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About

Gender forum is an online, peer reviewed academic journal dedicated to the discussion of gender issues. As an electronic journal, *gender forum* offers a free-of-charge platform for the discussion of gender-related topics in the fields of literary and cultural production, media and the arts as well as politics, the natural sciences, medicine, the law, religion and philosophy. Inaugurated by Prof. Dr. Beate Neumeier in 2002, the quarterly issues of the journal have focused on a multitude of questions from different theoretical perspectives of feminist criticism, queer theory, and masculinity studies. gender forum also includes reviews and occasionally interviews, fictional pieces and poetry with a gender studies angle.

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There are no submission or page charges, and no colour charges.

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Editorial

By guest editor Howard Chiang

1 As recent as half a century ago, the history of medicine was primarily a field preoccupied with the development of medical ideas about diseases and treatments and how they changed over time. After the rise and intervention of the "new" social history, the field has now expanded to being more attentive to the voice of the patient, a methodological turn advocated by such historians of medicine as Roy Porter. Writing women back into the grand historical narrative of medicine can certainly be viewed as one of the decisive consequences of this historiographical transformation since the 1960s. However, as the scholarship of Thomas Laqueur (Making Sex, 1990) and Charlotte Furth (A Flourishing Yin, 1999) has made clear, to make issues of gender and the body more pertinent to the history of medicine oftentimes requires a complete re-evaluation of the analytic category of gender itself. In other words, the revisionist task should not stop at the level of making sure more "voices" are heard. Whether we treat the rise of the two-sex model in Enlightenment Europe or the emergence of gynecology in Song China as a paradigmatic turning point in the history of medicine, the methodological turn to "culture," broadly defined, from social history should inspire us not only to improve grand narratives on a more empirically-inclusive ground, though this should rightfully be a priority, but also to reassess the assumptions embedded within the framing of any narrative from the very outset.

2 This double-bind concern is a central feature of all four essays collected in this special issue of gender forum, which explores the history of both Chinese and Western medicine. Readers are encouraged to turn to the paper abstracts for a summary of the key points developed in each essay. Here, I will restrict myself to providing a brief overview of how the four articles inter-relate in order to show that, together, they actually accomplish something more profound than a simple collection of "gendered voices" in the history of medicine. Patricia Rosof's piece documents the journey of a woman physician, Dr. Florence Sabin. Rosof's feminist analysis, grounded in solid archival research, suggests that the history of the American medical profession cannot be adequately understood without some due attention to its gendered dimension. Rather than being a simple compilation of various women's "voices" in the past, her study pushes us to re-think what we think we already know about the history of American medicine by offering an illuminating perspective of the intersections between social-economic forces and female physicians' professional hopes, fears, desires, experiences, and identities during the formative years of modern America. Hsiaowen Cheng picks up this

thread of articulating the gendered dimension of medical history by bringing into better visibility traces of women's active participation in the formation and actualization of medical knowledge in Song China. As Cheng astutely demonstrates in her analysis, rather than playing the role of passive actors in the history of Chinese medicine, women acquired medical knowledge on their own terms, were thus well-informed about alternative treatment methods and explanations, and constantly questioned the male doctor's authority.

3 Cheng's insights strike great resonance with Tereasa Maillie's work on women and depression in imperial China. In her analysis of poems written by women throughout the eleventh to the eighteenth century, Maillie concludes that the clinical category of "depression" is in fact a valid prism through which we could understand how certain women felt in China prior to the arrival of Western psychiatry. The historical relationship between forms of gendered experience and systems of psychiatric knowledge constitutes the central preoccupation of my own piece on the genealogical bases of the modern notion of "sexual freedom." I argue that what is important about the establishment and consolidation of sexology as a scientific discipline around the turn of the twentieth century is not just the rise of its formal disciplinarity, but the production of a broader transformation in the way people conceived of themselves with respect to the conceptual space in which their erotic inclinations, behaviors, and selfhood were understood. With this epistemological transformation secured in place by the 1920s, women's intimate experience also took on an entirely different set of historical figuration and signification. The New Woman, the modern lesbian, and female sexual freedom now all became possible conceptual candidates for making sense of women's experience: they were decisively absent prior to the unfolding of the historical transition from the mere "psychiatrization" of sex to the more general "scientification" of sex that I outline in the article.

4 The four pieces in the present collection show that the gendered dimension of medical history has not only functioned on the level of ideas and ideology, but, more importantly, bear some fundamental connections to historical actors' individual practice and personal experience. Therefore, I have chosen the phrase "gender praxes" in the subtitle of this volume to articulate the unifying theme that ties the four articles together, in that each piece addresses much more than the history of medical ideas about gender. This volume is as much about these conceptions as about how they were embodied in the lived experiences of real people-doctors and patients, teachers and students, men and women-and how they have been embedded across culture in our past and present concerns.

Acknowledgements

5 The initial impetus for putting together this special issue of gender forum comes from a conference held at Princeton University on 4 April 2008, Apparatus XY: An Interdisciplinary Conference on Science, Gender, and Sexuality, which I co-organized with Nathan Ha in the History of Science Program. I want to especially thank Hsiaowen Cheng and Tereasa Maillie for their willingness to revise their conference papers for inclusion in this volume. I thank Patricia Rosof for sharing her work on Florence Sabin, which was not originally included in the conference program. I also wish to extend my gratitude to Angela N. H. Creager, the faculty advisor for the event, and to the official sponsors that funded the conference, including The Graduate School, the Department of History, the Program in History of Science, the Program in the Study of Women and Gender, and the Shelby Cullom Davis Center for Historical Studies, all at Princeton University. Miss Amy Shortt offered generous help and support in overseeing the conference's logistical matters.

Historicizing the Emergence of Sexual Freedom: The Medical Knowledge of Psychiatry and the Scientific Power of Sexology, 1880-1920

By Howard H. Chiang, Princeton University, USA

Abstract:

This paper develops an historical analysis of the turn-of-the-twentieth-century discourse of sexology that accounts for its heterogeneity, attending to the complex interactions and distinctions between medicine and science. Between 1880 and 1920, I argue, the conceptual possibilities for the articulation of a modern notion of sexual freedom emerged from two stages of historical development: first, the psychiatric implantation of sexual psychopathology around the 1880s and 1890s that gave sexuality for the first time in history both a psychological and a pathological character under the name of medicine; and second, the subsequent sexological impulse in the 1900s and 1910s to deploy the existing vocabularies of perverse sexuality in a new system of normalizing and liberalizing scholarly endeavors under the name of science. It was not until this transition from the "psychiatrization" of sex to a more general "scientification" of sex around the turn of the twentieth century did people gradually adopt and participate in the making of a modern notion of sexual freedom that demarcated sexual desire from heterosexual obligations. This new sense of sexual self, positioned in a constant political struggle with its cultural legitimacy and intelligibility, would remain central to the concept of sexual freedom throughout the rest of the century.

Introduction[1]

1 Historians have retrospectively grouped the scientists and medical doctors who studied and wrote about sexuality dating from the late nineteenth century to the early twentieth century under the general rubric of "sexologists." Many scholars have gone a step further and interpreted these sexologists' assignment of pathological meanings to non-heteronormative erotic desires merely as a one-way function of medical authority. Although there is some validity to this popular strand of historical interpretation, it is nonetheless an overly simplistic perspective that fails to acknowledge the expert heterogeneity within the sexological discourse itself. Based on my review of the existing body of literature in the history of sexuality, not a single author adequately differentiates and analyzes the parameters of science and medicine in turn-of-the-twentieth-century sexology.[2] Historians of sexuality who have

[1] The author wishes to thank Elizabeth Lunbeck and especially Alan S. Yang for their careful and insightful comments on earlier versions of this research article, which is a slightly revised version of an earlier paper that first appeared under the same title in the *Journal of the North Carolina Association of Historians*, vol. 16 (2008): 35-76

[2] I am referring to an extensive body of scholarship that analyzes the writings of the early sexologists without distinguishing "medicine" from "science" in a sufficiently explicit manner. Most historians, for example, interpret Richard v. Krafft-Ebing's degenerationist view of homosexuality the same way they interpret Havelock Ellis' writings on sexual inversion, and it is my intention in the following pages to demonstrate the problem with this de-contextualized method of analyzing historical sources. Oftentimes, historians erroneously characterize the writings of the turn-of-the-twentieth-century sexologists merely as a "medical" discourse. I will show that it is more correct to identify the work of some sexologists as constituting a "scientific" discourse, even if they

written about the sexologists to date, therefore, have risked leaving unexamined critical tensions and issues of historicism that exist at the intersections of medicine and science in the history of sexology.[3]

2 In order to develop a historical analysis that attends to the complex interactions and distinctions between medicine and science, I divide the early sexologists into two waves, acknowledging that there remain exceptions to this strategic chronological organization.[4] The first wave includes doctors, all of whom specialized in mental diseases and published mostly in the last two decades of the nineteenth century-such as psychiatrists Richard von Krafft-Ebing, Albert Moll, and August Forel. A careful contextualization of their writings in the history of medicine reveals that their intention in categorizing, labeling, and theorizing about sex was more about establishing the autonomy of psychiatry (away from neurology in particular) within the larger medical profession, rather than presenting themselves as pioneers of an entirely new scientific discipline of sexuality.[5] In addition, while most historians of medicine have attributed the increasing prevalence of psychoanalytic practice among post-

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received medical training. For the body of historical scholarship that I am challenging, see Angelides; Banner, esp. pp. 118-23; Bland and Doan; Bullough; Chauncey 1989, 1994; Crozier 2000; D'Emilio and Freedman, esp. pp. 171-235; Dixon 1997, 2001; Duggan 1993, 2000, esp. chap. 6; Faderman, 1978, 1981, 1992; Garber; Greenburg, esp. pp. 397-433; Hatheway; Katz, esp. pp. 137-74; Newton; Rosario 1997, 2002; Smith-Rosenberg, esp. pp. 245-96; Somerville; Terry; Weeks, 1977, 1981, esp. pp. 96-121, and 1985, esp. pp. 61-95; Eder, Hall, and Kemka. For more literary-oriented accounts, which are even less sensitive to the distinction between medicine and science, see, for example, Breger; Doan and Prosser; Halberstam; Noble; Prosser. More sensitive approaches can be found in Conrad and Schneider, pp. 172-214; Crozier 2008; Hansen; Herm; Schmidt; and Sengoopta.

[3] See n. 2 above. The only exception that I have come across is an endnote in Lunbeck. Lunbeck shows how historians have tended to overlook sociologically-oriented sexual scientists and only rely on the writings of medical experts, or vice versa, when discussing sexologists' view of homosexuality. Thus, in comparison to the scholars cited above, Lunbeck is much more attuned to the delicate boundaries of science and medicine in sexology. See Lunbeck, pp. 410-411, n. 2. Although Oosterhuis does a promising job in contextualizing Krafft-Ebing's work against a historical background of psychiatric professionalization, by focusing on medicine alone Oosterhuis also does not explicitly acknowledge the complicated relationships between science and medicine in turn-of-the-twentieth-century sexology. Likewise, by focusing on science alone LeVay is similarly a one-sided account. Sengoopta might be the only other exception that adequately approaches the relation between science and medicine in fin-de-siecle central Europe, but Sengoopta focuses on Hirschfeld and primarily on the ways his biomedical theory of homosexuality interacted with Eugen Steinach's work. It is my intention in these pages to emphasize the sexological *enterprises* of Hirschfeld and other early twentieth-century sexual scientists (rather than their *theories* of sexuality), and, accordingly, to illuminate the differences between this "scientific" undertaking from the late nineteenth-century "medical" discourse of sexual pathologization.

[4] I have intentionally excluded Freud from my analysis primarily because Freud had never identified himself as a sexologist: he was trained as a neurologist, became the founding father of psychoanalysis, and was ambitious enough to see his project as always larger than a systematic scientific study of sexuality. Though many historians regard Freud as one of the most influential turn-of-the-twentieth-century sexologists, others have made the careful differentiation. C.f. Zaretsky; Sulloway, chap. 8.

[5] The most notable exception to my periodization is Albert Moll, whom I group under the first-wave sexologists in this paper. Moll was actually very much involved in the second wave sexological movement, and, next to Hirschfeld and Iwan Bloch, was considered by many as one of the "founding fathers" of modern sexual science. By the early twentieth century, he became an explicit opponent of Freud and Hirschfeld and established the International Society for Sex Research in 1913 as a rival organization to Hirschfeld and Bloch's Medical Society for Sexology. It should be noted that my periodization does not completely ignore the impact of non-medical sexological authors, such as John Addington Symonds and Edward Carpenter. Their influences take a particular presence in the second stage of my periodization: see section 3 below on "sexological impulse, 1900-1920."

1920s psychiatrists to Freud's turn-of-the-century legacy, my analysis provides an alternative explanation: the new subject of therapeutic intervention, namely sexual psychopathology, especially following Krafft-Ebing's publication of *Psychopathia Sexualis* in 1886, both reflected and induced the decline in biological psychiatry and the rise in psychiatrists' psychogenetic emphases from 1880 to 1920.[6]

3 Moreover, following the birth of this new topic of psychiatric intervention, to quote Michel Foucault (1994), "What is modified…is the more general arrangement of knowledge that determines the reciprocal positions and the connection between the one who must know and that which is to be known…It is not a matter of the same game, somewhat improved, but of a quite different game" (137). I would stress that psychiatrists came to this "quite different game" in and through their attempt at improving their old game. Subsequently, what took shape was an entirely novel organization of the relationship between the psychiatrist ("the one who must know") and their new object of clinical knowledge: sexual perversion ("that which is to be known"). Without this "recasting at the level of epistemic knowledge," through which sexuality acquired a psychopathological definitional status for the first time, and after which the separation between one's sexuality from one's sense of self was no longer tenable, the modern notion of sexual freedom would not have emerged (Foucault 1994, 137).

4 The second generation of sexologists consists of sex reformers, all of whom were trained in medicine, frequently voiced anti-pathological claims about variations in human sexuality, and published most extensively in the first two decades of the twentieth century-including Iwan Bloch, Henry Havelock Ellis, and Magnus Hirschfeld. These sexologists' advocacy of sexual liberalism, I propose, can be viewed as a sequential reaction to the psychopathological model of sexuality propounded by their psychiatric predecessors. By forming a professional network of sexology through, for example, the founding of disciplinary journals, learned societies, and conference meetings-something that the previous generation of psychiatrists had not done, Hirschfeld and other second-wave sexual scientists hoped not only to expand sexology beyond medicine, but more importantly to achieve social reform through sexual science itself (Crozier 2001). It was through the effort of these sexologists that we can trace the first sign of a modern notion of sexual freedom.[7]

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[6] On Freudian legacy, see, for example, Ackerknecht 1968, chap. 10, and 1982, p. 207; Alexander and Selesnick, pp. 181-265; Duffin, pp. 286-8; Harrington, p. 252; Kennedy, p. 401; Lunbeck; Millon, chap. 7; Porter 1999, pp. 514-9, and 2002, pp. 183-98; Shorter, chap. 5.

[7] One should note that, apart from Moll, none of the earlier psychiatrists who wrote about sexual pathology from a medical perspective exclusively participated in this "new generation" of sexology, the formation of which largely depended on something similar to the three technologies of scientific disciplinization that Steven Shapin and Simon Schaffer referred to in their famous work on the debate between Thomas Hobbes and Robert Boyle

5 By a modern notion of sexual freedom, I simply mean the ability to conceive of, articulate, and enact a sense of sexual self-definition and self-agency without subsuming sexual desire under heterosexual obligations (such as marriage and procreation). This definition fits nicely with what historian Sharon Ullman has called the "modernization of sexuality," by which she means

> the twentieth-century redefinition of sexuality as a means of self-realization rooted in pleasure and unconnected to reproduction. A new value system revolving around desire and sexual fulfillment became prominent; sexual discourse emphatically entered the public realm, and the entire framework for sexual understanding came loose from religious and proscriptive moorings. This dramatic revisioning made sexuality central to personal identity and even to the definition of a successful life. (3)

In creating an unprecedented type of discourse about sexual perversion towards the end of the nineteenth century, the first-wave psychiatrists entered a fresh realm of medical knowledge in which they claimed for themselves exclusive expertise. But if we take Michel Foucault's contention that "where there is power, there is resistance" seriously, this new technique of medical surveillance facilitated the possibility for successive sexologists to appropriate the language of sexual perversion in a "reverse discourse" that would then displace its initial pathological meanings by making new claims for its normalcy (Foucault 1990, 95 and 101). Between 1880 and 1920, I argue, sexual freedom emerged from two fundamental stages of historical periodization: first, the psychiatric implantation of sexual psychopathology around the 1880s and 1890s that gave sexuality for the first time in history both a psychological and a pathological character under the name of medicine; and second, the subsequent sexological impulse in the 1900s and 1910s to deploy the existing notions of perverse sexuality in a new system of normalizing and liberalizing scholarly endeavors under the name of science.

Psychiatric Implantation: 1880-1900

6 In the nineteenth century, psychiatry was the youngest of the major branches of medicine, primarily because its development largely depended on the Enlightenment effort to place mental illness back into the hands of medical men (Ackerknecht 1982, 204). The French physician Philippe Pinel anchored this effort with the publication of his *Medico-Philosophical Treatise on Mental Alienation or Mania* (1801), in which he advocated reducing mechanical restraints in mental asylums, producing the famous image of Pinel "striking the chains off the

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over the air pump (namely, a material technology, a literary technology, and a social technology). For the specific definition of each as used in the context of the debate, see Shapin and Schaffar, pp. 25-6.

mad."[8] According to historians of medicine such as Erwin Ackerknecht, French romantic psychiatry dominated the first half of the nineteenth century, followed by German somatic psychiatry dominating the latter half.[9] As this transition unfolded, the boundary between psychiatry and neurology became more defined after the 1880s, when the task of psychiatrists gradually evolved to dealing with diseases unexplainable or untreatable by neurologists (Clark; Jacyna). Eventually, a decline in somatic psychiatry and an increasing level of interest in psychogenic explanations of mental disorders distinguished the psychiatric profession at the beginning of the twentieth century, when Kraepelin's nosological treatise and Freud's psychoanalytic writings began to disseminate broadly on both sides of the Atlantic.

7 Reacting to the early nineteenth-century "Romantic" character of the mental health profession, most psychiatrists between 1850 and 1880 attributed mental illness to physiological causes, particularly anatomical abnormality in the brain. In the opening chapter of his influential text *Mental Pathology and Therapeutics*, German pioneering neuropsychiatrist Wilhelm Griesinger, founder of the *Archiv für Psychiatrie und Nervenkrankheiten* and the Society for Medical Psychology, proclaimed that "the brain alone can be the seat of normal and abnormal mental action" and that "the normal state of the mental process depends on the integrity of this organ" (3). Similarly, the eminent psychiatrist Henry Maudsley, who was as highly regarded in England as Griesinger in Germany, also considered mental pathology as a somatic illness, as he explicitly expressed in *Body and Mind* (1870): "The physiology and the pathology of mind are two branches of one science; and he who studies the one must, if he would work wisely and well, study the other also" (2).[10]

8 In Vienna, the work of Theodore Meynert, teacher of Sigmund Freud, emblematized the contemporary psychiatric trend to interpret diseases of the mind as structural pathologies of the brain. Culminating in his famous *Psychiatry: A Clinical Treatise on Diseases of the Fore-Brain*, Meynert's life-long commitment to understanding mental states as epiphenomena of neurophysiological processes was evident in his explanation of people's "individuality":

> The innervation centre for the third nerve is anatomically connected with a number of mutually associated centres…distributed over the entire cortical area [. . .]. The sum of these "centres" constitutes the "individuality," the "ego" of abstract-psychologists[. . .] This unequal activity of the fore-brain, constituting individuality, varies as regards contents and degree with each person; it is designated also as the

[8] See e.g. Goldstein, chap. 3; Zilboorg and Henry, chap. 8. In fact, historians debate over the role of the asylum "mad-doctors" as humane moral reformers or authorities who were more concerned with social control than disease treatment. This somewhat dated historiographical debate, however, rests outside the scope of this paper. For a recent set of essays that reviews and attempts to open up new research directions in the history of psychiatry, see Scull.

[9] Ackerknecht 1968, 1982, p. 205; and Goldstein. Alternatively, Shorter, chap. 3, maintains that German psychiatry strictly dominated the entire 19th century.

[10] On Maudsley's emphasis on the somatic aspects of mental organization, see also Maudsley 1902, 1916.

> *character* of the individual. It has been justly observed, if the character (individuality) of a person were entirely known we would be able to predict the thoughts and deeds of such an individual, however complicated they might be.(167-8, emphasis original)

Based on his histopathological studies, Meynert not only identified specific physiological processes in the forebrain as the corresponding cerebral features of "individuality," he even hinted the possibility of predicting an individual's thoughts and behavior quantitatively, if sufficient data were gathered. Such an attempt to measure and quantify human thoughts, while locating the "seat of human action" in neuroanatomy, enabled Meynert to postulate that normal human behavior followed a regular set of laws:

> The idea of *individuality* is an artificial one, though valuable from a practical point of view, for the degree of intensity by which these images and their connections adhere to this conception will not admit of accurate measurement; and it is plainly impossible to say that at a certain intensity a presentation becomes a factor of the *ego*, and not yet at another. There is but one safe stand to take on this question, and that is to attribute to the ill-defined conception of individuality only those presentations which, as soon as the "character" of an individual is known, will enable us to predict his deeds; whence it follows that the deeds of the individual obey certain laws. (172, emphasis original)

Even though individuality was not necessarily an organic concept, for Meynert, it could still be valuable, as long as it allowed mental scientists and clinicians to systematize the relationship between psychological functions and neuroanatomical pathways.

9 As the nineteenth century reached its final decade, however, psychiatrists had yet to establish enough convincing connections between mental diseases and somatic causes, which hindered the profession's drive to advance the legitimacy and autonomy of their field of specialization in medicine (Ackerknecht 1968, 82; Duffin, 285). As such, psychiatrists' renewed interest and investment in dynamically-oriented approaches appeared around the same time. Echoing the earlier Romantic physicians' understandings of mental illness, this new wave of psychogenically-inclined psychiatrists began to shift their emphasis from bodily to psychological causes in explaining mental disorder. One of the key figures responsible for this transition was Emil Kraepelin, who combined Karl L. Kahlbaum's *catatonia*, Bénédict A. Morel's *démence précoce*, and Ewald Hecker's *hebephrenia* into the single category *dementia praecox* in the fourth edition (1893) of his textbook *Clinical Psychiatry*, the precursor to the modern *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association. In his *Lectures on Clinical Psychiatry* (1917), Kraepelin reminded his audience the mental, non-biologic roots of this particular disease of the mind:

> [the patient] occasionally composes a letter to the doctor, expressing all kinds of distorted, half-formed ideas, with a peculiar and silly play on words, in very fair style,

> but with little connection…These scraps of writings, as well as his statements that he is pondering over the world or putting himself together a moral philosophy, leave no doubt that besides the emotional barrenness, there is also a high degree of *weakness* of *judgment* and *flightiness*, although the pure memory has suffered little, if at all. We have a *mental and emotional infirmity* to deal with, which reminds us only outwardly of the states of depression previously described. This infirmity is the incurable outcome of a very common history of disease, to which we will provisionally give the name of *Dementia Praecox*. (23, emphasis original)

"In giving a careful account of dementia praecox, or schizophrenia, as a distinct disease," according to historian Edward Shorter, "Kraepelin had handed psychiatry its most powerful term of the twentieth century" (106). By placing the two types of "functional" psychoses that he had developed-manic depression in addition to schizophrenia-at the top of the psychiatric agenda by 1899, Kraepelin gave birth to a revolutionary current in psychiatry in which psychical explanations of mental illness gradually replaced causal understandings derived from brain anatomical research, the primary focus of earlier nineteenth-century psychiatrists.[11]

10 It was against this background of professional frustration and therapeutic despair with somaticism, reflecting the unstable footing of psychiatry within the larger profession of medicine at the time, that Meynert's Viennese successor Richard von Krafft-Ebing first published his magnum opus *Psychopathia Sexualis* in 1886.[12] Historians of science, medicine, and sexuality have correctly documented how Krafft-Ebing's description of homosexuality as a diseased neurotic degeneracy had profoundly influenced the way other scientific and medical experts thought about various forms of sexual perversion around the turn of the twentieth century. Most, however, simply stop there and fail to explain why Krafft-Ebing adopted the degeneration theory first posited by the French psychiatrist Bénédict A. Morel, why he was reluctant to abandon the theory altogether even until the end of his career (Oosterhuis 103), and the broader implications of these conscious decisions made on his part with respect to the larger disciplinary contexts of psychiatry and sexology, especially since he was such an acclaimed international figure.[13] In what follows, I suggest that Krafft-Ebing's intention in publishing his widely read medico-forensic text *Psychopathia Sexualis*, which had undergone at least twelve German editions and two different English translations by the

[11] 1899 was the year of publication of the sixth and the first definitive edition of his seminal textbook *Clinical Psychiatry*.

[12] Krafft-Ebing authored a number of significant writings on sexuality before *Psychopathia Sexualis*. See e.g. Krafft-Ebing 1877.

[13] Oosterhuis' biography of Krafft-Ebing is perhaps the only exception to this generalization. Oosterhuis, however, focuses on the emergence of "sexual identity"; whereas in this paper, I am trying to contextualize Krafft-Ebing's contribution within the larger discourse of early sexology in order to make claims about the emergence of "sexual freedom," beyond "sexual identity." Nonetheless, my work should be viewed as complementing Oosterhuis' work, rather than challenging it.

early 1900s, had three fronts: (1) to legitimate the psychiatric establishment within the larger medical profession; (2) to establish the credibility of psychiatrists and their work; and (3) to demonstrate the kind of scientific progress that such credibility required.

11 Due to the psychiatric profession's vulnerability in the last quarter of the nineteenth century, Krafft-Ebing's publication of *Psychopathia Sexualis* brought a new kind of legitimacy and independency to the psychiatric establishment, and correspondingly expanded its professional authority and cultural status in a novel way. "Before the 1860s," according to historian Harry Oosterhuis, "medical interest in disorderly sexual conduct was intrinsically linked to forensic medicine that focused on criminal acts such as rape and sodomy" (38). Over the course of the nineteenth century, physicians who were interested in sexual deviance changed from describing "mental and nervous disorders [as] the *result* of 'unnatural' acts" to viewing them as the "*cause* of sexual aberrations" (Oosterhuis 43, emphasis original). Being the first exhaustive compilation of different categories of sexual perversion, Krafft-Ebing's masterpiece construed sexual pathology as a realm of medical specialization that belonged exclusively to psychiatrists, particularly those with a forensic interest. Recognizing that the publication of *Psychopathia Sexualis* provided a definitive opportunity for claiming an unprecedented kind of medical specialty and therapeutic authority, psychiatrists across Europe and the United States immediately responded by discussing, supporting, and quoting from this encyclopedic contribution in their own writings. In initiating the proliferation of new medical vocabularies of erotic deviance in the last few decades of the nineteenth century, Kafft-Ebing's monument not only provided psychiatrists a new type of professional identity, competence, and power, but also granted sexuality a mental-pathological characterization for the first time in history.[14]

12 In order to promote the legitimacy of their new expertise in sexual psychopathology, and of their status in the medical profession more generally, psychiatrists needed to demonstrate the credibility of such an enterprise. It was under this condition that in explaining homosexuality Krafft-Ebing appropriated the psychiatric theory of degeneration first posited by Morel in *Treatise on the Physical, Intellectual, and Moral Degeneration of Human Species* (1857), the wide circulation of which was further amplified by the appearance of Charles Darwin's *The Origins of Species* two years later; and it was also in this context that Krafft-Ebing's degenerationist interpretation of homosexuality subsequently gained tremendous popular support in both Europe and the United States. As mentioned earlier, most somatic approaches to mental illness failed to yield results that satisfied mental health practitioners

[14] For a list of new sexual vocabularies developed in the final decades of the nineteenth century, see Oosterhuis, pp. 44-5.

near the end of the nineteenth century. Given that cerebral localizations of psychological disorders remained unfruitful, most psychiatrists on both sides of the Atlantic, especially in France, turned to hereditary explanations that resonated with Darwin's evolutionary ideas. This strategic alignment with the highly esteemed, state-of-the-art biological theory enabled mental health experts to secure a more scientific and credible image for their profession.

13 To establish the credibility of their expertise, in turn, required psychiatrists to embody and demonstrate a sense of scientific progress in their work. This effort was evident, for example, in the revision process of Krafft-Ebing's influential volume. In no more than six pages of the seventh edition of *Psychopathia Sexualis* (1892, 225-30), Krafft-Ebing reviewed a small number of etiological theories of homosexuality offered by other experts and posited his own *hypothesis*:

> An explanation of congenital contrary sexual feeling may perhaps be found in the fact that it represents a peculiarity bred in descendants, but arising in ancestry. The hereditary factor might be an *acquired* abnormal inclination for the same sex in the ancestors (*v. infra*), found fixed as a congenital abnormal manifestation in the descendants. Since, according to experience, acquired physical and mental peculiarities, not simply improvements, but essentially defects, are transmitted, this hypothesis becomes tenable. Since individuals affected with contrary sexual feeing not infrequently beget children,-at least, they are not absolutely impotent (women never are),-a transmission to descendants is possible. (228, emphasis original)

It is worth emphasizing that in the early editions of his monograph, Krafft-Ebing framed his degeneration theory of homosexuality in a remarkably reserved tone. His "hypothesis" became "tenable" under specific conditions, and the idea that individuals inherited homosexual feelings from their parents was only "possible" at best.

14 By the time the revised and enlarged twelfth edition appeared in 1903, Krafft-Ebing had expanded this section of his text to roughly thirteen pages (1933, 338-50). In addition to presenting case studies shorter in length but greater in numbers throughout his new edition, Krafft-Ebing asserted his degeneration theory of homosexuality more forcefully and supported it more consistently. Under the same section from which the previous quote was cited, he now devoted seven pages to dismiss other explanations of homosexuality that did not fit his degenerationist framework, and the rest of the thirteen pages to make the case that homosexuality was nothing but the manifestation of a hereditary "organic taint."

> If the structure of this opinion is continued, the following anthropological and historical facts may be involved:
> 1. The sexual apparatus consists of (a) the sexual glands and the organs of reproduction; (b) the spinal centres, which act either as a check or a stimulus upon (a); (c) the cerebral regions, in which the psychical processes of the *vita sexualis* are enacted.
> 2. The tendency of nature in the present stage of evolution is the reproduction of

> monosexual individuals, and the law of experience teaches that the cerebral centre is normally developed which corresponds with the sexual glands ("Law of the Sexual Homologous Development").
> 3. This destruction of antipathic sexuality is at present not yet completed.
> 4. Besides, a long line of clinical and anthropological facts favour this assumption.
> 5. These manifestations of inverted sexuality are evidently found only in persons with *organic taint*. (345-7, emphasis original)

Although I have necessarily compressed three pages of text into the above quotation, what I hope to show here is that after eleven revisions of *Psychopathia Sexualis*, Krafft-Ebing had become more stringent with respect to his degenerationist position and invested much more organizational effort in maintaining the claim that homosexuality was a "defect of the natural laws [that] must…be considered as a manifestation of degeneration" (349).

15 Moreover, in the later version of his text, Krafft-Ebing elaborated upon Darwinian evolutionary theory to a significant extent, something that he did not do in the seventh edition. Borrowing Darwinian conceptions allowed Krafft-Ebing to equate homosexuality with evolutionary regression: since homosexual traits blurred the distinction between masculinity and femininity, according to him, homosexual individuals exhibited an unfavorable anatomical and psychological hermaphroditism that resembled the lower end of the evolutionary scale (348). At the same time, Krafft-Ebing reminded his expert readers that "later researches…proceeding on embryological (onto- and phylogenetic) and anthropological lines seem to promise good results" (344). Therefore, situated in a convincing research trajectory, Krafft-Ebing's explanation of homosexuality as a familial degeneration within the Darwinian framework of evolutionary biology represented a more general attempt to render psychiatry as a medical discipline that evidenced scientific progress. By exemplifying elements of scientific advancement, psychiatric specialties such as sexual psychopathology could then be perceived as professionally valid and respectable.

16 After the publication of *Psychopathia Sexualis*, other psychiatrists quickly embraced Krafft-Ebing's degenerationist interpretation of sexual perversions, especially homosexuality. Kraepelin (1915) in his seminal nosological treatise, for instance, stated that "the morbidity of the condition [of contrary sexual instinct] depends not upon impulses which are perverted from the outset, but upon a characteristic tendency originating in a hereditary state of degeneracy" (511). Berlin psychiatrist Albert Moll, whose *The Sexual Life of the Child* (1912 [1909]) was widely disseminated in medical circles, also adopted Krafft-Ebing's degenerationist framework when discussing homosexuality. In his *Perversions of the Sex Instinct* (1931 [1891]), the first medical monograph exclusively devoted to the topic of homosexuality, Moll remarked that "just as in degenerates heredity manifests itself for one in

the form of the idea of persecution, for another in the form of epilepsy, degeneration, in Uranists takes the form of sexual inversion…It is therefore certain, as we have seen, that a great many Uranists are the progeny of families possessing a neuropathic heredity" (149). The endorsement of Krafft-Ebing's familial degenerationist language grounded in a Darwinian conception of evolution was most pronounced in the writings of Swiss psychiatrist August Forel, then the Director of the Insane Asylum in Zurich. According to Forel, "even homosexual love that does not affect minors nor insane persons, is a sign of degeneracy, but produces no offspring and consequently dies out *by means of selection*. We hope, therefore, that this type may be *extinct* some day" (247, emphasis added). Kraepelin, Moll, and Forel thus all agreed with Krafft-Ebing in *principle* how mental health practitioners should approach the clinical problem of homosexuality by using the common language of degeneration, even though they may have differed in their respective *theories* of how degeneration was specifically linked to homosexuality.[15] In exploring a fresh realm of therapeutic intervention, members of the psychiatric community recognized that Krafft-Ebing's degenerationist paradigm provided them a systematic convention, so that by constantly referring to it in their own work, those outside the community-including other medical professionals-would be able to appreciate the internal coherence of psychiatric authority.

17 Because the concept of degeneration provided the psychiatric profession such powerful leverage, Krafft-Ebing rigidly adhered to it until the very end of his career (Oosterhuis 103). And even when other psychiatrists such as Forel and Kraepelin wrote about homosexuality in the first two decades of the twentieth century, they still insisted on citing and applying Krafft-Ebing's degenerationist language (Kraeplin 1915, 511; Forel 247). The emerging new psychiatric discourse of sexual psychopathology towards the end of the nineteenth century, then, entailed two distinct but concomitant commitments: first, the systematic reference to the concept of degeneracy, and second, the systematic investigation of a psychological notion of sexuality that emphasized one's erotic tastes, inclinations, and impulses. While the former signaled the persistence of biological explanations, which was fundamental to pre-1880 psychiatric thought, the latter brought to surface the importance of focusing on the human psyche, which was gradually pushed to the forefront of post-1880

[15] On the distinction between therapeutic principle and therapeutic theory, see Warner, p. 5.

psychiatric thought (and would later completely characterize the approach of psychoanalysts in the 1930s and 1940s).[16]

18 It is thus important for historians to interpret medical opinions about sexual pathology between 1880 and 1920 in terms of these two contradictory yet concurrent threads of psychiatric discussion. Writing in 1891, for example, Moll contended that the "seat of sexual inversion" was in the brain, in line with the somatic strand of psychiatric discourse:

> The genital sense of the man are in a normal state excited by the image of a woman; in the Uranist the excitation is caused by the idea of a man. In him, the influence of ideas on the sexual urge are consequently misdirected. We are thus led to place the seat of sexual inversion in that place where the ideas awaken the sexual instinct. That is to say according to modern notions of psychology in the central nervous system or more particularly in the brain. (1931, 165-6)

When offering advice on the treatment of homosexuality later on in the book, however, Moll quickly shifted to a position that interpreted homosexuality as an intrinsic psychical problem: "the most ardent champions of the use of medicines are in accord that in the treatment of the Uranist not medicines but psychic means should be used. Inclinations and emotions are overcome not by the use of hydrochloric acid or the juice of the aloe; they should be fought with elements of a psychic order like their own" (199). The underlying tension in Moll's understanding of homosexuality, as if it was biologically caused but should be psychologically cured, could be resolved from the perspective that the entire psychiatric enterprise of medicalizing human sexuality from the 1880s onward fundamentally rested upon the dual-faceted attempt to study sexual behavior as a mental problem but without entirely leaving behind its biological grounding. As such, psychiatrists' effort to legitimate their field in the closing decades of the nineteenth century both reflected and reinforced a *transitional phase* in the history of psychiatry not only in terms of a new topic of investigation, but more importantly in terms of etiological emphasis.

19 To recapitulate briefly, between 1880 and 1920, in hoping to gain a better understanding of sexual deviance specifically and diseases of the mind more generally, psychiatric experts shifted from an emphasis on bodily causes to psychogenic accounts; brain localizations of mental defects slowly lost their appeal and psychical considerations came to the fore. While most historians of medicine have attributed the root of this transition to Freud, I have shown that by turning their attention to sexual perversion, psychiatrists had also created a new platform of professional discourse that played a catalytic role in the

[16] For an account of how psychoanalysis dominated the American psychiatric practice starting especially from the 1930s and 1940s, see, for example, Alexander and Selescnick, pp. 181-265; Shorter, pp. 170-81; Starr, p. 345; and Zaretsky, chap. 11.

transformation of their therapeutic emphasis, while sexuality was for the first time in history interpreted as psycho-pathological in nature. This new psychiatric discourse, originally intended for the medical surveillance, regulation, and control of sexuality, inadvertently constituted a distinct ground for the emergence of a modern notion of sexual freedom.

Sexological Impulse: 1900-1920

20 In compiling and classifying patient case studies of sexual aberration, psychiatrists in the late nineteenth century invented an abundance of medical vocabularies whose pathological meanings could then be reworked by a subsequent generation of experts in the opening decades of the twentieth century. "Sexual inversion," "homosexuality," "sadism," "masochism," and "fetishism" were concepts now to be studied intensively, extensively, and not just medically but more importantly *scientifically*. A second wave of sex scientists, including Iwan Bloch, Havelock Ellis, and Magnus Hirschfeld, represented a group of individuals at the beginning of the twentieth century who published monographs, edited disciplinary journals, founded learned societies, and organized conferences, all devoted to the goal of establishing a comprehensive scientific discipline of human sexuality that incorporated a variety of research methodologies. In this process, they often advocated more liberal attitudes toward both the medical and legal aspects of sexual behavior, directly reflecting their conviction that social reform could be achieved through sexual science.

21 The disciplinary consolidation of sexology began with a group of medical experts in the 1900s who shared a common scholarly goal of studying sex through a combination of scientific approaches. The Berlin physician Iwan Bloch opened his acclaimed *The Sexual Life of Our Time* (1928 [1907]) with the following proclamation:

> For more than ten years the author of the present work has been occupied, both theoretically and practically, with the problems of the sexual life, and in his various earlier writings he has regarded these problems, not merely from the point of view of the physician, but also from that of the anthropologist and of the historian of civilization. He is, in fact, convinced that the purely medical consideration of the sexual life, although it must always constitute the nucleus of sexual science, is yet incapable of doing full justice to the many-sided relationships between the sexual and all the other provinces of human life. To do justice to the whole importance of love in the life of the individual and in that of society, and in relation to the evolution of human civilization, this particular branch of inquiry must be treated in its proper subordination as a part of the general science of mankind, which is constituted by a union of all other sciences-of general biology, anthropology and ethnology, philosophy and psychology, the history of literature, and the entire history of civilization. (ix)

What Bloch called for, and claimed his book to represent, was a comprehensive study of human sexuality that drew on various kinds of scientific inquiry, including biological, ethnological, psychological, and historical perspectives. With Bloch's declaration, the birth of modern sexology was now secured.

22 In fact, the British independent scholar Henry Havelock Ellis and the Berlin doctor Magnus Hirschfeld had already published monographs and articles on the subject of homosexuality with a similar aim in mind. Ellis, trained in medicine, authored *Sexual Inversion* (1897)-the second volume of his encyclopedic series *Studies in the Psychology of Sex*-with the initial help of the poet and literary critic John Addington Symonds and subsequent assistance from the socialist romantic writer Edward Carpenter.[17] In the process of writing his book, Ellis integrated the literary and historical information about homosexuality that Symonds and Carpenter had provided with his own medical and psychological insights. Shortly after, in Germany, Hirschfeld sent questionnaires to 3,000 male college students of the Charlottenburger Technische Hochschule in December 1903 and again to 5,721 metal-workers of the German Metal Workers Union in February 1904.[18] Based on this survey method, Hirschfeld reported 1.5 per cent homosexuals and 4.5 per cent bisexuals among the students, and 1.15 per cent homosexuals and 3.19 per cent bisexuals among the metal-workers.[19] In addition to estimating its prevalence, Hirschfeld researched homosexuality through another approach-conducting field work in locales of Berlin's homosexual subculture, the findings of which were documented in his *Berlin's Third Sex* (1904). Clearly, Ellis's collaboration with Symonds and Carpenter, as well as Hirschfeld's employment of statistical and ethnographical research methods, denoted a strong effort to expand the disciplinary boundary of scientific sexology to extend beyond medicine.

23 Likewise, learned societies and disciplinary journals in sexual science were founded by this second generation of sexologists and not by earlier psychiatrists, who were more concerned with legitimizing their field of specialization within the larger medical profession. At his home in Charlottenburg, Hirschfeld formed the first sexological society in history, the Scientific-Humanitarian Committee (SHC), on 15 May 1897. He also managed the editorship of the *Yearbooks for Sexual Intermediaries*, published under the name of SHC from 1899 to 1923, which included articles by a variety of scientists, including biologists, psychoanalysts,

[17] Ellis 1906. The first English edition was published as the first volume of the *Studies* in 1897, the second in 1901 as the second volume. The manuscript was translated into German by Hans Kurella and published in Leipzig in 1896 with J. A. Symonds' name included as the co-author. See Ellis and Symonds.

[18] Charlottenburg is a district in Berlin where Hirschfeld resided:

[19] Hirschfeld, "Das" (1904). Hirschfeld reported these numbers later again in Hirschfeld 2000, pp. 544-5 and 553-7. The first edition of this monograph was published in German in 1914, the second in 1920. These numbers are also cited in LeVay, pp. 25-6; and Wolff, pp. 58-9.

and other physicians, with whom Hirschfeld often shared conflicting theories of homosexuality. His major purpose, though, was to promote professional communications and scientific conversations about problems in human sexuality, especially same-sex desire. Subsequently, the collaboration between Hirschfeld and Bloch, along with other physicians, resulted in the founding of the Medical Society for Sexology and Eugenics in Berlin on 3 February 1913. The founding of this larger and more eminent sexological society also revived the *Journal of Sexual Science*, which Hirschfeld had launched in 1908 by himself as a monthly publication but only lasted for a year, and which was now under the new editorship of Bloch and Albert Eulenburg with an elevated international status. In the summer of the same year that the Medical Society was established, Hirschfeld participated in the International Congress of Physicians organized by the British Medical Association from 6 to 12 August in London. At the Congress, he gave a presentation on hermaphroditic, androgynous, homosexual, and transvestite individuals that brought him immediate worldwide recognition. More importantly, his presence at the convention inspired the births of the first Viennese sexological organization in 1913 and the British Society for the Study of Sex Psychology in 1914.[20]

24 Having solidified his international standing in the field of sexual science, Hirschfeld did not pause for long before publishing his most definitive monograph on the topic of homosexuality, *The Homosexuality of Men and Women* (2000 [1914]), a meticulously researched piece of scholarship that distinguished him from other sexologists as the most qualified expert on the subject of his time. In revising *Sexual Inversion* for its third and final edition, for instance, Havelock Ellis had to familiarize himself with Hirschfeld's book, which was over 1000 pages in length and written based on 10,000 personal histories of homosexual men and women.[21] Having read the entire book, Ellis made careful references to Hirschfeld almost fifty times throughout the revised version of *Sexual Inversion*, in sharp contrast to the striking absence of any mentioning of Hirschfeld's work in the previous editions.[22] "It is to Hirschfeld," Ellis now commented, "that we owe the chief attempt to gain some notion of the percentage of homosexual persons among the general populations" (1936, 61). Iwan Bloch, too, praised Hirschfeld's *Homosexuality* for its unequalled and authoritative qualities. By this time, as Hirschfeld's biographer Charlotte Wolff has rightly observed, "Nobody could deny

[20] For a more detailed biographical account, see Wolff; and Dose.
[21] On Ellis' updating of his *Studies*, see also Crozier 2000, pp. 456-460.
[22] Ellis 1936, pp. 3, 4, 9, 13, 24, 27, 28, 35, 60, 61, 62, 72, 73, 83, 86, 90, 91, 196, 203, 210, 251, 255, 256, 261, 263, 265, 268, 273, 278, 280, 282, 284, 287, 289, 292, 301, 309, 315, 316, 320, 323, 325, 330, 331, 332, 334, 335, 341, and 353. According to my count, Ellis has cited Hirschfeld exactly forty-nine times in this third edition. Cf. Ellis 1906.

that his knowledge of homosexuality was unsurpassed" (173). Five years after the publication of *Homosexuality*, Hirschfeld in 1919 officially opened his renowned Institute for Sexual Science, the very first of its kind in history.[23]

25 In this process of formalizing a comprehensive discipline of sexual science, the medical background of Bloch, Ellis, and Hirschfeld provided an opportunity for the pathologizing model of homosexuality initially articulated by first-wave nineteenth-century psychiatrists to be challenged. As John A. Symonds expressed in an 1892 letter to Edward Carpenter regarding his cooperation with Ellis on *Sexual Inversion*, to voice an effective alternative opinion about homosexuality that did not support most psychiatrists' neuropathic perspective at the time required such an opinion to come from a man with certain credentials: "I am so glad that H. Ellis had told you about our project. I never saw him. But I like his way of corresponding on this subject. And I need somebody of medical importance to collaborate with. Alone, I could make but little effect-the effect of an eccentric."[24] Since Ellis did not practice medicine, even though he received some medical training, Ellis had no patient case studies to anchor a scientific investigation of homosexuality. As such, the major advantage for Ellis in collaborating with Symonds was precisely that Symonds, himself a homosexual, would be instrumental for gathering homosexual life histories, which Ellis could then use as the data of his scientific analysis (Grosskurth 175-6). Although Symonds passed away long before the project was near completion, Ellis ultimately embraced Symonds' anti-pathological perspective of homosexuality and seriously doubted the value of "treating" same-sex desire. He concluded in *Sexual Inversion* that "[we] can seldom…congratulate ourselves on the success of any 'cure' of inversion…if we can enable an invert to be healthy, self-restrained, and self-respecting, we have often done better than to convert him into the mere feeble simulacrum of a normal man."[25]

26 As for the situation in Germany, Hirschfeld's medical training and committed field work experience allowed him to influence other physicians' view of homosexuality to a significant degree. In 1903, Hirschfeld brought Paul Näcke, director of the Saxon Mental Hospital of Colditz, to homosexual bars in Berlin, after which Näcke commented in an article

[23] On Hirschfeld's Institute, see also Dose.

[24] John Addington Symonds to Edward Carpenter, Am Hof, Davos Platz, Switzerland, 29 December 1892, in Schueller and Peters, vol. 3 (1969), p. 797.

[25] Ellis 1906, p. 202. It is also worth emphasizing here that the language of psychiatric discourse was no longer framed merely in terms of madness or insanity. As Elizabeth Lunbeck has demonstrated, at the dawn of the twentieth century, "Most significant was psychiatry's abandonment of the distinction between sane and insane that had structured nineteenth-century practice, and its concomitant reorganization around a metric concept of the normal. By the 1920s, the metric mode of thinking that psychiatrists first elaborated around psychopathy would be dominant within, and beyond, the discipline. The psychiatric point of view no longer dichotomously classed individuals as sane or insane but arrayed them on a scale, assessing their variations from what was thought normal" (306).

that "I got the impression that effemination appeared only in a small minority of homosexuals," and "I find the expressions 'manly' and 'effeminate' extremely subjective. We don't know whether such qualities, if they exist, have a physical or mental origin" (cited in Wolff 52-3). After being criticized by Hirschfeld in 1903 for betraying an "objective" anthropological effort in understanding homosexuality, Iwan Bloch also reversed his initial position that conceptualized homosexuality as a diseased condition (Wolff 110). Not only did he eventually collaborate with Hirschfeld in organizing sexological meetings and publications, as mentioned earlier, Bloch explicitly stated in his widely circulated *The Sexual Life of Our Time* that "homosexuals are thoroughly healthy, free from hereditary taint, physically and psychically normal" (490). Hence, both the story behind Ellis' *Sexual Inversion* and Hirschfeld's impact on other doctors demonstrate that the pathological definitions of sexual variations originally propounded by the earlier psychiatrists simultaneously created an opportunity for a second generation of experts to transform the existing pathological definitions by participating in new scholarly endeavors under the name of science.

27 In addition to questioning medical depictions of homosexuality as a mental disorder, sexual scientists in the early twentieth century also sought to undermine the criminal status of homosexual behavior. In England, for example, Ellis stated his liberal stance on the legal issue of homosexuality in *Sexual Inversion*: "I am of opinion that neither 'sodomy'…nor 'gross indecency' ought to be penal offenses, except under certain special circumstances. That is to say, that if two persons of either or both sexes, having reached years of discretion, privately consent to practice some perverted mode of sexual relationship, the law cannot be called upon to interfere."[26] Similarly in Berlin, immediately following the founding of the Scientific-Humanitarian Committee in 1897, Hirschfeld crafted the famous "Petition to the Reichstag," a petition for abolishing Paragraph 175 of the German penal code that punished sexual contact between men. Even though the law was not entirely eliminated until 1994, most sources confirm that during his lifetime, at one point or another, Hirschfeld was able to acquire thousands of signatures for the Petition-including the signature of Richard v. Krafft-Ebing.[27]

Sexuality and the Emergence of Sexual Freedom

28 Thus far, I have traced the ways in which the late nineteenth-century discourse of sexual psychopathology represented a historically-specific psychiatric tendency to gradually move away from somatic explanations towards psychogenic accounts of mental disorder, at

[26] Ellis 1906, p. 214. See also Crozier 2000, 2001.

[27] LeVay, p. 25; Wolff, p. 43. For more on the early German homosexual movement, see Fout; Lauritsen and Thorstad; Steakley; Oosterhuis and Kennedy.

the same time providing the starting point for a succeeding generation of sexologists to both extend the disciplinary boundaries of sexual science beyond medicine and advocate sexual reform. Implicit in this transition from the mere "psychiatrization of sex" to a more general "scientification of sex," however, was a fundamental reconfiguration of the "conceptual space" that "determines what statements can and cannot be made with the concepts" of sex and sexuality (Davidson 136). Or to borrow Foucault's insight, "what has changed is the silent configuration in which language finds support: the relation of situation and attitude to what is speaking and what is spoken about" (1994, xi). Simply put, the psychiatric system of sexual knowledge that emerged in the latter part of the nineteenth century had completely transformed the possible terms and conditions under which people understood this aspect of themselves.

29 A crucial component of this psychiatric discourse was the categorization and pathologization of people's erotic inclinations, which allowed for a possible conception of personhood rooted in the psychological condition of one's sexual desire- *a sense of sexual self* (see Reed 2001). The homosexual now inhabited a sense of sexual self distinct from the fetishist based on the difference in their respective bodily involvements and mental characters of sexual pleasure; and the sadist now had a sense of sexual selfhood distinct from the masochist precisely for the same reason. Even though these different sexual personas may converge in a given individual, the point is that after the medical experts had created different sexual labels corresponding to specific types of erotic psychology, the ways individuals appropriated, resisted, and negotiated these labels would always function within an epistemological framework in which a complete separation of one's sexual desire from one's sense of self would no longer be possible.

30 The effort of the second generation of sexual scientists, including Ellis and Hirschfeld, did not reverse this process of epistemic change but significantly relied upon it. The kind of "liberating impulse" captured in what they had accomplished both reflected and constructed the possibility for *science* -in addition to medicine, religion, and law- to speak about sexuality, which was now no longer exclusively defined around a medical conception of psychic condition, no longer understood in terms of a cause or an effect of behavioral outcome, and most certainly no longer perceived as a behavioral morphology in and of itself: sexuality came to be conceived as the conjuncture of all of the above. As a complex system of interaction between mental states and physiological expressions, and as a turn-of-the-twentieth-century product orchestrated through the exercise of the scientific power of sexology at the expense of psychiatric medical knowledge, sexuality was now something

through which a sense of self-ownership, self-definition, and self-determination could be articulated. Only within a new regime of sexual scientific knowledge, through a new sense of sexual self, and under a new set of possible conditions, was it possible for an individual at the beginning of the twentieth century to experience a distinctly modern notion of sexual freedom that both decoupled sexual desire from the institution of marriage and procreation *and* intrinsically linked it to new modes of political struggle.

31 I want to conclude by showing that the dissociation of sexual desire from heterosexual obligations represents an archeologically-unique mode of conceptualization, without which the feminist position for legalizing birth control would not have consolidated in the opening decades of the twentieth century.[28] When New Women like Margaret Sanger fought for birth control in the early twentieth century, they were also fighting for women's right to demand sexual pleasure.[29] But this latter aspiration, be it implicit or explicit, would not have been a possible candidate of feminist thinking prior to the psychiatric discourse of sexual pathology and the subsequent reworking of the psychiatric model by a second group of liberal sex reformers. Medical authorities like Krafft-Ebing first psychiatrized sex to give it both a psychical and a pathological dimension, with the result being that *women's sexual interest appeared for the first time in history as a possible free-standing condition outside the heteronormative confinement of marriage practice.* Sexual scientists like Ellis then challenged the pathologizing model of sex in their campaign for sexual liberalism-which involved consensual limits, mutual love and affection, and even reciprocal sexual satisfaction, but not procreation (such as demonstrated in their tolerant attitude towards homosexuality). As such, when the second generation of sexologists appropriated and modified the pathologizing model of sexuality articulated by the first-wave psychiatrists, the epistemological consequences amounted to an entirely new system of discursive knowledge about the sexual self.[30]

32 This new system of discursive knowledge about sexual selfhood emerged precisely at the juncture in time where historians of gender and sexuality have located a shift in women's

[28] I use "archeology" in the way that Foucault uses the term, the object of which I take to be discursive formations or knowledge ("savoir"). See Foucault 1972, esp. chap. 5. See also Davidson, chap. 8.

[29] Members of the early twentieth-century birth control movement emphasized that they were advocating for "birth control" (or "contraception") and not necessarily "abortion." The existing body of literature on the history of birth control is extensive. I have primarily relied on Brodie; Degler; Gordon 1990, 1992; Mohr; Reed 1978; Tone. I am aware that my following discussion is concerned with middle-class women almost exclusively as opposed to working-class women, whose history of sexual episteme, of course, deserves explication in its own right.

[30] This statement supports Carroll Smith-Rosenberg's claim that "To the later generations of New Women the new sexual vocabulary offered by Havelock Ellis and other liberal male sex reformers appeared as congenial-at times more congenial than the rallying cries of the older political feminists" (284). On the relationship between the New Woman and sexuality, see also Hall; Newton.

intimate experience. Prior to the twentieth century, same-sex romantic friendships between middle-class women were surprisingly tolerated in American society. These intimate bonds between women existed within a larger social structure that encouraged women to enter the institution of heterosexual marriage. Around the turn of the twentieth century, however, the desire to form intimate bonds with persons of the same-sex, sexually or not, became a focus of intense medical surveillance. In this "attack on 'romantic friendship,'" according to historian Lillian Faderman, "even romantic friendship that clearly had no sexual manifestations was now coming to be classified as homosexual. Medical writers began to comment on 'numerous phases of *inversion* where men are passionately attached to men, and women to women, *without the slightest desire for sexual intercourse*'" (1992, 49, emphasis original). The first-wave psychiatrists and their followers, therefore, did not merely clinically pathologize same-sex intimate relationships; more importantly, they *sexualized* such interpersonal relations. This turning point in the history of female same-sex relationship resembled a larger cultural shift in the conceptualization of the nature of female intimate experience: such a re-conceptualization secured the concurrent births of the New Woman, the modern lesbian, and the possibility of female sexual freedom.[31]

33 The way many women had begun thinking about and experiencing a sense of self that demanded sexual enjoyment and its related political interests reveals the process of epistemic change-underscoring the shifting relations between systems of knowledge and forms of experience-that I have considered. This is why even though some historians have convincingly challenged Nancy Cott's conception of Victorian female "passionlessness" by showing that certain nineteenth-century female free lovers themselves had outwardly refuted such doctrine, the same historians have often failed to offer a meaningful interpretation of the fact that women in the nineteenth century, free lovers or not, lived in a historically-specific social apparatus, in which the idea of sexual desire was exclusively framed in relation to the institution of marriage and female sexuality was exclusively understood in relation to maternal interest (Cott).[32] My analysis, then, suggests that the period between 1880 and 1920 marked *a substantive transformation in the historical epistemology of sexuality from nineteenth-century free love to twentieth-century sexual freedom*. To impose the modern

[31] On female same-sex relationships in the Victorian English speaking world, see Smith-Rosenberg; Marcus.

[32] Using Victoria Woodhull as an example, Ellen DuBois directly challenges Cott's interpretation: "As for female sexuality per se, Woodhull …believed in the existence, desirability and healthfulness of sexual passion, in women as well as men. She wholeheartedly refuted the doctrine of passionlessness which she called 'that unnatural lie,' by this time an idea that challenged male sexuality as well as female." On free love, see also Passet; Sears; and Stoehr. Jesse F. Battan's work (1992, 2004) on nineteenth-century free love focuses on the importance and power of language. On free love in the context of the lives of cultural anthropologists Margaret Mead and Ruth Benedict, see Banner, esp. pp. 136 and 148.

concept of sexual freedom backward in time and apply it to historical contexts before the late nineteenth century, therefore, is to exercise an "application of concepts, as though concepts have no temporality, that allows, and often requires, us to draw misleading analogies and inferences that derive from a historically inappropriate and conceptually untenable perspective" (Davidson 41). It was not until the transition from the psychiatrization of sex to a more general scientification of sex around the turn of the twentieth century did women, for instance, gradually adopt and participate in the making of a modern notion of sexual freedom that demarcated sexual desire from marriage and child-bearing. This new sense of sexual self, positioned in a constant political struggle with its cultural legitimacy and intelligibility, would remain central to the idea of sexual freedom throughout the rest of the twentieth century.

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The Quiet Feminism of Dr. Florence Sabin:
Helping Women Achieve in Science and Medicine

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Abstract:
This article recounts the quiet feminism of Dr. Florence Sabin (1871-1953), who took pride in women's achievements and did her best to help women in various fields of medicine and the biomedical sciences. She gave advice to women who sought it, and worked to help them get fellowship and research funds, as well as opportunities for post-graduate training. She brought attention when possible both to the pioneers in medicine and women's education as well as to the younger talented researchers. Her goals were modest but real: help the women who entered science receive the best education available; enable them to do research and publish in top journals; get them fellowships; make their accomplishments known to a broader public so that women's achievements in science would be seen as a norm. She did not succeed in all of even these modest goals. The Depression doomed her plans for a women's Hospital which would have given women post-internship training, and few journalists followed up sufficiently on her attempts to bring other scientists to the public eye. Nonetheless she remained optimistic about the improvements in possibilities since her graduate days.[1]

1 Florence Rena Sabin (1871-1953) began her medical career in 1900 with her graduation from Johns Hopkins Medical School. It was an auspicious time for a woman to begin a career in medicine in the United States. As Margaret Rossiter has pointed out, the period from 1880-1910, when Sabin was establishing her career, was an era when "new roles and opportunities were unfolding," only to be followed by a "new rigidity" (*Women Scientists* xvi). The century opened with great promise as women seemed to be gaining acceptance into the new medical schools and research institutes (Magner 456). Hopkins itself had opened its doors to both men and women in 1893 and it rapidly set the standard for medical education.

2 In many ways, Sabin would prove to be typical of her generation. As Penina Migdal Glazer and Miriam Slater note, the middle class, of which Sabin was a part, idealized "ambition, intelligence and hard work," and these were also the traits considered necessary for professional success (10). Friends, colleagues, former students all referred to Sabin's dedication to what at one point she referred to as "the Great God Work" (26 Aug. 1926 to Robert Cunningham, Cu-Doan #5, Cunningham, Robert S.#9, APS). Like her peers, Sabin believed in science as a meritocracy, and used the strategy of "superperformance" to prove her worth (Glazer and Slater 19). Choosing to make her career in medical research, Sabin

[1] This research was made possible by a Library Resident Research Fellowship from the American Philosophical Society and a Margaret Storrs Grierson Scholar-in-Residence Fellowship from the Sophia Smith Collection. I would like to thank the staff of the APS and of the Sophia Smith Collection for their help and collegiality. I would also like to thank the archivists and librarians at the Rockefeller Archive Center, and the Alan Mason Chesney Archives, the Colorado Historical Society and the Denison Memorial Library of the University of Colorado School of Medicine.

benefited from scientists' commitment to the idea of the laboratory as "value-free" as well as by the newness of the field of laboratory research. With men uncertain about their ability to earn a living pursuing research, the field was initially accepting of women and more open than more established or lucrative professions to advancement based on merit. The Rockefeller Institute, as an example, had over sixteen percent of their hires in the years 1911-1920 as women (Glazer and Slater 18, 199, 138).

3 Under these favorable conditions, Sabin's career followed a positive arc. Taken under the wing of the respected Chairman of Anatomy at Johns Hopkins Medical, Dr. Franklin Paine Mall, she rose up the ranks to Associate Professor by his death in 1917. Although passed over for department chair in favor of her former student Dr. Lewis Weed, she nonetheless was promoted to Professor of Histology, the first woman to receive that rank at Hopkins. In 1925 she moved to the prestigious Rockefeller Institute as a full Member, again the first woman to receive that rank. She also served as first woman president of the American Association of Anatomists and was the first woman elected to the prestigious National Academy of Sciences.

4 Regardless of her personal success, however, Sabin proved unable to pave the way for further advances by other women. According to historian Ellen S. More, this failure can be explained by the "skewed sex ratio" of both Hopkins Medical and the Rockefeller Institute. With women under fifteen percent of the total, the successful ones were viewed as tokens and found themselves unable to shape the institution to benefit successors (7). As a researcher, and especially as a prominent woman whose work would be carefully scrutinized, Sabin had to concentrate on publishing and defending her results. Most men also had few opportunities to shape institutions but it was those who did, such as Simon Flexner at the Rockefeller Institute, and William Welch at Hopkins, who gained a lasting reputation and who determined the future shape of medicine (Glazer and Slater 136, 137). Sabin's inability to make institutional changes had repercussions for the women who followed.

5 Despite the odds against her, however, Sabin did seek to promote women's interests in medicine and scientific research. At the same time, she remained completely committed to the ideas of scientific objectivity and advancement by merit. She saw herself as a professional helping other women professionals achieve (Tuchman, 224).[2] Her goal was to get the best medical education for women so that they could fairly compete with men. This, she believed, had to be through the best coeducation available (4 Nov. 1931 to Martha Wager, U-We, APS). A committed feminist, Sabin believed strongly in the equality of women and rejected

[2] Tuchman, explains that turn of the century professionals focused on "autonomous individuals joining together to protect their interests."

any idea of special need or privilege. In noting Simon Flexner's remarks at the luncheon in Sabin's honor on her receipt in 1929 of the Pictorial Review Achievement Award, she commented favorably on his "splendid speech" in which he described himself as a feminist who "believed in treating women exactly as he treated men with the same rigid requirements for high standards" (18 Dec. 1929 to Mary Sabin, Series I, Box 4, Folder 9, SSC). She had supported and worked for suffrage and contributed as well to the Philippine Campaign for Woman Suffrage (28 Dec. 1919 Sabin to Mrs. Mall on suffrage campaign, Sabin Papers, Box 1, 56, AMC and on Philippines Suffrage Campaign, 3 Feb. 1937 Carrie Chapman Catt to Sabin, National American Woman Suffrage, APS).[3]

6 Her support of the Equal Rights Amendment was consistent with her view of equality feminism. After hearing Frances Perkins speak, she commented that she could not agree "with her backing up the minimum wage laws for women only for I think that they will eliminate the women even more from a chance to earn a living" (26 March 1933 to Mrs. Mabel Mall, Box 2, 82-85, AMC). While she understood (although disagreed with) what was behind those like Perkins and the Federation of Women's Clubs who opposed the ERA, she felt that the broader group of opponents were those who sought to treat women as immature and unable to accept adult responsibilities. Sabin, on the contrary, believed "it better for all women to remove restrictions that are artificial and to permit women to find the level of their own abilities." Any distinctions in terms of special legislation should be based on wage levels not on sex (2 March 1938 to Cecelia Goodstein, Box G, APS).

7 Sabin took pride in women's achievements and did her best to help women in the field.[4] She gave advice to women who sought it, and worked to help them get fellowship and research funds, as well as opportunities for post-graduate training. She brought attention when possible both to the pioneers in medicine and women's education as well as to the younger talented researchers. Her goals were modest but real: help the women who entered science receive the best education available; enable them to do research and publish in top journals; get them fellowships; make their accomplishments known to a broader public so that women's achievements in science would be seen as a norm. She did not succeed in all of even these modest goals. The Depression doomed her plans for a women's Hospital which would have given women post-internship training, and few journalists followed up sufficiently on her attempts to bring other scientists to the public eye. The ones she regularly cited as being top in

[3] See for instance her description of working with Edith Hooker to send letters to all members of the Maryland legislature, 28 Dec. 1919 Sabin to Mrs. Mall, Sabin Papers, Box 1, 56, Alan Mason Chesney Archives, Baltimore MD.

[4] Among other activities, she supported Mary Beard in her endeavors to establish a World Center for Women's Archives. See World Center for Women's Archives, Box Wi-Z, APS.

their field, such as Rebecca Lancefield of the Rockefeller Institute, still failed to be promoted to full Member. Sabin was aware of the ongoing challenges but also maintained optimism about women's position, having seen what she considered significant improvements in her lifetime. She remained committed to the importance of work and to access to the best education available for women.

The Problem

8 The problem for women began with admission to medical school itself. The twentieth century had opened with great possibilities. The Johns Hopkins University Medical School, funded in large part by a group of women in Baltimore on the terms that women receive the same admissions as men, opened in 1893 with three women (Walsh 176-77 and Rossiter *Women Scientists* 46). By the third entering class about one-third of the students of what was rapidly becoming the leading medical institution, were women. Also in 1893, the co-educational University of Michigan Medical School had a class of nineteen percent women (Walsh 182). In the early years of medical school professionalization, a four year program with clinical training was in itself unusual, and internships were not required for the practice of medicine. When Hopkins opened the initial fear was that too few qualified applicants would meet the stringent admissions criteria. However, as more individuals qualified for the demanding medical schools, women found themselves being intentionally limited in their admissions to the schools and to internships. Even Hopkins started to limit the number of women it would take. The Dean of the school, in response to a 1917 questionnaire, said that women should not make up more than one-fourth of the school, lest the men perceive it as feminized and decide to go elsewhere. Limited by admission quotas and shifting inclinations, women's attendance at medical schools declined in the early 1900s, returning to about five percent of the total in the late 1920s, where it held steady for the next few decades (Morantz-Sanchez 252, 234, 249).

9 Many respected schools, unlike Sabin's alma mater Johns Hopkins Medical which was legally required to accept women on the same basis as men, refused to accept women or applied severe quotas. In 1928 Sabin received a letter from a colleague suggesting a young man who was about to marry a medical student to work in Sabin's department at Rockefeller. He proposed that the man's future wife could finish her medical education at Cornell. Sabin was skeptical about the possibility noting that "since the number of women admitted to Cornell is probably limited, that might…fail" (7 Apr. 1928 to A.N. Richards, Box Richa-Ru, APS). Harvard, despite efforts on the part of women to change matters, continued to refuse to

admit women until 1945. In 1918 Lois Kimball Matthews, the president of the Association of Collegiate Alumnae, wrote to Sabin saying "The proposition is again brought forward…to open the Harvard Medical School to women…" and asked for a letter from her addressing the need for women physicians to be presented, with other such letters, to the medical school faculty, the President and Overseers of the Corporation of Harvard University (16 Jan. 1918 to Sabin, Box Mall, F.P. 2-Me, APS). In her response, Sabin noted that there had been for some years, "a demand for well trained women to fill positions in hospitals, especially in the hospitals for the insane; workers in clinical laboratories and physicians for womens (sic) colleges and large institutions." She went on to refer to the need for women in obstetrics, and due to the war, in civil hospitals and reconstruction work, concluding "With the necessary limitation in the number of students which can be trained in any one school, it will be increasingly important to increase the number of schools of the first rank which will admit women" (4 Feb. 1918 to Mrs. Matthews, Box Mall, F.P. 2-Me, APS). Harvard, unfortunately, remained unconvinced and it was not until 1943 that Sabin's friend George Wislocki could inform her that that at a recent meeting of the Faculty "it was voted almost unanimously to admit them [women]" while cautioning even then that "the faculty action must come before the Overseers and Corporation for their approval and assent" (5 Apr. Series II, Box 14, Folder 4, SSC). By the time Harvard finally decided to admit women, the numbers which did not do so were in a clear minority.

10 A report on medical school admission policies issued by the American Medical Women's Association in 1939 noted that in 1936-37 nine schools in the U.S. and Canada were for men only, and there were a total of 1113 women medical students. In 1937-38 the number of coeducational schools rose to 78 from 67 with the all male schools declining by two, and the total of women medical students rose to 1161. However, another statistic was less promising: the percentage of women graduates remained the same (*Women in Medicine*, 1939, Series V, Box 28, Folder 3, SSC).

11 In addition, while advanced education was expensive for both men and women, women faced particular hurdles. This problem was noted by men who supported women as well as by women themselves. Dr. Ned Park of Hopkins Hospital wrote to Sabin about a young woman for whom he was seeking fellowship aid:

> She is one of the ablest women I have come across in medicine,…and is forced, literally to earn her daily bread as she goes along. She must work this summer in order to go on during the next school year. It strikes me that she presents all the reasons for the existence of the fellowships and the fact that she is a woman, and, therefore, has not got the earning capacity of a man is an additional reason. (25 Jan. 1930, Candidates #2, Box C-Cr, APS)

When the Rocky Mountain region of the American Association of University Women named a fellowship for Sabin, they noted in their pamphlet the real problem of too few fellowships, stating that one hundred thirty-one women had applied for nine available fellowships in 1930 (Series I, Box 4, Folder 3, SSC).

12 The Depression posed new problems as hiring declined in general while the problems of training women continued. James McDonald of the Foreign Policy Association cited these in a speech given in 1933 in honor of Eleanor Roosevelt. He acknowledged that most scientific societies admitted women but noted that the Association of American Physicians and the Society for Clinical Investigation still refused to. He also brought attention to Harvard's refusal to admit women and the fact that it was "virtually impossible for women doctors to obtain residency" (9 Feb. 1933 Esther G. Ogden to Sabin, Series V, Box 28, Folder 4, SSC).

13 During the Second World war, things became even more difficult as the government sought to train men for future military service. A former Hopkins man at the University of Oklahoma wrote to Sabin about a Miss Sue Browder, one of the most brilliant medical students he had met, who "because she is a woman we seem unable to consider her for our own loans; the entire emphasis at present is on the production of male doctors for future military service" (18 May 1942 C. F. DeGaris, Box Cu-Doan #5, APS).[5] As late as 1948 Walther F. Goebel was seeking information on fellowships beyond the AAUW for a talented lab technician, to continue for a Ph.D. (9 Sept. 1948 to Sabin, Series II, Box 11, Folder 1, SSC).

14 Perhaps even greater than the problem of being admitted to a good medical school, was the issue of education after graduation. There was originally no matching system for hospitals and internships, and women often found it difficult to get placement. As far back as 1901 a medical graduate, Emily Dunning Barringer, complained about the lack of post-graduate training available to women, and in 1916 the limited possibilities for internships were rued by Hopkins's student Martha May Eliot (Morantz-Sanchez 167, 165).[6] That same year, in a letter to Sabin on someone seeking training in obstetrics, the writer recommended an internship in gynecology first, noting that it was extremely difficult to get training in obstetric operation (16 Jan. Elizabeth Stowdon, Box Ste-Thomas, APS). At least by 1916, Sabin was able to respond to a similar inquiry concerning obstetrical surgery by a former student Louise Branscomb, with the names of three women surgeons (9 Nov. 1930 Branscomb to Sabin and 15 Nov. response, Box Be-Bu, APS). In 1923, Ned Park of the Yale

[5] Browder did eventually get money from the Kellogg Fund and an assistantship.
[6] Sabin had landed an internship at Hopkins by being third in the class, joined by fourth-place Dorothy Reed.

University School of Medicine wrote to Sabin that they could not find a place for a recommended woman doctor since they were already taking one woman, who had graduated first in her class at P&S (26 Dec. Box O-Ree, APS). Sabin herself wrote to Ellen Finley in Baltimore in 1924 asking where their women graduates interned. The response included Presbyterian Hospital in New York for medicine, New Haven for medicine or pediatrics, Massachusetts General for pediatrics. Other possibilities included Massachusetts Homeopathic Hospital, New England Infirmary for Women & Children, New York Infirmary for Women & Children, Rockefeller, Bellevue, University of California Medical School and Worcester Memorial Hospital (23 Jan. Box Doan Part 2-Fi, APS). It was a limited list, which would have been even shorter had the women's hospitals been eliminated. As late as 1936, a number of women at Boston University Medical School wrote to Sabin for advice on this problem. They explained in their letter that of the sixty-four New England accredited hospitals only seven would accept women. The excuse given by the hospitals was that they did not have accommodations for women, but the medical students did not find that credible since they were willing to live in the nurses' quarters (6 May 1936 Box U-W2, W#2, APS). The survey mentioned earlier by the American Medical Women's Association acknowledged the improvement in the internship situation for women but warned of the continuing problem with finding approved residencies (*Women in medicine*, 1939, SSC).

Career Advancement

15 The problem existed at every point on the career path. In 1931 a University of Colorado Medical School graduate wrote to Sabin for advice on where to go for both good clinical and research experience. In her reply, after advising the graduate to look for someone whose work interested her, she warned that "it is relatively difficult for women to obtain positions … with adequate opportunities for research work in clinical medicine"(17 Jan. 1931 to Julia Cole, Box C-Cr, APS). Certainly some places and individuals were known to be more sympathetic to women and to research than others, and some individuals specifically sought out women. For example, Ernest Sachs of the Washington University School of Medicine wrote to Sabin about suggestions for a woman to work in his laboratory on the neuro-pathology of tumors. Sabin responded in support of Dorothy Anderson of Columbia as well as (an unidentified) Dr. Smith (11 April 1930 Sachs to Sabin and 17 April Sabin to Sachs, Box S-Smith, APS).[7] Similarly, Dr. Charles Austrian wrote to Sabin seeking a woman to replace Dr. Roxie Weber, who resigned as Director of the Clinical Laboratory at the Sinai Hospital in

[7] This was possibly Dr. Christianna Smith of Mt. Holyoke, who, Sabin feared, had too few funds for research. See paragraph 18.

Baltimore. In her response, Sabin commented, "It pleases me very much that you are willing to give so good an opportunity to a woman" (30 May 1928 Austrian to Sabin and 31 May Sabin to Austrian, Box An-Ba, APS). An early haven proved to be the University of Arkansas Medical Department, where Margaret Hoskins happily found work. In 1922 she wrote to Sabin that she went from having worried about where she herself would find work the previous year to looking to find someone for the Department of Gross and Microscopic Anatomy. Commenting on the atmosphere there she said, "I can almost say that I am not hampered at all by my sex, and you know how rare that is!" (17 Apr. 1922, Home-Je, APS).

16 In a letter to Ann Morgan of Mt. Holyoke, Sabin mentioned Professor Robert Bensley's Department of Anatomy at the University of Chicago as a place friendly to women, adding that "It is probably true that the universities in the middle west are more liberal toward women than the ones in the east" (18 Apr. 1932, Box Mi-Naples Table 1, APS). In advising Marion Hines, a talented researcher whom she mentored, on whether to leave Chicago for a position in China, Sabin warned, "In regard to the outlook in this country, it goes without saying that there are still and will be for some time fewer chances for a woman to move from one laboratory to another so that you would need to try to judge the opportunities in Chicago more carefully as a woman than if you were a man" (17 Oct. 1919, Box H-Hol, Hines, Marion #2, APS). Hines did stay at Chicago until an opportunity arose at Hopkins. Once again advising Hines when she was considering the move to Hopkins, Sabin wrote, "I do not think any prejudice against women would hinder your getting an associate professorship in a time that would be reasonable to you." However, she went on to add, "The outlook for women higher than that is the same here as elsewhere very difficult. There have been only a very few full professorships here and they are more honorary than otherwise. I think it will be a real struggle for a woman to get to be the head of a department in a fine medical school; you may make it" (23 Apr. 1925, Box H-Hol, APS).[8] She was also called upon to give advice to Helen Taussig who was concerned about her possibilities of promotion at Hopkins Medical and the lack of support for publication she was receiving from her mentor Dr. Park. Sabin reassured Taussig of Park's support for her, noting that "the adjustment in salary will come in the long run." On the other hand, when it came to publishing, she advised Taussig to present all her data to Dr. Park but that if he still hesitated, she should express her willingness to take on the responsibility of publishing herself (15 Apr. n.d. Taussig to Sabin, Sabin response 16 Apr. 1936, Ste-Thomas, APS).

[8] Sabin herself had been passed over for department head and then was made a full professor of histology in compensation. Hines eventually moved to Emory University.

17 As a researcher herself, Sabin was greatly concerned about the limited research opportunities for women. Women's colleges had fewer resources than men's and they were major employers of women. In 1929 Sabin wrote to support a research grant for Dr. Christianna Smith of Mt. Holyoke, noting that "the college has very limited funds which can be devoted to research. It seems to me so important to help those in the colleges who are eager to do research" (20 Nov. 1929 to Burton E. Livingston, Box Li-Mall, F.P. 1, APS). Nor did that situation improve with time. In 1941 Sabin wrote to a Smith College sophomore interested in research that "it seems to me that there are not as many chances to do research on the faculties of the women's Colleges as I think there should be. Your generation should see to it that there are more. In industry, opportunities are certainly expanding" (22 Apr. to Betty G. Davies, Box Cu-Doan #5, APS). This is one reason that Sabin was particularly excited when Margaret Washburn of Vassar was elected in 1931 to the National Academy of Sciences. She commented in a letter to her friend Mrs. Mabel Mall "I think that was a great thing for the women's colleges as showing that research can really be carried on in them if the person has enough force of character and enough interest. Vassar is now the most popular of the colleges it seems to me" (30 May 1931, Sabin Papers Box 2 , #73, AMC).

18 An article in 1937 in the *New York Times* confirmed the ongoing nature of the problem of too few resources. The author investigated why the members of women's colleges contributed relatively few scientific papers and found that men's colleges also had low rates due to institutional poverty. He noted that everything from a cyclotron to rats cost money and that the large teaching loads, committee and advising work made women's colleges primarily teaching institutions. Even Bryn Mawr, which had a graduate school and emphasized research, lacked the endowment to release its faculty from undergraduate teaching (11 Apr. "Women in Science," Series I, Box 1, Folder 4, SSC).

19 Coeducational medical schools, often the center of medical research, were hesitant to hire women (Morantz-Sanchez 160). The result was that even promising and eager researchers found themselves ill equipped to do their work, and often what work they did report was not accepted by the major journals. One individual for whom Sabin advocated was Jane Sands Robb, who was working at Syracuse. Sands had submitted two papers to the well-known Wistar Institute, but they required that she pay $200 out of her own pocket for illustrations, which she could not do. The result was that she submitted the work to the far less prestigious *Woman's Medical Journal*, which according to Sabin, "buries the work completely." Another time, Robb needed an electrocardiogram for her animal research, but had to take the animals over to Rochester since Syracuse lacked the equipment. Sabin sought

to get her funds for equipment as well as to have her work presented to the Anatomists at their meeting (8 June 1934 Sabin to George L. Streeter, Box St.-Thomas, Streeter, George L. #2, APS and 8 June 1934 in George L. Streeter Correspondence, Sabin, Florence, Apr.-Jul. 1934, Box 37, Carnegie Institution of Washington Department of Embryology, AMC).

20 Even when women achieved research positions there was a problem with salary and advancement. Sarah Tower was a highly promising researcher at Johns Hopkins, who, due to the health needs of a son, felt she had to switch from neurology to psychiatry. In explaining her decision to Sabin, who had always supported and admired her work, Tower wrote that her salary was only $2200 after fourteen years (Christmas 1944, Howe, Mrs. Howard, Series II, Box 11, Folder 2, SSC). This was in 1944, yet as early as 1917, when she became a full professor, Sabin earned $2550 (Series I, Box 3, Folder 1, SSC). Furthermore, the more women achieved the fewer places were available to them should they want to move or advance further. Edna Tompkins and Sylvia Bensley both experienced this first hand. Bensley, who was the daughter-in-law of the well-known Dr. R.R. Bensley, was an Assistant Professor of Anatomy at the University of Chicago but was finding her opportunities there limited. Sabin made inquiries on her behalf and Bensley felt it beneficial for people to know she was looking for a new position. She wanted one which combined research and teaching but knew the opportunities were limited for "a woman of my age" (27 Nov. 1946, Series II, Box 9, Folder 4, SSC).[9] Edna Tompkins was a well-respected researcher working at Vanderbilt University. While happy with her work she wanted to move back to the Boston area for family reasons (12 Mar. 1942 Tompkins to Sabin, Series II, Box 14, Folder 2, SSC). She noted that "The higher you go, the fewer openings there are for you; and if you are a woman there are still fewer, since the highest are not open" (12 Feb. 1943, Series II, Box 14, Folder 2, SSC). Sabin wrote on her behalf to her friend George Wislocki at Harvard, who reported that he had made inquiries "about the possibility of inducting her into the Harvard hospitals or schools in some capacity" but nothing developed at that time (21 Mar. 1942 Series II, Box 13, Folder 11, SSC).[10]

21 Despite the challenges for women, which were well-known to Sabin, she did not support separate medical or professional organization. She did not enter into a public polemic on these matters; rather she expressed her sentiments in private letters but did not lend her

[9] Bensley did eventually succeed in getting a position at the University of Toronto Department of Anatomy. See 24 Jan. 1952 Bensley to Sabin, Series II, Box 9, Folder 4, SSC.

[10] By 1947 Tompkins had made it East by accepting a position at the Yale University Lab of Applied Physiology and by 1951 she finally made it to Boston by affiliating with the Cancer Research Institute of the New England Deaconess Hospital although she had to switch her research to cancer from her preivous work on lipids. See 24 Nov. 1947 Tompkins to Sabin and 12 Jul. 1951 Tompkins to Sabin, Sabin Papers, Series II, Box 14, Folder 2, SSC.

prestige to separate women's organizations. She put her philosophy in writing when addressing the issues concerning medical education in China, although the same thinking applied in the States. According to Sabin "medical education is now too expensive to make the separate schools feasible." She believed that under the circumstances the best training would happen in the well-endowed coeducational schools and even though women could not expect an equal chance for a few generations, the emphasis had to be on proper training for those who did become physicians (17 May 1922 to Robert L. Dickinson, Box Cu-Doan #5, APS). Interestingly, according to Helen Lefkowitz Horowitz, M. Carey Thomas had used similar arguments in advocating for a coeducational Johns Hopkins. She had noted that given the costliness of graduate work, graduate training could not be duplicated on a gender separate basis and that furthermore, students benefited from mingling with the best intellectual talents (235).

22 Sabin instinctively understood that in order to succeed women required the best education and access to the best mentors. This not only accorded with her ideas of meritocracy, but in fact, according to social scientist Jonathan Cole, is a necessary strategy for success, especially for women. According to Cole, those going to the top programs gain access to the most influential mentors, and the best research facilities. He notes that the rank of a "doctoral department is the second strongest predictor of visibility and perceived quality among women…" (139). Certainly, getting the best education available had worked for Sabin and for her illustrious predecessors. Working at the Hopkins Anatomy laboratory, she was mentored by one of the leading men in the field. This gave her access to the American Association of Anatomists, which she eventually presided over, and to the leading *Journal of Experimental Medicine*, which began at Hopkins and then moved to the Rockefeller Institute (Corner, 62-63). It was also at Hopkins that she met Simon Flexner who would become the Director of the Rockefeller Institute and invite her to move there. Margaret Rossiter makes clear the Hopkins influence in getting Sabin elected to the National Academy of Sciences ("Florence Sabin," 486). Sabin's attitude toward co-educational medical school did not apply to women's colleges, which she continued to support, giving special attention to her alma mater Smith and to Bryn Mawr.

23 Sabin remained consistent in this belief. When Catherine Macfarlane of the Medical Women's National Association sought Sabin's help in raising an endowment for the Woman's Medical College of Pennsylvania in 1936, Sabin wrote back that she could not lend her name to the committee because "I find myself skeptical as to the necessity and wisdom of maintaining a medical school by and for women at this time" (22 Sep. 1936, Box Li-Mall,

F.P. 1, APS). Similarly, she believed that women's only medical associations were limiting. As indicated earlier, her experience was that papers submitted to their journals were ignored by the larger medical community, and she found the papers presented at their meetings inferior to those presented at the established medical associations open to men and women (9 Sep. 1935 Sabin to Kate Campbell Mead, Box Mall. F.P. 2-Me, APS). When asked by the president of the Medical and Dental & Allied Science Women's Association to supply materials on maternal hygiene for a Hall of Science Booth in 1933, Sabin complied but expressed her concern about a special women's exhibit. She noted that "Since being in New York and working a little with the clinical group here, I have found that the younger and the abler women in clinical medicine do not want separate societies and separate organizations and I believe that the day is happily gone by when there is any advantage to women in such separation" (1 Apr. to Bertha Van Hoosen Box U-We, APS).

Fundraising

24 Given the difficulties in finding places to train and hire qualified physicians, Sabin did support the formation of a women's hospital and actively worked on its behalf. Named the Gotham, Sabin believed that it would not only help women find positions and further professional training, but that it would also provide good health care for the middle classes. While in the end, the plan failed due to the Depression, it was not for lack of effort and commitment on Sabin's part. Indeed, this cause was of such importance to her that she spoke of it in her 1931 interview with *Good Housekeeping*, when named one of America's most distinguished women. Suggesting that hospitals like colleges be endowed, she went on explicitly to explain the Gotham Hospital Plan, "in which a fund will make up the difference between what the patient can afford to pay and what the hospital actually costs" (Jun. "Dr. Florence Rena Sabin," 202 in 450 SA13, Box 1, RAC).

25 The Gotham Plan arose out of concern for the closing of the New York Infirmary, one of the hospitals noted above which accepted women for internships and staff positions. In 1927 M. Carey Thomas expressed her dismay in a letter to Sabin, deploring that the Trustees would turn over the Infirmary to a medical center "without provision that women surgeons should be given the first chance to operate there. When I think of the great difficulty involving tremendous sacrifice with which the money for this Hospital was raised, it seems to me nothing short of a betrayal of the dead women who agonized for it that special privileges should not have been preserved for women" (1 Apr. 1927, Box Naples Table 2-National Travel, Naples Table Correspondence 1927 #1, APS). Sabin wrote a long letter in response, in

which she reviewed the history of the New York Infirmary and the funds attached to it. The outcome, with the women physicians of the New York Infirmary joining with the New York Women's Medical Association, was that the Infirmary would remain open for one extra year while plans for a new hospital were drawn up, with the hospital to receive the funds of the Infirmary. While Sabin noted that the plan did not have unanimous support, the majority seemed enthusiastic. Interestingly, given the issues noted above on internships and further specialized training, Sabin explained that the young women graduates of the top medical schools believed that the coeducational schools now provided sufficient training in medicine and surgery and that internship opportunities were sufficient. On the other hand, they did not see residencies and surgical training opportunities as being sufficient for a long time; hence the need for a separate women's hospital (6 Apr. 1927, Naples Table Correspondence 1927 #1, APS).

26 The financial plan was to raise funds through a campaign for $5.00 contributions from a large group to be followed by an endowment campaign. From the beginning the new hospital was to have a dual purpose: "an opportunity for training for women, and...a chance to study the problem of hospital care for people of moderate means" (6 Apr. 1927 Sabin to Thomas, Naples Table Correspondence 1927 #1, APS). Sabin began working on this even before Thomas's letter. In January 1926 she wrote to her sister Mary that she had been asked to go on the Board of a women's hospital, and that the hope was that they would raise $5,000,000 for a building. At that point she was still hesitant due to her work obligations (12 Jan. 1926, Series II, Box 6, Folder 11, SSC). Nonetheless, she enthusiastically took up the cause. In 1928 Dr. Elsie Seelye Pratt was slated to discuss the Gotham Plan at the meeting of the American Association of University Women and asked Sabin to send whatever materials she could including subscription cards.(5 Feb. Series II, Box 12, Folder 9, SSC). Also in 1928 Sabin sent a plan to G. Canby Robinson of Vanderbilt for his reaction and mentioned that her group had sent a woman to a hospital in Boston to study their laboratories (9 May and 4 Jun. Box Richa-Ru, APS).

27 The plan for Gotham Hospital paid specific homage to the Blackwell sisters for their founding and work with the New York Infirmary and spoke directly of the need for an endowment to lower costs to patients, the costs themselves being determined by a uniform cost for procedures and a reasonable maximum fee for physicians and surgeons. At the same time, it promised the "hospital will give medical women, both physicians and surgeons a chance to practice" (The Gotham Hospital, Box G, Gotham Hospital #2. APS). This point was reiterated in an April 1, 1930 letter Sabin sent to Waldo Hutchins, Jr. in which she noted that

a proportion of positions in the hospital would be set aside for women "until such time as women have a fair opportunity for hospital training in proportion to their numbers in the profession" (Box G, Gotham Hospital #2, APS). In March 1929 invitations were sent out to prominent women physicians to join a laboratory committee to determine what would be necessary for the hospital. A Special Gifts Committee was also formed (Gotham Hospital #2, Box G, APS). Consideration was given to a medical school affiliation as well. Sabin was enthusiastic about the possibilities noting that "Dr. Goldwater who is regarded as the best hospital expert in New York says ours is the only plan that will work for people of moderate means," and adding "Cornell has decided to copy our nursing plan so I think that one can say that the women have already made a contribution to the vexed question of hospitals" (18 Apr. 1929 Sabin to Ella Strong Denison, Series II, Box 10, Folder 3, SSC). By 1930, enough money had been raised to buy a plot at Central Park West between 107th and 108th Streets. The General Campaign was being chaired by Mr. Matthew Sloan, who was president of the New York Edison Company, while the large gifts committee had the President of the Pennsylvania Railroad at its head (1 Apr. Sabin to Hutchins Jr., Gotham Hospital #2, Box G, APS). The Board of Directors included other women physicians besides Sabin such as Louise Pearce and Addisone Boyce and was chaired by Henry Bruere (The Gotham Hospital Campaign, Gotham Hospital #2, Box G, APS).

28 The campaign and booklet explaining it, "New York Leads a New Hospital Movement," garnered interest from others who wished to do something similar, but by September 1930 the Depression was already taking its toll (5 Apr. 1930 Edward H. Watson to Sabin, Gotham Hospital #1, Box G, APS). In response to a letter expressing interest in offering women of limited means semiprivate or private hospital beds, Sabin addressed the financial situation. Despite having bought the land and begun their campaign, "our advisors have urged us not to press the drive until the financial condition of the country is on the upgrade. Under the circumstances you might well prefer to endow a bed in a hospital which is already running" (12 Sep. 1930 Sabin to Rickey in response to 10 Sep., Gotham Hospital #1, Box G, APS). By March 1932 Sabin had to write to Susanne Parsons, a Hopkins graduate to whom she had first written about the plans for the Gotham Hospital as early as 1928, that "the plans for the Gotham Hospital are wholly in abeyance and even may not be revived after the depression" (24 Mar. and 30 May 1928, Box O-Ree, APS). Sadly, it never was revived and in 1943 the Board of the Gotham Hospital dissolved its Corporation and applied any remaining funds to the William Booth Memorial Home and Hospital (2 Apr. Henry Bruere to Sabin, Series II, Box 15, Folder 7, SSC).

29 Despite the disappointing end to the Gotham Hospital Plan, Sabin did not give up on fundraising to help women even during the difficult Depression years. In particular, she began a campaign to endow a fellowship at Bryn Mawr in honor of the great mathematician Emmy Noether, who found refuge at that school when forced out of her university position and out of the country by Nazi Germany. Unfortunately Noether died in May 1935 after finding refuge in the United States (4 May 1935 Letter to Editor *New York Times* and 1 May 1936 letter, Noether, Emily Memorial Fund A, Box No, APS). Shortly thereafter, Sabin began her campaign to establish an endowment, seeking the help of both Abraham and Simon Flexner. Simon Flexner urged Sabin to have Mrs. Ella Denison as a donor since her name was well-known due to the Denison Fellowship in support of scientific research (24 Oct. 1935 Noether, Emily, Memorial Fund, F, Box No, APS). Abraham Flexner tried to use his influence at the Institute for Advanced Study to get men on the committee but found they were too involved at the moment with the problems arising with scientists in Germany. He urged her to stay with the original plan of having a committee of women (17 Jan. 1936, Noether, Emily, Memorial Fund F, Box No, APS). Nonetheless, the Honorary Committee had the top men in mathematics including Oswald Veblen, and Albert Einstein from the Institute for Advanced Science. Einstein had described Noether "as the most significant creative mathematical genius thus far produced since the higher education of women began," and Sabin considered his endorsement of particular significance ("Women in Professions," Abstracts, Unpublished Papers #4, Box A-An, APS).

30 She consistently reiterated two goals in establishing the fellowship: to honor a woman of unquestionable attainment and to serve as a protest to the racist policies of Nazi Germany (18 Jan. 1936 Sabin to Mrs. Felix Fuld, Noether, Emily, Memorial Fund, F., Box No, APS and 26 Mar. 1936 to Mrs. Backer in Noether, Emily, Memorial Fund B). These goals were expressed in personal appeals sent to women from whom she sought contributions. The original goal was to raise $25,000 so that the interest could be used for a scholarship for students in advanced mathematics, although under the urging of Simon Flexner and President Marion Park of Bryn Mawr, that goal was later decreased to $10,000. By November 1936 that goal had been reached, a particularly impressive achievement given the short time frame, the economic difficulties of the era, and the many other appeals being made on behalf of scientists and intellectuals fleeing Nazi Germany (8 May 1936 Sabin to Elizabeth Arden, Noether, Emily, Memorial Fund A; 20 Nov. 1936 Sabin to Mrs. Agnes Leach, Noether, Emily, Memorial Fund, L, Box No, APS). In her letter of thanks upon being informed that the goal had been reached, Pres. Park of Bryn Mawr noted that the idea had been Sabin's, saying

as well "for the tremendous amount of work which you have put in, I cannot thank you enough" (21 Nov. 1936 Series II, Box 12, Folder 9, SSC).[11]

Fellowships

31 Sabin herself had benefited from fellowships and awards at crucial periods in her life, and when she had become established, she helped administer fellowships for others. The financial support for Sabin began immediately after her internship when the Baltimore Association for the Advancement of University Education for Women arranged for a special fellowship for her in the Department of Anatomy at Hopkins Medical so that she could continue the research she had begun under her mentor, Dr. Franklin Paine Mall (McMaster and Heidelberger, 277). Sabin later joined the Association and supported the application of a fellowship to Helen Connet to work in physiology at University College London in 1920-21 (24 Jan. 1920, Women's Association [Misc] Box Wi-Z, APS). The year following Sabin's fellowship, she received a prize in the significant sum of $1000 from the Naples Table Association for her research on the Origin of the Lymphatic System (Richards, Ellen, Research Prize, Box Richa-Ru, APS). Ellen Richards headed the prize committee and after her death the prize came to be named for her. Sabin was the first recipient of this prize, established for recognizing "laboratory research involving experimental work, leading to new conclusions by new methods" (28 Mar. 1928 Lilian Welsh to Sabin summarizing the history, Naples Table Correspondence 1928 #2, Box Naples Table 2-National Travel, APS). Between its beginnings and 1924, thirteen prizes were awarded, in addition to a special one for Marie Curie in 1921, which Sabin presented at Carnegie Hall (Naples Table Correspondence 1928 #2, APS and Naples Table-Gen. Committee Minutes #2, Box Naples Table 2-National Travel, APS).

32 In 1915, Sabin herself received notice from M. Carey Thomas that she had been appointed to the Naples Table Association as the representative of the women of the Johns Hopkins University Medical School (16. Oct. Naples Table Correspondence, 1919, Box Mi-Naples Table 1, APS). The Naples Table Association went back to 1898, and existed in order to support the work of women scientists there. Since the organization at times had more money than they needed to support the Table, they established the Richards Prize. Sabin, therefore, was involved with both the Table and the Prize.

[11] Interestingly, the *New York Herald Tribune* article of March 21 1936 reporting on "An Emmy Noether Memorial" quotes Simon Flexner writing on behalf of the plan but only mentions Sabin as the person to whom checks should be sent, Series II, Box 12, Folder 7, SSC.

33 By the late 1920s, the format of the prize changed from one granted based on submitted research papers, to one presented in recognition of women of scientific renown. Among the recipients of the award in its later form were Prof. Lise Meitner of Berlin and Prof. Ramart-Lucas of Paris for physics and chemistry. The justification for this change according to Sabin was two-fold: there were a number of research fellowships available for women beginning their careers in research, and perhaps awards such as these would help women gain the necessary recognition to achieve positions as full professors and department directors (1 Nov. 1927 Sabin to Robert S. Cunningham on planned reorganization, Cunningham #8, Box Cu-Doan #5, and 29 Oct. 1929 Sabin to Dr. Hague, Naples Table Correspondence 1929, Box Naples Table 2-National Travel, APS). The change demonstrated what the committee members saw by this time as the greater need to help those established in their careers to gain more recognition, status and institutional power. Meanwhile the Association continued to fund scientists to work at the Zoological Station at Naples until 1932, when the organization disbanded with the following resolution:

> WHEREAS, the objects for which this Association has worked for thirty-five years have now been achieved since women are given opportunities to engage in scientific research on an equality with men, and to gain recognition for their achievements, be it RESOLVED, that the Association cease to exist after the adjournment of this meeting. (30 Apr. Naples Table Application 1932 #1, Box Mi-Naples Table 1, APS)

While the resolution might have been overly optimistic in its assessment, given that Sabin herself had elsewhere recognized the ongoing challenges for women researchers, the women of the Association clearly felt that significant gains had been made.

34 There were three other fellowships in which Sabin was heavily involved. One was established by her friend Mrs. Denison in memory of her son Henry Strong Denison. The fellowship was meant to support promising research students. While the Board was run by Mrs. Denison's two daughters, Sabin had the responsibility of recommending promising students to the Board. Although the awards were not specifically for either sex, women scientists received equal consideration and the main factor influencing the awarding of a grant appears to have been the school one attended. The Foundation was established in 1924, and within its first ten years of existence twenty of the seventy-three recipients were women (Henry Strong Denison Medical Foundation #2, Box H-Hol, APS). In 1927 Sabin noted that twelve students had received the grants, with three out of four of the Hopkins recipients women, as well as another woman in Chicago (6 May to Robert Cunningham, Box Cu-Doan #5, APS). Nonetheless, Sabin was fearful that her 10 year report to the Board showed that proportionally more women than men recipients had dropped out of research and there might

therefore be more difficulty in gaining such awards for women in the future (1 Mar. 1934 Sabin to Robert Cunningham, Denison Memorial Library).

35 Similarly as a member of the Guggenheim Foundation, while Sabin never advocated for a woman specifically as a woman, she made certain that they would receive proper consideration. Among the grateful recipients was the scientist Florence Seibert. Seibert had come to know Sabin when they both attended National Tuberculosis Association meetings and were often the only women there. She would visit Sabin at Rockefeller to discuss work. At one of these visits Seibert confided to Sabin that she had intended to apply for a Guggenheim fellowship but that her mentor who had been encouraging the application had died. Sabin was now on the Guggenheim Board and encouraged Seibert to continue with her application since Sabin herself could attest to the value of her work (19 Sep. 1955 Siebert to Bluemel, Series I, Folder 3, SSC). Upon receiving her fellowship to study in Sweden, Seibert wrote Sabin "I must tell you how much I appreciate your efforts and success in obtaining the fellowship for me" (20 Mar.1937, Seibert Florence #2, Box S-Smith, APS). The story is significant for indicating what could be accomplished by a woman in a prominent position and, by implication, how the scarcity of such women had broader implications.

36 The third fellowship was for cancer research. The Finney Howell Research Foundation was established for ten years by Dr. George Walker upon his death in honor of his friends Dr. Finney and Dr. Howell, who were appointed to the Board of Directors along with 13 others including Sabin. Upon the deaths of Finney and Howell, Sabin served as President, with the Foundation providing grants from 1938-1947. Many of the recipients were women and in some years exclusively women (Series IV, Box 22, Folder 5, SSC). Again, there is no evidence that the sex of the individual was considered but it is clear that women received equal consideration with men and that Sabin's presence and leadership on the Board must have ensured this equity.

Spreading the Word

37 Finally, Sabin did her best, as she became a senior scientist recognized nationwide, to advocate on behalf of her younger colleagues. As noted above, with the Noether Fellowship and the later Richards prizes, Sabin considered it important for the future of women in science to gain recognition for women's achievements. She accepted her own recognition in that spirit, but felt the awards and honors should be more widely shared. In 1936 she received a note from Dr. Anna Colman of Radcliffe asking about women in science, and listing some she knew. Sabin wrote back an extensive reply providing 28 names with institutional affiliations

for the areas of anatomy, biology, pathology, bacteriology, biochemistry, physiology, public health, and medicine (20 May Box H-Hol, APS). When Sabin was introduced to Jeanne Duplaix, who was writing an article on Women in Science for a journal called *Revue*, she suggested the names of Dr. Florence Seibert, Dr. Rebecca Lancefield, Dr. Sarah Tower, and Dr. Marion Hines, but objected to Duplaix's grouping so many women who worked in medical schools into zoology. She noted that she suspected that "there are more women doing research in medical schools than in all the scientific departments of universities put together" (3 May 1937 Box Doan, part 2-Fi, APS). The names of Sarah Tower and Marion Hines of Johns Hopkins Medical and Rebecca Lancefield of Rockefeller were once again put forth by Sabin for an article by *Collier's Magazine* on women in science. The suggestions to Irene Kuhn of the magazine came after Sabin had been contacted concerning a story on her work and background. She had written in response, that

> my work has already received more publicity than it deserves…. If our recent studies had involved some spectacular discovery in which the public would really be interested, it would be quite a different matter,…Besides this point, I feel that the time has come when it is much more important to emphasize the work of some of the younger women in medicine." (30 Dec. 1937, 12 Jan. 1938 Bo Jo-Le, APS)

In 1936, when Sabin agreed to give a talk on "Some representative women in scientific research," to the College Club and Harvard Medical Society, she indicated that she would discuss the work of Doctors Rebecca Lancefield and Clara Lynch, in addition to talking a bit about the woman she labeled "the most wonderful woman scientist of our time," Emmy Noether (2 Apr. and May to Madelaine R. Brown, Box Be-Bu, APS). Finally, in 1940, in response to a letter from Carrie Chapman Catt, in which Catt notified Sabin that the Woman's Centennial Congress would devote its second night to women's career gains with ten women doctors to be recognized, Sabin again mentioned Drs. Lancefield, Lynch, Hines and Tower, along with Dr. Florence Seibert and Dr. Louise Pearce. She commented: "The thing that makes me most happy about the outlook for women in medicine is that there is now a group of younger women doing distinguished medical research….I take great pleasure and pride in their work" (15 Nov. Box C-Cr, APS).

38 Just as she advocated for the younger women coming up after her, Sabin gratefully publicly recognized those who had preceded her. In accepting an honorary degree from Syracuse University, on the hundredth anniversary of the founding of Geneva Medical College, she noted that "I shall esteem it a very great honor to have a degree from the institution that gave Elizabeth Blackwell her opportunity to study medicine," and reiterated

the point in a letter after the commencement (28 Apr., 15 Jun. to Charles Flint, Box Fl-Fu, APS).

39 Her gratitude to her predecessors, and her desire to make their work known, was shown even more keenly in the acceptance speech she gave upon receiving the M. Carey Thomas Prize from Bryn Mawr, in which she noted that "there is distinction to an honor which bears the name of M. Carey Thomas." Asking why a Bryn Mawr honor touched "so deep a sense of gratification," she answered with the importance of the school for scholarship and for women. She commented on the important role of science at Bryn Mawr, made possible by Thomas's creation of a graduate school which allowed for research and scholarship, particularly citing the work in genetics of Netty Stevens, credited by Edmund Wilson, another member of the Bryn Mawr faculty. In addition, she praised Thomas for establishing the conditions required for admission to the new Johns Hopkins Medical School: "a college degree or its equivalent, a knowledge of physics, chemistry, and biology, proficiency in modern languages, and admission of women on the same terms as men." This, Sabin asserted, opened to women "every single opportunity for advanced work in medicine which they have had since." Finally, Sabin concluded by discussing three leading women of science: Marie Curie, Emmy Noether, and Agnes Pockels, who, working on her own time in nineteenth-century Germany, studied the effect of salts in solution and developed an instrument for measuring surface tension as well as a method for getting exact dilutions. According to Sabin, the little-known Pockels was one of the founders of physical chemistry (2 Nov. 1935, Acceptance Speech, Thomas, M. Carey Prize #1, Box Ste-Thomas, APS).

40 She was equally aware of how Drs. Mary Sherwood and Lilian Welsh had smoothed the path for her and others, and spoke of this in her written appreciation of Dr. Sherwood upon her death. Both women had studied in Zurich, and, in accordance with Sabin's philosophy that women had to receive the best medical education, she notes approvingly that "It showed sound judgment on her [Sherwood's] part to get such a medical training." When Welsh returned to the states she came with an introduction to the men at Hopkins Hospital from her professors there. She was welcomed into Dr. Welch's laboratory at Johns Hopkins Hospital and was supposed to have a residency under Dr. Osler, which fell through due to the ironic reason that it was dependent on another woman accepting as well. Nonetheless, she did work with Dr. Kelly there and collaborated with him on a paper. According to Sabin, the friendship and admiration which Sherwood and Welsh had gained from these doctors eased the way for the pioneering women at the medical school. Dr. Sherwood went on to working at

the Bryn Mawr School and, along with Dr. Welsh, made major inroads in public health for women and children (4 Jun. 1935, "Doctor Mary Sherwood," Box S-Smith, APS).

Hopkins Women

41 Finally, Sabin contributed to making the path of the Hopkins Medical women a little easier by becoming involved in the women's society there. From the opening of the medical school, M. Carey Thomas and the Baltimore Women's Committee tried to ease the way of the women students. There was a sitting room for the women at the Hospital and a lunchroom in the Physiological Building (Morantz-Sanchez 123-24). A Women's Medical Association was formed in order to help the students find an appropriate place to eat, and in 1918 a house was rented for that purpose, with the ground floor providing the dining room. In addition, there were seven bedrooms that were rented to students. In the spring of 1920 the Women's Association was officially incorporated and that summer a new house was purchased (Women's Medical Association, Box Wi-Z, APS). This was followed by a new alumnae branch of the Women's Organization, with Sabin as its Secretary. The alumnae saw this as a way to stay in touch with the medical school and provide them with club privileges while in Baltimore. The organization, in keeping with the formula of the Women's Organization, was funded by voluntary contributions, which were to be put in a special fund to help reduce the mortgage of the house or pay for repairs. Needless to say, given Sabin's predilection for coeducational professional institutions, the alumnae made clear that their organization in no way replaced or detracted from the regular alumni organization of the medical school ("To the Women Graduate of the Johns Hopkins Medical School," Women's Medical Association, APS). Nonetheless, Sabin and the other medical school graduates, recognized that the women had special needs which they could help address.

Conclusion

42 Florence Sabin understood the pressures that women medical school graduates faced and felt an obligation to help them. She understood the responsibilities which came with prominence and how they might conflict with her personal needs. In 1923 she had reluctantly declined an opportunity to go to the Peking Union Medical College in China in a top administrative position. She wrote to her friend Mrs. Denison,

> I thought that I really had to go and from the standpoint of position, I probably should have gone because it is the first time a woman had had a full chair in a man's institution. I must ask you not to let it get out now that I have declined. I made up my mind that I cared more for my research than I did for positions and just now there is so

much planned for the next two or three years. (28 Jan. Series II, Box 10, Folder 2, SSC)

Although she was optimistic about the progress that had been made from the time of her graduation at the dawn of the twentieth century, she was well aware of the continuing difficulties in finding post-graduate training, gaining resources for research and positions allowing research, and gaining recognition for the achievements of women scientists. While she always tried to encourage and support the highest standards, she did her best to address these needs through her attempts to establish the Gotham Hospital, to gain recognition for her predecessors and successors, and to help the path of students and scientists through research fellowships. To the extent her efforts fell short of success, one must look to the impact of the Depression and the lack of a critical mass of women in positions of institutional influence.

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Authority or Alternative? Rethinking Gender and the Use of Medical Knowledge in Song China, 960-1279

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Abstract:

This paper seeks a new approach to studying gender in pre-modern China through a contextual study of Song medicine, in order to highlight the unstable aspects of gender history: the alternatives, the resistance, and the maneuvers, in contrast to the fixed institutional/ideological frameworks. I use medical publications, anecdotal stories, and doctors' notes to examine the nature of Song medical books, the use of medical knowledge, and the actual encounters between doctors and patients. I look for traces of doctors' frustration, patients' resistance, and how women participated in the use and the discussion of medical knowledge. As I observe from the materials, first of all, there is not a coherent or systematic gender differentiation/discourse in Song medical books. Song medical books are open and multi-vocal resources that provided patients with more choices. Second, the state-sponsored compilation and publication of medical books, instead of strengthening the authority of the medical profession, actually increased the accessibility of medical knowledge and exposed it to public discussion, in which women also participated. Finally, patients in the Song, including women, instead of listening to the doctor's words passively, appealed to various sources, did research by themselves, made choices among all the alternatives, and constantly challenged the doctor's authority.

1 Scholars studying pre-modern Chinese medicine have demonstrated its tremendous development during the Tang-Song periods. The two aspects related to gender that have been well studied are the rapid increase in separate prescriptions for women and the establishment of gynecology as a distinct field. These developments coincided with large-scale state projects of compiling and publishing medical books, among which some particularly focused on "treatments for women." In past scholarship, these two phenomena are associated with a process of sex/gender differentiation, a shift in responsibility for reproduction from men to women, and the systemization of medical discourse on the female body. For example, Jen-der Lee focuses on medical innovations from the Tang, concluding that in Tang medicine, men's and women's bodies were essentially differentiated, and that the responsibility for pregnancy gradually shifted from men to women. The increased prescriptions for women's infertility, according to Lee, reflect an increasingly heavy burden and a set of physical and moral regulation of women (Li 316-17, Lee 7-11). Charlotte Furth argues that "treatments for women" had gone through a process of systemization during the Song, characterized by the use of "pattern diagnosis," that is, "a strategy for grouping the multiplicity of individual symptoms into a smaller number of broad categories that in turn could be related to each other dynamically" (65). The female body was presented as dominated by Blood, while the male

body was dominated by qi. Blood and qi are in a hierarchical relationship: Blood is inferior, secondary, and dependent on the qi (70-74).

2 However, the picture would not be complete without considering the nature and use of Song medical compilations. The layout of Song medical books shows a pragmatic and all-inclusive approach that was intended for a popular use. It may be part of the male literate physicians' effort to canonize their own medical opinions, yet it also increased the accessibility of medical knowledge and exposed it to public discussion. Anecdotal stories show that men as well as women all participated in that discussion, and there are cases where female patients contended with doctors based on their understanding of the *materia medica*. How did the large-scale compilation and circulation of medical books which might contain certain gender ideologies actually affect men and women's lives during the Song? How was medical knowledge used and discussed when printing made both old and new ideas more accessible? What can we learn from the dynamics taking place beside the sickbeds? Taking into consideration the circulation of medical knowledge and the actual encounters between doctors and patients may change the way we read gender from medical texts during the Song. I therefore seek a contextual approach to studying gender in Song medicine, in order to highlight the unstable aspects of gender history: the alternatives, the resistance, and the maneuvers, in contrast to the fixed institutional/ideological frameworks.

3 I begin with the framework itself. Using chapters concerning fertility as an example, I analyze the all-inclusive and hybrid nature of Song medical books and the ambiguity of gender differences reflected in those chapters, in order to present those books as open and multi-vocal resources, rather than something that creates or reinforces a systematic gender discourse. Then I will turn to the other side of history-to explore the actual encounters between doctors and patients, and the circumstances where medical knowledge was used and discussed, mostly from Yijian zhi (or Record of the Listener, a twelfth-century book recording various anecdotal stories), to call attention to patients' resistance and active participation in their own treatment, as well as the ways medical knowledge provided alternatives rather than imposed authority.[1]

The Framework

[1] There are various kinds of "healing" taking place in stories in Yijian zhi. Here I only focus on those concerning uses of medical knowledge which comes from what Angela Leung has called, the "scholarly tradition"-that is, materials that were written in standard medical texts, especially those that were compiled, published, and distributed under the patronage of the Song state (375). This is to highlight my point that the authority of "standard" medical knowledge was challenged not simply by the popular or shamanistic (the "non-scholarly") tradition but also by the popular use and discussion of the scholarly tradition.

4 A major difficulty that one encounters when studying Song medical books is that they preserve a large number of texts from previous dynasties without indicating the source, and many of the sources are no longer extant. What is from an earlier tradition and what is a Song invention is not always readily apparent, except for a few cases when the compiler explicitly commented on the development of certain notions or prescriptions, such as Kou Zongshi's comment on the herb Cangzhu-which will be discussed below. This is related to the pragmatic approach of the Song state compilation projects.[2] Such a pragmatic approach produced an all-inclusive yet not so consistent appearance of those books. It would be problematic to interpret gender from Song medical books in a systematic way without considering that those texts often contain disparate information drawn from sources of different time periods.

5 Take one of the grand projects from the Northern Song (960-1126) as an example, *Prescriptions of Sacred Benevolence under the Great Peace* (*Taiping shenghui fang*, compiled in 978-992, published in 992, *Prescriptions of Sacred Benevolence* hereafter). It consists of a long catalog of all kinds of illnesses, brief descriptions of the causes, and lists of all symptoms, prescriptions, and recipes under each category. When it was compiled, the edict ordered all doctors in the Imperial Medical Academy to present recipes handed down from their families. After all recipes were put into categories, the editors then inserted one passage from a Sui dynasty (581-617) book, *On the Origins and Symptoms of Various Diseases* (*Zhubing yuanhou lun*, compiled in 605-617, *Origins and Symptoms* hereafter), in front of each chapter as a brief introduction (Song shi 461.13507). As soon as the book was finished, copies were distributed "all under Heaven." Official copies reached at least all the prefectures, some temples, garrisons, and overseas to Koryo (*Song Shi* 461.13508, *Song hui yao* li 62.35, 36, 39).[3] In the chapter on disorders of semen, there is a section on "Prescriptions for Depletion, Exhaustion, and Dreaming of Intercourse with Ghosts." A short passage taken directly from Origins and Symptoms

> Human life comes from the essence of the Five Phases and relies on the divine energy (*shenqi*) of the Five Viscera. When the *yin* and the *yang* forces are ample and balanced, the viscera and bowels are strong, and vicious spirits cannot disturb a person. Yet if one does not rest and ingest regularly, the blood and the *qi* become depleted and weak, then the vicious influence from the Wind (*fengxie*) takes the opportunity to invade the depleted body, and ghost spirits disturb its regular pattern. This is why those who are exhausted, whose weak viscera are unable to guard the

[2] As Angela Leung has pointed out, the Song scholarly tradition was "characterized by a highly pragmatic approach, consisting of the study of materia medica and the publication of prescription manuals, as well as an elaborate system of public dispensaries," and that the Song state's interest in publishing medical books "derived less from a philological search for historical authenticity than a desire to promote an image of state benevolence" (375-76).

[3] One story in *Yijian zhi* tells about some supernatural incidents happening in Shuzhou (the Shu Prefecture) in 1146 when the blocks of *Prescriptions of Sacred Benevolence* were reproduced there. *Yijian zhi*, bing, 12.464.</

> divine energy, are disturbed by vicious spirits and dream of intercourse with ghosts. (*Taiping* 30.857, *Zhubing* 40.2a)

However intriguingly, in the Sui book, this passage is subsumed under the category of "Miscellaneous Illnesses of Women." When it appears in this Northern Song book, it is put into the section on men's disorders. Similar passages also appear in other Song books explaining women's symptoms of this kind (*Nüke baiwen* 1.61a, *Furen daquan* 6.12a). If the same description of causes could be used rather loosely for either men's or women's disorders, it seems that some gender division that existed in earlier dynasties was not reinforced and, quite the opposite, was even blurred in Song medical books.

6 According to the chapter on semen disorders, a brief description outlines six prescriptions and their corresponding symptoms. All the symptoms listed are those that can easily be recognized by patients such as lack of strength in limbs, itch on the groin, and so on, rather than those often used by doctors for diagnosis such as the pulse or the coating on the tongue. They were therefore, aside from being doctors' reference, compiled also for patients' information, so that they could fetch certain prescriptions for themselves from a dispensary for example, rather than always going to a doctor.

7 In addition, the opening paragraph of this chapter on men's ailments states that "to strengthen yin brings one children (*qiang yin ling ren you zi*)," suggesting that men's fertility is one of the main concerns for this chapter (*Taiping* 30.836). Fertility is not emphasized only in chapters on women's treatments but also men's, although it does not occupy as much space in men's as in women's.

8 The pragmatic and all-inclusive approach is perpetuated in Southern Song (1127-1279) medical books. A good example is the chapter on "Asking for Progeny (qiu zi)" in the *All-Inclusive Good Prescriptions for Women* (*Furen daquan liangfang*, compiled in 1237), where the author lists prescriptions for infertility from both earlier and contemporary books, some dating back as far as the Six Dynasties (220-589). Some of them suggest that men should find women who already had several boys, while others recommend looking over the husband's and wife's dates of birth and their health conditions. Still others advise men to perform good deeds and accumulate merit. All sources are cited in this case, yet the author does not offer any comment or judgment on the divergent information (*juan* 9). It seems to imply that readers of this book are expected to choose for themselves among those different options.

9 Among all the prescriptions listed in this chapter, one is particularly worth noting. This prescription comes from another Song dynasty source, "Prescriptions for Asking for Progeny

and Preserving Life (qiusi baosheng pian fanglun)," and the instruction clearly says that it treats both men's and women's

> This prescription treats men's cold and diluted semen, impotence, nocturnal emission, as well as women's leucorrhea, emaciation, and Cold and Hot influences. It also treats those men and women who are depleted because of various damages, night sweats, lethargy, paleness, and a lack of appetite. (9.14b, 16b-17a)

In this case, treatment for women is not separated from men's. There are of course other cases with slight variations in ingredients, and cases where separate prescriptions for women are complemented with different causes of disease in women's and in men's bodies. But the whole spectrum ranging from identical prescriptions to entirely different treatments for men and women coexists in Song medical books.

10 A story was given before the prescription mentioned above telling us where it came from: A man setting off in search of solutions for his lack of sons. He was instructed by an old monk to accumulate good deeds for three years and then finally given this recipe that successfully solved his problem (14b-16a). In this case, "asking for progeny" was certainly not solely women's responsibility. Furthermore, even though there might already be quite a few remedies at hand (since prescriptions on infertility were increasing and the state had been promoting medical books), the man still went out to search for more options, found and tried still another recipe. And this prescription that the man acquired during his travel was in turn incorporated into the state-sponsored medical book. This leads to my main concern in the second part of this paper: medical books as open resources and patients as active participants in their own treatment.

Whose Knowledge?

11 Francesca Bray reminds us in her book, Technology and Gender: Fabrics of Power in Late Imperial China, that medical techniques for menstrual regulation, which might cause a miscarriage, could at the same time provide women "room for maneuver" (276, 331-334). Here I search for evidence that shows there was indeed room for patients, men and women, to negotiate and seek alternatives. One story from Yijian zhi relates:

> When Shi Kangzu was the magistrate of Guangde, he served [the deity] King Zhang piously with caution. Later when he was transferred to Wencui, he had an ulcer on the left side of his chest […] for half a year he tried hundreds of treatments but none of them worked […] He then prayed earnestly in front of King Zhang's shrine, and dreamed of [King Zhang] speaking to him: "If you want to recover, just take Xiangfu (Nutgrass Galingale Rhizome, Rhizoma Cyperi) along with natural ginger sauce." He woke up and called his son to look it up in the *Classic of Materia Medica*. What the book said about these two ingredients matched his symptoms. He then consulted a doctor, and the doctor also thought that prescription was reasonable. He then removed

> the root hair of Xiangfu, soaked it in the ginger sauce, and drank it along with two qian of rice soup. After he took only a few doses, the pus flowed out and the tumor gradually disappeared. He recovered after that. (1794, my translation)

Just as medical books incorporated prescriptions of diverse origins, people in the Song acquired recipes from miscellaneous sources. Unidentified sources were not separated from orthodox ones. Although Kangzu in this story got this recipe from his dream-a mysterious source, one may call it, he was able to analyze the ingredients by using medical classics. He checked medical books by himself before checking with a doctor.

12 Scholars have been debating how to use stories as historical sources from *Yijian zhi*, a book that records "strange" stories the author insists are true. Edward Davis distinguishes *Yijian zhi* from the "*zhiguai*" (or "strange tales") tradition long existing in traditional Chinese literature: "[I]n [*zhiguai*] homodiegetic techniques ('I saw this,' 'I heard this from…') serve the largely heterodiegetic end of sheer storytelling, whereas in [*Yijian zhi*] the homodiegetic aim of telling what happened is, on occasion, shaped by heterodiegetic forms" (18). In other words, "strange tales" are fiction that were told as if they were real, while stories in *Yijian zhi* are aimed at telling unusual but true stories. This definition justifies Davis' use of *Yijian zhi* as one of his crucial sources in studying the practice of spirit-possession rituals in the Song. For me, the usefulness of *Yijian zhi* lies in the unexplained details that the storyteller had taken for granted, and the way that he told the story-the way that he made sense of the unusual. What had been taken for granted in the above story, for example, is Kangzu's ability to look up herbs in medical books and the accessibility of those books.

13 Another story in *Yijian zhi* tells how Kangzu was cured of a twenty-year heart ailment by adopting a prescription from the state-sponsored book mentioned earlier, *Prescriptions of Sacred Benevolence*:

> During the reign of Chunxi (1174-1190), [Kangzu] served as the controller-general in Wenzhou. The prefect Han Ziwen saw [his suffering from the disease] and felt sympathy for him, then looked through the section on lumbago in *Prescriptions of Sacred Benevolence*, and showed Kangzu both Cold and Hot causes of the disease and let him choose for himself. Kangzu said: "I am such an old man and have been weak for so long. How would I dare to use prescriptions for the Hot!" He tentatively picked up a prescription from the Cold category, and took it along with antlers. After ten days the pain was eased […] After more than a month, his crouched back became straight and no longer hurt, and his heart disease was cured as well. He told some doctors about this, and none of them were able to explain what had happened. (1794)

As Robert Hymes has pointed out, in the Song, doctors were not the only group of people with medical knowledge. There is occasionally a "scholar who had learned enough from medical texts to treat his family and friends" (33). Inferring from cases like the two stories

above, one probably would not have to be all that well-learned to consult medical texts. What Kangzu and the prefect did was simply look for specific herbs and prescriptions from the books that responded to the symptoms. Medical texts of this kind were therefore more like reference books than something that had to be studied before use. In addition, as in the previous story, doctors were not portrayed as omnicompetent, authoritative figures. Rather, it was the patient who looked for opportunities, did research, and made choices. Patients, or non-specialists, occasionally appealed to the "non-scholarly tradition" and some associated with religious activities; nonetheless, as we will see more cases in the next part, non-specialists also encroached on the doctors' professional realm by using knowledge from the "scholarly tradition" and presenting a different perspective on their own treatment. And that, of course, is closely related to the revolutionary development of printing, the state policy of widely distributing their publications, and the largely improved accessibility of medical books by this time.

Women in Medical Practice

14 It is not anything surprising that women in the Song, especially those from the upper class, read books (Ebrey 120-124). Stories from *Yijian zhi* suggest that women held medical opinions as well. And just as we have seen from previous stories, their medical knowledge came from diverse sources, including the "scholarly tradition." In the first story below, the woman's knowledge and ability to talk about medicine is part of the unexplained details that the author took for granted, while in the second story, there seems to be a different angle to telling the story from the two stories of Kangzu.

15 This is the first story: A young official met a lady when touring West Lake, and they developed a romantic relationship. But the man failed to persuade the lady's parents to betroth her to him before leaving for another post. Five years later when he came back, he encountered this lady again and they lived together for half a year. One day the lady suddenly confessed to him that she was in fact a ghost-she had died four years earlier right after he left. She then taught him how to survive intercourse with a ghost:

> "My yin influence has penetrated your whole body. You will soon have serious diarrhea. Then you should take only the Stomach-Soothing Powder (*pingwei san*) to nourish and stabilize your essence (*jing*) and blood." Having heard this, the man was stunned for quite a while, and then said: "I once read the episode about Sun Jiuding encountering a ghost in *Yijian zhi*. Sun also took this powder. Yet I thought the properties of the ingredients in this recipe were moderate. How can it be so effective?" The lady said: "It uses Cangzhu (Rhizoma Atractylodis), the highest grade of herbs, to repel malignant influences." (754-55)

Unlike in some ghost stories, the lady in this one is not a spirit coming from nowhere nor a "fox lady" of the sort that often appears in "strange tales." She is the daughter of a gentry family. And the recipe that she suggested, the "Stomach-soothing Powder," is not anything esoteric either, but a classic prescription listed in *Prescriptions of the Medical Bureau for Benefiting the People Under the Great Peace* (*Taiping huimin hejiju fang, Prescriptions of the Medical Bureau* hereafter).[4] Furthermore, her pointing out the crucial role of Cangzhu in this recipe echoes the Northern Song imperial doctor Kou Zongshi's comment on this herb in his *Expanded Commentaries of Materia Medica* (*Bencao yanyi*):

> Ancient prescriptions and the *Classic of Materia Medica* did not distinguish Cangzhu and Baizhu (Rhizoma Atractylodis Macrocephalae, or Largehead Rhizoma Atractylodis) but simply listed *zhu*. Since the Hermit Tao distinguished two kinds of *zhu*,[5] people often favored Baizhu. Today people simply treasure the rare and only use Baizhu, oftentimes leaving Cangzhu aside. However they do not realize that Cangzhu is the most crucial ingredient in some classic recipes such as the Stomach-soothing Powder and has immediate effect. (7.2a)

According to Kou, it was his insight to recognize the importance of Cangzhu and its medicinal properties. Judging from its insignificance in earlier texts, valuing Cangzhu was very likely a Song development. The lady-ghost's medical suggestion therefore shows that she is not only familiar with the classic tradition but also knowledgeable of new Song development in *materia medica*.

16 The young official's reaction gives us a clue to how to read the story. He was at first stunned at the fact that the woman he had been living with was a ghost, but soon after the shock, he turned to a mundane conversation with the lady regarding the prescription that she offered. Why the lady would know so much about medicine did not bother him. It is almost impossible to precisely estimate how common it was for women in the Song to know medicine, but for this story to make sense to its contemporary audience women had access to medical knowledge.

17 Another even more intriguing story in *Yijian zhi* tells about a sick woman claiming to be possessed by an ancestor's spirit and arguing with the doctor:

> The wife of the literatus Li San from Raozhou, née Yang, was the daughter of a government clerk. When she caught an epidemic disease in the spring of the fifth year of Shouxi (1194), the village doctor Zheng Zhuang was summoned to her house, yet her disease did not respond to his treatment. A few days later she suddenly rose up and talked and behaved like a man. She called Li San and said: "I am the spirit of the ancestor whom you enshrine in the main hall. Since you have been sincerely preparing the offerings and worship, I came to help with your wife's disease. You can summon

[4] HJJF 3.76. First compiled in 1107-10, expanded and distributed throughout the empire by the court during the Southern Song.
[5] Referring to "Baizhu" and "Chizhu" recorded in Tao Hongjing (452-536)'s *Variorum of Materia Medica*.

> the doctor again." After a while the doctor came, and Yang scolded him by name. Doctor Zhuang said: "How come you suddenly despise me like this!" Yang responded: "I am a god. Why can I not call you by your name! You constantly use the monkshood (*fuzi*) in prescriptions and cause harm to people's lives. Don't you dare to do that again!" Zhuang denied having used monkshood. Yang said: "It was in the prescription you gave the other day. Why do you lie to me?" Zhuang began to be scared. Yang continued: "Fetch me the Bamboo Leaves and Gypsum Infusion (*zhuye shigao tang*) so that at least it neutralizes [the toxicity of monkshood] and eases [my symptoms.]" Zhuang tried to get out of it by saying: "I do not know the ingredients of this recipe." Yang was infuriated and scolded: "How ridiculous that a doctor does not know this recipe!" She then listed the ingredients and dosage without the slightest deviation [from the standard prescription.] Zhuang then prepared one dose for her. She drank it and fell asleep. When awake she took another dose. The next day her symptoms were gone. (952-53)

Again, this prescription, Bamboo Leaves and Gypsum Infusion, has an orthodox source-it first appeared in an Eastern Han medical classic *Treatises on Cold Damage Disorders* and was included in the Song book *Prescriptions of the Medical Bureau* (2.45). It should not be surprising that members of a gentry family would have a chance to look at the book or have heard of some of the prescriptions. But the main problem is the voice and the gender of the patient, Lady Yang. There are different ways to interpret this story. Should we follow the storyteller's logic, simply regard Yang as a woman possessed by a male spirit? Or are there other possibilities? For example, the woman behaved extraordinarily because of her trance during her illness, and that behavior was interpreted as being possessed when the story was told. Or, one may say, knowing those herbs and prescriptions struck others as being strange, so they readily believed she was not herself-this would be less possible if, as shown in the previous story, people were not surprised at women with medical knowledge. Still another possibility is that she consciously spoke by making use of the ancestor's voice in order to give weight to her opinion on her own treatment-this interpretation offers the possibility of resisting the storyteller's logic and reading women's agency between the lines. In any case, first of all, this story echoes what we have seen earlier, that both old medical classics and new Song compilations are readily accessible for at least the gentry class in the Song dynasty. Men and women are all able to participate in diagnostic discussions and to search for and to choose prescriptions for themselves. Second, although we can never know for sure, there is a chance that Lady Yang in this story was wide awake and speaking out of her own medical knowledge. In that case, the patient can not only resist certain treatment but also give her own opinion on the choice of remedies. She knows medicine better than the doctor does.

18 Aside from anecdotal stories from *Yijian zhi*, we also have a complaint from a doctor's perspective. The Northern Song imperial doctor Kou Zongshi, in the preface of his book

Expanded Commentaries of Materia Medica, showed his frustration when treating female patients:

> Although treatment for women has been developed into a specific medical specialty, there are cases where the principles of the sages cannot be fully carried out. Women of distinguished families live in the inner quarters. [When consulting with a doctor,] they hide behind the curtain and cover their wrists with a piece of silk. In this way, the doctors can neither observe their complexion nor completely assess the pulse. Two out of the four [crucial elements for diagnosis] are thus unavailable. […] In cases where the pulse of the patient does not quite correspond to her disease and the doctor cannot see her body and complexion, he can only prescribe according to the pulse. Then how can he give the right prescription? How can he wield his medical skill to the best extent? This is a common complaint among doctors, which they have not been able to solve. [When encountering such a situation,] the doctor unavoidably asks for more details about the symptoms, yet the patient and her family regard his questions as a sign of the doctor's incompetence and are unwilling to take the medicine. There are numerous cases like this. [. . .] This is how difficult it is to treat female patients. (3.1a-b)

As this passage indicates, the doctor did not seem to be able to put much pressure on the patient. Meanwhile the patient's family, rather than pushing her to follow the doctor's instructions, sided with her and mistrusted the doctor's competence-even though the doctor was someone who, like the author of the book, worked in the imperial medical bureau and taught in the medical academy. The doctor in this case put all the blame on the ignorance of the patients and their families. However as we have seen from previous stories, what weakened the physician's authority might not simply be the different expectations between doctors and patients but also the increased accessibility of medical knowledge to the populace. Furthermore, here we see the conflict between two authorities that both attempted to situate women under their own system: the doctor wanted professional access, while the family insisted on protecting their women from inappropriate contact. The two parties that both tended to control (if not "protect") women's body did not work hand in hand but contradicted each other. And the reason that women's treatment was considered "ten times more difficult than men's" (*Beiji qianjin yaofang* 2.16a), at least according to this doctor, was not simply that women's bodies were more complicated or alien to men's, but also the conflict between the two systems, the professional doctor and the gentry, the specialist and the non-specialist.

Concluding Remarks

19 Taking into consideration the nature of the sources and how they were used and discussed in historical context changes the way that we analyze gender from Song medical texts. Several conclusions can be drawn here: First, there is gender differentiation/discourse in

Song medical books, but it is by no means a coherent or systematic set of ideas. Song medical books are open and multi-vocal resources that provide patients with more choices. Second, the state-sponsored compilation and publication of medical books, instead of strengthening the authority of the medical profession, actually increased the accessibility of medical knowledge and exposed it to public discussion, in which women also participated. Last but not least, it seems to me that patients in the Song, including women, instead of listening to everything the doctor says, appealed to written sources, did research by themselves, made choices among all the alternatives, and constantly challenged the doctor's authority. As we see in the last story, the patriarchal and the medical systems seemed to contradict and compete with each other in terms of how they deal with women's bodies. How women responded to those two systems and found their own ways between them is a question I hope to pursue in my future studies.

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Tears of Blood and Sorrow: Depression and Women in Traditional China

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Abstract:
This article examines the connection between women and depression in traditional China. By analyzing poems written by women from the 11th to the 18th centuries, the paper argues that these poems were used to express profound personal loss, sadness and depression. Over a span of eight hundred years, women used similar images and ideas when expressing their depression. As well, their depression was seen by the poets as a part of being a woman. This concept of depression is re-iterated by the medical practices that most physicians relied on curing physical illness, not mental illness. As a result, women were rarely treated for this mental condition.

1 Some years ago, I was reading a great deal of women's poetry and literature. All poetry is very emotional to write and read, but the works from traditional China really affected me. Specifically, reading the poems of Chinese women, I sensed that many were very depressed and sad. Their lives were filled with tragedy which they related through their poems. My views were based on past readings and my own experience with Major Depressive Disorder (MDD) years ago. What struck me the most were the women poets' expressions, experiences and symptoms which were remarkably similar to the ones in connection with MDD. I began to think of these connections and the emotional experiences these women poets would have shared. As well, I wondered about the experiences of these women with depression. Was there help available for them? What did their societies think of these women and what did the poets think of their own depression? This article presents an effort to answer these questions.

2 I felt compelled then to study the connection between women and depression in traditional China. The first step was to select from the translations in the women's poetry anthology *The Red Brush* and other sources that seemed to demonstrate the writer's extreme sadness and disordered depression. This sample of poets stretched over a long period of time, with the poems dating from the 1100s to the 1800s, covering the Song through the Qing dynasties. In these poems, the writers used words that were as complex as the emotions they describe, which is indicative of all poetry. While these poems do not directly talk about medicine or medical approaches, they do discuss their personal experiences with sadness, melancholy and depression. They informed me that these women saw depression not as one word or idea, but many concepts that were used to communicate their feelings. I then read their biographies, in which it was apparent that the tragedies of their lives definitely influenced the tone and mood of their poems. Tales of dead children, lost love and lost

homeland were related in their poems. However, my own emotional response was not enough. I had to create a way to identify and justify my initial response that these women were depressed. Building on modern, western ideas of disordered depression, I developed five criteria to detect the levels of emotions being expressed. Each poem could be placed on a spectrum with simple sadness on one end and disordered depression on the other, based on the number of criteria exhibited. A large majority of the poems did fulfill four of the criteria and these works could be viewed as manifestations of the poet's disordered depression. This also meant that these qualities present in the poems spoke to a larger connection between the poems. Despite the almost eight hundred years between some poets, they used similar images and ideas when expressing their depression. The women poets also revealed how they felt about their depression. For many of them, it was a lonely state with little or no hope. They also believed that all women were predisposed to depression (creative women even more so) and that it was normal for women to be depressed. These ideas indicated that there was a shared mental construct of what depression was to women in traditional China.

3 Surprising to me, depression as a normal emotional state for women seemed to be the link throughout the material so far. It was apparent that I needed to delve further into the medical thinking about depression during this time period, as the evidence so far was anecdotal only. The medical beliefs reflected in medical treatises and case studies during the traditional era about depression would place the poets under a sharper historical light. Early Chinese medical ideas, as seen in works like *The Yellow Emperor's Classic of Internal Medicine*, stated that women and men were emotionally the same. This changed greatly, however, by the time these women poets were alive. Male physicians in traditional China seemed to believe that due to their physical makeup, all women were unable to control their emotions, and were susceptible to outside influences that damaged their emotions resulting in physical and/or mental illness. Although the poets were not necessarily aware of it, it seems that the poets and the fictional literature agree with the medical view that women were helpless in the face of their depression.

4 This did not mean, however, that there was not help for women with depression. The women poets did not discuss treatments in their works, but information was also gleaned from real cases written by healers and physicians. Women could be helped at home, or could see a female healer. When the depression and its physical symptoms were too severe, women or their families would seek a male physician. However, it appears that treatments focused solely on the body and not the mind of the patient. Depression was seen as an expected state for women, as they were predisposed to it. As well, male physicians seem to know more about

the female body than the mind, and gravitated towards curing what they knew. The outcome is that because women's disordered depression was viewed as a "normal" emotional state, women were rarely treated for this mental disorder in traditional China.

Personal Accounts of Depression

5 Women's poetry in traditional China can give some insight into their possible mental state, why they were depressed, and what these women thought about their "depression." However, I first needed some guidelines as to how to read the poems and discern whether or not any of the women could be suffering from depression. Using the word "depression" in itself was problematic, as it is laden with western origins and notions. The general modern consensus is that depression is a common mental disorder identified mostly by its symptomology. The World Health Organization states that depression is characterized by a

> depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities (*WHO*, website)

In Chinese, "depression" could be translated into various words, such as *youyu* or *yumen*. In the case of the poems from the *Red Brush*, however, the translators have stayed away from using the word "depression". What the translators have chosen to use is the word "sorrow," which in Chinese can be translated from *chou* and used interchangeably with sadness (*bei*). This may be because depression is loaded with its own western connotations, or because the original documents do not use the word "depression." For example, the poem "To the Melody of 'Reduplications, Extended,'" written by China's best known Song Dynasty woman poet, Li Qingzhao (1084-1151), has the word "sorrow":

> All by myself, I wish it would turn dark!
> The wutong tree, and that drizzling rain,
> That- into dusk-
> Drip drops, drip-drops!
> How can all of this
> Be disposed of by
> The one word "sorrow"? (226 and Li Complete 109)

In this selection she is writing about how one word cannot sum up all the complex emotions she feels. The word she uses, sorrow, is not good enough. What is important, then, are the overall feelings being expressed, rather than using one word to indicate depression in a whole poem. This example demonstrates that one word in Chinese cannot be directly translated to mean depression, but a whole host of factors affecting the reading and context could indicate depression. One factor is the nature of the medium of poetry. It is an artistic effort which does

not use exact terminology but employs diverse images, allusions, metaphors, and etcetera that are culturally significant to the writer and the reader. The poets knew this, as evident in Miss Li's words above.

6 Therefore, it was important to find out what words were used in the thirty poems to indicate the kind of depression being expressed. I then created a way of analyzing my sample of poems by using the modern ideas about disordered depression and its symptoms as my lens. I also used the Diagnostic and Statistical Manual IV (DSM IV), with its symptomology of depression, to develop five criteria that denote where the poems could fall on a spectrum of emotions: sadness, depression and disordered depression. I then applied these criteria to the thirty poems, and it seems that the majority of women from this sample across this large span of a thousand years were suffering from disordered depression. To illustrate all these findings, I have chosen biographical data and poems of three women who lived in traditional China as my core examples. They and the other women seem to share similar ways of articulating their condition.

7 What becomes apparent is that despite temporal and spatial differences, there are articulations of emotions and depression that delineate a universal concept, which allows me to understand the connections between women and depression as manifested in their poems. There exists a universal phenomenology advancing the theory that disease, irrespective of its cultural label, is universally rooted in social experience, in distress and in human misery (Kleinman *Social* 4-10). Most humans have the same emotional spectrum as we are all biologically designed to experience loss, with the need to express it a universal constant. Human misery and distress are differentially molded by culture, but the root of the emotion is the same. Poetry is one type of cultural production in which the emotions expressed in a specific time and location can be traced and understood by another person hundreds of years later. This is why it is possible for me to read the selected poems and identify the poets' disordered depression.

8 The symptomology of disordered depression that is used in western psychiatry made up the core of my criteria that serve as the conceptual backdrop for considering the chosen poetry by women writers. First, I used the Diagnostic and Statistical Manual [version four] (DSM IV). Used all over the world by mental health professionals, it provides diagnostic tools to identify mental disorders. Disordered depression in the diagnostic criteria fits under the larger axis of Major Depressive Disorders (MDD). The classification of what qualifies as depression and what does not is complicated as the severity, intensity, and frequency of these

diagnostic symptoms impact the diagnosis. According to the DSM, the person should be exhibiting at least three of the following nine symptoms for more than two weeks:

1. Changes in nutrition
2. Insomnia or over sleeping
3. Loss of energy and increased fatigue
4. Restless and/or irritable
5. Feelings of worthlessness or overwhelming guilt
6. Diminished interest in life
7. Difficulty concentrating or thinking
8. Sexual dysfunction
9. Thoughts of death or attempted suicide. (337)

9 Second, I used the definition of what a disorder actually is and see if the emotions expressed in the poems could indicate the poet being depressed. As defined by Psychiatrist Jerome Wakefield in his article, a pre-existing mental condition can turn into a disorder:

> if and only if (a) the condition causes some harm or deprivation of benefit to the person as judged by the standards of the person's culture (the value criterion), and (b) the condition results from the inability of some mental mechanism to perform its natural function, wherein a natural function is an effect that is part of the evolutionary explanation of the existence and structure of the mental mechanism (the explanatory criterion). (386)

This definition provides two areas of analysis. As in (a) above, the poet has to be expressing some negative or harmful effects of their emotions to be considered depressed. Whether or not their culture would deem them depressed will be explored later in sections two and three of this project. As in (b) above, there has to be some reason for the disorder to exist. In Western psychiatric thought there are three reasons suggested for disordered depression: specific distressing life events, biochemical imbalance in the brain, and psychological factors like a negative or pessimistic view of life. Another idea is reliant on genetics, according to which depression is passed on through generations. It is impossible to know the genetics or biochemical imbalances of the women poets, but in their poems and short biographies we can detect the life events and psychological factors that did lead to their disordered depression.

10 With the definition of disordered depression and borrowing from the symptomology from the DSM on depression, I have created the following five criteria for measuring levels of depression in each poem: icons of depression, a long period of suffering, physical symptoms, mental symptoms, and thoughts of death. First, icons of depression must be present in the poems and follow poetic conventions. These icons are images or ideas that have been identified in literature studies to convey depression, as they have become part of the poetic language used by writers. Images in poetry are part of a "cultural convention" and are

common in their time and culture to be recognizable to their audience (Yu 206). The icon "tears of blood" is commonly used in poetry to convey extreme sadness and loss.

11 The second criterion is the long duration of the depression. Current western psychiatric practices, as per the DSM, denote that two weeks is enough to raise the issue of depression. Absolute dates are not provided by the poets as this was not part of the way they presented their work. However, they indicate through the changing seasons how long they have been depressed. Among the traditional periods the most common in women's poetry being examined is spring. Spring and all of its growth is written as a direct contrast to the emotions of the poet, who is depressed despite the pleasant weather. Often a poet will state that spring has come and gone and that she is still filled with sorrow. The difference in the duration of depression and sadness, however, becomes obscured with bereavement. Bereavement itself is not an indicator of a Major Depressive Disorder. The DSM, however, suggests that when grief over death goes beyond the "normal" time span of two months and the symptoms change or increase, one speaks of a disordered depression. In traditional China, however, society allowed at various times and for different people, different standards for periods of mourning. During the Song Dynasty (960-1276) for example, Confucian rites held that the mourning periods for women must to this day be two years for their husbands and a single year for their own mother (Ebrey 78).

12 The third criterion is the physical manifestation of depression. In many of these poems, the women relate various symptoms including sleeplessness, not eating and agitation. These can also be very powerful images to convey personal suffering. Many women wrote about feeling ill and being sick for a long time. According to DSM, being depressed over a long term illness is a separate classification from disordered depression, as the cause is rooted in physical problems (DSM 400-455). It is important for the reader to be attentive to this while reading the poems to ascertain the reason for the depression.

13 The fourth criterion is words and ideas, such as "loneliness," that convey psychological changes. The women could demonstrate a lack of interest in life, or profoundly negative thoughts towards themselves or their situation. Again, a very common image in poetry that indicates a diminished interest in life is grooming, specifically not wanting to get up and apply "powder and rouge." This image is relatively common in women's poetry to evoke a sense of isolation and despondency over love (Samei 69). Another important part of depression is the sense of hopelessness. These women lament their situations and feel that their depression and sorrows will never improve. They feel their emotions have complete control and feel helpless in the face of their depression. Finally, the fifth criterion is the

presence of thoughts about death or suicide. In western comprehensions, suicidal ideation is the medical term for these thoughts. This criterion seems to be the least common of all the criteria in the poems. However, when it is present, the intent and motivation for contemplating their own deaths is quite clear in the poems, leaving little ambiguity about the women's mental states.

14 If these five criteria are applied to these thirty poems by the fifteen women, one may discern the various levels of emotion expressed: sadness, melancholy and disordered depression. Each poem, based on the number of criteria present, can be placed in one of these areas. The first area of sadness is the starting point, where every poem possesses one or two of the criteria. The one criterion that all of the poems possess is the icons of depression. While the poets are all expressing some level of sadness, it is only when the number of criteria increases that it seems their emotions change and become depressive. When three criteria are identified, then the writer is deemed melancholy. It is only when these symptoms and manifestations of depression are severe enough that four to five criteria are evident. Sadness turns into disordered depression. If we place the poems on this spectrum, it is easier to see what could constitute sadness and a disordered depression. Applying the criteria to the thirty poems has resulted in the data below:

Emotional State	Number of Criteria present	Percent of Poems	Number of poems (30)	Number of Poets (15)
Sadness	2	100	30	15
Melancholy	3	80	24	12
Disordered Depression	4-5	60	18	10

15 As indicated by the many poems written in her lifetime, Shen Yixiu (1590-1635) could be seen as suffering from depression. Her life seems to be ideal. She was the daughter of a high official and married to Ye Shaoluan, also from an elite family with literary aspirations. As an indication of her success as a poet, she was at the centre of a group of poets who were also female relatives (Idema and Grant 384). Her life, however, was marked by personal family losses. Her brother, two daughters and a son all precede her in death. Her poems seem to be a way of expressing her bereavements. In the poem, "Dreaming of Junyong," she writes to her dead brother after a dream. The topic and the way she talks directly to the subject of her poem, stating how she feels after his death, convey a tremendous

sense of sadness typical of someone suffering from depression. This poem of sorrow over his death holds four of the five criteria, indicating that her bereavement might have turned into a disordered depression. The icons of depression are subtle but bleak. Miss Shen states that even though she can dream of heaven, she cannot go as the roads are unknown: "In other words, both of us are completely lost, and the long night is darkness without end. Unending is the way it wounds my heart" (385-386). Sadness over the loss of her brother has turned into depression, however, as this poem was written "seven autumns" later. This extended period of bereavement directly points to Miss Shen's possible disordered depression. This passage of time seems not to have lessened her sorrow, as she states that there is no limit to the pain of her separation. This pain and the wounding of her heart are two other metaphors used to convey some physical manifestations of her depression. While Miss Shen does not state outright that it is causing her severe illness, there is still a sense of physical pain. The last criterion that the poem fulfills is the psychological: she uses words such as "sad and distressed" and "vent my sorrows." This venting does not help her, as in the last lines of the poem she sees how the bird's wagtails fly and she wishes she could find a way to do the same.

16One poem in particular, written in memory of her daughter Ye Xiaoluan, holds four of the five criteria for disordered depression. "On A Cold and Sleepless Night, Remembering My Deceased Daughter" is again an example of how Shen Yixiu's bereavement evolved into depression. Her imagery is vibrant and powerful, as she uses "tears of blood," which is a clear icon of depression. What is less clear is the length of time Miss Shen has been depressed as it is tied into the physical manifestations of her depression: "My heart has been broken a hundred times; my innards are twisted into a thousand knots" (388). This may indicate that over a long period of grieving, the pain over losing her daughter has continued. To punctuate these feelings of depression, Miss Shen repeats words and phrases which, according to the criteria employed, convey disordered depression. "The grieving cold intense" and "my sorrow is unspeakable" are both repeated to punctuate the intense depression she is experiencing over the death of her daughter.

17 Li Qingzhao is another poet who seems to have had experienced disordered depression. Many of her poems seem to indicate a disordered depression due to the loss of home and her husband. Li Qingzhao's husband was Zhao Mingchen (1081-1129), an official in the Northern Song. Their marriage seemed to be one of mutual love and respect. They were very attached to each other, having compiled a book together on antiquities (Idema and Grant 449). As he was away on business often, Miss Li wrote about her feelings of loneliness and seemed depressed over missing her husband. In "To the Melody of 'Dotting Red Lips,'" four

of the five criteria seem to be present. Miss Li uses many images that could be seen as icons of depression such as the "abandoned woman," a common literary device in traditional Chinese poems (Samei 110-114). She is the abandoned woman in her lonely inner chamber of her room, or looking out from the balustrade awaiting her love's return: "Fragrant grasses up to the horizon: I gaze at the road along which he'll come home" (225). We also know that her depression has spread over the length of a spring, as Miss Li states that it now departs with the rains. During the spring, her innards are being threaded with sorrow, a powerful image to the reader of the physical manifestation of her depression. In this line as well, the mental description of her emotions is manifested by using the word "sorrow." Another line is more direct, using the personal pronoun as well to convey her physical and psychological state of depression: "And I am filled by feelings of listlessness" (225).

18 This sadness and loneliness discernible in this poem increases due to the worsening of her life. Miss Li's and her husband's lives had been chaotic beforehand but increased with the invading Jurchen armies from the Jin state attacking the Northern Song in 1126. They had had to flee and followed the court to the south of China. Zhao had been appointed to a new government position but had died on the way to his new post. With Zhao's death, Miss Li was still homeless and now bereft of her husband. Years after these tragic events, she still grieved and was depressed over the loss of her husband and the loss of her homeland. The manifestation of this grief is seen in "To the Melody of 'Orphaned Goose,'" where again four of the five criteria appear. Many icons of depression are present in this poem, including the "abandoned woman" in the tower, but she provides a twist by saying that it is now empty since there is no one to wait for anymore. She writes that she is "unable to express all of her unhappy thoughts" (234). Physically, Miss Li has probably not been sleeping well, which is indicated by the images of the incense and jade burner that have expired because of having been burned all night. Mentally, Miss Li is also struggling, and says that she sheds "a thousand tears." She is lonely as well, which is indicated with her asking the question of whom to climb the jade tower with. Miss Li knows the answer. While the poem seems gentle enough emotionally, it is more direct and tells of an ongoing depression, as the line states so clearly: "And the feelings that won't leave me are like water" (234). In this line, Miss Li feels her feelings of depression are constantly flowing like water.

19 Li Qingzhao and Shen Yixiu seem to share one probable cause of their depression, that loss was an overwhelming factor in their lives. These three women in certain periods of their lives lost a great deal-homeland, love, and children-and were unable to heal from the loss. Loss is part of life: no one has not been touched by it. However, as mentioned earlier in

regards to bereavement, some losses are so great that trying to get past them is difficult. In "normal" patterns of bereavement over any type of loss, humans are biologically created to feel sadness as a tool to cope with the world around them. However, this sadness brought on by loss can become disordered when constant grief and stress compound the already struggling person. Grief can turn into immobilization, psychotic ideation, or other severe symptoms of depression, and then it becomes disordered (Horwitz and Wakefield 32-33).

20How, then, did these women poets view this outpouring of emotions, and their seemingly depressive feelings? The poets who (I believe) were suffering from a disordered depression all shared common beliefs about women's relation to emotions. Some believed that women, naturally rich in feeling, suffered more emotionally because they write. It was a vicious cycle: some wrote to express and release their feelings and depression, which may have only increased their depression. Wen Wan (ca. 1050), a courtesan who is known for her writings, both poetic and philosophical, endorsed the belief that giving voice to their emotions meant they suffered more emotionally. In her poem "Describing My Emotions" she demonstrated the emotional cost of being a poet and courtesan:

> Those who by nature are rich in feeling suffer from feeling,
> Hidden by a dark window, I'm fed up with the courtesan's life,
> Don't ridicule me for spending my time on 'chapter and verse'
> I don't see why Xie Daoyuan should claim all the fame for poetry. (336)

Miss Wen is saying a great deal about emotions and poetry in these four lines. While she says that all people who are rich in feeling suffer greatly, she is no exception. Part of this suffering is due to wanting more from her life, wanting to be a poet like the famed Xie Daoyuan a poet of the Jin Dynasty (ca. 366 CE), instead of a courtesan, an ambitious remark since at the time Miss Wen was alive in the Song Dynasty. Before and during this time period, there were few courtesans who wrote their own material. Most of their songs for their performances were written by men (Idema and Grant 334). While it did change, however, Miss Wen seems to be defying convention by almost demanding fame in the last line. She knows if she chooses this path of writing, she will continue to suffer from her feelings. She also knows that she will continue to be chastised by writing poems, but why?

21 The answer is that many women believed writing could cause physical harm, especially to women, because of the extreme emotional outpouring that is needed, and was one reason for being chastised for it. Zhu Shuzhen (ca 1126), also writing in the Song Dynasty, answers this question in "Self-Reproach-Two Poems." She writes that there are limits placed on her writing due to her gender and that society condemns writing women (256). This may have been true: women who were brilliant and exceptional are sometimes

portrayed in literature as tempting fate or not being the ideal Confucian woman who was "virtuous, chaste, filial obedience, and modest" (Pan 88). Miss Zhu does not necessarily dismiss this idea: she believes that a woman poet is placing herself in harm's way and that it is dangerous to write because she is a woman. Miss Zhu says that she writes poetry to cheer herself up but it has the opposite effect of making her miserable, not relieving emotions. If these negative emotions can be interpreted as signs of depression, Miss Zhu or other women poets believed that writing would increase their depression more than it would help.

22 Further evidence for this idea continuing in traditional China is provided by Zhen Yunduan (1327-1356), a poet known for her passionate poems and commentaries. In her autobiographical note, she states that she thinks of herself as a poet and composed to express her feelings and inner nature (Idema and Grant 269). This need to express her emotions have resulted in poems that detail her personal struggles with emotions, including what seems to be depression. In her poem "A Passing Mood," she states that while heaven gave her talent as a poet, the trade off was a shortened life (274). She believed that women poets were destined to die young, because of their emotional upheavals and the physical illness that accordingly could be brought about. Miss Zhen attributes her own bad health to being a poet, a profession that to her lends itself to being depressed.

23 The key belief that these women and their counterparts shared was that depression was what talented women suffered greatly because of their emotions. Being born a woman meant you were destined to suffer intense emotions. Adding to this was the idea that being talented and writing also exposed women to emotional thoughts and feelings, which made them disposed to depression. When women were exceptional writers, they stood even a greater chance of falling into depression. The ideas on depression from the women poets were that all women were normally susceptible to depression and the poets and other talented women were even more so. Far from being an isolated construct, this idea was also endorsed by the literary and greater society throughout traditional China.

Medicine and Depression

24 While the anecdotal examples from poet's lives provide information on depression in women in traditional China, I required more insight into the medical beliefs and approaches to depression. Ideas on depression from medical books changed greatly, from the gender neutral approaches in the Han Dynasty medical text, the Yellow Emperor's Classic of Internal Medicine, to the belief that women were mentally weak and susceptible to depression a thousand years later in the Song Dynasty. From this point on to the Qing Dynasty, medical

practitioners through their writings, created the identification of depression in women as an emotional disorder and reframed it in terms to meet their own "theoretic models of pathology" (Kleinman Rethink 7), which held that women's natural make up physically made them more susceptible to depression. Women being depressed, then, were perhaps seen as a "normal" occurrence, as demonstrated through treatments available to them. Women were first treated at home or by a female healer, such as Tan Xiangu, a female physician in the Ming dynasty. When the depression's physical symptoms were too severe, women would then be treated by a male physician. All these examples show that the mode of operation in treatments reflect the overall attitude that women's bodies were the main focus of treatment, while the mind was second because of women's susceptibility to depression as a normal occurrence.

25 The relatedness of women and depression in early China was viewed very differently than in the traditional period and begins with overall ideas on emotions. The first medical treatise in China, the *Yellow Emperor's Classic of Internal Medicine* (or *Huangti neijing suwen*), demonstrated the existence of an etiology and etymology of depression early in the history of China. Written before the Han Dynasty (206 BCE-220 CE), the book revolves around the Yellow Emperor's dialogue with the physician Chi Po. The chapters are based in a question and answer format, where the Yellow Emperor learns, among other topics, that the mind and body are always connected. The four seasons, the five elements, and other factors such as *yin* and *yang* energies, affected the human systems of blood, viscera and emotions. As the four seasons and five elements change in nature, they also affect the human body as seen in the five viscera and five emotions (*wu qing*). The five emotions are *xi* (joy), *nu* (anger), *you* (sympathy), *bei* (grief) and *kong* (fear). (Two others were added during the Ming namely those of *jing* (surprise) and *si* (pensiveness). Medical historians have called this multi-layered system the Correspondence Theory, according to which each element correlates with and affects a part of the human body. *The Yellow Emperor* was the first known summary of traditional medicine to discuss this system (Unschuld 51-99). The basic theory of this system, with adaptations, has continued through to the modern day system of Traditional Chinese Medicine (TCM).

26 In this system, depression was never a separate emotion or concept, but part of a symptomology of emotions, where emotional imbalances lead to physical and mental illness. *The Yellow Emperor's Classic* has the five emotions corresponding to a specific organ and in balance: "[W]hen all is well: joy comes from the heart, pity from the lungs, grief from the liver, anxiety from the spleen, fears from the kidneys" (207). However, explosions or outbursts of these emotions was seen as unhealthy, because they trap the vital air (*qi*), and

excess of any emotion meant illness ensued in the appropriate organ. In reverse, imbalance in the organs or other systems of the body could also create emotional symptoms. Depression was part of this physiological discussion not as an emotion, but as a symptom. For example, *kuang*, meaning "insanity with excitation," and *dian*, "insanity without excitation" or epileptic fits, are two insanity illnesses detailed in the *Yellow Emperor*, as both were seen as being from the same root causes of wind (T'ien 70). Both shared the same pathology of depression as part of the illness's symptoms: that the patient for no "obvious" reason exhibited grief, fear, anger, or odd behavior according to the standards of the *Yellow Emperor* indicated a deep sadness. These indicators of sadness seem to reflect modern ideas of depression and what it means to be depressed, as previously outlined in section one of this paper.

27 These notions of illness illustrate two things. First, depression was not viewed as a separated disorder. It was embedded in the overall symptomology of health and illness, where discussions of balance and imbalance were central, and that imbalance created both mental and physical illness. Second, mental illness and emotions in the *Yellow Emperor* were discussed in non-gender specific ways, because the human body was seen as a homologous structure. In this concept the human body's set up was the same for every person with the person's mind included therein. It was believed that overwhelming elements of *yin* created a female and *yang* created a male (208). However, a female body and a male body were not so dissimilar to warrant separate entomologies. Discussions on *dian*, *kuang*, and the five emotions not gendered, as men and women were both subject to the changes in *yin* and *yang*. Either gender could exhibit the outward manifestations of imbalances. The differences in men and women existed only in procreation systems in the *Yellow Emperor*, such as sexual health and pregnancy. It could then be said, that depression was also not gender specific, and women as well as men suffered from such this condition.

28 Sun Simiao makes some important comments here about women, emotions and control. Compared to men, women were more emotional, prone to illness because of it, and could not control themselves emotionally. We unfortunately have no case studies available on his treatment of depression in women specifically, but it seems from this information that emotions, including depression, were very gender-specific in Sun Simiao's eyes.

29 Sun Simiao's ideas on female illness were expanded upon by many physicians, including the physician Wang Ji (1463-1539 CE). In his *Stone Mountain Medical Case Histories*, Wang Ji does not use the word depression but more of an overall aetiology of emotions. Wang's overall discussion of medicine seems not to delineate between the sexes, except when speaking about emotions. He believed that women were unable to control their

emotions and had a high risk of illness "normally" because of the excess of the seven emotions: "Women's temperament is to hold on to the emotions […]. They are not able to release them and are more often damaged by the seven emotions..." (Grant 137). The reason, Wang believes, is the mechanism of "excessive emotionalism" in women that naturally occurred due to blood levels and *qi* depletion in their system. These excessive emotions damaged their bodies stemming from "pensiveness or sorrow" (Grant 141-142). (Men, he thought, were more in control of their emotions, but suffered from disorders related to anger and anxiety.) With these ideas, Wang Ji echoes what Sun Simiao said one thousand years earlier: women were prone to physical illness because their emotions were naturally excessive. In a note of sympathy, he states that women were unable to release them. The reason why seems to be attributed to a natural state of women as their lives are to be in the service of others.

30 Over the next hundred years, medical approaches to depression in women continued to expand in scope, as demonstrated in the works of Wang Kentang (1549-1613), one of the foremost medical writers of the Ming Dynasty. In his work *Zhengzhi Zhunsheng* (Standards of Diagnosis and Treatment of Medicine) he reveals his concept on emotions and the differences between the sexes. Wang states that both men and women could suffer from emotional illness (160). Unlike Wang Ji, he writes about depression (*yiyu*) and that it is part of the *dian* disorder of Loss of Heart/Mind Wind (*shixinfeng*) (161, also Agren 577). He believed people with *yiyu* exhibited certain emotional and behavioral symptoms: a refusal to comply with others, frustration with their lives, sense of helplessness, and mental absentmindedness. The patient could also become erratic, and be prone to outbursts of anger. Wang Kentang also writes that as *yiyu* did not have the same explosive character of severe *kuang*, and as it was a more chronic condition, he listed it under *dian*. Depression seems to be in Wang's estimation a long term illness, very similar to our modern idea of depression as a long term emotional disorder. In regards to women specifically, he states that while women and men could experience different symptoms of depression, a woman's *biological* make up created a "frailty of emotions", making them more susceptible to emotional imbalances including depression (160-2).

31 Another medical concept about women's inherent susceptibility to depression was love or flower sickness (*huabing*). It was interpreted by some physicians as an actual medical disorder. Believed to have existed for centuries, love sickness was identified by an early Qing Dynasty physician named Chen Shiduo as the pathological outcome of unrequited love and manifested only in women. According to Chen, woman suffering from *huabing* would lose

their sense of propriety and shame, and become desperate for love (Ng, 46). The women would withdraw, grow thin, and become "filled with sadness," a seemingly similar symptomology to disordered depression. Chen's definition of love sickness also places love as the main cause, unlike the other descriptions of depression in women that focus on more general terms. These ideas seem to be wide spread through time: these definitions and symptoms of love sickness are similar to the ones suffered by many poets, as their depression in many cases is connected to love.

32 Over a span of approximately a thousand years then, from physicians Sun Simiao, Wang Ji, Wang Kentang and Chen Shiduo, their shared beliefs about depression and women seems to be that women are *biologically* more prone to depression, for various reasons. Due to the loss of blood or qi imbalances, women's emotions were unbalanced and they were likely to suffer mental and physical illness. Also, because they were either unable to control these emotions or were unable to release them, women also fell into depression. The reasons for women's depression also relied on certain beliefs that women were emotionally fragile and easily emotionally damaged always. There seem to be no exceptions to the general rule that all women were prone to depression.

33 Even if women were naturally susceptible to depression, there were treatment options for depression. For treating women with depression a female healer would sometimes be called upon. Women healers in traditional China varied in roles and ability. One saying identifies the roles of women in healing: 'three kinds of old aunties and six kinds of old grannies' (*san gu liu po*). The three aunties are diviners like Buddhist or Daoist associated healers. The six old grannies referred to the medical positions women held such as medicine sellers, shaman healers, and midwives. There also was *nuu yi* (female doctors) that women went to see for a host of ailments. Unfortunately, these women healers did not leave any written accounts of treating women with depression, but there are cases written by one female healer that gives some information on women being treated for depression.

34 Where we can gleam information on depression was in overall practices of the female physician such as Tan Yunxian (1461-1554 CE). She was a Ming physician and the only known one to have written a book on thirty one of her cases, *Sayings of a Female Doctor* (Furth 286). Tan Yunxian was a healer trained by her physician grandfather and healer grandmother. She became well known after her children had grown up and she was acceptable as an "old granny" by society. Her practice was exclusively for women and as her preface states, "Family members and women friends and acquaintances, disliking to be treated by a male, came streaming to me, and over time I hit upon amazing cures" (Furth 285). She

credited her popularity among female patients to being a woman herself, but also to her reputation as an excellent healer.

35 While not discussing the etiology of depression, Miss Tan relates how her patients expressed their emotional problems to her, including what appears to be depression. Miss Tan related many cases where women suffered damage from negative emotions because of the toll exacted by the need to remain strong. She tells stories of suffering linked to hard labor, repressed resentment, grief and damage (Furth 295). As an outlet for these emotions, women saw in Miss Tan a sympathetic listener who would understand her patients' emotional needs, female to female. This was probably one reason why they came to her for treatment. However, she couches her prognosis in terms of body connected language, and not on identifying depressive illnesses per se. She talks about two women who miscarried because their anger was hidden. The "fire" brought on from these repressed emotions destabilized the fetus. In another case, a middle aged woman comes to Miss Tan explaining that her daughter died and then her husband, citing that she suffered from damage caused by so much crying (Furth 294). Miss Tan, while not using a terminology of depression, seems to be citing emotional damage as a cause of illness. The treatment for this damage was focused on metabolic function of the digestive system, and using moxibustion and aromatic herbs to restore and warm *qi*. While Miss Tan emphasized women conveying emotional problems, her solutions emphasized body-based treatments.

36 It is interesting that Tan Yuxian suggests that many women who come to her for treatment prefer a female instead of a male, which may indicate that a male doctor was not necessarily a desirable option or used as a last resort for women suffering with depression. A statistical analysis of multiple medical documentation of the gender of patients in history has not been done; however, one author looked at one specific medical casebook of Wang Ji, where the overall sex ratio of 109 cases was 1.7 male to 1 female. When the reproductive cases were excluded, the ratio was 2.5 male to 1 female. Grant concluded that Chinese women were most likely first to seek female healers rather than male healers, and only sought male physicians as a last resort (Grant 106-7). This desire to seek female healers over male doctors also had a practical reason: women could not speak openly to men about their physical conditions. It seems that for a great deal of time in traditional China, women needed to have a male relative.

37 However, male physicians and their treatments seem to be the third and last solution for women with depression. Male physicians' treatments originated from the belief that the root causes of depression were unsatisfied desires, repressed anger and pent up feelings, as

evident in real cases. One treatment focused on appealing to female feelings: the counter-emotional therapy, which relied on the correspondence system of healing (T'ien 73). Taken originally from the *Yellow Emperor's Classic*, each emotion was connected to a corresponding colour, element, organ or metabolic system. Each emotion also had its opposite which could counter its effects. Joy could be displaced by anger, sorrow by joy, and so on (Sivin 4). This was in effect a therapeutic manipulation of emotions to lead to a desirable outcome. This therapy was created by physician Han Shilang in the Han Dynasty, as reported by Zhu Zhenheng in his twelfth century case histories, indicating that he believed and used Han's ideas. Han was called to the house of a woman who was suffering from depression brought on by her mother's death. Her husband summoned the physician and reported that she was lethargic, out of sorts, and stayed in bed all the time. Han believed that using other emotions to counter the depression could cure her. After gaining permission, Han and one of the maids "summoned" the dead mother, who had become a vengeful spirit wanting revenge upon her daughter for blotting out her life. The daughter became angry, and stopped grieving for her mother. Han reported that the anger canceled out the depression, and the woman got out of bed (Ng 41-2).

38 Another case, however, places depression and emotional imbalance as being more about the correction of emotions to further physical and social health. One case where a woman could not bear children due to depression, jealousy and anger is related in a text on women's disorders by Fu Shan (1607-1684). Here he states clearly that his first concern is that fact she cannot get pregnant and attributes it to her blockage of qi in her cardiac circulation due to releasing her emotions (Sivin 2-3). His prescription then is to use seven ingredients commonly used to promote fertility. He states that once the area is unblocked, the qi of happiness will fill her belly and it will be possible for her feelings to change. She and her husband will then be on better terms (2). Fu's focus is not the countering of emotions in therapy but in paying attention to the emotional issues being raised in the marriage, and which he can address within the confines of his medical beliefs by prescribing remedies.

39 This treatment is similar to what other physicians including Wang Ji address where women and their emotional upheavals including depression are treatable through the body itself. Wang Ji used drug therapies as his primary treatment plan overall for his patients, both women and men, for all types of illness. However, his treatments for what seems to be depression indicate an emphasis on the body over the mind. For example, in one case his patient, a mother, has been mourning for her son for fifteen years and in so doing "an excessive amount and subsequent melancholy and pensiveness harmed the Spleen and

weeping harmed her *qi*" (Grant 137). It seems by reading the symptoms as a unit this woman could be viewed as suffering from a long term depression, triggered by bereavement. This seems not to have been a concern of Wang's. In this and other cases, he emphasizes treating the physical ailments created by the depression, and not the depression itself.

40 The emphasis on the body over the mind then is the more common treatment option for male and female doctors. While counter-emotional therapy was conducted, more common treatment options placed medicinal cures employed moxibustion, acupuncture and herbal remedies. These approaches to healing indicate a more encompassing attitude in medical practice and philosophy towards disordered depression. Women felt more conformable and found it easy to speak with other women about their mental health issues. When compared to Tan Yunxian, Wang Ji's accounts of his female patients were focused on the problem and not the patient. A female healer was a socially acceptable person to speak to, where Wang Ji as a male was not. According to his medical accounts, Wang Ji primarily used drug therapies on both male and female patients (Grant 149). Again the main concern of female morality and modesty played a large part in the ability of doctors to treat female depression patients. Conducting counter emotional therapy would have involved discussing present situations in the home or with the female patient. Evidence suggested the physician Wang Ji had fewer women than men come to him, partly due to modesty constraints. When women did seek his advice, they wrote him a letter or went through an intermediary family member (Grant 115). These barriers to treatment then translate to a lack of acknowledgment of disordered depression. It was only when a disordered depression's physical manifestations worsened that women would seek the help of male physicians and their treatments.

Conclusions

41 I want to end with probing the question of treatment further by hypothesizing what might have happened to the real life poet Shen Yixiu (1590-1635), whose probable depression I detailed in section one. In her poems, she details her sorrow over the deaths of her son and two daughters, seemingly the reason for her depression as I argued with the help of the outlined five criteria. However, Miss Shen does not give any details regarding treatments for her "sorrows" or if she even sought help from healers. The limited biographical notes provided by the writers of the *Red Brush*, the volume in which I found her poems, also provide no medical details. They state that after her children died, Miss Shen's "spirit was wounded and her heat had perished: wracked by sorrow, she wasted away and after three

years, she too passed away" (Idema and Grant 385). There is no mention as to whether she sought any type of treatment over those three years.

42 What would have been Miss Shen's options for assistance concerning her depression and bereavement? One, that she would have relied first on the female members of her household to help her as they had the closest and first contact with all illnesses in the house. For example, there is a brief mention that Miss Shen nursed her one daughter Qiongzhang at home as she was there the moment her daughter died (Idema and Grant 384). This does not seem to be an unusual thing for a mother to do, and details on her care were not divulged in the poems because a woman caring for others was such a common thing. Two, that in case Miss Shen resorted to self help, she might have chosen poetry as a way of dealing with her pain. As she wrote in the last three years of her life, there must have been some emotional release from poety. I hypothesize this based on what other poets such as Zhen Shuzhen, who states outright in her poem "Self-Reproach, Two Poems," that she tries to cheer herself up through writing poetry (256). Thirdly, if this did not work, then Miss Shen may have gone to see a female healer. As mentioned earlier in regards to Wang Ji, women sought other women first to obtain help for their physical and mental illnesses. If Miss Shen had gone to Tan Yuxian, a female doctor, she would have a sympathetic ear to consult. Miss Tan would have treated her with medicine or moxibustion, focusing on metabolic function of the digestive system, and aromatic herbs to restore and warm Miss Shen's *qi*.

43 Fourthly, when Miss Shen did not improve and her health became worse, her husband might have sent for a male doctor, like Wang Ji, as he was also alive during the Ming dynasty. If she had, the doctor would have focused on her physical ailments, which were detailed in her poems as sorrow, anxiety, sleeplessness, and lack of food intake. She had grown thin and tired as well. The doctor then would have given her herbal remedies as well. It is doubtful she would have expressed her deep emotions to him, as he was a male physician and women seem not to have used them as confidents, as indicated by the case studies of many doctors above. There is also a minute chance Miss Shen experienced counter-emotional therapy, although it seems not to have been common practice.

44 However, all of this assistance may not have worked or may not have been sought. It is very difficult to tell, as we have no real evidence that she even went to a physician. We have one bit of evidence that her husband did have some experience in seeking medical help for his wife and his daughters. Ye Shaoyuan in the preface to his daughter Wanwan's poems quotes a passage on sorrow, saying that there was little anyone could do about it, and "moxibustion and acupuncture needles cannot dissolve it" (Idema and Grant 407). By

including this quote, Ye seemed to have some connection to these ideas, and probably had tried to seek medical attention for his wife and daughters. As well, he also re-states his believe that sorrow and depression are "persistent and in-exhaustible." As a result, it is doubtful that Miss Shen could have been helped with a seemingly disordered depression because women were rarely treated for this mental disorder in traditional China.

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