it stores essence and manages transformation, and in women it binds the womb so that there is pregnancy. In all cases it is the source of generation and transformation. It is not part of the five phases, and is neither water nor fire. It is another name for Heaven and Earth, and it resembles the soil of the feminine principle (K. *kont'o* 坤土) generating the myriad things.⁵⁴

Here the womb is described as the place where the cosmic forces of generation unfurled in the human body. When Li Gao said that the womb was synonymous with 'Heaven and Earth' and stood outside the five phases, he also

53 *Tongŭi pogam*, 'Miscellaneous Illnesses', j. 10, p. 9b (discussion of multiple births and hermaphroditism) and j. 10, p. 37b (post-partum diseases). For Zhu's original description, see *Gezhi yulun*, p. 27.

54 *Tongŭi pogam*, 'Inner Landscape', j. 3, p. 37b.

portrayed it as something that pre-existed the formation of the body itself. The structure of this passage also provides clues to the textual and intellectual process by which this formulation arose in China. Note that Li Gao essentially says, 'the womb ... binds the womb' in women.⁵⁵ Both occurrences of the word 'womb' are represented by the same Chinese character *bao* 胞 and readers may wonder whether Li Gao was being tautological. But this phrasing makes sense when we realise that Li Gao's description synthesised different descriptions of a centre of generative vitality in the body and placed them under the umbrella term 'womb'.

One set of descriptions concerned the 'cinnabar field' (Ch. *dantian* 丹田), located in the lower abdomen below and underneath the navel. This was a key spot where practitioners of Daoist inner alchemy would concentrate and refine their *qi*, creating and nurturing an immortal embryo in order to attain transcendence.⁵⁶ Daoist texts also described the cinnabar field as governing sexual reproduction, with the *Central Scripture of Laozi* (*Laozi zhongjing* 老子中經) explaining that 'in men it stores [seminal] essence, in women it stores the monthly waters, and it is in charge of the birth of children'. In medical works, however, these specific functions were routinely assigned to the so-called 'gate of life' (Ch. *mingmen* 命門), a bodily component whose location and form were much debated. One standard explanation, recorded in the *Classic of Difficult Issues* (*Nanjing* 難經, first century), said that it corresponded to the right kidney:

The two kidneys are not both kidneys. The one on the left serves as the kidney, and the one on the right is the gate of life. The gate of life is the place where the spirit-essence lodges, and where original *qi* is bound. Therefore men use it to store essence and women use it to bind the womb.⁵⁷

These similarities in the standard descriptions of the 'cinnabar field' and 'gate of life' allowed doctors like Li Gao to conclude that they were using different names for the same thing. Li Gao made 'womb' the default term, and 'cinnabar field' and 'gate of life' into alternate names for the 'womb'.⁵⁸ Thus, when he said

55 For Li Gao's original, see *Lanshi micang*, second *juan* (*xia*), p. 69b.

56 Strictly speaking, there were three cinnabar fields, but this is a reference to the lowest one, which Fabrizio Pregadio notes was the '*dantian* proper'. Pregadio 2008b, p. 302.

57 Translation adopted from Unschuld 1986b, p. 382.

58 Li Gao also lists 'red palace' (*chi gong* 赤宮) as another term for the womb. I have not yet determined the textual origins of this term, but it is most likely related to the Daoist

that 'the womb ... binds the womb' he meant that there was a universal centre of reproductive potentiality that governed the childbearing organ in women.

While Li Gao does not explain why he picked 'womb' as the master term, it appears that he was trying to understand the relationship between foetal gestation and paediatric illness. Li Gao's original description of the womb formed part of a larger discussion about the causes of *ban zhen* 癍疹, a category of dangerous paediatric diseases characterised by the eruption of 'spots' (Ch. *ban*) and 'bumps' (Ch. *zhen*) on the skin.⁵⁹ During gestation, the foetus would eat and drink the 'mother's blood' (Ch. *mu xue* 母血). At the time of birth, some of this blood—now a 'noxious' waste product—would still be in the baby's mouth, and it would be inhaled back into the body when the newborn gave its first cry, lodging in the child's own gate of life. If the child subsequently contracted a severe enough internal disharmony, this noxious blood would erupt and produce skin rashes and bumps.

Li Gao's explanation echoed the teachings about 'foetal poison' (Ch. *taidu* 胎毒) that became particularly salient in Chinese writings on smallpox.⁶⁰ These aetiological concerns also intersected with doctors' intensifying efforts to understand the gate of life and its role in the body.⁶¹ Some medical thinkers adapted views similar to Li Gao, conflating the gate of life with the cinnabar field and the female womb. These notably included Yu Tuan, one of Hō Chun's favoured authors, who argued that the gate of life corresponded to the 'child palace' (Ch. *zigong* 子宮), namely the female childbearing organ.⁶² The persistent appeal of this model is also reflected in the work of the physician and famous medical commentator Zhang Jiebin 張介賓 (1563–1640). In addition to a long essay arguing that the gate of life corresponded to the 'child palace' in women, Zhang added a visual depiction of this 'child palace/gate of life' (Ch. *zigong mingmen* 子宮命門) to his own illustration of the body's 'inner

body god known as the 'red child' (*chizi* 赤子) whom internal alchemy practices aimed to nurture. The *Laozi zhongjing* notably points out that the cinnabar field was the 'official residence' (*fu* 府) of the red child. For the quotation, see topic 17 in the first *juan* of the *Taishang Laojun zhongjing* collected in the *Zhengtong daoze*. For a discussion of the red child and the practices of inner alchemy, see Lagerwey 2004, esp. pp. 159–61 and Pregadio 2006a, pp. 210–13. I thank Michael Stanley-Baker for providing me with these and other helpful references.

59 *Lanshi micang*, second *juan* (*xia*), pp. 68b–70a.

60 For foetal poison, see Furth 1999, pp. 178–82 and Chang 2000.

61 For important developments in the theorisation of the gate of life, see also Leslie de Vries's recent study of Zhao Xianke 趙獻可 (sixteenth to seventeenth century). de Vries 2012, esp. ch. 2.

62 de Vries 2012, p. 13, note 53, p. 96.

landscape'. While it echoed the female uterus in position and shape, Zhang intended it to be a universal organ.⁶³

Hǒ's account of the womb's form thus elevated an idea that had become increasingly salient in fifteenth- and sixteenth- century Chinese medicine: that the childbearing organ in women was a variant of a universal centre of generative energy that also existed in men. In addition to citing Li Gao, Hǒ emphasised the universality of the womb with a subtly modified quotation from the *Inner Canon's* discussion of 'unusual palace organs' (Ch. *qi heng zhi fu* 奇恒之腑). These were body parts that did not fit into the main schema of yin and yang organs and viscera, and they included the so-called 'female womb' (Ch. *nüzi bao* 女子胞). Chinese commentaries on the *Inner Canon* took 'female womb' to be a reference to the place where a foetus grew. But when Hǒ Chun quoted this passage, he omitted the modifier 'female' (*nüzi* 女子), and quoted the classic thusly: 'The *Inner Canon* says that *the womb* stores up yin and resembles earth, and it calls it an "unusual palace organ"' [emphasis added].⁶⁴ Thus, Hǒ transformed the *Inner Canon's* description of a specifically female organ into a description of a non-gendered organ.

The 'Position' of the Womb

At the beginning of his description of the womb's position, Hǒ Chun did mention the female childbearing organ: 'The place where the foetus resides in women is called the "child palace" It is also called "gate of the womb"'. Later in this section, he also mentioned that if the child palace were cold, the woman would fail to conceive. At the same time, however, Hǒ's account of the womb's position is dominated by a description that depicts the 'womb' as a generative centre whose dimensions, location, and colour directly reflect the patterns of the cosmos:

As for the womb, one name for it is cinnabar field, one name is the pass origin (acupoint name). It is three *cun* beneath the navel, square and round [in dimension] to four *cun*. It is in contact with the back and is the redness in the very centre of the space between the two kidneys. The left side is blue-green, the right side is white, the upper part is yellow, and the lower part is black. The three *cun* accord with the three brightnesses [i.e., sun, moon, and stars], the four *cun* accord with the four seasons, and

63 Discussed in Wu 2010, ch. 3.

64 *Tongüi pogam*, 'Inner Landscape', j. 3, p. 37b. The original Chinese passage appears in *Suwen* 11. See Tessenow and Unschuld 2008, p. 636. For Chinese understandings of the womb as a palace organ, see Wu 2010, ch. 3.

the five colours accord with the five phases. The space between the two kidneys is called the great sea, and it stores up the person's blood and *qi*. It is also called the great central extreme. This refers to its being at the centremost place in a person's body when measured from above to below and in all four directions.⁶⁵

Hö attributed this description to Wang Zhizhong's 王執中 *Classic of Supporting Life with Needling and Moxibustion* (*Zhenjiu zisheng jing* 針灸資生經, earliest known printing 1220). However, as with the *Inner Classic* quotation above, Hö altered Wang's original in a subtle yet significant way. Wang's original was actually an account of the 'cinnabar field', not the womb, and it originated in the ancient Daoist classic, *The Central Scripture of Laozi*. Wang Zhizhong had cited the *Central Scripture*'s description in an essay where he argued that the acupuncture point called the 'pass origin' (Ch. *guanyuan* 關元) was in fact the same thing as the cinnabar field.⁶⁶ But when Hö Chun cited Wang Zhizong's passage, he made 'womb' into the master term, and pass origin and cinnabar field into its alternative names.

The Womb as 'Blood Chamber'

Having established the womb as a universal locus of generative vitality, Hö now defined women's menses as a product of this universal womb. He did so in an entry titled 'the womb is the blood chamber', which depicted the womb as a reservoir of blood in both men and women. The crucial conceptual link in Hö's formulation was the intimate relationship between the womb and the so-called 'thoroughfare vessel' (K. *ch'ungmaek*, Ch. *chongmai* 衝脈) which functioned as a 'sea' or 'chamber' of blood in all people, even as it played a special role in female fertility.

Hö began with two canonical descriptions of the thoroughfare vessel's place and role in the body. The first came from the *Yellow Emperor's Inner Canon: Numinous Pivot* (*Huangdi neijing lingshu* 黃帝內經: 靈樞) which said that 'the thoroughfare vessel and the controller vessel arise in the centre of the womb, ascending along the interior of the abdomen to serve as the sea of all the conduits'. Hö's readers would have known that these vessels were two of the so-called 'eight singular vessels' (Ch. *qijing bamai*, K. *kigyöng p'almaek* 奇經八脈) that existed in all bodies. Since they arose from the 'womb', this meant that men and women alike had to have a 'womb'. Next, Hö quoted from the

65 *Tongüi pogam*, 'Inner Landscape', j. 3, p. 38a.

66 *Zhenjiu zisheng jing*, j. 1, pp. 62a–b. For analyses of this passage, see Pregadio 2006b, pp. 139–40; Despeux 1994, p. 75.

Basic Questions' description of menarche and female sexual maturation: 'At two times seven, the "heavenly *gui*" [primordial generative vitality] arrives, the controller vessel is open, the great thoroughfare vessel flourishes, and the monthly affair descends according to the time. Therefore she is able to have children'.⁶⁷ Since the *Basic Questions*' corresponding description of male sexual maturity did not mention thoroughfare and controller vessels, it implied that they played a special role in women. But the accompanying commentary by Wang Bing 王冰 (fl. 762) allowed these gendered aspects to be subordinated to a universal body.⁶⁸ Wang explained that 'the thoroughfare vessel is the sea of blood', meaning that it was the place into which the blood from all the 'channels' (Ch. *jing* 經) of the body would flow. Women's ability to bear children arose from the interaction of this sea of blood with the controller channel 'which masters the foetal wrapper'. Furthermore, Wang pointed out that in healthy women, this channel blood would overflow every 30 days. For this reason, it was referred to as the 'monthly matter'.

Wang's commentary thus allowed menses to be understood as a form of universal channel blood that simply overflowed once a month. Hō reinforced this point with additional quotations, attributed to Lou Ying, which affirmed that the thoroughfare vessel also was the same thing as the 'blood chamber' (Ch. *xueshi*, K. *hyōlshil* 血室). Chinese texts often used the term 'blood chamber' to refer to a generative space in women's bodies, loosely understood to correspond to the womb. 'Heat entering the blood chamber' (Ch. *re ru xueshi* 熱入血室) for example, was a specific disease afflicting women.⁶⁹ However, Hō described the blood chamber as a place into which channel blood flowed and gathered in all bodies—the same function as the sea of blood/thoroughfare vessel. The difference between the thoroughfare vessel in male and female bodies lay simply in whether it moved blood or stored it up:

The thoroughfare vessel is the sea of blood [where] all the channels gather together. In men, it transports and circulates it [blood], and in women,

67 The meaning of *tiangui* was much debated by imperial-era commentators. Unschuld, Tessenow, and Zheng 2011 leave *gui* untranslated, rendering *tiangui* as 'Heaven *gui*'. I have used the reprinted text and adapted the translation from Tessenow and Unschuld 2008, p. 620, and Unschuld, Tessenow, and Zheng 2011, pp. 36–41.

68 In Hō's text, the quotation from the *Basic Questions* and the accompanying commentary are presented together as a quotation attributed to Chen Ziming. *Tongüi pogam*, 'Inner Landscape', j. 3, p. 38b.

69 Wu 2010, ch. 3. The blood chamber could also be invaded by cold. See, for example, Hō's own discussion of these illnesses at *Tongüi pogam*, 'Inner Landscape', j. 3, pp. 50b–51a.

it retains and halts it. In men, because it transports and circulates, there is no accumulation and no filling. In women, because it halts and stops, it accumulates and can fill up. When it is filled, then it will overflow when the time comes.

In short, Hǒ foregrounded the idea that menses was a form of universal channel blood that simply had a different flow pattern depending on sex. This allowed Hǒ to affirm the universality of the womb, detach menses from the category of 'women', and create an aetiological basis for classifying women's menstrual ailments as a disease of the womb.

Hǒ Chun then devoted the remainder of his womb section to the illnesses of this channel blood in women. Here we find the *Precious Mirror's* analogue to Chinese writings on 'regulating menses'. Hǒ described numerous disorders of female flow, including perturbations in periodicity, quantity, or colour and consistency of menstrual flow; menses that were blocked, congealed, or dried up; gushing and dripping blood; and noxious vaginal discharges. In contrast to Hǒ Chun's section on 'women', which mentions menses only as it pertains to infertility, the section on the 'womb' treats pathological menses as a medical problem in its own right. Notably, it suggests that some menstrual ailments are potentially fatal. For example, Hǒ Chun includes a long discussion on the pulse signs associated with irregular menses, and he explains how to use pulse readings to determine if a woman with abnormal menses or other vaginal discharges will live or die.⁷⁰

But although Hǒ's enumeration of menstrual illnesses was similar to those of his Chinese contemporaries, his depiction of menses was conceptually divorced from Chinese constructions that treated female reproductive blood as a site of gender difference. Chinese doctors agreed that blood was the ruling aspect in women and they saw menstrual ailments as quintessential 'women's diseases'. However, Hǒ's section on 'women' focused only on problems directly related to pregnancy and childbirth, and his section on menses did not refer to the rulership of blood. The cosmological models that Chinese texts used to explain the distinct features of female illness apparently held little interest for him.

70 The discussion of menstrual ailments, vaginal discharges, and related ailments appears in *Tongǔi pogam*, 'Inner Landscape', j. 3, pp. 38b–53b.

The Womb and Nourishing Life

What inspired Hǒ Chun to construct an androgynous yet menstruating womb? After all, Hǒ's chapter on 'women' did discuss the link between menstrual regularity and female fertility and it would have been entirely natural to place his discussion of menses there. Part of the explanation clearly lies with what I would call Hǒ's 'structuralist' approach to nosology. As Shin Dongwon has discussed at length, Hǒ started by identifying all the components and structures of the body, then assigned as many illnesses as possible to one of these parts.⁷¹ Only those illnesses that defied direct association with a body part were assigned to the 'miscellaneous' category. Drawing on precedents that allowed the 'womb' to be conflated with the thoroughfare vessel and blood chamber, Hǒ defined the womb as a universal organ whose functions included serving as a reservoir of generative blood. On this basis, he was able to classify menses as a phenomenon of that organ. By contrast, the multifaceted dynamics associated with conception, pregnancy, birth, and post-partum resisted easy association with an individual body part, and these were categorised as 'miscellaneous' diseases affecting a specific patient population (i.e., childbearing women).

But the structuralist explanation does not fully answer the question of why Hǒ elevated the status of the womb, an organ to which the Chinese medical classics paid little attention. I would argue that we must also consider Hǒ's desire to create a system of medicine rooted in the principles of 'nourishing life'. This led him to include things that were important in self-cultivation practices, even if they were relatively unimportant in therapeutic medicine. To show how this logic permeated Hǒ's text as a whole, I will discuss two additional issues that are analogous to Hǒ's portrayal of the womb and menses: his inclusion of 'worms' (K. *chung* 蟲) in the internal body, and his categorisation of post-partum, lactation-related disorders as diseases of an external body part—the breast—rather than as diseases of women.

Worms in the Inner Landscape of Self-cultivation

As other scholars have amply documented, Hǒ Chun's opening chapters on the inner landscape foregrounded the principles of 'nourishing life' (Ch. *yangsheng*, K. *yangsaeng* 養生), an umbrella term for a wide range of mental, physical, and behavioural practices intended to promote well-being, longevity, and even achieve immortality. Although these practices were not unique to Daoism, texts on cultivating life were an important component of the Daoist

71 Shin 2001, 2009, 2015.

canon.⁷² The very term ‘inner landscape’ originated in Daoist texts—Hǒ Chun attributed it to the *Scripture of the Yellow Court* (*Huang ting jing* 黃庭經)—where it referred to the internal realm of the body that adepts needed to envision in order to circulate and concentrate bodily vitalities.⁷³ Thus, while one can certainly characterise the ‘inner landscape’ chapters as a discussion of internal physiology, it was a markedly Daoist form of physiology, one that was shaped by the quest for transcendence and that aimed to optimise bodily health, not simply cure illness.⁷⁴

This focus on nourishing life is also reflected in the kinds of body parts that Hǒ Chun included in his internal landscape. For example, his section on the general ‘form of the body’ (K. *shin heong* 身形), where he explained how to ‘nurture one’s nature’ (K. *yang seong* 養性), included Daoist bodily elements such as the three ‘cinnabar fields’ (Ch. *dantian*, K. *dan jeon* 丹田) and the ‘three passes’ (Ch. *sanguan*, K. *sam guan* 三關) of the back. This clear desire to map out a Daoist body is also an obvious explanation for why Hǒ included an entry on ‘worms’ right after his entries on the internal viscera and the womb. The main focus of the section on worms is how to diagnose and treat ailments caused by parasites, and particularly how to expel the different worms that could be generated spontaneously within the body, ingested via food, or transmitted from a corpse. Shin Dongwon has noted that Hǒ’s ‘inner landscape’ chapters were broadly concerned with things that are products of physiological function or that have some other intimate connection to the bodily viscera and bowels. The discussion of worms is thus analogous to the section on urine and faeces, as all three are aspects of the body related to the internal organs.⁷⁵ However, one must also note that Hǒ introduced the topic of worms with ideas drawn from self-cultivation. Specifically, Hǒ opened his section on worms by discussing the so-called ‘three corpses’ (K. *sam shi* 三尸) and ‘nine worms’ (K. *ku chung* 九蟲), which Daoist texts described as malevolent spirits that inhabited the body and caused a wide range of illness and injury.⁷⁶ Although belief in these worms was by no means unique to Daoism, Daoist texts provide

72 For *yangsheng* and Daoism, see Kohn 1989 and Englehardt 2004. Michael Stanley-Baker argues that there were historically many overlaps and continuities among practices aimed at longevity and those focused on seeking immortality and transcendence. Stanley-Baker 2006, pp. 34–40.

73 *Tongŭi pogam*, ‘Inner Landscape’, j. 1, p. 1a. For the background of the *Huangting jing*, see Robinet 2008, p. 511.

74 For a discussion of how ‘Daoist physiology’ was expressed in the *Tongŭi pogam*’s images, see Shin 2009, pp. 197–200.

75 Shin 2001, pp. 186–7; Shin 2015, p. 242.

76 Pregadio 2008a, vol. 1, p. 79; Cook 2008, p. 844.

particularly rich discussions of them. In fact, Hǒ Chun's description of the three corpse worms cites the Daoist text *Scripture of the Central Yellow* (*Zhonghuang jing* 中黃經).⁷⁷ This and other works detailed the techniques used to rid the body of these worms: fasting and abstaining from grains, meditation and visualisation, breathing techniques, and drugs. The *Scripture of the Central Yellow* also warned that the three corpses would try to derail the adept's practice by disrupting his mental equanimity and tempting him to succumb to food cravings and other desires. In short, a specific aim of self-cultivation practices was to overcome the body's worms. Assuming that Hǒ wanted to create a comprehensive body of 'nourishing life', it was logical to also include a discussion of worms. Hǒ Chun's attention to worms thus resembles his attention to the womb: in both cases, he took an aspect of the body that was important in self-cultivation practices and turned it into a standard part of the internal body.

De-gendering the Lactating Breast

Hǒ Chun detached menses from the category of women's diseases and assigned them to a universal yet menstruating womb. A similar dynamic appears in his categorisation of post-partum breast disorders, which he categorised as ailments of a universal breast. Again, this was a departure from the Chinese model, which discussed post-partum breast ailments together with other post-partum conditions, all categorised under diseases of women. These breast ailments included scanty or blocked breast milk; hot and painful swellings; breast lumps and abscesses; breast drooping; and cracked nipples. Since Chinese doctors defined breast milk and menses as two forms of a single female blood, this classification system made doctrinal as well as practical sense. To be sure, Chinese texts also discussed lumps and growths in the breast (both male and female) under the rubric of 'external ailments' of skin and flesh. However, post-partum breast ailments associated with lactation were primarily defined as disorders of a given patient population (childbearing women), and only secondarily as diseases of a body part (the breast).⁷⁸

Hǒ Chun reversed this Chinese schema, defining post-partum breast disease as primarily an ailment of the breast, and only secondarily as a problem of childbearing women. The discussion of post-partum ailments that appears

77 The full name of the text was *Taiqing zhonghuang zhenjing* 太清中黃真經 (*Perfect Scripture of the Central Yellow of the Great Purity*). Although this text may date as far back as the third or fourth century, the earliest extant version dates from 1028–9. My understanding of this text and its discussion of the three corpses relies on Eskildsen 1994, ch. 2, especially pp. 109–16.

78 Wu 2011.

in Hō's chapter on women briefly described impaired lactation and provided a handful of remedies for bringing down breast milk. However, Hō Chun directed his readers to 'consult the section on the breast' to understand how to employ these methods of bringing down breast milk.⁷⁹ And it was indeed the breast section that presented a systematic discussion of post-partum breast problems and their treatment, including a fuller description of how and why breast milk became blocked, the aetiology of breast lumps and cracked nipples arising from nursing, and instructions for drying up the flow of milk if there was no baby to nurse (for example, in the case of a stillbirth).⁸⁰ In fact, the first five types of illness listed in the breast section were all directly related to post-partum nursing.

As he did with the womb, Hō Chun presented the breast as a universal body part that behaved a certain way in women. His opening description consisted of a terse quotation from the *Numinous Pivot*, stating that 'the space between the breasts [nipples] is nine-and-a-half *cun* in width'.⁸¹ This came from an essay titled 'Bone Measurements' (Ch. *gu du* 骨度), which enumerated the proportions of a standard body, providing doctors with a set of reference measurements that they could use to locate acupoints on bodies of varying heights and girths. By starting this way, Hō Chun emphasised the fact that the breasts were important anatomical landmarks found on all bodies. But the breast (unlike the womb) was readily observable, and the morphological differences between male and female breasts required explanation. Hō addressed this question in the next entry, titled 'Men and women take the kidney-testes and breasts as their root and origin'.⁸² Here again, he drew on descriptions of the body's centres of vitality to subordinate sex-linked differences to a universal body.

First, Hō affirmed that the female breasts and the male testicles served identical functions, namely to be a repository of life-force: 'In men, the kidney-testes are the most important thing, and in women the breasts are the most important thing. They differ in being above and below, but they are identical in serving as the root of life'.⁸³ These beliefs arose from Daoist inner alchemy

79 *Tongǔi pogam*, 'Miscellaneous Illnesses', j. 10, p. 36b.

80 For Hō Chun's section on the breast, see *Tongǔi pogam*, 'External Form', j. 3, pp. 19a–25b.

81 *Tongǔi pogam*, 'External Form', j. 3, p. 19a.

82 The passage uses the word *shen*, which usually refers to the internal organ of the kidney. However, the testicles were routinely referred to as the 'external kidneys' (*wai shen* 外腎). In this passage, it appears that the two are being conflated. However, it is clear that the author also has the physical form of the testicles in mind. To convey this dual meaning, I use the translation 'kidney-testes'.

83 *Tongǔi pogam*, 'External Form', j. 3, p. 19a.

practice and had been circulating since about the late twelfth century.⁸⁴ While men and women could both achieve transcendence by refining bodily *qi*, the alchemical process differed according to sex, involving different bodily substances, pathways, and loci. In brief, men concentrated their seminal essence (the yang manifestation of bodily *qi*), while women concentrated their blood (the yin manifestation of bodily *qi*). Female blood could take the form of menses, but also transformed into breast milk, and the central goal of what became known as ‘female alchemy’ (Ch. *nü dan* 女丹) was to retain and refine these essences within the woman’s body. As Elena Valussi has detailed, the ‘physiology of transcendence for women’ identified the breasts as the source of female *qi*, and the first step was to stimulate and concentrate the *qi* in the breasts.⁸⁵ The final signs of female transcendence would include the total cessation of menses and the shrinking of the breasts.

The fact that the primordial life force resided in women’s upper bodies but in men’s lower bodies also explained why women had protuberant breasts while men did not, and why men had ‘dangling’ genitals while women did not. Although all bodies were animated by the interplay of cosmic yin and yang, the patterns of flow would differ according to whether someone was a woman (yin) or a man (yang). Citing Li Chan’s *Introduction to Medicine*, Hō Chun explained:

Women belong to yin. When yin reaches its extreme, then it must rush upwards from below. Therefore their breasts are large, and their genital gate is shrunken. Men belong to yang. When yang reaches its extreme, then it must sink downwards from above. Therefore they have a dangling genital stalk, and their nipples are shrunken.⁸⁶

In sum, Hō Chun defined the female breast as but one potential physical expression of the generative energy that animated all bodies. This then allowed the baby-feeding functions of the female breast to be subordinated to a universalised breast. In separating the lactating breast and menstruation from the rubric of women’s diseases, Hō Chun eschewed the gendered frameworks of his Chinese sources, which had defined women’s diseases as rooted in female reproductive blood. In Hō’s formulation, the diseases that were unique to women were those directly related to the birth of a human baby, a phenomenon that could not be de-gendered with the available female-male homologies.

84 According to Elena Valussi, the earliest description of the breasts as the root of female alchemical practice appears in the writing of Xue Shi 薛試 (d. 1191). Valussi 2008, p. 72.

85 Valussi 2008.

86 *Tongüi pogam*, ‘External Form’, j. 3, p. 19a.

Conclusion: Cross-cultural Perspectives on Menses, Gender, and Body

In the *Precious Mirror*, Hō Chun created a universal body of cultivation that was maximally capacious, one that could include the womb and worms, menses and breast milk. His references to menstruation and menstrual disorders all describe them as things happening to women, without anything that could be understood as a male form of menstruation. However, instead of categorising menstrual disorders as diseases of women, Hō configured them as the afflictions of a non-gendered body part, the womb. From a cross-cultural perspective, this de-sexing of the menstruating womb is the most distinctive aspect of Hō Chun's construction of bodily gender, contrasting sharply with the gendered constructions of menses and of the womb found in other literate medical traditions. For example, Hippocratic medicine explained that menstruation arose from the special properties of female flesh, which was 'wet, soft, and spongy' and thus absorbed more moisture that needed to be eliminated.⁸⁷ Joan Cadden has also shown that there was great diversity in the ways that the Hippocratic corpus and the writings of Aristotle, Soranus, and Galen understood sex difference, menstruation, and female health.⁸⁸ Yet all of these authors viewed the uterus as a female organ. Even Soranus, who downplayed the importance of menstrual regularity for female health, described menstruation as the product of the female organ of generation.⁸⁹ As for medieval Islamic medicine, Ahmed Ragab argues that there were multiple 'sexscapes', and thus statements about male-female genital homology cannot be taken as evidence for a Laquerian one-sex model.⁹⁰ But even the renowned physician Ibn Sīnā (Avicenna, c. 980–1037), who went further than others in constructing male-female homologies, defined the uterus as a female reproductive organ, and placed his discussion of menstruation in his discussion 'On the conditions of the reproductive organs in females'.⁹¹

Literate Chinese medicine did not identify a specific anatomical substrate for menstruation, but the cosmological affinities between women, yin, and blood supported a medical tradition in which regulating menses was a key component of medicine for women. Hō Chun was well aware of Chinese gyn-

87 King 1998, pp. 39, 51.

88 Cadden 1993, ch. 1.

89 Cadden 1993, p. 28.

90 Ragab 2015.

91 Ragab 2015, pp. 445–6.

aecological discourse, yet he used his broad reading of Sinitic medical literature to construct his own approach to gender difference and women's diseases. Hǒ Chun's *Precious Mirror* thus enriches on-going attempts to understand how East Asian medical inflections of gender resemble or differ from each other as well as from perspectives from other traditions. Furth has showed that in Chinese medicine, yin-yang cosmological thinking simultaneously permitted androgynous and sex-differentiated readings of the body.⁹² I have also argued that the significance of gender difference in Chinese therapeutics is highly context-specific and suggested that we can think of the Chinese medical body as an infinitive verb, to be 'conjugated into male and female, young and old, robust and delicate, Southern and Northern, depending on circumstance'.⁹³ Hǒ Chun's womb, likewise, can be thought of an infinitive womb, with menstruation one of its inflections. The *Precious Mirror* also invites us to think more closely about the fluid boundaries between what Furth has described as the body of 'generation' and the body of 'gestation'. The first focused on the forces of life that allowed human bodies to grow, mature, thrive, and be healthy, while the second focused on the conception and birth of children. Hǒ Chun essentially removed menses from the realm of gestation (explaining women's childbearing functions) to that of generation (explaining the universal origins of human life and growth). The best way to cure menstrual ailments, in other words, was to focus on the factors that nourished or impaired life, rather than on those that affected just female bodies.

More broadly, Hǒ Chun's configuration of female diseases is a useful addition to post-Laqueurian explorations of how gender may be inscribed on the body. Laqueur's 'one-sex model' assumed that the male body was viewed as the standard body, and the female as a variant. However, Gianna Pomata argues that the European discourse of male menstruation actually portrayed female bodies as the model, and male bodies as the variants.⁹⁴ One finds an analogous dynamic in Hǒ Chun's portrayal of the womb, where the female childbearing organ was used as a metaphorical model to describe a centre of generative vitality in men. Simultaneously, however, models of male generativity were read back on to the female body, allowing the female womb to be de-gendered in favour of a universal womb. The case of Hǒ Chun thus underscores the need to look beyond the generative organs in constructions of gender, not least

92 Furth 1999.

93 Wu 2010, p. 232.

94 Pomata 2001.

because even the supposedly female nature of the womb cannot be taken for granted.

Finally, because this paper has tried to explain the way in which Hō Chun adapted and modified Chinese ideas, it has asked why he did not categorise menstrual ailments as a disease of females. But one might equally well ask why certain societies gendered menses as a gynaecological issue in the first place. For example, what social and intellectual factors allowed the menses-centred model to become so dominant in China? The question is especially pertinent in light of Lee Jender's analysis of how the Japanese doctor Tamba Yasuyori 丹波康賴 modified Sui-Tang gynaecology in his famous compendium, *Essential Methods of Medicine* (*Ishimpō*, 醫心方, 982).⁹⁵ The *Essential Methods* cites over 200 Chinese medical works, including important seventh-century texts by Chao Yuanfang and Sun Simiao, who both identified menstrual disease as a key cause of female illness. Among other things, they worried about the problem of cold wind invading the womb, causing menstrual ailments that could trigger other maladies. But Lee finds that the Japanese text *Essential Methods* did not include these descriptions, and instead employed the teachings of Chao, Sun, and others to support the view that childbirth, not menstruation, was the root cause of female difference and sickness. Tamba Yasuyori's childbirth-focused model of female illness, in other words, seems more akin to Hō Chun's approach than to Chen Ziming's menses-first model. Viewed cross-culturally, therefore, we might note that the Chinese gynaecological preoccupation with menses was not a self-evident proposition, but rather an intellectual orientation that needed to be constructed and sustained.

To understand the broader cultural and social dynamics that nurtured these various views will require much additional research. One obvious task is to compare the gendered ideas of the *Precious Mirror* to depictions of gender in other Chosŏn medical works. Hō Chun's work was an important achievement, but the extent to which his specific views are representative of broader trends remains to be determined. One will also need to consider the ways that Chosŏn male doctors may have embraced certain forms of knowledge in order to construct male medical authority in the realm of health care for women. Such strategies have already been documented in other contexts. As Helen King has noted, for example, in sixteenth-century Europe, 'the Hippocratic insistence on women as entirely different from men was repeated as part of a male claim to be able to treat women's diseases more effectively than could illiterate female

95 Lee J. 2008, ch. 9.

healers'.⁹⁶ In sixteenth-century China, the male doctor's supposed superiority over female practitioners came from his mastery of medical cosmology, which allowed him to correctly diagnose and prevent female ailments, including difficult labour.⁹⁷ In the future, it will also be valuable to consider the ways in which the *Precious Mirror* served to articulate a male model of epistemological authority *vis-à-vis* the 'female doctors' (K. *ũinyŏ* 醫女) who played an important role in treating Chosŏn women.⁹⁸ While such topics are beyond the scope of this paper, greater attention to Hŏ Chun's perspectives on women's diseases will help generate useful reference points for future explorations.

Acknowledgements

The research for this paper was funded by the Wellcome Trust Medical Humanities Award 'Beyond Tradition: Ways of Knowing and Styles of Practice in East Asian Medicines, 1000 to the present' (097918/Z/11/Z). During final revisions, I also received some assistance from the National Research Foundation of Korea (Grant Number NRF-20141342, 'Korean Medicine from the Joseon Dynasty to Contemporary Korea: An Anthropological and Historical Investigation'.) Earlier versions of this paper were presented at the 'First International Conference on the *Donguibogam*', Sancheong, South Korea, 2013, and at the 'East Asian Knowledge Production' lecture series at the York University Centre for Asian Research. I wish to thank all the participants for their helpful feedback. I also thank reviewers from *Asian Medicine* and the *Harvard Journal of Asian Studies* for their valuable suggestions on earlier versions of this work. I am grateful to Marta Hanson and Taewoo Kim for their continual encouragement and support during the evolution of this article and to James Flowers for his help with Korean romanisation. Special thanks go to Hye-jin Lee for her invaluable assistance in translating Korean-language scholarship.

Bibliography

Primary Sources

Chaoshi zhubing yuanhou lun 巢氏諸病源候論 (*Master Chao's Treatise on the Origins and Manifestations of the Myriad Diseases*), by Chao Yuanfang 巢元方, compiled

96 King 2013, p. xi.

97 Furth 1999; Wu 2010.

98 Hong 2010.

- 610; revised 1026–7, edited by Wang Jichuan and Fang Kuang (Ming); reprinted in *Siku quanshu*.
- Danxi xinfa* 丹溪心法 (*Danxi's Essential Methods*), attrib. Zhu Zhenheng, first published between 1450–6. Modern critical edition of Cheng Chong (ed.), woodblock edition, 1481 in *Danxi yiji* 丹溪醫集 (*The Collected Medical Works of Danxi*), Beijing: Renmin weisheng chubanshe, 1993.
- Furen daquan liangfang* 婦人大全良方 (*Comprehensive Good Formulas for Women*), by Chen Ziming 陳自明, comp. 1237, revised c. 1265. Modern critical edition of Yuan dynasty Qinyou shutang edition by Yu Ying'ao et al. (eds), Beijing: Renmin weisheng chubanshe, 1992.
- Gezhi yulun* 格致餘論 (*Additional Discourses on Extending Knowledge Through the Investigation of Things*), by Zhu Zhenheng, compiled c. 1347. Modern critical edition of Yuan dynasty woodblock edition reprinted in in *Danxi yiji* 丹溪醫集 (*The Collected Medical Works of Danxi*), Beijing: Renmin weisheng chubanshe, 1993.
- Gong Tingxian yixue quanshu* 龔廷賢醫學全書 (*The Complete Medical Books of Gong Tingxian*), S. Li and Y. Wang (eds), Beijing: Zhongguo zhongyiyao chubanshe, 1999.
- Gu jin yijian* 古今醫鑑 (*Mirror of Medicine, Ancient and Contemporary*), by Gong Xin, 龔信 and ed. by Gong Tingxian 龔廷賢, first published 1576. Modern critical edition of Zhou Sida woodblock edition, Nanjing, 1577 in *Gong Tingxian yixue quan shu*.
- Jingyue quanshu* 景岳全書 (*The Complete Books of Jingyue*), by Zhang Jiebin 張介賓 (1563–1640), comp. c. 1624–40, reprinted in *Siku quanshu*.
- Lanshi micang* 蘭室秘藏 (*Stored-up Secrets from the Orchid Studio*) by Li Gao 李杲 (1180–1251), first published 1276, reprinted in *Siku quanshu*.
- Nike jinglun* 女科經論 (*Canonical Teachings on Medicine for Women*) by Xiao Xun 蕭壘, first published 1684, modern punctuated edition Shanghai: Shanghai weisheng chubanshe, 1957.
- Shiyi dexiao fang* 世醫得效方 (*Efficacious Prescriptions from a Medical Family*), by Wei Yilin 危亦林 (1277–1347), first published 1345. Modern critical edition of SKQS edition, published Shanghai, Shanghai kexue jishu chubanshe, 1997.
- Siku quanshu* 四庫全書 (*Complete Library of the Four Treasuries*). Wenyuange edition, 1782; facsimile reprint published Taipei: Taiwan shangwu yinshuguan, 1986 and electronic version published Hong Kong: Chinese University of Hong Kong and Digital Heritage Publishing Ltd., 1998.
- Taesang yorok* 胎產要錄 (*A Record of the Essentials of Childbearing*), by No Jungrye 盧重禮. Miryangubu woodblock edition, 1434, in the collection of the Gachon Museum, Incheon. Scanned and transcribed text on-line at www.memorykorea.org.
- Tongüi pogam* 東醫寶鑑 (*Precious Mirror of Eastern Medicine*), by Heo Jun 許浚 (1539–1615). Naeüiwon (內醫院 Inner Medical Academy) woodblock edition, 1613, in the

- collection of the National Library of Korea. Scanned text on-line at www.dlibrary.go.kr.
- Wanbing hui chun* 萬病回春 (*Curing the Myriad Diseases*), by Gong Tingxian, 龔廷賢, author's preface dated 1587. Modern critical edition of Ye Longxi woodblock edition, Suzhou, 1588 in *Gong Tingxian yixue quan shu*.
- Xin bian yixue zheng chuan* 新編醫學正傳 (*Correct Transmission of Medical Learning*, newly edited), by Yu Tuan 虞搏 (1438–c. 1517), first published 1515, facsimile edition of 1531 woodblock edition published in *Xu xiu siku quanshu*.
- Xu xiu siku quanshu* 續修四庫全書 (*A Continuation of the Complete Library of the Four Treasuries*). Xu xiu Siku quanshu wei yuan hui. Shanghai: Shanghai guji chubanshe, 1995–2002.
- Yixue gangmu* 醫學綱目 (*A Compendium of Medical Learning*), by Lou Ying, 樓英 (1332–1400). Completed 1396, first printed 1565. Facsimile reprint of 1565 woodblock edition by Cao Zhuo 曹灼. In *Xu xiu siku quanshu*.
- Yixue rumen* 醫學入門 (*Introduction to Medicine*), by Li Chan, 李梴 (c. mid-sixteenth century), first published 1575. Modern critical edition of 1636 edition published Beijing: Zhongguo zhongyiyao chubanshe, 1995.
- Zhenjiu zisheng jing* 針灸資生經 (*Classic of Supporting Life with Needling and Moxibustion*), by Wang Zhizhong 王執中. Earliest known printing 1220, reprinted in *Siku quanshu*.

Secondary Sources

- Balizet, A. 2005, '“Let Him Pass for a Man”: The Myth of Male Menstruation in the Merchant of Venice', in A. Shail and G. Howie (eds), *Menstruation: A Cultural History*, Basingstoke (UK) and New York: Palgrave Macmillan, 200–12.
- Beusterien, J. 1999, 'Jewish Male Menstruation in Seventeenth-Century Spain', *Bulletin of the History of Medicine*, 73 (3): 447–56.
- Brain, J. 1988, 'Male Menstruation in History and Anthropology', *The Journal of Psychohistory*, 15 (3): 311–23.
- Buckley, T. and A. Gottlieb (eds) 1988, *Blood Magic: The Anthropology of Menstruation*, Berkeley: University of California Press.
- Cadden, J. 1993, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture*, Cambridge: Cambridge University Press.
- Cha, W. S., J. H. Oh, H. J. Park, S. W. Ahn, S. Y. Hong, and N. I. Kim 2007, 'Historical Difference Between Traditional Korean Medicine and Traditional Chinese Medicine', *Neurological Research*, 29: sup 1, 5–9, doi:10.1179/016164107X172293.
- Chang C. 2000, 'Dispersing the Foetal Toxin of the Body: Conceptions of Smallpox Aetiology in Pre-Modern China', in L. Conrad and D. Wujastyk (eds), *Contagion: Perspectives from Pre-Modern Societies*, Aldershot, UK: Ashgate Publishing.

- Che, W. 2001, *Xu Jun yu 'Dongyi baojian'* 許浚與『東醫寶鑑』 (*Hŏ Chun and the 'Precious Mirror of Eastern Medicine'*), Beijing: Zhongguo minzu daxue chubanshe.
- Cook, T. 2008, 'Sanshi and jiuchong', in F. Pregadio (ed.), *Encyclopedia of Taoism*, London and New York: Routledge, vol. 2, 844–6.
- Cui W. and X. Cui 2014, 'Shilun Chaoxian yangsheng guan chengli—yi "Dongyi baojian" wei li' 試論朝鮮養生觀成立--以“東醫寶鑑”為例 ('A Discussion of the Formation of 'Nourishing Life' Perspectives in Choseon—A Case Study of the 'Precious Mirror of Eastern Medicine'). In *Di si jie Zhongguo (Chengdu) daojiao wenhua jie: Dao zai yangsheng gaofeng luntan ji daojiao yanjiu xueshu qianyan guoji huiyi lunwen ji* 第四屆中國(成都)道教文化節：道在養生高峰論壇暨道教研究學術國際會議論文集 (Collection of Papers from the Fourth Daoist Cultural Festival of China (Chengdu): 'The Dao is in Nourishing Life' Joint Summit Forum and International Conference on the Frontiers of Daoist Research Studies), Dujiangyan, PRC, 18–20 September, 323–8.
- de Vries, L. 2012, 'The Gate of Life: Before Heaven and Curative Medicine in Zhao Xianke's *Yiguan*', unpublished PhD Dissertation, Universiteit Gent.
- Despeux, C. 1994, *Taoïsme et le corps humain: Le Xiuzhen tu*, Paris: Guy Tredaniel.
- Duden, B. 1991, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, translated by T. Dunlap, Cambridge, MA: Harvard University Press.
- Engelhardt, U. 2004, 'Longevity Techniques and Chinese Medicine', in L. Koh (ed.), *Daoism Handbook*, 2 vols, Leiden: Brill, vol. 1, 74–108.
- Eskildsen, S. 1994, 'Severe Asceticism in Early Daoist Religion', unpublished PhD Dissertation, University of British Columbia.
- Furth, C. 1986, 'Blood, Body, and Gender: Medical Images of the Female Condition in China', *Chinese Science*, 7: 48–51.
- Furth, C. 1999, *A Flourishing Yin: Gender in China's Medical History, 960–1665*, Berkeley: University of California Press.
- Furth, C. and S. Chen 1992, 'Chinese Medicine and the Anthropology of Menstruation in Contemporary Taiwan', *Medical Anthropology Quarterly*, 6 (1): 27–48.
- Goldschmidt, A. 2009, *The Evolution of Chinese Medicine: Song Dynasty, 960–1200*, London and New York: Routledge.
- Grant, J. 2003, *A Chinese Physician: Wang Ji and the 'Stone Mountain Medical Case Histories'*, London and New York: RoutledgeCurzon.
- He, S. 1991, *Zhongguo lidai yixuejia zhuanlu* 中國歷代醫家傳錄 (Record of Medical Biographies throughout Chinese History), Beijing: Renmin weisheng chubanshe.
- Hong S. Y. 2010, 'Chosŏn shidae ūinyŏ ūi chŏngch'esŏng koch'al' ('Dual Identity of Women Doctors in Korean History'), *Minjokmunhwa* (National Culture), 34: 355–94.

- Hong S. Y., M. G. Lee, W. S. Cha, N. I. Kim 2016, 'Imsang haksŭp sŏrosŏ ūi *Ŭihak ipmun ūi kach'i*' ('Examining Distinctive Points of *Introduction to Medicine* [醫學入門, *Yixue rumen*] Through the Clinical Window'), *Taehan hanŭihak wŏnchŏn hak'oeji* 大韓韓醫學原典學會誌 (*The Journal of Korean Medical Classics*) 29 (1): 125–37. doi 10.14369/skmc.2016.29.1.125.
- Katz, D. 1999, 'Shylock's Gender: Jewish Male Menstruation in Early Modern England', *The Review of English Studies*, 50 (200): 440–62.
- Kim, H. 2000, *Hŏ Chun ūi Tongŭi pogam yŏngu* (A Study of Hŏ Chun and the *Precious Mirror of Eastern Medicine*), Seoul: Ilchisa.
- Kim, N., W. Cha, et al., trans. 2013, *Dongui bogam: Treasured Mirror of Eastern Medicine*, 9 vols, Seoul: Ministry of Health and Welfare.
- Kim N. I., K. Yoshida, S. Sakai, et al. 2016, *Tongŭi pogam ūi chisik ch'egyewa Tongasia ūigwahak* (The Knowledge Structure of the *Precious Mirror of Eastern Medicine* and East Asian Medical Science), Sŏngnam: Hangukhak chungang yŏn'guwŏn (Academy of Korean Studies).
- Kim N. I., et al. 2016, *Tongŭi pogam ŭro iruŏjin Tongasia ūigwahak munmyŏng ūi kyoryu* (Inter-civilizational Exchanges of East Asian Medical Science through the *Precious Mirror of Eastern Medicine*), Sŏngnam: Hangukhak chungang yŏn'guwŏn (Academy of Korean Studies).
- Kim, S. 2008, 'Contesting Bodies: Managing Population, Birthing, and Medicine in Korea, 1876–1945', unpublished PhD Dissertation, University of California, Los Angeles.
- King, H. 1998. *Hippocrates' Woman: Reading the Female Body in Ancient Greece*, London and New York: Routledge.
- King, H. 2013, *The One-Sex Body on Trial: The Classical and Early Modern Evidence*, Farnham, Surrey, England and Burlington, VT: Ashgate Publishing.
- Kohn, L. (ed.) 1989, *Taoist Meditation and Longevity Techniques*, Ann Arbor: Center for Chinese Studies, The University of Michigan.
- Lagerwey, J. 2004, 'Deux Écrits Taoistes Anciens', *Cahiers d'Extrême-Asie*, 14: 139–71.
- Laqueur, T. 1990, *Making Sex: Body and Gender from the Greeks to Freud*, Cambridge, MA: Harvard University Press.
- Laqueur, T. 2003, 'Sex in the Flesh', *Isis*, 94(2): 300–6.
- Lee, J. 2008, *Nüren de zhongguo yiliao shi: Han Tang zhi jian de jiankang zhaogu yu xingbie* 女人的中國醫療史—漢唐之間的健康照顧與性別 (*A Women's History of Chinese Medicine and Healing: Health Care and Gender in the Han to Tang Dynasties*), Taipei: Sanmin shuju.
- Lee, M. H. 2008, 'Sejongdae ūi ūigwan No Chung-rye ūi samkwa ūisahak eŭi konghŏn: Hyangyak mit sanbun'kwa ūihak ūi palchŏn kwa kwallyŏnhayŏ' ('Biography of Royal Doctor Noh Jungrye of King Sejong Era and His Contribution to Development

- of Korean Medicine'), *Han'guk Hanŭihak Yŏn'guwŏn Nonmunjip* 韓國韓醫學研究院 論文集 (*Korean Journal of Oriental Medicine*), 14 (2): 1–10.
- Leung, A. 2003, 'Medical Instruction and Popularization in Ming-Qing China', *Late Imperial China*, 24 (1): 130–52.
- Lin, S. 2013, "'Scientific" Menstruation: The Popularisation and Commodification of Female Hygiene in Republican China, 1910s-1930s', *Gender & History*, 25 (2): 294–316.
- MedlinePlus 2014, 'Menstruation', On-line at www.merriam-webster.com/medline-plus/menstruation. Accessed 7 November 2014.
- Nakayama, I. 2007, 'Periodic Struggles: Menstrual Leave in Modern Japan', unpublished PhD Dissertation, Harvard University.
- Ng, M. 2013, 'Male Brushstrokes and Female Touch: Medical Writings on Childbirth in Imperial China', unpublished PhD Dissertation, McGill University.
- Park, J. 2008, 'Corporeal Colonialism: Medicine, Reproduction, and Race in Colonial Korea', unpublished PhD Dissertation, University of Illinois at Urbana-Champaign.
- Park, J. 2013, 'Husband Murder as the "Sickness" of Korea: Carceral Gynecology, Race, and Tradition in Colonial Korea, 1926–32', *Journal of Women's History*, 25 (3): 116–40.
- Park, K. R. 2000, 'Tongŭi pogam ŭi kungnae mit kugoe issŏsŏ ŭi kanhaenge kwanhan koch'al—Il-Chung yangguge issŏsŏ ŭi kanhaeng mit pogŭbe kwanhan munje rŭl chungsim ŭro' (A Bibliographic Study on Tongui-bigan, with a special reference to its influence on Japan and China), *Ŭisahak (Korean Journal of Medical History)*, 9 (2): 141–62.
- Pomata, G. 2001, 'Menstruating Men: Similarity and Difference of the Sexes in Early Modern Medicine', in V. Finucci and K. Brownlee (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity through Early Modern Europe*, Durham, NC: Duke University Press, 109–52.
- Pregadio, F. 2006a, *Great Clarity: Daoism and Alchemy in Early Medieval China*, Stanford, CA: Stanford University Press.
- Pregadio, F. 2006b, 'Early Daoist Meditation and the Origins of Inner Alchemy', in B. Penny (ed.), *Daoism in History: Essays in Honour of Liu Ts'un-yan*, London and New York: Routledge, 121–58.
- Pregadio, F. 2008a, 'Taoist Views of the Human Body', in F. Pregadio (ed.), *The Routledge Encyclopedia of Taoism*, London and New York: Routledge, vol. 1, 75–80.
- Pregadio, F. 2008b, 'Dantian', in F. Pregadio (ed.), *The Routledge Encyclopedia of Taoism*, London and New York: Routledge, vol. 1, 302–3.
- Ragab, A. 2015, 'One, Two, or Many Sexes: Sex Differentiation in Medieval Islamic Medical Thought', *Journal of the History of Sexuality*, 24 (3): 428–54.
- Resnick, I. 2000, 'Medieval Roots of the Myth of Jewish Male Menses', *The Harvard Theological Review*, 93 (3): 241–63.

- Robinet, I. 2008, 'Huangting jing', in F. Pregadio (ed.), *Encyclopedia of Taoism*, London and New York: Routledge, vol. 1, 511–14.
- Shail, A. and G. Howie (eds) 2005, *Menstruation: A Cultural History*, Basingstoke (UK) and New York: Palgrave Macmillan.
- Shin, D. 2001, *Chosŏn saram Hŏ Chun (Hŏ Chun, Man of Chosŏn)*, Seoul: Han'gyŏre Sinmunsa.
- Shin, D. 2009, 'Korean Anatomical Charts in the Context of the East Asian Medical Tradition', transl. Yuseok Kim, *Asian Medicine: Tradition and Modernity*, 5 (1): 186–207.
- Shin, D. 2015, *Tongŭi pogam kwa Tongasia ŭihaksa (The Precious Mirror of Eastern Medicine and the History of Medicine in East Asia)*, P'aju: Tŭllyŏk.
- Simonis, F. 2010, 'Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine', unpublished PhD Dissertation, Princeton University.
- Simonis, F. 2015, 'Illness, Texts, and "Schools" in Danxi Medicine: A New Look at Chinese Medical History from 1320 to 1800', in B. Elman (ed.), *Antiquarianism, Language, and Medical Philology from Early Modern to Modern Sino-Japanese Medical Discourses*, Leiden: Brill, 52–80.
- Stanley-Baker, M. 2006, 'Cultivating Body, Cultivating Self: A Critical Translation and History of the Tang Dynasty *Yangxing yanming lu* 養性延命錄 (Records of Cultivating Nature and Extending Life)', unpublished MA Thesis, Indiana University.
- Suh, S. 2006, 'Korean Medicine between the Local and the Universal: 1600–1945', unpublished PhD Dissertation, University of California, Los Angeles.
- Suh, S. 2017, *Naming the Local: Medicine, Language, and Identity in Korea since the Fifteenth Century*, Cambridge, MA: Harvard East Asian Monograph Series.
- Tessenow, H. and P. U. Unschuld 2008, *A Dictionary of the Huang Di nei jing su wen*, Berkeley: University of California Press.
- Unschuld, P. U. 1986a, *Medicine in China: A History of Pharmaceuticals*, Berkeley: University of California Press.
- Unschuld, P. U. 1986b, *Nan-ching: The Classic of Difficult Issues: With Commentaries by Chinese and Japanese Authors from the Third through the Twentieth Century*, Berkeley: University of California Press.
- Unschuld, P. U. and H. Tessenow, in collaboration with J. Zheng, 2011, *Huang Di nei jing su wen: An Annotated Translation of Huang Di's Inner Classic--Basic Questions*, 2 vols, Berkeley: University of California Press.
- Valussi, E. 2003, 'Beheading the Red Dragon: A History of Female Inner Alchemy in Late Imperial China', unpublished PhD Dissertation, School of Oriental and African Studies, University of London.
- Valussi, E. 2008, 'Blood, Tigers, Dragons: The Physiology of Transcendence for Women', *Asian Medicine: Tradition and Modernity*, 4 (1): 46–85.

- Van de Walle, E. and E. Renne 2001, *Regulating Menstruation: Beliefs, Practices, Interpretations*, Chicago: University of Chicago Press.
- Wilms, S. 2005, "'Ten Times More Difficult to Treat": Female Bodies in Medical Texts from Early Imperial China', *Nan Nü*, 7 (2): 182–215.
- Wilms, S. 2007, *Sun Simiao, Bei Ji Qian Jin Yao Fang: Essential Prescriptions Worth A Thousand Gold for Every Emergency, volumes 2–4 on Gynecology*, Portland, OR: The Chinese Medicine Database.
- Wu, Y. 2010, *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China*, Berkeley: University of California Press.
- Wu, Y. 2011, 'Body, Gender, and Disease: The Female Breast in Late Imperial Chinese Medicine', *Late Imperial China*, 32 (1): 83–128.
- Xue, Q. (ed.) 2007, *Zhongguo zhongyi guji zongmu* 中國中醫古籍總目 (*Catalogue of Ancient Chinese Medical Books in China*), Shanghai: Shanghai cishu chubanshe.
- Yoo, T. 2008, *The Politics of Gender in Colonia Korea: Education, Labor, and Health, 1910–1945*, Berkeley and London: University of California Press.
- Yu, Y. et al. (eds) 1991, *Furen liang fang' jiaozhu buyi* 婦人良方校注補遺 ('Good Formulas for Women' with Annotations and Supplements), Shanghai: Shanghai kexue jishu chubanshe.
- Zhongguo yiji dacidian bianji weiyuan hui (ed.) 2002, *Zhongguo yiji da cidian* 中國醫籍大辭典 (*Comprehensive Dictionary of Chinese Medical Texts*), Shanghai: Shanghai kexue jishu chubanshe.
- Zhongguo zhongyi yanjiu yuan tushiguan (ed.) 1991, *Quanguo Zhongyi tushu lianhe mulu* 全國中醫圖書聯合目錄 (*Union Catalogue of Chinese Medicine Books in Chinese Libraries*), Beijing: Zhongyi guji chubanshe.