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More Autonomy, Less Safety: Practicing Birth Control in Ming and Qing China

A thesis submitted in partial satisfaction of the
requirements for the degree Master of Arts
in East Asian Studies

by

Wan Zhao

2025

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ABSTRACT OF THE THESIS

More Autonomy, Less Safety: Practicing Birth Control in Ming and Qing China

by

Wan Zhao

Master of Arts in East Asian Studies

University of California, Los Angeles, 2025

Professor Andrea S. Goldman, Chair

The thesis examines how birth control was practiced, represented, and morally judged in Ming-Qing China through legal, literary, and medical sources. Here, I define birth control as practices engaged in by women, couples, or families encompassing everything from contraceptive methods to abortion and infanticide. Because the state discouraged birth control, the archival record is marked by silence: medical handbooks did not record many effective and safe contraceptive or abortifacient formulae; legal cases frame abortion as evidence of illicit sex; and literary works picture birth control as dangerous moral transgression. However, by reading against the grain, it reviews that people across social classes employed a wide range of methods to manage fertility under economic or emotional pressures.

The thesis argues that women's autonomy in reproductive decision-making did not always align with better outcomes. When birth control was a collective family decision, women

had access to safer options, such as bringing in concubines or seeking professional physicians. In contrast, when birth control was a woman's individual decision, especially in contexts of adultery, her limited access to reliable medical help often produced severe consequences. The study demonstrates that birth control was an open secret in Late Imperial China, and the history of reproductive decision-making thus offers a window into women's constrained bodily autonomy. The thesis concludes by tracing how these dynamics persisted into the twentieth century, as the criminalization of abortion (1910-1935) and later PRC birth planning policies continued to situate women's bodies as the center of reproductive governance.

The thesis of Wan Zhao is approved.

Richard von Glahn

Yinghui Wu

Andrea S. Goldman, Committee Chair

University of California, Los Angeles

2025

For my beloved mother, Li Juan Sun

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Introduction

“天下之男無不父，女無不母矣。”¹

There are no men who are not fathers in the world, and there are no women who are not mothers.”

—*Jiyin gangmu* (To Benefit Yin: A Comprehensive Guide)

Children were the continuation of the line of patrilineal descent in late imperial China.²

Therefore, motherhood as the foundation of a woman’s identity was also social consensus.

Giving birth to a male heir was the primary task of a woman once she married, otherwise she could be divorced for being sonless.³ Accordingly, failure to conceive brought great anxiety to a woman, and she might even die from it: the daughter-in-law of Qin Ying, a Qing dynasty official at the Grand Council, died of long-term depression caused by infertility.⁴ Besides the social expectation and pressure, children were important in forging bonds between a woman and her marital family. Children secured a woman’s position within her marital family, paving a path to her future authority from within the inner chambers.⁵ These social expectations were reflected in medical discourse. When treating a female patient, the most important goal was to ensure that the medication used by the physicians would not affect her ability to reproduce, which was her main

¹ *Jiyin gangmu*, or *To Benefit Yin: A Comprehensive Guide*, is a medical book focusing on gynecology from the Ming dynasty. Its primary author is Wu Zhiwang, and it was later edited by Wang Qi. The book discusses the treatment of women’s miscellaneous disorders, with its focus, like that of most gynecological books in late imperial China, on a woman’s fertility and gestation. In Wu Zhiwang 武之望, *Jiyin Gangmu* 濟陰綱目 (To Benefit Yin: A Comprehensive Guide) (Beijing: Renmin weisheng chubanshe, 1996), 324.

² Maram Epstein, *Orthodox Passions: Narrating Filial Love During the High Qing* (Cambridge: Harvard University Press, 2019): 31.

³ Weijing Lu, *Arranged Companions: Marriage and Intimacy in Qing China* (Seattle: University of Washington Press, 2021), 148.

⁴ Ibid, 173.

⁵ Francesca Bray, *Technology and Gender: Fabrics of Power in Late Imperial China* (Berkeley: University of California Press, 1997), 338.

duty. Therefore, in gynecological manuals, women's illnesses were dominated by problems related to their reproductive functions.⁶

While children were indeed important, families from different social classes had various reasons for not wanting to have children, or for limiting their number. In spite of the very real pressure on married women to conceive, birth control, although never formally sanctioned, was practiced in Ming and Qing China. Here, I define birth control as practices engaged in by women, couples, or families encompassing everything from contraceptive methods to abortion and infanticide.⁷ Medical manuals and handbooks such as *Jiyin gangmu* and *Nüyi zayan*, short stories and novels including *Sanyan*, *erpai*, and *Houloumeng*, and legal cases such as *Xing'an huilan* and *Daqing lili*, all record the existence of birth control in the Ming and Qing dynasties. To be sure, the existing sources for reconstructing birth control practices exude certain biases. In the medical books written by both male and female doctors, direct descriptions of effective, reliable, and safe contraceptive medicines and abortifacients are lacking. In the legal cases and in literary representations, birth control is stigmatized, frequently connected with illicit affairs. In addition, birth control methods in the legal cases and in literature are recorded either because they failed or led to serious (or even fatal) side effects for women. The silence in the sources regarding effective birth control methods is deafening. Nevertheless, despite these biases and omissions in different sources, this essay examines the variety of birth control methods in late imperial China. In this essay, I argue that it gave the woman more control over her body when it

⁶ Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999), 245.

⁷ In Aymeric Xu's article "Criminalization of Abortion in Late Qing and Republican China," he also considers abortion as a means of birth control in the middle Qing dynasty. See Aymeric Xu, "Criminalization of Abortion in Late Qing and Republican China," *Past and Present* 258, no.1 (February 2023): 154.

was a family decision, while it always led to bad consequences when it was the woman's personal decision.

Literature Review

A significant body of scholarship speaks to women's bodies, social motherhood, abortion, and infanticide in late imperial China: Charlotte Furth's *A Flourishing Yin: Gender in China's Medical History, 960-1665* and Yi-li Wu's *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China* address women's bodies and births in a medical context by using medical books as their primary sources, which give us a window onto the changing attitudes on women's bodies and reproduction from the Song through the Qing dynasties. Matthew Sommer's article, "Abortion in Late Imperial China: Routine Birth Control or Crisis Intervention?" and Michelle King's *Between Birth and Death: Female Infanticide in Nineteenth-Century China* focus on the non-elite class, discovering the strategies used to control family size, abortion and infanticide, after the failure of contraceptive methods.

Furth's 1999 study, *A Flourishing Yin*, focuses on medical history, gender history, and the culturally constructed body.⁸ She argues that the female body in late imperial China was not only defined biologically, rather it was a culturally constituted site where cosmology, kinship structure, moral hierarchy, and gender ideology converged.⁹ Because of the cultural importance of motherhood, even in *fuke* discourse, a woman's identity as a childbearer was more important than her personhood.¹⁰ Furth starts by introducing the concept of the androgynous "Yellow Emperor's body."¹¹ The concept is obtained from the ancient cosmological system, and is used to understand gender in traditional Chinese medicine. Furth further introduces the development of

⁸ Furth, *A Flourishing Yin*, 16.

⁹ Ibid, 305.

¹⁰ Ibid, 183.

¹¹ Ibid, 19.

fuke (gynecology) in the Song through Ming dynasties. Finally, she provides analyses of how male and female physicians practiced *fuke*. *Fuke* was never the most important field within medicine in imperial China, but Furth's writing on *fuke* is revolutionary, as it places *fuke* within its cultural and gender contexts.

Published in 2010, Wu's *Reproducing Women* extends the timeline of *A Flourishing Yin* with attention to the development and changes of *fuke* from the seventeenth to early nineteenth centuries.¹² Wu argues that women's reproductive bodies were shaped by medical metaphors, cosmology, anatomy and medical traditions. Wu reads the development of medicine and *fuke* through the lens of cultural history, exploring the contribution of the revolution in printing to commoners' understanding of *fuke*. Wu also suggests that one reason why it was risky to give birth to children in late imperial China was the elite male physicians' disdain for manual practitioners and midwives, who in fact played important roles in childbirth. Furth and Wu's medical history perspectives showcase the significance of ritual practices on the construction of motherhood. This shows us that, despite the dangers of childbirth, reproduction was still the most crucial function for a woman.¹³

When women of commoner families were pregnant but their families could not afford another child, abortion and infanticide might be their strategies for controlling family size, although both were seen as evil deeds.¹⁴ Sommer's article, "Abortion in Late Imperial China," disagrees with the assertion of earlier demographic historians and gender historians that abortion

¹² Yi-Li Wu, *Reproducing Women: Medicine, Metaphor, and Childbirth in Late Imperial China* (Berkeley, University of California Press, 2010), 5.

¹³ *Ibid*, 13.

¹⁴ Michelle T. King, *Between Birth and Death: Female Infanticide in Nineteenth-Century China* (Stanford: Stanford University Press, 2014), 27.

was practiced as routine birth control in late imperial China because there were no safe abortifacients or any kinds of birth control medications.¹⁵ Instead, Sommer argues that abortion was a crisis intervention for the woman who was engaged in an illicit sexual relationship or whose life would be endangered if the pregnancy continued. Distinguished from previous scholarly works which use literature, medical handbooks and manuals, and population records as primary sources, Sommer innovatively makes use of legal cases. He interprets abortion via a legal context and provides insight on how the Qing court and policy makers viewed abortion.¹⁶

When abortion and all other methods failed, infanticide might be the last thing a family or a woman could do to control family size, or to deal with the unwanted child.¹⁷ Published in 2014, King's *Between Birth and Death: Female Infanticide in Nineteenth-Century China* challenges the long-existing notion that female infanticide was a distinctively Chinese practice. She argues that female infanticide became Chinese, transforming from a local and moral issue to an international and political concern in the late nineteenth century because of the introduction of the imperialist context.¹⁸ *Between Birth and Death* is innovative, as it does not emphasize the fact of female infanticide. Instead, King discovers more perspectives on the story, such as why people committed infanticide, and those who urged people to stop such behavior, combined with why and how they did so.

¹⁵ Matthew H. Sommer, "Abortion in Late Imperial China: Routine Birth Control or Crisis Intervention?" *Late Imperial China* 31, no. 2 (December 2010): 99.

¹⁶ In Chapter One, I will discuss the limitation of legal archives. Legal archives only recorded abortions that resulted in death or criminal prosecution. Women who survived abortion procedures or those whose cases did not reach higher judicial levels remained absent from Sommer's perspective. Therefore, it produces a sample bias that pushes the evidence toward extreme outcomes. While Sommer's article convincingly demonstrates the Qing state's view of abortion as morally dangerous and the risk of abortifacients, the scarcity of legal documents render it difficult to determine how frequently abortion occurred among ordinary women.

¹⁷ Bray, *Technology and Gender*, 288-289.

¹⁸ King, *Between Birth and Death*, 7-8.

Scholars have long noted that the Ming and Qing dynasties were a time when motherhood was extremely important for a woman's identity, because women had to give birth to children despite the risks, and there were very limited options for women to deal with unwanted children. However, much of the existing scholarship has not made use of the limited sources available that focus on women's voices and experiences in terms of birth control, who made the decision to use birth control, and women's role and autonomy in birth control. In this essay, I turn my attention to these questions, focusing more on women's experience in birth control and attempting to discover women's voices through the silences in the primary sources. In addition, I will reveal the stigmatization of the practice evident in the variety of available primary sources, which helps to explain why it is hard to know the whole story of birth control in late imperial China.

Chapter 1: Silence about and Bias toward Birth Control

The primary sources I use include legal cases, legal codes, essay collections, short stories and novels, and medical books and manuals. Birth control seemed to be a taboo, and there was always silence on the topic. The guiding opinion in the Ming and Qing dynasty was that birth control should not be practiced, and it was abnormal if a couple wanted to practice it, because it was against social common sense. There were very limited records on women's attempts to avoid pregnancy and on contraceptive methods. Abortion and infanticide were mentioned, but they were seen a crime and demerit.¹⁹ In this part, I will discuss the silence and bias in the three kinds of primary sources I use, and the reasons behind the silence and bias, to show why it is challenging to study birth control in late imperial China.

The legal sources I will use are mainly from the Qing dynasty, including *Daqing luli* (Great Qing Legal Code), *Xing'an huilan* (The Conspectus of Penal Cases) and *Xingke tiben* (Board of Punishments Routine Memorials), which also exhibits silence and bias regarding birth control, likely because of the authorities' discouragement of birth control.²⁰ Abortion was associated with adultery in legal discourse. In the eyes of the elites, adultery was the only reason that might explain why a woman or her family would want to practice birth control, even though the reality may have been much more complicated. Their aversion to birth control may have come from their fear of social disorder. The Qing rulers regarded the regulation of sex as the

¹⁹ The attitudes towards abortion and infanticide could be traced back in the morality books in the Ming dynasty, such as *Gongguoge* (Ledgers of Merit and Demerit). King, *Between Birth and Death*, 27.

²⁰ The versions I use are Ma Jianhua 馬建華 and Yang Yutang 楊育棠 ed., *Daqing luli tongkao jiaozhu* 大清律例通考校注 (Beijing: Zhongguo zhengfa daxue chubanshe, 1992), and Zhu Qingqi 祝慶祺, ed., *Xing'an huilan* 刑案匯覽 (The Conspectus of Penal Cases) (Beijing: Beijing guji chubanshe, 2000).

foundation of social order.²¹ Out of anxiety for social disorder, the Qing dynasty strengthened the regulation of sex, and people were expected to strictly fulfill their gender roles.²² Motherhood, as the cornerstone of a woman's social identity, had to be fulfilled in order to fit the ruling class's needs.²³

Therefore, birth control, the prevention of motherhood, was likely seen as a sign of social disorder in the eyes of the ruling class. Because birth control was against the ruling class's interest, the records and testimonies around birth control were likely highly processed by the authorities. As Matthew Sommer mentions in his book, *The Fox Spirit, the Stone Maiden, and Other Transgender Histories from Late Imperial China* (2024), judges might torture prisoners to make sure the final confessions would produce a narrative that satisfied the authorities.²⁴ In *Fox Spirit*, Xing Shi, a man who lived as a woman, was tortured to change his testimonies, probably because his original testimonies did not fit the authorities' interest. Similarly, in terms of cases relevant to birth control, testimonies cannot be viewed as completely reliable, because the judges might torture the prisoners to force them admit something to meet the authorities' interest. Hence, in the legal cases, the voice of commoners may well be suppressed to accord with judicial priorities; and only the words that the authorities wanted to hear survived. Another bias of the legal sources is they only recorded capital or unusual cases. As a result, these records cannot speak to whether or not birth control was successfully practiced in cases where a death or

²¹ Matthew H. Sommer, *Sex, Law, and Society in Late Imperial China* (Stanford: Stanford University Press, 2000), 310.

²² Ibid, 11.

²³ Lu, *Arranged Companions*, 173.

²⁴ Matthew H. Sommer, *The Fox Spirit, the Stone Maiden, and Other Transgender Histories from Late Imperial China* (New York: Columbia University Press, 2024), 138.

adultery was not involved. In other words, the exceptional nature of the Qing legal record means that they cannot speak to whether abortion may have been practiced by couples in everyday life. Due to state and elite discouragement of birth control and the uncommon quality of the Qing cases, the legal sources are inevitably biased.

The literary sources I use include essay collections that contain real stories and fictional short stories and novels. Similar to the legal sources, the literature is also biased. Birth control in literature is either linked with adultery or negative consequences. The reason for this is not entirely clear. The moralism embedded in this body of literature may have been a gesture to the interest of the state authorities; perhaps, too, the writers by virtue of their elite status, could not understand why people might need to practice abortion or infanticide due to economic hardship. Regardless, the male scholars' bias against birth control reflected their disapproval of the practice. The limitations of literary sources become clear, as they lack the voices of the uneducated or women.

In medical sources, the reasons for the silence had to do with the importance of motherhood and doctors' fears of malpractice. The social meaning of motherhood that was emphasized by elites was also reflected in medical sources. The existence of gynecological medical books and manuals shows elite concern with female health, but medical attention was still focused on the woman's reproductive role. There were many methods of treating infertility recorded in gynecological books. For instance, *Yizong jinjian* 醫宗金鑑 (Golden Mirror of Medicine) records what was deemed the best age at which to engage in conjugal relations to conceive, when was the best time of the month to have sex, and infertility treatment formulae for

women who could not have children.²⁵ The sharp contrast is the silence surrounding contraceptive or abortifacient formulae. In addition to the violation of social expectations on motherhood, doctors feared possible legal ramifications. According to the Ming laws on penal affairs, “for those who...cause a miscarriage..., they shall be punished by 80 strokes of beating with the heavy stick and penal servitude for two years.”²⁶ The legal code prohibition on assisting others to abort lasted through the Qing dynasty. According to the *Daqing lüli*, similarly, people who caused a woman to miscarry would be sentenced to 80 strokes of the heavy bamboo and banishment for two years.²⁷ So far, I have not found any legal cases where a doctor was accused of assisting others in an abortion. Nevertheless, in *Xing'an huilan*, one such case was recorded. *Née* Ma helped *née* Yan, who was engaged in adultery and was pregnant, to induce an abortion by oral abortifacients.²⁸ *Née* Yan died of the abortifacients, and *née* Ma was convicted of being hired by others and causing a person's death. She was sentenced to 100 strokes of the heavy bamboo and permanent banishment of 3000 *li*. *Née* Ma may have been a midwife, but that is left unspecified. Although she was not a doctor, the consequences of helping others to abort was severe. Therefore, doctors in both the Ming and Qing dynasties had strong motivations for refusing to help a woman with abortion, especially when she made the decision alone. As a result, it was reasonable that doctors chose not to record effective abortifacients in their manuals

²⁵ *Yizong jinjian* was published in 1742 under the auspices of the Qianlong Emperor. It was compiled by imperial physicians, and it contains extensive material on various branches of Chinese medicine, including gynecology. Wu Qian 吳謙, ed., *Yizong jinjian* 醫宗金鑑 (Golden Mirror of Medicine) (Beijing: Liaoning kexue jishu chubanshe, 2000), 433.

²⁶ *Daming lü* 大明律 (The Great Ming Code), trans. Jiang Yonglin (Seattle: University of Washington Press, 2005), 178.

²⁷ Ma and Yang, *Daqing lüli*, 816.

²⁸ In Zhu Qingqi 祝慶祺, ed., *Xing'an huilan* 刑案匯覽 (The Conspectus of Penal Cases) (Beijing: Beijing guji chubanshe, 2000), 1930.

and books. Unwilling to be opposed to the social consensus on the universal good of motherhood and fearing the legal code prohibiting helping others in obtaining an abortion, Ming and Qing doctors rarely recorded effective abortifacients in their books, which is reflected in the silence about birth control in medical discourse.

Another bias in the medical sources can be attributed to the class and education level of the elite male writers of such books and manuals. These men had never experienced childbirth or required birth control. Their writings lack female voices, including those of female doctors, midwives, and patients.²⁹ There were indeed some educated women doctors, such as Tan Yunxian from the Ming, and Gu Dehua from the Qing, who wrote down their clinical experiences and the unusual cases they treated.³⁰ However, most female healers could not write. Midwives were often criticized for their ignorance and illiteracy due to their inability to read the childbirth treatises written by the male doctors.³¹ As for the female patients, because of gender segregation, some of them were not even willing to be treated by male physicians, not to mention talk about their experiences with male physicians.³² Thus, it is hard to find women's experiences

²⁹ Wu, *Reproducing Women*, 168.

³⁰ Gu Dehua 顧德華, born in 1816 in Jiangsu province, was a late Qing female doctor. Her most well-known medical manual is *Huayunlou yi'an* 花韻樓醫案. Similar to *Nüyi zayan*, *Huayunlou yi'an* records unusual gynecological disorders. See Zhong Wei and Yang Yiwang, “‘Qizi shangu’ nüyi Gu Dehua jiqi *Huayunlou yi'an* kao,” “七子山顾”女医顾德华及其《花韵楼医案》考, in *Zhonghua zhongyiyao xuehui yiguwen fenhui diershiliuci quanguo yiguwen xueshu jiaoliuhui lunwenji* 中华中医药学会医古文分会第二十六次全国医古文学术交流会论文集 (2017), 96-98.

³¹ Many families did not welcome female healers or midwives. In the Southern Song, the essayist Yuan Cai wrote similar concerns in *Yuanshi shifan*: “Buddhist nuns, Taoist old women, old women as go-between or brokers, and those women who trade acupuncture as a pretext should not be allowed into the household 尼姑, 道婆, 媒婆, 牙婆及婦人以買賣、針灸為名者, 皆不可令入人家.” The negative attitudes towards female healers further increased women's difficulties of seeking help from others without the family's consent. Original Chinese text from Yuan Cai 袁采, *Yuanshi shifan* 袁氏世范 (Tianjin: Tianjin guji chubanshe, 1995), 152; English translation from Angela Ki Che Leung, “Women Practicing Medicine in Premodern China,” in *Chinese Women in the Imperial Past: New Perspectives*, ed. Harriet Thelma Zurndorfer (Leiden: Brill, 1999), 103.

³² Furth, *A Flourishing Yin*, 249.

in such male-authored texts. In addition, even when these texts do document contraceptive methods and abortifacient formulas, they are shown to be ineffective and unsafe. Since medical manuals only collected unusual cases that were hard to cure, they do not provide much information about everyday practices.

Due to the authorities' and the male elites' discouragement of birth control, there is considerable silence about birth control; those records of birth control that do exist are greatly stigmatized by association with adultery. It thus becomes challenging to retell the story of birth control in late imperial China by reading with the grain of such sources. Of necessity, I will adopt an approach of reading against the grain. Verne Harris says, "I would argue that in any circumstances, in any country, the documentary record provides just a sliver of a window into the event," so reading against the grain is a strategy to find out the existence of alternative views, which were not recorded in the archives for various reasons.³³ By reading against the grain, in spite of the silences and biases of the existing written record, what can be confirmed is that people practiced a variety of methods of birth control in late imperial China.

³³ Verne Harris, "The Archival Sliver: A Perspective on the Construction of Social Memory in Archives and the Transition from Apartheid to Democracy," in *Refiguring the Archive*, ed. Carolyn Hamilton and others, (Dordrecht: Kluwer Academic Publishers, 2002), 135; Adele Perry, "The Colonial Archive on Trial," in *Archive Stories: Facts, Fictions, and the Writing of History* ed. Antoinette Burton (Durham: Duke University Press, 2005), 342.

Chapter 2: An Open Secret: The Variety of Birth Control Methods

Birth control was never sanctioned in late imperial China. However, the legal, literary, and medical sources all reveal that there were a variety of birth control methods available in late imperial China, from preventing pregnancy to abortion and infanticide. People from different social classes, because of their different economic status and access to medical resources, practiced different birth control methods. Elite women could adopt social motherhood to transfer reproductive responsibility onto maids or concubines, or they could take oral contraceptives or abortifacient medicine. For non-elites, abortion and infanticide were the two ways they could get rid of unwanted children. In addition, celibacy was a method that could be pursued by women from all social classes.

For the primary wife of an elite family, she might take social motherhood as a method whereby she could absolve herself of the risks of biological motherhood. Social motherhood could be achieved under the institutions of polygyny and adoption. The primary wife could avoid intercourse with her husband to prevent her own pregnancy, instead bringing in concubines for her husband to continue the patriline. Any child born to a concubine was recognized by the husband and then became the wife's legal child.³⁴ Social motherhood provides a new viewpoint through which to understand the relationship between wives and concubines in polygamous households in late imperial China. In earlier scholarship, such as Dorothy Ko's *Teachers of the Inner Chambers*, the concubine is portrayed as a competitor to the primary wife "because of their membership in the same cultural world of male elite and their common gendered position."³⁵ With the introduction of the concept of social motherhood, we can see that an elite woman may

³⁴ Bray, *Technology and Gender*, 351.

³⁵ Dorothy Ko, *Teachers of the Inner Chambers: Women and Culture in Seventeenth-Century China* (Stanford: Stanford University Press, 1994), 251.

have had strong motivations to tolerate concubinage. When reproduction and child-raising were shared responsibilities of the wife and the concubine, their relationship could be supportive, collaborative, and harmonious. In the Southern Song, there were many wives praised for treating concubines and the concubines' children well in their funeral inscriptions.³⁶ This may have been one method elite wives could use to practice birth control rather than just an act of virtuous accommodation to her husband's desire for another sexual partner. Social motherhood also suggests that not all elite women prioritized joy from intercourse and becoming a biological mother. In fact, it was common for late imperial Chinese women to repress their sexual desire. While the men experienced sexual overindulgence, women had less strong sexual desire, and socially, women became acculturated to sexual repression.³⁷ For some, they suppressed their feelings because they prioritized their personal health, their positions as primary wives, and their emotional bond with their children (whether born to them or to the concubines).³⁸ However, not every elite family could afford concubines, or was willing to take in a concubine. For instance, You Tong 尤侗, an elite scholar who lived through the Ming-Qing transition, had deep love of his wife *née* Cao, and together, they overcame many hardships.³⁹ Thus, he never took any concubines. The Ming essayist Xing Tong's younger sister, Xing Cijing 邢慈靜, did not take in

³⁶ Beverly J. Bossler, *Courtesans, Concubines, and the Cult of Female Fidelity: Gender and Social Change in China, 1000–1400* (Cambridge: Harvard University Press, 2013), 349.

³⁷ Andrew Schonebaum, *Novel Medicine: Healing, Literature, and Popular Knowledge in Early Modern China* (Seattle: University of Washington Press, 2016), 170.

³⁸ Bray, *Technology and Gender*, 348, and Lu, *Arranged Companions*, 148.

³⁹ Martin W. Huang, *Intimate Memory: Gender and Mourning in Late Imperial China* (Albany: State University of New York Press, 2018), 1.

concubines for her husband even after being infertile for a decade.⁴⁰ They were able to afford buying a concubine, but they chose to pray to Guanyin by drawing paintings of the white-robed Bodhisattva. Eventually, after being married for twelve or fourteen years, she gave birth to her only son Ma Shixing 馬時行. In Susan Mann's book, *Talented Women of the Zhang Family*, she relates that the elite couple Zhang Qi and Tang Yaoqing never took in a concubine, even after they lost the only son they had at the time.⁴¹ Social motherhood was technically not a method to control family size, because although the primary wife stopped giving birth, the concubines continued to produce children. However, it was a common, if not universal, method for a primary wife of the elite class to transfer her reproductive duties onto others and to limit her number of pregnancies.

In addition to social motherhood, there were other potentially workable contraceptive methods available to elite women, and these are recorded in novels and medical manuals. Contraceptive medicine was technically practicable, but we are hard pressed to confirm if people made use of such methods. The Qing pornographic novel *Huanxi yuan* 歡喜緣, records an oral contraceptive formula. In the novel, an elite man, Cui Long, wants to enjoy sexual intercourse with his many maids but he is afraid of the maids getting pregnant. Therefore, he buys contraceptive formulas for his maids so that they will not become pregnant.⁴²

⁴⁰ Xing Cijing was born in 1568, and she was a talented woman, known for her identity as a painter, poet, and calligrapher. Unlike most women at the time who married before twenty *sui*, she married Ma Zheng 馬拯 at twenty-eight *sui*. In Yuhang Li, *Becoming Guanyin: Artistic Devotion of Buddhist Women in Late Imperial China* (New York: Columbia University Press, 2020), 84.

⁴¹ Susan Mann, *Talented Women of the Zhang Family* (Berkeley: University of California Press, 2007), 23.

⁴² The author of *Huanxi yuan* is unknown, as is its date of publication. Literary scholars infer from internal references that it was likely written in the Qing dynasty. In *Huanxi yuan* 歡喜緣, in *Siwuxia huibao ershisan* 思無邪匯寶二十三, ed. Chen Qinghao 陳慶浩 and Wang Qiugui 王秋桂 (Taipei: Taiwan daying baike gufen chuban youxian gongsi, 1995), 375.

The authors do not give additional details on the contents of the formula. However, one contraceptive formula is recorded in a medical book. In *Furen daquan liangfang* 婦人大全良方, Chen Ziming 陳自明 records a formula that could permanently prevent a woman from becoming pregnant: “burn a paper that has held silkworm eggs into powder, and drink it with wine.”⁴³ Although Chen Ziming lists the ingredients for this formula, he explicitly discourages its use, cautioning that such formulas were too harmful for women’s health. Sometimes abortifacient formulae are listed as medicines for menstrual regulation. Drugs to “move blood” could also destabilize the fetus.⁴⁴ As a result, blood breaking and menstrual regulating formulae were often used as abortifacients.⁴⁵ Recorded by *Zhulinsi nüke mifang* 竹林寺女科秘方 (Secret Formulas of Women’s Medicine from the Bamboo Grove Monastery), grinding ingredients, including leeches, gadflies, ox knee, and schizonepeta herb, into powder and drinking it with wine will promote menstrual flow.⁴⁶ Therefore, it may also have been used as an abortifacient formula. Combined with *Huanxi yuan*, the medical book shows that, although the effect of such formulae were unknown, oral contraceptives may well have been one method that women from the elite class could use to avoid pregnancies.

In some medical books, although contraceptive or abortifacient formulae were not directly recorded, reasons for miscarriage were documented. Therefore, if women could read against the grain, they would know what to do to cause an abortion. According to *Yizong jinjian*,

⁴³ *Furen daquan liangfang* was written by Chen Ziming 陳自明 and published in 1137. In Chen Ziming 陳自明, *Furen daquan liangfang* 婦人大全良方 (Beijing: Renmin weisheng chubanshe, 1985), 384.

⁴⁴ Furth, *A Flourishing Yin*, 173.

⁴⁵ Furth, *A Flourishing Yin*, 254.

⁴⁶ The authors were known as monks from the Bamboo Monastery of Xiaoshan County in Zhejiang Province. In Zhulinsi seng 竹林寺僧, *Nüke mifang* 女科秘方 (Secret Formulas of Women’s Medicine) (Shanghai: Zhongyi shuji, 1955), 25-26.

“if a pregnant woman’s thrusting vessel and conception vessel are deficient, the fetus will not be secure. Violent anger will damage the liver, and excessive sexual activity will damage the kidney. Both situations will destabilize the fetus and cause restlessness. If a woman has other diseases which affect the fetus after pregnancy, it might also cause miscarriage. If a woman has injuries caused by falling, bumping, or tumbling from a high place, the fetus might be harmed as well. 若衝，任二經虛損，則胎不成實。或因暴怒傷肝，房勞傷腎，則胎氣不固，易致不安；或受孕之後，患生他疾，干犯胎氣，致胎不安者亦有之；或因跌撲築磕，從高墜下，以致傷胎，墮胎者亦有之。”⁴⁷ As a result, it becomes clear that there were some physical actions women could take to induce miscarriage. Similar to the abortifacient formulae, although the dangers of such behavior were not specifically mentioned, it could be dangerous or even fatal for a woman to engage in such activities.

If social motherhood was one method by which elite families could protect the primary wife’s health, women of commoner families did not have access to surrogates for their own fertility.⁴⁸ Therefore, when such women became pregnant but their families could not afford another child, abortion might be the optimal strategy for controlling family size. Abortion was also a method a primary wife could use to terminate a dangerous pregnancy. Oral abortifacients were the most common way for people to induce abortion. As early as the Song dynasty, abortifacient formulae were available in medical handbooks in extreme cases when a woman had to abort a fetus to survive. It seems that most physicians agreed that when a woman was

⁴⁷ Wu, *Yizong jinjian*, 436.

⁴⁸ Bray, *Technology and Gender*, 366.

extremely weak in her pregnancy, the woman's life, not the fetus, should be prioritized. *Furen daquan liangfang* offers an example.⁴⁹ In the medical handbook, Chen Ziming writes:

“It is said, it is not easy to terminate a pregnancy. Although giving birth is a great virtue in the world, there are situations when a woman is ailing around the time of her labor; or when she has had too many children; or when she is not in an appropriate status to give birth, such as nuns or prostitutes, who do not want to be pregnant and want to eliminate the pregnancies. There are many prescriptions that have already proved useful, however, most of them include hydrargyrum, gadfly, and leech. Once women take these, they will lose the pregnancy, but they may become sick as a result. Therefore, I list some mild and useful prescriptions.

論曰：欲斷產者，不易之事。雖曰天地大德曰生，然亦有臨產艱難；或生育不已；或不正之屬，為尼為娼，不欲受孕而欲斷之者。故錄驗方以備所用。然其方頗衆，然多有用水銀、虻蟲、水蛭之類，孕不復懷，難免受病。此方平和而有異驗，列具於後。”

Chen Ziming mentions in the beginning that women should not consider aborting their pregnancies. However, he seems to understand reasons for why women might wish to do so, and he notices the dangers of available abortifacient formulas. Therefore, he provides mild formulas that can terminate pregnancies but are not too harmful to women's bodies.

This idea that the pregnancy should be terminated when women's lives were at stake persisted. Later, in the Qing dynasty, *Nike jinglun* 女科經綸, written by Xiao Xun 蕭垞, also mentioned that if a woman lacked sufficient blood and essence during her pregnancy, or if the woman's organs were weak due to pregnancy, the fetus would not be healthy. Accordingly, the

⁴⁹ Chen Ziming, *Furen daquan liangfang*, 384-385.

pregnancy ought to be terminated so that it would not cause further harm to the woman.⁵⁰ It is noticeable that when writing about miscarriages, Xiao Xun provided specific and detailed formulas on how to prevent them. When writing about cases in which the pregnant woman had to abort the fetus to survive, he acknowledged the need for this, and he suggested the woman take ox knee or deer horn when it was impossible to save the fetus. Both Chen Ziming and Xiao Xun's medical books showed that abortifacient formulae were available in late imperial China, and in the eyes of the doctors, it was reasonable for a woman to induce an abortion when her life lay in the balance, although presumably many women took abortifacients for other reasons, too. To be sure, the availability of abortifacient formulas did not mean that doctors were always willing to help a woman with an abortion. In fact, compared to the male physicians, midwives were more likely to deal with abortifacients, although how often they provided women with abortifacients is unclear.⁵¹

When abortion and all other methods failed, infanticide might be the last resort for a non-elite family or a woman to control family size, or to deal with an unwanted child.⁵² In extreme cases, such as poverty, lack of physical support, emotional vulnerability, social dislocation, or the uncertainty of war, parents would commit infanticide to make sure older children or other family members would survive.⁵³ As early as in the Song dynasty, there were records on infanticide. The scholar-official Wang Dechen reported that infanticide was widely practiced in

⁵⁰ Xiao Xun, also known as Xiao Gengliu, was a Qing gynecologist. The original text is from his gynecological book *Nüke jinglun* 女科經綸: “妊娠胎病宜下。陳良甫曰，人之胃氣壯實，衝任榮和，則胎得其所，如魚處淵。若氣血虛弱，無以滋養，其胎終不能成。宜下之。以免其禍。” In Xiao Xun 蕭垞, *Nüke jinglun* 女科經綸 (Shanghai: Shanghai kexue jishu chubanshe, 1959), *juan* 4, 23.

⁵¹ Sommer, *The Fox Spirit*, 58.

⁵² Bray, *Technology and Gender*, 288-289.

⁵³ King, *Between Birth and Death*, 20; Xu, “Criminalization of Abortion in Late Qing and Republican China,” 155.

Fujian province.⁵⁴ If couples had more children than they could raise, they would drown their children. Su Shi, the famous Song dynasty poet, wrote to his friend and complained about his witnessing of infanticide in Hubei. He expressed shock and grief at seeing such acts.⁵⁵ Male infanticide occurred on occasion, as the more sons a family had, less share of land each would get.⁵⁶ The southern Song essayist Yuan Cai also acknowledged that “having too many sons is certainly something to worry about 多子固為人患.”⁵⁷ However, female infanticide was far more common. In fact, for some families, female infanticide was not only a short-term response to an emergency situation but also a long-term strategy to control family size and achieve the goal of sex composition.⁵⁸ When these families had more children than they could afford, they would only allow their sons to survive. The practice of female infanticide came to the attention of local scholars. Yu Zhi 余治 (1809-1874), a schoolteacher and moralist from Jiangsu province in the nineteenth century, referred to female infanticide as “*su* 俗,” meaning a local custom.⁵⁹ Yu Zhi and his fellow moralists put significant efforts into preventing female infanticide, including

⁵⁴ David Emil Mungello, *Drowning Girls in China: Female Infanticide Since 1650* (Lanham: Rowman & Littlefield Publishers, 2008), 6.

⁵⁵ Su Shi described what he saw as “Poor farmers as a rule raise only two sons and one daughter, and kill babies at birth beyond this number. They especially dislike raising daughters, with the result that there are more men than women and many bachelors in the country. A baby is often killed at birth by drowning in cold water, but in order to do this the baby’s parents have to close their eyes and avert their faces while pressing the baby down in the water until it dies after crying a short moment. 岳鄂間田野小人，例只養二男一女，過此輒殺之，尤諱養女，以故民間少女，多鰥夫。初生，輒以冷水浸殺，其父母亦不忍，率常閉目背面，以手按之水盆中，啞嚶良久乃死。” In Mungello, *Drowning Girls in China*, 6.

⁵⁶ Patricia Buckley Ebrey, *The Inner Quarters: Marriage and the Lives of Chinese Women in the Sung Period* (Berkeley: University of California Press, 1993), 181.

⁵⁷ Original Chinese text from Yuan Cai 袁采, *Yuanshi shifan* 袁氏世范 (Tianjin: Tianjin guji chubanshe, 1995), 40; English translation from Ebrey, *The Inner Quarters*, 183.

⁵⁸ He Bian, *Know Your Remedies: Pharmacy and Culture in Early Modern China* (Princeton: Princeton University Press, 2020), 94-95.

⁵⁹ King, *Between Birth and Death*, 51-52.

publishing and distributing morality books for free, publicly promoting didactic plays, and sponsoring foundling homes for abandoned infants.⁶⁰ Prevention of female infanticide was not the sole priority for Yu Zhi; it was a practice that was not easily changed. In addition, a Qing dynasty physician was drawn to the phenomenon and criticized the practice of female infanticide: “having a son or a daughter is decided by the man and his family, it has nothing to do with the woman. If a woman has several daughters in a row, it is common human nature. Her marital family should not sigh or complain around her, which will cause her annoyance. There have been unreasonable parents-in-laws and stupid husbands who complained about such women, which has caused their sickness and harmed their lives—what a ridiculous behavior! Those who drowned the female infants harmed fundamental principles, so they are destined to not have many descendants.

生男生女……以夫家爲主，與婦人何干。倘或連胎生女，此亦人事之常，不可在傍諮嗟嘆息，令其氣苦。曾見有不明公婆，愚蠢夫婿，將婦報怨，每每致病傷生，可笑可恨……又有將女溺死者，忍心害理，後嗣不昌。”⁶¹ The author’s criticism and claim that those who practiced female infanticide will not have many offspring suggests that female infanticide was indeed a common practice. It further suggests that women who did not bear sons were often blamed by the husband or his family. In the Qing legal cases, infanticide is around four times

⁶⁰ Ibid, 56, 58, and 69.

⁶¹ The quotation is from a Qing gynecologist book *Da sheng bian* (On Successful Childbirth), which was first published in 1715. Although the author’s real name remains unknown, they wrote under the pen name Jizhai jushi 亟齋居士. In Zhou Zhongying 周仲瑛 and Yu Wenming 于文明, eds., *Zhongyi guji zhenben jicheng fukejuan* 中醫古籍真本集成·婦科卷 (Changsha: Hunan kexue jishu chubanshe, 2014), 424.

more common than abortion.⁶² It would seem, then, that infanticide was the more common solution to deal with unwanted children.

In addition, celibacy functioned as a form of birth control that was accessible to women across different social classes. Inspired by female deities such as Guanyin, Mazu, and Lady Linshui who rejected marriage and motherhood, some women consciously embraced celibacy as a means to avoid reproduction. These women acknowledged the dangers of childbirth and feared the physical and spiritual pollution associated with birth. In Buddhist belief, scriptures such as *Sutra on Entry into the Womb* listed childbirth as one of the four most intense forms of physical suffering.⁶³ Although the original purpose of such texts was to encourage filial piety by reminding children of their mothers' difficulties, they nevertheless emphasized the trauma of pregnancy and childbirth, and thereby rationalized why some women might refuse to bear children.

One such example is Lady Lu, a Southern Song woman who began living a celibate life after marriage. She was married to an official from Zhejiang whose surname was Zhang.⁶⁴ A few years after giving birth to a son, she suddenly stopped eating regular meals, relying only on wine and fruit to sustain herself. She was continuously involved in domestic duties, but she refused to have sexual relations with her husband. Her mother-in-law was shocked by her transformation

⁶² Sommer, "Abortion in Late Imperial China," 139.

⁶³ Hsin-Yi Lin, "Dealing with Childbirth in Medieval Chinese Buddhism: Discourses and Practices" (PhD diss., Columbia University, 2017), 18, ProQuest (10271274). Additionally, *Dunhuang bianwenji* 敦煌變文集 detailedly described a mother's suffering during her pregnancy: "When it is about to be born, it feels as if—the hundred joints are sawn open; the four limbs are torn off. Its five organs ache as if they are being wounded by knives and cut by swords. [It feels] as if it has lived a thousand lives and died ten thousand times. 十月滿足，生產欲臨，百骨節開張，由如鋸解。直得四肢體折，五臟疼痛，不異刀傷，何殊劍切。千生萬死。" In Jessey J.C. Choo, "That 'Fatty Lump': Discourses on the Fetus, Fetal Development, and Filial Piety in China Before the Eleventh Century CE," *Nan Nü* 14, no. 2 (2012): 204-205.

⁶⁴ Cheng, *Divine, Demonic, and Disordered*, 161.

and suspected she might be possessed by ghosts or other evil spirits. Lady Lu did not explain too much and simply maintained her new lifestyle. In the Qing dynasty, some women from Hui'an, Fujian, showed extraordinary commitment to celibacy and voluntarily followed Mazu's example.⁶⁵ In extreme cases, women even committed suicide to demonstrate their determination to resist marriage. After death, other women worshipped them as goddesses.

The practice of celibacy was not confined to major religions such as Buddhism and Daoism, but also emerged within local cults. In late Ming Jiangnan, the deity Wutong was portrayed as a demonic figure who controlled the distribution of wealth and embodied human greed and lust.⁶⁶ When a man received riches from Wutong, it was believed that his wife or daughter would be sexually claimed by Wutong in return.⁶⁷ Because Wutong was thought to hold exclusive dominion over the women he had sexually possessed, a husband would not dare resume sexual relations with his wife once she claimed to sleep with Wutong, fearing the god's retaliation.⁶⁸ Therefore, many women may have strategically invoked alleged sexual encounters with gods such as Wutong to liberate themselves from unwanted betrothals or conjugal obligations. Therefore, celibacy was a socially and spiritually meaningful way for women of various social backgrounds to resist reproductive expectations.

Thus, notwithstanding the silences and biases in my three types of primary sources, we can confirm that birth control was practiced in late imperial China, and a variety of birth control

⁶⁵ Yaochao Zhang, "Women and the Cult of Mazu: Goddess Worship and Women's Agency in Late Ming and Qing China," *Women's Studies* 50, no.5 (February 2021): 463.

⁶⁶ Richard von Glahn, *The Sinister Way: The Divine and the Demonic in Chinese Religious Culture* (Berkeley: University of California Press, 2004), 223.

⁶⁷ von Glahn, *The Sinister Way*, 229.

⁶⁸ von Glahn, *The Sinister Way*, 238.

methods were available for people from different social classes. Women from the elite class could use social motherhood, oral contraceptive medicine, and abortifacients to practice birth control; for non-elites, abortion and infanticide were practiced for the goal of controlling family size. Given the range of birth control methods available, the practice could be both an individual woman's decision and a collective family decision.

Chapter 3: More Autonomy, Less Safety: Decision-makers of Birth Control and their Outcomes

With many distinct motivations, a family or a woman might make the decision to use birth control. Nevertheless, women's autonomy in birth control might not align with the best outcome. When it was a family's collective decision, they had more methods they could consider; the availability of elite doctors with book learning meant it might be safer for the woman. In contrast, when the woman made the decision alone, the available sources suggest it always led to bad consequences due to limited access to birth control methods and to learned professional helpers.

For the elite families, if they collectively made the choice of birth control as a family, they might bring in concubines to share the risks of pregnancy with the primary wife, which ensured the safety of the primary wife. The reason why the family might do so could be concern for the primary wife's health. Without explicitly stating the risks of childbirth, the medical books' emphasis on preventions and solutions for many possible gynecological diseases hints at the danger and uncertainty surrounding pregnancy, childbirth, and postpartum recovery.⁶⁹ The

⁶⁹ Writers of medical manuals recorded many gynecological diseases brought on by pregnancy. As recorded in gynecological medical books such as Tan Yunxian's *Nüyi zayan* 女醫雜言 and Fu Shan's *Fu Qingzhu nüke* 傅青主女科, women could suffer from fever and chills, fatigue, edema, nausea, vomiting, headaches, muscle aches, and *nüe*-malarial dysentery. Women also had to face potential danger from miscarriages. *Jiyin gangmu* lists the following case: a pregnant woman lacked essence, although she had enough blood, [and so] she could not keep the fetus. After the miscarriage, the woman died the same month. Women might experience difficult labor, such as stillbirth, breach birth, and non-opening of the sacrococcygeal joints. Postpartum disorder could also be painful and could cause long-term disease. Two of Tan Yunxian's patients suffered from chronic postpartum disorder: because of postpartum blood and essence disharmony, one woman suffered sores and leprosy, which made her unable to walk and caused her to suffer from intolerable itching and pain; another woman suffered unbearable wind itching because she was exposed to wind too soon after childbirth. *Nüyi zayan* 女醫雜言, or *Miscellaneous Records of a Female Doctor*, was written by Tan Yunxian 談允賢, a female doctor from the Ming dynasty. The book was first published in 1511, however, no copy of this version survived. The surviving version of the book was published in 1585; in Tan Yunxian 談允賢, *Nüyi zayan* 女醫雜言 *Miscellaneous Records of a Female Doctor*, trans. Lorraine Wilcox and Yue Lu (Portland: The Chinese Medicine Database, 2015), 78-81.

primary wife of an elite family, who had access to more professional doctors, would not be completely exempt from the potential dangers. *Née* Cao, the wife of You Tong, experienced six miscarriages, and she lost consciousness each time due to uterine bleeding.⁷⁰ Childbirth was dangerous in late imperial China, and it was possible for a woman to lose her life during labor, especially as she got older. A cousin of the Qing dynasty poet Yuan Mei (1716-1798) lost her life in childbirth at thirty-eight *sui*.⁷¹ Precisely because childbirth was so risky, especially as women grew older, some families chose to relieve women of childbearing duties.

One case of a family's collective decision and adoption of social motherhood for the primary wife is recorded in Mann's *Talented Women of the Zhang Family*. Mann suggests that Yaoqing and Zhang Qi's daughter Wanying may have intentionally stopped having intercourse with her husband, Wang Xi, after she turned forty.⁷² After giving birth to her daughter at the age of forty, she never gave birth to another child. In addition to the well-known dangers of childbirth, another reason why Wanying did not want to risk giving birth at an older age might be from witnessing her older sister Guanying's death in childbirth.⁷³ With that example in her mind, Wanying and her family probably cherished her health more, and had strong motivation to bring in a concubine for her husband. In fact, Mann shows that Wang Xi's concubine was indeed gifted to Wanying by her natal family.⁷⁴ At the time, she and Wang Xi only had one son.

Fu Qingzhu nüke 傅青主女科, or *Fu Qingzhu's Medicine for Women*, written by Fu Shan 傅山. It was first printed in 1827, and is divided into two sections, *nüke* 女科 and *chanhouke* 產後編; in Fu Shan 傅山, *Fu Qingzhu nüke* 傅青主女科 (*Fu Qingzhu's Medicine for Women*) (Shanghai: Shanghai renmin chubanshe, 1978), 29-40.

⁷⁰ Lu, *Arranged Companions*, 148.

⁷¹ Ibid, 173.

⁷² Mann, *Talented Women*, 189.

⁷³ Ibid, 183.

⁷⁴ Ibid, 189.

Wanying's older brother had died before he got married, therefore, it is possible that Wanying may have feared that if her only son were to die young, her husband's family line might not continue. At Wanying's age, it was risky for her to become pregnant again. Therefore, her sister-in-law gave her a concubine to share her reproductive duties. The concubine was a gift from Wanying's family instead of Wang Xi's family, which indicates that her induction into the family would benefit Wanying. Wanying thus no longer bore the risk of giving birth, but she became the ritual mother of four more children, and her relationship with Wang Xi was not impacted.⁷⁵ Therefore, when it was a family decision to practice birth control, the husband's and the wife's families might join in common effort to secure a concubine, which was the easiest and safest way for an elite woman to control her fertility.

Another reason birth control was safer as a family decision was that it became more convenient for a family to seek help from learned physicians. Because of the norm of gender segregation in elite households, some male doctors could not even see a female patient's face without permission.⁷⁶ Even for trauma doctors who needed to set bones or do petty surgery, it was considered inappropriate for the male physician to touch a woman patient's body, and hence they had to resort to remote traction techniques.⁷⁷ The whole process of treatment had to have proper supervision from the female patient's family members, such as her husband, father, or older kinswoman. As a result, without consultation with her family, it was almost impossible for a woman to see a male physician alone. Medical handbooks indicate that when a woman's health

⁷⁵ Ibid, 111.

⁷⁶ Furth, *A Flourishing Yin*, 249.

⁷⁷ Yi-Li Wu, "A Trauma Doctor's Practice in Nineteenth-century China: The Medical Cases of Hu Tingguang," *Social History of Medicine* 30, no. 2 (August 2016): 316-318.

was endangered during pregnancy, physicians might abort the fetus, but only after getting the husband's consent. *Jiyin gangmu* documents a case where a couple made the decision to abort together. The life of the wife of Xu Shaowei, a Ming dynasty official, was threatened.⁷⁸ She was leaking fluid and bleeding continuously. To save her life, Xu Shaowei requested the doctor prescribe abortifacients to terminate the pregnancy. After providing an abortifacient formula, Wu Zhiwang had to convince Xu Shaowei before letting his wife have the medicine. Only after Xu Shaowei was convinced did his wife take the abortifacient and successfully abort the fetus. This story suggests that the husband was most often the messenger between his wife and the male physician; husbands clearly played important roles in decision-making about abortion.

However, sometimes physicians might refuse to help with abortion. Cheng Maoxian, a Ming dynasty literati physician, refused to prescribe abortifacients to his patients.⁷⁹ In his case, his patient was the wife of his brother, Cheng Yangchu. Since the pregnancy risked the life of Cheng Yangchu's wife, Cheng Yangchu and his wife decided to abort the fetus to save her life.⁸⁰ In spite of the couple's willingness to induce an abortion, Cheng Maoxian refused. Why he refused is unclear, but his later warning to other doctors that prescribing abortifacients might lead to malpractice accusations provides a hint. Likely, the risk of reprisal from families was too great were anything to happen to the child or the wife. Instead of providing abortifacients, Cheng Maoxian prescribed his sister-in-law blood-nourishing medication to strengthen her body so that she was able to give birth. Cheng Maoxian's refusal to prescribe abortifacients shows that even if

⁷⁸ Wu, *Jiyin gangmu*, 493-494.

⁷⁹ Cheng Maoxian, also known as Cheng Congzhou, practiced in Yangzhou in the early 1600s; he published his casebook in 1644, which contains ninety-three cases. See Furth, *A Flourishing Yin*, 226-227.

⁸⁰ Cheng Maoxian 程茂先, *Cheng Maoxian Yi'an* 程茂先醫案 (Shanghai: Shanghai guji shudian, 1979), *juan* 1, np, equivalent to 7a-7b.

a family had already made the decision to abort a fetus, a physician could still refuse to prescribe abortifacients to avoid possible legal ramifications. For a woman making that decision alone, it would have been even more difficult.

There were also circumstances when it was a woman's decision on the surface, but it was also an underlying family's decision. Because it was actually a family decision, nobody prevented the woman from making the decision, and nobody would blame her afterwards. Overall, such outcomes tended to be good. This situation was often the case in infanticide. As demonstrated in *Between Birth and Death*, *née* Ye's example shows that infanticide was always a family decision, and the woman was just the enforcer of the plan. *Née* Ye was the mother of Chen Que, a mid-seventeenth-century philosopher.⁸¹ *Née* Ye's story is special, because she wrote about her experience of making the decision to commit infanticide herself. When she was twenty-four, she asked a servant girl to drown her new-born daughter. After the servant girl failed (or was unwilling to do so), she drowned her daughter with her own hands. On the surface, *née* Ye made the decision alone. However, it was the entire family's dynamics that pushed *née* Ye to take such action. Her husband did not hold an official position and made inadequate money through teaching.⁸² *Née* Ye had to spin, weave, and grow to supplement family income. *Née* Ye's father sometimes supported her, however, at the time when she gave birth, her stepmother did not give her assistance. Her husband was absent when she gave birth to the daughter. Due to the lack of emotional support, lack of money to raise another child, and her physical weakness, *née* Ye ended her daughter's life. Although she was the one who did the deed, her parents and her husband undoubtedly contributed to the decision. Nobody tried to

⁸¹ King, *Between Birth and Death*, 15.

⁸² Ibid 19.

prevent her, which was why a weak woman, right after her labor, could successfully kill her daughter. We have no record that anyone blamed *née* Ye, except herself.⁸³

When a woman made the decision to use birth control alone, the outcome was more likely to be worse because the woman did not have access to professional guidance. *Nüyi zayan* records an example of a woman attempting to abort a fetus who almost lost her life. After giving birth ten times, the thirty-eight *sui* woman was afraid of giving birth to another child, so she took medicine and tried to induce an abortion.⁸⁴ As it turned out, she suffered from too much lochia (or postpartum bleeding) was discharged, so the woman was in a dangerous situation. Her condition lasted for three months. When her mother went to visit her, her mother gave her pork belly and lungs to eat. However, her disease worsened over the next year. To save her life, her mother went to Tan Yunxian for help. Her mother, not her husband, sought help from Tan Yunxian, suggesting that she made the decision alone, and she probably did not want her husband to know about the cause of her disease. If she had made the decision with her marital family, they might have foreseen the consequences and sought help from physicians in advance, or it may well have been her husband, not her mother, who sought out a doctor on her behalf.

Still, some questions remain in this case. The reason why she tried to induce an abortion is not recorded by Tan Yunxian, but the translators of the book, Lorraine Wilcox and Yue Lu, suggest a few possibilities: the patient might have been too poor to raise another child; she might have been extremely tired from pregnancies at an advanced maternal age; or she might have previously experienced difficult and painful childbirth.⁸⁵ Whether or not she was aware of the

⁸³ Ibid, 16.

⁸⁴ Tan, *Nüyi zayan*, 138.

⁸⁵ Ibid, 139.

side effects of the abortion medicine is unknown. Although who provided her the medicine is also unclear, it is highly likely that she did not get the medicine from a physician. As mentioned earlier, doctors might suffer repercussions were they to help a woman to abort a fetus.⁸⁶ Regardless, through this case, it is known that when a woman made the decision alone, the consequences might be more dangerous for her.

In a more extreme situation, when a woman decided to practice birth control by herself, it might lead to her death. The Ming essayist Gui Youguang's mother, *née* Zhou, is an example of a woman who made the decision to practice birth control on her own, which ultimately caused her death. In Gui Youguang's memorial tribute to his mother, *Xianbi shilüe* 先妣事略, he wrote down the following story. After marrying Gui Youguang's father at the age of sixteen *sui*, she gave birth to seven children over approximately seven years.⁸⁷ Although there were maids in the household, Zhou still needed to spend much time with her children. Her older children always walked behind her, and she had to hold her younger children when she did needlework. Being exhausted from the frequent childbirth and the burden of caring for children, Zhou complained several times to her maids that she "suffered from having so many children!" An old woman gave her a cup of water with a pair of snails in it, and told her if she drank the water, she would lose the pregnancy. Without hesitation and without discussion with her husband, Zhou drank the water. The water, it turned out, made Zhou unable to speak, and she died of the secret birth control formula after a few years.

To be sure, there are some omissions and doubtful points in this story, probably because Gui Youguang was only eight when he lost his mother, or because he wanted to glorify his

⁸⁶ In *Daming lü*, 178, and Ma and Yang, *Daqing lüli*, 816.

⁸⁷ Gui Youguang 歸有光, *Gui Youguang wen* 歸有光文 (Shanghai: Shangwu yinshuguan, 1928), 50.

mother by blurring some details. We cannot know if Zhou talked to her husband about her exhaustion from childbirth. Nevertheless, the frequency of her pregnancies and her continuous complaints about childbirth suggest that her concerns were not taken seriously, which eventually led to her individual action and the resulting tragedy. The identity of the old woman who suggested the remedy is not mentioned. Gui Youguang does not elaborate on it, but it is likely that she had midwife knowledge, and it was probably Zhou who actively sought help from her. Nowhere in the existing medical handbooks from late imperial China is a pair of snails in liquid listed as a contraceptive formula. Therefore, if Gui Youguang's memory was correct, then the old woman probably supplied her with some sort of "home remedy" disdained by doctors with literacy and learning in a long tradition of Chinese medical knowledge. Or, perhaps, the woman gave *née* Zhou the water with a pair of snails in it by mistake. If Gui Youguang's memory was inaccurate, then the water might also have been mixed with other herbs or critters such as gadfly or leech, which were menstrual regulating formulas that are recorded in handbooks, but could also be harmful to women.⁸⁸ According to Wu Zhiwang, leech and gadfly were harmful medicines. Even if a woman took them to promote blood or induce an abortion, she might acquire other diseases and, in the worse case, lose her life. Regardless, even if Gui Youguang's memory was distorted, through this story, we can know that his mother never became pregnant again after drinking the potion, and she died mute a few years later. As a result, *Née* Zhou's example shows that it was possible for an elite woman to make the decision regarding birth control by herself, and she may have had reasonable motivations to do so. However, she had limited options available to her when it was her decision alone. Sometimes, she may not have

⁸⁸ Wu, *Jiyin Gangmu*, 64.

been able to let her husband know. The methods she resorted to might have been riskier because she could not seek help from a professional doctor.

Yet another special situation when a woman either made the decision alone or with a partner was when she was having an illicit affair. In both literature and legal cases, a woman who was pregnant because of adultery always made the decision alone (or with her lover) and the outcome is always depicted as bad for her. Either she would lose her life, or, if she survived, would lose her reputation. As recorded in legal cases, it seems that it was common practice for people who committed adultery to discuss with each other, and then either practice abortion or infanticide. One case in *Xing'an huilan*, records:

“Those engaged in adultery are afraid of others knowing of their affairs. Illicit affairs are hard to forbid, but these people cannot secretly give birth. Therefore, they always discuss aborting the fetus before the delivery. If the woman gives birth to the infant, they always discuss drowning the illegitimate infant. This is a common phenomenon. Less than ten percent of people will adopt such illegitimate infants. Our laws prioritize human lives, so people are allowed to adopt illegitimate children. What cannot be stopped by human nature, the law does not forbid. Thus, the adulterers should have a sense of shame and refrain from harming their illegitimate children. 竊思苟合之人類皆畏人知覺, 第不能禁其必不私育, 往往於未產之前商墮私胎, 既產之後謀斃私孩, 此亦情事之常, 其收養成立者十無一二。 律重人命, 故雖姦生子女準其收養, 而人情所弗能止者, 律亦不禁, 既不能使姦夫姦婦必無羞惡之心, 又不能保其必無殘害私孩之事。”⁸⁹

⁸⁹ In Zhu, *Xing'an huilan*, 936-937.

Elites were also aware of people's widespread use of abortifacients. As recorded in the *Great Qing Legal Code*, "Abortifacients are all extremely potent. Once taken, they attack the body, and less than one tenth of people can survive. 墮胎之藥，性皆酷烈，受之攻逼，十無一生。"⁹⁰ Given that this passage comes from a collection of Qing legal cases, it suggests that such attempts at abortion or infanticide in the wake of adultery were sufficiently frequent that even the authorities were aware of this practice.

The legal case "Li Shan's fornication caused *née* Zhang's death from abortion," which occurred in 1738 and was reported by the Governor-general of Fujian, is representative.⁹¹ Li Shan, the cousin and neighbor of Li Yu, seduced Li Yu's wife *née* Zhang while Li Yu was sojourning in Taiwan. When *née* Zhang became pregnant, she was afraid of being discovered, so she asked Li Shan to purchase some musk to abort the fetus. Li Shan followed her instructions, buying the musk and making it into medicine for her to drink. The fetus was successfully aborted, but the placenta remained in her body. *Née* Zhang fainted, and Li Shan secretly hired his neighbor *née* Chen to remove the placenta through acupuncture, but *née* Zhang still died. Li Shan was convicted of committing fornication with the wife of his cousin of the fifth degree of mourning, and he was sentenced to penal military exile at an affiliated garrison. Meanwhile, *née* Chen was accused of removing another's placenta and punished with eighty strokes of the heavy bamboo.

This case illustrates how women's concerns for reputation led them to pursue abortions without medical supervision. *Née* Zhang was in a situation in which she was not supposed to be

⁹⁰ Chen Yi 陈颐 ed., *Daqing lüli yuanliu huikao* 大清律例源流汇考 (Beijing: Zhongguo falü chubanshe, 2022), 1641.

⁹¹ *Neige xingke tiben* 內閣刑科題本 (Grand Secretariat Memorials on Criminal Matters) (1738), doc. no. 02-01-07-0090-006, First Historical Archives of China, Beijing.

pregnant: her husband had been away for a long time. Therefore, she asked Li Shan to purchase musk. This shows that her reputation was important to her, and she was aware of which plants and medicines could serve as effective abortifacients. Li Shan's successful purchase of musk also indicates that such knowledge and practices were not rare among common people, and that musk was accessible, and in this case, an affordable solution. Yet, either because they were unaware of the risks or because they feared the exposure of their secret, the absence of professional medical care ultimately caused the fatal outcome. It is unclear why Li Shan sought help from *née* Chen, but given that *née* Chen was able to perform acupuncture and remove the placenta, she likely had experience as a midwife. Her involvement in assisting with the abortion shows that this might not have been her first time participating in a situation, and she was known for her skills, which is why Li Shan turned to her for help.

The punishments for both Li Shan and *née* Chen were notably lenient. Neither of them were convicted for murder, even though *née* Zhang died as a result of the botched abortion. According to the *Great Qing Legal Code*, if a woman died after taking abortifacients during an illicit pregnancy, the male partner who helped her acquire the abortion would be punished.⁹² He was subject to the same punishment as those who used poison to commit murder, although the sentence was reduced by one degree; he would receive 100 strokes of the heavy bamboo stick and be exiled 3,000 *li*. If the man was a relative of the woman, and his original punishment was more serious than exile, then the harsher penalty would be applied to him. However, Li Shan was instead convicted only of having illicit sexual relations leading to a relative's death. This discrepancy might be explained by the indirect cause of death—*née* Zhang died from failure to

⁹² Original text “婦人因奸有孕，畏人知覺，與姦夫商謀用藥墮胎，以致墮胎身死者，姦夫比照以毒藥殺人知情賣藥者至死減一等律，杖一百，流三千里。若有服制名分，本罪重於流者，仍照本律從重科斷。如姦婦自倩他人買藥，姦夫果不知情，止科奸罪。” In Chen, *Daqing lüli yuanliu huikao*, 1641.

remove the placenta, not directly from the musk purchased by Li Shan. Still, the legal outcome suggests an inconsistency when it came to punishing male adulterers, especially when compared to the severe consequences faced by the women.

The case demonstrates that *née* Zhang's desperation for reputation and secrecy led her to attempt abortion without medical supervision. Her death underscores that women often navigated reproduction under conditions that offered legally and socially limited options. Rather than addressing women's health needs, the legal system primarily interpreted such incidents through the lens of moral transgression, reflecting a broader commitment to maintaining familial order and ethical norms. The lawmakers actively participated in the governance of women's bodies by stigmatizing reproductive control, criminalizing helpers, and describing women's deaths from abortion as a form of moral retribution. Within the normative framework, the maintenance of orthodox moral order and social hierarchy took precedence over concerns about the practical risks women faced. These dynamics are further demonstrated in other legal cases in which women made decisions to abort by themselves out of shame and fear, eventually at the cost of their lives.

For instance, in *Neige xingke tiben*, there is a case that describes the negative consequences caused by women's personal decisions to seek abortion. *Née* Yang, a widow, became pregnant during an affair and she decided to induce an abortion.⁹³ Because of her limited access to abortifacients, she sought help from a friend of her adulterer's aunt, who was a midwife but was not experienced in helping with abortion. Thus, Yang ended up dying of her attempted abortion. Unlike *née* Zhang's case, it is unclear what role the adulterer played in *née* Yang's case, but it is certain that *née* Yang was the person who made the decision to abort. She turned to

⁹³ Sommer, "Abortion in Late Imperial China," 132-133.

a midwife for help, probably her only recourse given her means and the limitations of gender segregation on seeking public help. This case highlights the gendered barriers to safe reproductive care, and raises further questions: when was help available and was it reliable? Were women aware of its reliability? If such help was not reliable, did women still want to seek help from such dangerous methods?

Women did not always find their sexual partners to be willing collaborators in the process of abortion. Some cases indicate that a woman's adulterer did not always feel the same urgency to terminate a pregnancy. In 1806, in Si'en county, Shaanxi province, Qin Tiao was accused of murdering Luo Jinchang's daughter, *née* Luo.⁹⁴ Qin Tiao had raped the unmarried *née* Luo. However, according to Qin Tiao, he paid *née* Luo after the rape. He later expressed concern that their affair might be discovered—not necessarily out of fear for his own reputation, but because he was afraid of revenge from Luo Jinchang, who was known for having a violent temper. Later, *née* Luo claimed that she was pregnant, and asked Qin Tiao to find a doctor to induce an abortion. Qin Tiao responded that he could not find a doctor immediately, as there was none in the village. *Née* Luo grew furious, accusing him of using this as an excuse. She believed that he wanted to save money and thus was indifferent to her reputation. Qin Tiao proposed to run away with *née* Luo, but she refused to wait, because she had already been pregnant for a few months and feared that others would soon find out. She threatened Qin Tiao, declaring, “you impregnated me, so now you need to abort my child.” Qin Tiao was unwilling to continue arguing and attempting to leave, but he was stopped by *née* Luo. Qin Tiao grew irritated, so he pulled out a knife and killed her. Eventually, Qin Tiao was sentenced to death.

⁹⁴ *Neige xingke tiben* (1806), doc. no. 02-01-07-2004-001.

Although Qin Tiao feared the exposure of the affair, his concern was not related to moral or social consequence, but to the threat of violent confrontation from Luo Jinchang, and perhaps also the burden of financial responsibility. These concerns might explain his reluctance to help, but also raises a new question: if he truly feared revenge, why did not he follow *née* Luo's demands and help her arrange an abortion to avoid their affair becoming public? Why did he still want to flee the village with *née* Luo? His suggestion of fleeing rather than aborting the child shows that men responded with evasive actions even confronted with reproductive crises, while women who were burdened with much more visible consequences were forced to act urgently, with sometimes fatal consequences.

In this case, *née* Luo's reaction upon discovering her pregnancy also demonstrates her sense of panic; she wanted to abort the fetus as soon as possible to prevent others from learning of her situation. However, Qin Tiao's reaction was more ambiguous. He did not seem panicked, nor did he actively look for a doctor, suggesting that he might have wished to keep the child. His plan of escaping the village further supports the idea that he did not want *née* Luo to abort the child. Like *née* Zhang, *née* Luo was also in a situation where she should not be pregnant: she was not married yet and thus vulnerable to social shaming. Although *née* Luo reacted with desperation, her first instinct was to find a doctor to abort the fetus, suggesting that seeking medical assistance might have been a relatively common option for women during this time, even in the context of illicit pregnancy. *Née* Luo's case demonstrates that even when a woman urgently desired an abortion, the male partner might not share the same sense of urgency, shame or risk. The contrast with *née* Zhang's case shows that not all men were willing to assist, and women might face resistance or even confrontation from their rapists, which further increased the danger of fatal outcomes, whether from abortion or violence.

In all three cases, the women died. They died not necessarily from the abortion itself, but because of secrecy, lack of support, and unsafe conditions. While these legal cases are invaluable in revealing practices among commoners, these stories are only preserved stories because the outcome was the death of the women; it may well be that there were many more women who sought similar recourse to abort an unwanted fetus and survived the process; additionally, there may have been many more women who never had access to any help. Sommer's innovative concept of "feedback loop" in his monograph *The Fox Spirit* suggests the mutual influence between fictional narratives and legal judgements in late imperial China.⁹⁵ Legal texts did not merely reflect social practice, but they also were influenced and shaped by the literary imagination. In the case of abortion, the repeated emphasis on fatal outcomes was a part of a broader narrative that defined reproductive autonomy as dangerous.

While the law warned women of the dangers of abortion, literary texts echoed the punishments that would befall women in illicit affairs who attempted to get rid of the resulting fetus or child—the consequences for such women in the stories are always bad. In one story in *Jingshi tongyan* 警世通言, née Shao, the widow of a rich family, has an illicit affair with her servant and becomes pregnant.⁹⁶ Afraid that she will be found out, Shao attempts to abort the fetus. When that fails, she gives birth to a boy and then immediately drowns him. Her affair comes to be discovered by a gambler, whereupon overcome with shame, she commits suicide by hanging. In the early 17th-century novel *Jinpingmei* 金瓶梅, Pan Jinlian, the widowed concubine

⁹⁵ Sommer, *The Fox Spirit*, 19.

⁹⁶ *Jingshi tongyan* 警世通言, is a vernacular story collection compiled and written by Feng Menglong (1564-1646). *Jingshi tongyan* is the second collection of *Sanyan* 三言 (Stories to Caution the World), the first of which was published in 1624. The story of née Shao is story number thirty-five in this collection. Feng Menglong 馮夢龍, *Jingshi tongyan* 警世通言 (Shanghai: Shanghai guji chubanshe, 1992), 570-574.

of Ximen Qing, commits adultery with Chen Jingji, Ximen Qing's son-in-law. After getting pregnant, Pan Jinlian asks Chen Jingji to get some medicine to abort the fetus.⁹⁷ When Chen Jingji talks to Doctor Hu, the doctor refuses to provide the abortive medicine at first, and says, "nine out of ten people only seek prescriptions that facilitate conception. How can you be looking for an abortifacient instead? I don't have any."⁹⁸ He is only willing to provide a prescription after Chen Jingji gives him more money and lies that Pan Jinlian needs the abortifacient to save her from a dangerous childbirth. The formula contains safflower clean-sweeper. After taking the medicine, Pan Jinlian successfully aborts the fetus, but her affair with Chen Jingji is still discovered. In both stories, both *née* Shao and Pan Jinlian are in situations in which they should not be pregnant; their husbands have died. Without too much thought and hesitation, they are immediately shown to make the decision to abort. The first people they seek help from are their lovers. When their lovers hear of their requests, they also start looking for abortifacients without further discussion. They all know that the children should not be born out of wedlock, because the children are evidence of their adultery. However, in both stories, although the two women successfully get rid of their illegitimate children, their affairs become public, which eventually leads to their deaths.⁹⁹ Both lawmakers and the men of letters who

⁹⁷ *Jinpingmei* or, *The Plum in the Golden Vase*, was written at the end of the sixteenth century and the beginning of the seventeenth century. It is attributed to an author who went by the pen name Lanling xiaoxiaosheng. The identity of the author is still a subject of debate among scholars of late imperial Chinese literature.

In Lanling xiaoxiaosheng 蘭陵笑笑生, *The Plum in the Golden Vase Volume Five: The Dissolution*, translated by David Tod Roy (Princeton: Princeton University Press, 2013), 75.

⁹⁸ Doctor Hu's refusal to prescribe abortifacients in the first place further proves that although abortifacients existed in late imperial China, they were hard to access since most doctors were unwilling to provide them. In the eyes of some doctors, abortifacients were considered a crime against humanity and the social custom that valorized wanting children at the time. Lanling xiaoxiaosheng, *Jinpingmei*, 74.

⁹⁹ Shao cared about her reputation, but because she had sworn to remain a chaste widow after her husband's death, when her affair with her servant Degui was exposed, she committed suicide out of shame. Pan Jinlian's reputation was already bad in *Jinpingmei*, even if her affair with Chen Jingji had not been found out. However, the disclosure of her affair was still serious, smacking of incest, which eventually became the reason for her expulsion from the Ximen household and her subsequent death.

recorded such stories shared the same biases; the stories are moralistic, warning readers of the tragic consequences of adultery. Nevertheless, given the social constraints and attitudes at the time, it seems reasonable that a woman who had an affair and made the choice to seek out birth control on her own would face bad consequences. She would have had limited resources for seeking assistance; and compared with women who wanted to practice birth control but had not engaged in illicit sex, the adulterous woman would have had greater urgency to practice birth control to hide her affair. Under such circumstances, she likely would have needed to make a hasty decision and use unreliable methods.

The fictional narratives did not merely repeat legal realities; they also helped produce them. Invoking Sommer's concept of the feedback loop, I suggest that the lawmakers would have been familiar with the standard script of adulterous women engaging in illicit affairs, which would lead them to seek abortion, in fiction; internalization of such narratives likely influenced their interpretation of real cases. Conversely, dramatic court cases, especially those containing illicit affairs, abortion, and death, may well have provided inspiration for further fictional creation and elaboration, as presented in *Jingshi tongyan* and *Jinpingmei*. This was a self-reinforcing system, where both real and imagined women who attempted to control their reproduction outside of patriarchal control were portrayed as unfortunate, doomed to either death and/or disgrace. The purpose of the "feedback loop" was not to understand women's choices, but to discipline them through fear, shame, and morality.

Ironically, perhaps, when a woman had less than full autonomy over birth control decisions, that is, when the decision was made by the family collectively, it was safer for the woman. More birth control methods were available: her family could take in concubines to share her reproductive responsibility; they could find her learned doctors to prescribe abortifacients; or

they might look the other way were she to choose to commit infanticide. In contrast, when a woman chose to practice birth control by herself, the outcomes tended to be bad, especially if the woman was involved in an affair and lacked resources for birth control methods and an absence of supportive familial structures.

Conclusion

The three kinds of primary sources I use in this essay, legal, literary, and medical sources, contain omissions and biases regarding birth control because the authorities and elites discouraged the practice. In spite of such silences and biases, these same sources still reveal that there were various birth control methods available in late imperial China—from social motherhood and contraceptive medicine to abortion and infanticide. In decision-making about birth control, women's individual autonomy did not align with the best outcome. The less autonomy women had to decide on their own, the better the outcome, since that gave them greater access to more birth control options and to the assistance of professional physicians. In comparison, due to their limited access to professional help, the greater freedom women had in birth control, the worse the consequences could be.

To be sure, it has been hard to recover a comprehensive history of birth control in late imperial China due to the limitations of the existing sources. Some potential sources turned out to be difficult to access in the U.S. I would have liked to excavate more voices from women, rather than from men writing about their female relatives or patients. In future research, I hope to discover more about the reasons why people practiced birth control. It would have been nice to supplement my study with oral histories, similar to what Sarah Mellors Rodriguez does in her book, *Reproductive Realities in Modern China: Birth Control and Abortion, 1911–2021*, to counterbalance the bias in official records.¹⁰⁰ However, the time period I focus on means I cannot conduct interviews or know much about women's perspectives. While my source base is not perfect, I hope my research can nevertheless expand our understanding of the meaning of

¹⁰⁰ Sarah Mellors Rodriguez, *Reproductive Realities in Modern China: Birth Control and Abortion, 1911–2021* (Cambridge: Cambridge University Press, 2023), 13.

women's autonomy in different times and places. A look at women's reproductive choices gives us one window onto women's bodily autonomy. Women's limited autonomy in birth control, just like women's limited autonomy in footbinding or their decisions to become chaste widows, confirms that women in late imperial China had restricted control over their own bodies. It was elite men who made determinations about women's bodies, including their wombs. Reproductive governance did not cease with the collapse of the Qing dynasty. Instead, state regulation imposed even stricter controls on women's bodies, particularly through the criminalization of abortion. Codified in 1910, the Great Qing New Criminal Code criminalized abortion, and the prohibition remained until 1935.¹⁰¹ Moving to the People's Republic of China (PRC) era, with more effective and safer birth control methods, the boundary between the state, society, and reproduction has remained blurry.¹⁰² The PRC's policies around women's bodies such as Glorious Mothers of the Mao era, the One-Child policy (from 1979 to 2015), or the current regime's exhortation for urban women to have multiple children is a continual reminder that Chinese women's autonomy over their bodies remains a contemporary issue, not just a historical concern.

¹⁰¹ Xu, "Criminalization of Abortion in Late Qing and Republican China," 152.

¹⁰² Rodriguez, *Reproductive Realities in Modern China*, 2.

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