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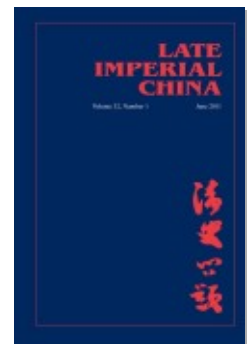
Between Passion and Repression: Medical Views of Demon Dreams, Demonic Fetuses, and Female Sexual Madness in Late Imperial China

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BETWEEN PASSION AND REPRESSION: MEDICAL VIEWS OF DEMON DREAMS, DEMONIC FETUSES, AND FEMALE SEXUAL MADNESS IN LATE IMPERIAL CHINA

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For over two thousand years, Chinese doctors wrote about the connection they perceived between sexual frustration and certain illnesses in women. As early as the second century B.C.E., the famous Former Han physician Chunyu Yi recorded treating a woman surnamed Han, who was a maid in the house of King Jibei. She had fallen ill from pain in her loins and back, as well as from periodic fevers. Various doctors diagnosed her ailment as a typical case of “cold and heat” (*hanre*). By reading her Kidney pulse, however, Chunyu suggested that her “menstrual blockage” (*yueshi bu xia*) was due to “inner coldness” (*neihan*). He based this judgment on the sign that her “Liver pulse manifested itself as a string and over the top of the left wrist” (*ganmai xian chu zuokou*).¹ He then asserted that it was her desire of “wanting a man yet not being able to get one” (*yu nanzi er bu ke de*) that had originally generated her ailments. Chunyu prescribed medicinal drugs to restart her menstrual cycle and, eventually, she recovered.²

This clinical case is significant not only because it is the earliest extant medical case record of a woman suffering from sexual frustration in Chinese history, but also because Chunyu’s interpretation of her pulse thereafter became the standard diagnosis for later physicians who thought they were treating the same kind of illness. Despite Chunyu’s acknowledgment of the ailment’s origin in sexual frustration, however, he nonetheless recommended no other therapy than a medicinal recipe.

¹ *Kou* in this text refers to *cunkou*. It is an anatomical position located on the “pulsing part of the radial artery at the head of the radius on both wrists.” See Yuan Yixiang et al., eds., *Han Ying shangjie zhongyi da cidian* (Chinese-English dictionary of Traditional Chinese Medicine), 56.

² Sima Qian, *Shiji* (Records of the Grand Historian), 105:2808–09.

Chunyu Yi was not the only doctor to claim the necessity of sex in good health. Chu Cheng (?–483), a royal physician in the Southern Qi Dynasty (479–501), argued that irregular menstruation often resulted in varied ailments of the Blood. According to him, “a woman’s menses won’t be regulated if she hasn’t had sex with a man for ten years after her first menstruation; her menses won’t be regulated, either, if she has longed for sex with a man for ten years after her first menstruation.”³ Chu thus suggested that women’s sexual activities require a “proper time.” To engage in marital sex ten years after a women’s first menstruation benefits her health; either too early or too late is harmful. Similarly, both the sixth-century *Yangxing yanming lu* (*Record of nourishing nature and prolonging life*) and seventh-century *Qianjin yaofang* (*Essential prescriptions worth a thousand pieces of gold*) indicate that “men cannot live without women, and women cannot live without men.” Unfulfilled sexual desires often exhaust human thoughts and result in the illnesses of “depletion and damage” (*xusun*), such as “losing semen,” “turbid urine,” and “having sex with demons” (*guijiao*).⁴ Another medieval work that instead of healing focused on the bedchamber arts, the *Yufang mijue* (*Secrets of the Jade Chamber*), reiterated this medical view that sexual frustration and erotic thoughts often result in “having sex with demons.”⁵

This article explores female emotions in medical discourse with special attention to their erotic dreams and “demonic afflictions.” By examining medical texts, I offer answers to the following questions: When did premodern Chinese doctors begin to note women’s sexual desire as a source of illness? What is the rationale underlying the medical arguments that certain women—in particular, nuns, widows, and unmarried women—were more susceptible to demonic possession or seduction than reproductive woman and also when they are in vulnerable states of depletion? How did Ming-Qing physicians interpret female erotic dreams medically when greater weight was often placed on affective or emotional factors?⁶ Medical texts are especially rich sources on alternative explanations for how physicians explained women’s emotions and their sexual frustrations and how their views changed over time. Divided into three parts, this article covers medical perspectives on female lovesickness, demon dreams, and demonic fetuses as core aspects of how physicians interpreted female madness. The first section focuses on the medical interpretations of women’s illnesses

³ Chu Cheng, *Chushi yishu* (Chu Cheng’s posthumous work), 546.

⁴ Tao Hongjing, *Yangxing yanming lu* (*Record of nourishing the nature and prolonging life*), 2(6):250; Sun Simiao, *Beiji qianjin yaofang* (*Essential prescriptions worth a thousand pieces of gold for emergencies*), 27(8):389.

⁵ The original text of *Yufang mijue* is lost now. Its abridged text is preserved in Tanba no Yasuyori, *Ishinbō* (*Prescriptions at the heart of medicine*), 21:440; 28:594.

⁶ Zeitlin, *Historian of the Strange*, 154–56.

caused by sexual frustration and lovesickness from a *longue durée* perspective following the earliest sources in the Former Han Dynasty that opened this narrative. I then trace the relations between women's emotions, depletion, and the "demonic invasion" by examining the medicalized concept of "dreaming of sex with demons." Finally, I discuss how Chinese physicians came to interpret women's "demonic fetuses" and infertility as originating in demonic affliction and emotional affection. In so doing, I hope this article will contribute to better knowledge of the social situations of certain premodern women, in particular those women in rarely studied and often historically neglected categories such as nuns, widows, and unmarried women who, on the contrary, figure prominently in the medical discourse on demon dreams and female sexual madness. Singling out these three groups of women is especially noteworthy since there was no parallel medical concern with the sexual problems of monks, widowers, and eunuchs. Physicians also attributed sexually related madness, demonic dreams, and demonic fetuses only to non-reproductive women. This both reaffirmed reproduction as essential to women's health and medicalized non-reproductive women as emotionally unstable and physically depleted.⁷

Sexual Frustration and Lovesickness

The earliest correlations between sexual frustration and illness in medieval medical and sexual-arts texts remained influential in late imperial Chinese medicine. In the emerging gynecology of the Song dynasty (960–1279), the physician Chu Cheng's view of woman's menstrual ailments being due to not having sex was broadly received, partly owing to the publication of newly printed manuscripts of his medical treatises. In this regard, nuns and widows were often understood as being victims of various maladies because of their unfulfilled desires. Chu hence stated that the remedies aimed to heal nuns and widows' diseases should be distinguished from those for married women and concubines. To illustrate the views of both the Han physician Chunyu Yi and Song doctor Chu Cheng, Chen Ziming (ca. 1190–1270) summarized their opinions on the health consequences of the unrequited desires of nuns and widows:

The biography of Chunyu and Mr. Chu both argued that nuns and widows live as yin without yang. Their desires germinate but lead

⁷ In her review article, Marta E. Hanson argues that the "reproductive vs. nonreproductive" division, which Joanna Grant applies to interpret the *Stone Mountain Medical Case Histories* (1531), is significant not only for discerning differences between women in the Ming. It also suggests a new dimension for further reflection in present studies of medical construction of gender difference in imperial China. See Hanson, "Depleted Men, Emotional Women."

nowhere, therefore resulting in illnesses such as sudden cold and sudden heat, which appear similar to intermittent fevers (*nue*), and may lead eventually to fatigue disorders.⁸

The unsatisfied sexual desires of nuns and widows were thus thought to lead to intermittent fevers and fatigue. This view was not only accepted by Chen Ziming, but widely followed by numerous physicians in later periods.⁹ Much later, for example, the Ming imperial physician Xue Ji (1486–1558) stated that unmarried women (*shinü*) may also suffer from intermittent fevers when their marriages have been postponed. The pulses of their left hand often appear string-like and exceed the top of the left wrist, indicating their suppressed emotions.¹⁰

Apart from the symptoms, Chen Ziming also explained the reason that a woman's sexual frustration can be diagnosed by reading the Liver pulse:

Blocked menses, filthy white leucorrhea, phlegm buildup, headaches, heartburn, facial moles and warts, etc., these are all the illnesses of widows. In their pulse manifestation, the pulse of the Liver appears string-like, exceeds the top of [the left] wrist and reaches the [acupoint] *yuji* [Fish Border; LU–10]. It is the symptom of ample Blood. The classic says: when a man's Essence (*jing*) is ample, he thinks of a mate; when a woman's Blood is ample, she thinks of conceiving a baby.¹¹

If the Liver pulse appears string-like and exceeds the top of the left wrist, it has now become a sign of “ample Blood” and indicates a woman's unfulfilled sex drive. This new opinion associating Blood symptoms with the Liver pulse was based on an earlier medical theory. As Luo Tianyi put it, “the Liver is the organ that governs Blood. We can judge a woman's yin is abundant by the sign that her pulse of the Liver appears string-like and exceeds the top of the wrist until the [acupoint] *yuji*.”¹² This view echoed a medical theory that later became

⁸ Chen Ziming (ca. 1190–1270) comp., Xue Ji (1486–1558) annot., *Jiaozhu Furen liangfang* (Annotations on Good Prescriptions for Women), *juan* 6, treatise 4, 9.

⁹ Luo Tianyi, *Weisheng baojian* (Precious mirror for hygiene), 18:293; Zhu Su et al., *Puji fang* (Prescriptions for general charity); Xu Yongcheng, comp., Liu Chun, suppl., *Yuji weiyi* (Esoteric meanings of the jade secrets), 762:500; Dong Su, comp., Fang Xian, suppl., *Qixiao liangfang* (Good prescriptions with amazing efficacy 1449), cited in *Gujin tushu jicheng yibu quanlu* (Synthesis of books and illustration, past and present: Medical section, complete transcriptions), 15:26–27; Xu Chunfu, *Gujin yitong daquan* (Great compilation of medical traditions, past and present), vol. 2, 82:696.

¹⁰ Xue Ji, *Xueshi yi'an* (Xue Ji's medical case history records), 3:69a.

¹¹ Chen Ziming, comp., Xue Ji, annot., *Jiaozhu Furen liangfang*, *juan* 6, treatise 4, 9.

¹² Luo Tianyi, *Weisheng baojian*, 18:293. These opinions are followed by Xu Yongcheng, comp., Liu Chun, suppl., *Yuji weiyi*, 762:500.

popularized in the early Ming, namely that Blood played a key role in women's health and illness in contrast to Essence for that of men. The biological difference between the two sexes not only defined the boundary between femininity and masculinity, it also reinforced the medical belief that the female body and emotions were largely influenced by Blood.¹³

Besides, Ming physicians seem to have paid much more attention to unrestrained emotions of unmated women. For example, Wang Ji's (1463–1539) medical case histories suggested that women are prone to suffering from mournful or apprehensive thoughts. Widows, in particular, often suffered from melancholy and pensiveness.¹⁴ Another sixteenth-century physician, Gong Xin, also pointed out that frustrated women—in particular nuns, widows, unmarried women, and scholars' and merchants' wives—easily become pensive and jealous. They are melancholic whenever encountering things against their will. Their anger is full and *qi* blocked; their Blood depleting and *qi* replete. That is why they suffer from yin fighting with yang, periodic fevers, loss of appetite, a weak appearance, and other disorders.¹⁵ Zhang Jiebin (1563–1640) stated further that unmated women, including nuns and unmarried women, often fall into “unrestrained fantasy due to yearning for love” (*siqing jilian sixiang wuqiong*), or “unfulfilled wishes owing to distant love” (*duimian qianli soyuan bude*). Their Heart will be shaken by the “fire of desire” (*yuhuo*), which in turn weakens their “true yin” and hence induces irreparable damage.¹⁶ Consequently, some diagnostic works dating from the Qing Dynasty emphasize that a physician should treat widows and nuns with care because their symptoms are often different from normal women owing to their “mostly suppressed and stagnated emotions” (*qing duo yuzhi*).¹⁷ This viewpoint remained influential in Qing China, when a gynecologist explained the menstrual blockage of unmarried women, widows, nuns, and jealous concubines in terms of their “malady due to suppressed feelings” (*yu yi cheng bing*) and unfulfilled sexual desires.¹⁸

Medical case records help us to further understand how male scholarly doctors encountered patients who were nuns, widows, and unmarried women in late imperial China. Once, the renowned Yuan doctor, Zhu Zhenheng (1282–1358), was sent to see a married woman. She had been ill with a loss of appetite, frequently lying in bed, facing the north, for half a year. It was said that her hus-

¹³ Charlotte Furth has discussed extensively the medical theories of Blood and its dominant role in female health, illness, and reproductive activities in late imperial China. See Furth, “Blood, Body and Gender,” “Concepts of Pregnancy, Childbirth, and Infancy in Ch'ing dynasty China.”

¹⁴ Cited from Grant, *A Chinese Physician*, 137–38.

¹⁵ Gong Xin, *Gujin yijian* (The past and present medical mirrors), 11:328.

¹⁶ Zhang Jiebin, *Jingyue quanshu* (Zhang Jiebin's complete medical works), 16:346.

¹⁷ Li Yanshi, *Maijue huibian* (The collection of pulse formulae), 3:62.

¹⁸ *Zhulin nuke zhengzhi* (Gynecological diagnosis and treatment at the bamboo temple), *juan* 1.

band had traveled far from home for five years because of business. Zhu found the patient's Liver pulse to be string-like and over the top of the left wrist. He asserted that her *qi* was stagnated in the Spleen. Her ailments, he claimed, all came from her "wanting a man but not being able to get one" (*si nanzi bu de*). Zhu suggested that the only way to treat the woman's *qi* blockage was to drive her to the point of rage. He asked the patient's father to do so, but he refused. Zhu hence decided to give the patient three slaps on her face and accused her of having affairs with other men. As it was not the truth, the woman got angry and cried aloud. Afterwards, she felt hungry and asked to eat some food. Zhu told her father stealthily that despite her improved conditions, the best treatment would be to bring her joy. They deceitfully told her that her husband had informed them by a letter that he would return soon. Three months later, her husband finally came back and she completely recovered.¹⁹

It is puzzling that Zhu did not simply suggest drug therapy to cure the woman's lovesickness and *qi* blockage due to unrequited yearning, just as his predecessor Chunyu Yi and others had done. Instead, he applied a method based on the theory of systematic correspondence between the Five Emotions in which the emotions have a specific controlling relationship with each other. For example, if the woman were driven into a state of fury, her "preoccupied thoughts" owing to lovesickness could then be overcome by her "anger." Similar cases can be found in the Ming physician Wu Kun's *Yifang kao* (*Research into Medical Formulas*). By analyzing this text Nathan Sivin shows how certain premodern Chinese doctors employed "emotional manipulation" based on the principle of the Five Phases to cure illnesses. Nevertheless, Sivin emphasizes that these examples left no need for a special classification of mental or emotional illness in premodern China. There was no split between mind and body in classic medical thought where emotions could be manipulated with drugs to reestablish corporeal balance.²⁰

Xue Ji also provided some interesting observations regarding female unrequited desire. He once treated a woman who suffered from "cold and heat" because her husband had worked far away for business. The malady of "cold and heat" also occurred with another of his patients who was unmarried. Not surprisingly, the pulse of her left hand appeared string-like over the top of the left wrist. Apart from the remedies such as the "small decoction of Bupleurum" (*xiao chaihū tāng*) plus fresh Rehmannia root and Mume fruit, the doctor recorded that the spinster's symptoms "all disappeared upon marriage." In

¹⁹ See Zhu Zhenheng, *Danxi xinfā* (Zhu Zhenheng's method from the heart), 5:483. This medical case is also recorded in Wu Kun, *Yifang kao* (Research into medical formulas), 202–3.

²⁰ Sivin, "Emotional Counter-Therapy," 1–19, esp. 17.

the third medical case a thirty-something woman was suffering from “pain in thighs with unchanged color,” “urinating and passing stool with pain,” and so on. This woman had served in the palace for a long time but became a man’s concubine after retirement. Since her husband frequently traveled, the doctor thus judged that her “injuries of Seven Emotions and *qi*-Blood” (*qiqing qixie sunshang*) actually originated in a long-term melancholy and lack of sex. Her ailments became worse and then finally, fatal. In conclusion, physician Xue claimed that she eventually died of “ailments from lack of sexual intercourse” (*nannü shihe zhi zheng*).²¹

Given these case records it is clear that some scholarly physicians in imperial China tended to believe that women’s sexual deprivation often induced their various illnesses. Sexual relations—socially assumed at this time as referring only to marital sex—became a common medical recommendation to patients. In this regard, not only was sex seen as an essential need for both sexes, but the necessity of marriage as a social system in which sex is sanctioned, was also assured. Such a medical opinion was precisely in accordance with the major social values of the patriarchal society in which the practitioners and patients lived.

Predictably, physicians suggested marriage to solve the unmarried women’s problems. But this type of social solution proved more difficult for nuns—unless they agreed to neglect their religious devotion and ignore social criticism. In the view of Neo-Confucian scholars, nuns were problematic not only because they abandoned their family and social duties but also because of their liminal power and wide influence in bureaucratic households and private female chambers.²² In Ming-Qing vernacular novels, nuns were furthermore characterized as ignorant, licentious, and evil women who were suspected of sexual misconduct and immoderate behavior.²³ It is thus a paradox to see that nuns who had played a competitive role versus scholarly doctors in the medical marketplace were also viewed as likely to be suffering from female illnesses caused by sexual frustration.

In contrast to attempts to treat the attributed sexual frustration of nuns through marriage, it was not too difficult for widows to remarry as they wished up through the Song Dynasty. They not only enjoyed a certain freedom to choose whomever they liked, but also could bring their original dowry with them to the new family. Yet very few widows did so, possibly owing to the consideration

²¹ Xue Ji, *Xueshi yi’an*, 3:69b–70a.

²² For discussions of nuns as religious healers and ritual practitioners, see Angela Ki Che Leung, “Women Practicing Medicine in Pre-modern China.”

²³ One famous example is the erotic novel *Seng ni nie hai* (Monk and nun in evil deeds). See Tang Yin, ed., *Seng ni nie hai* (Monk and Nun in Evil Deeds).

of their children, age, or economic situations. By contrast, the Ming-Qing laws were rather strict about remarriage. A remarried widow would be forced to abandon her late husband's property and even her own dowry.²⁴ Furthermore, the official grants and popular praise for chastity also help explain why widows rarely remarried in Ming-Qing China. A number of women either committed suicide soon after their husbands' deaths, or maintained their widow status for years because of social influence and pressure.²⁵ In these cases, to help them solve their sexual dysfunction, some physicians recommended herbal remedies instead, such as the "pill for abstaining from desire" (*duanyu wan*).²⁶

Yet nuns, widows, and unmarried women, just as an early Qing doctor suggested, could suffer from not only "cold and heat" and frustration, but also madness when trapped in certain thoughts without access to proper medication.²⁷ A contemporary doctor, Chen Shiduo (ca. 161–1711), echoed this view. He indicated that when a woman's "love madness" (*huadian*) results from "yearning" (*simu*) for a man whom she cannot attain, she may suddenly go mad and hug any man she meets "regardless of the sense of shame" (*wang shi xiuchi*).²⁸ When this occurs, she is "merry when meeting men and angry when seeing women." Sometimes she will even transgress the bounds of social orders, "taking off clothes and staying naked."²⁹ Chen suggested that love madness can only happen when "a woman's desires for a man often induce her evil thoughts" (*nuzi sixiang qi ren er xin xie*). Her "Liver fire" (*ganhuo*) will thus be driven to burn profusely and her Liver pulse may appear over the top of her left wrist.³⁰

In the above sections, I have argued that female sexual frustration and passion had been medicalized since the Han Dynasty. While imperial physicians tended to highlight the ailments of nuns, widows, and unmarried women due to their lack of a sexual relationship, strikingly, no comparable medical discourse existed for single or unattached men. They may well have been as sexually frustrated and suffered as much from suppression of desires, but they either hid this better from elite physicians or their emotional plight was not as fraught with social concern. Now I turn to medical conceptions of women's depleted body and love madness as represented in their erotic dreams; neither, in contrast, was considered an affliction particular to unattached and non-reproductive men.

²⁴ Birge, *Women, Property and Confucian Reaction*, 125–26; Bernhardt, *Women and Property in China*, 53.

²⁵ T'ien Ju-k'ang, *Male Anxiety and Female Chastity*; Carlitz, "Desire, Danger, and the Body."

²⁶ Gong Tingxian, *Shoushi baoyuan* (Preserving vital energy for longevity), 523.

²⁷ Zhang Lu, *Zhangshi yi tong* (Zhang Lu's comprehensive medicine), 524.

²⁸ Chen Shiduo, *Shishi milu* (Secret records of the stone chamber), 1:38.

²⁹ Chen Shiduo, *Bianzheng qiwen* (Strange records of diagnoses), 4:138.

³⁰ Chen Shiduo, *Shishi milu*, 1:38; 6:295.

Erotic Dreams and Demonic Affliction

Classical Chinese medicine provides a specific outlook and fruitful vantage point from which to explore the meaning of dreams over two millennia. Apart from non-medical views that often focused on the association of dreams with human thoughts, early Chinese medical writers significantly interpreted dreams with a more body-oriented approach, similar to how they understood and manipulated emotions corporeally. They regarded dreams as internal responses to external stimuli. From this perspective, different dream images are actually the indicators of different *qi* functioning in certain parts of the body. Hence, “dreaming of intercourse” (*meng jienei*) was interpreted as the function of deficient *qi* dwelling in the “genital organs” (*yinqi*).³¹ Meanwhile, the Eastern Han physician Zhang Ji (10–219) elaborated the concept of erotic dreams in terms of the disease-concept “fatigue disorder” or “depletion taxation” (*xulao*). He believed that such consumptive diseases resulted in women’s “dreaming of intercourse” and contrasted this with men’s “loss of semen.”³² Such a view, however, was later reformulated in the light of medieval Daoist demonology. After the fall of the Han Dynasty, ideas about erotic dreams became explicitly connected to “demonic invasion.” Some physicians believed that demonic forces often take advantage of human weakness, especially when a man’s visceral *qi* is depleted and his spirit is left unguarded, which induces “dreaming of sex with demons.”³³ Having sex with demons in dreams can happen to both men and women. When it occurs, both of them may appear “ecstatic” (*huanghu*). While it was thought that men often have seminal emissions, women were considered more likely to speak and laugh alone, or fall into a state of excessive pensiveness.³⁴

At a glance, the classic etiology of “dreaming of sex with demons” as a kind of internal fatigue disorder resulting from external stimuli including demonic invasion remained unchanged in late imperial China. The two following examples illustrate this view.

Once the early Ming physician Yu Tuan (1438–1517) was asked to check a beautiful woman who was about thirty. The lady had dreamt that she slept with

³¹ *Huangdi neijing suwen* (Inner classic of the Yellow Emperor), 5(17):102; 24(80):569; *Huangdi neijing lingshu* (Inner classic of the Yellow Emperor: Divine Pivot), 7(43):68–69; *Huangdi neijing lingshu zhuzheng fawei* (Inner classic of the Yellow Emperor: Divine Pivot, with annotations and explications), annot. Ma Shi, 7(43):250; *Huangdi neijing suwen jizhu* (Inner classic of the Yellow Emperor: Divine Pivot, with collective notes), annot. Zhang Zhicong, 3(17):65, 9(80):375–76. For further discussions of their respective meanings, see Liu Wenying, *Meng de mixin yu meng de tansuo* (Dreams: superstition and exploration), 196–205.

³² Zhang Ji, comp., Xu Bin, annot., *Jinkui yaolue lunzhu* (Commentaries and annotations on medical treasures of the golden casket), 6:90–91.

³³ Chao Yuanfang, *Zhubing yuanhou lun jiaozhu* (Collation and annotation on the *Treatise on Causes and Symptoms of Various Medical Disorders*), annot. by Ding Guangdi, 40:96:1150–51.

³⁴ Ge Hong, comp., Tao Hongjing and Yang Yongdao, suppl., Shang Zhijun, annot., *Buji zhouhou fang* (Supplementary compilation of prescriptions to keep up your sleeve), 3:94–95; 4:183.

a young man in white clothes every night. She looked as if drunk and idiotic; her face was bluish with red cheeks. She suffered from a tidal fever and loss of appetite, and besides, her depleted pulses were “intermittently scattered and intense” (*zhashu zhashuo*). When Yu saw a white dog lying by the door of the patient’s chamber, he asserted that it was the dog that should be blamed for the illness. Yu suggested that this white dog had transformed itself into the white-dressed man every night and slept with its mistress. He then asked to kill the dog, and blended together its heart, blood, and bile into pills for “pacifying the spirit and calming the will” (*anshen dingzhi*).³⁵ In Yu’s treatment, the white dog was both diagnosed as a source of “evil influence” (*xiesui*) and served as an ingredient to cure this “demonic affliction.” According to the *Bencao gangmu* (*Systematic Materia Medica*, 1596), dog meat was often used to “expel all evils, demons, and sorcery” in exorcisms. Some physicians therefore believed that dog blood can “expel various evils and demons” (*pi zhu xiemei*). It was said that the blood of a white dog is particularly effective for treating “seizures caused by madness” (*dianji fazuo*).³⁶

Not long afterwards, Sun Yikui (ca. 1522–1619) had a comparable treatment. In his casebook, a certain Madame Cheng in Cangxi (present-day Jiangxi province) was infected by an “epidemic disease” (*yi*) just a week after her husband had died from it. Her symptoms included fever, headache, thirst, and pains in her chest and both flanks. A doctor was sent in and prescribed a medicinal decoction, but it did not work. At night, the lady began to dream of having sex with her deceased husband during which he ejaculated. Her disease became even more critical when she woke up. Later, by examination Sun diagnosed that she was afflicted by the illness of “yin-yang exchange” (*yinyang yi*), which was threatening her life. Sun thus prescribed the “decoction for revitalizing the pulses” (*shengmaitang*) in a combination with other herbs, and blended it with the ashes from the burnt crotch of her husband’s trousers. Physician Sun concluded that her condition improved and finally she was cured by the same remedy with modified ingredients.³⁷

In classical Chinese medicine, “yin-yang exchange” was described as an ailment transmitted by sexual intercourse between a man and a woman when one of them had suffered and just recovered from other illnesses. In the case of a man’s illness transmitted to his female partner, traditional Chinese physicians

³⁵ Jiang Guan, comp., Jiang Yingsu, suppl., *Mingyi lei'an* (Classified medical cases from famous physicians), 243; Yao Ruoqin and Xu Hengzhi, eds., *Song Yuan Ming Qing mingyi lei'an* (Classified medical cases of famous physicians from the Song to the Qing), “Yu Tianmin’s medical cases,” 11–12.

³⁶ Li Shizhen, *Bencao gangmu* (Systematic materia medica), 50:1787.

³⁷ Sun Yikui, *Sun shi yi'an* (Sun Yikui’s book of medical case history records), 3:808.

usually treated her with the ashes from the burnt crotch of the man's trousers. In the case of a woman's illness transmitted to her male partner, physicians would treat him with the ashes from the woman's burnt pubic hair.³⁸ Both of these cures were obvious symbolism for sexual intercourse.

Apart from the causes of external stimuli and demonic invasion, however, some weight seems to have been placed on emotional influence in the cases of "dreaming of sex with demons." The etiology of the "Seven Emotions"—anger, joy, pensiveness, sorrow, grief, fright, and fear—prevailing in the medical discourse of the late imperial period was originally elaborated from the classic theory of "Five Intents" (*wuzhi*).³⁹ This newly modified etiology suggests that the medical view of emotions had become more complicated and sophisticated since the Song.⁴⁰ The imbalance of emotions owing to lovesickness and sexual frustration then became a new perspective through which physicians interpreted the diagnosis of women "dreaming of sex with demons." By the same token, a growing emphasis on the emotions as a source of men's analogous "loss of semen" emerged during the late twelfth and early thirteenth century.⁴¹ Not surprisingly, therefore, a fifteenth-century medical work claims that a woman who has "sexual dreams at night" (*ye meng jiatong*) and "mutual affection with demonic *qi*" (*xieqi jiaogan*) is probably suffering from an unsatisfied sexual appetite.⁴² The physician Xue Ji held a similar attitude. While confirming the existence of "demonic influence" (*guisui*), he too emphasized that the Seven Emotions may diminish the Heart's Blood and induce the condition of women "dreaming of sex with demons."⁴³

Late Ming physicians elucidated the relationship between bodily ailments, demonic afflictions, and emotions best. Zhang Jiebin, in particular, discussed in depth the condition of women "dreaming of sex with demons" in terms of both their internal emotions and external demonic influence. He distinguished the causal factors of women "dreaming of sex with demons" into two kinds:

One is generated from erotic ideas and evil thoughts (*yunian xiesi*), which disturb their will and lead to their dreams. The so-called

³⁸ Li Shizhen, *Bencao gangmu*, 38:1462; 52:1935.

³⁹ The "Five Intents" refer to anger (*nu*), joy (*xi*), pensiveness (*si*), sorrow (*you*), and fear (*kong*). Each of them is believed to "lodge" in one of the "five visceral organs," i.e. the Liver, the Heart, the Spleen, the Lung, and the Kidney respectively. See *Huangdi neijing suwen* (Inner classic of the Yellow Emperor), annot. Wang Bing, 2(5):37–42, 6(19):124–25, 11(39):221–22.

⁴⁰ For further discussion on the etiology of Song medicine, see Chen Yan, *Sanyin jiyi bing zheng fang lun* (The three causes epitomized and unified: The treatise on diseases, symptoms, and prescriptions), 2:6b–7a.

⁴¹ Shapiro, "The Puzzle of Spermatorrhea in Republican China," 558.

⁴² Dong Su, comp., Fang Xian, suppl., *Qixiao liangfang*, cited in *Gujin tushu jicheng yibu quanlu*, 15:26–27.

⁴³ See Xue Ji's notes in *Jiaozhu furen liangfang*, 6:16.

demons come from the mind and are nonresponsive to external intervention. The other is generated from impure natural disposition, to which evil entities have easy access. Hence apparitions and demons dare to attack. This is a case of evil entities that come from external circumstances.⁴⁴

Because of the difference between internal and external causes, their symptoms also appear different:

For the illness that derives from within, it cannot be judged by its appearance. [What a patient suffers is] no more than meeting [demons] in dreams, which leads to [her] “loss of mind” (*yishi*), ecstasy, and “polluted discharge” (*daizhuo*), which is parallel to men’s nocturnal emission. It may happen to both sexes, but a female patient will instead not talk. In the case of external “demonic invasion,” the symptoms will appear differently. She may speak and laugh with unusual manners. If people meet her, she may prefer to stay alone and avoid them. She may burst into tears sorrowfully without any reason. Her face may look unchanged or appear in the color of peach blossoms. Her pulses may appear intermittently scattered and intensive, or irregularly manifest as three or five pulses in one breath, or be bottomless and deep-seated, or hasty and knotted, or taut and fine, or intermittent and change irregularly. These all refer to the symptoms of “demons and devils” (*yaoxie*).⁴⁵

Corresponding to the different diagnoses were varied remedies employed to treat women “dreaming of sex with demons.” In the cases of emotional affection, Zhang stated, “calming a patient’s mind” (*jingxin*) should precede drug-therapies. In the cases of “demonic invasion,” by contrast, to regulate and replenish a patient’s inner “proper *qi*” was as important as expelling their “evil *qi*.”⁴⁶

The late Ming physician Zhang Jiebin not only addressed the emotional origin of cases of women “dreaming of sex with demons,” he also contributed to a new nosology of “*yu* disorders” (*yuzheng*) in which unmarried women’s love sickness and widows’ sexual frustration were now included. In early Chinese medicine, the term *yu* initially referred to the repression and stagnation of environmental *qi* and heat. It was later employed to interpret the stagnation of bodily *qi* and

⁴⁴ Zhang Jiebin, *Jingyue quanshu*, 39:871.

⁴⁵ Zhang Jiebin, *Jingyue quanshu*, 39:872.

⁴⁶ Zhang Jiebin, *Jingyue quanshu*, 39:872.

Blood, owing to the holistic analogy between nature as macrocosm and the body as microcosm.⁴⁷ The physical interpretations of “*yu* disorders” remained dominant in the Jin-Yuan and early Ming periods. For instance, the fourteenth-century physician Zhu Zhenheng’s new theory of “six types of *yu* disorders” (*liuyu*) primarily referred to the bodily dysfunctions caused by the stagnation of *qi*, damp, heat, phlegm, blood, and foods.⁴⁸ I certainly do not mean to suggest that Zhu and his followers simply ignored the mental/emotional aspects of “*yu*.” On the contrary, they clearly noted that the stagnation of emotions often led to bodily congestion and generated other diseases. That is why Zhu and most Ming doctors newly claimed “*yu*” as the origin of most medical disorders.⁴⁹ In the sixteenth and seventeenth centuries, Zhang Jiebin differentiate “*yu*” into two manifestations, bodily and emotional. The “*yu* disorders” in the emotional sense were then categorized further into three types: “*yu* of anger,” “*yu* of pensiveness,” and “*yu* of sorrow.” According to him, unmarried women, widows, and those who have “accumulated suspicions and complaints” are prone to suffer from “*yu* of pensiveness.” Their troubled thoughts often make their *qi* stagnate in the Heart and damage their Spleen.⁵⁰

In addition to their female patients’ internal emotions, some Ming physicians also paid attention to their sense of shame in clinical encounters. It was the sense of shame that distanced the female patients from their male physicians and added to the difficulty of communication on both sides. Apart from “dreaming of sex with demons,” this situation seemed worse in the cases of “demonic fetuses” (*guитай*), which were at first interpreted as the bodily manifestation of a demonic possession and then later as symptoms of depletion, *qi* and Blood stagnation, or emotional imbalance. I will discuss these issues in the next section.

Monstrous Birth and Emotional Infertility

In general, the diagnosis of a “demonic fetus” referred to a pregnancy-like disease that produces misshapen bloody lumps or noxious creatures, usually described as resembling such things as “worms,” “snakes,” and “pig’s liver.” The earliest record of the etiology of “demonic fetuses” can be traced back to the Northern and Southern Dynasties (386–588). According to the *Zeng Shen*

⁴⁷ *Huangdi neijing suwen*, 21(71):501–2; *Huangdi neijing suwen jizhu*, 8(71):333. Also see Zhang Dengben and Wu Changchun, eds., *Neijing cidian* (Dictionary of the Inner Classic), 581–82.

⁴⁸ Zhu Zhenheng, *Danxi xinfu*, 3:344.

⁴⁹ Zhu Zhenheng, *Danxi xinfu*, 3:344; Huangfu Zhong, *Mingyi zhizhang* (A Handbook for eminent physicians), 3:66; Yu Tuan, *Yixue zhengchuan* (Orthodox transmission of Chinese medicine), 2:97; Xu Chunfu, *Gujin yitong daquan*, 26:937, 939; Sun Yikui, *Chishui xuanzhu* (Treatise on Blood and prime *qi*), 11:257.

⁵⁰ Zhang Jiebin, *Jingyue quanshu*, 19:441–42. As for the *yu* disorders and their relations to gender issues in late imperial China, I have dealt with them elsewhere. See Hsiu-fen Chen, “Melancholic Men and Women.”

fang (Monk Shen's Prescriptions, fifth-sixth centuries), when a woman has "sexual intercourse with demons" because of evil *qi*, she may "sing and cry abnormally." Her menses will be blocked and her belly may look swollen as if pregnant.⁵¹ In the seventh-century *Zhubing yuanhou lun* (Treatise on the causes and symptoms of various medical disorders, 610), "demonic fetuses" are said to occur only when the body is depleted and the spirit unguarded; when "demons and ghosts" invade a woman's visceral organs, she will have a swollen belly as if she were pregnant.⁵² A diagnostic criterion for judging "demonic fetuses" was the length of pregnancy. According to the seventeenth-century physician Fu Shan (1607–84), this sickness was often represented by the condition of a woman having a swollen belly as if she were pregnant, yet she would be unable to deliver the baby in one, two, or even three years.⁵³ Other diagnostic parameters of "demonic fetuses" included face observation, pulse reading, and so on. As for treatment, Ming-Qing doctors often prescribed medicinal remedies to break the patients' *qi*-Blood blockage as well as to dispel "evil forces," depending on how they interpreted its etiology as either emotional or demonic in origin.

Yi-Li Wu's pioneering research shows that early to medieval Chinese doctors often thought "demonic fetuses" resulted from evil influence and demonic invasion. Ming-Qing physicians, by contrast, explained this illness mostly by the depletion and stagnation of *qi* and Blood, irregular menses, false pregnancy, and emotional imbalance. Although women "dreaming of sex with demons" may produce "demonic fetuses," the medical reasoning went that not every case of a "demonic fetus" is generated from the same cause. Wu argues that this interpretation is probably due to the lack of an accurate parameter for predicting the stages of pregnancy such that they often looked ambiguous.⁵⁴ Unlike Wu's concern with the uncertainty of pregnancy in classical Chinese gynecology, however, my focus on the diagnosis of "demonic fetuses" in clinical encounters instead examines its relations to emotional affection and demonic affliction.

In the accounts of "demonic fetuses" in medical treatises, however, there was a significant interpretative transformation. The original medieval etiology of "spiritual weakness" or the "unguarded body" began to be complicated by the concept of the "Seven Emotions" current in late imperial China.⁵⁵ Many scholars

⁵¹ *Zeng Shen fang* (Master Shen's prescriptions) is probably compiled by some Buddhist monks including Master Shen during the fifth or sixth centuries. The original text is lost. The citation is from Tanba no Yasuyori, *Ishinbō*, 14:291.

⁵² Chao Yuanfang, *Zhubing yuanhou lun jiaozhu*, 42(52):1218.

⁵³ Fu Shan, *Fu Qingzhu nannü ke* (Fu Qingzhu's medicine for men and women), "Demonic fetuses," 18. Similar records can be found in Chen Shiduo, *Bianzheng qiwen*, 12:443.

⁵⁴ Yi-Li Wu, "Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty."

⁵⁵ Chen Ziming, comp., Xue Ji, annot., *Jiaozhu Furen liangfang*, 14:5.

have argued that the cult of *qing* (feelings, love, romantic sentiments, passion) was dominant in late imperial Chinese society, especially in the Jiangnan area during the sixteenth and seventeenth centuries.⁵⁶ Such sentiments, whether unsatisfactory, negative, or positive, became central issues vividly represented in literary works.⁵⁷ Ming-Qing vernacular fiction and drama provide ample evidence of this—many writers often depicted their heroines as ailing beauties with excessive emotions and uncontrolled desires.⁵⁸ No less interesting are the medical views, in which certain pathological conditions of emotional disturbance were often gendered female, and focused predominantly on non-reproducing women. For instance, many doctors believed that unmarried women and widows were more prone to suffer from this “*yu* of pensiveness.” Although a medieval medical work had already defined “demonic fetuses” as an exclusively female disorder mostly attributed to unmarried women and “pensive women” (*sifu*), it was not until the Ming period that physicians widely discussed pensiveness as one of the Seven Emotions in relation to women’s melancholy.⁵⁹ Meanwhile, it was also said that widows and nuns’ “sexual dreams” may result in their specific ailments of “concretions and conglomerations” (*zhengjia*), or “demonic fetuses.”⁶⁰ Given the male elite doctors’ accounts of female sexual frustration and excessive desires, unmarried women and widows were stigmatized again as the types of women likely to suffer from “demonic fetuses.”

It should be noted here that the so-called “diagnosis” is not only defined by doctors but also accepted by patients, particularly in the case of madness.⁶¹ To evaluate the physician-patient relationship and gender aspect of “demonic fetuses,” I have examined two comparable medical case histories. The first medical case comes from the Yuan physician Hua Shou (ca. 134–86) who was once sent to treat the daughter of a certain temple administrator named Yang Tiancheng. According to his wife, when their daughter visited the temple at dusk, she felt her “heart touched” (*xindong*) just at the moment when she saw a spirit-demon dressed in yellow clothes. After returning home, she began dreaming of sexual intercourse with the spirit-demon. The erotic dreams later caused her belly to swell as if she were pregnant. Doctor Hua diagnosed this as a case of having a “demonic fetus” and prescribed the “decoction of peach kernel” (*taorenjian*—an abortifacient recipe—to break the lady’s abdominal congestion

⁵⁶ See, for example, Martin W. Huang, “Sentiments of Desire.”

⁵⁷ For general discussions, see Santangelo, *Sentimental Education in Chinese History*.

⁵⁸ Schonebaum, “Fictional Medicine,” 199–240.

⁵⁹ Sun Simiao, comp., *Hua Tuo shenfang* (Hua Tuo’s divine prescriptions), *juan* 18, item 18012, 251.

⁶⁰ Dong Su, comp., Fang Xian, suppl., *Qixiao liangfang*, cited in *Gujin tushu jicheng yibu quanlu*, 15:26–27.

⁶¹ Appignanesi, *Mad, Bad and Sad*, 5.

and Blood stagnation. He recorded that the lumps of blood discharged from her body looked like tadpoles or fish eyes and that her illness was finally cured.⁶²

The early Ming physician Lü Fu (fourteenth century) provided another case record about an unmarried female patient. The woman had suffered from menstrual blockage. Many doctors were sent in, yet none of them could tell what had happened to her. Lü noted that her belly looked large as if she were pregnant, and her face and pulses were unusual. Lü said to her: "If your malady is not caused by strange dreams, then it must be caused by demonic possession." The maiden did not reply promptly, but instead returned to her chamber. She told her old maid the following secret: "Last summer I passed by the cloister of a temple. I felt that my heart was touched when I saw a wooden statue of a deity in the twilight. That night, I dreamt of a man just the same as that one I had met that evening (i.e., the wooden deity) and then I was intimate with him. But I was too ashamed to tell people. What the doctor diagnosed is exactly true." The old maid later told the doctor what her mistress had said to her. Lü answered: "The lady's face looks partly red and partly pale; her pulses appear suddenly large and suddenly small. They are simply the symptoms of demonic influences." Hence Lü also prescribed the "decoction of peach kernel" for purgation. She then lost lumps of blood resembling six or seven pieces of pig livers, each of them with holes similar to fish eyes, and she too was eventually cured.⁶³

These medical case histories are both related to unmarried women. The first patient's father served at a temple. The second patient most likely came from a wealthy family, because they could afford at least one maid and had also called in several doctors. It is significant that both of the women had visited temples before their "dreams of sex with a deity-demon," which later resulted in their "demonic fetuses" diagnoses. In late imperial China, women were often admonished to stay away from temples. In popular belief, the female body was thought to be "impure" during the menstrual cycle and pregnancy, which were thought to defile the temple gods and heavenly spirits.⁶⁴ Sometimes the "pollution" did not come from the people themselves, but from the places where they went. In vernacular literature and folklore, Buddhist monks and nuns were often stereotyped as immoderate and licentious figures who seduced innocent

⁶² Wei Zhixiu, *Xu mingyi lei'an* (Supplement to *Classified Medical Cases from Famous Physicians*), 24:604.

⁶³ Yao Ruqin and Xu Hengzhi, eds., *Song Yuan Ming Qing mingyi lei'an*, "Lu Cangzhou's medical case records," 5–6.

⁶⁴ Women's menstrual and reproductive activities are all related to Blood. In her highly acclaimed and widely cited work of anthropology, *Purity and Danger*, Mary Douglas points out the close link between blood and the concepts of "pollution" in certain cultures. A similar idea is employed to explain cultural meanings of women's blood and menstruation in Chinese societies. See also Ahern, "The Power and Pollution of Chinese Women."

women. Furthermore, remote and deserted temples were sometimes described as most likely occupied by demons and ghosts. Within this broader cultural context, some Ming-Qing doctors therefore believed that “demonic afflictions” occurred more often in remote areas and abandoned fields, such as graveyards, the wild countryside, unpopular inns, obsolete toilets, and deserted temples.⁶⁵ The seventeenth-century physician Fu Shan claimed that it is on the ground that “the devil will be induced to shape a fetus, either by the sexual desires aroused in temples, or by the erotic thoughts rising in woodlands.”⁶⁶ In short, evil thoughts were thought to invite in demonic powers more easily in an unclean, marginal, abandoned, and deserted place.

Given comparable examples from early modern Europe, one may wonder if “demonic fetuses” as a medical explanation was widely accepted for unexpected and unwanted pregnancy in late imperial China. Writing about early modern England, Keith Thomas suggests, “Satan was a convenient explanation for strange diseases, motiveless crimes or unusual success.” “Feelings of guilt evoked by sexual dreams and nocturnal emissions” hence “could be assuaged by the reflection that an incubus or succubus have been at work.”⁶⁷ For premodern Chinese doctors, indeed, an explanation naming “demons” sometimes seemed useful to explain a woman’s apparently bizarre malady. For Chinese female patients, “demonic invasion” might have also been a more socially acceptable excuse, especially in the cases of strange, false, unwanted, or even pre- or extramarital pregnancy. At a glance, the demonological explanations and abortion-like treatments in the case of “demonic fetuses” allowed both the doctors’ authority and the patients’ reputation for chastity to remain intact.

From a psychological perspective, however, to “demonize” is not the best way to “destigmatize” the patients. To a certain degree, both of the female patients described above seem to have run counter to the moral precepts admonishing women to stay at home and to keep away from temples. This explains why the second patient had obviously shown a strong sense of shame—she might have been ashamed by her improper visit to the temple and subsequent lustful thoughts for men. These thoughts then brought about her sexual dreams with the anthropomorphic demon-deity and resulted in her “demonic fetuses” diagnosis. The worst consequence, perhaps, was that she had to confess her erotic thoughts and stigmatized body to a male, authoritative stranger represented by the elite physician. Under the scrutiny of a moralistic medical gaze, her sense of shame

⁶⁵ As for the relation between demonic illnesses and their locations, see Li Jianmin, “Suibing yu ‘changsuo’” (Demonic illnesses and “location”).

⁶⁶ Fu Shan, *Fu Qingzhu nannu ke*, “Demonic fetuses,” 18; Chen Shiduo, *Bianzheng qiwen*, 12:443.

⁶⁷ Thomas, *Religion and the Decline of Magic*, 568.

and anxiety thus became duplicated, partly from self-conscious blame, and partly from worry about potential social stigma. Under such circumstances, therefore, we should not overlook the possibility that the premodern Chinese doctors' concern with sex between women and demons might have also reflected a broader social anxiety about women's misconduct and polluted or immoral thoughts.⁶⁸ In fact, the patients suffered no less anxiety from the cases of "demonic sex" and "demonic fetuses" diagnoses. As a medieval doctor remarked, female patients in the cases of "demonic sex" often feel confused, try to hide, and are unwilling to tell people their secrets. They may then die of this illness without any of the doctors being able to figure out the reason.⁶⁹ This attitude of shame remained unchanged in the fifteenth and sixteenth centuries. For example, Xu Chunfu indicated that "many women have suffered from dreaming of sex with demons, yet they are unwilling to speak straight about it."⁷⁰ Zhang Jiebin also said that "dreaming of sex," if aroused internally, is hard to determine because most women are unable to talk about it.⁷¹ Fu Shan explained further about his view of a woman's state of mind in the situation of "demonic fetuses": "At the beginning, she is surprised by her wonderful encounter and unwilling to tell anyone about it; but later she is ashamed of her indecent conduct and unable to speak of it."⁷² According to Fu, "if, luckily, the woman is not licentious enough, she would feel surprised when meeting demons and ashamed when having intercourse with them, then the demons cannot stay long with her. But anyway, the immoderate *qi* and monstrous atmosphere has already been congested in her abdomen and developed into a demonic fetus."⁷³ These viewpoints help explain the difficulties in clinical experiences—many physicians in late imperial China had complained that it was difficult to communicate with female patients.⁷⁴ If a doctor is never sent to examine the possibility of "demonic sex" and "demonic fetuses" of an unmarried or married woman her secrets will remain sealed and never revealed.

Paradoxically, "dreaming of sex with demons" was sometimes thought to result in sterility instead of demonic fetuses. The Tang physician Sun Simiao (ca. 581–682) had claimed that "dreaming of sex with demons" is one of the twelve diseases that lead to "infertility" (*juechan*).⁷⁵ Evidence from the clinical

⁶⁸ Yi-Li Wu, "Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty," 183.

⁶⁹ Cited from Tanba no Yasuyori, *Ishinbō*, 21:440, 28:594.

⁷⁰ Xu Chunfu, *Gujin yitong daquan*, 82:692.

⁷¹ Zhang Jiebin, *Jingyue quanshu*, 39:872.

⁷² Fu Shan, *Fu Qingzhu nannu ke*, 19.

⁷³ Fu Shan, *Fu Qingzhu nannu ke*, 18; Chen Shiduo, *Bianzheng qiwen*, 12:443.

⁷⁴ Bray, "A Deathly Disorder," 239–40.

⁷⁵ Sun Simiao, *Beiji qianjin yaofang*, 4:53.

experience of the Jin dynasty physician Zhang Congzheng (ca. 1156–1228) reinforced this viewpoint. He recorded that for fifteen years a woman aged 34 dreamt about “sex with ghosts and deities” as well as scenes at a temple and in the underworld. Owing to her extreme emotions of fright and fear, she could not now get pregnant. Other healers had applied ritual therapies including prayers and exorcisms to treat her, but none of them worked. Zhang diagnosed her malady as being caused by “repletion of phlegm in the chest” and treated her with a phlegm-expelling remedy. Afterwards, she had no dreams for ten days and, surprisingly, conceived within one month.⁷⁶ Along with the phlegm stagnation, Doctor Zhang concluded that the woman’s long-term infertility did not originate in a “dream of sex with demons” itself, but in the emotional disturbances it caused.

Despite the increasing attention paid to the role of “Seven Emotions” in the etiology of “demonic fetuses,” nevertheless, the interpretations of demonic invasion remained parallel to emotional affection and *qi*-Blood stagnation in Ming-Qing medicine. In other words, demonological interpretations never completely gave way to naturalistic ones, even in the early twentieth century.⁷⁷ This dualist viewpoint reflects the diverse attitudes towards “demonic afflictions” among Ming-Qing scholarly doctors, which have been detailed elsewhere.⁷⁸ What remained constant, however, was the projection of these diagnoses mostly onto non-reproductive women, reinforcing socially the natural role of woman to reproduce and related social anxiety about those women who did not fit neatly into that role.

Conclusion

Demonic invasion and illicit sexual urges were long thought to precipitate illness and madness. In medieval and early modern Europe, for example, it was not difficult for one to claim close links between sexual madness and demonic afflictions, given numerous records of *incubi* and *succubi*.⁷⁹ In more recent times, medical experts often associated excessive erotic thoughts with a sexual malady instead. They believed that “gratification of lust would produce satyriasis or nymphomania, bringing on premature senile debility.”⁸⁰ The medical

⁷⁶ Zhang Congzheng, *Rumen shiqin* (Serving the parents in a Confucian household), 6:194.

⁷⁷ For the interpretation of emotional affection and Blood stagnation, see Jixiang yufu, *Dasheng baochi bian* (Treatise on easy childbirth and baby-nursing), “Demonic fetuses,” 770. For an explanation of demonic invasion, see Chen Lianfang, *Nuke mijue daquan* (The collection of gynecological secrets, “Illnesses of demonic intercourse,” 58).

⁷⁸ Hsiu-fen Chen, “Dang bingren jian dao gui” (When patients met ghosts).

⁷⁹ For general discussions, see Dyan, *Fallen Bodies*.

⁸⁰ Porter, ed., *The Faber Book of Madness*, 462.

case histories in a nineteenth-century German asylum also showed that “it was nymphomania, not hysteria, that predominated in medical representations of female sexual maladies.”⁸¹

Sexual maladies in premodern China were viewed in a comparable yet historically different way. As this article argues, during the Former Han Dynasty Chunyu Yi had already related female ailments to their sexual frustration. By pulse diagnoses, he explicitly indicated that it was the lack of a sexual relationship that caused an unmarried woman’s periodic fevers and other symptoms including menstrual blockage. The view of sexual illness in terms of physical dysfunction also dominated the early medical etiology of sexual dreams. While the *Huangdi neijing* (*Inner canon of the Yellow Emperor*) of the Former Han dynasty recorded the interpretation of “dreaming of intercourse with a demon” as a bodily response to the physical stimuli of *qi* at the genital organs, the Eastern Han–Dynasty physician Zhang Ji pointed out further that women’s sexual dreams, in contrast to men’s nocturnal emissions, often occur at the same time with other bodily ailments such as states of depletion or exhaustion. In medieval China, however, the etiologies of both “dreaming of sex with demons” and “demonic fetuses” became much more diverse. These illnesses were said to occur only in the states of *qi*-Blood depletion, and weakness of the spirit. Besides, the etiology of “demonic invasion” and “monstrous possession” of Daoist demonology of the early medieval period also influenced medical views. It is worth noting that many physicians seem to have paid more attention to nuns, widows, and unmarried women—as if they were more prone to suffer from unfulfilled desires and sexual frustration. By contrast, we cannot find a parallel medical concern about the sexual problems with monks, widowers, and eunuchs. It is probably owing to the perception, which medical discourse reinforced, that non-reproductive women had bodies more vulnerable to excessive sexual desires that were then thought to summon demonic attacks and, as a result, produce their sexual madness, erotic dreams, and monstrous births.

The earlier body-oriented etiology of female sexual frustration, dreaming of sex with demons, and demonic fetuses gradually shifted to emotion-oriented perspectives in late imperial China. Chu Cheng’s theory of women’s Blood in contrast to men’s Essence was employed to delineate femininity and masculinity, particularly in the Song. Along with the newly influential theory of the “Seven Emotions” in the late imperial period, female mental states were said to be largely regulated by Blood, and vice versa. On the one hand, late imperial Chinese doctors believed that Blood depletion and repletion influenced women’s

⁸¹ Goldberg, *Sex, Religion, and the Making of Modern Madness*, 85.

emotions and, on the other hand, excess in any one of the Seven Emotions could damage a woman's Heart Blood and cause her bodily stagnation. In this conception, women's emotions and body mutually defined each other. No less notable is that the sixteenth- and seventeenth-century doctors began to categorize women's sexual frustration as "yu disorders" or "love madness." According to Zhang Jiebin, for instance, the emotions of pensiveness, anger, and sorrow often transformed themselves into the "yu" disorders. Again, non-reproductive unmarried women, widows, and nuns were emphasized as potential sufferers of the "yu of pensiveness."

Despite the increasing domination of the "Seven Emotions" etiology, nevertheless, the demonological explanations remained prevalent in the medical discourses of women's sexual madness throughout Ming-Qing China. The boundaries between naturalistic and supernatural categories were often blurred and the influence of supernatural explanations in premodern Chinese medicine, and especially scenes of illness in literature, remained. The famous novel of erotic realism, the *Jinpingmei* (*Plum in the golden vase*), presents pluralistic perspectives on the cause of illness. In this novel "illness is assumed to be not only physical in nature, but also caused by cosmic, demonic, and karmic factors."⁸² A multivalent explanation that integrated bodily, emotional, and demonological implications prevailed in Ming-Qing literature.⁸³ One also finds in this novel a famous case of lovesickness and demonic sex. The heroine Li Pinger famously suffered lovesickness for the protagonist Ximen Qing. A fox spirit in the guise of her lover appeared in her sexual dreams. Every night he slept with her, slowly sucking out her vital essence. She gradually became weary, lost her appetite, and never left her bed. Finally, the family called in a scholarly physician. His diagnosis was that the lady's "mutual struggle between yin and yang" and "periodic fevers" seemed to refer to the "melancholic congestion in her chest which cannot be resolved" (*yu jie yu zhong er busui*). By reading her pulses, he further asserted that her ailment derived from her "Six Desires and Seven Emotions" (*liuyu qiqing*). Excessive emotion led to fatigue and lethargy during the day and "dreaming of sex with demons" (*meng yu gui jiao*) at night.⁸⁴

⁸² Thompson, "Medicine and Religion," esp. 59.

⁸³ In his survey of *kewu*, Christopher Cullen holds a similar stance, i.e., that the "non-rationalistic discourse" of this children's illness had persisted in certain contexts of premodern times. See Cullen, "The Threatening Stranger."

⁸⁴ In Chinese, "gui" generally refers to "the spirits or souls of a dead person" (e.g., deceased ancestors), which seems to be equivalent to "ghost" in English. However, the "gui" in "*meng yu guijiao*" as recorded in classic Chinese medical texts has more ambiguous connotations. It could refer to ghosts, evil spirits, devils, fox fairies, or a malignant supernatural being. I thus interpret "gui" as "demons", unless otherwise specified. As for the different meanings of "ghost", see Zeitlin, *The Phantom Heroine*, 4–5.

To prevent her illness from developing into the even more serious disease of “bone steaming” (*guzheng*), he prescribed a medical remedy and cured her.⁸⁵

Unlike most Ming-Qing literary works, which tended to focus on men losing semen because of sex with demons, the above plot from the *Jinpingmei* relates better to my analysis of Chinese medical sources because of its attention to female sexual frustration. It reveals a popular belief that excessive emotions and uncontrolled desires often bring about a serious threat to health. Christopher Cullen has shed light on the dilemma of illness as depicted in the *Jinpingmei*—many characters of the central household greatly indulged in sensual pleasures and suffered from sexual diseases and reproductive dysfunction.⁸⁶ Andrew David Schonebaum further argues that the heroines in certain Ming-Qing novels and plays who are described as young, fragile, and “ailing beauties,” often fall ill because of excessive emotions and/or immoral conduct.⁸⁷ These fictional female characters suggest a broader moralistic tone of retribution in Ming-Qing popular literature in which unrestrained desires and sentiments often give rise to misery, illness, and even death.

The above scene from the *Jinpingmei* is even more distinctive because of the medical language fully employed in this fictional account. Indeed, the medical knowledge expressed in a number of traditional Chinese novels and related plays is remarkable and worth exploring further.⁸⁸ In late imperial China, “the diffused nature of medical authority, the domestic setting of practice, and the dialogical basis of diagnosis all fostered a medical culture where the idiom of illness was a shared property, not cut off from the language of everyday experience.”⁸⁹ Meanwhile, the flourishing print culture and book market that facilitated access to popular medical books and medical canons also helped to spread these medical idioms.⁹⁰ It is in this context that medicine and literature deeply inspired each other. This article’s focus on sexual frustration among women in medical texts should thus be seen as a contribution to the fruitful research into literary works on sex, madness, and demons.⁹¹

⁸⁵ *Quanben Jinpingmei cihua* (The complete edition of *Plum in the Golden Vase*), 442–43. In classic Chinese medicine “bone steaming” (*guzheng*) refers to a consumptive disease along with inner heat, night sweat, etc..

⁸⁶ Cullen, “Patients and Healer,” 107–8.

⁸⁷ Schonebaum, “Fictional Medicine,” 199–240, esp. 222–23.

⁸⁸ See Idema, “Diseases and Doctors, Drugs and Cures,” 37–63.

⁸⁹ Furth, *A Flourishing Yin*, 304.

⁹⁰ As for the discussions of medical textbooks for beginners and popularization of medical knowledge, see Angela Ki Che Leung, “Medical Learning from the Song to the Ming.”

⁹¹ In addition to Andrew David Schonebaum, Martin Huang has contributed to the research on desires, emotions, and sickness in late imperial Chinese literature. He argues convincingly that Ming-Qing literati’s confessions about desire and sexual indulgence often went along with their anxiety towards illness and death. By contrast, Judith Zeitlin’s works focuses on the interrelationship between love and death, sexuality

“Dreaming of sex with demons” and “demonic fetuses” should be read thus as metaphors not only for the illnesses themselves, but also for the societies in which both the doctors and patients were situated. It is in the social contexts of ambiguous images of nuns, difficulty of widow remarriage, increasing control over female chastity, and the spread of the cult of *qing* that late imperial scholarly doctors paid much more attention to non-reproducing women’s disorders due to their excessive desires and emotions. These medical treatises and case records reveal the male doctors’ anxiety towards their female patients’ unregulated emotions and desires, on the one hand, and their anxiety towards unattached people’s potential sexual misconduct, on the other.⁹² This helps explain why late Ming medical texts and contemporary literary novels, such as the *Jinpingmei*, share such similar language and social values in their descriptions of female sexual madness and in relation to “dreaming of sex with demons.” Whereas such dreams could lead to depleting nocturnal emissions for men, for women they always resulted in demonic possession, or worse, a demonic fetus. Both afflictions obviously related back to the heteronormative sexual roles of ejaculating men and receiving women. By way of a focused analysis of medical texts, this article has shown not only the wide range of medical understanding of suppressed desires and subsequent sexual madness of women, but also the multiple social concerns and functions these gendered diagnoses of erotic passion and its repression revealed.

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and fertility, disease and the body, in terms of the seventeenth-century representations of female ghosts. See Huang, *Desire and Fictional Narrative*; Zeitlin, “Embodying the Disembodied”; Zeitlin, *The Phantom Heroine*. I would like to thank Marta E. Hanson and Janet Theiss for drawing my attention to these valuable references.

⁹² This echoes the social atmosphere in Late Ming society. As Martin Huang suggests, “The so-called late Ming liberation of desire, if there was indeed such a liberation, was almost always accompanied by a profound anxiety over the different ramifications of desire. Desire as a human phenomenon probably had never appeared to be so complex as well as so perplexing as it did to the people of the late Ming precisely because they were so eager to experience it and so anxious to talk about their experiences.” See: Huang, *Desire and Fictional Narrative in Late Imperial China*, 7.

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Glossary

an Shen ding zhi	安神定志	gan huo	肝火
biji	筆記	gan mai xian chu zuo kou	肝脈弦出左口
cun kou	寸口	gui	鬼
daizhuo	帶濁	guijiao	鬼交
dianji fazuo	癲疾發作	guisui	鬼祟
duanyuwan	斷欲丸	guitai	鬼胎
duimian qianli soyuan bude	對面千里所不得	guzheng	骨蒸

hanre	寒熱	shinü	室女
huadian	花癲	si nanzi bu de	思男子不得
huanghu	恍惚	si	思
jing	精	sifu	思婦
jingxin	靜心	simu	思慕
juechan	絕產	siqing jilian sixiang wuqiong	私情繫戀 思想無窮
kewu	客忤		
kong	恐	taorenjian	桃仁煎
lao	勞	wang shi xiuchi	罔識羞恥
liuyu qiqing	六慾七情	wuzhi	五志
liuyu	六鬱	xi	喜
meng jienei	夢接內	xiao chaihu tang	小柴胡湯
meng yu gui jiao	夢與鬼交	xieqi jiaogan	邪氣交感
nannü shihe zhi zheng	男女失合之症	xiesui	邪祟
neihan	內寒	xindong	心動
nu	怒	xulao	虛勞
nue	瘡	xusun	虛損
nüzi sixiang qi ren er xin xie	女子思想其人而心邪	yaoxie	妖邪
		ye meng jiaotong	夜夢交通
pi zhu xiemei	辟諸邪魅	yi	疫
qing duo yuzhi	情多鬱滯	yinqi	陰器
qing	情	yinyang yi	陰陽易
qiqing qixie sunshang	七情氣血損傷	yishi	遺失
sangu liupo	三姑六婆	you	憂
shengmaitang	生脈湯		

yu jie yu zhong er busui
鬱結於中而不遂

yu nanzi er bu ke de
欲男子而不可得

yu yi cheng bing 鬱抑成病

yu 鬱

yueshi bu xia 月事不下

yuhuo 慾火

yuji 魚際

yunian xiesi 慾念邪思

yuzheng 鬱證

zhashu zhashuo 乍疎乍數

zhengjia 癥瘕