

A TEMPORAL REVIEW OF THE STATUS OF WOMEN  
HEALERS IN CHINESE MEDICINE

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The year was 1951, when Adeline Junling Yen, a fourteen year old Chinese girl living in Hong Kong, was summoned from the boarding school to speak with her father about her future. Adeline had won first-prize for a play-writing competition that was open to all English-speaking children between the ages ten and nineteen. She had secretly entered the contest and the award was announced on the front pages of the newspaper. Adeline's father was very happy and proud when he asked her what her plans were for the future. He knew that she wanted a higher education and now that she had won wide acclaim for her talents in writing, an early marriage would not have to be her destiny.<sup>1</sup>

'I've thought about it,' Father announced. 'I'll tell you what the best profession is for you.' I was relieved. I would do whatever he advised. 'You are to go to England with James to study medicine. After you graduate, you will specialize in obstetrics, just like Grand Aunt's best friend, Dr. Mary Ting. Women have babies and someone has to deliver these babies. Women patients prefer women physicians.'<sup>2</sup>

The role of women in Chinese medicine has had a general consistency through much of Chinese history. From the Ch'in dynasty to the mid-twentieth century, women as healers have been confined to the treatment of women and/or children, and in particular, to the treatment of women during the birthing process. It is no surprise that, even though other medical specializations were open to women in Hong Kong, Adeline's classical Chinese father chose this career for his daughter with little input from her.

Throughout most of Chinese history, women have been limited as to what kind of work they could perform outside the home. One of the approved occupations has been that of a healer. There were various kinds of female healers who performed various functions. For example, during the Ming dynasty (1368-1644), women connected to health-care were referred to as "three kinds of old aunties and six kinds of old grannies" (*san gu liu po*).<sup>3</sup> The three aunties were religious specialists: diviners, Buddhist nuns, and Daoist nuns. Some of the kinds of grannies were: shaman healers (*shi po*), medicine sellers (*yao po*), wet nurses (*nai po*), midwives (*wen po*), and medical grannies (*yi po*). The medical grannies were also referred to as female doctors (*nü yi*).<sup>4</sup> Granny (*po*) was a general name for any woman healer no matter what her specialty was. She could specialize as "a pediatrician, a masseuse, one involved in cosmetic surgeries (which here includes footbinding), one skilled in acupuncture and moxibustion, or a wide range of ready-made medicines."<sup>5</sup> The stereotypical granny often performed one to many of these functions so any one title may or may not apply to the woman healer. The phrase – six kinds of old grannies – was a colloquialism that was applied in a blanket fashion to all women healers and was not meant as a statement of categorical segregation. Even women who performed services that were not particularly medical, such as a wet nurse or a matchmaker, could be called an old granny. The majority of these women were considered by their male colleagues to be low class and generally uneducated. Even educated women who were

members of medical families strived to separate themselves from midwifery and the disreputable slang term “old granny.”<sup>6</sup>

The division of specialties had only changed slightly from one dynasty to the next. During the Ch'in dynasty (221-207 BC), the belief in shamans and woman shamans and their magical powers was widespread. There was a general affinity for religious performances. The eldest daughters of common families were set aside to become responsible for conducting religious rites for their families. These unmarried girls were called “children of the shaman.”<sup>7</sup>

The people still strongly believed in magic during the Han dynasty (202 BC-AD 220). Some women became sorceresses. Sorceress is another word for woman shaman. While male sorcerers performed specific sacrifices and focused on the removal of disease, sorceresses concentrated on purification ceremonies to wipe out evil spirits and performed dances in an attempt to control weather. Since the people believed that illness was brought on by evil spirits, the position of a sorceress or woman shaman was considered a health-care profession; however, her status was considered low. Since women from wealthy families were not usually expected to work outside the home, only women from poor families took on this sort of work.<sup>8</sup>

Even though shamanism was the preferred method of healing practice among the populace, physicians did bring a medical balance to the mix. Contrary to the religious fervor of the shamans' medical treatments, the physicians of the Han dynasty diagnosed and treated diseases with careful and logical methodology. They kept case records and lists of prescriptions.<sup>9</sup> Han period essayist Wang Fu wrote about his disgust with the general public's trust in witchcraft rather than physicians for curing physical illness.<sup>10</sup> Regardless of the success of the “humble physicians,” the occult practices remained very popular in Ch'in and Han periods, particularly among officials and the imperial court.<sup>11</sup>

Some women engaged in the higher status profession of a woman physician. Entire families could be promoted in status based on the “professional connections with important families.”<sup>12</sup>

A woman physician was an intimate friend of the wife of the grand general, and through his influence her husband was promoted to a higher post. The brother of one woman physician, who was the personal physician of the empress dowager, was appointed prefect and was later promoted to the post of grand administrator.<sup>13</sup>

During the reign of Emperor Hsiao-wu (140-87 BC), Hsien, the wife of Ho Kuang – Marquis of Po-ling and General-in-chief of the armies of Han – manipulated events so that her small daughter could eventually become empress. The current empress, née Hsü, was pregnant and ill. Hsien advised the woman physician, Shun-yü Yen, to poison the empress. The phrase she used was, “The bearing and suckling of children is the principal cause why ten [women] die and one lives.”<sup>14</sup> Yen complied and pounded up bits of some poisonous shells (*Fu-tzu*) then added this to the “great pill of the Grand Physician.”<sup>15</sup> The empress died and Hsien’s daughter became empress.<sup>16</sup>

Women of the Han period were treated almost exclusively by women healers, particularly by female physicians, and rarely by male physicians. Usually, only a woman could have access to a pregnant empress for medical purposes. This made female healers easy targets as political pawns and they were rewarded for their actions. Male physicians were not entirely barred from treating women; however, according to many recorded case histories of women physicians, women were socially confined to treating women and children. Some lower caste women healers treated low caste men but this was not the standard. The social status of a

woman physician could never be as high as a male physician even with her almost exclusive access to important women. Though women could never be promoted to an official position in politics,<sup>17</sup> the “humble” male physicians of the Han dynasty were not prevented from changing careers to become an official.<sup>18</sup> The possibility of upward mobility for male physicians kept them at a higher status than women. This division became more pronounced in later periods.

State medicine during the Tang dynasty (618-907) was organized around four divisions: pharmacy, acupuncture, massage, and ritual. In the Song dynasty (960-1279) there were nine divisions.<sup>19</sup> In addition to those already listed, some other sections were internal medicine (*neike*),<sup>20</sup> the department of medicine for women (*fuke*),<sup>21</sup> pediatrics (*erke*),<sup>22</sup> and the obstetrical sphere of childbirth (*chanke*).<sup>23</sup>

The Song dynasty became a time when male physicians arose in status, as gentlemen. Northern Song scholar-official Fan Zhongyan, famous for the quote, “If you cannot become a good prime minister you can become a good doctor,”<sup>24</sup> was often cited by other men of his time. Women physicians also rose in status since the social separation between the sexes was less strict than it became in later dynasties.<sup>25</sup> In fact, some male *fuke* practitioners came from a family medical tradition that was founded by an ancestral matriarch. One such woman was Mistress Wang (Wang furen) who established the famous Guo line of *fuke* experts. She had treated the empress and her honors were passed down to her “sons and grandsons.”<sup>26</sup>

It was not uncommon to find a female physician in the Song period, even if a medical essayist used her as a negative moral example. One such case was the Woman Bai, who lived in the capital, and sold abortion prescriptions. One day when she developed terrible headaches, she imagined that the aborted babies were attacking her. She ordered her sons to burn her collection of abortion prescriptions and pursue different careers. Then she died.<sup>27</sup>

While women physicians were higher in status, shamanism as a whole was being debunked by the literati. Chen Aiming, the 13<sup>th</sup> century man responsible for the transmission and survival of the “most concrete guide to the manual assistance of problem delivery found in the entire literate medical corpus,”<sup>28</sup> campaigned against shamanism (*wu*).<sup>29</sup> However, shamanism survived among the common folk.

Women’s medicine became a subject for famous male physicians to study and on which to write medical treatises. In 1184, Chu Tuan-chang wrote an eight chapter treatise on women’s medicine, which includes prescriptions to treat illnesses associated with pregnancy, childbirth, and postpartum. Ch’en Tzu-ming wrote a twenty-four chapter treatise in 1237. He cited earlier authors but put more emphasis on analyzing the subject matter more thoroughly. He also included topics not covered previously, such as infertility.<sup>30</sup> These and other pieces of medical literature became well distributed among the literate public so that men and women who were not physicians by profession became familiar with medical theories.<sup>31</sup> Physicians were not elite in the Song period. Medicine was “a social practice not dominated by the role of the elite doctor, where the management of illness might also appear as a domestic skill as amateur literati learning, as a humble craft or as a religious practice based in ritual.”<sup>32</sup> It became fashionable for literate families to teach their children enough medicine so that it became a domestic skill.<sup>33</sup>

An indication of the success of this approach is an acknowledgment of its continuance. In 1974, at the height of the Cultural Revolution, the widow of Dr. Xia treated her granddaughter Jung Chang with traditional Chinese Medicine while the granddaughter also received Western medical treatment from the hospital. Jung Chang described the experience.

In addition to the Western injections and pills prescribed at the clinic, my grandmother said I needed Chinese medicines. One day she came home

with a chicken and some roots of membranous milk vetch and Chinese angelica, which were considered very (*bu*) healing, and made a soup for me into which she sprinkled finely chopped spring onions. These ingredients were unavailable in the shops, and she had hobbled for miles to buy them in a country black market.<sup>34</sup>

The literate Chinese continued to have access to a large variety of contemporary medical literature during the Ming dynasty (1368-1644), some of the works included “collections of case histories, as well as manuals for household use, reprints of classics, official encyclopedias, almanacs, and works of pharmacy.”<sup>35</sup> The cultural acceptance of the printed medical technologies made physiological medicine more legitimate than the continually relied upon religious healing practices.<sup>36</sup> “Although most elite physicians of Ming-Ch’ing times no longer stressed astrological and demonological influences on either fertility or ordinary illness, they had not abandoned entirely the logic embedded in such beliefs.”<sup>37</sup>

Women physicians were still respectable during the Ming dynasty.

Mistress Xu, the chaste widow who had learned medicine at home as a child, showed that a commoner’s practice of medicine as a trade was not in principle incompatible with female virtue. While Mistress Peng, the eye doctor, caused scandal at court, a Mistress Lu, wife of a man himself in imperial medical service, had served honorably in the palace of

the Yongle emperor (1403-1424) until retiring to her home district. Other stories told of virtuous daughters who assisted their famous physician fathers in medical scholarship. A niece helped Yu Chang to compile his collection of case histories, completed in 1643 – a task often placed in the hands of medical disciples. Zhou Rongqi's two daughters, Hu ("Blessed by Heaven") and Xi ("Blessed by the Gods"), did the colored drawings for his illustrated text on *materia medica*, which survives today as an example of fine Ming block printing. When Wang Zhu, an eighteenth-century physician from Jiading, went blind, he apprenticed his daughter Wang Hengqi as his assistant.<sup>38</sup>

Tan Yunxian was an unusually successful female physician during the mid-Ming period. She followed in the footsteps of her father Tan Gang, who was also very successful. In addition to learning from the approved literati, she also learned the hands-on "domestic patterns of female education" from her grandmother. When her grandmother was about to pass on, she personally handed over her "notebook of proven prescriptions and her apparatus for preparing medicines."<sup>39</sup> When Tan Yunxian was fifty years old, her son published her book, Sayings of a Female Doctor, in which thirty-one cases were recorded. All of the cases were of women. In deed, her practice was confined to women.<sup>40</sup>

In addition to the fact that her clientele were exclusively women, Tan Yunxian most often stayed in her own home while her patients had to come to her. This was a further indication that her position was of a higher status than most female physicians and



midwives. By the Ming period, respectable women performed their work in the inner quarters. The term inner quarters represents a space within a Chinese dwelling or compound in which women were confined. Connecting buildings formed a square about a courtyard and wealthy families had several connecting building squares with courtyards and altogether surrounded by a wall. The buildings at the rear of the complex were considered the inner apartments and were reserved for the women. The women carried on their daily activities entirely behind closed doors and out of the sight of visitors.<sup>41</sup> From the Ming Period all the way through to at least the mid-1950's, there had been "appropriate sexual boundaries for where women should work."<sup>42</sup> A woman committed a sexual transgression whenever she left herself open to the visual appreciation of a man outside of her household. This shame of her loss of sexual virtuosity made her thereafter unsuitable as a potential wife.<sup>43</sup>

Those women who obtained a reputation as a female physician via family connections were most likely to specialize in treating women for anything except childbirth because of the negative social implications.<sup>44</sup> Most of the women healers, or "grannies" were associated with the lower status occupation of midwifery. There was a high demand for women healers to treat women during the Ming period because of the strict sexual segregation.<sup>45</sup> Despite the literary interest in women's medicine, male doctors were forbidden to visit the inner quarters of the imperial palace. The demand for female health-care providers was so great the Ming emperors sent palace maids to the doctors for training.<sup>46</sup>

Since woman doctors were the only ones allowed to practice "hands-on medical technologies like acupuncture, external medicine, and moxibustion," these modalities became associated with the status of women.<sup>47</sup> These modalities, which had been used regularly by men and women alike during the Song dynasty, had almost vanished by the end of the Ming dynasty.<sup>48</sup> These services were continued by certain practicing female healers until they came into fashion again. Midwives had an even lower status

than those women who performed the less invasive medical procedures because midwives were often seen as villains. Though the midwife was usually the only person in a household who could maintain her wits about her during a delivery, and therefore easily take care of the job at hand, sometimes that job included infanticide.<sup>49</sup> In addition, proper or elite women were supposed to be demure and quiescent so when a woman from outside went into a home and took control of the activities at hand, she was viewed as a rather unnatural kind of woman.

The Ch'ing dynasty (1644-1911) brought new changes. The Manchus, an ethnically non-Chinese group, ruled China<sup>50</sup> and ultimately caused a shift in the social relations of the sexes.<sup>51</sup> The Manchus continued the traditional imperial administration that had existed in the Ming dynasty but extended the powers of its Empire via their conquests. They required all males to wear the Manchu queue or pigtail and they tried to force women to unbind their feet. Manchu women did not bind their feet but this tradition was still embedded within the culture of the inner quarters of Chinese women.

During what is known as the High Ch'ing era (c. 1683-1839), women were segregated from men and were held within an idealistic moral code. One way that women were controlled was through the type of work acceptable by the society.<sup>52</sup> All women, respectable women and courtesans alike, were expected to labor with their hands. The labor of the respectable woman was that of sewing, embroidery, rearing silkworms, reeling thread, spinning yarn and weaving cloth. Elite women would oversee servants in these activities.<sup>53</sup> The labor of courtesans was primarily that of evening entertainment and prostitution. The long hours worked were over bearing and affected the health of many of these women. Courtesans were, however, "free of the oppressive bonds of patriarchal families"<sup>54</sup> and appeared to have some autonomy from the rule of any males. Small groups of women lived together and supported one another in their own residence.<sup>55</sup> It may be likely that some of the freely mobile, low caste healing women who worked outside of the home as medical grannies lived as

courtesans, though a courtesan was considered to be “a polluted person, inferior to even the lowliest peasant woman who labored honestly at her spindle and loom.”<sup>56</sup> Perhaps it was just as likely that a woman who performed medical or shamanistic treatments specialized entirely in this line of work.

In 1843, Hung Hsiu-Ch'üan (1814-64) began the Taiping Rebellion in Guangxi province. He was inspired by a vision that was influenced by Christianity. The Taipings believed in a Utopia under the power of Jehovah and they forced their ideals onto all of the people within their realm of power. Men and women were put into separate camps and forced to labor equally for their subsistence. Footbinding was forbidden and those women who had bound feet were forced to remove their bindings and work in fields or walk incredible distances with heavy loads. When the feet were unbound, they did not grow back to a normal condition so the pain must have been excruciating. Many of the elite women who fell under Taiping rule committed suicide even though rape or any kind of sexual activity was restricted, even between married couples.<sup>57</sup>

The Taiping Rebellion was based on the power of the peasants. The former ruling elite and foreign powers were being overrun. The Taipings ultimately captured Nanjing and ruled South China for another eleven years. An equality of labor between the sexes was established during this era. Women as well as men were trained militarily and many women soldiers outperformed Taiping men as well as men from the enemy camps. Although some women served as managers or controllers, women did not obtain an absolute equality of power with men.<sup>58</sup>

Sexual activity, even between married couples was strictly controlled. Unmarried, widowed, or women whose husbands were away were forced to live in a commune with other women.<sup>59</sup>

According to the Taipings:

When women joined the battle  
against the demons, they could no  
longer simply be the objects of either

discrimination or sexuality alone. All men and women were equal because each had a direct personal connection with God; and all men and women alike were to unite to wage the war against the demons and usher in the Heavenly Kingdom of Great Peace.<sup>60</sup>

After thirteen years of Taiping rule, in 1864, the Qing court and the foreign powers retook Nanjing and South China.

Although unsuccessful, the Taiping Rebellion, a great peasant war that engulfed the Chinese people in its widespread revolutionary storm, served as the starting point for the next hundred years of revolution in China against imperialism and traditional society.<sup>61</sup>

After the Taiping Rebellion, the Ch'ing court instituted many western ideals in order to gain control of the common people. They instituted western style weaponry, industrialization, and medical technology. Women laborers, as a group, came into existence during the early western industrialization.<sup>62</sup> Many women were brought out of the inner quarters to work in factories, poor women mainly.<sup>63</sup> One well-known journalist Liong Ch'i-ch'ao (1873-1929) introduced European ideas into China. He believed that women should be educated so they could better raise children and be more productive in the labor force. He argued against the belief that a virtuous woman was an untalented woman.<sup>64</sup> Western technology applied together with Chinese medicine brought a greater understanding of human physiology and sexual processes so the use of occult arts was further diminished – though not extinguished.<sup>65</sup>

Again, changes occurred after the Sino-Japanese War (1894-1895). The people of China were taken advantage of by the Japanese and the world in general.<sup>66</sup> Eventually, people rose up in 1900 with the Boxer Rebellion. The Boxers were a secret society whose goal was to drive out all foreigners from China. Before the Japanese and western armies could stop the violence, many foreigners were killed. The Boxers believed that their martial arts magic made them physically invincible. The female equivalent groups were the Red Lanterns (young women), Blue Lanterns (middle-aged women), and Black Lanterns (old women).<sup>67</sup> One leader among the Red Lanterns was known as Holy Mother of the Yellow Lotus. She established a religious altar on a salt boat on the Grand Canal and organized young women. She was knowledgeable of medicine and was able to cure the sick and care for injured Boxer soldiers. Her patients came to her on her floating home.<sup>68</sup>

By the 1930's the Chinese were fighting in the Anti-Japanese War. Women were often victims but they also fought back by participating in organizations. One of the service operations that occurred was the training of 2000 nurses within two months. They were then sent to hospital facilities at the front lines.<sup>69</sup> The war brought women out of their inner quarters and into the working society. During these times of war and upheaval, sexual segregation for medical personnel seemed less strict. Medical training that some women may have learned from books or family was put to use during these harsh times.

One woman who was influenced by Western medicine was Chang Chu-chun. She came from a wealthy family and was educated at an American Presbyterian medical school in China. Even though Western medicine had still not gained the trust of the people in general, she excelled in her medical practice in the early 1900's. She treated all people regardless of age, sex, or financial status. Because of the friendships she developed, she was supported in founding several western-style hospitals and schools in various provinces. Even when she moved to Shanghai in 1904, she was able to obtain the acceptance and help from her

community to succeed at her medical work. In a secret operation to protect some revolutionaries just prior to the Wuhan Uprising in 1911, she united several hospitals and organized the first Red Cross in China. The people were able to escape under the guise of leaving Shanghai to help the wounded in Hankou. After the revolution, she loosened her ties to the social and political circles and focused on her healing work. She remained single despite the fact that she had many would-be suitors.<sup>70</sup>

Shamanism had not left the scene in the 1930's and 40's. Dr. Xia, a traditional Chinese doctor, would always bring in another doctor who practiced Chinese medicine to treat his own family. That doctor was also a shaman. These men believed that “some ailments were caused by evil spirits, which had to be placated or exorcized by special religious techniques.”<sup>71</sup> Although appearing to exist on the fringes of society, shamanism has remained in use even into the 1980's. American anthropologist Margery Wolf found a former woman shaman while doing field work in China.<sup>72</sup>

Drastic changes for women and medicine occurred in the 1950's and 60's. Chairman Mao and the Communist Party instituted the Barefoot Doctor Program since they had demoted elite doctors and science in general. Mao and the Party all but destroyed any form of “real” education. Books were burned, schools closed, and general social upheaval turned the Chinese world upside down. A Barefoot Doctor's Manual was first published for the Hunan Province in 1970 and its use quickly spread across the country.<sup>73</sup> Jung Chang became a barefoot doctor in 1971. She had already had an interest in the healing arts because of the medical tragedies within her family, so when the opportunity came she was enthusiastic. Her work unit saw it as a chance to take an unproductive worker off of their own payroll and onto the payroll of someone else.<sup>74</sup>

According to the American version of A Barefoot Doctor's Manual, the person who filled the position of a barefoot doctor was selected by all the members of a village or commune based on the person's interest in medicine and wish to serve people. The

propaganda also indicated that all training occurred at county hospitals over a period of several months.<sup>75</sup> However, Jung Chang stated “I went to work with absolutely no training.”<sup>76</sup> Jung Chang’s experience of no training may not have been the norm but it is difficult to know without further research.

Being a barefoot doctor was a relatively high status position in which a working woman would be less discriminated against. This was a coveted position even though Jung Chang’s experience indicated it as an avenue to get rid of an unwanted worker. Barefoot doctors required some technical training, and many rural men were reticent to “lose” valuable time and knowledge on a young woman. Once a woman gets married, she leaves her village to join her husband and his family then the investment that her natal family and village put into her goes to benefit others. Anthropologist Margery Wolf described this situation.

In Shandong, two of my informants were former barefoot doctors. One had received a year’s training in a county hospital and worked for eight years as a barefoot doctor before she married. The other had had only six months’ training but had worked in the brigade clinic as a midwife for six years. Both women had married into their present homes about three years before and had been working in the fields as common laborers ever since. Their skills were lost to their natal teams, but their new homes were not about to hand over prized jobs to newcomers.<sup>77</sup>

The status of women healers has remained relatively high through much of Chinese history. Early times of war forced the women to remain indoors but nineteenth and twentieth century

wars sent women out of the homes and into group activities. During times when the sexes were not strictly segregated, women were able to treat both sexes and would leave their homes to practice their craft. During times when women were kept in the inner quarters, the literate women practiced medicine with their own families or were brought to the imperial palaces to treat the women of the court. Successful healing women were able to establish upward political mobility for their entire families.

During the times when a woman's virtuosity depended upon her absence from the view of men outside of her household, only female practitioners had access to her during a medical crisis. Midwives were always considered lowest in status because it has generally been an exclusively feminine role. Some modalities, such as massage and acupuncture, which had once been in the male domain in the Sung dynasty moved to the female domain in the Ming dynasty and thereafter lost status. These modalities have since gained status in the twentieth century since there is no longer a sexual segregation in the medical field.

The choice of Adeline Junling Yen's father in regards to her future career as an obstetrician or gynecologist was based on a long history of the role of women in medicine. The father realized that his daughter was intelligent and her further education would enable her to obtain higher status work. It is not clear from Adeline's perspective whether her father was more interested in her happiness and well-being or his own prestige. He also realized that since his child was a woman, the only appropriate specialization for a Chinese woman was one that focused exclusively on women. It did not matter to him what she wanted to do with her life. Ultimately she obtained a doctorate in England with a residency in internal medicine. She moved to Hong Kong and took the job her father had arranged for her in the OB/GYN department and served in another residency program in that field. Later she moved to California and went through another residency program for anaesthesiology. In the end, she made her own way – outside of the traditional Chinese social structure.



## Endnotes

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1. Mah, Adeline Yen. 1997. *Falling Leaves: The Memoir of an Unwanted Chinese Daughter*. New York: Broadway Books. 113-117.
2. Mah, 116-117.
3. Furth, Charlotte. 1999. *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkeley and Los Angeles, California: University of California Press. 268.
4. Furth, 1999. 268-276.
5. Furth, 1999. 270.
6. Furth, 1999. 271.
7. Loewe, Michael. 1982. *Chinese Ideas of Life and Death: Faith Myth and Reason in the Han period (202 BC-AD 220)*. London, UK and Winchester, Mass.: George Allen & Unwin (Publishers) Ltd. 106.
8. Ch'ü, T'ung-tsu. 1972. *Han Social Structure*. Edited by Jack L. Dull. Seattle and London: University of Washington Press. 54-55.
9. Loewe, Michael. 1968. *Everyday Life in Early Imperial China: During the Han Period 202 BC-AD 220*. New York: Dorset Press. 105.
10. Loewe, 1968. 145.
11. Ch'ü, 123-124.
12. Ch'ü, 55.

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13. Ch'ü, 55.

14. O'Hara, M.A. Albert Richard. 1945. The Position of Woman in Early China: According to the Lieh Nü Chuan "The Biographies of Eminent Chinese Women." Westport, Connecticut: Hyperion Press. 224.

15. O'Hara, 224.

16. O'Hara, 223-224.

17. Ch'ü, 57.

18. Ch'ü, 123.

19. Furth, 1999. 66.

20. Furth, 1999. 66.

21. Furth, 1999. 2.

22. Furth, 1999. 66.

23. Furth, 1999. 95.

24. Furth, 1999. 63.

25. Furth, 1999. 124.

26. Furth, 1999. 68.

27. Furth, 1999. 123.

28. Furth, 1999. 117.

29. Furth, 1999. 113.

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30. Ebrey, Patricia Buckley. 1993. *The Inner Quarters: Marriage and the Lives of Chinese Women in the Sung Period*. Berkeley and Los Angeles and London: University of California Press. 173.

31. Ebrey, 163-164.

32. Furth, 1999. 3.

33. Furth, 1999. 3.

34. Chang, Jung. 1991. *Wild Swans: Three Daughters of China*. New York and London: Anchor Books. 388.

35. Furth, Charlotte. 1995. "From Birth to Birth: The Growing Body in Chinese Medicine." Chapter 6 in *Chinese Views of Childhood*. Edited by Anne Behnke Kinney. Honolulu: University of Hawaii Press. 159.

36. Furth, 1999. 305.

37. Furth, 1995. 163.

38. Furth, 1999. 284.

39. Furth, 1999. 288.

40. Furth, 1999. 289.

41. Mann, Susan. 1997. *Precious Records: Women in China's Long Eighteenth Century*. Stanford, California: Stanford University Press. 50.

42. Rofel, Lisa. 1999. *Other Modernities: Gendered Yearnings in China After Socialism*. Berkeley and Los Angeles: University of California Press. 72.

---

43. Rofel, 72.

44. Furth, 1999. 298.

45. Furth, 1999. 267.

46. Furth, 1999. 276.

47. Furth, 1999. 305.

48. Furth, 1999. 178.

49. Waltner, Ann. 1995. "Infanticide and Dowry in Ming and Early Qing China." Chapter 7 in *Chinese Views of Childhood*. Edited by Anne Behnke Kinney. Honolulu: University of Hawaii Press. 201.

50. Kazuko, Ono. 1978, 1989. *Chinese Women in a Century of Revolution, 1850-1950*. Edited by Joshua A. Fogel. Stanford, California: Stanford University Press. 7.

51. Mann, 222.

52. Mann, 222.

53. Mann, 144.

54. Mann, 141.

55. Mann, 140.

56. Mann, 143.

57. Kazuko, 5-15.

58. Kazuko, 15-19.

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59. Kazuko, 19-20.
60. Kazuko, 22.
61. Kazuko, 22.
62. Kazuko, 23.
63. Kazuko, 23.
64. Kazuko, 26-27.
65. Kazuko, 37.
66. Kazuko, 47.
67. Kazuko, 49.
68. Kazuko, 52.
69. Kazuko, 163.
70. Yao, Esther S. Lee. 1983. *Chinese Women: Past & Present*. Mesquite, Texas: Ide House, Inc. 149-150.
71. Chang, 59.
72. Wolf, Margery. 1985. *Revolution Postponed: Women in Contemporary China*. Stanford, California: Stanford University Press. 35.
73. Anonymous. 1977. *A Barefoot Doctor's Manual: The American Translation of the Official Chinese Paramedical Manual*. Philadelphia: Running Press. x.
74. Chang, 425-426.

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75. Anon., ix.

76. Chang, 426.

77. Wolf, 83.