mat (PDF files). If you do not have Adobe Acrobat Reader, please download it as a plug-in for your WWW browser.

Contents of back issues of Chinese Science are at:

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Issues 1-10 were edited by Nathan Sivin at the University of Pennsylvania from 1975 to 1992. Issues 11-15, 1993-98, of *Chinese Science* have been published annually at UCLA.

Finally, the Centers for Chinese Studies and Pacific Rim Studies at UCLA have since 1992 cooperated on both the hardcopy and internet versions of the journal. Our outstanding Managing Editor, Richard Gunde, who also serves as the Assistant Director of the China Center, was a strong supporter of the journal at UCLA. John Hawkins, Dean of International Studies and Overseas Programs, and Scott Waugh, Dean of the Social Sciences in the College of Letters and Science at UCLA, deserve thanks for facilitating the journal's operations here. We would also like to acknowledge the support of Catherine Jami, President of the International Society, and the Society's Treasurer, Catherine Despeux.

In the interim, may I ask that all potential authors continue to direct their inquiries to us at UCLA. When the new editor is announced, we will pass on all correspondence and submissions. I would like to personally thank all the authors and reviewers whose contributions to issues 11–15 have made the journal a critical success. It has been an honor to publish your findings in our precincts.

Benjamin A. Elman, Editor Director, UCLA Center for Chinese Studies

Correction

The publication announcement for issue number 64 of the Bulletin de l'Institut Historique Belge de Rome that appeared in the review section of our issue number 14 (1997) was incorrectly attributed to Dr. Karine Chemla. It was apparently submitted to us unsigned and should have been printed simply as an informational report.

The Treatment of Women in a Second-Century Medical Casebook

Lisa Raphals

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The account of 25 medical cases contained in the biography of the Han physician Chunyu Yi 淳于意 in chapter 105 of the Shiji 史記 (henceforward the Twenty-five Cases or Chunyu Yi zhuan) provides a unique view of the nature and practice of medicine in early Han China. One of the most significant results of Han correlative cosmology was the functional application of yin-yang and Five Phase theories to the constituents of the human body and the causation of disease in the development of vessel theory. The yin-yang vessel theories used as explanations in the Chunyu Yi zhuan represent a transition within the evolution of these early Chinese medical theories, which appear in developed form in the Huangdi neijing.¹

Before the second century, at least some prevailing views (and methods of treatment) of disease considered illness as the invasive influence of external forces with no underlying correspondence to phenomena within the body. These invasive influences could be natural forces (wind, heat, cold), other organisms (parasites or insects), or demonic entities and magical influence. Much medical therapy was demonological in the specifically exorcistic sense. This "invasive" view of disease is particularly evident in the Wushier bingfang 吾十二病方 or Recipes for Fifty-two Ailments, the premier medical document found at

¹ This article contains some materials that also appear in Raphals 1998. For further discussion of yin-yang vessel theory, see chap. 7.

Mawangdui. Its recipes appear to have been redacted before the end of the third century, and it is the oldest extant exemplar of a medical recipe manual, one of the oldest genres of medical literature. The Fifty-two Ailments presents highly sophisticated uses of medicines and a variety of therapeutic techniques. In his study of this text, Donald Harper emphasizes that most of these ailments, whether acute or chronic, are external, and there are few references to internal organs; he also notes the lack of reference to concepts of illness based on correspondences between the body and yin-yang or Five Phase cycles.

In contrast to these tacit "invasive" nosologies, Chunyu Yi treats the vessels as separate and self-contained, some yin and some yang. Underlying this view of disease was a new theory of correspondence between the body, the cosmos, and the state.⁵ Like the Mawangdui medical texts on vessel theory, the cases of Chunyu Yi reflect an earlier stage of medical theory than that of the *Huangdi neijing*, and reflect Warring States medical traditions of the third and second centuries B.C.E.⁶ They present evidence of concepts of disease prior to the cosmological correspondence theories of the *Huangdi neijing*.⁷

A second value of these case histories is that they provide evidence about the relation of yin-yang theories to theories, or perceptions, of the nature of sexual difference and what we would nowadays call gender. Yin-yang theory in medical literature was a vital part of the development of Han body-state-cosmos analogies, in which yin and yang were placeholders for a hierarchical polarity

that corresponded to, but seems not to have been based on, gender. I approach *Shiji* 105 with the following question: how, if at all, did the increasing role of yin-yang theory in medical diagnosis and treatment affect the conceptualization or treatment of women within actual clinical encounters?

The Chunyu Yi zhuan also provides evidence on how and whether distinctions between women and men were made in early medical thinking. Roughly one-third of the cases in the Chunyu Yi zhuan were women, some of whom were treated for the same ailments as men within the corpus. These cases provide a view of early yin-yang vessel theories and of the clinical treatment of women within that theoretical structure.

As in the Greek world, our evidence on the theory and treatment of disease comes from male sources, nor do we have more than passing accounts of female medical authorities or practitioners. But as Geoffrey Lloyd points out within the context of the study of Greek medicine, we can still ask to what extent the male authors of medical works questioned, modified, or rejected common assumptions, whether they offered alternative views, and how they responded to any counter-evidence that might tend to contradict prevailing views. Were there theories that provided alternatives to prevailing theories of male superiority? Was there direct communication between male practitioners and female patients? To what extent were women, when sick, diagnosed or treated differently from men, and to what extent were descriptions of difference relegated to gynecological conditions or specifically "female" (or male) ailments? Finally, to what extent did medical discussions of women simply mirror dominant ideology?

The Chunyu Yi zhuan

Shiji 105 contains the biographies of two doctors: the semi-legendary Bian Que 扁 鵲 and Chunyu Yi, a near contemporary of Sima Qian, who practiced medicine more or less between 175 and 150 B.C.E. According to the Shiji biography, Chunyu Yi held the office of taicang 太倉 or chief of the granary in Qi; he was from Linzu 臨 菑:

Since his youth, he delighted in drug-therapy medicine (yifangshu 醫方術). In the eighth year of Empress Gao [180 B.C.E.], he changed [masters] and received the teachings of Master Yang Qing 陽慶 of Yuanli 元里. Qing was over seventy years old and had no sons. He made Yi completely let go his old formulas, and handed his own secret formulas to him. He transmitted the vessel books of

² The following discussion of the *Fifty-two Ailments* is based on Harper's (1982) translation and exegesis. For additional information, see Harper 1997.

³ Harper 1982: 2–3. Recent tomb excavations at Mawangdui and elsewhere have yielded valuable medical documents that provide new information about early Chinese medical theories. The Mawangdui medical corpus consists of eleven medical manuscripts written on three sheets of silk, recovered from Mawangdui Tomb 3 in 1973, a burial dating from 168 B.C.E. The individual manuscripts are untitled, but have been assigned titles by Chinese scholars on the basis of their contents. For discussion of the Mawangdui medical manuscripts, see Harper 1982: 7–9; Harper 1997; Unschuld 1985: 38–40, 73–79; Ma Jixing 1992; Zhou Yimou 1994.

⁴ Harper 1982: 14-21.

⁵ See Unschuld 1985: 5-10, 51-55. On yin-yang theory in medicine, see Porkert 1974: 9-43. On body-state-cosmos analogies, see Sivin 1995.

⁶ Harper also argues (1995: 5-6) that the intromantic ideas found in texts from the Shuthudi 睡虎地 tomb developed along with the early correlative cosmological speculations of the fourth and third centuries, and provided important correlative paradigms for the later development of vessel theory, for example in the treatise on the vessels in the tenth chapter of the Lingshu section of the Huangdi neijing.

⁷ The *Huangdi neijing* is probably the oldest comprehensive application of yin-yang theory to medicine. It is a collection of 81 treatises of diverse origin, probably compiled during the first century B.C.E. Its theoretical sections on systematic correspondences, including yin-yang theory, may date from the second century B.C.E. For its origins and composition, see Unschuld 1985: 55–66 and Sivin 1993.

⁸ Lloyd 1983: 60-61.

⁹ He was born in Qi in 216 B.C.E. For the dating of his practice, see Bridgman 1955: 55, Wilbur 1943: 289, and Hsu 1995: 1.

Huangdi and Bian Que, and examined ailments by means of the five miens, 10 He understood whether people would live or die, and was decisive about the dubious and stipulated what could be cured. He traveled on all sides among the princes. with no partiality toward his own family, but in some cases he did not to treat illnesses, and many among the families of the sick held grudges against him. In fourth year of Emperor [Xiao] Wen 孝文, someone offered up a petition (shape shu上書) denouncing Yi and requesting his transfer to the west to Chang'an for corporal punishment. Yi had five daughters, and they wept over it. Yi became angry, and reproached them: "I have progeny but no sons; in prosperity and misfortune there is no one to serve me in any way!" At this his youngest daughter Ti Ying 緹縈 was hurt by her father's words, followed her father to the west, and submitted a petition. 11

Ti Ying's persuasion appears in almost identical form in the Shiji and Lienü zhuan 列女傳. The Lienü zhuan version ends with Ti Ying's successful appeal. According to the Shiji biography, Yi dwelled in his family. A decree was promulgated in which he was asked about his treatment of the patients who had been in his care, the names and number of persons he had diagnosed and with what efficacy. The decree asked detailed questions about his training, his patients, and the techniques he used, including what strong techniques he had, what illnesses they could cure, what books he possessed, and the names of all persons from whom he had studied and for how long. With regard to his patients, it asked who he treated, where they lived, what illnesses they had, and, in each case, what were the symptoms, what medical and pharmaceutical treatments were applied, and what treatments cured them. Chunyu's reply gave the details of his early study, textual knowledge, and oral education, including the processes of formal visits and submission to master, the receipt of texts and oral explanation, and the copying of the texts and his promise to guard them. 12

This detailed account of Chunyu's medical practice, which is included in the Shiji biography, provides a unique list of medical case histories from Han times, and if genuine, the memorial provides the only description of an ancient physician's practice. 13 The Chunyu Yi zhuan follows a flexible formula, consisting of the following components, in variable order: (1) identification of the person, by

place, title, name, or relation. In the case of the women, there is no specific mention that they are women, but it can be inferred from their titles or relations. (2) A statement that the person is ill, and that Chunyu was summoned to examine the pulse. In some cases, the opinion of other physicians are also introduced. From the pulse diagnosis comes an explanation, which contains: (3) the name of the disorder, (4) its symptoms and how Chunyu treated them, (5) a prognosis, followed by an account of the actual outcome of the illness. (In most instances the prognosis was correct, and the outcome was a verification of the prognosis.) There follows: (6) an explanation of the cause of the illness, with (7) a specific reference to vessel theory.14 (A summary appears in the Appendix to this arti-

I begin by considering the importance of yin-yang-based vessel theory in Chunyu Yi's medical practice. Then, to assess the question of differences in the treatment of women and men, I assess several cases of the treatment of each, looking for differences in symptoms, treatment, and explanations of diagnostic technique, including yin-yang explanations in vessel theory. Because Chunyu did not treat patients whose illnesses he considered mortal, I concentrate on the descriptions of the cases where he was able to effect cures.

Chunyu Yi's Yin-Yang Vessel Theory

Insofar as vessel theory represented a precise application of yin-yang macrocosmic theories to the microcosm of the human body, its development was centrally informed by correlative cosmology. 15 Both Chunyu's diagnostic techniques and his theoretical account of his activities rely on vessel theory. After the presentation of the 25 cases, Chunyu provides answers to eight specific questions. The first asks how illnesses could have the same name, but different diagnoses. His response underlies the centrality of vessel theory, combined with the experience of the practicing physician. It ascribes the invention of vessel theory to the to the sages of antiquity, and establishes a correspondence between the vessels and heaven and earth:

Many of the names of [distinct] ailments are of the same category, I cannot understand [why]. Thus the ancient sages created the vessel model (mai fa 脈法) for them; by setting measures, establishing standards [compass and square], suspending weights and balances, applying the inked cord, and harmonizing yin and yang they distinguished the vessels of the body and named each, in mutual reso-

¹⁰ The five miens (wu se 五色) were the "colors" that corresponded to the Five Depots (wu zang 五藏) and were used to diagnose their condition. The Shiji note to this passage (Shiji 105: 2795 n3) quotes the Nanjing 難經 (issue 13): "The five depots have five [corresponding] colors, and these can be seen in the face." The passage goes on to discuss the significance of each "mien" (green, red, yellow, white, and black).

¹¹ Shiji 105: 2794-95. A summary of these events also appears in Lienti zhuan jiaozhu 6: 13b-14a. On reading 築 as "Ying," see Shiji 105: 2795 and Hanshu 23: 1098,

¹² Shiji 105: 275-76.

¹³ These events took place in 167 B.C.E. The account appears at Shiji 105: 2794-2820.

¹⁴ This account of the structure of the case histories is based on, but differs somewhat from, Hsu 1995: 11.

¹⁵ Harper 1995: 1-2 has argued that the correlative cosmological systems of yinyang and Five Phases drove the development of vessel theory pathology. This argument is also pursued in Harper, forthcoming.

nance with heaven and earth, and blended together in the body. As a consequence, thereafter people made distinctions among the Hundred Ailments by distinguishing between them [the pulses]. Those who have this technique of prognostication are able to distinguish between them; those who do not consider them the same. ¹⁶

Chunyu's explanations for the cause and treatment of disease emphasizes the vessels as the dominant structure of the body. The vessels are linked to the viscera and disease is typically explained as imbalance or dysfunction within the vessel system, sometimes of yin and yang, but also in terms of wind, and hot or cold.¹⁷ The vessels also figure prominently in his therapeutic measures, which include pulse diagnosis and various treatments applied along the course of the vessels, for example, needling and moxa.

Sexual Difference in the Chunyu Yi zhuan

The Twenty-five Cases contain diagnoses for eighteen males and seven females ranging in age from young children (Case 2) to elderly individuals (Cases 5 and 11) and ranging in social status from rulers (Cases 9, 16, and 23), their princes and officials (Cases 1, 3, 8, 13, and 20) and the consorts of rulers (Cases 5, 14, 18), and officials (Case 10) and their relatives (Case 17) to slaves (Cases 12 and 15) of both sexes. Two accounts involve individuals who were themselves skilled in some form of medical practice: the assistant physician of the king of Qi (Case 22), and a young female slave who is master of secret recipes, and uses the newest methods (Case 12).

Of these patients, sixteen were cured or improved (ten males, six females), and nine died or had conditions Chunyu diagnosed as mortal and refrained from attempting to treat, and for which he predicted death in the future (eight males, one female). Chunyu's predictions were accurate overall, although there were cases where the time of death differed slightly from the prediction (for example, Cases 7 and 8), and one case where death was predicted but had not yet occurred (Cases 24). In a number of cases he describes how his own diagnoses differed from those of other physicians. 19 Frequent causes of illness included

invasive conditions (such as exposure to wind, wet, or cold), heat or sweat, and excessive or immoderate behavior, usually sexual relations after drinking wine or extreme emotion. Needling and moxa were used in four cases, two males (one needling, one moxa) and two females (one needling, one moxa). Drugs were prescribed in thirteen cases (eight males, five females). The most frequently prescribed was the antipyretic drug huoqi 火 膂 (four males, two females). The descriptions of the individuals treated, the names of their ailments, their symptoms, the prognosis, the causes of the ailments, and the vessels Chunyu used to diagnose them are summarized in the Appendix to this article.)

Since these cases were not in fact a comprehensive record of Chunyu Yi's practice at the time, there are limits to what can be inferred from them. Nevertheless, a number of cases in which a man and a woman had the same or similar symptoms and/or treatment and prognosis suggests that yin-yang theory did not separate men and women from the practical viewpoint of clinical encounters. Let us look at some examples. Because of the relative minority of women in the casebook, I begin from the ailments of the women treated, and seek examples of men with similar conditions.²³

Two women and one man had difficulty in urination. The names of the ailments and the pulses used for the diagnosis differed from case to case, but all three received the same treatment and were quickly cured. Chunyu diagnosed the ailment of the dowager queen of the king of Qi by irregularities in the taiyin pulse and treated her with two doses of the anti-pyretic huoqi.²⁴ Other physicians had diagnosed the condition of a second woman, the wife of an official of Qi, as a wind ailment sited in the lungs, but Chunyu used the jueyin pulse to diagnose swelling of the bladder. Again, he successfully treated the malady with

rates to the rhetoric and polemics of physicians competing for patronage or clientele, of which Hippocratic physicians provide such an instructive example. For further discussion, see Raphals, forthcoming.

¹⁶ Shiji 105: 2813. For published translations of this passage, see Bridgman 1955: 45. This translation is indebted to Elizabeth Hsu.

¹⁷ The texts he lists in his account of his training include two works specifically concerned with yin and yang. The Art of Interpreting the External Changes of Yin and Yang 揆度陰陽外變 and The Secret Book of the Intersection Yin and Yang 接陰陽禁書.

¹⁸ I use the terms male and female rather than men and women because of the age differences of the patients.

¹⁹ Four males (Cases 3, 8, 22, and 23) and three females (Cases 10, 18, and 19). Were it not for the extraordinary circumstances under which the cases were compiled and submitted to the throne, one might be tempted to attribute these claims for high success

²⁰ Ailments due to exposure or penetration involved: wind (Cases 13, 15, and 24, all male), cold and wet (Cases 4 and 19, male and female respectively), and heat or sweating (Cases 9 and 15, male, and 5 and 12, female). Ailments involving wine and/or sexual activity were ascribed to: wine (Cases 8 and 11, male and female, respectively), wine and exposure to strong wind (Case 24, male), wine followed by sexual activity (Cases 1 and 7, both male), anger followed by sexual activity (Case 6, also male), sexual activity (Cases 3, 23, and 25 all male), and sexual activity without prior urination (Case 10, female).

²¹ For needling, Case 16 (male) and Case 11 (female); for moxa Case 13 (male) and Case 10 (female).

²² Four males (Cases 2, 3, 20, and 23) and two females (Cases 5 and 10). For discussion of the composition of *huoqi* (possibly mica), see Bridgman 1955: 70 n93.

²³ Seven relevant cases out of 25 are women; the eighth woman treated had a pregnancy-related ailment not subject to comparative analysis.

²⁴ Case 5, Shiji 105: 2801.

huoqi.25 Chunyu also differed substantially from other physicians in his diagnosis and treatment of Xun 循 the superintendent of the Palace of Oi:

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All the doctors took his malady to be convulsions (cu 麼) that had penetrated into the interior and had treated him with acupuncture needles. I examined him and said: "This is a gushing accumulation (yongshan 湧疝); it makes him unable to urinate or defecate." Xun said: "I have not urinated or defecated for three days." I gave him a decoction of huoqi to drink. After drinking it once, he urinated, the second time, he defecated, the third time, the illness was cured. The illness developed in the interior.²⁶

In these cases, Chunyu used similar methods to both diagnose and treat women and men.

Chunyu treated one woman and two men who had suffered ailments caused by exposure to cold and/or damp. Although previous physicians considered the ailment of the woman Bowu of Linzi to be a fatal heat and cold disorder, Chunyu used pulse diagnosis to ascertain that she suffered from nothing worse than intestinal worms. Despite the severity of the symptoms, this was not a serious disorder of the central viscera; he treated it with small doses of a toxic plant.27 Chunyu diagnosed the fever of a eunuch of the palace of Qi as a heat ailment (rebing 熱病) due to bathing in very cold water. (He had fallen into a river and taken a chill.) He recognized the condition by the exclusively yin pulse, and relieved it with huoqi.28 He used acupuncture of the yangming 陽明 vessel to cure the king of Zichuan, who had fallen asleep with wet hair.29

In the case of sexually related ailments, women and men are treated differently, largely because women were specifically associated with ailments due to sexual excess, and presumably were the causes of, rather than the sufferers from, such ailments. In the cases of two men (both fatal), Chunyu attributes their illnesses to sexual excess, specifically in combination with drinking wine. In one case, he tells the patient that his illness is so serious it is inadvisable to speak about it, and tells his younger brother that his brother will die in eight days, and that the ailment was contracted by sexual relations after drinking

wine.³⁰ In a similar case. Chunyu warns a police chief of Oi that he will die within thirty days unless he regulates his sexual activities. He diagnosed the man's ailment because of the three vin pulses beating together. 31 He also reported a fatal case caused by anger penetrating the interior, as a result of engaging in sexual intercourse when overcome by anger. Chunyu diagnosed it as lung congestion (fei xiao dan 肺 消 瘤) and predicted delirium and death. He diagnosed it by irregularity in the lung vessel.32 These cases also may present evidence for the beginning of a new, moralizing tendency within medical theory. Mawangdui texts explained illnesses as the action of invasive influences, or good and bad fortune as the result of (or failure to prognosticate) good and ill auspice.33 Chunyu's descriptions of the causes of several sex-related ailments seem to contain an element of reproach of the men who suffered from them, as if moral shortcomings made them unable to control their emotions or sexuality. There may be a further element of indirect reproach of the women who provoked such behavior.34

Chunyu also successfully used pulse diagnosis and drug treatment to cure a male and a female whose ailments arose from worry or anxiety. The grandson of the king of Oi was oppressed and melancholy and refused food and drink. Chunyu diagnosed a malady of the yang vessels caused by a child's worrying. He cured the boy with a decoction that made the qi descend, 35 He also cured the amenorrhea of a consort of the king of North Oi by administering a drug to

²⁵ Case 10 Shiji 105: 2804. The three yin vessels are the Small yin (xiaoyin 小陰), Old yin (jueyin 蹶陰), and Great yin (taiyin 太陰). For discussion, see Bridgman 1955: 79 n129.

²⁶ Case 3, Shiji 105: 2799. Cu 蹙 denotes sudden loss of consciousness. Shan 疝 refers to severe abdominal pain associated with difficulty in urination and defecation (Ou Ming 1988: 308, 310).

²⁷ Case 19, Shiji 105: 2809.

²⁸ Case 4. Shiji 105: 2800.

²⁹ Case 16, Shiji 105: 2807. For the establishment of Zichuan and other kingdoms within the state of Qi, see Loewe 1997.

³⁰ Case 1, Shiii 105; 2797-98.

³¹ Case 7, Shiji 105; 2802-3. It is worth noting that Chunyu Yi describes configurations of pulses, such as the three yin pulses beating together, in negative terms. He does not present an account of a healthy body (or what the three vin pulses would be doing in it). The Huangdi neiling begins with an account of the longevity of the ancients, but it provides no medical detail.

³² Case 6, Shiii 105; 2801–2,

³³ For example, the descriptions of "cock and hen mode" (ci xiong zhi jie 雌雄之 節) as two modes of strategic activity in the Shiliu jing十六經 or Canon in Sixteen Parts, a text on statecraft attached to the second of two versions of the Laozi excavated from Tomb 3 at Mawangdui. These passages describe and assess the two complementary modes of cock and hen, that is, the modes of action appropriate to male and female. These modes are not associated or correlated with vin and yang; indeed the terms yin and yang are completely absent from the discussion.

³⁴ Shifts in the use of theories of pre-natal instruction (tailiao 胎教) may provide an approximate analogy for women. Among the manuscripts from Mawangdui Tomb 3 is a "Book of Pregnancy and Childbirth" (Taichan shu 胎產 書), which contained a section on fetal instruction with instructions for each month (Mawangdui hannu boshu, vol. 4:136). Yet it was only in later dynasties that theories of pre-natal instruction led to severe restrictions and the potential for moral censure of pregnant women. For discussion, see Furth 1995.

³⁵ Case 2, Shiii 105: 2798-99.

make her menses descend. He described the ailment as internal cold (nei han 内 寒) due to an unfulfilled desire to bear a son.36

The one female fatality described was an attendant of the wet nurse of the old king of North Qi, who had summoned Chunyu to examine her pulse. While there, he observed a maid named Shu, and remarked that she had an injured spleen. She should not tire herself, and would probably vomit blood and die the following spring. Chunyu then asked the king what particular talent (cairen > 人) she had. He replied that she was skilled in secret formulae (fang 方), capable in several arts, and used the newest methods, and that he had purchased her the previous year.³⁷ The king asked Chunyu whether the illness was inevitable. Chunyu replied that her illness was grave, and, in principle, would end in death. The king had her called for Chunyu to examine. Her color had not changed (from a healthy appearance), but the king disregarded Chunyu's advice and did not sell her back. She died the following spring as predicted. Chunyu diagnosed the malady as the result of a series of profuse sweats, which indicated that the malady was internal and grave. Nevertheless, at the time of the incident, her pulse, hair, and color were all normal.38

Shu's case can be contrasted both to another case of a fatal spleen disorder and to another physician who fails to treat himself. Chunyu also predicted the death, and refused to treat, a (male) slave of a member of the suite of the chancellor of Qi. As with the maid Shu, Chunyu diagnosed his condition as the qi of a damaged spleen, in which the spleen dominated the other viscera. Chunyu observed the man's ailment from his color, and explained the cause as sweat, in this case brought on by going outdoors frequently and exposure to wind. 39 Here again we have a case of similar symptoms, diagnosis, and prognosis in a man and a woman.

The case of the girl Shu also suggests another comparison, to the physician Sui, the assistant physician to the king of Qi. Sui fell ill and treated himself with Five Mineral Elixir, and later asked Chunyu Yi to examine him. Chunyu examined his pulse and concluded that he suffered from heat (fever) within the center (zhongre 中熱). Quoting the authority of the Discussion (lun 論), he maintains that Five Mineral Elixir is contraindicated in cases of such fevers if accompanied by urine retention. Sui responds with Bian Que's recommendation to "use yang minerals to treat yin ailments and yin minerals to treat yang ailments." Chunyu insists that Bian Que's advice must be taken only in the context of the details of the situation. Chunyu observes that a yang ailment in the interior may present an outward yin manifestation. In that case, the application of yang min-

erals would exacerbate, rather than cure. In other words, Chunyu Yi regards Sui's ailment, not as vin but as the vin manifestation of an interior yang condition. He predicts death in a hundred days.

Since Chunyu predicted death in both cases, he did not attempt to treat either of them, but his descriptions of both provide some insights into the possible distribution of medical knowledge among men and women. In these two accounts of self-treatment by a male and female practitioner of medical arts, the physician Sui's theories and methods are presented in considerable detail, albeit as objects of criticism by Chunyu. By contrast, we know nothing of the girl Shu's training. She is described as good at "making recipes" or "compounding medicines" (wei fang 爲方), but we do not know her level of training or accomplishment. She maintains the appearance (and possibly the reality) of health to a sufficient degree that her master does not sell her back because of her illness, but the details are a cipher. 40 While the memorial does not tell us the outcome of Sui's illness, we are led to believe that he, like Shu, succumbs to his ailment.

Conclusions

The Chunyu Yi zhuan presents us with an interesting intersection of yin-yang vessel theory, sexual difference, and correlative cosmology. Its descriptions of disease as imbalances of heat and cold and yin and yang suggest that Chunyu Yi accepted yin and yang as the ultimate polarity, and his vessel theory employs a body-cosmos analogy insofar as he applied yin-yang and Five Phase macrocosmic theories to the microcosm of body.

The evidence of the Twenty-five Cases suggests that gender was not a major factor in Chunyu's diagnosis or medical treatment, at least in the cases covered in the Chunyu Yi zhuan. Because his account clearly indicates the sex of each individual treated, we know that he treated women patients and the details of his diagnoses and therapies. It also seems clear that Chunyu, unlike physicians in Ming and Qing times, was able to examine women directly, regardless of their age or rank. From the viewpoint of later medical practice it is remarkable that he seems to have had as much and as ready access to female as to male patients (and to have encountered instances of self-treatment by both men and women). This relative lack of emphasis on yin-yang differences between men and women is consistent both with the Fifty-two Ailments and with the Huangdi neijing and later texts explicitly based upon it. While these texts all make specific references to women, that a given treatment may be used by, or must be varied for, a woman, they do not make a distinction of essential difference between men and

³⁶ Case 18. Shiii 105: 2808-9.

 $^{^{37}}$ Here is a rare example of fangshi $5\pm$ knowledge being specifically attributed to a woman. For further discussion of fangshi, see Dewoskin 1981.

³⁸ Case 12, Shiji 105: 2805.

³⁹ Case 15. Shiji 105: 2806-7.

⁴⁰ She may have been an accomplished apprentice, and we do not know whether the appearance of health is a direct result of self-treatment. I am grateful to an anonymous referee for Chinese Science for calling these possibilities to my attention.

women (with the exception of specifically gynecological ailments) based on men and women having yin or yang natures. Indeed, we find over and over again the assertion that men and women are medically identical, with few and specified exceptions involving sexuality and childbirth.

This lack of emphasis on sexual difference in Chunyu's medical diagnosis and treatment, based as it was on explicit yin-yang vessel theories, stands in considerable contrast to assertions in the *Chunqiu fanlu* 春秋繁露 that men are entirely yang and women entirely yin. The strongest expression of this view comes in the "Yin-yang chapters," which combine a consistent preference for yang with an explicit disparagement of yin. Chapter 43, "The Exhaltation of Yang and the Abasement of Yin," contains the following statements:

Things emerge and contract by following yang. All things end and begin by following yang. The rectitude of the Three Kings rose to its utmost in following yang. In this way it can be seen that they esteemed yang and demeaned yin. . . . Men, however mean, are in all cases yang; women, however noble, are all yin [italics added].⁴¹

Categories of evil all are yin, whereas categories of good all are yang; yang is a matter of virtue (de 德), yin is a matter of punishment (xing 刑). . . . The principle of yin and yang is the standard of sages. Yin is the qi of punishment (xing qi); yang is the qi of virtue (de qi). . . . Therefore it is said: Yang is the virtue of Heaven; yin is the punishment of Heaven. Yang qi is warm; yin qi is cold. Yang qi is generous; yin qi discouraging. Yang qi is benevolent; yin qi is cruel. Yang qi is at ease; yin qi is anxious. Yang qi is loving; yin qi is hateful. Yang qi gives birth; yin qi kills. 42

These chapters were probably written by Dong Zhongshu or one of his disciples. Other passages make the explicit analogy between yin and yang, heaven and earth, and male and female, but do not disparage yin per se.⁴³ In all these cases, the yin-yang contrast is not about the body but about the social and political order. They refer, not to the mutually complementary yin-yang of medical discourse, but to the mutually exclusive and contrasting yin-yang of political

status and power.⁴⁴ It is worth noting that hierarchical, mutually exclusive, non-complementary binary polarities also played important roles in Greek political thought. Greek city-states were based on non-complementary hierarchical oppositions between those who did and did not hold political rights: citizen and non-citizen, free and slave, Greek and barbarian, and male and female.⁴⁵

If we examine the representation of women in the early development of yinyang and vessel theory in second-century medicine, several consistent elements come to light. First, yin and yang correlations appear from an early period, in both iatromantic contexts and in discussions of vessel theory. Second, in the medical theories of the second century, the influence of yin is overall negative. However, that negativity is not linked to gender, or attached to a negative view of women. In contrast to the views expressed in the Chunqiu fanlu and Baihutong 白 胞 通 two absences are noteworthy in the early medical literature. whether intromantic or based on vessel theory. The first is the absence of vinyang, woman-man analogies. The second absence follows logically from the first. In none of the texts surveyed is there any statement that there is any difference in the yin-yang makeup of men and women, or that women are different from, or are to be diagnosed or treated differently from, men. Both the theoretical discussions of the Huangdi neljing and the actual diagnoses of the Shiii are consistent in that the same diagnostic techniques, particular remedies, and explanations of disease are used for both women and men. In particular, the yinyang vessel theory of the Chunyu Yi zhuan, give way to the hierarchical distinctions more typical of the Chunqiu fanlu and Bailnutong. These late Western Han and Eastern Han descriptions of yin-yang polarity stress hierarchical distinction. and it is in these texts that we also begin to find the explicitly hierarchical yinyang nan-nu 男女 analogies that come to dominate the latter tradition, to such an extent that earlier yin-yang-gender analogies are all but ignored.46

Afterword: The testimony of Chunyu Yi in the Shiji

Aside from the record of Ti Ying's speech in the *Lienti zhuan*, the *Shiji* is our only source for the account of the prosecution of Chunyu Yi and for the 25

⁴¹ Chunqiu fanlu juan 11 chap. 43: 290.

⁴² Chunqiu fanlu juan 11 chap. 43: 290-91.

⁴³ For example, "The standard of male and female is yin and yang" (Chunqiu fanlu juan 16 chap. 77: 415) and "The yin and yang of heaven and earth correspond to male and female. In the human realm, male and female correspond to yin and yang. Indeed, it is by being yin and yang that male and female are called [such]; and it is by being male or female that [things are] called yin and yang" (Chunqiu fanlu juan 16 chap. 77: 415). These passages from the "Huang-Lao" chapters may or may not have been written by Dong Zhongshu. For discussion of the authorship of these chapters of the Chunqiu fanlu, see Queen 1996.

⁴⁴ For discussion of the difference between complementary and oppositional polarities, see Raphals 1998: chap. 6.

⁴⁵ For this point, see Lloyd 1997; 134.

⁴⁶ Some early yin-yang-gender analogies stress either that yin and yang are composed of the same qi (complementary distinction) or that they are equivalent in their capabilities (e.g., *Huai-nan zi* 6). Others stress the difference (rather than the complementarity) between male and female modes (cock and hen), but without the hierarchical distinction of the male-female heaven and earth analogy. For a further discussion, see Raphals 1998: chap. 6.

cases that form part of his response.⁴⁷ The circumstances of the inclusion of the *Chunyu Yi zhuan* in the *Shiji* have several noteworthy implications. First is their "amateur" status, inasmuch as Sima Qian was not a physician. Yet if we understand a *ji* #2 as a collection of notes, their inclusion in the biography seems perfectly appropriate to the overall frame of the *Shiji*. Sima does not describe his sources for the *Chunyu Yi zhuan*, but we may speculate that the details of the cases ultimately derive from the hand of Chunyu Yi himself. A second and related question is the rhetorical or historiographical purpose of the *Chunyu Yi zhuan* within the *Shiji*. On this point, there seems to be little reason to think that Sima Qian "doctored" Chunyu Yi's "notes" for any purposes of his own. In particular, there is no evidence that the eight accounts of women were modified for rhetorical purposes, for example, to demonstrate the propriety of Chunyu's personal behavior toward the women he treated, or to argue for new norms for such encounters. There are arguments in this text, but they are not arguments about women.⁴⁸

When we turn to the question of a rhetorical purpose or self-conscious design in the Chunyu Yi zhuan, a different picture emerges. In closing I want to suggest that the Twenty-five Cases had an audience and a context. At the time Chunyu compiled the Twenty-five Cases, he had already been exonerated in court, but he had yet to clear himself in the "court" of opinion, whether of his equals and superiors at court, or of posterity. I suggest self-justification may have had a significant role in his presentation of the Twenty-five Cases, much as Sima Qian himself used the Shiji to justify his own life and work.

To what extend is the selection of the cases happenstance? On the one hand, the 25 cases were not the totality of Chunyu Yi's practice at the time of this mishap. Indeed, he would have had every reason to present cases selectively that put his methods in the best possible light, and implicitly justified his decision not to treat certain individuals.⁴⁹ On the other, Chunyu had strict instructions to report all patients he treated, a command he would disobey at his peril. If we believe that he obeyed the imperial command, we will read the *Chunyu Yi zhuan* as an "empirical" document; if we believe he took liberties with it, we will be more inclined to read the casebook as a "self-conscious" work. Its formulaic style of presentation only encourages us to read it in this way.

At the time he compiled the Twenty-five Cases, Chunyu was exonerated of legal culpability and freed from both prison and the threat of mutilating punishment. Ti Ying's defense saved his life, but it did not address the justice of the

charges brought against him. Her argument never touched on why he had refused to treat patients in the first place, nor could he appeal to the authority of any "Hippocratic oath" to justify his conduct. The simple fact is that he chose not to treat people he believed he could not help. I suggest that Chunyu's presentation of the Twenty-five Cases is implicitly self-justificatory. In it, Chunyu presents himself as infallible in his predictions. The rhetorical force of the formula by which he describes his cases is to show (1) that his decisions to intervene or not, depended on the ability to predict success or failure, (2) that he was successful in all cases in which he predicted success, and intervened, (3) that his predictions were accurate in all cases where he refused to intervene (the patient died), (4) that all his predictions were accurate (as of the time of the compilation), and (5) that he was more astute in both prediction and treatment than "other physicians." (He frequently distinguishes his own diagnoses and predictions from theirs.) In summary, while the Twenty-five Cases is not "fiction," it has an important rhetorical component and presents a compelling argument for Chunyu Yi's skill and competence as a physician, both to emperor Han Xiaowu and to posterity, the ultimate audience of Sima Qian.

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⁴⁷ For further discussion of the arguments of Ti Ying, see Raphals 1998: chap. 2.

⁴⁸ Ban Zhao's Nüjie 女誠, with its arguments for moral norms and female literacy, would provide an illustrative contrast.

⁴⁹ Chunyu states that his practice was much larger but claims forgetfulness of details over the course of time (*Shiji* 105: 2813). This process of selection might also have served to present Chunyu himself in the best possible light.

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Appendi

Summary of the Twenty-five Cases

Pulse diagnosis was used, unless specified otherwise. The outcome matches the prognosis, unless specified otherwise (notes in parentheses).

Case (1)	Sex	Name (3)	Symptoms (4)	Prognosis (5)	Cause (6)	Vessel used (7)
1 Cheng, attending secretary of Qi	Σ	abscess 疽	ill, headache	death	wine + sexual relations	fever in xiao yang 小
2 youngest infant of king of Qi's middle son	Σ	qi separation disor- der 氣團弱	upset, bloated	cure 3 days	anxiety	malady of yang vessels
3 Xun, prefect of gentlemen of the palace of Qi	Σ	gushing accumula- tion 湧紅	unable to uri- nate or defe- cate	cure 3 days	sexual relations	qi agitated on right side
4 Xin, chief of the palace wardrobe of Qi	Σ	qi of heat disorder 氣熱病	sweat in sum- mer heat	cure 3 doses	cold, falling in river	vessel pulse entirely yin
5 the dowager queen (tai hou) of the king of Qi	L	wind heat in bladder 風瘴	hard to urinate, red urine	cure 2 doses	pouring sweat came out sticky	<i>taiyin</i> as if humid, wind qi
6 Cao Shanfu of Zhangwu ward in Qi	Σ	heat & wasting lungs 肺消瘅;cold & heat		delirium 3 days, death 5 days	anger + sexual relations	lung pulse hot

7 Pan Manru, com- mandant of the capi- tal of Qi	Σ	conglomerations of leaking accumula- tion	pain in lower abdomen	death 30 days (20)	wine + sexual relations	three yin pulses em- battled
8 Zhao Zhang, chan- cellor of the noble of Yangxu	Σ	a penetrating wind	food & wine evacuated	death 5 days (10)	wine	pulse slippery, wind qi in interior
9 the king of Jibei	Σ	wind inversion	chest feels full	cure 3 doses	sweating + lying on ground	wind, heart pulse weak, growth of yin qi
10 Chuyu wife of minister of works of northern palace of Qi	ட	accumulation lodged in bladder	hard to uri- nate/defecate, dark urine	cure 3 days	not urinating be- fore sexual rela- tions	difficulty with jueyin pulse blocking small intestine
11 wet nurse of the former king of Jibei	ட	heat inversion	feels hot & full	cure	excess wine	needled heart vessel
12 King of Jibei's female attendant Shu	ш	damaged spleen	no apparent illness	death in spring	profuse sweat	diagnosis from ap- pearance
13 the palace grandee of Qi	Σ	dental caries	foul tooth	cure 5–6 days	wind, sleep with mouth open	moxa to da yangming vessel
14 a "beauty" of the king of Zichuan	ц	difficult birth	pregnancy, no lactation			pulse rapid
15 slave of a member of the suite of chancellor of Qi	Σ	qi of a damaged spleen	complexion has qi of illness	death	sweat, often go- ing out, exposure to wind	spleen qi dominates 5 viscera
16 king of Zichuan	Σ	inversion in upper parts	hot, sluggish, headache	cure	sleep with wet hair	needled <i>yangming</i> vessel

17 Song Jian, younger brother of queen of Qi	Σ	so-called obstruction of kidneys	pain in spine & lower back	improved	lifting heavy things	color showed dam- aged <i>taiyang</i> vessel
18 Dame Han among attendants of king of Jibei	L.	linternal cold内寒	menses not descending	induced men- ses	desire & inability to bear a son	kidney pulse irregular
19 Bowu, woman of the Fan ward in Linzi	ш	accumulation of rao worms	abdornen Iarge, skin yellow, coarse	cure 30 days	cold & damp	examined pulse
20 the major from Chunyu in Qi	Σ	if ailment, penetrat- ing wind	food & wine evacuated	cure 6–7 days	overeating & running	pulse entirely normal
21 Poshi, a gentle- man of the palace of Qi	Σ	injured lungs	intestinal hem- orrhage	death 11 days	falling supine on rocks	yin lung pulse dis- persed & reversed
22 Sui, physician to king of Qi	Σ	heat striking center (center hot)	unable to uri- nate	abscess, death 100 days	(Five mineral elixir)	interior yang ailment, exterior yin manifes- tation
23 the future king of Qi, a noble of Yangxu	Σ	obstruction	panting, cannot cure 6 days	cure 6 days	sexual relations	examined pulse
24 Cheng Kaifang, from Wudi ward in Anyang	Σ	exhausting swift wind	claimed none; paralysis	paralysis, muteness, death 3 years	wine + exposure to strong wind	kidney & lung vessels in opposition
25 Xiang Chu, a gongsheng of Fan ward in Anling	Σ	male accumulation	numb, cold, sweat, spits blood	death 1 day	sexual relations	reversed yang

Treatment Methods and Outcomes of the Twenty-five Cases

Case no.	Compared to:	Outc	Outcome		ర	Cause			Treatment
		cure	death	exposure or penetra- tion	heat	excess	other	vessel	drug
M	M6, M7		Σ			wine & sex			
M2	F18	Σ					anxiety		M expectorant
M3	F5, F10	Σ				sex			M huoqi
M4	M16, F19	Σ		cold, wet					M huoqi
F5	M3, F10	щ			sweat				F huoqi
M6	M1, M7		M			anger & sex			
M7	M1, M6		W			wine & sex			
M8	F11, M24		Σ			wine			
6W	F12, M15	Σ		to ground	sweat				M alcohol extract
F10	M3, F5	ш.				sex (F)	no urine (F)	тоха F	F huoqi
F11	M8, M24	ш				wine (F)		needle F	
F12	M15, M22		ட		sweat				
M13	And the second s	Σ	-	wind				moxa M	M kucan 苦參
F14		F							F langzang 莨爾
		-							

M15	F12		Σ	wind	sweat		going out		
M16	M4, F19	Σ		wet				needle M	A CANADA DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA CANADA DE LA CANADA DE LA CANADA DE LA
M17		(M)					lift weight		M calming lotion
日8	M2	ட					desire (son)		F fumigant
F19	M4, M16	*F		cold & wet					F toxic plant
M20		Σ				food	running		M huoqi
M21	÷		Μ	ground			fall		
M22	F12		Σ						
M23		Σ				sex			M huoqi
M24				wind qi		wine			
M25			M			sex			
Total		M=9 F=6	M=8 F=1	M=7 F=1	M=3 F=1	M=9 F=2	M=5 F=2	M=2 F=2	M=8 F=5
* death pred	* death predicted by other physicians	cians					Ţ		

On the Dates of Yang Shang-shan and the Huang-ti nei ching t'ai su

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The Northern Sung editors of the *Huang-ti nei ching* 黃帝内經 (Inner Canon of the Yellow Emperor) consider Yang Shang-shan 楊上善, who compiled the extant recension of the *T'ai su* 太素, to be a man of the Sui period. Most medical historians since the Ming date the book ca. 600.²

This view has been challenged from time to time in both China and Japan since Yang Shou-ching 楊守敬 announced in Jih-pen fang shu chih 日本訪書志(In search of rare books in Japan, 1901) that he had found a copy of this immensely important book, long lost in China. He claimed that Yang Shang-shan lived at some time in the T'ang, on the basis partly of the book's absence from early bibliographies, and partly of his close analysis of the compiler's official title as it appears at the head of each chapter. Ishihara Akira 石原明 reached the same conclusion in 1956. Hsiao Yen-p'ing 蕭延平 (1965) covered much the

¹ Okanishi 1958: 16. I wish to acknowledge the research assistance of Lu Yiyi. This essay is dedicated with esteem and affection to Ho Peng-Yoke, from whom the author more than three decades ago learned the power of official titles as a tool of dating.

² Occidental historians are uniformly vague in dating it. Needham et al. merely say that the book "was edited a hundred years or so earlier than Wang Ping by Yang Shang-Shan in the Sui period" (1970: 270); Unschuld dates the book only by assigning its author to the seventh century (1985: 70); and Hoizey places Yang only among medical authors of "the Sui and T'ang" (1988: 101).