

The Use of Pain in Childbirth Recorded in Chinese Medical Works

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Abstract: In pre-modern China, midwives and pregnant mothers used pain description as a tool to gauge the progress of childbirth. This was recorded in the twelfth century medical work *Shichan lun* 十產論 (Ten Topics on Birth), which takes the form of a list, describing routine childbirth, birth complications and the techniques used to manage those specific complications. It was the most widely quoted and disseminated work on childbirth and birth complications in late imperial China. The description of childbirth pain in *Shichan lun* would shift in meaning and use by the end of the imperial period, leading to the representation of childbirth pain as inevitable, nondescript and immutable. This study examines how pain was a tool for the pregnant woman and birth attendants in *Shichan lun*. This reading of pain challenges our current understanding of the value and meaning of pain in childbirth physiology.

Around 1715, the author of the most widely circulated medical work on childbirth, *Dasheng bian* 達生編 (Treatise on Easy Childbirth), Ye Feng 葉風, described pain as a natural part of the process of childbirth. Women were advised in *Dasheng bian* to bear childbirth pain with stoicism.¹ Ye Feng, along with a number of seventeenth and eighteenth century male medical authors described childbirth as a natural process of life. In this process, which historian Yi-Li Wu, described as “cosmically resonant,” childbirth should take place unimpeded.² Male medical authors asserted that all women giving birth will suffer childbirth pain, an inevitable and immutable part of the birthing process. However, in an earlier medical

¹ *Dasheng bian*, 1: *Linchan* 臨產, p. 18. “六字真言一曰睡二曰忍痛三曰慢臨盆” Chapter 1: At Birth. “True statements in six characters, one: sleep; two: endure pain; three: delay approaching the birthing tub.” Childbirth is here described as natural and therefore requiring little or no intervention. Parts of my translation of the Six Character Axiom by Ye Feng was adopted from Yi-Li Wu (2010), p. 148.

² Wu (2010), pp. 147-187, pp. 151-153.

work from the twelfth century, *Shichan lun* 十產論 (Ten Topics on Birth),³ childbirth pain was not merely a derivative of giving birth, but a useful tool.⁴ The parturient mother and birth attendants utilized the location and intensity of pain to gauge when the mother should bear down and push to give birth. This description of pain used as a tool to determine the stages of birth would be de-emphasized in medical writings from the sixteenth century onwards. When Ye Feng was writing in the eighteenth century, concepts of pain had shifted from being a useful childbirth sensation and reference tool to a mere agonizing experience a pregnant woman had to bear stoically.

This article introduces the use of childbirth pain in the medical work, *Shichan lun*, and how it has been implicated in issues of embodied knowledge, textual representation and women's agency. The author, Yang Zijian, a literatus from Qingshen 青神, Sichuan, also authored other medical works no longer extant. *Shichan lun* has a life story spanning almost eight hundred years. Its transmission history is complex, like many other Chinese works with similar longevity. The earliest extant copy of *Shichan lun* is collected in a Yuan edition of the Southern Song gynecology (*fuke* 婦科) work, *Furen daquan liangfang* 婦人大全良方 (Comprehensive Compendium of good formulas for women), by Chen Ziming 陳自明 (c. 1238-1271), but the most widely disseminated version of *Shichan lun* is collected in the Ming editions of *Jiaozhu furen liangfang* 校註婦人良方 (Edited and annotated good prescriptions for women), by Xue Ji 薛己 (1487-1558). That edition was highly redacted for a different readership and publishing industry.⁵

“Why All the Fuss About Childbirth Pain?”

Childbirth pain, within and outside of China, has been described as both an insufferable and ubiquitous part of giving birth. In Chinese, *tong* 痛 and

³ *Shichan lun*. On the history of Qinyou tang, a Jianyang printing house of the Yu 余 family, see Chia (2002).

⁴ A colleague suggested using ‘method’ or ‘means’ but I want to emphasize the body as a ‘tool,’ invoking Marcel Mauss’ idea that the “body is man’s first and most natural instrument. Or more accurately, not to speak of instruments, man’s first and most natural technical object, and at the same time technical means, is his body.” Mauss (1973), pp. 70-88, p. 75. The *Oxford English Dictionary* defines tool as “any instrument of manual operation,” and “anything used in the manner of a tool; a thing (concrete or abstract) with which some operation is performed; a means of effecting something; an instrument.”

⁵ For a comparison of the earliest extant edition with the most widely disseminated edition of *Shichan lun*, see Ng (2013).

teng 疼 denote pain, and childbirth pain or *chantong* 產痛 (literally birth pain) refers to the excruciating suffering and distress as the fetus exits its mother's body. Such descriptions as well as the physiological makeup of a woman's body have been assumed to be universal in modern medicine, and therefore no matter where or when women were giving birth, they should expect pain.⁶ In some cultures, women were taught that they were born to suffer childbirth pangs. For example, in parts of the Judeo-Christian world, women were 'punished' with childbirth pains as ordered by God because of the sins of Eve in the Garden of Eden.⁷ Although the physiology of birth has been described as similar for women across cultures and times, the experience of birth was and still is expressed and understood differently. At the level of society, culture and language shape how an individual experiences childbirth and how pain is verbalized, outwardly displayed or internalized during birth. At a more personal level, some women are stoically silent, some will wince, moan, or grunt, or scream uncontrollably. Some women are more self-conscious, while others allow the most physical instincts to take over.⁸ No matter how diverse or similar the display or descriptions of childbirth pain could be, it was to be expected, and was a part of the discourse on childbirth.⁹

Today, managing childbirth pain has become an important part of medical and social discourse tied to the wellbeing of mother and child.¹⁰ Currently, the onset of labor or childbirth is recognized by the textbook definition of "palpable uterine contractions,"¹¹ and this is simply called 'pain' in *Shichan lun*. The general consensus among those who study the

⁶ *Williams Obstetrics* (2010), p. 374. The authors of *Williams Obstetrics* quote the 1993 edition of the *Oxford English Dictionary*, which defines childbirth or labor as "toil, trouble, suffering, and bodily exertion, especially when painful..." For a study of childbirth pain and of its meaning today, particularly in homebirth settings, see Klassen (1998), pp. 45-67.

⁷ *King James Bible*, Genesis 3:16, God said to Eve: "I will greatly increase your pangs in childbearing, in pain you shall bring forth children;" Psalms 48:6, "Fear took hold upon them there, [and] pain, as of a woman in travail;" Isaiah 26:17, "Like as a woman with child, [that] draweth near the time of her delivery, is in pain, [and] crieth out in her pangs; so have we been in thy sight, O Lord." See Judith P. Aikin on Lutheran prayers for pregnant women from the sixteenth and seventeenth centuries that regarded the suffering in childbirth as God's punishment for the transgressions of Eve and fellow women. Aikin (2003), pp. 40-67.

⁸ Callister (2003), pp. 207-211.

⁹ Waldenström *et al.* (1996). This study shows that women experienced high levels of pain in labor, with great diversity in the intensity of pain, despite the availability of pharmacological pain relief.

¹⁰ Wolf (2009).

¹¹ *Williams Obstetrics* (2010), p. 374. See also Hanretty (2003), pp. 232-235 on the "Diagnosis of labor" and "Progress of labor."

discourse of pain is that there has to be a way to depict pain in order to understand and manage it (and eventually get rid of it).¹² In the pre-modern era, in Europe as well as China, it was quite common to advocate the management of any type of pain through religious healing or ritual cleansing, because the meaning of pain was sometimes explained as punishment for past wrongdoings or abominable karma of some ancestors.¹³ An important part of managing pain was to make meaning of the specific pain with the tools, language, and rituals available, and these are often in forms that are theological, religious, moral, legal and medical. As society and the individual attempt to make sense of pain, medicine stands as one of the most important tools used to explain and manage such conditions.¹⁴ Specifically on childbirth pain, debates in Europe and North America have been centered on the administration of anesthesia to ease childbirth pain in the last hundred and fifty years.¹⁵ Studies on childbirth pain in the seventies rated it the most intense of all pain, with intensity varying among women, and more recent studies have shown that childbirth pain and fear have led to increased anxiety and further medicalization of childbirth.¹⁶ The search for the 'cure' to childbirth pain in North America has been particularly complex, and was implicated in

¹² Medical ethos also reinforces the expectation that pain could be potentially removed, through some form of intervention, like surgery, drugs or other physiological means, all within the abilities of the medical expert. The debate is intense because pain needs to be defined, interpreted and subjected to quantifiable amounts in order for insurance companies, hospitals and rehabilitation units to transform this human experience into a bureaucratized object and standardized commodity. See also Cohen (2010), pp. 1-10. Cohen points out that many scholars have observed that modern medical definitions of pain are functional and indicate disease etiology, and pain has become "an enemy" that had to be "defeated." Other recent studies on the history of pain include Bourke (2014), and Klein (2015). Interestingly, pain affliction was and still is, central to the therapeutic process in acupuncture. Hsu (2005).

¹³ On pain and sickness brought about by aggrieved ancestors and other vengeful spirits (such as the Wutong) in Chinese history, see Von Glahn (2004).

¹⁴ Kleinman (1995), pp. 120-25.

¹⁵ Wolf (2009). According to Wolf, the debate on administering anesthesia for labor pain has been bitter and lasted over 160 years. The most prominent advocates and opponents have greatly outnumbered the moderates. Wolf argues that epidural anesthesia and elective caesarean section have come to represent 'choices' enjoyed by empowered women, and that in the United States pain during childbirth is perceived as unnecessary since medical advancement has managed it. Her study has also shown how a simplistic gauge of measuring pain using a scale from one to ten (most wrenching type of pain), has contributed to the phenomenon of understanding childbirth only as a painful experience. See also Caton *et al.* (2002).

¹⁶ Wolf (2009) and see also Melzack *et al.* (1981), pp. 357-63.

historical contingencies, including the feminist movements and the rise of biomedicine as the authoritative voice.¹⁷ The removal of pain from childbirth, especially with the ubiquitous use of epidural anesthesia, and the widely used surgical cesarean section has been heralded as progressive and empowering for women. However, a more complex picture has been painted by scholars, who have shown that by hospitalizing childbirth, women were subjected to greater control by medical practitioners through the medicalization (via the use of anesthesia) and clinical pathologization of childbirth.¹⁸ Childbirth pain has become a subject intertwined with contemporary concerns with women's agency, medicine, and politics.¹⁹

Pain, especially childbirth pain, in imperial China, was implicated in issues of women's lives within the inner quarters, the competitive medical marketplace and textual representations of their embodied experiences. This paper introduces how women's childbirth pain as recorded in a male-authored medical work was different from other types of pain and challenges how we think about the body of a parturient woman today.

In the first part of this paper, I unpack how childbirth pain was used by women and female practitioners to manage childbirth. This pain discourse, while collected in a male-authored *Shichan lun*, belonged to women only

¹⁷ In the nineteenth century, there was the idealized figure of a physically and mentally fragile woman who needed obstetrical anesthesia. Some advocates of anesthesia utilized religious arguments, such as God gifting anesthesia as a sign of forgiveness, while critics claimed that to thwart childbirth pain was to contravene divinely sanctioned punishment. This was replaced by the 1910s, when the then-vogue 'bicycle-riding Gibson girl' helped popularize 'Twilight Sleep' because it supposedly helped postpartum women resume normal activities quickly. Advocated mostly by upper-middle class women, this was a combination of narcotic and amnesic drugs which caused a woman to forget her labor entirely even though her body still felt the pain. By the 1950s, labor induction and heavily drugged deliveries became the most convenient and promoted system used in hospital delivery rooms. Some activists of in the women's movement of the 1970s challenged anesthesia and advocated natural childbirth, while others advocated anaesthetized birth as a way out of the biology of pain and childbirth. Today, the most common form of childbirth in North America is 'pain-less' because of epidural anesthesia administered in the hospital. See Klassen (1998), Leavitt (2009), Davis-Floyd (2003), and Wolf (2009).

¹⁸ Melzack (1984), pp. 321-337. Melzack argues that Fernand Lamaze's promise of painless childbirth was false. He cautioned against providing women with an ideal or 'average' birth scenario, such that pain becomes a token of failure and the guilt of not achieving a 'painless childbirth' fell on the mother for not having learned the proper techniques. See also Wolf (2009).

¹⁹ Here I invoke the idea of Anne Harrington's 'Talking Body' whereby the body converses with its owner to inform her about sensations or problems the body experiences that the owner cannot consciously confront. Harrington (2008), pp. 67-101.

and highlights the agency women had over certain aspects of their bodies as patients and practitioners who had little access to the world of writing.²⁰ I examine at length two topics in *Shichan lun* to demonstrate how this pain was a tool for the mother giving birth and women practitioners assisting at birth. The other parts of the paper provide examples of how childbirth pain recorded in other texts was useful as a symbol of suffering and redemption but was not always meaningful in physiological terms. In those non-medical works, the pain of childbirth was used as a way of eliciting filiality, contrasting the practical use of pain described in *Shichan lun*. In all cases, childbirth pain descriptions were concretely and technically useful and also symbolically meaningful. In the medical works, male authors wrote about this embodied knowledge, quoted each other in obstetrical works, but that pain was not directly useful for them since men who did not handle actual childbirth. In non-medical works, there is a wider set of uses of childbirth pain descriptions, where women in some cases were able to use these descriptions to advance their own agendas. This paper is a cursory survey and is not exhaustive, and the section drawing on non-medical works will hopefully encourage more conversations about the intersectionality of medicine in other genres of materials. I end the paper just as this discourse of childbirth pain as a tool would gradually diminish in importance in printed works from about mid-Qing period. This is where Yi-li Wu's work traces how medicine and childbirth in late imperial China were reconceptualized as cosmically resonant and natural, requiring little to no intervention. The pain experienced by parturient women was simply a part of that natural process of birth. The removal of this discourse of pain as a tool from late imperial medical works stands in stark contrast to how it was crucial as a tool during childbirth for women and female practitioners in earlier periods. Eventually when women lost the monopoly in the birthing chambers in the early twentieth century when modern medicine became the dominant system, this notion of childbirth pain as a useful tool would vanish too.

The Quality of Pain in *Shichan lun*

I had not set out to study pain but stumbled upon it described in *Shichan lun* as a 'tool' for ascertaining the progress of birth. Childbirth pain's usefulness was revealed when I compared different versions of *Shichan lun* from the Yuan (1271-1368) to the Ming (1368-1644) dynasty. There are

²⁰ On how women negotiated from within the inner chambers with women practitioners outside of their family to secure medicine, abortifacients, aphrodisiacs and other forms of materials in late imperial China, see Bray (1997) and Furth (1998).

marked differences in the emphasis on pain between the earliest extant edition of *Shichan lun* from the Yuan period and the most widely disseminated edition from the mid Ming dynasty (c. 1550s). The same description of childbirth pain would be missing or highly truncated by the end of the Qing (1644-1911).²¹

In the earliest extant edition of *Shichan lun*, the description of pain as a tool sets the tone for the rest of the topics. The author started with a description of childbirth with no complications, which he labeled as *zhengchan* 正產 (regular birth). This is the first of ten topics, and the subsequent topics describing complications were all deviations from this regular birth.²² Timeliness was always important and therefore in this description, the author stipulated that regular birth took place in the tenth month of pregnancy. We are told that the ten months were crucial for the woman and the child in her. The author then introduced a description of pain that was experienced by the pregnant mother. The rhythm and shift of pain would guide the pregnant woman from one stage of delivery to the next. In other words, the description of regular birth introduces us to two important components: the various qualities of pain itself and how that pain shifted in various parts of the woman's body to signal the onset of childbirth.

Topic One: Regular Birth

In a regular birth, a woman who experiences regular birth carries her fetus for the full ten months,²³ and has sufficient *yin qi* 陰氣 and *yang qi* 陽氣. Suddenly, she experiences waves of pain rising and ebbing at the waist, and then around the abdomen. And following soon after, the *qi* 氣 of the fetus suddenly sinks, the pain around the navel becomes unbearable, and the area between the waist and lower back becomes swollen with extreme pain. The path of the grain²⁴ is about to burst, and

²¹ Ng (2013), pp. 267-292.

²² Yi-Li Wu translates it as 'correct' birth. Wu (2010), p. 156.

²³ Authors described most pregnancies as lasting ten months in pre-modern Chinese medicine. In *Huainanzi* 淮南子 (the Master of Huainan), there is an excerpt that describes the ten months of pregnancy by describing fetal formation in each month. See my discussion of Topic Two for a description of pregnancies that were less than or more than ten months. Yi-Li Wu discussed this in her book *Reproducing Women* (2010), pp. 130-35, and in her article, Wu (2002).

²⁴ *Gudao* 穀道 (path of the grain) is the alimentary tract, that is linked to the rectum and anus. This definition appears in Sun Simiao's *Qianjin yifang* 千金翼方, *juan 3, Bencao zhong*, appearing several times within the phrase of *lishui gudao* 利水穀道 (benefiting the flow of liquid and path of grain). *Gudao* also appears in *Shiji* 28 as the Way of the Grain, referring to a ritual or practice associated with cultivation

subsequently birth fluid breaks and blood descends, and the child is born swiftly. This is called regular birth.

一曰正產

正產者。蓋婦人懷胎十月滿足，陰陽氣足，忽然腰腹作陣，疼痛相次，胎氣頓陷至於，臍腹疼痛極甚，乃至腰間重痛，穀道挺迸，繼之漿破血下，兒子遂生此名正產。

In Topic One, to describe childbirth pain in *Shichan lun*, the author used two characters: *teng* and *tong*. Beyond *Shichan lun* these two characters could be paired separately with other characters. These pairings could be used to describe emotions that involved sharp pangs resembling physical soreness, such as *xintong* 心痛 (heartache), or *tongku* 痛苦 (hardship). *Teng* was less grave, more like a stinging sensation, and it was also the type of pain associated with parental love for one's child.²⁵ *Tong* was associated with pain arising from illnesses, or extreme provocation in one spot of the body, and in a more general sense it referred to hardships in life. In *Shuowen jiezi* 說文解字 (Explanation of Graphs and Analysis of Characters; completed c. 100 CE), *tong* was defined as sickness.²⁶ When *teng* and *tong* were paired, the most common use was to denote pain that was aching and sore, recurring and unrelenting.²⁷ *Tengtong*, therefore, blends physical and emotional distress, and makes no attempt at separating the two. When *tengtong* is used in the context of childbirth, it denotes the somatic and visceral sensations, all wrapped up in a knot that cannot be unraveled.²⁸

Pain was expected in childbirth, but here, the author qualified pain and used it as a tool to mark the progress of birth. In *Shichan lun*, besides describing *teng* and *tong* qualitatively in order to reflect the experience of a woman, the author also described the rhythm of pain. In Topic One, pain is

for longevity involving grains. *Shiji* 史記 (Records of the Grand Historian), chap. 28, p. 1385.

²⁵ Ko (2005), p. 482, fn. 6. On the study of *teng* (to love), see Blake (1994), pp. 681-682.

²⁶ *Shuowen jiezi*, p. 154. The original reads “痛，病也。”

²⁷ On the etymology of *tong* in Chinese medicine, see Lin (2012).

²⁸ Messner (2006), p. 58. Lu Gwei-Djen and Joseph Needham discussed the issue of pain in *Celestial Lancets*, and described “visceral pain, [that was] triggered by malfunctions or infection, as opposed to somatic pain.” Lu and Needham consulted the works of R. Melzack, M.L. Barr and A. Kuntz, respectively, on pain, the human nervous system and the autonomic nervous system. In Lu and Needham's descriptions of pain related to the heart, gallbladder, bile ducts and appendicitis, pain also started in one location and moved into different parts or regions of the body. Lu and Needham (1980), pp. 204-205, 220-221. On pain as one of many emotions in Chinese culture, see Middendorf (2006). For descriptions of pain in classical medical works, see *Huangdi neijing suwen* 黃帝內經素問, *juan* 39; “Discourse on Pain” in Unschuld *et al.* (2011), pp. 583-597.

not static but has movement and is dynamic. It rises suddenly (*huran* 忽然) and swiftly, and has the quality of *zuozhen* 作陣 (intermittent). Here *zuo* 作 likely referred to rising or increasing, and *zhen* 陣 denoted sudden occurrence or abrupt ending. As a phrase, *zuozhen* was usually used to refer to the formation of something very tight and close together, such as a battle array.²⁹ The pain described as intermittent therefore rose and fell repeatedly, but also had a throbbing or pulsing sensation. This intermittent pain was followed (*xiangci* 相次) by a throbbing type of pain. Pain had a rhythm.³⁰

Besides the author's description of rhythmic and temporal sensations of childbirth pain, he also specified its spatial qualities. As the pregnant woman began to feel unbearable pain, especially in the waist area and around the lower back, the throbbing changed to a pain that the author described as *zhongtong* 重痛 (heavy or serious pain) experienced in the navel region. *Zhongtong* signaled the start of a different sensation in another part of the body. The spatial descriptions in *Shichan lun* provided both the location and sensations of pain. The throbbing and aching sensations that came in waves, especially from the lower back to the navel region, guided the pregnant woman to recognize that she was ready to give birth. This pain would occur around the waist area (*yao* 腰), and then descend to the abdomen area (*fu* 腹).³¹ When the fetus was ready to emerge, the pain was experienced in the lower abdomen region, closer to the navel region (*qi* 臍).

This pain described could only be used as a tool during childbirth with the active participation of the mother giving birth. The treatise assumed a dialogue between her and those helping her (only women presumably). This dialogue on pain would have given the woman a sense of the passage of time during a physically grueling period that could seem interminable. Pain, if repeatedly wrought on the human body can fool the brain/mind into thinking that a longer period of time has elapsed,³² because the body is

²⁹ According to the *Hanyu dacidian*, vol. 1; p. 530, *zuozhen* denotes lining up in a certain formation that is tight and even.

³⁰ In contemporary biomedical vocabulary, this is called contractions. On pain and sensations, see Hartman Landon (1989), pp. 75-82.

³¹ *Fu* 腹: the lower stomach, the abdomen; in alchemical Daoism, it is located just below the Cinnabar field (*dantian* 丹田), which is the center of the person, or the proper seat of the mind. The author of *Shichan lun* has differentiated between *yaofu* 腰腹 (waist-abdomen) and *qifu* 臍腹 (navel-abdomen) areas. Then, there is also *yaojian* 腰間 (center of the waist).

³² In a contemporary midwifery textbook, the mother-to-be labored hard till she "reached a level of surrender and her behavior is characterized by great concentration and quietude, creating the illusion that time has stopped." Here time

experiencing something unpleasant or unfamiliar. Therefore if the pregnant woman could identify which part of the process of childbirth she was experiencing, whether it was the initial waiting period when pain was felt only in the lower back, or further along when pain was experienced in the lower back and the navel region, she would be able to prepare herself mentally. Those attending to her would also be able to get ready to help her walk around while waiting or get her ready to crouch and bear down to give birth. This need to prepare the pregnant mother was described in other parts of Chen's *Furen daquan liangfang*.³³

Without pain, it would have been difficult to know that it was time for the pregnant woman to bear down and start pushing. Because pain was experienced only by the pregnant woman, no one else could really tell her when she should be starting to push to give birth. Those around her could only advise her on how to identify the pain that would signal the need to bear down (*zuocao* 坐草, literally, 'sit on the grass'), in order to avoid expending the mother's energy. The male author appeared to have acknowledged that the pregnant woman had the ultimate sense about when to begin pushing, and that it would have been difficult to appropriate this subjective and intensely violent moment of a bodily act, but he had somehow been able to assimilate it into the realm of knowledge production through writing. Interestingly, the author gave due credit to the ability of the birthing woman to trust her body and sensations. In doing so, the male author was also pointing out that the birth attendants or midwives and himself, were not privy to the body that was experiencing pain.³⁴ It is also important to note that the author of *Shichan lun* did not

takes on its own length and temporality for the woman giving birth. Davis (2004), pp. 116-117.

³³ Such preparations were mentioned in *Furen daquan liangfang*, *juan* 16, part 2, *juan* 17, part 1. This exhortation not to trust the first pangs of pain would be repeated in almost every *chanke* 產科 work in the pre-modern period. On the issue of male authors recording the experiences of women and women practitioners in Indian medical treatises, see Selby (2005). Selby highlights "the subtle shifts in the various registers of descriptions" (p. 273) which indicates male authors writing about female experiences in ways that problematize discourse. Such complexities are reflected here in how pain was described in *Shichan lun*. On European male medical authors dominating women's medicine, see Green (2008).

³⁴ Here, I am not suggesting that pre-modern Chinese pregnant women were able to practice 'natural childbirth.' I also do not mean for my analysis to be used as alternatives from pre-modern periods that showcase natural birth, or a nostalgia for the pre-patriarchy period, sometimes described by popular pro-natural birth advocates in North America and Europe today. The 'natural birth' movement, especially that in the US, Canada and Europe, arose within specific sets of historical contingencies and variables, was associated with women's movements, medicalization of childbirth, increased reliance on drugs to remove pain, etc. For

describe pain as a symptom of an illness, as pain was for much of Chinese medical writing from the early period.³⁵

The description of childbirth pain in *Shichan lun* suggests deliberate thoughts about the uses of pain by the author and his informants (the birth attendants and midwives), and conversations on differentiating various types and quality of pain experienced during childbirth. The throbbing sensations located in specific parts of the woman's body using *teng* and *tong* in *Shichan lun* were associated specifically with childbirth without complications. When all these signs had appeared but the fetus had still not emerged from the womb, a complication was determined to have occurred. Then some form of intervention was introduced. This would lead us to the complications described in the rest of the topics listed in *Shichan lun*, starting with Topic Two.

In addition to *tong* and *teng*, the author used *shang* 傷, which is commonly translated as 'injury' or 'to harm.'³⁶ In Topic Two, we are introduced to the description of the very painful process of a fetus turning round during childbirth.

Topic Two: Injurious Birth

It is possible that some pregnant women will suddenly give birth in the seventh or eighth month of their pregnancy. Some will give birth in the ninth or tenth month, and there are some who will experience one, two years, and even up to four and five years of pregnancy before giving birth. Now, only the full duration of ten months is considered regular birth. The *yin* and *yang* in the life of a person are pre-determined; each has his or her allotted time and day which cannot be changed or altered. Now, there are some, a month before the birth date, who suddenly experience aching pains in the navel and abdomen, resembling one about to give birth. When nothing happens, this is called "testing month," and is not regular birth. If a pregnant mother has not experienced the previous signs associated with regular birth, do not get someone to hold the waist and do not rashly use excessive force to push. Those who feel like they are about to give birth, experiencing aching pain in the abdomen and navel regions, but the body of the child has not yet straightened, if the birth attendant instructs

the latest study on the administration of drugs to remove pain during childbirth, see Wolf (2009), and Kline (2015).

³⁵ On the importance of pain in early Chinese medicine, see Harper (1998), pp. 80-98.

³⁶ Morohashi (1985), p. 8083. *Shang* denotes damage and injury in medical classics, see Unschuld *et al.* (2011), p. 311.

the pregnant mother to pointlessly use force when the body of the child is just starting to rotate to one side, the sudden use of force will cause the child to [move] in the wrong direction. Some will lie horizontally and some will turn around, and these are not regular birth. In every case the reason will be that the mother exerts physical force before the right time. In such a situation when the pregnant woman exerts physically, she ought to wait for the child's body to straighten itself, and when the baby is pushed right to the entrance of the birth door, then start to exert physically and push, to get the child to descend and be born. In this way, the pregnant woman uses force at the appropriate time. If there is no sign associated with regular birth and she pushes too soon, and also recklessly takes medicine, she will cause the premature descent of the child. This is similar to pulling a sprout to assist its growth,³⁷ not only is there no benefit, but harm will ensue. This is called *shangchan*.

二曰傷產

傷產者蓋婦人懷胎，忽有七月八月而產，忽至九月十月而產，忽有經一年二年乃至四年五年而後產者。今獨以十月滿足為正產。蓋一人之生陰注陽定，各有時日，不可改移。今有未產一月，已前忽然臍腹疼痛，有如欲產，仍却無事，是名試月，非正產也。但一切產母，未有前面正產證候，即不可令人抱腰。產母亦不可妄亂用力。蓋欲產之婦臍腹疼痛，兒身未順，收生之人却教產母虛亂用力，兒身纔方轉動，却被產母用力一逼，遂使兒子錯路，忽橫忽倒，不能正生。皆緣產母未當用力之所致也，凡產母用力須待兒子順身臨逼門戶方始用力一送令兒下生。此方是產母之用力當也。若未有正產之候而用力傷早并妄服藥餌令兒下生譬如揠苗而助之長非獨無益而又害之此名傷產。

Topic Two, *Shangchan* (Injurious Birth) describes an extremely strenuous and arduous type of childbirth. Here, the fetus turned around only during childbirth resulting in an extremely painful ordeal for the pregnant mother. The term *shang*³⁸ was used instead of *teng* or *tong*, suggesting that the author saw a need to differentiate various types of pain during childbirth. While pain in the first topic was used as an indicative tool, pain in the second topic was associated with a birth complication. Specifically, the *shang* (injury) sensations in the second topic were

³⁷ 揠苗助長: to pull at the sprouts in order to help them grow. This is found in *Mengzi*, and tells the story of an impatient farmer who killed his crops by pulling them up by an inch to help them grow faster. Bloom (2009), Book 2A2, pp. 29-32.

³⁸ Dorothy Ko explains that pain was often described as either *tong* 痛 or *shang* 傷. Ko (2005).

associated with the fetus turning around during the initial stage of childbirth,³⁹ and misidentifying the pain, which lead to further complications. That is, if 'shang' was interpreted as 'teng' or 'tong,' the mother would risk pushing a fetus that was not yet ready to descend. The author chastised birth attendants who urged the mother to start pushing just because she experienced pain around the *qi* (navel) and *fu* (abdomen) regions. Here was an instance of using pain as an indicator erroneously. Although temporal and spatial pain descriptions as an indicator of birth progress were important, Topic Two described how pain was not enough to signal impending birth. Instead, childbirth pain that was useful had to occur in a timely manner and be used as a tool in conjunction with other aspects of pregnancy and signs of the body.

Pain that was felt in untimely moments, such as before the full term of pregnancy was up or after the full term was over, pertained to potentially problematic types of pain. In Topic Two, the author introduced the idea of gestation periods that were shorter or longer than the most common ten months.⁴⁰ The possibility of uncommon gestation periods was raised because these could lead to pain episodes that did not result in birth. He advised that some women may have longer gestation periods but could still give birth without problems. The author then went on to describe pain that was felt in the ninth month of gestation and was called *shiyue* 試月 (testing month).⁴¹

The ability to harness the use of childbirth pain was crucial to knowing when childbirth would start. This specific concern of defining the right type of childbirth pain was also discussed in other parts of *juan 17* of *Furen daquan liangfang*, the *juan* that also contained *Shichan lun* in part two. Chen Ziming explained that when a pregnant woman experienced sporadic pain in the abdomen region in the final month of her pregnancy, she could mistakenly think that it was time to give birth. Chen cautioned that such

³⁹ A fetus turning around close to the full term of pregnancy has been recorded as a very painful experience. It is possible for the fetus to rotate either spontaneously or manually during labor. Besides spontaneous rotation during labor, in an event of a breech presentation, that is the baby has its head high up below the ribcage and its legs or buttocks are facing the vagina, an external cephalic version (ECV) could be performed. Marshall and Raynor (2010), pp. 47-55.

⁴⁰ Yi-Li Wu discussed pregnancies that were shorter than ten months and those that lasted beyond ten months and sometimes for years. Wu (2010), pp. 120-146. See also Furth (1998), pp. 94-119.

⁴¹ The terms, *shitong* and *nongtong* 弄痛 (deceptive pain, mentioned in section one of *juan 17*, *Furen daquan liangfang*), can be translated as 'false labor.' On 'false labor' see *Williams Obstetrics* (2010), p. 384. *Williams Obstetrics* notes that false labor often stops spontaneously, an observation also made by medical authors in medieval China.

pain, neither rhythmic nor gradual, should not be associated with the actual birth that medical authors defined as *zuocao*. Chen went on to provide a description of how to determine the 'right' pain in his introduction to "why difficult births occur," immediately before *Shichan lun* in *juan* 17. Chen called the wrong type *nongtong* 弄痛 (deceptive pain), which did occur in a recurring manner but was neither rhythmic nor gradual. This pain was felt in the abdomen area but not around the navel. Only pain that was felt in both the navel and abdomen areas, as described in *Shichan lun*, was a legitimate sign that it was time to give birth. Pain that did not meet these criteria was therefore 'false' and should not be mistaken as an indication to bear down. Chen Ziming advised pregnant women to wait till the pain was 'extreme,' as if "one's eyes were on fire" before preparing to bear down.⁴²

Therefore, *nongtong* described by Chen Ziming was similar to *shiyue* (testing month) described in Topic Two, *Shangchan*. Both *nongtong* and *shiyue* involved pain that could potentially pass as the pain that would bring on delivery. The only difference between the two types of pain was when that pain could occur. *Nongtong* could happen at any time right up to birth and *shiyue* started about a month before birth was supposed to take place. Because both *nongtong* and *shiyue* pains resembled delivery pains, even the experts like midwives, could make the mistake of misidentifying the start of childbirth.⁴³

The emphasis placed on identifying and locating false pain or pre-term contractions in *Shichan lun* conveyed the sense that practitioners, medical authors and family members all found the unpredictable nature of childbirth worrisome. If impending childbirth could not be reliably known, they tried to find signs on the woman's body that would signal its readiness to give birth. Pain, with specific spatial and temporal qualities experienced by the mother, was one such tool. But it was a tool that could mean other things too—other illnesses or complications associated with pregnancy. Childbirth pain therefore had to be carefully qualified and combined with other visual or somatic signs on the mother's body, such as "fire in her eyes" which Chen Ziming quoted from *Chanbao fang* 產寶方

⁴² *Furen daquan liangfang*, *juan* 16, part 2. Chen Ziming was quoting from *Chanbao fang* 產寶方, see footnote 45. A similar line describing pain in the abdomen and fire in one's eyes can also be found in *Waitai miyao* *juan* 34, which the compiler of *Waitai* quoted from the Tang dynasty work *Beiji Qianjin yaofang*, *juan* 2, *Furen fang shang* 婦人方上, section 5 on *Nanchan* 難產 (Difficult Birth).

⁴³ The consequence would be that the mother would start pushing and expend her energy. The start of childbirth or the beginning of labor is still considered the hardest stage to determine in the 23rd edition of *Williams Obstetrics*. "The greatest impediment to understanding normal labor is recognizing its start." *Williams Obstetrics* (2010), p. 382.

(Birth Treasury), and the sensation of needing to defecate (*gudao tingbeng* 穀道挺迸) in Topic One.⁴⁴ The consequence of identifying the wrong pain or diagnosing the wrong start of childbirth as described in Topic Two, was that the mother would mistakenly start bearing down to push and inadvertently exhaust herself prematurely, and possibly harming the fetus. This would result in further errors caused by ingesting inappropriate medicine to hasten the birth. The author likened this to the act of pulling up a sprout to help it grow (*yamiao er zhu zhi zhang* 揠苗而助之長), and cautioned that it actually would cause more harm than good.

Current management of pain or birth contractions (contemporary term for labor pains) differs from the pain described in *Shichan lun*, although in the past and today, there is a general sense that childbirth pain had to mean something.⁴⁵ Today, pain is considered by some as an affliction or a physical hindrance to a blissful birthing experience, and is assumed to be removable. An obstetrician or even a midwife today would have at their disposal a wide array of tools used for measuring dilation, fetal heart rate and many different instruments for charting the progress of birth.⁴⁶ More importantly, these electronic tools or machines used to read signs on and of the body also mean that we might not be able to appreciate a corporeal use of the human body's sensations as a gauge for when birth can or should take place. We no longer need to harness the potential of pain as a tool or a sign that require attention. Instead, it is now more common to talk about pain as something unpleasant, a sensation to be managed and ultimately removed. If a patient needs to discuss the meaning and experience of her pain, she would have to compartmentalize her experience into spiritual, psychological, mental, and bio-medical subfields. The interrelated and often complex interplay of all of the above fit poorly in fields of medicine

⁴⁴ *Chanbao fang* 產寶方 (Birth Treasury), also commonly referred to as *Chanbao* 產寶, is attributed to Tang dynasty Zan Yin 贊殷 (fl. 897) of Sichuan province. This was one of the earlier works devoted to pregnancy and childbirth care for women. The original work is no longer extant and only fragments have been preserved in works like *Furen daquan liangfang*. An extant manuscript copied from a printed Song work was preserved in Japan and was brought back to China during the Guangxu reign (1875-1908); *Fan Xingzhun jiji Zhongyi guwenxian congshu*. For other versions, see Ma (1990).

⁴⁵ Buddhist literature offers different and complex interpretations of pain and suffering at birth by mother and child, and some of those early sutras converted into Chinese. See Kritzer (2014).

⁴⁶ Jarvis (1994), esp. p. 489, "The Progress of Labour." There is no objective marker to determine the start of labor. In clinical textbooks, the commencement of labor is set as the time of admission to the labor ward.

or psychology, therefore making it hard for patients to address pain as at once psychological and physical.⁴⁷

Although painful contractions are explained as uterine activity that could stop spontaneously or lead to labor, it is not considered as useful by many.⁴⁸ Even with modern technology, we are still unable to accurately predict when a pregnant woman will give birth (naturally and vaginally, unless birth induction or surgical Cesarean section was scheduled).⁴⁹ The use of pain in *Shichan lun* to attenuate the unpredictable timing of childbirth was a type of tacit knowledge that developed with the human body. It is knowledge that is hard to describe and document. Therefore, to read about the use of childbirth pain in a Song medical writing is to enter into the world of corporeal sensations and expressions of another time.

Other Types of Childbirth Pain

It is striking that pain was not described in *Shichan lun* topics which featured possibly life-threatening complications. Childbirth pain in those complications was no longer a useful type of pain as described in Topics One and Two, where it was a tool. In Topics Three: *Cuichan* 催產 (Hastening birth), Six: *Hengchan* 橫產 (Horizontal birth), Seven: *Daochan* 倒產 (Inverted birth), Eight: *Pianchan* 偏產 (Tilted birth), and Nine: *Aichan* 礙產 (Obstructed birth), the positions of the fetus, whether in transverse, breech or oblique positions, or when the buttocks, hand, feet emerged before the head, would have caused great discomfort and possibly some form of protracted severe pain for the mother. However, pain in those topics in *Shichan lun* was not elaborated. Although complications during birth were described as *channan* 產難 (birth difficulties) or *nanchan* 難產

⁴⁷ Melzack (1984) addresses this issue.

⁴⁸ Medical texts describe pain as a defining feature of childbirth and also the start of labor is denoted by “the clock time when painful contractions become regular,” but cautioned that such a sign was unreliable. Instead, the time of admission to the labor unit, combined with ruptured membranes, bloody ‘show,’ or complete cervical effacement (dilation up to ten centimeters), were the criteria for determining the start of labor. *Williams Obstetrics* (2010), pp. 374, 83-84. In *Shichan lun*, there is no differentiation between the pain of contractions or flesh tearing, i.e. the fetus tearing through the body of the mother.

⁴⁹ To ascertain when the baby might be born, the most common way of calculating gestational age is to count 280 days from the first day of the last menstrual cycle. This method is called Naegelé’s rule. Another method is to obtain a sonographic estimate in the second trimester, and another procedure is amniocentesis, which involves using a needle to puncture the amniotic sac in order to extract a small sample of amniotic liquid, to determine the age of the fetus. *Williams Obstetrics* (2010), pp. 78, 83.

(difficult birth), the two terms most frequently used to denote difficult birth or birth complications in medical works, *tong* and *teng* were not further elaborated in these topics in *Shichan lun*.⁵⁰ It appears that the author used *tong* and *teng* only to denote an expected process, and that this type of pain was useful, while the use of the character *shang* denoted injury, which entailed pain in a graver context. Where pain was not described in the topics that would have caused great discomfort and unbearable pain, there appeared to be little use for pain descriptions.

Neither the author Yang Zijian nor the compiler Chen Ziming comment further on pain in difficult childbirth as useful. Chen instead provided a lengthy list of medicinal formulas (*fang* 方) to manage difficult births, many of which also helped with extreme pain.⁵¹ The section was titled *Cuisheng fanglun disan* 催生方論第三 (Part 3: Hastening birth topics). The formulas were aimed at resolving the complications of childbirth, the untimeliness of malpresentation and in a few cases, the extreme pain and hardship suffered by the birthing woman. In these formulas, various descriptions of childbirth pain included *futong* 腹痛 (abdomen pain), *yao zhongtong* 腰重痛 (heavy pain around the waist), *nanchan tongju* 難產痛劇 (severe pain during difficult birth), *chanyu jiannan* 產育艱難 (suffering and difficulties during birth and rearing of child), and *linchan zhentong* 臨產陣痛 (pain coming in waves close to the moment of birth) were listed. Specifically, he included two recipes that addressed the most severe pain of childbirth. One of these recipes, *Cuisheng rusheng san* 催生如聖散 (Birth Hastening Sagely Powder) included *huangshu kuihua* 黃蜀葵花 (*Abelmoschus manihot* (L.) Medik).⁵² to

⁵⁰ Although pain was mentioned but not described in some recipes in *juan* 17, I have noted that extreme pain was usually associated with *nanchan* 難產 (difficult birth). *Shichan lun* contains no elaboration of extreme pain in the topics that discuss difficult birth or complications.

⁵¹ The character *fang* 方 could also be translated as 'methods,' for example, in Daoist works which included *fangshu* 方書 (Book of Methods), these were concerned with knowledge of nature or that involving the manipulation of nature, and other occult arts. Such arts were linked to the person of *fangshi* 方士 (gentleman with methods, Sivin's translation), which is hard to translate. On the term *fangshi*, see Sivin (2010). Sivin discusses the problems with various translations of this term, which include: master, gentleman, doctor, diviner, magician, master of methods, and magical practitioner.

⁵² *Huangshu kuihua* 黃蜀葵花 (*Abelmoschus manihot* (L.) Medik) is also listed in *Jiayou buzhu shennong bencao* 嘉祐補注神農本草 (1060 CE, *Annotated Shennong Materia Medica*). For complete entry see *Zhongyi dacidian*, p. 1536. This should not be mistaken for another materia medica called *kuizi* 葵子, a shortened form for *Dongkuizi* 冬葵子 (*Malva crispa* L.). Both *kuihua* and *kuizi* are used in recipes for pregnant women. *Zhongyi dacidian*, p. 522. Lee Jen-der pointed out that many *cuisheng* 催生 (hastening birth) recipes included *kuizi* 葵子, *qumai* 瞿麥 (*Dianthus*

relieve the pregnant woman of the extreme pain experienced during a birth complication (*nanchan tongju zhe* 難產痛劇者). Only in this recipe do we get some notion of how painful a birth complication could be. The character *ju* 劇 denotes strong, much, dramatic and extreme. In the other recipe attributed to a certain Mr Chen (Chen shi 陳氏), the *Cuisheng shenxiao qisheng san* 催生神效七聖散 (Birth Hastening Wondrously Effective Powder of the Seven Sages), pain was described as *zhentong* 陣痛 (pain coming in waves).⁵³

There was no further explanation or elaboration of the *teng* or *tong* experienced by the mother during childbirth. This silence stands in stark contrast to what was said about pain in Topic One of *Shichan lun*, and the medical advice against bearing down or pushing just because pain (i.e. contractions) started. The silence on pain in the rest of the Topics describing increasingly severe complications, combined with the wide range of medical formularies on managing those complications and pain suggest that the description of childbirth pain was useful in a standard birth. The author and his informants emphasized that specific type of pain at length in order to use it and wield it like a tool as one would an instrument to gauge or measure.

Childbirth Pain in Other Medical Texts

The earliest Chinese medical texts on birth said little about childbirth pain.⁵⁴ Where there were descriptions of childbirth suffering, none were specifically rendered in the same way as that seen in Topic One in *Shichan lun*. For example, childbirth pain was not mentioned in the excavated Mawangdui medical work, *Taichan shu* 胎產書 (Book of Birth, tomb sealed c. 168 BCE).⁵⁵ But pain was an important aspect of early Chinese

chinensis L.), *danggui* 當歸 (Angelica sinensis), *niuxi* 牛膝 (Achyranthes bidentate Blume root), *puhuang* 蒲黃 (Typha angustifolia L. or T. latifolia L.), *xiongqiong* 芎藭 (Ligusticum chuanxiong), *gancao* 甘草 (Glycyrrhiza uralensis Fisch). Lee (2008), pp. 106-107.

⁵³ *Furen daquan liangfang*, *juan* 17, part 3 on Hastening Birth formularies, and also in *Shichan lun*.

⁵⁴ Besides more recent scholarship on the history of women's medicine by Furth (1998), Lee (2008) and Wu (2010), see also Ma (1983).

⁵⁵ Harper (1998), pp. 372-384. The closest mention to childbirth pain is indirect and suggestive. "If a woman prepares boiled *bai mugou* 百牡狗 (an insect of uncertain identity) heads and she alone eats them, the child is beautiful and radiant, and also emerges easily," in *Taichan shu* 胎產書 (MSV.8), p. 381. Other references to pain as an important aspect of discerning health, and the identification of pain were recorded in two manuscripts ("Zubi shiyi mai jiujiang" 足臂十一脈灸經 MSI.A and

understandings of the body. Pain was the foundation upon which illness could be defined and diagnosed. Donald Harper had argued that in the Mawangdui *Maishu* 脈書 (Book of Pulse), the body is made up of six 'constituents': flesh (*pi* 皮), bone (*gu* 骨), *qi* 氣, blood (*xue* 血), muscle (*rou/ji* 肉/筋), and vessel (*mai* 脈). Each constituent has a function and "manifests a distinctive feeling of pain."⁵⁶ Knowledge of pain in these constituents was crucial to 'knowing' the body, since "pain signifies a specific dysfunction which if not remedied leads to death."⁵⁷ According to Harper, in the Han dynasty, "the new index of illness was pain."⁵⁸ By mapping pain onto vessels, a vessel theory was developed and the discussion would be recorded in *Huangdi neijing* 黃帝內經 (Classic of the Yellow Emperor). In early Chinese texts, *qi* and blood moved along these vessels, and pain along points on these vessels indicated an imbalance or illness of the body, and because these were mapped along vessels, pain was connected to *qi* and blood in the body.⁵⁹ Pain is explicitly an important part of the early Chinese medical tradition.

Besides excavated manuscripts, received works like the *Huangdi neijing Suwen* 黃帝內經素問 (Classics of the Yellow Emperor, Simple Questions) contains records of how pain was understood and expressed by practitioners and elites from the early period.⁶⁰ In *Suwen* *juan* 39, *Jutong lun* 舉痛論 (Discourse on Pain), the Yellow Emperor and his interlocutor Qibo 岐伯 discussed different types of pain, the manifestation of sensation (temporal, spatial, punctuated pressure, incisive pressure, dullness), affective conditions (nine types of emotive *qi*),⁶¹ locations on the body, and

"Yin Yang shiyi mai jiujiing, jiaben" 陰陽十一脈灸經甲本 MSI.B), showed that early Chinese depiction of pain followed the path of the vessels.

⁵⁶ Harper (1998), pp. 77-90.

⁵⁷ Harper (1998), pp. 442-446 (for transcripts of Mawangdui manuscripts where *tong* 痛 appears very frequently). According to Lo (2000), p. 39, the *Maishu* includes very brief descriptions of the qualitative use of pain to locate the origins of illnesses.

⁵⁸ Harper (1998), p. 82. Additionally, Li Jianmin argues that the main technical term linked to the workings of *mai* 脈 or vessels was *tong* 痛. Li (2007), p. 110. He cites the example of the "Zubi shiyi mai jiujiing" 足臂十一脈灸經 (Cauterization Canon of the Eleven Vessels of the Foot and Forearm), whereby ailments were identified through the parts that were in pain; the character *tong* was used throughout.

⁵⁹ Harper (1998), pp. 80-82. Also in *Huangdi neijing Suwen*, *juan* 11, topic 39, pp. 583-597. In topic 39, "Discourse on Pain," the Yellow Emperor asked Qibo to explain the various types of pain sensations and the aetiology of those sensations.

⁶⁰ Lin (2012), pp. 107-214.

⁶¹ These were: *nu* 怒 (rage or anger), *xi* 喜 (joy), *bei* 悲 (grief or sadness), *kong* 恐 (alarm or fear), *han* 寒 (chill or coldness), *ling* 靈 (sentient or alert), *jing* 驚 (fright or

how *qi* and blood move within the vessels and organ systems. The body in pain was expressed through the swelling or contraction of *qi*, resulting in the stagnation of either blood or *qi*, or both.⁶² The patient's description of her own pain sensations, in one part of the body or throughout it, was just as important as the physician's visual and tactile inspection of the patient. To ultimately restore the body to health or an optimum balance of *yin-yang*, Blood and *qi*, a physician had to switch between locating the site of physical pain and the "whole-bodily sensations."⁶³ The discourse of pain was therefore the basis upon which practitioners tailored their treatment for their patients, and that which medical authors expounded in their writings.⁶⁴ Although childbirth pain was not explicitly described in extant medical works from early China, the extant works on pain speak of attempts by medical authors to fully explore the use pain experienced and expressed by patients. Much of the pain described in early extant works was concerned with diseases, with manifestation in the form of abnormal growths (ulcers, sores, etc.), emetic, diaphoretic, or febrile manifestations. Childbirth did not fit in these categories and there was no extensive discussion of childbirth pain in these texts.

This absence would change in the post-Han period (c. 220) and in particular, Wang Shuhe 王叔和 (265-316) tells us in his work, *Maijing* 脈經 (Classic of the Pulse), that a woman, who felt the urge to give birth would feel pain in her abdomen. That pain extended to the waist and spine, and then she would have the urge to give birth.

A pregnant woman's pulse departs from the channels; it [i.e. the pulse] is floating. When there is pain in the abdomen that extends to the waist and spine, then she is about to give birth. However those with pulse that departs from the channels are not sick. Another the rule is that when a woman is about to give birth, if her pulse departs from the channels [and she] becomes aware [of

panic), *lao* 勞 (tiredness or toil), *si* 思 (worry or thought). Unschuld *et al.* (2011), pp. 583-597.

⁶² In *Su wen*, "Discourse on Pain 39," the pain caused by *qi* or wind, and other pains resulting from various injuries were respectively blockages, stagnation and injury causing either condition. Unschuld *et al.* (2011), pp. 583-597. See also Tu (1987), pp. 147-151.

⁶³ Messner (2006) described sensations of hot and cold a malaria patient experienced throughout her entire body, making it impossible to determine an exact location for treatment. To apply acupuncture treatment, the exact conduit (channel or vessel) where the disease took place had to be located (p. 51). On the early history of bloodletting and pain relief in China, see Kuriyama (1995), pp. 21-24.

⁶⁴ The discourse of pain was also applied to philosophical and political writing. See Tu (1984). See also Ko (2005).

pain] in the middle of the night, she will give birth in the [following] day.

婦人懷娠離經，其脈浮，設腹痛引腰脊，爲今欲生也。但離經者，不病也。又法：婦人欲生，其脈離經，夜半覺，日中則生也。⁶⁵

In Wang Shuhe's account of childbirth pain, the onset of childbirth was established with the start of a spatial pain that extended from one part of the body to another. The temporal aspects of childbirth pain followed and if the woman woke up with pain in the middle of the night, she would give birth the following day (perhaps around midday). Wang did not describe the pulsating characteristic that would later be laid out in *Shichan lun* as *zuozhen* (rising and ebbing). Wang did not make any reference to the long stretches of time from when the pain starts till birth takes place. The period during which the woman suffers and grapples with pain has been truncated.

Similarly, in *Qianjin fang* 千金方, Sun Simiao 孫思邈 (fl. 581-682) described a woman about to give birth as *jiangtong* 將痛 (soon to be in pain).⁶⁶ Here in Sun's childbirth pain description, he qualified it with characteristics or parts of the body: *fu* 腹 (stomach) and *yao* 腰 (waist), and more specifically, the lower back and navel region were the physical parts of the body where pain would manifest to signal pending birth. Childbirth pain descriptions in the pre-Song period included spatial descriptions. It is perhaps his acknowledgement that the baby exiting the mother was the ultimate type of pain the mother will experience. There was no distinct sense that pain was useful or that its rhythm could be used in combination with other symptoms to signal the onset of childbirth that was not false pain. The later inclusion of the pressure of *gudao tingbeng* (the urge to defecate or the pressure on the end portion of the alimentary tract) in Topic One of *Shichan lun* would be the most complete form of pain description as a tool for ascertaining progress of birth.

In the Sui dynasty work, *Zhubing yuanhou zonglun* 諸病源候論 (On the Origins and Symptoms of Disease) (c. 610) by Chao Yuanfang 巢元方 (fl. 605-616), we see an attempt at theorizing childbirth pain with then current medical language. It is here we see perhaps a nascent phase of thinking about the usefulness of pain during childbirth as different from that of other illnesses. It was recorded that a pregnant woman who felt pain in her stomach but not in her waist, was not ready to give birth.⁶⁷ But if pain in the waist area was followed by that around the stomach, and

⁶⁵ *Maijing*, *juan* 9, no. 1.

⁶⁶ *Qianjinfang* 千金方, *juan* 2, part 5 Nanchan, p. 12. Also found in Wilms (2007), p. 180.

⁶⁷ *Zhubing yuanhou zonglun* 諸病源候總論, *juan* 43.

extreme pain was felt, then birth was imminent. Chao Yuanfang explained that this was so because the kidney was linked to the waist, and the womb was tightly endowed by the properties of the kidney, the kidney being a part of the reproductive organ system that produced essence for life (*qi* and Blood). Despite this attempt to apply the *zangfu* 臟腑 (organ systems) theory to childbirth pain, no medical author in these early works advocated the use of acupuncture to relieve childbirth pain.⁶⁸ No vessels or acupuncture points were identified as locations for needling to alleviate the pain of a woman about to give birth in extant works. This absence is significant, given that naming parts of the body and specifying points for moxibustion and needling occurred early in Chinese medical tradition. If we could name the parts where women experienced pain, but pain relief was not administered, what then was the relationship between pain and treatment? Pain ceased only when everything (*qi* and Blood) flowed and there was no obstruction.⁶⁹

In the same work by Chao Yuanfang, on illnesses suffered during pregnancy (*juan* 41), six out of twenty-one afflictions were related to the use of pain as a means to identify the type of illness. And out of these six, the author advised that should the pain accumulate around the waist and become overwhelming, miscarriage or involuntary abortion was inevitable.⁷⁰ Using the regular childbirth model, starting with temporal pain (pulsating and throbbing) and then combined with spatial qualities (from waist to navel or lower stomach/abdomen area), birth attendants, practitioners and medical authors were then able to monitor and describe deviation from what was considered a normal childbirth process. In Chao

⁶⁸ Xu Wenbo 徐文伯 (fifth century CE) was recorded to have used acupuncture to induce labor and Chen Wenzhong 陳文仲 (seventh century CE) wrote on the use of moxibustion to treat difficult malpresentation during birth. Ma (1983), p. 155. On present day use of obstetrical acupuncture: Borup *et al.* (2009), pp. 5-12. Researchers of this study concluded that acupuncture reduced the need for pharmacological and invasive methods during delivery and cite acupuncture as a good supplement to existing pain relief methods. In another study published in 2011, researchers showed that “using protocols studied, there was no analgesic benefit with acupuncture for pain relief during induced labor in nulliparae.” MacKenzie *et al.* (2011), pp. 440-447. ‘Nullipara’ is a woman who has never given birth before. See also Smith *et al.* (2011). This study found that “acupuncture and acupressure may have a role with reducing pain, increasing satisfaction with pain management and reduced use of pharmacological management. However, there is a need for further research.”

⁶⁹ Lin (2012), pp. 129-214. According to Lin (2012), pp. 218-307, treatment of pain in early medical works consisted of *zhuyou* 祝由 (charms and spells), *daoyin* 導引 (guiding and pulling), *xingqi* 行氣 (moving *qi*), *huxi* 呼吸 (breathing exercises), *zhenjiu* 針灸 (needling).

⁷⁰ *Zhubing yuanhou zonglun*, *juan* 41.

Yuanfang's descriptions of pregnancy illnesses, pain sensations around the waist or stomach were always described in combination with other types of observation (*leng* 冷 – coldness; *fenghan* 風寒 – wind and chill; *fengleng chenzhi* 風冷乘之 – assault of cold wind or other parts of the body experiencing pain, such as heart pain 心痛 and heart-stomach pain 心腹痛).⁷¹ However, the pain associated with pregnancy illnesses was seldom qualified or described further, therefore failing to link it to regular birth and to use it as a tool prior to the authorship of *Shichan lun*. In most works (especially prescription literature like Sun Simiao's *Qianjin fang* and Wang Tao's *Waitai miyao*), pain in combination with other corporeal parts, like heart, abdomen, or head (*toutong* 頭痛 – head-pain), was listed, but there was no connection to birth (although pregnant women suffered from these illnesses).

Another type of pain that appeared frequently as a concern of medical authors in the Tang and Song periods was postpartum pain. Medical authors like Sun Simiao, Chao Yuanfang and Wang Tao, and right up to Chen Ziming's time in the Southern Song, all wrote about postpartum pain being especially problematic and requiring special attention. Failure to identify the specific illness causing pain would inevitably cause future health problems, and possibly death. (I will discuss postpartum pain in a separate article.)

Thus far we have descriptions of pain associated with sensory qualities that were temporal (pulsing, throbbing), and spatial (spreading from one spot to another). Based on extant medical sources, pain sensations during childbirth also included those of a constrictive nature (pressing, cramping, crushing), dullness (sore, numbing, heavy) and that of traction pressure (tugging, pulling, wrenching).⁷² Many of these other qualities of childbirth pain can be gleaned from other parts of Chen Ziming's *Furen daquan liangfang*, *juan* 17, especially in part three on formularies, where most references made to pain during birth complications identified the pain as occurring around the waist area. In addition to these spatially qualified descriptions, there are also references to pain as *zhongtong* 重痛 (literally 'heavy pain,' or severe pain). None of these were described in any way useful but were indications of problems.

Given the extant sources on childbirth pain, it appears that Yang Zijian, the author of *Shichan lun*, and Chen Ziming, the author-editor of *Furen daquan liangfang* were not the first to elaborate on childbirth pain. Rather,

⁷¹ *Zhubing yuanhou zonglun*, *juan* 41; see *juan* 43 "On illnesses suffered at the time of birth" for comparison.

⁷² I am using Melzack and Torgerson's classes and subclasses of pain descriptors to help in my translation. These terms are approximate and do not correspond to the Chinese characters in every aspect (connotation, denotation). Melzack and Torgerson (1971), pp. 54-57.

they worked within a set of inherited discourses which they continued to modify and adapt. However, Yang Zijian's *Shichan lun* presented the most systematic description of the use of pain as a tool for standard childbirth. This tool was one wielded by women in the birthing chambers, and specifically by the parturient mother and midwives. This tool or this pain in *Shichan lun* comes with the implicit assumption that women were not passive but were active participants who were able to interpret the signs of temporal progression and complication. Yang Zijian's *Shichan lun* is a glimpse into the ways in which pain was meaningful and useful to women, even as it remained outside the experience or textual authority of men. In the last part of this paper, I will explore how women found meaning in or made use of childbirth pain.

The Use of Painful Birth in Chinese History

Beyond medical works, childbirth pain was recorded in other types of texts throughout the imperial period. The subject is immense and this section can only briefly and incompletely survey some of these texts. I will address some of these issues mentioned in a future article or monograph. In this section, I provide examples of painful birth from early China, from the Chinese Buddhist tradition from the middle period, a short excerpt from a sequel to the *Hongloumeng* 紅樓夢 written by a woman, and a ballad written by women from Jiangyong 江永, Hunan, in the women's script from the late imperial period.⁷³ In these works depicting childbirth pain, we see dynamic uses of childbirth pain descriptions, thereby complicating aspects of motherhood and women's roles that were idealized within patrilineal relations. Such uses differ from those made in *Shichan lun* or during childbirth, but still point to childbirth pain's usefulness as a metaphor or didactic tool. These examples represent the tip of the iceberg of extant materials available. I cite these examples to highlight how different the use of pain was in medical works such as *Shichan lun*.

A well-known record from early historical sources is the difficult birth of Duke Zhuang 莊 in the *Zuozhuan* 左傳 (Commentary of Zuo).⁷⁴ According to Sima Qian, Lady Wu Jiang, the mother of Duke Zhuang experienced great hardship during childbirth and therefore preferred her

⁷³ See footnote 93 on *Honglou meng ying* and footnote 97 on *nüshu*.

⁷⁴ *Zuozhuan*, Duke Yin First Year (722 BCE), 左傳. 隱公元年: 「莊公寤生, 驚姜氏, 故名曰寤生, 遂惡之。」 "Duke Chuang was born wide awake and consequently greatly startled Lady Chiang. Therefore she named him Born Awake and came to hate him." I am using Watson's translation here. Watson (1989), pp. 1-2. The same anecdote was also recorded in the *Shiji* 史記, *juan* 42 (p. 1759).

other son, Duan 段.⁷⁵ The pain suffered by Lady Jiang was so great that she came to hate Duke Zhuang.⁷⁶ The childbirth pain of a young mother giving birth for the first time both surprised her and shaped her attitude towards her firstborn. This extent Lady Jiang's suffering remains of interest to historians.⁷⁷ Yet the lack of pain was also a cause for concern for the new mother in another well-known story. In *Ode 245* of the *Shijing* 詩經, Hou Ji 后稷, who was venerated as the Lord of Millet and the founder of the House of Zhou, came into the world with little pain or tearing, causing Lady Jiang Yuan 姜嫄, his mother, to abandon him right after birth.⁷⁸ In this case Lady Jiang Yuan was expecting pain, the sensations of 'splitting,' or 'bursting,' and 'rending.'⁷⁹ But when she did not have these pains, she became alarmed and abandoned Hou Ji. Such a birth experience was considered inauspicious, and it is implied in the ode that the unusual nature of his birth led her to abandon him or expose him to the wild.⁸⁰ In both cases, experiences of childbirth pain influenced relationships mothers

⁷⁵ The story is translated in Nylan (2001), p. 277: "The Duke of Zheng had two sons by Lady Jiang: a firstborn son, Wusheng, and his younger brother, Duan. Because she had suffered more in giving birth to Wusheng, Lady Jiang favoured Duan. She therefore tried to convince the Duke of Zheng, against all precedent, to name Duan as heir. [This the Duke refused to do.] After the Duke died, Wusheng succeeded to the dukedom, this was Duke Zhuang."

⁷⁶ Watson (1989), pp. 1-2, uses the word 'hate' for Lady Jiang's feelings towards Duke Zhuang.

⁷⁷ Fan Xingzhun 范行準 argued that Lady Jiang must have been very young when she gave birth to Wusheng such that she was shocked by the pain and suffering of birth. Since she was of an aristocratic background, she was not used to physical discomfort, but she did have another child, Duan within three years, Fan Xingzhun reckoned that Lady Jiang did not damage her reproductive organs. Fan (1989), p. 648, on "Nanchan" 難產.

⁷⁸ *Shijing* 詩經 (Book of Songs), *Daya* 大雅. #245, Hou Ji 后稷, the Lord of Millet. In this ode, Lady Jiang Yuan became pregnant after stepping into the footprint of the Divine lord and gave birth to Hou Ji, who would become the founder of the House of Zhou and was known as the Lord of Millet. Hou Ji's birth was recorded as miraculous because Lady Jiang did not experience the terrible sufferings of childbirth pain rendered as 'bursting,' 'rendering,' 'hurt,' and 'harm' by Arthur Waley. Waley (1960), p. 241. See also Watson (1962), p. 225. On how scholars from different disciplines read this ode, see Yu (2000).

⁷⁹ Karlgren (1971), p. 200 translated the second stanza of *Ode 245* as follows: "She fulfilled her months, and the firstborn then came forth; there was no rending, no injury, no harm, thus manifesting the divine nature of it." The translation in Owen (2000), pp. 12-13, is almost identical: "When her months had come to term, her firstborn sprang up. Not splitting, not rending; working no hurt, no harm."

⁸⁰ Yu (2000).

had with their children, and were an integral part of their status and authority as mothers.

There is a wealth of scholarly work on childbirth pain and suffering in Buddhism because the root of human suffering starts with being in the womb.⁸¹ Therefore, Buddhist soteriological literature grapples with the pain and suffering of pregnancy, childbirth, and motherhood alongside notions of detachment from life in the endless cycle of birth and rebirth and complex relations between filiality and enlightenment. In these studies, childbirth pain descriptions point to meanings beyond the body and the women experiencing birth. The usefulness of pain had to extend beyond the suffering body to signal values or reminders for behavior, actions or practices leading to salvation.

In the apocryphal Chinese Buddhist scripture *Fumu enzhong jing jiangjingwen* 父母恩重經講經文 (The Sūtra-Explanation of the Sūtra on the depth of parental kindness), a tenth century manuscript found at Dunhuang, describes the toil of pregnancy and childbirth (and other hardships parents have to bear in order to bring up a child).⁸² In the text, the final month of pregnancy was described as excruciating. This was followed by an account of how the pregnant woman had to endure an unimaginable amount of anguish during childbirth, and this was likened to pigs and goats being slaughtered with blood flowing all over the floor.⁸³ The suffering of the mother and the messiness of childbirth was likened to the butchery of animals, with emphasis on the uterine blood polluting the

⁸¹ For the most recent scholarship on Buddhist conceptualization of childbirth pain in China, see Choo (2012). See also, Kritzer (2009) and (2014). Other scholarship on pregnancy, childbirth and filial debt includes Selby (2005), Langenberg (2008; 2017) and Ohnuma (2012).

⁸² *Fumu enzhong jing jiangjingwen*. I am using Jessey Choo's translation of the apocryphal *Fumu enzhong nanbaojing* (T. 684), and used 'sūtra-explanation text' for *jiangjingwen* 講經文. Choo (2012), p. 207. See also Choo's footnote 45 (p. 207) for the complicated textual histories of apocryphal scriptures bearing similar titles. My concern here is with the content of the sūtra: the themes of the hardships parents go through to bring up their children, the hardships of pregnancy and childbirth, and the importance of filial piety. Interestingly, the seventh century Buddhist apocryphon was also appropriated by Daoists, and rematerialized as the "Scripture on Repaying the Profound Kindness of Parents, Revealed by Lord Dao" (*Taishan Laojun shuobao fumu enzhong jing* 太上老君說報父母恩重經). Mollier (2008), pp. 13-15.

⁸³ 經：月滿生時，受諸痛苦，須與好惡，只怒□常，如煞豬羊，血流洒地。 "According to the classics: when the [ten] months are reached, at the time of birth, [the mother will] suffer all forms of pain and hardship; good and bad alternate; only anger is [?] the norm; as when butchering pigs and goats, blood flows and splatters on the ground." *Fumu enzhong jing jiangjingwen*.

ground.⁸⁴ The author also highlighted that throughout childbirth, the pregnant woman's life was in danger, right up to the point when the fetus was born. In case of a complication, the possibility of the mother dying from a loss of blood was likened to that of an animal slaughtered on sacrificial grounds. Given the importance of filial piety within Chinese society, these descriptions of pain and suffering were probably meant to evoke filiality and the sense that one could not fully repay one's parents for their care and upbringing. No longer a tool within medicine for ascertaining the progress of birth, it is now a literary device and a didactic text.

In the Buddhist sūtra, *Foshuo baotai jing* 佛說胞胎經 (Sūtra on Entry into the Womb), the detailed description of conception, thirty-eight weeks of pregnancy, and birth, provides another example how descriptions of the pain and suffering of both mother and fetus were powerful tools within soteriological literature.⁸⁵ In this sūtra, pain starts even as the fetus forms and grows within the mother's womb. Particularly at birth, influences of past lives and accumulated bad karma could cause the fetus its life or extreme hardship at birth. In addition, the sūtra describes an easy and uncomplicated childbirth as one in which the feet of the fetus were at the top of the womb, and its head faced the *shengmen* 生門 (gate of life/birth).⁸⁶ But if the fetus had behaved in evil ways in its past life, at childbirth its feet would turn round and one foot or hand would emerge first, causing difficulty at birth; the mother could lose her life. In such a scenario, the mother would be worried and distressed, and undergo an inconceivable amount of pain and suffering (*qimu aonao huantong wuliang* 其母懊惱患痛無量). The opposite would be true if in its past life, the fetus had accumulated good deeds: it would not be returned to the cyclical and myriad sufferings of life, and its karmic relationship with its mother would not be one of

⁸⁴ In Buddhism, women were considered sinful for the polluting nature of their blood; their need to atone for this transgression is described in the *Xuepen jing* 血盆經 (Blood Bowl Sutra), an apocryphal work from the twelfth century, printed by 1437 in the imperial Buddhist canon; Cole (1998), xvi, and chapter 9. On Buddhism and the polluting nature of women's blood, see Faure (2003), p. 78; see also Idema (2008), p. 24.

⁸⁵ *Foshuo baotai jing*. See also Kritzer (2014). There is much scholarship on the pain and suffering of mothers in Buddhist gestational discourse, which is part of broader discourses, in the fields of religious and gender studies, women and women's literature, and medicine. Langenberg (2017) examines birth in Buddhism; it includes discussions of negative associations between childbirth and the inherently impure nature of the female body.

⁸⁶ The fetal position described here differed from that in the medical works, such as *Shichan lun*, where it was stated that the fetus turned round during childbirth, not before the start of birth.

immense pain and suffering.⁸⁷ Of particular interest to my focus on childbirth pain, the description of suffering the pregnant woman and her fetus both had to endure at birth was “greatly severe, greatly harsh, and greatly unbearable.”⁸⁸ The descriptions of childbirth pain combined with endless descriptions of the foul womb and worm-filled vagina was to inspire devotees to avoid rebirth and cycle of life.⁸⁹ Childbirth pain in this context was crucial to soteriological literature.

In later periods, childbirth pain was also mentioned in other vernacular forms like *xiaoshuo* 小說 (fictional narrative) and other vernacular traditions such *nüshu* 女書 (women’s script).⁹⁰ The two examples I provide here feature women utilizing the description of childbirth to forward their own agenda (respectively literary and social). In episode four of *Hongloumeng ying* 紅樓夢影, possibly the first novel written by a woman, the wife of the main character Jia Baoyu, Xue Baochai gives birth. There is a short description of Baochai just before she gave birth:

When Madam Wang came into Baochai’s room with a servant girl, she saw that Baochai was in unbearable pain, with her brows all scrunched up, pacing the room while being held by Chanyue.

王夫人扶著小丫頭到寶釵房裡，見寶釵蛾眉緊蹙，不勝其苦，麝月攙著在地下來回的走。⁹¹

Although this is only a short description, the details of Baochai’s facial expressions displaying suffering suggest that the author of this work of

⁸⁷ In the *Foshuo baotai jing*, the pain suffered by the mother at childbirth was not caused by the pregnant woman but was directly linked to the karma of the fetus in the womb. This description stands in contrast to the reasons posited by Chen Ziming in part one of *juan* 17 in *Furen daquan liangfang*. Chen, like fellow male medical authors, attributed childbirth complications to the behavior of the pregnant woman. In Chen’s descriptions, the fetus was innocent and susceptible to diseases because of its mother’s indiscretion, such as excessive sex during pregnancy.

⁸⁸ Kritzer (2014), pp. 72-73 for an English translation of the suffering described in *Garbhāvānkrāntisūtra*.

⁸⁹ Kritzer quotes Sponberg (1992) (which I have not yet had the chance to consult) on the nature of this *sūtra* as one of ‘ascetic misogyny’ with reference to the descriptions of the vagina and womb as one of filth, disgusting conditions and worm-filled. Langenberg (2008) examines how such misogyny developed within the tradition.

⁹⁰ West (2010), p. 585. See also Idema (2009) and footnote 96.

⁹¹ *Honglou meng ying*, Episode 4. I have chosen to introduce this work of fiction because in the searches I have conducted, this is by far the most vivid and detailed description of childbirth in a non-medical work. Other fictional works would merely mention childbirth in passing and do not provide details like the condition of the mother, her expressions or the progress of birth.

fiction knows little intimate detail of childbirth. There are at least three births described in the novel.⁹² The author, a Manchu woman, Gu Chun 顧春 (1799-1877), sobriquet 太清 Taiqing, was herself a mother of five (three sons and two daughters). In the same novel, Gu describes the childbirth experience of another character, Li Ping'er, as one of little pain because Ping'er had accumulated a lot of good karma.⁹³ The fetus thus became the beneficiary of its mother's good deeds and kind behavior. Here Gu Taiqing drew on the same ideas promulgated in popular Buddhist works: childbirth suffering tied to one's cumulative good or bad behaviour. Gu Taiqing's descriptions of Xue Baochai coping with childbirth pain suggests intimate knowledge of what went on in a birthing chamber.⁹⁴

Another source of writing on the pain of childbirth and related hardships is the *nüshu* literary tradition of ballads and songs from villages in Jiangyong district in southernmost Hunan province.⁹⁵ In one of the ballads on the "Ten Months of Pregnancy," the narrator provided details of the ten months of pregnancy and accompanying hardships, pain and physical changes. The text provides a vivid description of the different types of pain during childbirth:

Pregnant in the Tenth Month: it is about to be born!
 The child in my belly has grown oh-so-heavy.
 I've no strength in my arms and my legs are swollen,
 I never feel comfortable no matter what I do!
 And then as soon as the period of labor begins,
 I find myself a paper-thin distance from dying.

The pain of one contraction is enough to make you faint,
 The pain of two contractions can cause your soul to flee!
 Clenching your teeth, you bite through a nail,
 And your hands and feet feel as icy as snow.
 Even if the child is delivered without a hitch,
 The fate of the mother still hangs in the balance.

⁹² Two births in Episode 4 and one in Episode 9. Widmer (2006) records that Gu Taiqing had three sons and two daughters, while Zhao (1989) claims that she had three sons and four daughters. Whatever the number of her children, Zhao acknowledged that Gu was experienced with childbirth procedures.

⁹³ *Honglou meng ying*, Episode 9.

⁹⁴ Elite women writers often wrote poems depicting their physical ailments and bodily sensations during bouts of illnesses as tropes for emotional, political or aesthetic purposes. See Fong (2010). However, Gu Taiqing was writing a novel and these descriptions, unlike those found in poems, were designed to render the episodes on childbirth vivid.

⁹⁵ *Nüshu* was a syllabic script of the local Jiangyong dialect, used only by women to record their own ballads and songs, or other better known popular narratives. Idema (2009), pp. 3-7, dated its creation to early years of the nineteenth century.

When the child is born and lets out a first cry,
 The parents-in-law in their room sigh with relief.
 When the child is born and lets out a second cry,
 The mother in her room opens up her eyes wide.
 When the child is born and lets out a third cry,
 People inspect it to see whether it is a boy or a girl.⁹⁶

This text is probably the closest we have of a record by women themselves about the pain and hardships of childbirth. The mother describes her pain during labor through physical descriptions of fainting, one's soul fleeing the body, suggesting an out-of-body sensation, and that of biting through a nail. The pain here is not physically useful for helping the mother through labor, but describes the passing of time and certainly makes it clear to all those reading this that the mother's suffering during childbirth was immense.

This ballad reminds us of the Buddhist literature introduced earlier in this paper, in which the pain suffered by the mother was supposed to evoke filiality and the pain experienced by the fetus was to encourage avoidance of rebirth. In both texts, vivid descriptions of childbirth pain and suffering by the mother provide the basic trope for the childbirth pain discourse, which were in turn used by the authors to elicit empathy, gratitude and guilt. The difference between the *nūshu* ballad and Buddhist literature would be that the ballad was a way non-elite women made sense of their suffering and expressed their childbirth and other life experiences, while the Buddhist sūtra exhorted filial piety and also promulgated misogyny by associating the bodies of women with foulness. In both cases, childbirth pain descriptions pointed to a sense that women were martyrs in their suffering as parturient mothers and deserved society's respect, pity and acknowledgement, but were also dangerous with ritually polluting bodies and nature.

When Was Pain No Longer Useful?

I started the paper with the late Qing author Ye Feng who wrote about pain as inevitable and a mere nuisance women unfortunately had to endure. How did the specific use of childbirth pain in *Shichan lun* for the practical need of identifying different stages of birth disappear? As Yi-Li Wu has argued, medical authors were not describing a painless birth. Instead, they were aligning their descriptions of childbirth to reflect "internally oriented, universalistic etiological frameworks" that nurtured the idea that childbirth

⁹⁶ "The Ten Months of Pregnancy Collected and edited by Zhou Shouyi," Idema and Grant (2004), pp. 558-561.

could be easy and cautioned against harsh medicine and interventions by midwives.⁹⁷ As the discourse on childbirth shifted and changed from one of birth being “destabilizing, polluting, and inherently dangerous” to one of “cosmological resonance,”⁹⁸ the use of pain became misplaced, and it was omitted and forgotten.

One cannot give a specific date for this, but the Ming dynasty imperial physician and medical author Xue Ji, contributed to the gradual textual erasure of thinking about childbirth pain as a useful tool. Xue Ji was a prolific medical author and a noteworthy editor who revised and annotated many pre-fifteenth century medical works that are no longer extant. His editorial decisions and fame as a physician helped make Chen Ziming’s *Furen daquan liangfang* (containing *Shichan lun*) one of the most widely disseminated works on women’s medicine in late imperial China.⁹⁹ The longevity and ubiquity of *Furen daquan liangfang* and *Shichan lun* is striking. Both were widely disseminated, quoted and transmitted from the end of the fourteenth century to the nineteenth century. They were reprinted as separate works or incorporated into other books.¹⁰⁰ At the turn of the twentieth century, *Furen daquan liangfang* continued to be printed. The ‘life’ of *Shichan lun* followed that of *Furen daquan liangfang*. By the Republican period, *Shichan lun* was no longer quoted and only very few medical authors ever mentioned it until it appeared again in print in the 1980s.¹⁰¹ With its disappearance, the usefulness of childbirth pain and its meaning were lost.

Xue Ji played a major role in the complicated process of medical authors shifting from seeing pain as useful, to the erasure of pain in their writings. Because *Shichan lun* was the main work quoted on childbirth and birth complications, its authority remained even as the content changed very gradually. Although Xue Ji published as the editor and not the author, he

⁹⁷ Wu (2010), pp. 147-187.

⁹⁸ Wu (2010), p. 154.

⁹⁹ A survey of the Xue Qinglu’s catalogue of Chinese medical works shows that Chen Ziming’s *Furen daquan liangfang* has thirty-eight extant editions, from the earliest extant one in the fourteenth century to recent contemporary reprints. There are seven different editions of *Furen daquan liangfang* held at the National Palace Museum Library in Taipei. There are also editions held at the Library of Congress in Washington D.C. and at Princeton University. Xue *et al.* (2008), pp. 535-537; *Guoli gugong bowuyuan shanben jiuji zongmu* (1983), pp. 705-707.

¹⁰⁰ Furth (1998), pp. 155-186.

¹⁰¹ The fate of *Shichan lun*, especially its disappearance by the early twentieth century, was tied to the rise of newly trained midwives who were usually young and schooled in Western medicine. The work of traditional midwives was of course associated with the ills of the traditional society in the early twentieth century, and was therefore slated for removal. On modern midwifery after the collapse of the Qing empire, see Johnson (2011).

made extensive changes to *Daquan furen liangfang* in the fifteenth century. In *Shichan lun*, he shortened all the topics and added his own commentary. He shortened Topic One, and the pain description no longer contained the same spatial and temporal details. Some of his contemporaries continued to use the longer description from earlier editions of *Shichan lun*,¹⁰² but by the Qing period, the starkly shorter description would be quoted by other medical authors.¹⁰³

Topic One: Regular Birth

It is said that a woman who experiences regular birth carries her fetus for ten months, has sufficient *yin qi* and *yang qi*. Suddenly there are waves of pain and the fetus is on the *gudao* (alimentary tract). The birth fluid breaks and blood descends, and the child is promptly born in a regular manner.

一曰正產

正產者言懷胎十月，陰陽氣足。忽然作陣疼痛，胎至谷道，漿破血下，兒即正產。¹⁰⁴

Xue Ji's version of *Shichan lun* and his other works on women's medicine would have immense influence on later medical authors. Because Xue Ji's edited version of Chen Ziming's *Furen daquan liangfang* became the most widely disseminated works on women's medicine in the late imperial period,¹⁰⁵ multiple editions of the same version of Xue Ji's *Furen liangfang* appeared in Japan and Korea.¹⁰⁶ In China, following Xue Ji's shortened

¹⁰² Authors such as Wang Kentang and Wu Zhiwang, both of whom are studied in Furth (1998), quoted the longer version of *Shichan lun* but they also omitted characters. *Jiyin gangmu*, p. 648.

¹⁰³ I conducted a survey of thirty-eight titles focusing on women's medicine from the Tang to the Qing, paying special attention to pain description.

¹⁰⁴ *Jiaozhu furen liangfang*, pp. 942-943.

¹⁰⁵ See Ng (2013), pp. 235-292 for a discussion of Xue Ji's role in the dissemination of *Furen daquan liangfang*. Xue Ji took much liberty with *Furen daquan liangfang*, redacting and deleting parts, and in fact produced a work different from Chen Ziming's. The historian of medicine, Xie Liheng commented on how widely disseminated Xue Ji's works on women medicine was in his history of Chinese medicine. Xie (1924, reprint 1960), pp. 38-39. Xue Ji's role requires a book-length treatment as he is considered the representative of the *Wenbu* 溫補 (Warming and Tonifying) school of medicine in late imperial China. *Xue Ji yi'an tiyao*, in *Siku quanshu* vol 742, pp. 12-15.

¹⁰⁶ The Waseda University Kotenseki Sogo Database has three different editions of *Furen daquan liangfang* edited by Xue Ji. According to the Kanseki Database (日本所藏中文古籍數據庫), that keeps track of Chinese rare books in Japan, there are

Shichan lun, medical authors such as Chen Guopeng 程國彭, who wrote *Yixue xinwu* 醫學心悟 (preface dated 1732), quoted Xue Ji's shortened version of Topic One. By the mid-eighteenth century, Shen Yaofeng's 沈堯封 *Nüke Jiyao* 女科輯要 (Edited Essentials of Medicine for Women) was listing Topic One without any of the descriptions and Topic Two and the subsequent topics using Xue Ji's version.

Yang Zijian, *Shichan lun*. Topic One: Regular Birth. Topic Two: Injurious Birth, not having been pregnant for the full months and experiencing pain as if one was about to give birth ...

楊子建《十產論》一曰正產。二曰傷產、未滿月而痛如欲產...¹⁰⁷

Even Ye Feng's *Dashengbian* advised his readers to consult Yang Zijian's *Shichan lun*, which provided the most detailed description of childbirth.¹⁰⁸ Very few new ideas were introduced into women's medicine on childbirth or managing birth complications.

In the Qing dynasty, many scholars writing on women's medicine ceased to include the category of *linchan* 臨產 (approaching birth) in their works, choosing to write on illnesses during pregnancy and after childbirth.¹⁰⁹ When authors did include a section on childbirth, they quoted Yang Zijian's *Shichan lun*.¹¹⁰ The omission of sections on *linchan* and the shortening of any pain descriptions in the late imperial period coincide with what Yi-Li Wu has described as doctors writing about protecting women's 'vitalities' and rejecting the use of harsh drugs and manipulations.¹¹¹ My study of pain discourse in medical works ends here, where Wu's findings contextualize how medical discourse on women shifted and childbirth pain became part of that larger picture.

twenty-six different editions and versions of *Furen daquan liangfang*, nineteen of which were edited by Xue Ji. These twenty-six records did not include the Waseda editions (<https://goo.gl/a6TRLc>). Therefore in Japan alone, Xue Ji's version of Chen Ziming's *Furen daquan liangfang* was the most widely disseminated.

¹⁰⁷ *Nüke Jiyao*, pp. 77-81.

¹⁰⁸ *Dasheng bian*, "Ke'yan" 格言, p. 31. Throughout his work, Ye Feng quoted Xue Ji's commentaries and firmly pointed to the significant influence of Xue Ji on later authors.

¹⁰⁹ I surveyed over thirty-eight titles (in different editions) on women's medicine (*fuke*, *chanke*) and also large compendiums like *Gujin tushu jicheng* 古今圖書集成 which did include Yang Zijian's earliest extant *Shichan lun*.

¹¹⁰ See *Dasheng bian*, whose author referred his readers to earlier authors for details of childbirth complications.

¹¹¹ Wu (2010), pp. 147-187.

This rereading of *Shichan lun*, and the finding of how Song medical authors, midwives and pregnant women described and utilized childbirth pain is significant in the context of our current obsession with eliminating pain with an array of opioids. Pain has utility in the context of childbirth. Another feature of this rereading is the reconsideration of the importance of patient's voice during care, because to use pain descriptions as a tool, only the women giving birth and those helping her were able to use this tool. This preliminary study has raised more questions than it has answered. Having laid out the usefulness of pain for practitioners aiding birth and for women who used discourses of pain to shape their social identity, the next step forward would be to study the women who continued to use that pain description despite the changing discourse.

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