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Modernization, Revolution, and Midwifery Reforms
in Twentieth-century China

A dissertation submitted in partial satisfaction of
the requirements for the degree Doctor of Philosophy in History

by

Byungil Ahn

2011

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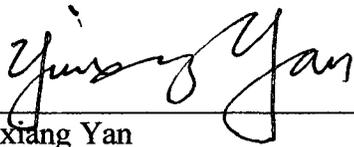


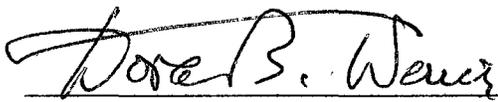
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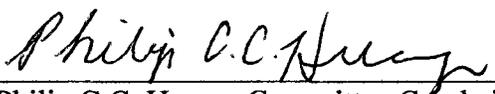
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ABSTRACT OF THE DISSERTATION

Modernization, Revolution, and Midwifery Reforms in Twentieth-century China

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The Guomindang and the Chinese Communist Party, the two ruling parties in twentieth-century China, made improving infant and maternity health a crucial aspect of their projects to modernize Chinese society. Both parties promulgated regulations and laws governing the registration of midwives and the quality of their education and services. They also founded professional schools to train midwives in scientific and modern techniques, and supported retraining programs for old-style midwives while banning unqualified women without “proper” medical education from practicing.

However, despite these similarities, the two parties had different understandings and visions of their reform programs and employed different strategies to actualize their reform ideals. The main concerns of this dissertation are how ordinary Chinese people, especially women, experienced the state programs that introduced modern medical programs and the power of the state into their daily lives and how their responses, in fact, reshaped those reform programs and determined their success.

Empirical evidence for this dissertation comes from medical textbooks, handbooks for midwives, personal writings and letters of midwives, newspapers, novels, and other archival materials such as police documents and the CCP work reports regarding midwifery reform. In addition, I use interviews with rural midwives, ex-barefoot doctors, local CCP cadres, and villagers from my field research conducted in major cities, including Beijing and Shanghai, and in rural villages in northern China. Those formal interviews with local people and the archival materials powerfully illustrate how the two parties' different visions of modernizing and reshaping Chinese society interacted with medical reformers, midwives, and local communities and ordinary Chinese women in different ways with respect to midwifery reform.

CHAPTER ONE

Introduction

This dissertation focuses on the midwifery reform carried out by the Guomindang (hereafter GMD 1928-1949) and the Chinese Communist Party (hereafter CCP 1949-present) between 1928 and 1961, the year that the Great Leap Forward ended.¹ This period saw historic events such as the GMD's projects to transform China into a modern nation-state, the War of Resistance to Japan, Land Reform, and Collectivization, showing the two parties' efforts to fundamentally change Chinese society in order to deal with external threats and internal economic crisis. Two main themes running through these historical events during this turbulent period were modernization and revolution. Although the GMD and the CCP significantly differed in their political ideas, they both claimed to be revolutionary and modernizing parties, and vigorously carried out various programs to reshape Chinese society based on their own vision of modernization and revolution. Therefore, in order to accurately understand twentieth-century Chinese history and the two parties' legacies today, it is essential to answer the following questions: How did the GMD and the CCP define modernization and revolution in different ways? How did the two parties' implementation of these two concepts interact and intertwine with the daily practices, economic conditions, and popular customs of the people who were the target of the policies? Finally, in what ways did the

¹ This does not imply that I view the Cultural Revolution that began in 1966 as a break in the history of the People's Republic of China. As far as midwifery reform is concerned, there was continuity rather than a radical break. Yet, it is also true that the discourse of rural midwifery reform by the CCP changed during this period.

modernizationist and revolutionary efforts of each party change or not change the daily lives of ordinary people?

The reasons this study has chosen to focus on the midwifery reforms² in order to address the research interests stated above are: 1) Childbirth is ahistorical and universal in that it takes place all the time in all human societies, yet at the same time midwifery reform is historical in that the intervention and guidance of the state with respect to childbirth is a very modern phenomenon. Hence, midwifery reform is a prism through which we can see how the state defines old and modern methods of medicine, and understand the state's logic behind its attempts to regulate the daily practices of ordinary people in order to reshape society as whole. 2) Midwifery, in this study, is not only a type of knowledge in medical books or the regulations of the state, but also actions in the delivery room. The midwifery reformers had to overcome and/or negotiate with local practices and conditions. The stories of conflict and adaptation reveal the ways in which the state's ideas of modern medicine were actualized in practice. 3) Introducing and teaching new methods of midwifery to women is not an isolated issue of medicine, but interrelates with other crucial issues such as gender roles in reproduction, financial sources for medical infrastructure, and the population census, often used for taxing, assigning compulsory labor, and recruiting soldiers. The state's attempt to reform midwifery and the reaction of families to such show the dynamics of how state and society contest and resolve conflicts over money, children, and women. In sum, the

² Midwifery reform refers to the state programs that create safer methods of midwifery and childbirth for birthing mothers. These programs include retraining traditional-style midwives and regulating their practices.

intervention of the state in childbirth is an ambitious project through which we can clearly see 1) the state's notion of modern medicine and its idea of what constitutes the proper relationship between state and family, 2) how people actually respond to the intervention of the state in their daily lives, and 3) how the conflicts and negotiations between old and new medicines, and state and family, take place through the midwives' actual practices in the delivery room.

In fact, both the GMD and the CCP made midwifery reform a crucial part of their reform projects. Almost immediately after reunifying China in 1928, the GMD promulgated regulations and laws governing the registration of midwives and the quality of their education and service. It also founded professional schools for training midwives in scientific and modern techniques, and supported retraining programs for old-style midwives. Similarly, the CCP enthusiastically carried out midwifery reform right after taking power in 1949. It retrained old-style midwives, educated female cadres about new methods of midwifery, and organized health care teams for childbirth in rural areas.

Although both parties adopted similar strategies for reforming midwifery, the results were very different. The effects of the GMD's attempts were limited to only several urban areas, and the infant mortality rate still remained at around 20 to 30 percent in rural areas where more than 80 percent of the Chinese population lived. In contrast, within a decade of the CCP's efforts, the mortality rate dropped to 14 percent by 1958.

The figure fell further to 7 percent by 1965.³ As far as the child mortality rate is concerned, we can conclude that the CCP's reform was much more effective.

Yet, the main interests of this study in the reforms completed by both Chinese ruling parties from 1928 to 1961 do not concern how successful they were or which party was more concerned about the lives of the rural people, but rather lie in the motivations behind the reforms, the ways in which they were carried out, and the reasons for the different results. These issues are intricately tied to understanding the driving concerns of each party in its midwifery reform; how each party defined old and new medicine in different ways; how each party reacted to the antagonism of the locals toward foreign methods; and finally how ordinary people viewed each party's vision of modernization and revolution in different ways.

Despite the significance of the midwifery reforms, we know remarkably little about them. Few scholarly works, especially those in English, devote themselves to this topic; most studies of medical reform in twentieth-century China deal with it only in passing.⁴ Furthermore, no scholarly work has addressed the differences in the GMD and the CCP midwifery reforms since past studies share one of two assumptions. The first is that regardless of which party conducted the medical reforms, the modern reforms are all the same since scientific modern medicine is value-free and objective. The second is that the

³ Judith Banister, *China's Changing Population* (Stanford, California: Stanford University Press, 1987), 116.

⁴ One of the few exceptions would be Tina Phillips's dissertation on the midwifery reform efforts conducted by foreign and Chinese medical reformers during the GMD period (Tina Phillips, "Building the Nation through Women's Health: Modern Midwifery in Early Twentieth-century China," PhD diss., University of Pittsburgh, 2006). Despite the differences in our views on the effects of the GMD midwifery reform, her dissertation helps this study in terms of citing many primary sources from the GMD period.

state-initiated medical reforms are all the same in nature in that they were used by the state to control people's bodies. In making either of these two assumptions, past scholarship has failed to uncover the unique formation, operation, and logic of action in each party's midwifery reform.

In order to overcome the limitations of past studies and answer the questions noted above, this dissertation undertakes a comparative analysis of the GMD's and the CCP's midwifery reforms. By doing so, each party's story works as a clarifying foil for the other. In addition, this study analyzes each case of reform by focusing on three sets of actors --, namely the state, midwives, and the rural people -- and on the ways in which they confronted and negotiated with one another. In so doing, this study integrates representation in state official ideology and practices in the birth room. To do this, this dissertation looks beyond the two parties' official propaganda and work reports, and compares both popular and professional medical publications published by the GMD and the CCP. These include medical textbooks, handbooks for midwives, personal writings and letters of midwives, newspapers, novels, and regulations for midwives. Also, this dissertation uses the stories that I collected from interviews with village midwives, elderly women, and their families.

These new approaches and new source materials help us to understand the midwifery reform not merely as a state project, but as a field⁵ where the two parties'

⁵ The concept of field in this study comes from Pierre Bourdieu. His concept of field is useful to explain the different logics of the two parties' midwifery reforms and these logics' dynamic relationship with various human actions because each of the two parties had its own distinctly different reasons to initiate the reform and ways to legitimize it. Also, the parties' actions in the reforms entailed complex ramifications regarding the relationship among modern medicine, the state, and family and women. See Pierre Bourdieu, *The Logic of Practice*, trans. Richard Nice (Cambridge: Polity, 1990), 66-68.

different visions of modernization and revolution interacted with medical reformers, midwives, and local communities and local women in different ways. The GMD, which aimed to build a modern nation-state for national survival in international competition, viewed midwifery reform as a means of recruiting large numbers of healthy soldiers and industrial workers by ensuring the lives and health of birthing mothers and their children. The CCP's main goals were minimizing poverty and changing the social conventions of rural communities by re-organizing the ways in which power and wealth in villages and families were distributed. In line with this vision, the midwifery reform was a crucial part of their revolutionary project; the reform would improve women's position within families by securing their labor power and guaranteeing the survival and lives of their children who would in turn help women foster a sense of belonging within their in-law families. However, when the parties put their ideas into action, they had to choose what should be taught and how new medical methods should be explained in order to minimize people's resistance and earn their cooperation. Also, both parties had to solve problems caused by a lack of the financial and human resources necessary to change rural people's practices of childbirth. In the process, the original ideas of both parties in midwifery reform had to be negotiated and transformed in order to adapt to local conditions.

In fact, the processes of adaptation and transformation of the two parties' original ideas allow us to see how their policies *actually* operated. The midwifery reforms clearly demonstrates to us 1) the logic underlying the practices put in place by the two parties to respond to local conditions, practices which were not explicitly stated in the official work reports and propaganda, 2) the voices of medical reformers, midwives, local communities

and their women, all of which have previously been overlooked, and 3) eventually an opportunity to reconsider the conceptual frameworks conventionally used to analyze the relationship between state and society in twentieth-century China.

Past Studies

The midwifery reforms carried out by the GMD and the CCP have been much neglected. Until recently, this topic has not been comprehensively treated, and the conclusions of the few existing studies have been limited by the availability of source materials. However, the more formidable obstacle preventing us from deeper investigation involves the enlightenment-modernist or postmodernist constructions of the relationship between the state and modern medicine. Each of those constructions comes with an assumption: 1) in the enlightenment-modernist construction, the state is a supplier of value-free and beneficial modern medicine or 2) in the postmodernist construction, modern Western medicine is not automatically value free and beneficial—instead was used by the state to control people’s bodies. In simply accepting either of these two assumptions, the questions to be answered have, up until now, focused on two sorts of inquiries: 1) which party has better served its citizens by introducing beneficial modern medicine and 2) how have these parties extended their power in society by building a modern medical infrastructure. In other words, the midwifery reforms are simply treated in one of two ways: as one of the state’s beneficent projects to save the lives of new mothers and children or as the state’s enterprise to replace traditional medical networks with its own state medicine in order to impose the state’s ideology on

women. In so doing, past studies ignore the voices of midwives at the frontlines of the reform as well as the rural people, especially women – the target of reform, and their interactions with the state.

It is in the work of scholars who emphasize the CCP's contribution of introducing modern medicine to the rural people where the enlightenment-modernist view is most apparent. For them, the CCP's midwifery reform was evidence to prove this new scientific-socialist party's concerns for rural women. For example, Delia Davin in her book, *Women-Work: Women and the Party in Revolutionary China*, suggests that by introducing scientific methods of delivery, the CCP liberated rural women from the evils of superstition:

The damage previously inflicted during childbirth has been mitigated by improved knowledge of and facilities for pre- and post-natal care. Immediately after liberation a huge program was initiated to train midwives for the countryside. ... Childbirth in China as in so many societies was associated with feelings of shame and fear, and tended to be shrouded in myth and superstition. The retrained midwives of the early 1950s were taught that the old Chinese customs of making a newly delivered mother sit up in bed for three days and of sealing her room to protect her from draughts were not only unnecessary, but could be harmful.⁶

For Davin, the CCP saved rural women from suffering by providing scientific medical knowledge. Following this line of thought, modern medicine and its scientific knowledge can be seen as tools to enlighten ignorant rural women and their midwives.

This enlightenment-modernist view on modern medicine is also influential to those who stress the achievement of the GMD's midwifery reformers. Mary Brown Bullock, Ka-che Yip, and Tina Philips, who focus on the Chinese midwifery reformers from the Peking Union Medical College (PUMC) and their roles in the medical reform in rural

⁶ Delia Davin, *Woman-Work: Women and the Party in Revolutionary China* (Oxford, New York, Toronto, and Melbourne: Oxford University Press, 1976), 131-132.

areas, stress that not only the CCP, but also the GMD made tremendous efforts to introduce the modern methods of midwifery to rural women.⁷ They emphasize how GMD midwifery reformers such as Marian Yang (Yang Chongrui), C.C.Chen (Chen Zhiqian), and Li Ting'an contributed to the rural midwifery reform. According to their studies, these reformers founded short-term midwifery schools, retrained old-style midwives, and distributed delivery baskets containing medicines and medical equipment for delivery. In particular, Ka-che Yip asserts that in fact, the CCP simply copied the midwifery reform programs originally designed by these GMD reformers. Additionally, he argues that the reason the GMD reformers achieved only limited success was not due to their lack of concern about rural people, but due to limited support from the state, which was suffering from an unstable political situation such as the resistance war against Japan.⁸ This debate centers on which party was more concerned about rural women's health or which party first developed midwifery reform programs to convey scientific medical knowledge. Importantly, the beneficial and value-free nature of modern medicine is never questioned in this debate.

The problem with this enlightenment-modernist view on modern medicine and the role of the state in introducing it is that it leads to only a superficial understanding of the midwifery reforms – what the parties claimed they wanted to accomplish – and forces us to neglect how the reforms were actually conducted and how and why the rural people

⁷ Mary Brown Bullock, *An American Transplant: the Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980); Ka-che Yip, *Health and National Reconstruction in Nationalist China: the Development of Modern Health Service, 1928-1937* (Ann Arbor: Association for Asian Studies, Inc., 1995); Tina Phillips, *Ibid.*.

⁸ Ka-che Yip, *Ibid.*, 99; 176.

responded in the way they did. In this type of enlightenment-modernist narrative, we can only find either success stories of the modernizing state and rural people who passively accepted modern medicine or stories of conflict between the beneficent government and ignorant local people who were reluctant to accept the beneficial modern medicine. It is no surprise that none of these studies pays attention to the voices of ordinary people and how their voices reshaped the parties' original goals for midwifery reform and the methods used to implement them.

Another extreme interpretation of the relationship between the state and modern medicine that limits our understanding of the midwifery reforms is that the modern state introduces modern medicine to unify diverse existing local medical cultures and practices in order to exercise direct control over its citizens' medical practices and their physical bodies. Yang Nianqun, in his article on the GMD state's midwifery reform of the 1920s and 30s in Beijing, clearly follows this idea. Yang analyzes police reports of those who violated state regulations concerning midwives' practices and qualifications and argues that the midwifery reform was merely the means of destroying the traditional cosmological conception of childbirth and enforcing the direct control of the state over individual citizens. According to Yang, in the traditional period, Beijing citizens viewed childbirth as a cosmological event and recognized midwives as the mediator between the spiritual world and the earthly world.⁹ He details that midwives in Beijing supervised not only labor, but also the third-day bathing ceremony (*xisan*). Through this ritual, midwives

⁹ Yang Nianqun, "Minguo chunian Beijingde shengsi kongzhi yu kongjian zhuanhuan" (The control of notions of life and death and transformation of the concept of space in the early Republican Beijing), in *Kongjian, jiyi, shehui zhuanxing: "xinshehuishi" anjiulunwen jingxuanji* (Space, memory, society: a collection of "new cultural historical" research), ed. Yang Nianqun 131-207, (Shanghai: Shanghai renmin chubanshe, 2001).

blessed the newborn child with good health, good fortune, and the help of the spirits. Yang stresses, however, that in the process of the GMD state's regularization over its human resources, the state ordered midwives to learn Western-style methods of midwifery and work under the supervision of the state as population census reporters. As a result, the cosmological meaning and rituals that had been maintained by midwives, the ritual specialists, were destroyed. In Yang's narrative, modern medicine and its practices are a means by which the state penetrates its power into society rather than a means of providing beneficial knowledge to ordinary citizens.

We can find a similar conclusion in Joshua Goldstein's description of the CCP's midwifery reform. By analyzing articles on the CCP's midwifery reform in *Xin Zhongguo Funü* (New women of China), Goldstein suggests that the midwifery reform was the CCP's attempt to put women's reproductive power under the direct supervision of the state.¹⁰ He argues that by demonizing local practices and women's traditional networks surrounding childbirth in the name of modern science, the CCP state destroyed women's social space, eroded their agency and autonomy, and finally isolated women under the direct guidance of the state. At the same time, by redefining children as a national resource, the party imposed on women the responsibility of managing reproduction for the national interest. He concludes that the midwifery reform campaign was "a form of bio-power which integrated women and their birth process into a new ideological and political order of controlling and at times repressive state management." In Goldstein's view, the midwifery reform of the CCP was similar to that of the GMD:

¹⁰ Joshua Goldstein, "Scissors, Surveys, and Psycho-Prophylactics: Prenatal Health Care Campaigns and State Building in China, 1949-1954," *Journal of Historical Sociology* 11, no.2 (1998): 153-184.

both attempted to replace indigenous and traditional medical practice with a Western-style uniform birthing method in order to directly control individual citizens' bodies and to impose the state's ideology on the people through the new medical infrastructure.

Although this postmodernist approach toward the relationship between state and modern medicine has merit in that it explains why Chinese modern states so vigorously carried out the midwifery reforms, it cannot explain why then so many medical reformers, local midwives, and local women actively participated in the reforms. In some sense, this limitation is caused by their limited sources of evidence, which included police reports or government-published magazines, both of which merely reflect the state's intentions while neglecting other actors' voices. In other words, because of their reliance on government sources, these studies over-generalize the reform process as the victimization of powerless women by a power-hungry state. Because such studies assume women and local communities to be helpless victims of the state's aggressive policy, they are not able to show how the state made an effort to earn the cooperation of women and local communities; they also cannot consider how the actions and reactions of women and local communities shaped the ways in which the reforms were actually conducted.

Gail Hershatter's article "Birthing Stories: Rural Midwives in 1950s China" is an exception in that it goes beyond such enlightenment-modernist and postmodernist views.¹¹ By analyzing interviews with local women in Shaanxi province and archival resources in local archives, she reaches two conclusions: 1) Although the GMD and the

¹¹ Gail Hershatter, "Birthing Stories: Rural Midwives in 1950s China," in *Dilemmas of Victory: The Early Years of the People's Republic of China*, eds., Jeremy Brown and Paul G. Pickowicz (Cambridge: Harvard University Press, 2007), 337-358.

CCP had similar ideas in their reforms, the CCP's reform was more successful since the party, instead of demonizing, fully utilized old-style midwives' skills while improving their basic knowledge of modern medicine, and 2) the CCP did not take highhanded approaches in their reform because of its weak will and limited resources with which to carry out the reform; in fact, the party did not give anywhere near the same priority to the reform as it did to the mobilization of women into labor.¹² In the body of her article, Hershatter details how the CCP adopted the skills that midwives learned from older generations instead of demonizing them. She also illuminates how the CCP midwifery reform campaign failed to take root in the early period of the CCP state since local peoples doubted the efficiency of the new methods, and how, even so, the CCP did not actively push the people to adopt those methods. Hershatter's evidence from interviews and archival resources convincingly proves that those earlier assumptions about the relationship between the state and modern medicine did not apply in the CCP's reform process in rural areas.

Though Hershatter's study goes beyond the previous narrow understandings of the role and intention of the state in the midwifery reforms, she has not incorporated her evidence within the larger scope of Chinese history or within the two parties' different visions of modernization and revolution. In her study the differences between the GMD and the CCP's midwifery reforms were only matters of flexibility, and the reason she gives for the CCP's limited success is simply that the party was less concerned about the midwifery reform than women's participation in labor. This gap in Hershatter's work

¹² Ibid., 338-339.

remains because she approaches midwifery reform as a topic isolated from other GMD and CCP policies on women and families. Yet, childbirth is not only an issue of women's health but also an issue of continuing families and of deciding women's position in families and should be considered in the context of these other related issues.

This dissertation examines China's midwifery reform in a larger context which includes the role of the state, medical practitioners, and rural families and their women by utilizing archival resources, popular publications and interviews in conjunction with a detailed examination of medical discourse and the personal records of midwives. In addition, the comparative analysis of the GMD and the CCP reforms allows this study to illuminate the different visions and practices of the two parties concerning the midwifery reform in the larger context of twentieth-century Chinese history.

Geographical Areas

Examining the interactions among the state, midwives, and local people with respect to the midwifery reforms requires close investigation of the reforms in specific places. In selecting areas for research, this study followed two criteria. First, I looked for areas that were typical in the sense that they exemplified each party's reform projects. Second, I chose areas on the basis of accessibility of materials and evidence. In order to deal with the topic in a more comprehensive way, this dissertation has selected four locations -- two from urban areas and two from rural areas -- which differed distinctly in terms of economic, political, and cultural environments. This study has chosen Shanghai and Beijing in order to investigate the GMD and CCP's reforms in urban areas, and

Zhaicheng village in Hebei province and Longbow village in Shanxi province as their rural counterparts. In addition, in order to investigate how the central government's intentions were actualized, it is necessary to analyze the ways in which provincial governments carried out the reform. It was provincial governments that actually paid the fee for old-style midwives to complete the training course and that recruited professional midwives to manage rural childbirth centers. This study has selected Fujian province for the GMD's reform and Shanxi and Hebei provinces for the CCP's.

Shanghai is the best example to illuminate how the GMD's reform plan was established and carried out. Shanghai, the most Westernized city in China during the Republican period, was also the center of new medical education, discourses, and practices. There were six formal midwifery schools in this city in 1947,¹³ and medical reformers actively participated in creating and introducing the state's mandated midwifery techniques to people both through petition to the government and popular publications.¹⁴ It was also Shanghai where the GMD's attempt to regulate and control medical personnel was first actualized in 1928 right after its reunification of China. Although the importance of Shanghai as the center of medical reform decreased after the CCP took power in China in 1949, this city experienced firsthand both the similarities and the differences between the two parties' midwifery reforms, since the CCP also conducted its own reform there in the 1950s.

¹³ Number Two National Archives 373-28. In 1947, 56 midwifery schools were formally registered and Shanghai was the only city with more than two.

¹⁴ Lei Hsiang-lin, "When Chinese Medicine Encountered the State, 1910-1949," (PhD diss., University of Chicago, 1999), 80-81; 121-125.

Beijing was chosen because no city more clearly shows how the GMD and the CCP reforms regulated urban people's actual practice of midwifery. Although Beijing was not the capital of the GMD state, the medical and administrative structure of Beijing was much more developed than those of Nanjing, the GMD capital. Beijing had been the political and cultural center during the late imperial (13th century-1911) and the early Republican period (1912-1927) until the establishment of the GMD state.¹⁵ In fact, the first national midwifery school in China was founded not in Nanjing, but in Beijing. Also, Beijing's abundant police power, twelve policemen per one thousand citizens, was the vehicle of the state for actualizing its reform project in the citizens' everyday lives.¹⁶ In fact, the rate of childbirths supervised by state-licensed midwives in Beijing was the second highest among all Chinese cities just after Shanghai in the 1930s.¹⁷

Beijing, after 1949, again became the capital of China under the CCP state. It replaced Shanghai as the center of the state's new medical discourse, education, and practices. As we shall see, the evidence shows that the municipal government of Beijing exercised close control over midwives and evaluated their political and technical qualifications. At the same time, the Department of Public Health thoroughly carried out midwifery reform in the city center as well as suburban areas. Examining the reform

¹⁵ Beijing was the capital of the Chinese empire for most of the time from the Yuan dynasty in the thirteenth century through the Qing dynasty until the early twentieth century.

¹⁶ In 1920s, European cities like London, Paris, and Berlin employed only 2 or 3 police per 1000 citizens. David Strand, *Rickshaw Beijing: City People and Politics in the 1920s* (Berkeley: University of California Press, 1989), 74.

¹⁷ The percentage of deliveries supervised by someone trained in Western midwifery in Beijing was 43.3% in 1935-36 while Nanjing was only 23.6% in the same period. (Mary Brown Bullock, *Ibid.*, 179.) Meanwhile, the percentage in Shanghai was 52%.

measures in Beijing after 1949 reveals sharp changes in the discourse and practice between the GMD and the CCP reforms.

The selection of these two cities was also motivated by a more practical reason -- the sheer volume of historical materials available there. The two cities' municipal archives and libraries, house detailed materials on both the GMD and the CCP midwifery reform, including confidential work reports, journals and yearbooks of midwifery institutions, and popular publications about childbirth and midwifery,

Among about 700,000 administrative villages in China today, Zhaicheng village in Ding county, Hebei province, is an ideal case study for the GMD's reform in rural areas because it was the place where the GMD reformers enthusiastically carried out midwifery reform and implemented their national model for rural medical reform. C. C. Chen, the director of the rural public health reform program, which was supported by the GMD, launched his rural medical reform in Zhaicheng and other villages in Ding county in 1928. He trained village youths as village health workers and retrained old-style midwives in modern techniques. He also founded modern-style hospitals in the county seat for cases of complicated childbirth beyond the capability of midwives. Later, Chen's experiment in Zhaicheng became the blueprint for the GMD's rural midwifery reform. Chen's case is also unique in that he continuously reported details of the reform process to the Rockefeller Foundation, the sponsor of his experiment, whose archives are available. In addition to Chen's records, the memories of elderly people in Zhaicheng allow us to uncover how local people viewed and received the reform efforts.

Although Zhaicheng resembles many other rural villages given that it has experienced the CCP's rural reform since 1949, this small village never recovered its position as a national model of rural midwifery reform. The village was far away from the county seat (about thirty kilometers), which meant that the state's control over it was relatively weak. In spite of the modernization efforts of the GMD reformers, traditional lineage power remained strong.¹⁸ In other words, Zhaicheng was relatively "backward" in terms of the CCP's revolutionary attempts. Yet, by this "backwardness," the case of Zhaicheng in the CCP period provide a general picture of how the midwifery reform was carried out in conservative rural areas where the party was not able to exercise tight control.¹⁹

This study investigates Longbow village, the rural areas of Changzhi city in Shanxi province, for a complementary case. During the GMD period, Longbow was one of the most rural traditional villages in China, where the GMD never attempted any concrete reform project. The control of the GMD over this village was limited to collecting tax and assigning compulsory labor. Yet, as William Hinton's books *Fanshen* and *Shenfan* illustrate, the CCP-initiated Chinese revolution and land reform fundamentally changed the fate of most villagers. Since most of the villagers earned benefits from the CCP's land

¹⁸ The reason this village was chosen as the GMD's model of rural reform movement was that the Mi lineage, the dominant lineage in the village, asked advice of intellectuals in Beijing for their village modernization programs such as building a modern village school. The current village head in Zhaicheng is still from the Mi lineage.

¹⁹ This does not necessarily mean that the CCP failed in its various other projects such as land reform and collectivization. In fact, the party successfully conducted those programs in Zhaicheng. Yet, in terms of midwifery reform and marriage reform, which were not popular among villagers, many villages were out of tight control of the party. The Zhaicheng village was certainly one of them.

redistribution, they were actively involved in various party-initiated programs such as collectivization.²⁰

In addition to the tight control of the party over the village, it appears that the Changzhi area, of which Longbow village is a part, was a national model for the CCP's midwifery reform. The village, which is only 10 kilometers away from the city, was directly influenced by the reform. According to *Shenfan*, barefoot doctors in the village clinic and retrained midwives made great strides in childbirth reform through the 1960s.²¹ Examining villagers' experiences of the CCP midwifery reform will help to uncover how the CCP conducted its reform in ordinary rural villages.

However, the state-initiated midwifery reforms must be explored more widely in order to consider not just what the central states targeted during the reform and how villagers reacted, but also how local governments dealt with the issue of midwifery reform. Such concerns of local government included what should be taught in the old-style midwife retraining courses and who should be recruited for the programs. Understanding the involvement of governments at the provincial and county level is important because it was these provincial and county governments that, although working within limited budgets, had to pay for the training program as well as persuade locals to adopt the central governments' new vision of midwifery practices in their daily lives.

Fujian province serves as a rural example for the GMD's reform and Shanxi and Hebei provinces as the CCP counterparts. Fujian province was one of the few provinces

²⁰ William Hinton, *Fanshen: A Documentary of Revolution in a Chinese Village* (New York: Vintage Books, 1966).

²¹ William Hinton, *Shenfan* (New York: Random House, 1983), 265-266.

that remained under close control of the GMD during the entire GMD period, even during the war against Japan.²² Thus, the example of Fujian province allows us to see how a local government of the GMD sought to extend the central government's rural midwifery reform model, developed in Zhaicheng village, to the larger society. In fact, the Fujian provincial government actively carried out the reform while it wrestled with insufficient budgets, limited human resources, and unfavorable war situations.

Fortunately, more than one hundred files of archives concerning midwifery reform survived the War of Resistance to Japan (1937-1945) and the Second Chinese Civil War (1946-1949), and document what took place in the area when the GMD state vigorously attempted to change the people's childbirth practices.

The research for this dissertation in Shanxi and Hebei villages attests that their provincial governments provide ideal CCP counterparts for the GMD's Fujian province. Both Shanxi and Hebei provinces experienced the socio-political turbulences that the CCP itself underwent since 1949 or even before; these turbulences include the emergence of the CCP as a national power, land reform, and collectivization. The cases of Shanxi and Hebei provinces are unique in that their local archives, at least with respect to midwifery reform, are available to foreign researchers without censorship regardless of the time period; this contrasts with the case of Fujian provincial archives of the CCP period, which are still kept under close censorship. About two hundred files of archives are available, making it possible to examine how these two CCP provincial governments

²² Although Fuzhou, the capital of Fujian province, temporarily fell to the Japanese army in 1937 and then again in 1945, the Fujian provincial government moved to Sanming, an inner city of the province, and maintained GMD's control over most of the province during the war.

managed the reform even during drastic changes in the relationship between the central state, local governments, and rural villages.

Sources

To understand the differences in logic underlying the two ruling parties' perspectives on midwifery reform as well as the differing ways in which they interacted with midwives and ordinary people, we must look beyond their propaganda to see how the reforms were carried out in action. Official work reports and propaganda materials, by themselves, often show no more than what the party claimed they wanted to accomplish. Additionally, an exclusive focus on these types of materials would result in an over-emphasis on the representations of the state and would hamper our ability to see what went on beneath the surface.

In order to investigate how the state, the midwives, and the people had different ideas on the reform and how these different ideas interacted with one another during the GMD's reform, this dissertation draws on three different types of materials. The first type is GMD state documents held in the Nanjing Number Two Archives, the Beijing and Shanghai Municipal Archives, and the Fujian Provincial Archives. They include regulations and laws governing the qualifications of midwives, police reports indicating who violated the regulations, rejection letters to midwives who applied for the license, and budgets for national midwifery schools. These archival sources show what the GMD considered the proper ways of performing midwifery and what the state did to change peoples' childbirth practices in the birthing room.

Second, this study also draws from general interest materials including newspapers, women's magazines, journals for midwives, collected writings of students in midwifery schools, and annual reports and yearbooks of midwifery schools. Thorough investigation of these publications allows us to know about medical reformers and those GMD-licensed midwives: what the midwifery reformers hoped to achieve through the reform, their relationships with the GMD state, the courses the students in midwifery schools took, the social backgrounds of the students, their motivations for becoming midwives, where they worked after they graduated, and what their attitudes toward old-style midwives and rural people were.

Finally, this dissertation relies on narrative accounts of C.C.Chen, the medical reformer in Zhaicheng village, as well as the stories that I collected from my interviews with elderly people in the village. Although these materials are less reliable in that the memories can be changed and distorted by what happened later, taken together with multiple interviews and written materials in the 1920s and 30s, they still permit us to see how and why the reform did or did not change peoples' practices and how local people viewed the reform efforts.

The principal sources for the CCP's reform period are about three hundred fifty files of archival sources from a wide range of local archives in China such as Shanghai and Beijing Municipal Archives, Shanxi Provincial, Hebei Provincial and Dingzhou Municipal Archives, which contain the archives for Zhaicheng village. Since the Ministry of Public Health and the Women's Federation were each responsible for technical training and organizing propaganda and prenatal health teams in the CCP's midwifery

reform, most of the archival materials are found in the Public Health (*weisheng*) files and the Women's Federation (*funü lianmenghui*) files.

The number of files suggests that far from being ignored, the midwifery reform was one of the most important tasks to both the Ministry of Public Health and the Women's Federation during the 1950s and 1960s. For example, documents at the Hebei Provincial Archives show that midwifery reform was one of the four crucial tasks of the Women's Federation along with marriage reform, women's participation in labor, and childcare. Table 1-1 shows how the Women's Federation files from 1949 to 1963 were composed.

Table 1-1. Composition of the Women's Federation Files from 1949 to 1963 in Hebei Provincial Archives.

General Work Reports	Special Work Reports					
	Participation in Labor	Marriage Reform	Midwifery Reform	Childcare Issues	Thrift	Etc.
136	15	14	15	26	8	6

As table 1 demonstrates, the files are divided into two categories: general work report and special reports. Special work reports dealt with the problems that occurred in each of these categories. Among these 84 files of special reports midwifery reform comprised 18% of them. The general reports of the Women's Federation usually dealt with these four topics altogether. We can find a similar pattern in the composition of the midwifery reform files in the Public Health files in Hebei Provincial Archives. Among the Public Health files, there are 29 special files regarding midwifery reform and another 96 files of preventive medicine, 56 files on combining Western and Chinese medicine,

and 64 files concerned with disinfection work. My research through other archives suggests that this was quite typical.

These midwifery reform files contained thirty to three hundred sheets per file and were packed with a wide range of information. Usually organized by topic and date, the files dealt with various issues including salaries of midwives, technical problems with retraining old-style midwives, conflicts between local midwives and newly distributed village doctors, county governments' complaints about a shrinking budget for the reform project, county Women's Federation's criticisms of the local government's disinterest in women's health, and confidential work reports from the Ministry of Public Health on the midwifery reform. The wealth and variety of information provide us with a magnifying glass with which we can examine what happened from the more local perspective of the villages as well as from the perspective of the central government with respect to the reform.

As a supplement to the archival resources, this dissertation also uses the materials that I collected from my interviews in Zhaicheng and Longbow villages. These interviews are essential in two respects. On the one hand, I came to know details of what took place in the villages and the reasons why villagers accepted or resisted the reform by talking with retired village Women's Federation cadres, elderly village women, village doctors, birth assistants, family members of retrained old-style midwives, even the daughter-in-law of a midwife whom I came across in the archival sources. On the other hand, the narratives of villagers have convinced me that many parts of the archival sources are more than just propaganda materials "constructed" by the state for the

purpose of imposing party ideology on the people; indeed, many anecdotal narratives and complaints in the investigation reports were repeated by villagers over and over in the context of their daily lives.

Lastly, this study draws upon newspapers, women's magazines, popular novels, and operas. The CCP used popular novels and operas to propagandize the new method of midwifery. Also midwives were often represented as a new type of socialist professional in the various political campaigns and popular publications. These accounts, albeit colored by their propagandistic and didactic purposes to varying degrees, still allow us to uncover both the CCP's self-representation in the reform and popular understanding of the new midwifery methods at the time.

CHAPTER TWO
Historical Background:
Knowledge and Practices of Childbirth in the Pre-Guomindang Period

This chapter introduces Chinese notions and practices of childbirth focusing on the Qing (1644-1911) and the early Republican (1912-1928) periods. More specifically, it reviews how Chinese people understood childbirth, how birthing mothers and their families chose midwives to assist in labor, and finally how ordinary Chinese citizens viewed the Western obstetricians and midwives before 1928, the year that the GMD state promulgated regulations concerning midwives' qualifications and practices in the name of midwifery reform. In so doing, this chapter presents the historical background to help understand first, why the "advanced" and "safer" practices of Western midwifery failed to gain voluntary acceptance and popularity among Chinese citizens and, second, what the midwifery reform meant to Chinese birthing mothers and their families.

In order to address these two issues, it is essential to understand how ordinary Chinese people viewed and practiced medicine in their daily lives before 1928. This is because childbirth and midwifery were not only medical issues, but also constituted daily practices in the birthing room. To accomplish this, I employ Scheid Volker's analysis of Chinese medicine as a heterogeneous and synthesized healing system. Volker, in his anthropological study on Chinese people's daily practices of healing, suggests that Chinese medicine is "an assemblage of empirically useful theories and practices rather than an integrated system of knowledge in medical texts."²³ He argues that because of

²³ Scheid Volker, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham: Duke University Press, 2002), 6.

this strong stress on empirical practicality, Chinese medicine as a set of practices flexibly accepts new and other medical traditions into it, which characterizes Chinese medicine as heterogeneous and synthesized.²⁴

This framework helps to grasp the heterogeneous medical world in which laypeople as well as medical elites were situated when dealing with birth-related issues of Chinese women before 1928. In fact, recent studies on medical practices for women (*fuke*) in late imperial China reveal that those involved with women's health issues included not only established physicians and "Confucian doctors" (*ruyi*),²⁵ but also Buddhist and Taoist priests, drug sellers, itinerant physicians, laymen with medical knowledge, shamans, and mostly illiterate midwives.²⁶ Additionally, the methods employed by these diverse types of healers also varied, ranging from acupuncture and herbal medicines to some shamanic methods such as charm rituals that expelled "evil spirits." In sum, to examine the pre-GMD medical world in which ordinary Chinese birthing women and their families lived, we must understand this heterogeneous medical system and the dynamic processes that these various medical practitioners valued. In this regard, the main purpose of this chapter is to reveal how various types of knowledge on childbirth, the social conditions of birthing mothers, and the diversity of midwifery practitioners intertwined and

²⁴ Scheid Volker, *Ibid.*, 6-8.

²⁵ This refers to scholarly men choosing medicine for the field of their life-work. Angela Leung, "Medical Instruction and Popularization in Ming-Qing China," *Late Imperial China*, 24, no 1 (June 2003), 147.

²⁶ Charlotte Furth, *A Flourishing Yin: Gender in China's Medical History, 960-1665* (Berkeley: University of California Press, 1999), 67; Yi-Li Wu, "Transmitted Secrets: The Doctors of the Lower Yangzi Region and Popular Gynecology in Late Imperial China" (PhD diss., Yale University, 1992), 1-2.

confronted one another in the Chinese birthing room before the intervention of state power in 1928.

Three Layers of Medical Knowledge of Childbirth in the Pre-GMD Period

Long before the introduction of Western biomedicine into China in the nineteenth century, the issue of how to view and deal with childbirth had been debated among various Chinese medical schools. Medical practitioners' approaches toward childbirth were varied, depending on their understanding of the female body and of the childbirth process. This section does not aim to comprehensively examine the historical evolution of the various views on childbirth,²⁷ but rather intends to review what kinds of medical knowledge and understandings of childbirth were available to Chinese people during the Qing and early Republican periods, i.e., before the widespread introduction of Western biomedicine.²⁸

Inferring from Charlotte Furth and Yi-Li Wu's studies on *Fuke* (medicine for women) in late imperial China, three main types of medical knowledge on childbirth were available to Chinese people.²⁹ While professional physicians studied medical canons and used acupuncture, complex combinations of herbs, and pulse monitoring to heal women's health problems, Confucian scholars and urban residents often acquired

²⁷ For Chinese medical texts' changing views of the human body in pre-modern China see Charlotte Furth, *Ibid.*

²⁸ I am not implying that Western biomedicine was first introduced into China during the Republican period. The first Western-style hospital in China was founded in 1834. However, even among Chinese intellectuals, Western biomedicine became more widespread after the 1910s and 20s. I will detail this process in Chapter 3.

²⁹ Charlotte Furth, "Concepts of Pregnancy, Childbirth, and Infancy in Ch'ing Dynasty China," *Journal of Asian Studies* 46, no.1 (1987): 6-8; Yi-Li Wu, *Ibid.*, 25-30.

medical knowledge from self-help medical handbooks that included brief explanations of symptoms and pre-made formulas for herbal medicine. Furthermore, many women learned folk practices empirically proven to be useful or religiously believed to be helpful. By reviewing these three medical approaches toward childbirth, this section presents the heterogeneous and synthesized medical world that ordinary Chinese birthing women experienced before 1928.

Two Views on Childbirth in Medical Canons and Professional Texts

When examining the authoritative medical canons and texts during the Qing and the early Republican periods, it is apparent that a great division existed within views on childbirth: while some viewed childbirth as a dangerous and fearful event, others saw it as a natural physiological process.³⁰ For example, *Furen daquan liangfang* (All-inclusive good prescriptions for women)³¹ conceptualized childbirth as a dangerous and fearful event that required particular care and even help from supernatural powers.³² This book directly claims birth as the most dangerous and difficult event to treat in medicine and also lists particular taboo foods, colors, and directions that pregnant women should avoid

³⁰ This section draws primarily on the following sources: Chen Ziming, *Furen daquan liangfang* (All-inclusive good prescriptions for women), Originally published in 1237; Zhang Jingyue. *Jingyue quanshu* (Doctor Jingyue's complete medical works), Originally published in 1637; and Shan Nanshan. *Taichan zhinan* (A guide for producing children), Originally published in 1856. These texts came from *Zhongguo yixue dacheng* (A great collection of Chinese medical books), ed. Cao Bingzhang, (Changsha: Yuelu shushe, 1936). These canons were not only widely used during the Qing and the Republican periods, but they are often cited in contemporary Chinese medical texts such as *Taichan bingzheng* (Symptoms of disease in womb and childbirth), ed. Zhang Qiwen (Beijing: Remin weisheng chubanshe, 1985).

³¹ It was originally written in 1237. However, this was still one of the most influential *fuke* texts during the Qing period.

³² Charlotte Furth, *Ibid.*, 106-114.

to prevent troublesome pregnancies and deliveries.³³ For instance, it warned that if women “eat mule meat, labor would take much longer” (since mules are stubborn and hard handle). The book also reported that “in January, directions of *Yin* (east-northeast) and *Bing* (south-southeast) are taboo, so pregnant women should put their curtain in the direction of *Yin* and put their closet in the direction of *Bing*.” Aside from these taboos, this canonical text presented several types of amulet calling upon supernatural help to quicken labor.³⁴ The views of *Furen daquan liangfang* presented childbirth as a perilous process that required secret knowledge of cosmology and supernatural powers;³⁵ therefore, in order to successfully overcome the difficulties of childbirth, birthing mothers had to be very careful not to violate these taboos and disturb the supernatural powers relating to birth.

In contrast, *Jingyue quanshu* (Doctor Jingyue’s complete medical works), another popular medical text during the Qing and the early Republican periods, suggested that childbirth was not a fearful event, but a natural physiological process.³⁶ It argued that labor should follow the way of nature and should not be interrupted by any artificial methods. The book advises women to be stable and calm and not nervous during labor; in this way nature would lead them to experience a safe birth. The book employed a metaphor highlighting the natural process of childbirth: “birth is like waiting as the

³³ Chen Ziming, *Ibid.*, Juan 11, 1.

³⁴ *Ibid.*, Juan 11, 13.

³⁵ Charlotte Furth, *Ibid.*, 106-114

³⁶ *Jingyue quanshu* was written in 1637, yet became one of the most influential *Fuke* texts used during the Qing period.

blossom becomes full and the melon becomes round, then they drop off by themselves.”³⁷

As can be seen in this single metaphor, this medical text rejected any active intervention by human or supernatural powers.

Professional physicians of the Qing period were well aware of both approaches and employed them depending on the symptoms and situations that their patients faced. For example, Qing physicians often identified false pregnancy as ghost fetuses that occurred when the *qi*³⁸ of evil spirits congealed in the woman’s belly³⁹ and some physicians also used amulets to protect birthing women from evil spirits or to quicken birth.⁴⁰ However, other Qing physicians of this time emphasized the importance of letting women maintain the harmony and balance between qi and blood for easier and natural childbirth.⁴¹ These physicians believed that as long as the harmony of qi and blood of the birthing mothers was maintained, labor would proceed naturally without any problems. Qing doctors often used a metaphor illustrating their assumptions about childbirth: “child and mother are like a ship and sea; if there is enough water (blood) in the mother’s body, the ship will

³⁷ Zhang Jingyue, *Ibid.*, Juan 39, 2. In fact, this minimalist approach reflects the Neo-Confucian idea that people can achieve moral and physical perfection only when they follow the natural order inherently shaped by the principle of *Li*. (Furth, Charlotte, *Ibid.*, 106-114)

³⁸ Qi is often translated as “energy flow” or “essence of life.” For details of the definition of qi, see Manfred Porkert, *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence* (Cambridge, Mass: MIT Press, 1974)

³⁹ Yi-Li Wu, “Ghost Fetuses, False Pregnancies, and the Parameters of Medical Uncertainty in Classical Chinese Gynecology,” *Nan Nü: Men, Women, and Gender in Early and Imperial China* 4, no. 2 (2002): 173-174.

⁴⁰ Shan Nanshan, *Ibid.*, Juan 22, 5.

⁴¹ Here, “blood” is not mere bodily fluid, but female vital energy. See Charlotte Furth, “Concepts of Pregnancy, Childbirth, and Infancy in Ch’ing Dynasty China,” *The Journal of Asian Studies* 46, no. 1 (1987): 13-14.

navigate away from the sea on its own.”⁴² In this approach toward childbirth, physicians focused on how to guarantee the harmonious relationship between qi and blood by checking the pregnant woman’s pulse, and how to prescribe herb medicine to restore the harmony when it was interrupted. In sum, these two fundamentally different views on childbirth co-existed in Qing physicians’ actual practices.

Popular Self-Help Books

As an alternative to canonical medical texts used mainly by professional physicians, urban residents and intellectuals during the Qing period could learn about childbirth through popular self-help and guidebooks concerning labor and birth-related illnesses. After the eighteenth century, with the development of printing, the publishing market, and urban readership and literacy, China experienced a significant increase in popular medical literature including handbooks for childbirth.⁴³ These books targeted lay readers rather than professional physicians, and the authors of these books often stressed that their purpose in writing such self-help books was to help birthing women who suffered from pain and lacked adequate knowledge. In fact, many of these books were published

⁴² Shan Nanshan, *Ibid.*, Juan 22, 3.

⁴³ The literature reviewed for this section includes Jizhaijushi, *Dashengbian* (On successful childbirth) (Shanghai: Shanghai shuju, 1907). Originally published in 1715; Yan Chengji, *Linchan xuzhi* (Things that you must know before childbirth), in *Dade zhuchan niankan* (Dade Midwifery School annual) (Shanghai: Dade chubanshe, 1939). Originally published in the Yongzheng period (1723-1735); and Wu Daoyuan, *Niuke qietyao* (Essentials of medicine for women), in *Zhongguo yixue dacheng* (A great collection of Chinese medicine book), ed. Cao Bingzhang, (Hunan: Yuela shushe, 1936). Originally published in 1773. They were selected because they were originally written in the eighteenth century and earned reputations among urban readers. As such, they were widely circulated and reprinted until the Republican period.

by female donors, filial sons, and good husbands as charity works as well as by commercial publishers.⁴⁴

Although there were many kinds of medical self-help handbooks, and many of them written by professional physicians, this new type of reference differed from previous canonical texts by making medical knowledge more accessible to the masses.⁴⁵ For example, both *Dashengbian* (On successful birth) and *Linchan xuzhi* (Things that you must know before childbirth) detailed a range of issues concerning childbirth including diagnosing pregnancy, dealing with morning sickness, selecting midwives, judging proper timing for labor, and even dealing with emergency cases such as a newborn's asphyxia. These references covered all these topics without the use of complicated theoretical explanations such as harmony between qi and blood.

Perhaps most helpful to the readers of these handbooks were the formulas of herbal medicine included for possible crises during pregnancy, labor, and the postnatal period. As noted previously, in the field of *Fuke*, professional physicians often saw healing as restoring harmony among qi and blood in patients. Following this idea, in order to accurately diagnose and restore the disruption of the harmonious balance, professional physicians checked the patient's pulse, the color of her face, and smelled as well as listened to the patient's description of her symptoms. Therefore, Chinese physicians' diagnoses and prescriptions for the same disease and symptom often varied depending on each patient's personal health conditions, medical history, and situation.

⁴⁴ Yi-Li Wu, "Transmitted Secrets," 200-201.

⁴⁵ Because of this, Charlotte Furth evaluates the emergence of self-serving popular medical texts as the "democratization of medical knowledge" (Charlotte Furth, *Ibid.*, 14).

However, these popular *Fuke* self-help texts offered pre-made formulas for herbal medicine with descriptions of simple, yet typical symptoms without mentioning the delicate methods of diagnosing. For example, *Dashengbian*, the most well-known childbirth handbook of the period, suggested that “for cases where, during pregnancy, there is severe pain in the loins, as if they were about to rent open, take black beans, two portions; wash them thoroughly. Take white wine, one large bowl, boil them to seven parts and let her drink them when the stomach is empty.”⁴⁶ With this pre-made prescription, readers could deal with their own or their families’ health problems without physicians’ professional knowledge.

With this goal of offering immediate help to birthing women, these handbooks presented various kinds of medical knowledge and tips for safe births. For instance, *Linchan xuzhi* adopted several superstitious ideas from folk medicine and seriously suggested that birthing mothers should open all windows and the doors of closets in the birthing room during labor hoping that it would help to “open” the birth canal and quicken childbirth. Also, employing the folk idea of menstruation as pollution, this book banned menstruating women from entering the birthing room as the polluting power of the blood was thought to harm newborns.⁴⁷ In a similar manner, *Nüke qieyao* (Essentials of medicine for women) contained several folk songs that captured the fear and anxiety of birthing women while providing medical tips to go through labor easily. In other words,

⁴⁶ Jizhaijushi. *Ibid.*, Juan 7, 3.

⁴⁷ For the polluting power of women’s menstrual blood, see Emily M. Ahern, “The Power and Pollution of Chinese Women” in *Women in Chinese Society*, ed. Margery Wolf, Roxane Witke, Emily Martin (Stanford, California: Stanford University Press, 1975), 195-196.

the authors of these handbooks flexibly chose from various sources medical tips and knowledge they believed were useful to birthing women.

The *Dashengbian* more flexibly adopted the concept of birth mainly from various medical canons. The suggestions and lessons in this book adopted a view of childbirth that was a combination of the different views from *Furen daquan liangfang* and *Jingyue quanshu*. On the one hand, *Dashengbian* suggested avoiding taboo foods and included directions for preventing troubles during birth and following the cosmological calendar for having healthy babies; yet, on the other hand, it recommended following the natural order and not depending on medicine or supernatural powers to quicken birth.

In sum, these popular self-help handbooks from which Chinese intellectuals and urban residents learned about childbirth presented various views of childbirth and practical methods to deal with it. While some of them supported the idea of natural birth and offered a minimalist approach, others more often saw childbirth as an immediate health crisis that women had to endure. These books offered practical knowledge, presenting various medical tips and widely believed religious rituals, to help the birth process progress smoothly. These various medical practices and religious rituals demonstrated how diverse views on childbirth co-existed and were wildly circulated in pre-GMD China.

Folk Medicine

In the layers of folk practices, the birth process was often characterized as a dangerous, sensitive, and fearful event.⁴⁸ No words more vividly illustrate how ordinary Chinese people regarded childbirth than those contained in old Chinese sayings such as “when a woman gives birth, one hand leans against the bed and the other holds the coffin” (*yishou yi chuangyan yishou fu guanbian*), and “childbirth is like passing through hell’s gate of ghosts” (*shenger ru guo guiguanmen*).⁴⁹ In fact, the fear about childbirth might be legitimate. According to statistics in the 1920s, about 12.5 percent of newborns died within a week of birth and about 10 percent of women died during or shortly after labor.⁵⁰

To address the danger and fear associated with childbirth, folk medicine, the most popular type of medicine, was empirically practical as well as shamanic. According to a report on the folk practices regarding childbirth in Qinghe, a town near Beijing City, rural

⁴⁸ The layer of folk medicine that reveals how ordinary Chinese birthing women saw and learned about birth is difficult to review, because the materials in the pre-GMD period regarding childbirth and midwifery do not directly reflect how birthing mothers, their families, and midwives understood and experienced childbirth. Rather, someone recorded the folk notions and practices of childbirth when they wanted to castigate, regulate, or change those notions and practices. Unfortunately, the main sources that this section analyzes for folk medicine hardly go beyond this limitation. They often highlight a certain dimension of the folk practices depending on their positions. For example, the articles written by late nineteenth-century medical missionaries describe local practices as ridiculous superstitions that evidenced the need for enlightenment by Western science. Similarly, in order to stress the need for medical reform and the intervention of the state in midwifery practices, Chinese modernizing elites in the early twentieth century tended to ridicule local practices. However, careful examination of those criticisms of ongoing childbirth practices of the masses allows one to assess how ordinary people lived.

⁴⁹ Fujiansheng weishengzhi bianzuan weiyuanhui, ed. *Fujiansheng weishengzhi* (Annals of Department of Public Health in Fujian province) (Fuzhou: Fujian renmin chubanshe, 1989), 387.

⁵⁰ Overall infant mortality rate (i.e., the rate of infants who died within a year of birth) was over 20 to 25 percent. However, the rates of infant and maternal mortality were similar to the rates of eighteenth and nineteenth century America. Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986), 24-25.

women used herbs and spices such as cinnamon to help decrease pain during childbirth.⁵¹ Additionally, local sayings that warned that labor would take one more hour for every additional person in the birthing room helped to control crowding in the room and thus provide a peaceful environment for the mother. In Hebei province, local midwives sterilized scissors with candlelight when they cut the umbilical cord. In so doing, they could avoid tetanus neonatorum. These practices, which derived from folk medicine, were particularly practical in helping Chinese birthing women to smoothly go through the sensitive and fearful events related with childbirth.

On the other hand, this layer of folk medicine was also especially religious and shamanic. In Canton areas, net and sword were placed in delivery room to expel evil spirits. In many areas of China, people believed in the power of the birthing goddesses. Among the most popular were Our Goddess of Birth (*Taier niangniang*) and Goddess of Mercy (*Guanyin*), the Buddhist goddess of compassion.⁵² In places such as Hunan, locals put pictures of divine gods in the birthing room, believing that they would protect newborns from evil hungry dog spirits that would attempt to eat the babies. Birthing women were also frequently advised to drink the ash of a talisman so that supernatural powers would protect them from evil spirits.⁵³

⁵¹ Diyi zhuchan xuexiao, ed., “Guanyu Qinghezhen xiangcun chanyu zhongzhong yu qi mishenfengsu diaocha” (Investigation report regarding superstitions and folk practices concerning birth in rural areas in Qinghe town), *Diyi zhuchan xuexiao niankan, di wujuan* (First annual report of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1934), 46-47.

⁵² Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China*, (Berkeley: University of California Press, 2004), 172.

⁵³ “Wo jiaxing de jiesheng fengsu” (Childbirth practices in my hometown), *Funü zazhi* 17, no.7 (1925): 76-89.

In a similar manner, since death often occurred during birth, folk notions often viewed childbirth as a polluting event.⁵⁴ For example, a report from Qinghe town indicated that birthing women were advised not to face lucky directions; otherwise, their polluting power not only ruined the luck of their communities, but also the women who violated the taboo would become barren for three to six years.⁵⁵ The blood that women shed during birth was widely regarded as a source of pollution. In fact, the Chinese folk practice of giving birth over grass resulted in part from this idea that birthing mothers' blood was a pollutant. Following this, it was believed that nobody should touch the blood and any item that came into contact with the blood also became polluted. Additionally, it was considered necessary to burn the grass and other items polluted by the blood immediately after the birth. In some Chinese areas such as Hunan province, women who died during labor were not allowed to be buried in a tomb since their polluted body would in turn pollute the earth. Instead, their bodies were simply covered with umbrellas. Since many believed that the blood shed during birth was somehow polluted, women were told to bleed away as much blood as possible. As a result, they were often prevented from lying down even after labor and were warned that if a new mother were to lie down, contaminated blood would rise to her head and possibly result in a chronic disease and headaches.⁵⁶

⁵⁴ For the Chinese notion of women's reproductive power and pollution, see Emily M. Ahern, *Ibid.*, 195-197.

⁵⁵ *Diyi zhuchan xuexiao*, ed., *Ibid.*, 46-47.

⁵⁶ The Chinese called this disease *Xuemaoshang*. Ku Ximing, *Nongcun dazhong weisheng* (Public health in rural areas) (Beijing: Zhonghuashuju, 1951), 71.

Interestingly enough, folk practices, as a result of empirical conveniences, sometimes directly challenged the wisdom in professional texts or popular handbooks. According to *Dashengbian*, one of the crucial principles for safe childbirth was to keep birthing mothers lying down.⁵⁷ The text warns that the upright position easily causes exhaustion for both the mother and the fetus, which eventually causes complications. The book suggests that if mothers are allowed to lie down, they will become more relaxed and will be able to save their strength for the moment when the baby comes out.⁵⁸ However, in spite of these warnings and discouragements, Chinese women had good reason to insist on their traditional practice of kneeling or sitting during birth as they believed that kneeling or sitting worked with gravity to help the child move down the birth canal with greater force. In fact, interviews conducted by Japanese anthropologists show that rural Japanese women also believed that the kneeling position made giving birth much easier.⁵⁹ Besides, Chinese women preferred the kneeling or sitting position because it could help them to control the blood that was shed during labor.⁶⁰ While it is obvious that the upright position was dangerous, because of its empirical benefits, the warnings to change the birthing position were unsuccessful.

Professional texts and folk medicine also disagreed on the use of ginger for the birthing mother. According to medical texts, ginger was a representative taboo food for

⁵⁷ Jizhaijushi, *Ibid.*, 1-2.

⁵⁸ *Ibid.*, 3.

⁵⁹ Yuki Terazawa, "Gender, Knowledge, and Power: Reproductive Medicine in Japan, 1790-1930," (PhD diss., UCLA, 2001), 252.

⁶⁰ Joseph Thomson, "Native Practice and Practitioners," *The China Medical Missionary Journal* 4 (1890): 189-190.

pregnant and birthing women. *Nüke qieyao* and *Dashengbian* both warned that if pregnant women take ginger, their children will have more than ten fingers. However, Canton women were advised to drink ginger tea as often as possible since ginger was found to help alleviate the fever that occurs during pregnancy and postnatal periods.⁶¹ By empirically learning the effects of ginger, folk medicine simply ignored the conventional wisdoms in medical books.

Chinese people in the pre-GMD period did not have a homogeneous view of childbirth; several views of medicine existed, and layers of knowledge regarding childbirth competed with one another; great diversities also existed even within the same layer. For example, while many established physicians tended to view childbirth as a natural event and avoided any human and supernatural interventions, several of them viewed false pregnancy as the work of evil spirits. Similarly, some self-help books refuted any secret medicine or supernatural assistance for easier birth, while others contained lists of taboo foods and a cosmological calendar with favorable seasons for conception. Perhaps unsurprisingly, folk medicine was the most heterogeneous.

More importantly, the three layers of medical knowledge discussed above should not imply that Chinese medical consumers and practitioners were clearly and exclusively divided into three groups. In reality, the borders between these three layers were highly permeable, and birthing mothers and their families kept their choices open to all three layers depending on their health situations and socio-economic backgrounds. It was often

⁶¹ Mary Niles, "Native Midwifery in Canton," *The China Medical Missionary Journal* 4 (1890): 51-55.

members within a single family who called professional physicians while also praying to local goddesses when facing an emergency. Even the authors of popular self-help handbooks were often professional physicians. It was this hybrid, multi-layered medical world that Chinese birthing mothers and their families had to navigate in the pre-GMD period. In sum, the medical world of ordinary Chinese birthing women was a place where diverse practices and medical knowledge co-existed and needed to be synthesized.

Dealing with Complications

No cases more clearly show how the various views and understandings of childbirth in the pre-GMD period co-existed than the methods employed to deal with complications. If labor took too long because of a urinary blockage, or a child was born with a hand, shoulder, or feet first instead of head-first, death might result in either the mother or the infant or both.⁶² Similarly, death often resulted when the placenta did not come out after the child. Chinese people traditionally discussed these complicated cases using the term “difficult childbirth” (*nanchan*). This term implies that ordinary Chinese people regarded such cases as simply more troublesome than other ordinary cases or cases that needed more attention or even assistance from supernatural powers.

The conceptions of birth are clearly revealed in the ways various sources of medical knowledge discuss the causes of complications. For example, *Furen daquan liangfang* stressed women’s vigilance regarding taboo and supernatural powers for safe births, and blamed “difficult childbirth” on pregnant women’s laziness, inappropriate sexual

⁶² According to research in Dingxian, four to six percent of children were born with “difficulties.” C.C. Chen, *Medicine in Rural China: A Personal Account* (Berkeley: University of California Press, 1989), 91.

intercourse, and failure to control their emotions.⁶³ Fully accepting this close connection between pregnant women's morality and their responsibility for healthy labor, many Qing physicians warned that if women thought too much about sexual intercourse, they would become more susceptible to evil spirits that were thought to be the cause of false pregnancy.⁶⁴

In a similar manner, the Qing physicians who followed the minimalist idea that birth was a natural physiological process and believed it should not be interrupted by any artificial efforts argued that complications took place, ironically, when people intervened in order to make the birth process easier, smoother, or quicker. In particular, these doctors blamed midwives for abnormal fetal presentations and the exhaustion of women during labor. According to their argument, midwives often miscalculated the right time to begin labor and encouraged women to start the process too early. These minimalists believed that the infant, at the last minute, "turns around" to lie with its head facing downward in the womb. As such, they claimed that midwives interrupted the natural process and caused breech births or transverse presentations.⁶⁵ These Qing physicians also claimed that, since midwives encouraged premature labor, women would become exhausted when it was finally an appropriate time to begin labor; this situation also constituted another type of "difficult childbirth." These physicians believed that no human intervention would work to avoid complications. For them, the only exception was that women could take herbal medicine to readjust their qi and blood when the harmony was broken.

⁶³ Chen Ziming, *Ibid.*, 252-263.

⁶⁴ Yi-Li Wu, "Ghost Fetuses," 183-184.

⁶⁵ Charlotte Furth, *Ibid.*, 281.

When these self-help handbooks discuss the causes of various complications, they demonstrate the influences of both moralistic and minimalist approaches. According to *Dashengbian*, it was women's "incorrect" behaviors that mainly caused "difficult childbirths."⁶⁶ For example, the guidebook warned that if a pregnant woman beat or cursed someone else, it would result in sickly newborns; that reading popular novels, watching drama, and eating spicy, oily and fatty foods would cause a urinary blockage.⁶⁷ On the other hand, *Dashengbian*, *Linchan xuzhi*, and *Nüke qieyao* all suggested that midwives' over-interruptions often caused "difficult childbirths." In particular, *Dashengbian* argued that midwives often caused "difficult childbirth" by exaggerating the danger of birth during labor. The text criticizes midwives, claiming that they exaggerated the dangers of birth in order to enhance their own importance, and to eventually benefit from increased rewards; yet, in making such exaggerations, the midwives scared birthing women, and mothers' psychological anxiety often resulted in "difficult childbirth."

In folk medicine, the treatments to deal with "difficult childbirth" presented the nature of folk medicine as an assemblage of empirical practices, shamanic medicine, and fears of childbirth as polluting events. A medical missionary witnessed that people in Canton, as mentioned earlier, laid a sword and a fishnet in the birthing room to drive away the evil spirits when complications arose.⁶⁸ A Fujian provincial gazette states that when complications arose, women were sent to a dark room devoid of sunlight since

⁶⁶ Jizhaijushi, *Ibid.*, 1-2.

⁶⁷ *Ibid.*, 1-2.

⁶⁸ Mary Niles, *Ibid.*, 51-52.

local people believed that exposing contaminated women to the sun annoyed the spirits; they also burnt incense during birth to drive away or comfort spirits.⁶⁹ In rural areas of Hunan and other provinces, people widely believed that exposing sanitary napkins to the sun would also cause “difficult childbirth.”⁷⁰

By contrast, many folk methods for handling complications were based on common knowledge and people’s empirical experiences. In many areas, midwives advised women to swallow lard or strands of their hair so that they would vomit; they believed that vomiting increased air pressure in the stomach and quickened the delivery. In the case of breech or transverse births, if the midwife could not put the hand or foot that came out first back in, she pricked it with a needle or sprinkled salt on it. Villagers believed that if a baby comes out hand first, it is asking for salt; thus, if people gave the baby salt, it would return to a proper presentation. With luck the fetus sometimes returned to the mothers’ womb because they felt pain, and this folk practice actually fixed the problem.⁷¹ However, if luck was not on their side, midwives often saved the mothers’ lives at the cost of the babies’ by cutting off the babies’ hands or feet with a knife. Conversely, the midwives sometimes cut the uterus with a knife or sickle to pull the baby out. In this case, they saved the infant’s life at the cost of the mother’s.⁷² Considering that if labor lasted more than several days, it would cause the death of both mother and child, such crude

⁶⁹ Fujiansheng weishengzhi bianzuan weiyuanhui, ed., *Ibid.*, 387.

⁷⁰ Hunansheng difangzhi bianzuan weiyuanhui, ed., *Hunanshengzhi yiyao weishengzhi* (Annals of the Department of Medicine and Public Health in Hunan province) (Changsha: Hunan renmin chubanshe, 1988), 541-543.

⁷¹ Gail Hershatler, *Ibid.*, 343-346.

⁷² *Ibid.*

methods were sometimes unavoidable.⁷³ Although these folk practices were to some degree dangerous and absurd, they clearly show how ordinary Chinese people dealt with complications through their belief systems by incorporating supernatural powers and practical approaches.

Assisting Childbirth

Who assisted childbirth and how did Chinese birthing women and their families choose their assistants in the pre-GMD period? The answer varies depending on their socio-economic backgrounds. In urban areas during the Qing and the early Republican periods, semi-professional midwives were widely available. If complications occurred, some urban residents hired professional physicians to deal with the emergency cases. However, some poor families, who could not afford to pay for such professional services, had no choice but delivering their own newborns, sometimes with help from neighbors. In fact, according to research conducted in Nanjing city in the 1930s, the capital of the GMD state, 26.8% of the citizens still relied on the expertise of traditional-style midwives while the other 49.5% gave birth by themselves or with help from family members.⁷⁴ In rural areas, most cases were handled by non-professional midwives, that is, local women with some experience of assisting deliveries who helped with their neighbors' labor. If no such woman was available, it was often mother-in-laws who assisted their daughter-in-laws' deliveries. In general, although other options were still

⁷³ In fact, breech or transverse presentations are very difficult even with advanced modern medicine. Usually, obstetrical surgery is the only way to fix these types of births.

⁷⁴ Mary Brown Bullock, *Ibid.*, 178-179.

available to birthing mothers and their families, most childbirth cases in the pre-GMD period were supervised by traditional-style midwives of one kind or another.

Although medical texts, as discussed above, harshly criticized midwives, they did not aim to replace midwives with professional male physicians. Contrary to Western Europe and America where male physicians successfully replaced female midwives during the eighteenth century,⁷⁵ in late imperial China, where there was strict gender segregation in the upper class and childbirth was wildly regarded as a polluting event, Chinese physicians were reluctant to take midwives' roles in the delivery room. The intention of these criticisms was thus to better supervise the midwives and provide them with basic knowledge of delivery, not to eliminate them.⁷⁶ The dominant position of female midwives as birth assistants was not challenged until the midwifery reform in 1928.

This section primarily examines who the midwives were in urban and rural areas, their practices, and their qualifications. Knowing the social, official, and professional status of midwives is important not only because they delivered most of the children, but also because they were the main target of the midwifery reforms conducted by both the GMD and the CCP states. Understanding the lives and work of the midwives helps one to more clearly understand the goals and policies of the reforms that are discussed in the following chapters.

⁷⁵ Judith Walzer Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America since the Eighteenth Century," *The Journal of American History* 70, no. 2 (1983): 282-283. By 1900, physicians delivered about half of the babies born in the United States. Tina Phillips, *Ibid.*, 39.

⁷⁶ Yi-Li Wu, *Ibid.*, 207.

Midwives in Urban Areas - Skillful Hands or Self-serving Trouble Makers?

Recent studies on traditional-style midwives in urban areas have focused on the negative images of midwives in Chinese medical texts. As shown earlier, both canonical texts and self-help handbooks described professional midwives as wicked and cunning trouble makers or opportunists. It was often said that they intentionally exaggerated the dangerous nature of giving birth in order to increase fees, and that they caused “difficult childbirth” by inappropriately encouraging women to go into labor too early. Some medical books also claimed that midwives damaged women’s wombs by using their fingers to force the water to break.

In her recent reviews of midwives in late imperial China, Angela Leung examines the gap between such negative narratives and historical realities.⁷⁷ According to Leung, although many sources on midwives portrayed them as neighborhood busybodies or morally low women looking only to benefit themselves, in practice, midwifery was a lucrative profession, which required delicate skills and could enjoy a high social reputation. She vividly shows how some midwives earned fame with their delicate hands (*miaoshou*) and made great fortunes in commercialized Chinese cities such as Yangzhou, Hangzhou and Suzhou during the late imperial period. Leung also argues that the notion of “evil midwives” merely reflects the moral values of Neo-Confucianism with respect to female seclusion and the elite’s fear of gossip, both of which were due to the fact that midwives went from family to family openly sharing local news, breaking the dominant customs of female seclusion.

⁷⁷ Angela Leung, “Women Practicing Medicine in Pre-Modern China,” in *Chinese Women in the Imperial Past. New Perspectives*, ed. Harriet Zurndorfer (Leiden: Brill Academic Publishers, 1999), 101-134.

Yang Nianqun also questions the negative portrayals of midwives, arguing that during the traditional period, midwives were experts in childbirth rituals as well as the delivery itself.⁷⁸ According to him, midwives in Beijing supervised the third-day bathing ceremony (*xisan*). Through this ritual, midwives blessed the newborn child with good health, good fortune and the help of the spirits, and in turn helped to build close ties between the newborn and his or her parents' household. In his interpretation, midwives were not seen as evildoers, but were likened to priests who brought good fortune.

Charlotte Furth, in her study on midwives in late imperial China, stresses that the negative image of midwives possibly originated from Chinese people's negative portrayal of childbirth as a source of pollution.⁷⁹ In this regard, she argues that midwifery was seen as a set of skills needed to handle the pollution caused by childbirth.⁸⁰ Furth details midwives' obligations which included dealing with the fetal waste of miscarriages, abortions and stillbirths, burying the afterbirth, providing services for infanticide when families decided a newborn should not live, cleaning the birthing areas and washing rags.⁸¹ Furth suggests that it was customary in late imperial China to regard midwifery as a dirty job since midwives had to deal with such "polluted" materials and infanticide. She concludes that in spite of several exceptions, midwifery was viewed as a lowly job rather

⁷⁸ Yang Nianqun, *Ibid.*, 131-207.

⁷⁹ Charlotte Furth argues that until the Song period midwives enjoyed respectful names such as *ruyi* and it was after the Ming period that midwifery began to be portrayed as a lowly job. (Charlotte Furth, *Ibid.*, 280-282)

⁸⁰ *Ibid.*

⁸¹ *Ibid.*, 281.

than a respectful medical profession. The negative portrayals of Chinese and Western missionaries' publications on midwives reflected the social stigma attached to midwifery.

Furthermore, according to Furth, the fact that midwifery was considered a substandard profession also limited the ways in which midwives were recruited and trained. Under the influence of Neo-Confucianism, genders were often strictly segregated during the late imperial period. Thus, Chinese doctors often trained their wives and daughters to treat diseases and maladies specific to women. Such women healers usually learned techniques to take one's pulse, provide moxibustion, and perform acupuncture; they also learned simple medical theory.⁸² However, since midwifery was regarded as a lowly job, women in medical families were reluctant to take a job in midwifery, and thus midwifery was often passed down from mothers-in-law to daughters-in-law, or mothers to daughters, among the lower classes in imperial urban areas.⁸³ Furth claims that it was not an accident that in eighteenth-century Jiangnan, midwifery was one of the specialties of descendants of the *Yue*, a category of *jianren* ("mean" people).⁸⁴

Although it is not clear whether all midwives were *jianren* or ritual specialists, these various dimensions of midwives' historical realities demonstrate the diverse Chinese views of childbirth; childbirth was cosmological, sensitive, and a pollutant rather than simply a medical event in the narrow sense. In this context, midwives in pre-GMD urban China were seen as people with "special skills" who helped birthing women and

⁸² *Ibid.*, 277.

⁸³ *Ibid.*, 283.

⁸⁴ *Ibid.*, 282. For the *Yue* people, see Matthew H Sommer, *Sex, Law, and Society in Late Imperial China*, (Stanford, California: Stanford University Press, 2000), 3.

their families manage these sensitive and polluting events safely and smoothly. Although there are still questions about whether urban midwives were socially respected, or whether their skills were considered to be more religious than medical, all previous studies agree that they were treated as professionals and thus distinguished from lay people because of their special skills.

In fact, although midwives were often portrayed as ignorant people in medical texts, their specialized skills included medical knowledge. According to an observation in Qinghe county, near Beijing, midwives monitored pulses so as to be able to determine the “correct” moment to begin labor.⁸⁵ Additionally, midwives were expected to be familiar with folk medicine used to quicken the birth and to use medicine or “surgery” to deal with emergencies. Evidence suggests that midwives in Beijing transferred their experiences and knowledge from mother-in-law to daughter-in-law or from mother to daughter.⁸⁶ In fact, it was their secret medicines and “surgery skills” that enabled them to be seen as specialized and professional.

Also contrary to their conventional images of being cunning and self-serving, they were usually hired by their neighbors; thus, their business heavily depended on their reputation and social network. In general, each *hutong* or city street had one or two midwives⁸⁷ and they could earn a wider range of clients if they earned a good reputation through their “surgery” skills, specialized medicine, and ability to deal with difficult

⁸⁵ Diyi zhuchan xuexiao ed. *Ibid.*, 46-47.

⁸⁶ Beijing Municipal Archives (hereafter BMA) J181-21-17302; BMA J181-1-376.

⁸⁷ According to the social survey conducted in Beijing in the 1920s regarding the midwifery retraining program, 113 old-style midwives were identified as professional midwives in five districts of Beijing city.

childbirths.⁸⁸ In fact, when the 1928 midwifery reform outlawed midwives over 65 years of age from practicing, many Chinese women still asked the older midwives in their neighborhood to supervise their labors since they felt more comfortable with them than most medically trained Western style midwives.⁸⁹ In this sense, their workload and qualifications were based on their skills, accumulated experience, and close social networks.

The fees that midwives charged, of course, varied depending on the social status of their clients, the difficulty of the labor, whether they used specialized medicine or not, the region and the year. However, in general it was one to two yuan in Beijing in the 1910s-20s, a wage comparable to the daily income of ordinary urban labors such as rickshaw pullers.⁹⁰ The report from Qinghe indicates that midwives' clients paid about half of the fee and a good meal one month in advance as deposit in order to ensure midwives' presence during labor.⁹¹ Midwives could earn a bonus if the child delivered was male.⁹² Little to no fee was expected if newborns or mothers died.

While there is some evidence that midwives received some respect from the local residents, the negative image of midwives as self-serving and irresponsible in medical texts was not mere fiction. Surviving documents from police reports and legal cases in

⁸⁸ Ibid., 47.

⁸⁹ BMA J183-2-41690.

⁹⁰ The daily income of a rickshaw puller was two to three yuan in Beijing in the 1920s. Kathryn Bernhardt, "Divorce in the Republican Period," in *Civil Law in Qing and Republican China*, ed. Kathryn Bernhardt and Philip C.C. Huang (Stanford, California: Stanford University Press, 1994), 197.

⁹¹ *Diyi zhuchan xuexiao*, ed., Ibid., 47.

⁹² In the area of Zhejiang, midwives received 2.5 times more for delivering a boy. "Wo jiaxing de jiesheng fengsu," 89.

early twentieth-century Beijing indicate that clients often suspected that midwives did indeed exaggerate the dangers of childbirth to extract a higher fee, a likely cause for some families suing for fraud. Furthermore, some clients sued midwives for being irresponsible.⁹³ For example, in 1921, a cousin of a birthing mother accused a local midwife, Zhang, of being irresponsible and negligent. The midwife assisted a “difficult birth” in which the legs of the baby came before the head. According to the cousin, she pulled out the newborn’s legs too aggressively and finally detached the infant’s head from the rest of the body. Furthermore, she irresponsibly left the detached head in the mother’s womb when she was unable to remove it, and then disappeared. Therefore, the birthing woman’s husband had to call a traditional-style doctor to remove the head from her womb. Although the doctor successfully removed the head with herbal medicine, this event almost caused the death of the birthing mother.⁹⁴ After investigation the midwife was not found to be responsible for the death of the newborn because it was discovered to be a stillbirth; nevertheless, she was blamed for leaving the head in the womb without proper treatment. Fortunately for her, she was set free since she did not directly cause the death of newborn and the birthing woman’s husband did not want to punish her. However, she was warned not to practice midwifery anymore.

Chinese authorities in the pre-GMD period also saw midwives as self-serving and morally low people. In 1913 the Republican government issued a regulation governing

⁹³ BMA J8-21-2345; BMA J181-19-32229.

⁹⁴ BMA J181-19-32229.

the qualifications of midwives.⁹⁵ However, the regulation mainly focused on the moral uprightness of midwives rather than their medical knowledge. The regulation warned midwives to not reject clients' calls without reason (they often refused service when they were needed in order to increase their fee), not to blackmail their clients after discovering their personal physical history, not to traffic children, and not to arbitrarily use surgery in cases of "difficult childbirth." Furthermore, the regulation required midwives to submit affidavits from three of their neighbors guaranteeing their moral uprightness in order to earn their license. Interestingly enough, their medical knowledge was not crucial to earning a license. This strong concern of the state regarding midwives' moral character and its relative indifference to their medical qualifications demonstrates that the official view of midwives was rather low and that midwifery was not regarded as a medical profession by Chinese officials. It was not until 1913, 15 years before the 1928 midwifery reform, which stressed the importance of medical knowledge for midwives, that midwifery came to be seen as a legitimate medical profession.

In short, in the highly commercialized Chinese urban areas, midwifery was regarded as a profession, and midwives offered their services mainly for a fee. However, although knowledge of medical practices was one important aspect of their performance as midwives, they did not enjoy a high reputation as medical professionals in their communities. In contrast, they were often seen as morally low and self-serving individuals who possibly committed criminal acts to secure higher fees and monetary

⁹⁵ About the legal reform of the early Republican period, see Kathryn Bernhardt, "Women and the Law: Divorce in the Republican Period," in *Civil Law in Qing and Republican China*, ed. Kathryn Bernhardt and Philip C. C. Huang (Stanford, California: Stanford University Press, 1994), 187-214.

profits. To a certain degree, the negative Chinese view of childbirth as a sensitive, dangerous, and polluting event could shape this lowly social recognition of midwives who had to deal with such a process.

“Midwives” in Rural Areas

Although historical records on midwives in rural areas during the pre-GMD period are extremely rare, evidence suggests that midwifery was not considered to be a bona fide profession in rural villages. It is not even clear that the women who assisted childbirth in rural villages saw themselves as midwives. According to a survey conducted in Ding county, a rural area in Hebei province, the midwifery profession did not exist in rural villages. The survey indicates that although several women in a village had usually distinguished themselves by their “operative skill” and experience handling more cases than others, only village women who had experienced childbirth two to three times themselves became qualified to deliver the babies of younger women of neighboring families.⁹⁶

Although biased by the view of Western biomedicine, an observation by a medical missionary vividly describes the process of childbirth and how the “so-called midwives” supervised labor in rural China.

Up country the people are hopelessly ignorant on the matter; the so-called midwives are usually old women who have never been trained in any way, and to whom even the idea of cleanliness is unknown. Their one idea, if they think a woman is in labor, is to tell her to bear down; their only method of helping, should delivery not take place as soon as expected, is to “open the road for the baby” by tearing anything within reach of their long filthy nails. I have seen women with cervix, vagina, perineum all torn through, —and not superficially; the long, sharp finger nail do their work thoroughly and deeply. ...

⁹⁶ C.C. Chen, *Ibid.*, 75-76.

For after treatment the favorite medicine, often given immediately after birth, is the crusted sediment from a long used male urinal, sometimes given along, sometimes mixed with the blood just passed, is supposed to have good effect on the uterus. For “fever” fresh pig’s urine is given.

The woman is usually delivered sitting on the edge of the bed, her husband or friend sitting behind supporting her, while the midwife sits on a stool in front. As soon as the child is born she begins tugging the cord to assist the placenta, while friends stuff the woman’s hair down her throat to encourage expulsive efforts.⁹⁷

Considering the relatively poor economic conditions and medical resources in rural areas, it is not surprising that neighborhood women with childbirth experience of their own would help other women by encouraging the method that they thought useful and helpful. In fact, my interviews in rural villages of northern China also confirm that midwives did not exist as a recognized profession and that it was their neighbors who assisted their labors in the pre-GMD period.⁹⁸ Elders in villages recounted that, although they sometimes gave good food to the woman who supervised their labors, the services were voluntary and no monetary reward was involved.

Perhaps ironically, the rural women who assisted their neighbors’ births enjoyed a much higher reputation than their urban professional counterparts.⁹⁹ According to village elders, in order to be popular and helpful birth assistants, the women generally had to

⁹⁷ Mabel Poulter, “Obstetrical Experiences in Futsing City, Fukien, China,” *The China Medical Missionary Journal* 35 (1924): 331.

⁹⁸ Villagers’ memories do not report on times earlier than the 1930s and 40s, in some sense after the midwifery reform in 1928. But, as I will detail in later chapters, since the 1928 reform did not affect most rural areas, including those villages in which I conducted interviews, it seems likely that their memories from the 30s and 40s reflect the social realities during the pre-reform period. Although one must be careful about the impact of such an assumption, it is reasonable given that the interview responses are consonant with the records from the pre-reform period. Additionally, given the lack of records on rural midwives from the pre-reform period, these interviews are particularly useful if approached with caution.

⁹⁹ According to Yan Yunxiang, an anthropologist who carried out his field research in a rural village in Manchuria, local women who assisted births enjoyed higher authority in local communities and were often match makers.

meet three qualifications: *naozi hao* (smart), *nenggan* (handy), and *danzi da* (brave).

These village elders recall that, relatively soon before dying, a village woman who used to deliver newborns would choose one of her younger peers who possessed these three characteristics and teach the younger woman some of her skills before she passed away. In the case of Longbow village, Madam Li (Li *taitai*), who used to deliver children for villagers, began her service in her 30s following the death of an old village woman who had delivered children.¹⁰⁰ Contrary to the typical urban image of midwife as a poor and self-serving granny, Madam Li came from a middle-upper class peasant family and village elders still reported her to be a handy and brave woman who was not afraid of the difficulties of childbirth.

In part, the relatively high status of rural birth assistants came from the fact that they offered their services for free. When I asked about the social status of these “midwives,” an old woman replied “young man, think about it. Knowing that we would need her favors when we gave birth, of course, we had to treat her nicely.”

Despite the crucial role the midwives played in childbirth during the pre-GMD period, they were viewed as simply having experience or some special skills to handle childbirth rather than as medical professionals per se. This view was likely due to the fact that childbirth was not recognized by the rural Chinese as a medical event; it was rather a cosmological, sensitive, and polluting event. In this context, midwives were expected to deal with ritual and pollution, as well as health problems during labor. In a sense, the

¹⁰⁰ Li *taitai* became a village midwife in the early 1940s. She passed away in the 80s, but I interviewed couple of villagers who remembered her stories, including her daughter.

diverse roles that midwives were seen to play during childbirth were closely linked to the complexity of traditional Chinese views of childbirth.

More importantly, significant differences existed between urban and rural midwives. While in the commercialized urban areas, midwifery was seen as a profession, and midwives were expected to have specialized knowledge about medicine and rituals, their rural counterparts were ordinary villagers and voluntarily helped their neighbors' births utilizing their own experiences of childbirth. Additionally, unlike urban areas where midwifery was viewed as a lowly job and was practiced among the lower classes or, in some areas, "mean" people, in the rural areas that had limited medical resources, village women who assisted childbirth enjoyed a much higher reputation.

Western Midwifery in China before the 1928 Reform

In the practice of Obstetrics we probably see more of the sublime and the ridiculous at the same time than in the consideration of any other subject, but the consummate ignorance predominates. And this is not the faculty in China measurably responsible for woman's inhumanity to woman, as here illustrated, though it be the sin of ignorance. Century upon century of blindest empiricism, with no ray of medical science to shine into these habitations of cruelty. But the Sun of China has arisen with healing in his beams and the ministering angels from the West have come with balm from Gilead and must increasingly prove a boon and blessing.¹⁰¹

This quotation, written in 1890 by a medical missionary and extracted from "Native Practice and Practitioners" by Joseph C. Thomson, clearly demonstrates how most physicians trained in Western biomedicine perceived traditional Chinese practices and notions of childbirth. For them, the ignorant and superstitious childbirth practices still prevalent in China would be easily overcome if Chinese people were exposed to the

¹⁰¹ Joseph. C. Thomson, *Ibid.*, 187-88.

scientific knowledge and effective treatments of Western biomedicine. It did not take long, however, for proponents of Western medicine to realize that they could not simply replace the existing traditional-style midwives and their practices so easily. Instead, “advanced” Western obstetric medicine was merely to become a part of the heterogeneous and synthesized Chinese medical world, in which various approaches, methods, and views toward childbirth co-existed.

When Western missionaries came to China, they had good reasons to believe that their methods of handling childbirth were safer and more advanced. With the development of germ theory in the nineteenth and early twentieth centuries, Western physicians now understood how germs spread infection. As a result, their practices of managing labor and pre-natal care, for example cleaning the birthing room, using antiseptics, boiling instruments, and washing hands, were more hygienic and thus safer than those of their Chinese counterparts.¹⁰²

In addition, Western physicians’ more sophisticated understanding of anatomy along with the development of surgery techniques and instruments helped them to deal with various complicated cases and cesarean sections. In particular, using forceps dramatically increased the physicians’ ability to handle fetal malpresentation such as breech and transverse births. With these new understandings and techniques, practitioners did indeed dramatically lower infant and maternal mortality rates in their home

¹⁰² Judith Walzer Leavitt, “The Growth of Medical Authority: Technology and Morals in Turn-of-the-Century Obstetrics,” *Medical Anthropology Quarterly*, New Series 1, no. 3 (1987): 232-236.

countries.¹⁰³ As such, Western missionaries confidently believed that they could save Chinese people's bodies as well as their souls.

As Tina Philips details in her study on midwifery reform in the Republican period, medical missionaries did seriously attempt to introduce Western midwifery in China. The first Western-style hospital in China was Canton Medical Missionary Hospital (Canton Hospital, *Boji yiyuan*) founded by Dr. Peter Parker in 1835.¹⁰⁴ Mary West Niles, a female physician, practiced Western midwifery in the female section of the hospital beginning in 1882. She also translated *Obstetrics of Evans (Yisi chankexue)*, and compiled *Medicine Practice of Kerr (Jiasi neikexue)*. Niles and her assistants visited 239 families to supervise their childbirths in 1896 alone.¹⁰⁵

Evidence from historical records suggests that as far as obstetrics and gynecology were concerned, Chinese people welcomed and willingly utilized the information that Western missionaries introduced to China. Female physicians, who had difficulty in establishing their careers in their home countries, were especially receptive to these new practices and were often welcome in communities of Chinese medical missionaries to work as obstetricians and gynecologists.¹⁰⁶ Unlike male physicians who faced challenges

¹⁰³ Mortality rates of birthing mothers decreased from 1.3% to 0.5% from 1880 to 1900. Judith Walzer Leavitt, *Brought to Bed*, 24.

¹⁰⁴ Tina Philips, *Ibid.*, 44.

¹⁰⁵ *Ibid.*, 45.

¹⁰⁶ Western physicians, as well as their Chinese counterparts, had difficulty accessing female patients because of strict gender segregation in Chinese society. According to Dr. D. Bethune McCartee, who practiced medicine for approximately thirty years in Ningbo, he had only "four or five obstetrical cases" (Tina Philips, *Ibid.*, 35). Therefore, the Chinese Medical Missionary Association officially announced that the primary task of female physicians in China was to provide home visits and supervise deliveries. By

finding female clients, these female medical missionaries had easier access to female patients. They even cared for members of influential Chinese families such as the wife of Li Hongzhang. Impressed by the devoted care and advanced techniques of Western medical missionaries, Madam Li with her mother-in-law sponsored the building of a Western-style hospital for women in Tianjin, which was under the jurisdiction of Li Hongzhang.¹⁰⁷ The Empress Dowager Cixi also donated 10,000 yuan to build a Western-style medical institution in Beijing. It was the support and cooperation of Chinese local gentries that allowed Dr. Duncan, of the Edinburgh (Scotland) Medical Missionary Society, to be able to found a maternity hospital in Hangzhou in 1906. The governor of Hangzhou's wife and her sister both had their babies at this hospital.¹⁰⁸

Western missionaries not only treated female patients and supervised their deliveries, they also successfully founded midwifery training programs and recruited Chinese women students. For example, Mary Niles and Mary Fulton taught female medical students in the Canton hospitals, and Mary Fulton opened The Guangdong Medical College for Women with nine students in 1901. The Xingya midwifery school in Hankou also trained several women, and there were several other female students in the medical schools in Tianjin. Dr. Mildred Phillips of the Methodist Episcopal Church, South founded Suzhou Women's Hospital and trained local women in the facility, and Dr. Duncan's maternity hospital in Hangzhou set up midwifery training classes and recruited

contrast, female physicians were not allowed to enroll in the Doctors' Association in America until the 1890s.

¹⁰⁷ Beiyang Naval Medical College and Beiyang Medical School (Tina Philips, *Ibid.*, 52-53)

¹⁰⁸ *Ibid.*, 48-51.

22 students in their first year alone.¹⁰⁹ The Medical School of Beijing (*Beijing yike daxue*), founded by Empress Dowager Cixi, also set up a midwifery training program as a regular part of its medical curriculum. The program recruited about twenty to thirty students between the ages of sixteen and thirty. Upon finishing, the graduates of this program received a certificate of “*zhuchan nüxing*” (female midwife).¹¹⁰

Interestingly, some medical missionaries offered better education to their Chinese students than to their counterparts in Western countries. These missionaries knew that midwives were unlikely to receive support or backup from Western-style physicians in cases of complication and thus believed that Chinese midwives should learn how to deal with operational instruments such as forceps, which were strictly limited to physicians in the West. Contrastively, other missionaries designed shortened and simplified training programs, so that Chinese women with low educational backgrounds could more easily learn basic principles of Western midwifery such as sterilization.¹¹¹

In spite of these great efforts by medical missionaries to introduce advanced Western midwives into China, the results were quite limited. Firstly, their attempts were sporadic and they were geographically limited to a few trade ports and urban cities. On top of that, the fees of Western-style hospitals were much more expensive than those of traditional-style midwives, although some mission institutions offered free delivery services. In the 1910s, a Chinese woman argued that formal training of midwives was necessary to popularize Western midwifery since the fee of Western medical service was

¹⁰⁹ Ibid., 48-69.

¹¹⁰ BMA J181-35-1778.

¹¹¹ Tina Philips, Ibid., 43.

too expensive. According to her report, women usually had to pay ten yuan to receive Western physicians' care and pay over twenty yuan if they were hospitalized; local midwives' services, on the other hand, cost one to two yuan.¹¹²

Medical missionaries seemed most frustrated because Chinese people did not see childbirth as a medical event that should be supervised by trained medical professionals. In fact, Western doctors often complained because, even after seeing the superiority of Western methods, Chinese people still viewed Western midwifery as one of many methods available to deal with complications. They confessed with great regret that Chinese people called upon their services only "when all hope was fled." Even among the urban rich, who had all the necessary resources, Western midwifery was just *one of many* emergency plans rather than the *sole* option of midwifery. In fact, sometimes a family called in a traditional-style midwife, a traditional-style physician, and a Western-style physician altogether when complications occurred.¹¹³

Lao She's novel *Rickshaw Boy*, although published in 1937, describes this heterogeneous attitude of Chinese people during the pre-GMD period. When Xiangzi's wife was about to give birth, he asked a traditional-style midwife to supervise his wife's labor. When the midwife was unsuccessful, both Xiangzi and his wife decided to call a shaman. Seeing no use for the shaman's chant, the traditional-style midwife recommended that Xiangzi bring his wife to a Western-style hospital. Xiangzi, although admitting that Western-style physicians had better methods to handle complications,

¹¹² Chenyao Pingxi, "Zhongguo jinri yi yangcheng chanpolun" (On why China ought to cultivate midwives today) *Funü zazhi* 2, no.4 (1916): 7-9.

¹¹³ BMA J181-19-32230.

decided not to go to the Western hospital because of the high medical fee.¹¹⁴ Xiangzi, and even the traditional-style midwife, viewed Western physicians' and shamanic healers' capabilities in a similar manner; they both had "special skills" to deal with difficult births. The main difference between physicians and shamans was the fee that they charged.

This attitude of Chinese people toward "advanced" Western midwifery was due mainly to their multilayered understanding of childbirth and their refusal to see childbirth as a mere medical case. Given that the Chinese viewed childbirth as more than a medical condition, Chinese birthing women often employed whatever methods were available to solve complications; this included rituals such as charms as well as Western physicians, if the families could afford one. Midwives also frequently expected to occupy other roles besides birth assistant including ritual and pollutant specialist. As such, most Chinese people viewed Western midwifery as merely one of many options that were available to them.

In part, Chinese people failed to recognize Western midwifery as the sole scientific method because Western medical missionaries did not present the Western method as a scientific one. The following anecdote demonstrates how missionaries portrayed their new techniques and knowledge:

Infant mortality in Chinese is ascribed to evil spirits. The family concerned is one of moderate means and of higher type than the ordinary people one meets. The man, Mr. Wong, was one of sixteen children, of whom he is the sole survivor. His wife bore him seven children, all of whom died in infancy. Before the eighth child was born, she was told she should come to the hospital for its birth as the evil spirits could not carry out their evil designs there. Very reluctantly she came, for she did not know what it was to be like. While here she heard of Jesus and how our Heavenly Father cares for and protects those who trust him. So she decided to serve him. There has been no one more eager to learn and more

¹¹⁴ Lao She, *Rickshaw Boy*, trans. by Evan King., Cyrus Leroy Baldrige. (New York: Reynal & Hitchcock, 1945)

regular in attendance on Sunday than she. They now have three bright and attractive children.¹¹⁵

From this excerpt, one can see that the missionaries did not present the successful and safe birth of the women as the triumph of scientific Western medicine. Instead, to satisfy the purpose of a mission, they either actively promoted or at least allowed the misunderstanding that their safer and advanced methods were attributed to Christian Divine mercy and protection. By doing so, missionaries did not directly challenge the people's shamanic beliefs; instead, they used it to evangelize Chinese people, which surely influenced the view laypeople had towards its significance. Thus, the Chinese simply allowed Western medical techniques to be part of the heterogeneous and synthesized Chinese medical world.

Conclusion

Chinese people's pre-GMD period views of childbirth were influenced by medicine, cosmology, and empirical knowledge gathered from their daily lives. While some saw birth as a natural physiological process, others considered it dangerous and unsanitary thus requiring supernatural powers and secret knowledge of cosmology. For most birthing women, childbirth was an immediate health crisis that they had to overcome safely and smoothly. Considering such complicated attitudes toward childbirth, it is no surprise that not only professional physicians, but also Confucian scholars, midwives, and shamans were called on to deal with various birth-related health issues. In pre-GMD China, Chinese birthing mothers and their families lived in such a heterogeneous and

¹¹⁵ "Hainan News letter," *The China Medical Missionary Journal* 34, no.5 (1925): 560.

synthesized medical world that various views mingled with one another, and women and their families kept their options open depending on their health and socio-economic conditions.

Even when complications arose, the Chinese often saw them as the result of birthing women's morally improper conduct or the interruption of evil spirits; some medical elites blamed midwives' misbehavior or broken harmony among qi and blood, which was thought to eventually ruin the natural process of birth. Therefore, when problematic births occurred, people attempted to comfort spirits, believed to be responsible for the complications, or used herbal medicine to help restore the harmony between qi and blood. Chinese midwives also tried simple and crude folk methods to pull out the fetus with a sickle. Again, a variety of options were open to birthing women and their families.

This heterogeneous approach toward childbirth also shaped the necessary qualifications of midwives. Birth was seen as a sensitive, cosmological, and polluting event as well as a health crisis, and midwives were regarded as professionals who could meet such complicated demands. Therefore, midwives in urban areas, were expected to know shamanic rituals to handle the complications as well as basic medical knowledge of herbs and pulse monitoring. On the other hand, in rural areas where little medical recourse was available, local women, armed with the experience of their own childbirth and handy skills, voluntarily assisted their neighbors' deliveries. In general, contrary to urban midwives who were considered lowly people dealing with pollutants, midwives in

rural areas enjoyed a relatively higher reputation in their communities. As such, great diversity existed among those women who assisted childbirth in pre-GMD China.

In this heterogeneous medical world, advanced and safer Western midwifery was welcome, yet was not able to completely replace traditional methods of assisting birth. Even in urban areas where many residents had access to Western midwives and could afford their services, people often perceived this option as one of many when complications occurred instead of as the single and safest option. Sometimes, it was the Western medical missionaries who presented the Western practices as a matter of divine protection rather than as scientific or more advanced methods. Therefore, the midwifery reform in 1928, which was the state intervention to popularize Western midwifery in China, had to attempt to change this heterogeneous medical perspective that the Chinese people had lived with throughout many centuries.

CHAPTER THREE
Who Should Assist Chinese Birthing Women?
– The Ideology and Practices of the GMD Midwifery Reform

This chapter examines why regulating midwifery, an area in which the state had rarely interfered before, became a national issue in the 1920s and 30s. It also investigates the policies that the GMD state employed to conduct midwifery reform in urban areas, which were more affected by its influence. As argued in Chapter 2, urban Chinese people believed that midwives should have basic medical skills and knowledge, but viewed their specialized skills of performing rituals and handling birth-related pollution as their most valuable expertise. When the early Republican state tried to regulate the qualifications for old-style midwives in 1913, it was concerned more with their moral righteousness than with their medical knowledge. However, these ordinary people's cosmological and ambiguous attitudes toward childbirth and midwifery became the target of change when the GMD state promulgated the midwifery reform laws in 1928 and 1929. According to the reform acts, old-style midwives had to take a basic Western biomedicine class in order to earn their license and they were prohibited from prescribing herbal medicine and handling complications. This chapter focuses on why this newly established GMD state interrupted the daily practices of its citizens, which had gone on for centuries, and how the state realized its reform ideals of promoting "advanced" and "safer" Western midwifery.

The intention and the specific policies of the GMD midwifery reform have not been fully examined by previous work discussing the maternity health reform in 1928. In fact, previous studies have regarded the GMD midwifery reform as a heroic triumph of a few

medical reformers and missionaries who fully appreciated the superiority of Western medicine. For example, Tina Philips, in her dissertation, stresses how Dr. Marion Yang, one of the first Western-style obstetricians, convinced the GMD leadership to conduct the reform.¹¹⁶ Similarly, Li Yaqin's and Mary Brown Bullock's studies also attribute the reform efforts to Western medical missionaries and their influence on the party leadership.¹¹⁷ By focusing on the influence of a few individuals, past scholarship has neglected to ask important questions: Why was the reform supported not only by medical practitioners in Western medicine, but also by various social reformers, nationalistic intellectuals, and state officials? What was the appeal of Western midwifery for those intellectual and social reformist groups who had little professional knowledge of Western obstetrics? Why and how did the GMD state design their policies to popularize Western midwifery in China?

In an effort to address these gaps in the literature, this chapter examines: 1) how Chinese nationalists and social elites began to see midwifery reform as a first step in creating a strong, prosperous, and enlightened Chinese nation; 2) how their ideas of midwifery reform were supported and guided by newly introduced Western biomedical knowledge; and finally, 3) the logic behind the GMD regulations of old-style midwifery and the policies that the state employed to achieve its reform goal of popularizing "safer" and more "advanced" midwifery practices.

¹¹⁶ Tina Philips argues that "the plans for improving maternal and child health in China in the 1930s can be traced back to one person, Dr. Marion Yang, an American and European-trained OB/GYN physician." (Tina Philips, *Ibid.*, 117)

¹¹⁷ Li Yaqin, "Minzu guojia de congjian yu zhuchan geming: yi Huning diqu wei zhongxin de guancha 1928-1937" (*Rebuilding the nation-state and midwifery revolution: focusing on the Huning area, 1928-1937*) (M.A. Thesis, Nanjing University, 2003), 19-20; Mary Brown Bullock, *Ibid.*.

In order to analyze the diverse views of Chinese intellectuals, medical reformers, and the GMD state officials, this chapter employs three kinds of materials: 1) fiction, newspapers, and journal articles, 2) obstetric textbooks and medical articles, and 3) archival materials on health policy issues. Examining literary works and newspaper and journal articles on midwifery reform is important to learn the concerns and logic of nationalistic reformers and social elites in China when they demanded the intervention of the state with regard to midwifery. They include articles in *Funü zazhi* and *Shenbao*, Ba Jin's novel *Family*, and Xiao Hong's novels, including *The Tale of Hulan River* and *The Death of Madam Wang*.

Several obstetric textbooks and medical articles on midwifery published between 1900 and the 1930s are also analyzed. The textbook examined is *Chanke (Obstetrics)*,¹¹⁸ which was written by a foreign obstetrician and is thus direct translation; commercial midwifery handbooks and medical articles written by Chinese Western-style physicians for popular journals are also utilized. These medical texts on Western obstetrics help one to understand how medical practitioners and reformers in the 1920s and 30s viewed Western midwifery, and why they requested that the state take an active role in regulating the qualifications and responsibilities of old-style midwives.

Lastly, the GMD health policies are investigated using archival materials located in the Beijing and Shanghai Municipal Archives and the Second National Archives in Nanjing. Understanding the Shanghai and Beijing Municipal Governments' efforts to

¹¹⁸ Mier (密爾, English name unknown), *Chanke (Obstetrics)*, trans. Xu Gaodi (Shanghai: Shanghai Jiqi zongqu, 1898-1906).

regulate midwifery is especially important in that they eventually became the national model for the GMD state's midwifery reform policy throughout the GMD period.

Ideological Backgrounds of the Initiators of Midwifery Reform

Perhaps surprisingly, those who initially demanded the state's intervention in midwifery in the early twentieth century were not obstetricians, but lay people with little professional medical training. These lay reformers' backgrounds varied and included journalists, social reformers, professional writers, and ideologues; few of them showed a deep understanding of the medical aspects of Western midwifery.¹¹⁹ More importantly, when they requested midwifery reform, they rarely treated midwifery as only a medical problem, but often discussed the reform in conjunction with other issues such as the national economy, women's status in Chinese society, and the nation's survival. This section considers the context in which midwifery reform became associated with national issues such as improving Chinese people's health and enlightening its citizens, and uncovers the modernizing elites' ideological background and its influence on their demands for midwifery reform.

The Sick Man of East Asia and Sick Children

In general, infants are the base of a nation, the essence of a society, and the root of the state. In the past, descendants of our Yellow race (*Huangzu*) were prosperous, [however] now we

¹¹⁹ Frank Dikötter uses this concept of "modernizing elites" to refer to various kinds of journalists, social reformers, professional writers, political ideologues, and cultural populizers who were active during the Republican period. According to him, although diversity existed among these modernizing elites in terms of politics and social backgrounds, they, with their modern educations, were typically the ones who pushed for the adoption of Western models with the aim of modernizing China. See Frank Dikötter, "Introduction," *Crime, Punishment and the Prison in Modern China* (London: Hurst, 2002.)

have declined and eventually come to be seen as the sick man of East Asia. To women, birth is the key question of life or death; to the newborn, it is a basic question of a long life or an early death. Yet [in spite of this importance of birth] we still entrust old and poor women, who merely wish to make their living [without any sense of responsibility and any medical qualification], to handle childbirth. Alas! Cultivating [responsible and qualified] midwives is indeed a program to *preserve our race* and a good way to *build a strong country*. (My emphasis)¹²⁰

This quotation, extracted from a 1916 article on midwifery regulation in *Funü zazhi* (Ladies' Journal), illustrates how Chinese modernizing elites in the 1910s and 20s conceptualized midwifery reform; they saw the reform as essential for China's survival. In fact, in this article's introduction, the author, Yao Pingxi, reported that Japan and Western countries trained midwives and issued licenses to those who completed training programs in modern midwifery. Praising these programs for their efforts to improve national health and strength, Yao argued that the Chinese government should establish a one-year training program to teach midwives basic medical knowledge.¹²¹ She also stressed that the state should force all midwives to register with the government, so that health officials could more responsibly supervise and manage midwifery practices.¹²² Also evident in the above quotation is Yao's disappointment in the Chinese state, which failed to recognize the importance of improving midwifery—a failure which eventually caused the degeneration of the Chinese race and the decline of the nation's health. For Yao, midwifery reform was necessary for China to gain respect and to no longer be seen as the "Sick Man of East Asia."

¹²⁰ Chenyao Pingxi, *Ibid.*, 9.

¹²¹ *Ibid.*, 7.

¹²² *Ibid.*, 9.

In fact, throughout the late 1910s and 20s, the demand for the state to intervene in old-style midwifery was linked predominantly to nationalist concerns such as improving the race and national strength. Popular medical handbooks for female health or articles to promote Western midwifery often presented Western methods of midwifery as the program to “serve the nation by improving the race’s health” (*baoguo qiangzhong*)¹²³ or “prevent the race from being weak by promoting women’s health” (*mianchu renzhong zhi rouruo, zengjin funü de jiankang*).¹²⁴ Although they did not clearly explain how Western midwifery would improve the quality of the Chinese race and they lacked any professional medical evidence to justify their arguments, these articles show that the Chinese modernizing elites began to view childbirth not as a private matter of individuals, but as the responsibility of the state, and linked to the prosperity of the Chinese race and nation.

This new perspective on childbirth and midwifery as a national matter reflected the Chinese intellectuals’ concerns and the growing sense of crisis regarding China’s survival in the 1910s and 20s. As Frank Dikötter and Bridie Andrews have pointed out, in the first two decades of the twentieth century, the ideas of social evolution and natural selection were widely circulated, and they created a great deal of anxiety among Chinese elites.¹²⁵ According to Bridie Andrews, Social Darwinism and Thomas Huxley’s survival of the

¹²³ Wang Fuying, “Xin dasheng bian” (New version of *On successful birth*), *Funü zazhi* 4, no. 2 (1918): 1-2.

¹²⁴ Zhu Jiqing, “Introduction,” in *Yingfu zhi you* (Friend of pregnant women) (Shanghai: Shangwu yinshuguan, 1933), written in 1927.

¹²⁵ Frank Dikötter, *Sex, Culture and Modernity in China* (London: C Hurst, 1995), 12-13; Bridie Andrews, “The Making of Modern Chinese Medicine, 1895—1937” (PhD diss., University of Cambridge, 1996), 23-24.

fittest argument significantly contributed to the sense of crisis and anxiety among Chinese social elites who witnessed a series of Chinese military defeats since the Opium war (1839-1842), as well as political and social crises such as the Taiping Uprising (1851-1864) and the 1911 Revolution.¹²⁶ Given the exposure to these new theories and China's critical social and political situations, Chinese social elites were deeply concerned that if nothing was done to prevent the Chinese race from further degeneration, the existence of the Chinese nation would be in doubt as it faced the harsh competition of other nations and races for survival.

In a sense, the demand for the state management of midwifery was a direct reflection of the concerns about international competition and the survival of the Chinese race. As Bridie Andrews has shown in her study of medical modernization in China, Chinese social elites criticized their government's indifference to public health projects and the health of the nation throughout the 1910s.¹²⁷ They desired more responsible actions from the state, demanding more control to help reduce epidemics and more effort to improve the physical fitness of the Chinese people. More specifically, they claimed that the Chinese government should build bureaucratic organizations dedicated to epidemic control, put more emphasis on physical training in school education, and ban foot-binding. Without these efforts, they argued, the Chinese race would degenerate and be unable to compete with other races, especially with the Whites, the fittest according to the theory of natural selection. Considering this sense of crisis and the prevalent idea that

¹²⁶ Bridie Andrews, *Ibid.*, 24-25. For details on how Social Darwinism and Thomas Huxley's argument circulated and their effect on Chinese intellectuals, see Benjamin Schwartz, *In Search of Wealth and Power: Yen Fu and the West* (Cambridge: The Belknap Press of Harvard University Press, 1964), 98-112.

¹²⁷ *Ibid.*, 35.

strong children will secure the nation's future, it is no surprise that these elites and intellectuals put much of their effort into midwifery reform.

Healthy Children and Four Hundred Million Healthy Chinese Citizens

This connection between midwifery reform and national strength was reinforced by Chinese intellectuals' new understanding of the Chinese population in the 1920s and 30s. Since the late eighteenth century, the overpopulation of China had been blamed for the decline of the country.¹²⁸ However, by the early 1920s Chinese demographers had begun to claim that the size of China's population was not a main cause of its poverty.¹²⁹ According to statistics that they compiled from modern demographic studies in America, China's population became stagnant, or even shrank, after the middle of the nineteenth century. In contrast to the previous argument that was concerned primarily with the *quantity* of the Chinese population, these new demographers argued that the critical factor that determined the prosperity and well being of a society is not the *quantity* of population, but the *quality* of the population that could produce wealth as workers and protect the country as soldiers.¹³⁰

¹²⁸ Hong Liangji (1746-1806), a high official of the Qing dynasty (1644-1911), pointed to overpopulation as the main problem causing the instability of Chinese society in 1793; Chinese officials subsequently treated the issue as a serious problem. Gabe Wang, *China's Population: Problems, Thoughts and Policies* (Brookfield: Ashgate, 1999), 40-41.

¹²⁹ Chen Changheng, *Zhongguo renkou lun* (On Chinese population) (Shanghai: Shangwu yinshuguan, 1920); Wu Yingtu, *Renkou wenti* (Population problem) (Shanghai: Zhonghua shuju, 1929); Zhou Qinyun, "Shengchande changshi" (Common knowledge on birth), *Funiu zazhi* 17, no. 11 (1931).

¹³⁰ In fact, because of this new understanding of population, politicians such as Sun Yat-sen who previously had been critical about the large size of the Chinese population supported programs that would increase it. (Gabe Wang, *Ibid.*, 42-43)

As this new focus stressed the importance of having enough healthy citizens to secure the nation's future, many Chinese intellectuals worried that the Chinese nation was in trouble. Not only was the quantity of the Chinese population stagnant compared to the rapidly increasing populations of Western countries and Japan,¹³¹ the quality of the Chinese population was also not as healthy as that of its Japanese and Western counterparts. Intellectuals who followed this new focus argued that the size of the Chinese population did not increase because of the high mortality rate, despite the fact that the birth rate of China was twice as high as the birth rate of Japan.¹³² In other words, China did not have a strong enough population to compete internationally because its citizens died too early and were too sickly to serve their country. Those intellectuals noted that while the overall casualties during WWI (1914-1918) totaled 4.5 million, China lost over 5 million potential laborers every year, a tragedy which could be rectified if there were a proper health care program in China.¹³³ Following this line of thinking, midwifery reform became a necessary program to produce healthy citizens, and ultimately ensure the nation's future.

In fact, midwifery reformers often relied on the high mortality rate and citizens' poor health to argue for the reform. When Dr. Marion Yang petitioned to found public midwifery schools and to regulate old-style midwives' practices with legal force in 1928, she used the statistics of mother and infant mortality rates and compared them to the rates

¹³¹ Although this was incorrect, many Chinese demographers believed that the population of China was stagnant. (Zhou Qinyun, *Ibid.*, 78)

¹³² Lin Lisheng, "Renkou wenti and chaner zhixian" (Population problem and birth control), *Funiu zazhi* 17, no.8 (1931): 2-10.

¹³³ *Ibid.*, 10.

in other countries, including Japan, in order to justify her request.¹³⁴ Also, midwifery schools in the 1930s often used the comparison of the stagnant Chinese population to the rapidly increasing population of other nations' to emphasize the importance of learning Western midwifery.¹³⁵ As China's mother and infant mortality rates drew national attention, especially as they compared to China's rivals, the Chinese state increased its support of the midwifery reform.

The speech of Guo Chun, a public health official in the Beijing Municipal Government, demonstrates these concerns about the importance of the proper quality and quantity of the Chinese population for international competition. He indicates why the state should carry out midwifery reform in this remarkable argument:

In China, the infant mortality rate has reached twenty to thirty percent. This means that every year two million newborns die, although we could save half of them (if we had well-trained midwives). In the case of mothers, the neonatal mortality rate is about 1.5 percent and every year 180,000 women die because of childbirth... Such loss of human life damages the national economy.

People not only consume but also produce. How much does a citizen owe to the state? The death of a citizen causes much visible and invisible loss [to the state]. In other words, if many people die, the cost of medicine and coffins also increases. If we count the cost at five yuan per head, we lose more than two million yuan from the deaths of about three hundred thousand people. In addition, we should not forget the loss caused by the death of the newborns. The total number of the population is the leading factor that determines the strength of a nation. How large of a population a nation has and how healthy the population is depends on how successful the public health project is (in the country).¹³⁶

¹³⁴ Marion Yang, "Letter to the Editor," *Chinese Medical Journal* 42 (1928): 554.

¹³⁵ Shaanxi zhuchan xuexiao niankan bianji weiyuanhui, ed., *Shaanxi zhuchan xuexiao niankan* (Yearbook of the Shaanxi Provincial Midwifery School) (Xian: Shaanxi Provincial Midwifery School, 1935), 25.

¹³⁶ Guo Chun, "Lun funü ying'er weisheng shiye yu minzuzhi gunaxi" (On the relationship between the midwifery Reform and the nation), in *Diyi zhuchan xuexiao*, ed., *Diyi zhuchan xuexiao niankan, di wujuan* (Fifth yearbook of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1934), 57-58.

For him, state involvement in childbirth and methods of midwifery was more than a necessary intrusion of the state into its citizens' private lives; it was a responsibility that the state should take for securing the nation's future and prosperity. This concern for national strength and survival in the face of international competition was the very ideological background for the Chinese modernizing elites' demand for state regulation of the daily practices of childbirth and midwifery.

Midwifery Reform as an Indicator of China's Progress

The health of newborns and the strength of the nation were not the only primary concerns leading to the demand for midwifery reform; the suffering and pain of birthing mothers also caused modernizing elites to support efforts to popularize Western midwifery. As discussed in the previous chapter, Western medical missionaries often made note of what they saw as cruel and superstitious attitudes towards childbirth to show the backwardness of the Chinese medical system. Furthermore, the missionaries claimed that because few elite male physicians specialized in childbirth, the suffering of mothers at the hands of old-style midwives was a sign of the Chinese civilization's misogynist attitude. For Chinese modernizing elites, then, popularizing "scientific" and "advanced" Western midwifery was the way to enlighten Chinese society.

This link between popularizing Western midwifery and saving Chinese women from backward Chinese tradition was very clear among contemporary medical reformers. For example, in his article on Western midwifery, Hu Tingan, a Chinese physician in

Western medicine, compared traditional Chinese midwifery to foot-binding, a notorious practice associated with the suppression of Chinese women:

The evil custom of foot-binding which was passed down from the past has been abolished except for several remote areas, and even those areas will be liberated eventually. However, from my perspective, the current methods of childbearing and nursing are problematic, and indeed many places need to improve [yet, the native methods are still widely practiced]. Because [in native methods] women and infants often fail to receive proper care, at worst, it cost their precious lives; at best, they still greatly suffer. Isn't this sad?¹³⁷

The author goes on to criticize old-style midwives for their lack of medical knowledge and harmful superstitions.¹³⁸ For Hu Tingan, Chinese birthing mothers were the victims of ignorant and ridiculous traditions of handling birth, and their anguish could be relieved only by Western midwifery practices. In this context, the goal of midwifery reform was not merely improving medical care for birthing mothers, but enlightening Chinese civilization in general.

Medical publications of the 1920s introducing medical knowledge of Western obstetrics and gynecology also presented these more “advanced” practices as savers of Chinese women from conventions that had prevented women from receiving proper medical care. The preface of a popular medical handbook for obstetrics published in 1928 blamed Chinese women’s suffering on female seclusion, which discouraged and prevented women from properly finding out for themselves what health problems they were at risk for. In so doing, the female author of the handbook envisioned herself as a rescuer of her “poor sisters” from such an evil practice:

¹³⁷ Hu Tingan, “Taichan he youer gailang de biyao” (The need to improve the methods of childbearing and nursing), *Funü zazhi* 9, no.2 (1923): 110.

¹³⁸ *Ibid.*, 110-111.

Most of our sisters are accustomed to living indoors, and lack the ordinary knowledge of physiology and pathology. If they suffer from sickness, they do not know how to treat themselves. They buy some patent medicine, and they die an unnatural death, and also many have died because of quack doctors. Moreover, some suffer in their genital organs or because of irregular menses before puerperium and pregnancy, etc. They feel ashamed to tell others or consult a doctor. ... The writer is not ashamed of her inadequate training, but was so anxious about her poor sisters' dangers like those mentioned that she studied very hard during these last years.¹³⁹

From this perspective, encouraging women to learn about obstetrics was more than merely popularizing modern medical knowledge; it was challenging the old practices of female seclusion and liberating women from suffering.

No other document more clearly demonstrates this iconoclastic attitude of modernizing elites toward the traditional notions and methods of childbirth than a special section of *Funü zazhi* dedicated to criticizing Chinese midwifery. In 1925, the journal invited the public to criticize their local practice of childbirth. The journal selected fourteen letters and published them under the title of “Wo jiaxiang de shengchan fengsu” (Childbirth customs in my hometown) in the issue of July, 1925.¹⁴⁰ These letters were selected among ones from all over China including Beijing, Henan, Jiangsu, Fujian, Guangdong, and Guizhou. Each of them harshly criticized the existing practices of childbirth for being superstitious and harmful to women. They detailed how midwives ridiculously used amulets and pictures of goddess and divine generals to protect the lives of birthing mothers and newborns from evil spirits.¹⁴¹ Also, the letters described how

¹³⁹ Wu Chenyi, *The General Knowledge of Obstetrics, Gynecology and Pediatrics* (Hangzhou: Jisheng yiyuan, 1928), 1.

¹⁴⁰ Interestingly enough, the July issue was devoted to the issue of divorce and improvement of women's status within their families.

¹⁴¹ “Wo jiaxiang de jiesheng fengsu,” 76-89.

midwives harmed women by ignorantly damaging their birth canals and wombs.¹⁴² In the anecdotes, old-style midwives even killed female infants without mercy, and deceived their clients in order to increase their fees by exaggerating the dangers of birth.¹⁴³ In one of the letters from Henan, the author displayed her regret regarding the “ignorant” masses who blindly followed superstitious practices and became victims of cunning midwives without knowing the benefits of advanced Western midwifery.¹⁴⁴ The message that these letters convey is crystal clear. The existing methods of birth and midwifery were symbols of the “superstitious” and “backward” customs that victimized women; by contrast, Western midwifery (*xifa jiusheng*) was seen as the way to move Chinese society forward and relieve victimized women.

The idea of “superstitious” and “backward” notions of childbirth was often reproduced by young iconoclast Chinese writers who attacked “old” Chinese ideas and conventions. In the novel *Family (Jia)*, published in 1931, Ba Jin portrays old superstitions surrounding childbirth as an obstacle for the nation to overcome in order to create an “enlightened” China. The novel portrays the Gao family, who after the death of the family patriarch in the home force the pregnant wife of Gao Juexin, the young master of the clan, to move far away from the residence.¹⁴⁵ They believed that if they did not do so, the curse caused by the grandfather’s corpse would harm both the pregnant woman and her unborn infant. However, contrary to the family’s intentions, the long travel from their

¹⁴² Ibid., 82

¹⁴³ Ibid., 84

¹⁴⁴ Ibid., 85

¹⁴⁵ Ba Jin, *Family*, trans. Sidney Shapiro (Garden City, N.Y.: Anchor Books, 1972), 285-289.

original residence to a new “safe” place made the pregnant woman extremely weak and tired, eventually causing her death during childbirth. For Ba Jin, a ridiculous superstition murdered a vulnerable woman; this case perfectly demonstrates how Chinese people suffered from blindly following irrational superstitions.

Xiao Hong, a female writer, also frequently employed women’s pain and death during childbirth to describe the desperate situations that the Chinese masses had to face in the early 1930s. In her first novel, *The Death of Madam Wang* (*Wang Ashao de si*), Madam Wang suffers from poverty and exploitation at the hands of landlords throughout her life. Additionally, she loses her three children due to poor hygienic conditions, and eventually dies from infection during her fourth birth.¹⁴⁶ In this tragic story, the poor conditions and primitive methods of childbirth highlight why Chinese women in particular suffered in the “old China.”

In another novel, *The Field of Life and Death* (*Sheng si chang*), published in 1935, Xiao Hong portrays the existing notions of childbirth and the superstition regarding women’s sickness as a symbol of women’s pain in the “old China.” For example, Yue Ying, the most beautiful woman in the village, tragically dies of parasitic disease in her womb. At the onset of her symptoms, though, she simply prays to local deities and goes on pilgrimages to local temples seeking a cure until parasitic insects literally consume her.¹⁴⁷ When Jinzhi, another village woman, experiences great pain during labor, villagers and local midwives show little sympathy, calling the pain during birth a curse or

¹⁴⁶ Xiao Hong, *Selected Stories of Xiao Hong*, trans. Howard Goldblatt (Beijing, China: China Publications Centre, 1982), 9-10.

¹⁴⁷ Xiao Hong, *The Field of Life and Death*, trans. Howard Goldblatt (Bloomington: Indiana University Press, 1979), 78-79.

divine punishment for simply being a woman (*furenmen de chengfa*).¹⁴⁸ For reform-minded Chinese writers, native superstitions and notions of childbirth served as a metaphor for the “old China” that Chinese people had to overcome to move forward.

In short, regulating midwifery became a national issue for Chinese modernizing elites because they regarded the high infant mortality rates of the time as jeopardizing the future of the nation. Although the so-called ideal size of the Chinese population was still a matter for debate, most intellectuals agreed that the nation’s future depended upon the health of succeeding generations. Of special significance was the much higher rate of infant mortality compared to other nations. It was these anxieties and concerns for the country’s future that triggered Chinese intellectuals to demand that state programs popularize Western midwifery, widely regarded as safer and more advanced than traditional-style midwifery.

Furthermore, Chinese intellectuals began pushing the state to initiate midwifery reform because they saw women’s labor pains and the superstitions surrounding childbirth as symbols of Chinese civilization’s backwardness. For these modernizing elites, these examples perfectly demonstrated the ways in which the Chinese people suffered from an outdated tradition and belief system, and why they needed to be enlightened. In this context, Western midwifery was seen as a force for bringing progress to Chinese society, as well as for rescuing Chinese women, the most self-evident victims, from their plight.

¹⁴⁸ Ibid., 98-101.

**Western Midwifery:
The Medicalization of Childbirth and the Discourses of Midwifery Reform**

What, then, convinced modernizing elites that introducing the Western style of midwifery would save the lives of China's future generations and reduce women's suffering in the first place? In other words, what meaning did this "new Western" birthing practice have for those who supported its implementation? Although a comprehensive analysis of Western midwifery in the early twentieth century is far beyond the scope of this study, this section reviews which aspect of Westernized midwifery appealed to the Chinese modernizing elites. This goal will be achieved by analyzing the contents of medical textbooks, midwifery handbooks, and medical articles on childbirth in popular magazines. In particular, this section examines how Chinese elites identified the introduction of Western anatomy and hygiene classes as the key feature of midwifery reform and denounced existing delivery practices as nothing but backward superstitions that harmed the health of birthing women and children, and further endangered the future of the Chinese nation.

Western Anatomy and Old-style Midwives

When modernizing elites demanded the government to ban old-style midwifery and midwives, their argument reflected their new ways of seeing the human body and the nature of sickness. In fact, Western anatomy, introduced into China in the middle of the

nineteenth century,¹⁴⁹ fundamentally challenged the Chinese medical elites' traditional view of the human body, based, for example on the principles of Yin-Yang, the Five Phases, and the Twelve *Jingmai*.¹⁵⁰ According to Bridie Andrews, Chinese people, impressed by the advanced military technology of the Western powers, accepted the Western medical view of the human body, and by the turn of the twentieth century had actively adopted Western anatomy as the standard model. Not only commercial publishers of medical texts, but also the Qing government published medical texts inspired by Western anatomic works, many of which included anatomical drawings.¹⁵¹

Unlike traditional Chinese medical theories that stressed maintaining balance among various elements within one's body, and proper correspondence with the cosmic order,¹⁵² Western anatomy of the nineteenth and early twentieth centuries employed a mechanical metaphor through which to view the human body and explain how it functioned. According to this view, the human body consisted of several independent organs and worked based on their functions. For example, the ear was compared to a telephone, and the heart was compared to a pump.¹⁵³ Therefore, unlike traditional elite physicians who identified sickness with a disrupted harmony among various factors and forces in the cosmic world, Western anatomy located diseases in the part of the body that

¹⁴⁹ It was Dr. Benjamin Hobson (1816-1873), of the London Missionary Society, who first introduced Western anatomy to China. He published his translated work *Quanti xinlun* (A new treatise on anatomy) in 1851. (Bridie Andrews, *Ibid.*, 32-34) *Quanti xinlun* was widely circulated among Chinese intellectuals by the 1920s. (Frank Dikötter, *Ibid.*, 26-27)

¹⁵⁰ For the basic concepts of Chinese medicine see Manfred Porkert, *Ibid.*, 9-54.

¹⁵¹ Bridie Andrews, *Ibid.*.

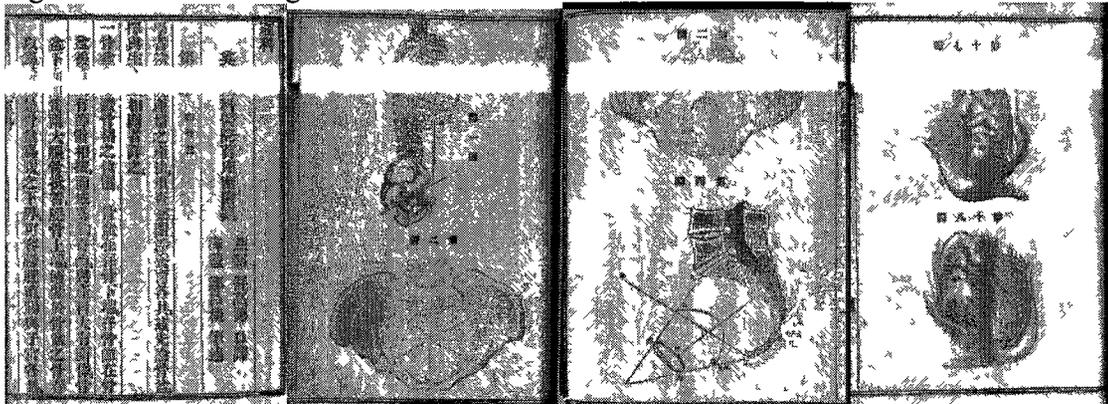
¹⁵² Wu Yi-Li, "Transmitted Secrets," 11-12.

¹⁵³ Frank Dikötter, *Ibid.*, 20-28.

caused the problem or did not function properly. Considering this fundamental difference, it is no surprise that those who accepted Western anatomy rejected the traditional Chinese medical views altogether.

Western anatomy also powerfully challenged Chinese views of childbirth by clearly presenting a “scientific” and “objective” understanding of the body. By all appearances, the first Western obstetric book became available to Chinese readers at the turn of the twentieth century. *Chanke* (Obstetrics), translated from a British obstetrician’s work, was published by the translation bureau of the Jiangnan Arsenal in Shanghai between 1898 and 1906. Unlike most traditional-style Chinese obstetric books, which were typically organized into a question and answer format, beginning with the therapeutic approach to be taken for various specific medical issues, the *Chanke* began with a chapter on anatomy. As Figure 3-1 shows, the book detailed the female bone structure and birth canal, explaining the importance of understanding these in order to assist childbirth safely.

Figure 3-1. The First Page of *Obstetrics* and a Selection of Illustrations¹⁵⁴

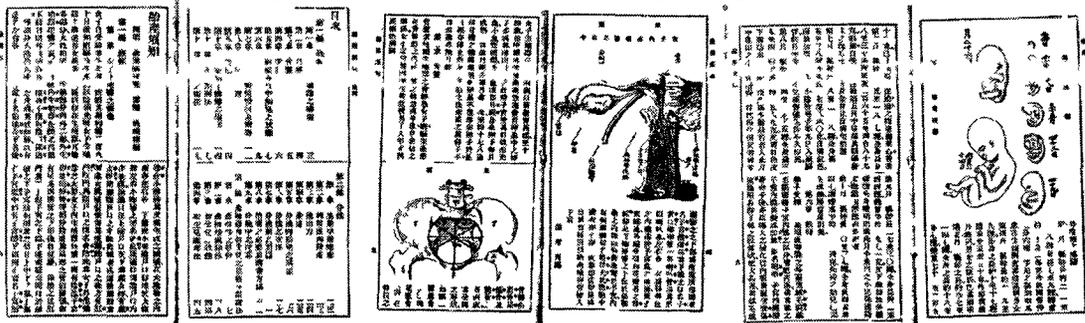


¹⁵⁴ Reproduced from Mier (密爾), *Chanke* (Obstetrics), trans. Xu Gaodi (Shanghai: Shanghai Jiqi zongqu, 1898-1906) Mier. *Chanke* (Obstetrics), 1, and illustration section 1 and 4.

Furthermore, the infant's location in the womb was clearly shown by anatomical pictures. As a result, childbirth was presented as set in a context whereby all that was at issue was the body structure of a woman in labor, and the safe extraction of the infant from out of the womb; certainly, no room was allocated for the role of supernatural powers, or a cosmic interpretation of the birth process.

Although there is no evidence to suggest how many copies of *Chanke* were printed and how widely it was circulated, it did not take long for the Chinese modernizing elites to accept this new, mechanical approach toward birth. A childbirth handbook, *Taichan xuzhi* (What you should know about birth), written by Yao Changxu and published in 1920, followed the principles of Western anatomy and began with a chapter devoted to anatomy.¹⁵⁵ Figure 3-2 demonstrates how modernizers quickly adopted Western medical knowledge to explain the nature of birth and safer methods of assisting in labor.

Figure 3-2. The First Pages of *Taichan xuzhi* and Accompanying Illustrations¹⁵⁶



¹⁵⁵ Yao Changxu, *Taichan xuzhi* (What you should know about birth) (Shanghai: Shangwu yinshuguan, 1920).

¹⁵⁶ Reproduced from Yao Changxu, *Ibid* 3-5; 8-9.

Following an explanation of female body structure based on Western anatomy, the book showed how the baby was conceived by the combination of egg and sperm, and how the infant grew in the mothers' womb.¹⁵⁷ Again, the concept of child and childbirth was presented as nothing more than a physiological process of the human body. Considering this fundamentally foreign, yet powerful set of explanation on birth and conception, it is not surprising that Chinese modernizing elites began to consider old-style birth practices and methods that were often associated with supernatural powers as superstitious and backward.

After being exposed to these new ways of understanding the meaning of birth and the structure of the human body, Chinese elites questioned and challenged the qualifications of old-style birth attendants to assist in delivery. As seen in Chapter 2, midwives were to have both basic knowledge of herbal medicine and massage and special skills or amulets for handling supernatural powers. These skills and knowledge were fostered by family tradition or clinical experience. However, the new medical approach clearly undermined the old-style midwives' knowledge gained from experience and skill at addressing pertinent supernatural forces by proclaiming these to be unscientific, groundless, and unreliable.

In fact, the following selections from 1920s issues of *Funü zazhi* and *Shenbao* clearly demonstrated how modernizing elites, after adopting Western anatomy, rejected birth attendants who claimed to possess secret herbal medicine recipes or special skills for controlling supernatural powers:

¹⁵⁷ Yao Changxu, *Ibid.*, 4-9.

If we look at our country's situation, for four thousand years we have entrusted the lives of newborns and women giving birth to ignorant and illiterate old women with no book learning and no medical skills... These so-called midwives are, in fact, nothing more than elderly female members of village communities with no knowledge of *anatomy or physiology*.¹⁵⁸ (My emphasis)

In our country, many midwives have no *formal education (wu xueshu)*. In most cases, they learn their skills from their elders and their treatments rest on little more than their own *experience* ... generally speaking, their *ignorance* is the main reason for the high mortality rate among birthing women.¹⁵⁹ (My emphasis)

In this way, China's modernizing elites, armed with this newly available medical knowledge, demanded midwifery reform which stressed formal medical education and the teaching of Western anatomy.

New Understanding of Birth Complications and Old-Style Midwives

No case more clearly demonstrates how this new Western anatomy undermined old-style midwives and their practices than its method of conceptualizing and handling complications during childbirth. As shown in the previous chapter, most medical elites in the Qing period attributed complications during birth either to a broken balance between *qi* and blood, or to midwives' misjudgment of labor timing. Meanwhile, midwives and ordinary laypeople widely believed that complications occurred when the women in labor violated social taboos, or when evil spirits interfered with the births. Chinese medical doctors used herbal medicine to restore the balance between *qi* and blood to handle birth complications. In addition to using charms and amulets to drive evil spirits away, old-style midwives often massaged birthing women's abdomen to correct their fetuses'

¹⁵⁸ Chenyao Niuping, *Ibid.*, 8.

¹⁵⁹ "Sheli chanpo xuexiao zhi wojian" (A personal opinion on establishing midwifery schools), *Shenbao*, June 30, 1924.

presentation in breech or transverse birth cases. If they failed, they would cut off the babies' hands or feet with a knife to save the mothers' lives.

However, the new Western anatomy successfully challenged these traditional ways of handling birth complications by locating them in abnormal bone structures of mothers or the malpresentation of infants in mothers' wombs. As seen in Figure 3-3, Western anatomy explained that some women innately had narrow birth canals and sometimes infants were in difficult positions by chance.¹⁶⁰ The solutions employed by the *Chanke* were simple and clear: conduct surgery to extend mothers' birth canals, or correct the infants' presentation with hands or medical instruments such as forceps.¹⁶¹ As the Figure 3-3 shows, this new medical explanation fundamentally undermined traditional therapies based on approaches such as retuning the harmony between qi and blood, or expelling evil spirits.

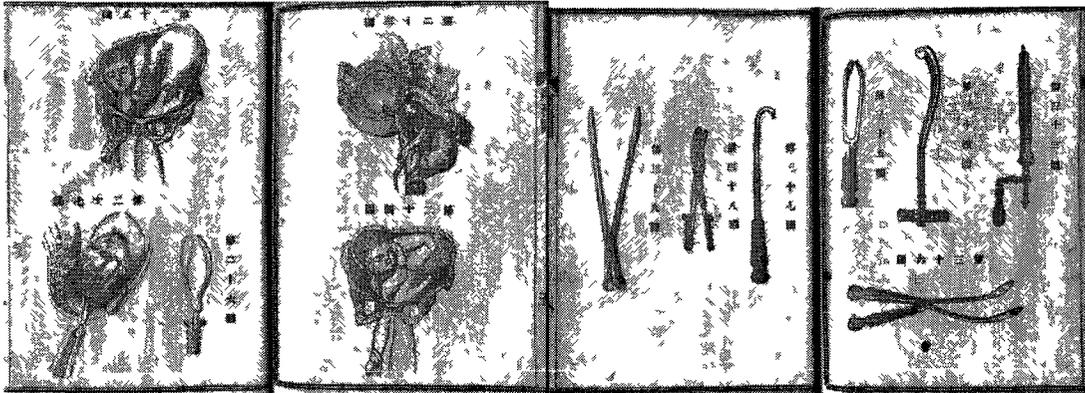
Figure 3-3: Illustrations of Complication and Methods of Handling Them¹⁶²



¹⁶⁰ Mier, *Ibid* , 56-57

¹⁶¹ *Ibid* , 58-59

¹⁶² Reproduced from Mier, *Ibid* , illustration section 4-5, 7 8, 11-12



As early as 1923, an article calling for a government ban on old-style midwifery practices clearly reflected how this new understanding of birth complications strengthened the Chinese intellectuals' demand to demote old-style midwives to unqualified birth attendants:

The old methods of midwifery, when complications occurred, were for midwives to put their hand into the woman's birth canal and blindly pull out the child. In doing so, they often forcefully pulled out other organs and caused massive bleeding or exhaustion as a result. Sometimes their actions changed the position of the womb and resulted in the woman either becoming unable to bear children in the future or developing irregularities in menstruation. [However,] the practitioners of Western methods, by contrast, clearly know human anatomy and understand the situations that might present a risk to women's health, so that they never blindly conduct surgery and they do not let women put their lives in danger.¹⁶³

Although it is undeniable that traditional methods to handle birth complications often caused the death of mothers and children and the discipline of Western anatomy provided safer treatments, reformers clearly also used it to bring about the wholesale rejection of old-style midwives. For these reform thinkers, those midwives were little more than harmful criminals who frequently ruined women's health, without considering or

¹⁶³ Hu Tingan, *Ibid.*, 111.

assessing in any objective manner the practical methods, such as massage and application of herbal medicine, that they employed to treat birth complications.¹⁶⁴

Introduction of Germ Theory and Old-style midwives

In addition to Western anatomy, the new idea of the germ theory of disease also encouraged China's modernizing elites to completely ban old-style midwifery in the name of saving the lives of the country's newborns and their mothers. This new theory explained that traditional midwives were directly responsible for the deaths of many mothers during childbirth as well as of newborns because they were the carriers of germs that caused childbed fever and other infections.

Before the introduction of germ theory, Chinese elite medicine had developed sets of explanations and cures for the fever that many new mothers often suffered soon after delivery. According to this view, this fever might have a variety of causes, and thus therapies might vary depending on the cause in question.¹⁶⁵ For example, Chinese medical texts argued that, if excessive blood loss occurred during labor, heat might build up in the mother's body, preventing it from restoring the broken equilibrium between qi and the mother's blood. In this case, the physician should prescribe herbs and foods that would help to generate increased bloodflow. On the other hand, the fever could also be

¹⁶⁴ As shown in Chapter 2, according to the research conducted in Qinghe, a suburb of Beijing in the 1920s, midwives were expected to be familiar with folk medicine used to quicken the birth and to use medicine, massage, or "surgery" to deal with emergencies.

¹⁶⁵ Zhang Qiwen, ed., *Taichan bingzheng* (Symptoms of disease in womb and childbirth) (Beijing: Remin weisheng chubanshe, 1985), 456-466.

caused by external invasion of wind (*feng*) or evil qi (*xieqi*),¹⁶⁶ since the woman had lost too much qi and blood during birth, and had in this way become more vulnerable to these forces; the struggle between qi and either an external wind or evil qi caused the fever.¹⁶⁷ In this case, physicians were to prescribe medicine that accelerated the movements of qi.

However, the germ theory from Western medicine explained that birth attendants were the direct cause of the fever by carrying germs on their hands¹⁶⁸ and this new understanding of the fever again fully contributed modernizing elites' criticism of the practices of old-style midwives and demands to retrain them with Western midwifery.¹⁶⁹

As early as 1918, an article in *Funü zazhi* introduced this new theory:

On Sterilizing Midwives' Fingernails: many cuts created during birth in women' birth canals provide good opportunities for many small living things (*weishengwu* - germ) to intrude into their bodies. If midwives' hands and all instruments that they use are not sterilized, the small living things break into women' bodies and immediately cause the

¹⁶⁶ "The pernicious influence of wind is considered the major cause of illness in traditional Chinese patterns of disharmony. It combines readily with other pathogens, giving rise to syndromes known as wind cold, wind heat, and wind dampness. Considered a yang form of evil qi (a pathogenic factor), it often attacks the upper body, head, throat, and eyes. Wind causes movement, so it is usually involved when there are symptoms of twitching, spasms, or shaking. The organ most often affected by external wind is the lung; internal wind most commonly is related to an imbalance in the liver." (Bill Schoenbart and Ellen Shefi, "Traditional Chinese Medicine Causes of Illness," How Stuff Works, <http://health.howstuffworks.com/traditional-chinese-medicine-causes-of-illness2.htm>)

¹⁶⁷ In a sense, this explanation is somewhat similar to modern medicine's immune system and germ theory.

¹⁶⁸ This new line of explanation, though, was not widely accepted even in Western medical communities until long after several physicians had reported their hypothesis that medical practitioners' hands carried something which caused the fever. Sterilizing obstetricians' hands before delivering children became the norm only after the late 1880s and 90s with the establishment of germ theory in most Western countries. For an example, see Codell Carter K. and Barbara R. Carter, *Childbed Fever: A Scientific Biography of Ignaz Semmelweis* (Westport: Greenwood Press, 1994).

¹⁶⁹ It was the late 1910s and the early 1920s when germ theory became available to the Chinese urban masses. Although the first chemical factory that manufactured anti-infection products such as alcohol was already built in 1907, commercial advertisements for anti-infection products or medicines began to show up in *Shenbao* only in the late 1910s and the early 20s. Those advertisements often described germs as evil creatures with two horns on their heads and portrayed anti-infection medicine as a broom or a hammer that cleaned or destroyed them. (*Shenbao*, January 10, 1918; January 24, 1921)

childbed fever. Birthing mothers could die because of this. Because of this [fetal danger] sterilizing midwives' fingernails is crucial. First of all, [midwives] should cut their fingernails and wash them thoroughly with medical soap (*yao jiao*). After washing hands, they have to wash again with alcohol.¹⁷⁰

Similarly, in 1923, another article in the journal harshly criticized old-style midwives for infecting birthing women, and used it to promote Western midwifery:

Since they [old-style midwives] do not understand the methods of sterilizing, they encourage birthing women to shed a lot of blood in order to wash away dirty things and small living bugs (*weishengchong*- germ). Alas! How dare they use such precious blood as cleanser. [However] Western midwifery sterilization lets you bleed less. How much safer it [the Western midwifery] is ... Midwives in our country do not understand the way of infection so they let their fingernails grow long. After seeing all this, isn't it self-evident why we should promote Western midwifery?¹⁷¹

The modernizing elites, with their new understanding of the relationship between childbed fever and old-style midwives, demanded state regulation of birthing practices to remedy the problem.

In sum, when modernizing elites demanded that the state intervene in midwifery practices, the most private part of citizens' daily lives, it was these new Western medical discourses that provided theoretical support for their argument. In other words, inspired and guided by these new medical views which altered the traditional way of seeing the human body, the nature of disease, and the meaning of childbirth, Chinese modernizing elites in the 1920s requested wholesale employment of Western midwifery. For them, it was natural that full-scale adoption of Western midwifery was the only way to save the lives of both the future citizens of China and women suffering from harmful and ignorant

¹⁷⁰ Wang Fuying, *Ibid.*, 3.

¹⁷¹ Hu Tingan, *Ibid.*, 112.

birth practices. In fact, in the light of Western anatomy and germ theory, old-style midwives became nothing more than unprofessional and ignorant grannies and dirty germ carriers. Although these images certainly had empirical ground, they contributed to the elites' total denial of traditional birth practices and their practitioners, ignoring the social and practical environments that had allowed old-style midwives to be fairly reliable birth attendants in Chinese birthing rooms for centuries.

The Power of the GMD State and Its Midwifery Reform

In 1928, Jiang Jieshi (Chiang Kai-Shek) reunified China after years of civil war, and established the GMD government in Nanjing. To modernizing health reformers in China, this new government remarkably recognized citizens' health as the responsibility of the state, and set up a Ministry of Health (*Weishengbu*). On top of that, the GMD state appointed Dr. J. Heng Liu (Liu Ruiheng) as the Vice-minister of the new Ministry. He was a graduate of the Peking Union Medical College (hereafter PUMC), the Rockefeller Foundation's flagship medical school and the most advanced Western-style medical school in China.¹⁷² Also, Dr. Wu Lien-teh (Wu Liande), the leader of the National Medical Association, the organization of Western-style physicians, became the Director of the Plague Prevention Service.¹⁷³ Needless to say, they were firm believers in Western medicine. This appointment of substantial leadership of the Ministry clearly signaled that

¹⁷² Lei Hsiang-lin, "When Chinese Medicine Encountered the State, 1910-1949" (PhD diss., University of Chicago, 1999), 73-82.

¹⁷³ For Wu Lien-teh, see Carsten Flohr, "The Plague Fighter: Wu Lien-teh and the Beginning of the Chinese Public Health System," *Annals of Science* 53 (1996):361-380.

this new GMD state would organize the national health programs in favor of Western medicine.¹⁷⁴

These pro-Western medical policies of the GMD state were partially caused by the GMD's need to receive international recognition from Western powers. For the GMD state, which depended for more than half of its income on tariffs, modeling the health reform after Western medicine was an ideal opportunity to demonstrate to Western powers its capability and strength of will in controlling and managing epidemics and hygiene issues, with a view to regaining control over customs in the treaty ports.¹⁷⁵ In fact, one of the main responsibilities of the Vice-minister and the Director was to convince the Western powers that "the new GMD state was responsible and ready to take over port health and maritime quarantine service in China."¹⁷⁶

On the other hand, the pro-Western medical policies also served to earn credit from modernizing elites by demonstrating that the GMD state was a modernizing power in China. Considering the great concerns and worries of social elites with the Chinese race's future and health, it is no surprise that modernizing elites welcomed with great optimism, in medical journals and newspapers, this sign that the new state finally recognized the importance of public health.¹⁷⁷ For them, the establishment of the Ministry of Health and its pro-Western medicine attitude was a positive landmark signaling that the nation's health would dramatically improve.

¹⁷⁴ *Ibid.*, 81-82.

¹⁷⁵ Bridie Andrews, *Ibid.*, 80.

¹⁷⁶ *Ibid.*

¹⁷⁷ Lei Hsiang-lin, *Ibid.*, 12-14.

When the GMD state first began to promote public health, one of the first objectives of the new Ministry was the state regularization of midwifery. In 1928, the Ministry set up new qualifications, ordering old-style midwives to earn licenses and to register them at local police departments. This new act defined the training, qualifying, and supervising of old-style midwives as a public matter that the state should enforce. Furthermore, this 1928 regulation was only the first of many actions with which the state was to regulate and formalize midwifery education and practices. The main concerns of this section are what the principles of this state interference in midwifery practices were, and how they were put into practice.

Hierarchy among Obstetric Professionals

The governing principles of the GMD midwifery reform involved establishing fixed standards to classify various obstetric professionals into several groups as well as creating a hierarchy structure among those groups. Of course, reflecting the modernizing elites' ideas of scientific medicine, Western obstetrics was the sole criterion used to classify who were more qualified than others to be reliable birth attendants.

It was PUMC graduates, the true believers in Western biomedicine, who participated in creating the new standards and hierarchical structure among midwifery workers. A notable example is Dr. Marion Yang, who graduated from PUMC and studied at Johns Hopkins Medical School; Yang actively advised and supervised law makers of the GMD state. She argued that in order to cultivate Western-style midwives, and to

correctly regulate and supervise their practices, it was necessary to set up universal standards to classify midwifery practitioners and force them to register with the state.¹⁷⁸

In fact, Marion Yang had good reason to believe that setting universal standards to classify obstetric practitioners into several groups was the proper first step to regulate and supervise midwifery practices. As mentioned in Chapter 2, the Western midwifery training programs managed by medical missionaries and private hospitals lacked any kind of unified curriculum until 1928. As a result, the titles of midwives and the qualifications for midwives varied from one institution to another. A great variety of titles and curriculums for midwifery training courses existed even within a single city. For example, in Beijing, Beijing Medical School (*Beijing yike daxue*) opened an eighteen-month training program for Western midwifery in 1915, and issued certificates of *zhuchan nüxing* (women of midwifery).¹⁷⁹ However, those graduates from the midwifery program of Tongrenhui Beijing Hospital, founded in 1922, after four years of obstetrics education received certificates of *chanpo* (midwife), the term simply referring to ordinary old-style midwives.¹⁸⁰ Similarly, in Shanghai, several titles such as *zhuchan nüshi* (madam of midwifery), *chanpo*, and *fuke yisheng* (obstetrician) all referred to midwives with six months to two years of Western midwifery training without any clear distinction among them.¹⁸¹ Even official documents in this period simply referred to all female

¹⁷⁸ Tina Philips, *Ibid.*, 125.

¹⁷⁹ BMA J29-1-24.

¹⁸⁰ BMA J5-2-172.

¹⁸¹ “Weishengju qudi yixiao ji zhuchanxiao” (The Department of Public Health Regulates medical schools and midwifery schools), *Shenbao*, February 12, 1928.

midwifery practitioners as *chanpo*, including Japanese midwives educated in formal Western-style midwifery schools in Japan.¹⁸²

From 1928 throughout 1929, the GMD state, acting on the advice of Marion Yang, took several steps to classify various kinds of midwifery practitioners into a hierarchy of groupings and to create correct and proper names for each group. The acts ordered all traditional midwives to take two-month retraining courses that local governments would provide. Also, the local government issued the license of *jieshengpo* (literally “grannies who attend birth”) to those who completed the program. The Ministry of Health outlawed unlicensed old-style midwives altogether. On the other hand, female obstetric practitioners who had between two and four years of Western obstetrics training would have new licenses titled *zhuchanshi* (literally “obstetric nurse”); only those physicians who had over five years of Western medical training could claim to be called *chanke yisheng* (obstetrician).¹⁸³

The regulations imposed by the Ministry of Health also indicated which medical services each group of professionals was legally allowed to provide. This created a new hierarchical system. For example, only physicians could perform any and all types of medical procedures, including abortions and cesarian sections. By contrast, *jieshengpo* were only allowed to treat “normal” cases. In fact, this hierarchical system among professionals was directly related to the nature of scientific medical knowledge which

¹⁸² BMA J181-18-4936.

¹⁸³ Interestingly enough, there was no legal title for obstetricians. If someone had a physician’s license, he or she could treat any kind of patient, including birthing women. In reality, many physicians referred to themselves as *fuke yisheng* and specialized in obstetrics. However, by law, it was illegal for *zhuchanshi* to call themselves *fuke yisheng*.

medical reformers and Western-style doctors advocated: the medical cases themselves had a hierarchical structure, i.e., the cases of childbirth were classified into “normal” and “abnormal,” and “abnormal” cases were again divided into several types depending on how each case deviated from the norm. Considering this hierarchy, it followed that the more abnormal the case was, the more training or technical knowledge the medical professional would be required to have in order to meet the medical needs which the “abnormal” case demanded.

The Beijing municipal government’s regulations, following the Ministry of Health’s orders issued in 1928 and 1932, more clearly show how the Republican medical reformers’ stress on medical knowledge shaped the hierarchical system among obstetric professionals. Table 3-1 shows how the hierarchy was established.

Table 3-1. *Conditions for Each Obstetric Professional in Beijing, 1928-1932*¹⁸⁴

	<i>Jieshengpo</i> (Re-trained old-style midwives)	<i>Zhuchanshi</i>	Physicians
Time period of training	Two months	Two years	Over Five years
The cases each group of professionals could treat	Normal cases	Normal cases and examinations before childbirth	Normal cases, examinations before childbirth, cesarian operations for abnormal delivery and abortions
Ages	30-60	Over 20	Over 20
Special conditions	Must keep a sign which says they are a <i>jieshengpo</i> , not a <i>zhuchanshi</i> , in public	No criminal record of illegal abortions	No criminal record longer than five years imprisonment, except for revolutionary activity

¹⁸⁴ Beipingshizhengfu weishengju, ed., *Beipingshizhengfu weishengchu yiewu baogao* (Work report of the Department of Public Health, Beijing municipal government) (Beijing: Beipingshizhengfu weishengju, 1934), 240; 255; 257; 267.

This table clearly shows that the duration of formal education was the deciding factor that determined obstetric professionals' position in the medical hierarchy as well as the cases they were legally allowed to treat. In fact, only physicians, the highest group in the hierarchy, could treat all cases: normal delivery, examinations before childbirth, cesarian operations, and abortions. *Zhuchanshi*, the second highest group, was qualified to treat every case except operations for "abnormal" childbirth and abortions. *Jieshengpo*, the bottom of the structure, was allowed to handle normal cases only.

The most important aspect of such a hierarchy is that the boundary between each group in the hierarchy must be clearly distinguished. Thus, *jieshengpo* could not carry out treatments which only *zhuchanshi* and obstetricians were allowed to perform. In order to prevent this from happening, the regulations required that retrained old-style midwives put a sign on the door of their house clearly indicating that they were a *jieshengpo* and not a *zhuchanshi*. A similar stipulation existed for the *zhuchanshi*: officials revoked the *zhuchanshi's* licenses if they performed cesarian operations and abortions. In this sense, the GMD regulations governing obstetric practitioners were the embodiment of the modernizing elites' view of "scientific" and "hierarchical" knowledge of Western medicine.

Midwifery Education

In order to popularize the scientific and safer Western midwifery, the GMD state had to create midwifery training programs that could cultivate a high enough number of reliable *jieshengpo* and *zhuchanshi*. In order to meet this need, the Ministry of Health,

jointly with the Ministry of Education, established the National Midwifery Board (*Zhuchan jiaoyu weiyuanhui*) in 1929.¹⁸⁵ The members of the committee included the Vice ministers from Ministries of Health and Education, Honorary Members Madam Feng Yuxiang and Madam Jiang Jieshi (Song Meiling), medical educator Dr. F.C. Yen, who was the Dean of Central University Medical School, Dr. Sun Keh-chi, an obstetrician at Shanghai Red Cross hospital, and Dr. Marion Yang of PUMC.¹⁸⁶ This committee decided the standards of medical licenses for *zhuchanshi* and set criteria for education, including curriculum of midwifery schools and training programs for old-style midwives. As the committee was made up of the leaders of major Western-style medical institutions and the wives of national leaders, the basic principles of the midwifery education came to be directly linked to the pro-Western medicine and the nationalist argument of saving the lives of children and birthing women to help preserve the nation's future. In a sense, the main goal of midwifery education in the reform was how to popularize scientific obstetrics for the sake of the Chinese nation.

1) *Jieshengpo* education

The main goal of the two-month retraining programs for old-style midwives as designed by Marion Yang was how to make difficult medical knowledge accessible to these “ignorant” women. She originally began this program in November 1928 as an experiment in Beijing city, and after taking the position of head of the Maternal and Infant Care Division of the Central Field Health Station, set up this curriculum for the

¹⁸⁵ Tina Philips, *Ibid.*, 79-80.

¹⁸⁶ *Ibid.*

national *jieshengpo* retraining program.¹⁸⁷ Marion Yang organized the course by stressing the memorization of lessons orally, instead of reading textbooks, and taught very basic notions of hygiene, female anatomy and physiology, and medical hierarchy.¹⁸⁸ In fact, as Tina Philips indicated in her study, the training focused on three points: aseptic methods of conducting “normal” delivery, the proper way to dress a cord, and how to recognize the danger signals and refer “abnormal” cases to physicians. In the final exam, midwives were to show their knowledge verbally or by demonstration for five questions:

1. Prepare for delivery (whether the midwife washed hands?)
2. Demonstrate method of tying and dressing a cord (whether the midwife sterilized scissors?)
3. Demonstrate care of a newborn (whether the midwife used prophylactic eye treatment?)
4. State care at labor – (whether the midwife used extra care to avoid postpartum hemorrhage and puerperal fever?),
5. Differentiate between normal and abnormal labors and give care for each. (whether the midwives could tell the symptoms of abnormal birth?)¹⁸⁹

Those who passed this final exam received their *jieshengpo* license and could legally practice midwifery. In a sense, this training course was a serious attempt to make those difficult aspects of Western obstetrics and bacteriology easily adoptable by the mostly illiterate old-style midwives.

Another of Marion Yang’s efforts to make complicated Western obstetrics acceptable to old-style midwives was the distribution of “delivery baskets” (*jieshengxiang*) to *jieshengpo* and training them how to use the basket properly. This delivery basket included basic medicine and medical instruments with which to practice Western midwifery, such as an apron and cuffs, a towel, sterile cord scissors, eye

¹⁸⁷ Mary Brown Bullock, *Ibid.*, 177.

¹⁸⁸ Tina Philips, *Ibid.*, 141.

¹⁸⁹ *Ibid.*, 145.

droppers, soap, brush, Lysol, boric acid, alcohol, and silver nitrate.¹⁹⁰ By training them how to correctly use each of these, Yang expected that those midwives, who, even if they could not understand how each instrument actually contributed to safer and more hygienic deliveries, could nevertheless use them to safely assist labors. Marion Yang provided those old-style midwives who successfully completed the course and earned license with delivery baskets as the “basic tool set” for Western midwifery.

On top of this benevolent will to popularize scientific Western midwifery, the GMD state also added nationalist ideology to the *jieshengpo* retraining program. Few documents better present the GMD’s nationalistic concerns in *jieshengpo* training than an official midwifery handbook published by the Ministry of Internal Affairs (*Neizhengbu*) in July 1928. This handbook, titled *Jieshengpo xuzhi* (Things that *jieshengpo* should know), is composed of three parts: the last words of the late premier, Sun Yat-sen, the conditions and regulations governing *jieshengpo*, and lessons on “scientific” midwifery.¹⁹¹ Firstly, although printing the last words of Sun Yat-sen was common in many official documents in this period, by putting his last words that entrusted his comrades with maintaining nationalistic revolutionary tasks, this handbook intended to present the modernizing of midwifery as a nationalistic project. Furthermore, similar to the modernizing elites’ argument, the introduction of this handbook also blamed old-style midwives for negatively affecting people’s livelihood—one of Sun’s Three Principles of

¹⁹⁰ Ibid., 143.

¹⁹¹ Neizhengbu, ed., *Jieshengpo xuzhi* (Things that *jieshengpo* should know) (Nanjing: Neizhengbu, 1928).

People—by making infants and birthing women suffer with their unscientific and unreasonable ways.

Figure 3-4. Pages from *Jieshengpo xuzhi*¹⁹²



Following this logic, the poor skills and knowledge of these midwives was contrary to nationalistic practices. In fact, the rest of the handbook detailed how those who violate such regulations would be punished. These statements take up six of the book's twenty-two pages, while only eleven are devoted to explaining basic knowledge and methods of Western midwifery (purportedly the main purpose of the book). In a sense, to the GMD state the *jieshengpo* education was not only a part of health campaigns, but also a serious pro-national campaign to demonstrate the strong pro-national willpower of the new state.

2) *Zhuchanshi* Education

The leadership of the GMD midwifery reform believed that in order to popularize Western midwifery to the wide array of Chinese people, they had to establish midwifery

¹⁹² Reproduced from Neizhengbu, ed., *Ibid.*, 1,5,11.

as a respectable profession through the education of *zhuchanshi*, the real Western-style midwives. For them, as long as midwifery was seen as a lowly job, and midwives viewed as morally suspicious and superstitious people, few talented young women would chose to be *zhuchanshi* for their careers and few people would trust them as safe and reliable birth attendants.

By selecting a fitting term to define those young women who were trained in Western midwifery for two to three years, the reform leadership intended to present these new midwives as modern and respectable professionals. Compared to the Japanese Meiji state, which used the term *zosanpu* (助产妇), literally “women of midwifery,” the GMD term *zhuchanshi* (助产士), “obstetric nurse,” implied the more active and positive meaning that the new state attached to this new professional group. In doing so, the reformers intended to clearly differentiate those young midwives with two to three years of Western obstetrics from those “morally lowly” and “superstitious” old-style midwives (*chanpo* — literally “grannies of midwifery”). In fact, one of the official responsibilities of *zhuchanshi* was supervising and educating *jieshengpo* (literally “grannies who attend birth”), demonstrating the clear hierarchical relationship between *zhuchanshi* and old-style midwives.

In order to meet this new expectation and the title of *zhuchanshi*, or obstetric nurse, the GMD state founded the First National Midwifery School (*Diyi guoli zhuchan xuexiao*,

hereafter FNMS)¹⁹³ in 1929, receiving technical and financial supports from PUMC and the Rockefeller Foundation.¹⁹⁴ The responsibility of the school was not only to cultivate well trained *zhuchanshi*, but also to bring national standards and universal curriculum for *zhuchanshi* education to other *zhuchanshi* programs at private and mission medical institutions. According to this new standard, students in the midwifery programs were to complete over 1,000 hours of medical lecture classes and over 3,000 hours of practice classes over the course of two years in order to earn *zhuchanshi* licenses.¹⁹⁵ The medical lectures should cover everything from Anatomy, Physiology, Nursing, First Aid, Bacteriology, Urinalysis, Dermatology, to Gynecology.¹⁹⁶ By emphasizing the high medical training both in theory and practice in *zhuchanshi* education, the reformers intended to set up a new standard of midwives as respectable medical professionals clearly differentiated from the mainly illiterate old-style midwives.

On top of this professional medical education that heavily stressed mastering Western obstetrics and other basic medical knowledge, the curriculum of FNMS for *zhuchanshi* also demanded that students be well cultivated women by receiving a humanities education as well. According to the curricula between 1931 and 1932, the

¹⁹³ The Chinese title of the school is Diyi guoli zhuchan xuexiao. The school was well known to the Western medical world as the First National Midwifery School since Western medical missionaries, Grant and Marian Yang, led the founding of the school. In fact, most written scholarly work on Chinese medical history in English refer to the school as First National Midwifery School. Therefore, I also use First National Midwifery School as the formal title of the school.

¹⁹⁴ Tina Philips, *Ibid.*, 73.

¹⁹⁵ Initially, the *zhuchanshi* education was two years; it became three years in 1934. Diyi zhuchan xuexiao, ed., *Diyi zhuchan xuexiao niankan, di wujuan* (Fifth yearbook of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1934.)

¹⁹⁶ Tina Philips, *Ibid.*, 83.

students in FNMS were required to take 80 hours of Chinese literature class before they graduated from the school,¹⁹⁷ and this requirement increased to 246 hours in 1934.¹⁹⁸ In the classes, students read Chinese classics and modern literature, and learned writing skills. At the end of each semester, students were expected to write poems, plays, or novels in order to complete the classes. Considering that a humanities education and knowledge of both classical and modern literature were still requisites of a respectable intellectual in the 1930s' Chinese society, this emphasis on and requirement of the literature classes also demonstrated the goal of the *zhuchanshi* education, which was to create a new image of midwives as reliable and respectable medical professionals.

Lastly, the GMD reformers wished their *zhuchanshi* to be politically conscious or politically aware and nationalistic, and so added the GMD Party Principles (*Dangyi*) to the curriculum. Forty hours were allocated to this subject, and students learned modern Chinese history, such as the Opium War and the unequal treaty with Western powers as well as the Three People's Principles of Sun Yat-sen.¹⁹⁹ Although this highly politicized part of the curriculum sometimes caused conflicts with several missionary medical schools which claimed a politics-free policy, the GMD reformers pushed this class as a general requirement for every *zhuchanshi* program. Considering the 1920s and 30s' intellectual discourse that "New Women" in China should have active political stances

¹⁹⁷ Diyi zhuchan xuexiao, ed., *Diyi zhuchan xuexiao niankan, di erjuan* (Second annual report of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1930)

¹⁹⁸ Diyi zhuchan xuexiao, ed., *Diyi zhuchan xuexiao niankan, di wujuan* (Fifth yearbook of First National Midwifery School). Beiping: Diyi zhuchan xuexiao, 1934)

¹⁹⁹ *Ibid.*, 8-9.

and nationalistic spirit,²⁰⁰ the *zhuchanshi* education aimed to cultivate real and unquestionable “New Women” who had both professional medical skills and the nationalistic spirit to serve the Chinese nation.

In sum, the governing principles and the goals of the Western midwifery training for *jieshengpo* and *zhuchanshi* included teaching them safe and scientific medical knowledge and motivating them with nationalism. According to the ideal in the GMD training programs for *jieshengpo* and *zhuchanshi*, both groups would be fully inspired by the nationalistic spirit and newly available medical knowledge, and would voluntarily assist with the births of new Chinese citizens with the most advanced medical techniques and the most thoughtful care. Most importantly, the key idea in the training programs were total rejection of old-style practice and ideas of birth altogether and full-scale adoption of the Western idea of medicine and of the Western notion of the proper sort of birth attendant. Again, although this GMD idea of midwifery reform was based on the perceived empirical superiority of Western medicine over Chinese medicine as well as the nationalist zeal of the time, it also reflected the iconoclastic view of the modernizing elite who urged wholesale denial of old-style practices and views of birth.

Midwifery Reform and Police Power

In order to save the lives of new Chinese citizens and their mothers, the noble ideals in the training programs themselves were not enough; this wholesale adoption of Western midwifery, clearly different from existing practices and ideas of delivery, was to be

²⁰⁰ Louise Edwards, “Policing the Modern Woman in Republican China,” *Modern China* 26, no. 2 (2000): 118-123.

effected through police enforcement. By its very nature, the midwifery reform could succeed only when ordinary Chinese birthing mothers and their families abandoned their centuries-long practice of childbirth and midwifery and adopted foreign methods. Furthermore, the reform task also required that old-style midwives, who had proudly practiced their skills for generations, accept their minor position in the new hierarchical structure among obstetric workers. Facing these difficult tasks, it was reasonable for the GMD reformers to rely on the symbolic authority and the physical power of the state, i.e., the state license system and police power. The physical manifestation of midwifery reform is found in the enforcing of the midwifery license system within each group of midwifery practitioners through police power.

The role that the Beijing Municipal Police Department played in the city's midwifery reform clearly demonstrates how police power was the backbone for enforcement of the GMD's program. For example, the Beijing Municipal Police Department, jointly with the Department of Health, founded and managed the Beijing Child Health Institute and its five district offices in 1930.²⁰¹ While the Department of Health was in charge of "technical" support, such as training old-style midwives, issuing licenses, supervising *jieshengpo* in each district, and handling "abnormal" cases if complications occurred, the Beijing Municipal Police Department offered critical enforcement, such as reporting illegal midwives who had no license, and investigating and punishing those who violated the midwifery regulations.

²⁰¹ Beipingshizhengfu weishengju, ed., *Ibid.*, 133-34.

In fact, it was police enforcement that induced old-style midwives to take the training programs given by the Beijing Child Health Institute. When Marion Yang opened the training program in 1928, it had serious attendance problems. Initially, only one third of old-style midwives enrolled in the program regularly attended the classes while another one third “entirely” failed to keep up with the course because of their low attendance. This situation continued until the midwives realized that attending classes and passing the license exam was the only way to practice midwifery legally under the close scrutiny of the police. By 1932, as the result of police support, the Child Health Institute had trained or retrained 268 midwives, making them lawful *jieshengpo*.²⁰²

The tight enforcement of the license system for *jieshengpo* was possible due to the city’s overwhelming police power. The Beijing Municipal Police Department, which had over 10,000 officers, or twelve policemen per every 1,000 citizens, was the vehicle of the reform project.²⁰³ Notably, the Police Department appointed 201 officers who worked only for public health projects, while another over 400 policemen were assigned to general patrol service for public health programs.²⁰⁴ These officers checked that midwives in each district held *jieshengpo* licenses and that they followed the limitations imposed by the midwifery regulations. Also, when *zhuchanshi* in district offices of the Child Health Institute or birthing women’s families reported illegal midwifery practices, the police investigated and exercised the law when necessary.

²⁰² Ibid.

²⁰³ In the 1920s, European cities like London, Paris, and Berlin employed only 2 or 3 police per 1,000 citizens. David Strand, *Rickshaw Beijing: City People and Politics in the 1920s* (Berkeley: University of California Press, 1989), 74. In Beijing city in 1933, there were 10,110 police. (BMA J181-1-376)

²⁰⁴ BMA J181-1-376.

How the police power in Beijing effectively put rules and regulations for obstetric professionals into practice is well illustrated in the case of Wu, a *jieshengpo*. In February 1935, Wu and her assistant, who was Wu's daughter-in-law, were accused by Zhu, a *zhuchanshi* and Wu's supervisor in the district health station, of violating *jieshengpo* regulations. The file indicates that there was a pregnant woman, the wife of Li Guoying. She was in her eighth month of pregnancy and suddenly shed a lot of blood. Her husband called Zhu, the district *zhuchanshi*, who knew that she could not stop the bleeding. Zhu advised Li to take his wife to the hospital. An hour later, Wu visited the pregnant woman without a delivery basket and let her stay in the house and drink some medicine which she concocted by herself. That night Wu supervised the delivery, and the baby was stillborn. Wu was accused of 1) not hospitalizing the pregnant woman even though it was an abnormal childbirth; 2) giving medicine that was not prescribed by a doctor, which caused the death of the baby; 3) not bringing a delivery basket.

However, after police inspection, she turned out to be innocent. The grounds for this decision are as follows: 1) it was the pregnant woman herself who refused to be hospitalized, and Wu did not make this decision for her; 2) the woman did not actually ingest the medicine, and the baby had already died in the mother's womb, which might have caused the bleeding; 3) the *jieshengpo* could not assume that she would supervise the childbirth since the pregnant woman was in the eighth month of her pregnancy.²⁰⁵ Although Wu was lucky enough to be released from the charge, her case demonstrates

²⁰⁵ Yang Nianqun, *Ibid.*, 184-186.

how the regulation tightly limited the options and methods that *jieshengpo* could employ to assist childbirth.

Unfortunately for the many old-style midwives who did not have licenses and even for lawful *jieshengpo*, numerous police reports in the Beijing Police Department reveal that the police maintained their zero-tolerance policy for illegal activities and practices of *jieshengpo* and other “illegal” midwives. Many cases show that the Department of Public Health revoked a *jieshengpo*’s license after police reported that they were over sixty years old; according to the regulations only women between the ages of thirty and sixty could be licensed as a *jieshengpo*.²⁰⁶ The police also confiscated delivery baskets from those who lost licenses in order to make sure that they could not practice midwifery anymore.²⁰⁷ Other cases show that the Beijing Police also kept a close eye on unlicensed old-style midwives and fined them once they attempted to practice.²⁰⁸ The fine was usually two to twenty yuan, levied after a troublesome process of investigation and interrogation.

Indeed, police power in Beijing served to actualize the goal of the GMD midwifery regulations, which was to popularize Western midwifery. The work report of the Department of Health in Beijing witnessed how successful the supervising system was: in the case of the first district of Beijing city, the percentage of deliveries supervised by

²⁰⁶ BMA J5-1-13; BMA J181-20-23887.

²⁰⁷ BMA J181-20-23887.

²⁰⁸ About 10-15 police officers were assigned to the office of a maternal-infant health center in 1936 Beijing to investigate those offenses committed by *chanpo* and *jieshengpo*.

someone trained in Western midwifery was 84.5% in 1936,²⁰⁹ a tremendous increase from the 17.1% of supervised deliveries in 1927.²¹⁰ This improvement owed almost entirely to the delivery service provided by retrained *jieshengpo* under the supervision of the district child health offices.

The decisive role played by the police in enforcing the GMD midwifery regulation is evident also in other major urban areas in China including Shanghai, Hankou, Chengdu, Xi'an, and Taiyuan. Local health reform reports indicate that the midwifery training programs were run by local police departments, and that those who practiced midwifery without a license were prosecuted and punished. In Shanghai, the police even inspected the midwifery schools for *zhuchanshi* to determine whether they followed the curriculum and whether they had the minimum facilities necessary for the proper training of reliable *zhuchanshi*. Those schools that failed to meet requirements were forced to close.²¹¹ In a sense, it was not an accident that the Ministry of Health officially became the National Health Administration (*Weishengshu*) under the supervision of the Ministry of the Interior, which also managed police control after 1930.²¹² In other words, the public health project became part of police functions since it was that police power which put the ideals of GMD public health into enforced practice in reality.

Conclusion

²⁰⁹ Beipingshi zhengfu weishengchu di yi weisheng shiwusuo, ed., *Ibid.*, 23.

²¹⁰ *Ibid.*, 131-35.

²¹¹ “*Weishengju qudi yixiao ji zhuchanxiao.*”

²¹² Tina Philips, *Ibid.*, 92.

The governing principles of the GMD midwifery reform were saving children and birthing mothers for the sake of the nation, and bringing enlightenment to Chinese society. This was because the modernizing elites in China saw the superstitions and the deaths of infants and mothers associated with traditional methods of midwifery as a sign of the backwardness of Chinese culture and the immediate threats to the prosperity of the Chinese race. The arguments demanding the intervention of the state in midwifery were often fueled by the anxieties and worries about the Chinese race's future in international competition.

On the other hand, it was the newly available Western concept of anatomy and the germ theory of disease that provided theoretical support for and guided those reform-minded intellectuals' demands for midwifery reform. According to the new understanding of childbirth based on Western anatomy, scientific and objective knowledge of the tangible human body was a prerequisite to handling birth safely. In addition, the notion of germs identified midwives' hands as the main source of childbed infections. It was not an accident that these new types of medical knowledge created the wholesale negative images of old-style midwives as ignorant grannies and dirty germ carriers, making them the direct target of the state reform. Despite the empirical safety of Western midwifery, these negative images of old-style birth attendants fueled the full-scale adoption of Western midwifery and the denial of existing practices regardless of the practical skills and social networks that had made old-style midwives fairly reliable birth attendants for centuries in China.

In other words, it was this nationalist anxiety and the new understandings of the human body and birth-related disease that shaped the specific policies of the GMD midwifery reform. The midwifery regulations classified various types of midwifery workers based on each group's Western medical knowledge, and stipulated what kinds of medical services each group could offer their clients. At the same time, this state intervention into people's private lives was justified as the effort to improve the nation's health and strength. Meanwhile, the folk medicine that old-style midwives used for assisting childbirth, and the hands-on experience that established the qualifications of old-style midwives in the eyes of the people, became marked as false and utterly useless.

Finally, the ideals of the GMD midwifery reform were actively enforced by the police. Although nationalistic concerns about the nation's health offered ideological support for the reform, to the ordinary urban citizens, those abstract ideas were not strong enough to change the centuries-long practices of midwives. It was the presence of over 10,000 police officers in Beijing city keeping a watchful eye on the old-style midwives and other obstetrics practitioners that forced them to follow the state regulations regarding midwifery. With this tight control of police power over the daily lives of citizens, the GMD midwifery reform successfully took root in urban areas, where such efficient control was possible.

CHAPTER FOUR
Living with Reform:
How Did the GMD Midwifery Reform Shape Old-Style and Western-Style
Midwives' Daily Lives?

In order to understand how ordinary Chinese citizens experienced the GMD midwifery reform, merely examining social elites' reform ideas and the state's reform policies is not enough; it is essential to investigate how various types of midwives and birth attendants were affected by this reform and how they responded to it in terms of their practices in the delivery room and in their daily lives. This chapter takes a closer look at those most impacted by the reform: old-style midwives, nurses who attended births, and Western-style midwives and students studying in urban midwifery schools.

Such an analysis requires paying special attention to the concrete *social reality* confronting individual midwives and women giving birth rather than intangible *reform ideals* supported by the state and social elites. Therefore, the main sources for this chapter are police reports concerning old-style midwives who violated reform regulations, essays and play scripts that students in professional midwifery schools wrote in their composition classes, petitions of old-style and Western-style midwives to municipal governments demanding greater official recognition, and official records of *zhuchanshi* associations and *jieshengpo* meetings. These documents show clearly how each group sought loopholes within the system, or actively manipulated the reform policies, to maintain or to strengthen their social position as qualified and well-regarded birth attendants, and in doing so, how their activities limited/complicated the effects of the GMD reform when the reform policy was executed in practice.

Transforming from Old-style Midwives to *Jieshengpo*

As we saw in the previous chapter, old-style midwives were the direct target of the GMD reform. In fact, since the GMD reform policies were modeled after modernizing elites' vision of the wholesale adoption of Western midwifery and total denial of old-style practices, old-style midwives had no option, at least in practice, but to entirely divorce themselves from their traditional understanding and ways of dealing with childbirth so as to continue doing business under the new state regulations. At the same time, by identifying old-style midwives as "ignorant and dirty germ carriers," these regulations focused on how to keep an eye on and, in the event, punish supposedly suspect birth attendants, ignoring the fact that these women had supervised births as reliable and semi-professional medical practitioners for centuries. In fact, in the reformers' view, the retraining of old-style midwives according to basic Western principles was little more than a temporary stopgap until these could be replaced with better educated Western-style *zhuchanshi*.

Therefore, it was no surprise that despite the apparent noble intentions of these reformers of saving expectant mothers' and children's lives, many individual old-style midwives viewed the reform as a serious threat to their business and economic interests. Especially in the urban areas, where the GMD was able to back up the reform with substantial police power, old-style midwives either attempted to circumvent the state reform policy or find loopholes to avoid this threat from above. At the same time, certain of these practitioners, after achieving the legal status of *jieshengpo*, actively negotiated

with state authorities to ensure their job security. This section examines the various responses of old-style midwives to the GMD reform; in so doing, it uncovers the different actions they took to survive under the reform and shows more generally how the GMD reform policy shaped the daily practices of birth attendants in urban China.

Those Who Lost Out

The new social and legal environment created by the reform made it very difficult for old-style midwives to avoid state inspection and to continue their centuries-old traditional practices. First of all, police authorities in urban areas ordered local patrolmen to screen practicing midwives in their districts for licenses. According to police reports in Beijing, patrolling officers occasionally visited the houses of women who had recently given birth to investigate whether their birth assistants were licensed. The police fined old-style midwives without licenses two to 20 yuan for illegally practicing midwifery, regardless of the post-birth condition of mothers and newborns.²¹³ Considering that the legal fee for assisting in delivery was limited to one yuan for old-style midwives throughout the 1930s, the fine could be a substantial threat to the livelihood of these presumed “criminals.”²¹⁴

The cases of old-style midwives Gao and Chen of Beijing demonstrate how police patrols went about identifying and punishing unlicensed midwives. Gao was a well-known old-style midwife in her community. In 1934, a local patrol discovered her illegal

²¹³ BMA J181-20-10532.

²¹⁴ BMA J181-22-8252.

practice and fined her five yuan for delivering two children in her neighborhood.²¹⁵ Her clients had to testify to Gao's crimes under subpoena sent out by the local police. Although no evidence was presented to suggest that Gao's practice had harmed the two children and their mothers, she was prosecuted for "privately practicing midwifery" (*siren jiesheng*) and had to pay 2.5 yuan as a fine for each case.²¹⁶ Similarly, another unlicensed old-style midwife, Chen, was fined 1.5 yuan for "privately practicing midwifery" despite her client's good health after delivery.²¹⁷ As the title of their crime suggests, the reform law regarded delivering children to be not a private matter, but a public affair that should be conducted with propriety as defined by the state. Although the GMD license system aimed to ensure the health of both women in labor and newborn infants, the state intervention was perceived as both abrupt and aggressive by old-style midwives themselves, who had supervised births for centuries without state regulation.

Dealing with the new legal requirement was not easy even for those old-style midwives who successfully became *jieshengpo* under the law. In Beijing, new reform regulations regarding midwifery encouraged pregnant women to register themselves at the district offices of the Beijing Child Health Institute or six other government hospitals, and to receive proper care during their pregnancy.²¹⁸ Although of course not every pregnant woman followed the regulation, some registered, reportedly for the benefit of

²¹⁵ BMA J181-20-19107.

²¹⁶ Ibid.

²¹⁷ BMA J181-21-38822.

²¹⁸ Beipingshi zhengfu weishengju, ed., Ibid., 209-210.

their unborn children, and received a free prenatal check up.²¹⁹ Under this system, *zhuchanshi* in district offices checked the health of mothers and babies, and determined whether the midwife had followed all regulations and proper procedures during delivery, such as, for example, sterilizing both hands and equipment. If anything suspicious was found, the *zhuchanshi* reported the matter to the police for further investigation.²²⁰

To be sure, the state's close scrutiny of old-style midwife's/*jieshengpo*'s practices indeed resulted in eradication of many traditional methods that had harmed the lives and health of both infants and mother,²²¹ but state regulation sometimes blindly followed Western midwifery techniques to too harsh a degree, resulting in unfair treatment of old-style midwives/*jieshengpo*. For example, one *jieshengpo* lost her license simply because she forgot to drop silver nitrate eyedrops in a newborn's eyes.²²² In another case, since the reform regulation limited the age of *jieshengpo* to 65 years old and under, an experienced 70 year old old-style midwife found herself charged with practicing illegally despite her excellent reputation as a reliable birth attendant.²²³

Another problem confronting the old-style midwives/*jieshengpo* in the new medical-legal environment was that their cases were looked at by coroners or

²¹⁹ In 1934, the Beijing Child Health Institute offered prenatal checkups to only 96 pregnant women. Ibid. 133.

²²⁰ We have already seen such a case in *jieshengpo* Wu's story in the previous chapter.

²²¹ The police bureau revoked the licenses of *jieshengpo* when their malpractice caused the death of infants or mothers. For example, the police bureau revoked the license of a *jieshengpo* surnamed Chen for not correctly delivering newborns and causing the death of a child. (BMA J181-20-23887) Another *jieshengpo* lost her license for killing a newborn by pulling it out too aggressively. (BMA J5-1-13)

²²² BMA J5-1-13.

²²³ BMA J183-2-41690.

obstetricians with Western medical training; in the pre-reform period, it was usually another old-style midwife who examined the bodies of possible victims of midwifery misconduct. Due to existing gender segregation, the Qing law allowed only female midwives to examine female murder or rape victims.²²⁴ Similarly, if women died during labor, or their children were stillborn, old-style midwives were called in to examine the victims' bodies.²²⁵ Although no evidence exists to suggest that midwives who examined those cases intentionally distorted evidence in favor of the accused, they at least possessed similar knowledge to the accused midwives, and were likely to understand why they had handled the birth in the manner that they had.

However, coroners or obstetricians trained in Western medical principles were more likely to view the *jieshengpo*'s mistakes harshly. Although the number of cases available for study is too small to make a generalization, the evidence does suggest that while few midwives were convicted before the 1928 GMD reform,²²⁶ the majority of midwives whose cases were examined by coroners or obstetricians in the GMD reform era lost both the case and their license. Even though there is no doubt that the intention of the GMD regulations was to ensure that *jieshengpo* offered safe midwifery services to their clients, it is also true that this new medical-legal environment substantially reduced the confidence and autonomy old-style midwives enjoyed in the pre-GMD era.

²²⁴ Matthew Sommer, *Ibid.*, 83-84.

²²⁵ BMA J181-19-32230.

²²⁶ For legal cases involving midwives' misconduct in the pre-reform period, see BMA J181-18-4936, J181-19-32229, J181-19-32230. None of the midwives in these cases were punished by the state.

Few cases better illustrate the fear and frustration that *jieshengpo* could suffer under the reform than a fraud case prosecuted in Beijing in 1935. According to a local *jieshengpo*, Zheng, a man came to see her at her house. Introducing himself as a promoter for *Minsheng zhoukan* (The Minsheng weekly), which he identified as a sister magazine of *Minshengbao* (The Minsheng daily), a reputed newspaper of the time, he asked Zheng to buy a subscription.²²⁷ In order to persuade her, he presented a business card with his name (Li Jiesheng) on it. In addition, he asked Zheng to invest money in the construction of an obstetric hospital. According to his story, an obstetrician who was in financial difficulty because of the hospital building project was raising funds from *jieshengpo*. The man claimed that those who contributed to the hospital fund not only would receive a share of the hospital's profits, but would also be hired to work in the hospital under the obstetrician's protection. Trusting his story and his background as an employee of the well-known newspaper company, Zheng gave two yuan to the man. After this success, the man visited other *jieshengpo* and repeated the same story.

After receiving reports from several *jieshengpo* making follow-up inquiries as to whether the man's story was true, the Police Bureau of Beijing city investigated.²²⁸ The *Minshengbao* Company confirmed that they did not have a sister magazine entitled *Minsheng zhoukan*; neither did they have an employee named Li Jiesheng. In fact, the office address on the man's business card turned out not to exist. After a thorough investigation, the story was found to be a scam, and the case ended with a public warning

²²⁷ BMA J181-20-23891.

²²⁸ Ibid.

issued by the Minshengbao Company in an effort to help the unsuspecting avoid falling victim. The Beijing Police Bureau never found the man. This case demonstrates the vulnerability of *jieshengpo* at the time and how easily they could become targets because of their desperate need for protection.

How to Survive

Part of the difficulties that old-style midwives and *jieshengpo* in urban areas encountered under the reform regulation was that they could not easily divorce themselves from their centuries-long traditional understandings and ways of dealing with childbirth and adopt foreign Western midwifery in a sufficiently short amount of time. If they could not transform themselves into Western-style birth attendants, they had to find a way to circumvent the reform regulations and find loopholes in order to survive. In fact, it was not only the traditional practitioners who had difficulty fitting themselves into the new state regulation pertaining to child delivery; ordinary women themselves, the clients of the indigenous midwives, also found that the state regulations were not suitable to their mode of life or understanding of birth and thus actively cooperated with old-style midwives and *jieshengpo* to evade the state checks altogether and continue on as before.

Stories obtained from Beijing police reports reveal how these midwives attempted to avoid the police check. For instance, in 1933, Deng, a midwife, was accused of illegally using her mother-in-law Wang's *jieshengpo* license.²²⁹ Initially, the case seemed to be a simple matter of an "unqualified" midwife practicing illegally. However, further

²²⁹ BMA J181-21-17302; J181-1-376.

investigation by the Beijing Police Bureau uncovered the fact that Deng, in reality, had earned a *jieshengpo* license by taking the retraining course and passing the requisite exam. The confusion came as a result of the fact that Deng went through this process under her mother-in-law's name, and so Wang's name appeared on the license instead of her own.

The truth then was that the person who had in fact violated the midwifery regulation was Deng's mother-in-law. In truth, Wang had been a midwife and Deng had assisted her until the reform of 1928. However, despite her experience, skills, and reputation, Wang found that her practice suddenly became illegal under the new state regulation, and she was forced to close her practice down until she had obtained a *jieshengpo* license. Wang, both illiterate and elderly, decided to send her relatively young daughter-in-law to a retraining course under her name, and then practice midwifery with the license that her daughter-in-law earned on her behalf. Although their clients trusted the elder woman's skills and experience, it was not these, but the license, that would make her practice legal.

The situation was complicated further because any number of Wang's clients could have easily seen through this license manipulation. In fact, the picture attached to the license was Deng's, not Wang's. Additionally, when Deng acquired a license for her mother-in-law, she actually used the latter's surname only, while retaining her own given name on the document. It seems that Wang's clients were more concerned with her reputation and experience than her state license per se. Otherwise it might not have been possible for Wang and Deng to successfully avoid police checks for five years. Indeed,

most probably the clients decided to turn a blind eye as long as Wang could safely assist them in childbirth.²³⁰

Similarly, another old-style midwife, Chen, also used her daughter-in-law's *jieshengpo* license in order to continue to practice midwifery. In her case, her daughter-in-law did not even assist her with her work. Chen called her daughter-in-law, the real owner of the license, to her client's house in order to protect herself only after a newborn had died and she found herself in trouble.²³¹ Possibly, Chen asked the daughter-in-law to come to the client's house so that she could claim that her fully licensed daughter-in-law was the one who had assisted in the labor and committed mistakes during her "legal" practice. However, the attempt failed and the police investigation revealed that it was Chen, not her daughter-in-law, who had assisted the birth, and so punished her for "privately" practicing midwifery. In this case too, Chen, possibly illiterate, may well have requested her daughter-in-law to take the retraining course and exam for her. Although we have no evidence that her clients knew about Chen's lack of a license, they may have trusted the experienced Chen more than her daughter-in-law, who in their eyes may have merely had a piece of paper stating that she could deliver children.

Others searched more actively for loopholes in the GMD regulation. For example, another old-style midwife, again surnamed Chen, failed the final exam in her retraining program and was thus unable to earn a *jieshengpo* license. However, she was able to legally participate in her clients' delivery as an "assistant" of her mother-in-law, who had

²³⁰ Unfortunately for Deng, although she begged to keep her license, the Beijing Police Bureau revoked her license as a result of this case.

²³¹ BMA J181-21-34455.

secured a license. This arrangement only came to an end after her mother-in-law's death, when the Beijing Police Bureau noticed in 1935 that she was now practicing midwifery "illegally" and banned her from delivering children. Although Chen begged the police not to keep her from practicing midwifery, citing her record of safe practice and her dependence on income from the profession as the sole support for her family (including her husband and two children), the police rejected the request. She had to pay a fine and give up her profession. Although she in fact failed to keep practicing midwifery, she had taken advantage, if only for a time, of the GMD regulation's lack of rules regarding assistants, allowing her to practice midwifery until the death of her *jieshengpo* mother-in-law.

Those who could not find any way to manipulate loopholes in the regulation often forged licenses to make a living. In 1934, a district officer of the Beijing Children's Health Institution suspected a local *jieshengpo*, Liu, of not adhering to the reform because there was no record of her purchasing the requisite medical supplies normally needed for the practice of Western-style midwifery, such as alcohol and silver nitrate.²³² After investigation, Liu's license was deemed to have been forged; she had never taken the retraining program. She was arrested and punished. The fact that Liu's case took place after the Police Bureau had issued an order to search out forged *jieshengpo* and *zhuchanshi* license holders demonstrates the strong determination of old-style midwives to continue their practice.

²³² BMA J181-23-3345.

While many old-style midwives tried to circumvent the power of the state in order to continue their careers, others took more direct action, attempting to use or negotiate with state powers to their own benefit. After numerous petitions and requests by *jieshengpo* in Beijing, the dean of the Bureau of Health for the city eventually agreed to hold regular hearings with *jieshengpo* in 1936.²³³ Signaling that the city authority now officially recognized *jieshengpo* as medical workers, the meetings were held in the chamber of the Physicians' Association (*yishi huiguan*). About 20 to 35 active *jieshengpo* attended the meetings, and proceeded to complain to city officials about the difficulties that they had practicing Western midwifery.²³⁴ The two most prominent issues that arose were how the municipal government might offer subsidies to *jieshengpo* in order to compensate for the rapidly rising cost of medicine, and how *jieshengpo*'s professional morale as health workers might be raised. As a result of these hearings, the health authority within the municipal government initiated the handing out of awards to model *jieshengpo* and the distribution of free medicine to *jieshengpo* in order to promote the practice of Western-style midwifery among them. Further free medicine was given to *jieshengpo* designated as model exemplars, as an additional reward. The monthly meetings were held eight times from March to October in 1936. As we can see here, although *jieshengpo* had very limited room to improve their socioeconomic status under the reform, this unfavorable situation did not entirely discourage them from trying to improve their lot.

²³³ BMA J5-2-2212.

²³⁴ This means that about 20-30 percent of *jieshengpo* in Beijing regularly attended the meetings.

In sum, although it is undeniable that the intention of GMD policy makers was to offer safer medical services to both women giving birth and newborns, state regulations as based on Western midwifery was totally foreign to traditional-style birth attendants. Considering the reformers' complete denial of the validity of traditional delivery methods, it was no surprise that most old-style practitioners viewed the reform regulations as a serious threat to the autonomy and reputation that they had heretofore enjoyed.

In such unfavorable circumstances, old-style midwives who failed to earn a *jieshengpo* license often either forged one or registered themselves under someone else's name in order to circumvent the inevitable police check. Some of them sent their younger and literate daughters-in-law to take the licensing course, thenceforth practicing under the daughter-in-law's name. In quite a few cases, young women without a license of their own practiced child delivery as their licensed mothers-in-law's "assistants."

The responses of pregnant women themselves to the reform were rather ambiguous. On the one hand, they found themselves in a better position when pursuing lawsuits against their midwives. Thanks to standardized methods of delivery defined by the reform policy, any midwife who did not follow the standard procedure could be punished directly by the state. Moreover, during such lawsuits midwives' practices were objectively investigated by obstetricians or coroners who were trained in Western medicine. This legal leverage also helped to prevent old-style midwives or *jieshengpo* from committing such misconduct as exaggerating the danger of birth so as to be able to demand higher fees.

However, on the other hand, many expectant mothers still favored experience over a state license when selecting a birth attendant. In fact, frequently they continued to recruit older and more experienced midwives regardless of whether they had licenses or not. Thanks to those clients who willingly recruited them, unlicensed midwives and midwives with forged licenses were able to survive under police scrutiny. Their survival was possible in part because most pregnant women recruited their midwives through informal networks such as those generated by a midwife's reputation in the local area rather than through formal clinics.

Making Modern *Zhuchanshi* - Between *Jieshengpo* and Obstetricians

Old-style midwives were not the only ones who experienced dramatic changes through the reform; midwives who were trained in Western midwifery also had to undergo fundamental transformation in terms of their identities and compositions. Although the GMD regulations regarding *zhuchanshi* assumed those midwives in Western medicine to be a homogenous group of young women with two to three years of Western midwifery training, great variety in fact existed among them in terms of age, extent of biomedical education, and social background before the 1928 midwifery reform. For example, while some midwives graduated from formal midwifery schools in Japan and England, most had merely finished training courses founded by Western-style private hospitals that mainly focused on the hospitals' own needs and convenience.²³⁵ Many of those birth assistants who worked in Western-style private hospitals saw themselves as

²³⁵ For the Western midwives in the pre-reform era, see chapter 2, section 3.

nurses rather than midwives, since their professional responsibilities often overlapped with nurses within the hospital. In a sense, the main goal of the GMD midwifery reform regarding *zhuchanshi* was to create a new identity of *zhuchanshi* as modern, young, self-confident, and well-trained birth attendants and institutionally impose this new identity on them.

Unlike the section on *zhuchanshi* in Chapter 3 that examined primarily the reformers' intentions and the reform policies that aimed to actualize these intentions, this section will focus on how those individuals who were newly categorized as *zhuchanshi* rejected, accepted, and reshaped their new identity when faced with state policies that attempted to redefine their responsibility and professional status. In so doing, we can learn how this process of establishing a new *zhuchanshi* identity interacted with their economic interests, social recognition, and competition with other child delivery-related professionals such as *jieshengpo*, nurses, and obstetricians.

In order to effectively demonstrate how Western-style midwives from different backgrounds eventually established their own identity as *zhuchanshi*, this section will begin with the stories of Western-style midwives who opposed creating the new institutional status of *zhuchanshi*, offering examples of the varying concerns they had regarding midwifery reform. Secondly, this section will examine how students in professional midwifery schools responded to the institutional support of the state in order to build a homogeneous *zhuchanshi* identity. The final part of this section will analyze cases from the Shanghai Zhuchanshi Association in an effort to investigate how the

newly established *zhuchanshi* organized themselves in order to improve their socioeconomic condition and to secure state protection for their profession.

Those Who Opposed the Creation of Zhuchanshi

1) Nurses Association

It was the nursing community that first officially opposed the creation of a new institutionalized profession.²³⁶ Their position was that, since nursing schools already taught Western midwifery as part of their curriculum, there was no need to add a new profession like *zhuchanshi*.²³⁷ The Chinese Nurses Association (*Zhonghua hushihui*: hereafter CNA) argued that the goal of midwifery reform could be achieved by strengthening preexisting nursing training programs and massively recruiting nurses trained in Western midwifery.

In one sense, the CNA's argument was reasonable. Established in the early 1910s, by 1928 the CNA effectively controlled qualifications for nursing in China. Adopting the Western model of professional licensing, the CNA screened the quality of nursing schools and their curriculum, and issued their official nursing licenses only to those who graduated from nursing programs it deemed accredited to do so. The CNA also issued special "nurse-midwifery" licenses to those who completed a one-year midwifery program after finishing their regular nursing program.²³⁸ Nurses with such licenses were considered sufficiently specialized to work in the delivery ward assisting obstetricians.

²³⁶ Ka-che Yip, *Ibid.*, 165-67.

²³⁷ Tina Philips, *Ibid.*, 182-183.

²³⁸ *Ibid.*, 137.

By 1929, 18 of 142 “qualified” nursing programs in China ran “nurse-midwifery” courses.²³⁹ The CNA’s plan was to strengthen these nurse-midwifery training programs and utilize already well trained nurses, which they argued was an easier and more efficient way to produce qualified Western-style birth attendants.

In fact, when the CNA opposed creating *zhuchanshi*, their real concern may have been losing talented candidates for nursing schools to midwifery schools. Unfortunately for the CNA, their fears were realized. Since *zhuchanshi* enjoyed much more autonomy in their practices in comparison to nurses, whose job was limited to assisting physicians, and since they were also allowed to open their own clinics,²⁴⁰ many students in nursing schools quit and transferred to midwifery schools. For example, according to records indicating the educational backgrounds of students at Saint Luke Midwifery School in Fujian Province many of these had come from nursing schools.²⁴¹ By 1931, FNMS found that it had to create a six-month intensive midwifery training program for those who already had a nursing license and wanted to become *zhuchanshi*.²⁴² Following the FNMS model, it was officially ordered in 1934 that professional midwifery schools create a

²³⁹ Ibid.

²⁴⁰ Yu Songyun, *Zhuchanshi zhiye lunli* (Professional ethics for *zhuchanshi*) (Shanghai: Zhongde yiyuan press, 1939), 5-6.

²⁴¹ In Fujian Province, in April 1937, the provincial government ordered the Saint Luke Adjacent Professional Midwifery School (Sheng Lujia yiyuan fushe gaoji zhuchan zhiye xuexiao) to open a one-year special program for nurses in order to offer nurses the opportunity to be midwives (FPA 2-2-1110). In fact, in the class of 1941, 13 nurses entered this program while 19 other students entered a regular two-year program. (Nantian County Archives hereafter NCA 10-1-3)

²⁴² Tina Philips, Ibid., 137-139.

special course for nurses in midwifery schools in order to meet the demands of nurses who wanted to attain the *zhuchanshi* qualification.²⁴³

Considering that nursing was one of the few legitimate professions for educated women in early twentieth century China, the rivalry that nurses might have felt toward *zhuchanshi* is understandable.²⁴⁴ The problem was that the two were too similar to properly differentiate one from the other: both required two to three years of medical training to earn licenses and both held similar status in the professional medical hierarchy; in addition, both were ultimately subjugated to physicians. Acknowledging the similarities between these two medical professions, the GMD believed that they could ameliorate the tension between the two by allowing them to transfer from one to the other after one year of a short-term training program. However, the antagonism of nurses toward *zhuchanshi* was still not completely absolved by allowing individual nurses to be designated *zhuchanshi*. For instance, when the second Sino-Japanese war (1937-1945) created large-scale job opportunities for nurses, the CNA officially petitioned to ban *zhuchanshi* from working as nurses at hospitals other than in delivery wards.²⁴⁵ For the CNA, *zhuchanshi* were qualified only to deliver children, and so could not be allowed to take care of regular patients.

2) “Elite” Midwives in Western Midwifery

²⁴³ NCA 10-1-5.

²⁴⁴ In the Republican era (1911-1949), the list of respectable professions for women was limited to reporter, school teacher, artist, and medical worker. (Yu Songyun, *Ibid.*, 1)

²⁴⁵ SMA Q400-1-2611.

It was not just nurses who opposed the GMD reform policy of creating the *zhuchanshi* profession. So too did some midwives trained in Western midwifery, although for different reasons. Significantly, it was those graduates from prominent professional midwifery schools in Shanghai who most strongly and systematically resisted. They fiercely refused to register themselves to the local health authority as midwives. Furthermore, they petitioned the Shanghai municipal government to categorize them as *chanke yisheng* (obstetricians).

This challenge of midwives from prominent professional midwifery schools to the municipal government's policy was caused by the ambiguous legal and social status of midwives in Shanghai. As shown in the previous chapter, no clear legal distinction between old-style midwives and midwives trained in Western midwifery existed before the GMD midwifery reform in 1928. Additionally, the quality of midwifery training programs varied from one institution to another in terms of curriculum, training facilities, and the length of the training period. By 1928, there were more than five professional midwifery schools with two-year midwifery training programs in Shanghai while numerous Western-style obstetric hospitals had their own two- to six-month programs to train midwives in the city.

Ignoring the differences among midwifery professionals, the Shanghai municipal government ordered all of them to register as *zhuchan nüxing*, or "midwifery women," in 1928. The only privilege given to graduates from two-year midwifery professional schools was exemption from the *zhuchan nüxing* license examination which old-style

midwives had to take the examination to prove their capability.²⁴⁶ Technically speaking, according to the regulation, there was no legal distinction between graduates from prominent professional midwifery schools in Shanghai and old-style midwives who passed the license examination.

It is no surprise that the “elite” midwives rejected the title of *zhuchan nüxing*. They demanded legal distinction not only between old-style midwives and midwives with Western training, but also between themselves and those who graduated from short-term training programs at private hospitals. Most notably, graduates of four professional midwifery schools organized a United Assembly of Shanghai Obstetricians (*Shanghai chanke yisheng lianhehui*)²⁴⁷ and petitioned the municipal government to register them as *chanke yisheng* (obstetricians).²⁴⁸ Ironically, they also requested that the city allow them to work as nurses in hospitals since, like nurses, they too had two years of medical education. In a sense, those elite midwives from prominent midwifery schools attempted to maximize their job opportunities while differentiating themselves from the other “ignorant” and “unprofessional” birth attendants.

Furthermore, while the United Assembly of Shanghai Obstetricians was fighting with the municipal government, a newly established professional midwifery school directly challenged the city’s regulations as pertaining to the *zhuchan nüxing* title by

²⁴⁶ In fact, passing the examination was not easy in that applicants had to take Chinese, physiology, anatomy, obstetrics, hygienics, and bacteriology. Also, those who passed the written examination had to take oral and practical examinations. (“Shi weishengju guanli zhuchan nüshi zanxing zhangcheng” (Temporary regulations for *zhuchanshi* issued by the Bureau of Health, the city of Shanghai), *Shenbao*, February 9, 1928.

²⁴⁷ Those four schools were Tongde, Renhua, Zhongde, and Kwangji professional midwifery schools. They called their schools *chankeyi xuexiao*, meaning medical schools for obstetrics.

²⁴⁸ “Chanke yisheng zhi qingyuan” (Petition from an obstetrician), *Shenbao*, January 15, 1928.

giving itself the title Dade Medical School for Training of *Female Physicians* (*Dade nüyi xuexiao*, my emphasis).²⁴⁹ The new school announced that it would offer two years of formal midwifery education and that students should stay in the dormitory as full-time students. According to an advertisement to recruit new students, graduates of their school would differ from “ignorant” old-style midwives and those who graduated from informal midwifery training programs run by private hospitals, implying that the graduates of their school would be called *female physicians* (*nüyi*). By doing so, this new school indirectly supported the elite midwives of the United Assembly of Shanghai Obstetricians.

This organized resistance of elite midwives ended when the Shanghai municipal government clearly rejected their petition. The City of Shanghai Bureau of Health rejected that there existed any grounds to categorize graduates from prominent professional midwifery schools as either *chanke yisheng* (obstetricians) or *nüyi* (female physicians).²⁵⁰ According to these health officials, the title of obstetrician could be given only to those who graduated from formal medical schools and had additionally studied obstetrics for at least two more years after that. Therefore, it became illegal for the elite midwives to name their organization the Obstetrician Association and to issue female physician diplomas to the future graduates of their professional midwifery schools. In fact, those midwifery schools referring to themselves as “*nüyi xuexiao*” (medical school for training of female physicians), such as the Dade and Zhongde midwifery schools, had

²⁴⁹ “Yiliao wengu” (News in the medical field), *Shenbao*, January 15, 1928.

²⁵⁰ “Zhuchan nüshi bude gaicheng chanke yisheng” (Professional midwives fail to be re-named as obstetrician), *Shenbao*, February 14, 1928.

to change their name to “*zhuchan zhiye xuexiao*” (professional midwifery school). A school refusing to do so would be shut down.²⁵¹

Although they came to have the title of *zhuchanshi* after the central government invented the new term, it did not satisfy the graduates of prominent midwifery schools in Shanghai since the title still implied a status subordinate to physician. They rejected the title of *zhuchanshi* not only because the title symbolically meant their status subordinate to physician, but also because their subordinate status to physician would economically limited their professional interests. As discussed in Chapter 3, the GMD regulation did not allowed a *zhuchanshi* title holder to handle abnormal cases and abortion surgeries, which let physicians dominate these two most lucrative medical services. Shanghai *zhuchanshi* openly complained about what they saw as unfair discrimination in their association meetings by claiming that the relationship between *zhuchanshi* and physicians should not be *hierarchical*, but be *mutually complementary*.²⁵²

Zhuchanshi Identity in the Making – Students in Professional Midwifery Schools

The stories of those who opposed the creation of the *zhuchanshi* profession demonstrate that various medical professional groups had different concerns about the state-initiated midwifery reform. In fact, while the graduates of prominent midwifery schools with two years of regular medical education were dissatisfied with the

²⁵¹ In fact, Zhongde nüyi xuexiao had to close its doors in 1928 and reopen as “Zhongde gaoji zhuchan zhuanye xuexiao” (Zhongde Advanced Professional Midwifery School) in 1931. Zhongde gaoji zhuchan zhuanye xuexiao ed., *Zhongde gaoji zhuchan zhuanye xuexiao shiwunian jiniankan* (Zhongde Professional Midwifery School 15th anniversary commemorative publication) (Shanghai: Zhongde gaoji zhuchan zhuanye xuexiao, 1940)

²⁵² We can find a similar argument in the text for professional midwifery schools. (Yu Songyu, *Ibid.*, 28-29)

zhuchanshi title, many others, in numerous, less distinguished midwifery programs, welcomed their new legal status and were eager to earn the *zhuchanshi* license. In fact, ultimately the Shanghai municipal government had to forcefully close several unqualified professional midwifery schools founded somewhat impetuously in order to meet the sudden growth of applicants for *zhuchanshi* programs in Shanghai.²⁵³

To the leadership of the GMD midwifery reform, who aimed to produce qualified and reliable midwifery workers, it was necessary to establish strict guidelines and criteria for midwifery schools and applicants to the pertinent programs. Faced with the situation of numerous private hospitals hastily opening *zhuchanshi* training programs and recruiting students from various social and educational backgrounds without any educational consideration, it was no accident that the National Midwifery Board issued a series of strict instructions to regulate the quality of the *zhuchanshi* training programs in 1931. According to the regulation, professional midwifery schools had to limit their student pools to graduates attending or just having finished middle school (equivalent to American high school) and in addition students had to have two years of full-time midwifery education, or 4,121 hours of training. If any school failed to meet this requirement, the graduates of those schools could not earn *zhuchanshi* licenses.²⁵⁴ By creating this regulation, the Board aimed to standardize medical quality and the skills of graduates from those programs so that they could fulfill the task of popularizing safe and

²⁵³ “Weishengju qudi yixiao ji zhuchanxiao” (The Department of Public Health regulates medical schools and midwifery schools), *Shenbao*, February 12, 1928.

²⁵⁴ Actually, the Bureau of Health in the city of Shanghai closed down the Dahua midwifery school (Dahua chanke xuexiao) when it failed to meet the requirements and canceled the *zhuchanshi* licenses of the school’s 1931 graduates (SMA Q235-1-1747).

hygienic Western midwifery. As a consequence of such tight quality control, a homogeneous *zhuchanshi* identity of young, confident, nationalistic, and feminist medical professionals emerged from the student body of these schools.

This newly established *zhuchanshi* identity is most clearly found in yearbooks published by participating professional midwifery schools. In these yearbooks, midwifery schools included the motto and statements of their educational philosophy, the school anthem, history and curriculum, lists of teachers' names and their educational backgrounds, the names of current students and graduates, and statistics on the social and educational backgrounds of current students. Some included pictures of their modern-style buildings, medical facilities, dormitories, and even a list of books that their libraries recently purchased.²⁵⁵ Most significantly, yearbooks typically contained students' writings from their composition classes, including research articles, work reports, poems, plays, cartoons, caricatures, and personal essays. Some also presented the list of donors who financially contributed to the school's recent building projects. Expecting their own students, their families, and alumni to be the target readership, these yearbooks presented and celebrated their achievements for the year. It is also possible that these midwifery schools designed their yearbooks to attract future students by advertising the formal educational system the schools could offer and what kinds of facilities were available there. In so doing, these yearbooks illustrate how midwifery schools and their students viewed and presented themselves to the public.²⁵⁶

²⁵⁵ For more about midwifery school yearbooks, see Tina Philips, *Ibid.*, 236-245.

²⁵⁶ For this section, I have collected 9 school yearbooks from 7 professional midwifery schools, covering one national midwifery school (First National Midwifery School), two provincial midwifery schools

Many yearbooks proudly stressed that they strictly screened the educational and age backgrounds of applicants, and that their students had consequently now become homogeneous in terms of these factors. However, by doing so, there was a tendency for them to inadvertently admit how diverse the backgrounds of their students had in fact been previously. According to the Tongde Midwifery School's yearbook for 1933, when the school opened in 1928, most students had old-style midwifery backgrounds. Most were in their thirties or forties, and the oldest student was 72 years old.²⁵⁷ Considering the legal and professional privileges given to *zhuchanshi* compared to *jieshengpo*, it was not surprising that middle-aged and elderly indigenous midwives were eager to enroll in midwifery schools so as to obtain licenses as *zhuchanshi*. Indeed, in 1933 a student at the Boteli Nursing Midwifery School in Shanghai still complained that students in their

(Zhejiang and Shaanxi Provincial Midwifery Schools) and six other private professional midwifery schools in Shanghai (Renhua, Dade, Tongde, Zhongde, Boteli, and Huisheng professional midwifery schools). For details of the yearbooks, see the following: Diyi guoli zhuchan xuexiao, ed., *Diyi zhuchan xuexiao niankan, diyi juan* (First annual of First Midwifery School) (Beiping: Diyi guoli zhuchan xuexiao, 1931); Dade zhuchan xuexiao, ed., *Dade zhuchan niankan* (Dade Midwifery School annual) (Shanghai: Dade chubanshe, 1939); Zhejiang shengli zhuchan xuexiao ed., *Zhejiang shengli zhuchan xuexiao niankan* (Zhejiang Provincial Midwifery School annual) (Hangzhou: Zhejiangshengli zhuchan xuexiao, 1940); Shaanxi shengli zhuchan xuexiao ed., *Shaanxi zhuchan xuexiao niankan* (Shaanxi Provincial Midwifery School annual) (Xian: Shaanxi zhuchan xuexiao, 1935); Renhua zhuchanshi xuexiao ed., *Renhua zhuchan niankan* (Renhua Midwifery School annual) (Shanghai: Renhua zhuchan xuexiao, 1946); Sili shengsheng zhuchan xuexiao ed., *Sili shengsheng zhuchan xuexiao diyi jie biye jiniankan* (Shengsheng Private Midwifery School annual celebrating the first graduation) (Shanghai: Shengsheng yiyuan, 1935); Zhongde gaoji zhuchan zhuan ye xuexiao ed., *Zhongde zhuchan niankan* (Zhongde Midwifery School annual) (Shanghai: Zhongde chubanshe, 1939); Shanghai shi Huisheng zhuchan xuexiao ed., *Shanghai shi Huisheng zhuchan xuexiao zhongjian xin xiao luocheng jinian tekan* (Special issue of Huisheng Midwifery School celebrating the completion of new school buildings) (Shanghai: Shanghai shi Huisheng zhuchan xuexiao, 1935); Shanghai boteli yiyuan hushi chanke xuexiao ed., *Boteli Niankan* (The annual of Bethel Nursing Midwifery School) (Shanghai: Boteli yiyuan, 1936); Zhongde gaoji zhuchan zhuan ye xuexiao, ed., *Zhongde gaoji zhuchan zhuan ye xuexiao shiwu zhounian jinian kan* (Zhongde Professional Midwifery School 15th anniversary commemorative publication) (Shanghai, Zhongde chubanshe, 1940).

²⁵⁷ Shanghai sili tongde zhuchan xuexiao ed., *Ibid.*, 1-2.

classes were too uneven in terms of age and the extent of previous education for the institution to be able to standardize its curriculum.²⁵⁸

However, from the time schools limited their applicants to those who graduated from at least middle school, following the regulations of the National Midwifery Board, students indeed came to share similar age and educational backgrounds. Several schools directly limited the ages of candidates to between sixteen and twenty-five in some cases,²⁵⁹ or below twenty years old in others. Meanwhile, some other schools found a way to exclude elderly old-style midwives from entrance through the mechanism of requiring a middle school diploma of all applicants, since few Chinese women over the age of thirty had had access to middle school education when they were younger, in the first couple of decades of the century.²⁶⁰

In fact, statistics on the age of *zhuchanshi* in the 1930s showed how the requirement of a middle school diploma from applicants successfully excluded older age groups from the schools. According to national statistics pertaining to registered *zhuchanshi* in 1937, ten years after the reform, out of 3,694 *zhuchanshi*, 2,347 (64 percent) were between twenty and twenty-nine years of age, 1,058 (29 percent) were between thirty and thirty-

²⁵⁸ Zhang Shangwen, “Cong zhiyefunü shuodao zhonghua hushi shiyede gaijin” (From the perspective of the professional woman, how to develop the Chinese nursing project), in Shanghai boteli yiyuan hushi chanke xuexiao, ed., *Ibid.*

²⁵⁹ BMA J5-1-10.

²⁶⁰ Around 1916-18, the number of female students in China was only about 170,000 while 28 million females between 6-18 did not attend school. This meant less than one percent of school-age females attended any kind of school. Ida Belle, Lewis, *The Education of Girls in China* (New York: Teachers College, Columbia University, 1919), 41. Considering that most female students attended elementary school, only very few privileged people had a middle school diploma.

nine, but only 7 percent were over the age of forty.²⁶¹ Thus, after the National Midwifery Board began to limit the educational background of the midwifery schools' applicants, *zhuchanshi* tended to become more homogenous, at least in terms of educational background and age.

Post-reform professional midwives came to share not only similar educational qualifications and ages, but also social and economic backgrounds as well. Since the National Midwifery Board requested that schools standardize their curricula, hire registered physicians as faculty, and have practice facilities as prerequisites for *zhuchanshi* education,²⁶² the tuition for such schools became very expensive for ordinary Chinese families.²⁶³ While a few mission medical schools, such as Saint Luke Midwifery School in Fujian province charged only a small fee,²⁶⁴ other private schools charged high tuition. For example, the tuition of Shanghai Dade and Zhongde Advanced Professional Midwifery School was eighty yuan in 1928²⁶⁵; quite a large sum considering that the daily income of female workers in Shanghai textile factories at that time was between

²⁶¹ Ka-che Yip, *Ibid.*, 167.

²⁶² BMA J2-3-238.

²⁶³ *Shenbao*, February, 10, 1928. For the daily income of adult male farmers see Philip C.C. Huang, *Ibid.*, 1985, 197.

²⁶⁴ In 1941, a student in the Saint Luke Midwifery School paid only 13 yuan a year and the sum total of student tuition was 384 yuan. (NCA 10-1-3). Considering that the annual budget of the school was 36,240 yuan per year, the tuition was a small amount of money. This was possible only because most of the operating fee was given by mission organizations.

²⁶⁵ *Yiliao wengu* (News in the medical field), *Shenbao*, January 15, 1928.

0.35 and 0.6 yuan.²⁶⁶ On top of tuition, students had to pay extra fees for their dormitory and school uniforms. In the case of the Zhongde Advanced Professional Midwifery School, for example, students had to pay 247 yuan per year.²⁶⁷

It is no surprise that such expensive tuition levels narrowed the social and economic parameters of the students who could afford to attend these schools. Surveys of family backgrounds of students strongly suggest that most came from the middle and upper classes. Student data from the Jiangxi Provincial Midwifery School taken from 1931-1934 reveals that most students came from families in which were represented the professions of medicine (36.4 percent), business (26.8 percent), and education (22 percent).²⁶⁸ Similar patterns were found in the Shaanxi Provincial Midwifery School, for 1935. In the latter case, the largest number of students belonged to officials' families (26 percent), educators' families (16 percent), and retired officials' families (16 percent), while only 10 percent of students came from farming families.²⁶⁹

Based on this relatively uniform background of middle- and upper-class social standing, combined with the requirement of a middle school education, a new *zhuchanshi* identity emerged – and became part of a modernizing social elite willing to assume responsibility for enlightening the nation. The collected writings of professional

²⁶⁶ Emily Honig, *Sisters and Strangers: Women in the Shanghai Cotton Mills, 1919-1949* (Stanford, California: Stanford University Press, 1986), 176.

²⁶⁷ SMA Q235-3-466

²⁶⁸ Ka-che Yip, *Ibid.*, 167.

²⁶⁹ Shaanxi zhuchan xuexiao niankan bianji weiyuanhui ed. *Ibid.*, 24. In fact, although the war situation must be considered, students attending the Zhongde advanced professional midwifery school in 1940 were even more homogeneous. While most students came from families of business (66 percent), medicine (10 percent), and education (9 percent), only 2 percent of students came from farming families. (Zhongde gaoji zhuchan zhuanye xuexiao, ed., *Ibid.*)

midwifery school students found in these school yearbooks reveal that they were frequently strongly influenced by the elite discourses of nationalism and enlightenment regarding midwifery reform. “Women weishenme yao xue hushi” (Why we need to learn nursing), an essay written by Hu Shijuan, a student at the Boteli Nursing Midwifery School, demonstrates how most elite discourses regarding midwifery reform focused on concerns in regard to the nation’s future and women’s health, the backwardness of the masses, and the unsanitary and ignorant character of old-style midwife practice:

Everybody knows that the quality of China’s medical education is still very primitive. Although there are as many hospitals in the urban areas as there are trees in a forest, people in the rural areas are still practicing strange methods like asking spirits to heal them. They ask shamans to expel demons and [in doing so] they eventually walk the road of death. How miserable they are! Our task is to abolish those superstitious customs. From me, we have to learn the common knowledge of biomedicine. ... When pregnant women in China give birth to a child, they let ignorant old-style midwives decide their lives as well as their newborns’: infected hands and arbitrary surgeries [of old-style midwives] cause childbed fever and infection of the womb, and eventually cause women to die; if complications arise, both mothers and newborn die together. ... If you know that the children are our future and healthy mothers are the basis of our nation, you have to take on this responsibility of saving lives and saving our nation.²⁷⁰

Other students also often wrote about how they should contribute to creating a strong state and an enlightened society²⁷¹ or to introducing scientific knowledge to the “ignorant masses” through popularization of Western midwifery techniques.²⁷² As depicted in their essays, their self-image is often that of a reform-minded heroine destined to awaken their

²⁷⁰ Hu Shijuan, “Women weishenme yao xue hushi (Why we need to learn nursing), in the Shanghai boteli yiyuan hushi chanke xuexiao, ed., *Ibid.*, 4-5.

²⁷¹ Ding Qingyun, “Zenyang zuoren” (How to be a good person) in the Boteli hushi chance xuexiao, ed., *Ibid.*, 6-7.

²⁷² Liu Xiang, “Zenyang tuijin zhuchan shiye” (How to conduct the midwifery reform project), in the Zhongde gaoji zhuchan zhuanye xuexiao, ed., *Ibid.* Data from Shanghai Zhongde Professional Advanced Midwifery School are collected from the period of Japanese occupation (1937-1945). Yet, interestingly, no important break is found with data from the period of GMD rule in Shanghai (1928-1937 and 1945-1949). Students in the school still showed respect to Sun Yat-sen and favor toward socialism and Chinese nationalism without hesitation in their school yearbook in 1940.

poor Chinese sisters and brothers from backwardness. One student, from Husheng Midwifery School, urged her classmates to go to rural areas and save the poor and ignorant peasants who had suffered greatly from the lack of hygiene and the backward superstitions of traditional old-style midwives.²⁷³

No image better portrays the self-image of the confident and modern *zhuchanshi* than the image of “Wonder Woman” in Figure 4-1, drawn by a student in the Dade Midwifery School. In the illustration, a woman is confidently shouting “Stop pursuing an empty dream; making a substantial effort is our real mission,” with what might be termed “pioneer spirit.” The symbol of the torch that she grasps in her hand undoubtedly strengthened students’ image of themselves as enlighteners and pioneers.

Figure 4-1. Self-image of *Zhuchanshi* in the Dade Midwifery School Yearbook²⁷⁴

²⁷³ Zhu Shixing, “Gaijin nongcun zhuchan zhi yijian” (Opinion on improving midwifery in rural areas), in the *Sili shengsheng zhuchan xuexiao*, ed., *Ibid.*, 38.

²⁷⁴ Reproduced from *Dade zhuchan xuexiao*, ed. *Dade zhuchan niankan* (Dade Midwifery School annual). (Shanghai: Dade chubanshe), 1939.



Not only did ideas of nationalism and enlightenment help *zhuchanshi* create an identity as modernizing elites, they were also encouraged by feminist ideas which urged them to construct a self-concept as savior of their poor sisters from the oppressive Chinese social system. Many students, leaving their families for the first time in their lives, developed a strong sense of sisterhood and were often thereby exposed to feminist ideas in their school dormitories. As a result, a substantial number of essays show great concern for sensitive women's issues, including Chinese women's low position in society as well as within the home, the sharing of housework with husbands, the protection of

motherhood, female suffrage, and the improved position of women in Soviet Russia after the October Revolution.²⁷⁵ They even wrote instructions on how to celebrate International Women's Day, held on March 8 of each year. Eventually, this new position as promoters of women's rights became linked in their minds to the professional claim of saving pregnant women's lives through their newly-acquired medical skills. Actively employing the elite discourse that emphasized women as the victims of conservative and superstitious traditional Chinese customs, young students in midwifery schools often stressed how professional midwives could save women from death and suffering with modern medicine.²⁷⁶

Students in professional midwifery schools also developed their collective identity as *zhuchanshi* by separating themselves from *jieshengpo*. In doing so, they harshly criticized the GMD policy of retraining old-style midwives and offering them *jieshengpo* status. She Junhui, a student at the Huisheng Midwifery School, argued that, since old-style midwives originated from the lower classes and thus had no medical knowledge, retrained midwives had no potential to learn and master the real skills of sophisticated Western midwifery; therefore, the retraining programs were bound to be ineffectual. Worse, these *jieshengpo* cunningly took advantage of the government licensing program by pretending to be *zhuchanshi*, illegally using forceps and surgical knives.²⁷⁷ In fact, students of the professional midwifery schools often exaggerated the negative image of

²⁷⁵ The feminist topics are widely found in all three school yearbooks I examined. For more details, see Shanghai boteli yiyuan hushi chanke xuexiao, ed., *Ibid.*, 6-7; Dade zhuchan xuexiao, ed., *Ibid.*, 16-20.

²⁷⁶ A representative case is Er Zhiming's essay "Jiushi shengchanxia de xishengzhe" (Victims of the old methods of midwifery), in the Zhongde gaoji zhuchan zhuan ye xuexiao, ed., *Ibid.*, 23-24.

²⁷⁷ Shanghaishi Huisheng zhuchan xuexiao, ed., *Ibid.*, 5-6.

old-style midwives as practitioners who frequently deceived their clients. In doing so, they highlighted how advanced and morally upright they themselves were.

Play scripts written by other professional midwifery students demonstrate how they presented themselves as modern, confident, and capable while imposing cunning, servile, and backward images on old-style midwives and *jieshengpo*. A play entitled “Jiu yu xin” (old and new), written by Wang Yingwei, a first-year student at Zhongde Advanced Professional Midwifery School, describes the elderly old-style midwife in the most disparaging of terms.²⁷⁸ Expecting a higher fee, an old old-style midwife flatters the elderly grandmother of a newborn by saying that she would have a chubby grandson. Of course, the elderly lady is very pleased. However, when complications arise, the old-style midwife does not know how to handle the case. By contrast, although the old grandmother of the newborn was initially suspicious about the young and unmarried practitioner, considering her to lack experience, a young *zhuchanshi*, Zhang *xiaojie*, successfully resolves the birth complications by performing modern surgery.²⁷⁹

Similarly, the cartoon drawn by Sun Yizhen, a student at the Dade Midwifery School, created a set of pictures (seen in Figure 4-2) showing the *zhuchanshi* self-image and contrasting it with old-style midwives and *jieshengpo*. In the first set of pictures, an old couple is depicted saying that because their six daughters-in-law all died during childbirth and were assisted by *jieshengpo*, this time they should recruit a *zhuchanshi* and let her deliver their grandchild. In the following picture, a *zhuchanshi* with Western-style clothing safely assists the labor. Perhaps not surprisingly, in the last picture, the couple is

²⁷⁸ Zhongde gaoji zhuchan zhuan ye xuexiao, ed., *Ibid.*, 25-30.

²⁷⁹ For details, also see Tina Philips, *Ibid.*, 236-237.

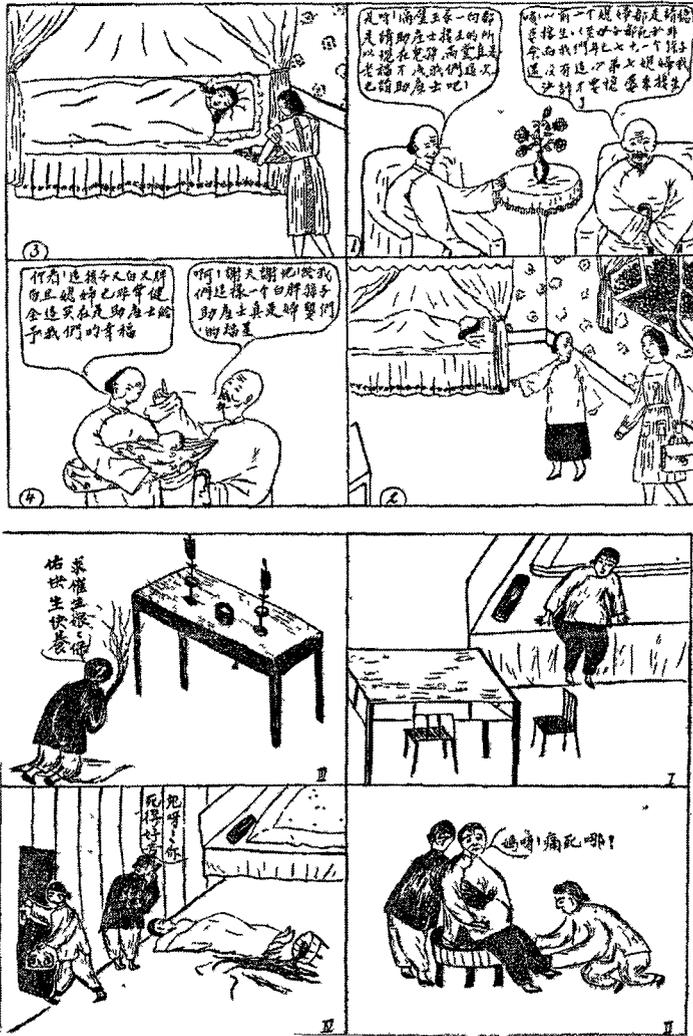
seen exclaiming with joy, proclaiming both the newborn's and new mother's health and attributing this to the new *zhuchanshi*, who has brought them so much happiness.

By contrast, in the second set of pictures, a family hires *jieshengpo*/old-style midwives, and the woman undergoing labor suffers greatly as a result. Despite the prayers of her superstitious mother-in-law to an idol, the woman dies. Standing beside her dead body, her mother-in-law cries helplessly. The theme of this cartoon is obvious: Western, clean, scientific *zhuchanshi* could bring happiness and prosperity to a family by safely delivering children, while superstitious and backward *jieshengpo* and old-style midwives were liable to cause tragedy and poverty. After all, it is no accident that, in the cartoon, the family who hired a *zhuchanshi* possesses modern and well-off living conditions, while the family who recruited *jieshengpo* or old-style midwives is depicted as poor and backward.

Figure 4-2. The Contrast between Old and New Style Midwives²⁸⁰

²⁸⁰ Reproduced from Dade zhuchan xuexiao, ed., *Dade zhuchan niankan* (Dade Midwifery School annual) (Shanghai: Dade chubanshe, 1939).

新舊式接生之對照
孫貽珍



In their writings, students in the midwifery school often used the term “nü yisheng” (female physician) to refer to *zhuchanshi*, as a means to express their superior professional medical knowledge as compared to that of *jieshengpo* and old-style

midwives. For example, in “Jiu yu xin” Zhang *xiaojie* is introduced as *nü yisheng* to her clients.²⁸¹

Yet, no matter how superior the students may have felt in regard to *jieshengpo* and old-style midwives, and however much they wished to refer to themselves as female physicians, they also had to confront the social recognition that perceived *zhuchanshi* as subordinate assistants of physicians, a fact which badly damaged their collective self-esteem as Western-style medical practitioners. Zhang Shangwen, a student at the Boteli Nursing Midwifery School, complained that *zhuchanshi* working in hospitals were often treated in essence as maids who had little medical knowledge.²⁸² Zhang argued that as long as they were treated as subordinate employees of physicians or cheap labor for hospitals, there was no hope for developing a professional midwifery class in China. In recognizing the enormous gap between *zhuchanshi* and obstetricians, students in midwifery schools also formed an impression of *zhuchanshi* as occupying a stage between *jieshengpo* and physician in the professional hierarchy.

In sum, the conception of *zhuchanshi* as held by modern, confident, well-trained, and young birth attendants was partly a byproduct of state regulation intended to improve the quality of *zhuchanshi* education. Once the National Midwifery Board began to demand middle school diplomas of applicants to the professional midwifery schools, this automatically limited the age and social background of students undergoing training, since only a small number of young, middle-class women could meet such conditions.

²⁸¹ Zhongde gaoji zhuchan zhuan ye xuexiao, ed. Ibid..

²⁸² Zhang Shangwen, Ibid.

Furthermore, once the Board began to request a requirement for formal and fulltime midwifery education, and this request had been granted, the high rates of tuition caused by the demand also resulted in a limiting of the student pool mostly to those from the middle- or upper-classes.

The young, middle-class females able to attend these schools responded to the new ideas of nationalism, enlightenment, and feminism that, in turn, also heavily influenced the elite discourses of midwifery reform. Actively consuming these ideas, future *zhuchanshi* in midwifery schools saw themselves as professional, well-trained, elite medical practitioners, sharply separating themselves from dirty, morally low, and superstitious old-style midwives and “pseudo-modern” *jieshengpo*.

However, the GMD midwifery reform regulation that placed *zhuchanshi*' professional status between that of *jieshengpo* and obstetrician also strongly undermined the students' self-esteem as modern, professional, and advanced medical professionals. Although midwifery regulation allowed *zhuchanshi* to deliver newborns independently in their own clinics, they were still treated as assistants of physicians and obstetricians in hospitals. When complications arose or abortion surgery was required, they had, at least under the law, no autonomy to deal with such situations and were forced to act instead in a subordinate position to physicians. In this sense, the GMD's reform regulations resulted in ambiguous consequences from the point of view of *zhuchanshi*: on the one hand, it placed them above *jieshengpo*; yet it also barred them from fulfilling a self-image they had clung to as “female doctors (*nü yisheng*).”

Zhuchanshi Associations

Few cases more clearly demonstrate how the collective identity of *zhuchanshi* shaped their professional and social lives than the activities of their associations. Although establishment of a *zhuchanshi* association had already been suggested and discussed among students at professional midwifery schools by the mid-1930s,²⁸³ the first organization of any substance was formed only after the destructive war with Japan had ended in August 1945.

In a sense, it was the GMD state itself that encouraged *zhuchanshi* to organize local associations as quasi-governmental agencies, with a view to regulating the quality of the services they provided. In fact, one of the main functions of the local *zhuchanshi* associations was screening, that is, the monitoring of whether practicing *zhuchanshi* in their jurisdiction possessed licenses.²⁸⁴ In fact, since the government lost many official documents during the war, GMD health officials had difficulty reissuing *zhuchanshi* licenses when someone claimed that they had lost theirs or that it was destroyed during the war. In response, the GMD's officials requested that midwifery schools and local *zhuchanshi* associations check whether each applicant who requested a reissue of their license was really qualified. Local associations with close connections to and active support from alumni associations attached to midwifery schools could issue a letter confirming each applicant's qualifications. Of course, local associations could also report

²⁸³ In 1933, Shi Shujie, a student in the Dade Midwifery School, argued that they had to organize and establish *zhuchanshi* associations to improve their professional status in the medical field.

²⁸⁴ Nanjing Municipal Archives 1003-3-651.

to the police if someone practicing as a *zhuchanshi* in their area had no license.²⁸⁵ In a sense, then, these local *zhuchanshi* associations were quasi-official agencies that worked on behalf of the state as well as acting to protect their markets from fraudulent or charlatan *zhuchanshi*.

With this support from the GMD government, *zhuchanshi* in major cities organized city *zhuchanshi* association. For example, the Beijing *Zhuchanshi* Association (*Beijing zhuchanshi gonghui*) had 153 members, while its Nanjing counterpart had, by 1947, 142.²⁸⁶ The biggest and most active group was that representing *zhuchanshi* in Shanghai. By 1947, over 860 *zhuchanshi* had joined the Shanghai *Zhuchanshi* Association (*Shanghai zhuchanshi gonghui*). In principle, *zhuchanshi* associations in each city and county were supervised by local authorities, and when the associations had their regular meetings, the officials from the Department of Social Welfare (*shehuike*) were to attend.

Although it was initially designed to assist state health officials, the Shanghai *Zhuchanshi* Association developed itself as an interest group that actively promoted and protected its members' interests. The biggest concern to *zhuchanshi* in Shanghai in the middle of the 1940s was their excessive numbers. Considering that 5,000 *zhuchanshi* were registered at the National Health Administration (*Weishengshu*) in 1947, the 860 members of the Shanghai *Zhuchanshi* Association was equivalent to one sixth of the entire *zhuchanshi* population in China. Compared to other major cities, such as Beijing and Nanjing, the size of the *zhuchanshi* population in Shanghai was six times larger than

²⁸⁵ Ibid.

²⁸⁶ BMA J2-2-292.

its counterparts. According to the chair of the Shanghai *Zhuchanshi* Association, if the those *zhuchanshi* who sought safety in Shanghai during the war and practiced midwifery without joining the association were also counted, the actual number of *zhuchanshi* in Shanghai was surely more than a thousand.²⁸⁷ The real problem caused by this overpopulation was that *zhuchanshi* could not find enough clients to make a living.

The Shanghai *Zhuchanshi* Association put forth two solutions to address this problem of oversized population. The first was the outlawing of the *jieshengpo*. The Shanghai *Zhuchanshi* Association officially petitioned the Shanghai municipal government to revoke the licensing system of retrained old-style midwives in 1946.²⁸⁸ The chair of the association argued that the government should revoke the *jieshengpo* licenses and outlaw their practices altogether. In the petition, the *zhuchanshi*, ignoring the fact that *jieshengpo* were retrained in Western medical techniques, reasoned that China's future depended on the health of newborns, and the ignorant and backward *jieshengpo* should be forbidden from practicing what were pointed to as inferior skills which harmed both new mothers and newborns. However, no matter how noble the motives presented in its petition, the basic intention of the Association was to remove *jieshengpo* from the market so that *zhuchanshi* could have more clients. Of course, Shanghai city council rejected this petition, possibly considering the fact that *jieshengpo* normally safely delivered children for those who could not afford to hire *zhuchanshi* per se.

²⁸⁷ In fact, she said that the number was up to several thousand. But this number could be exaggerated since she used this number to stress the problem of over-population of *zhuchanshi* in Shanghai while asking the city government for assistance. (SMA Q400-1-2620)

²⁸⁸ SMA Q400-1-2620.

Another attempt by the Association to create more job opportunities for their members involved pressuring hospitals, especially state-supported hospitals, to recruit *zhuchanshi* as nurses.²⁸⁹ To this end, the *Zhuchanshi* Association sent several representatives to the Shanghai local assembly as professional representatives to put pressure on the municipal authority. As a result, a large number of *zhuchanshi* were thereafter hired as nurses and worked not only in childbirth wards, but also on regular and surgical wards with other nurses.²⁹⁰ The number of *zhuchanshi* recruited as nurses was so large that the Nurses Association also petitioned, in turn, to have *zhuchanshi* banned from working in regular wards outside of obstetric hospitals.²⁹¹

Besides creating job opportunities, the Association also actively helped its members to obtain medical supplies for free, or at least at a cheaper price than the market normally bore. When the United Nations Relief and Rehabilitation Administration offered medical aid to China, the Shanghai *Zhuchanshi* Association maximized its share for the benefit of its members and distributed these medical supplies, such as alcohol and bandages, to them. The members were also able to purchase medicine at wholesale prices through the Association, because it had special contracts with suppliers.²⁹²

²⁸⁹ SMA Q400-1-2611.

²⁹⁰ It is possible that the regular hospitals hired such a large number of *zhuchanshi* because they demanded a lower salary owing to the high unemployment rate for *zhuchanshi*.

²⁹¹ SMAQ 400-1-2611. In fact, the tension between these two groups was quite high. While regular nurses complained that *zhuchanshi* did not have enough regular nursing training to perform as nurses, *zhuchanshi* said that nurses bullied them without understanding their additional skills as birth attendants. (SMA Q2-32-564)

²⁹² SMA Q2-32-564.

Last, but certainly not of any lesser consequence, the Association offered legal and technical support when members violated the state regulations for *zhuchanshi*. For example, Xie Junhui, a *zhuchanshi* practitioner, was arrested for purportedly going beyond the professional boundaries and causing the deaths of clients. In one case, when Xie was called to deliver a baby for her client, she found that the new mother was bleeding to excess due to a complication. Instead of calling a physician to handle the emergency, she used a hemorrhage control method, which *zhuchanshi* were not allowed to practice. Unfortunately for both Xie and the woman in labor herself, the client died. As a consequence, Xie was arrested and accused of negligent homicide.²⁹³

The Association arranged for its affiliate attorney to take Xie's case. However, it was difficult for the attorney to properly defend Xie, since the death was clearly Xie's fault for practicing beyond a *zhuchanshi*'s professional limit. While the Association publicly warned its members not to violate the codified regulations, it did, however, in this case raise funds to help her. The collected funds were probably employed in the end to compensate for the victim's life and to persuade the victim's family to settle the case with Xie. With the legal and financial support of the association, although prosecutors sought two years' imprisonment, the case ended with only a four-month term as a sentence.²⁹⁴ One of the reasons why the Association responded to Xie's case with such gravity was that her case clearly demonstrated the *zhuchanshi*'s subordinate professional and legal status to physicians.

²⁹³ Ibid.

²⁹⁴ Ibid.

These Shanghai *Zhuchanshi* Association's activities demonstrate concretely how *zhuchanshi* formed their identity during the GMD midwifery reforms. They came to see themselves as a profession clearly separated from *jieshengpo*, nurses, and obstetricians. In a quite real sense, those other groups were their competitors in the professional market. In order to succeed, *zhuchanshi* organized themselves and fought under the collective banner of that title, sharing common legal, professional, and social status. Although little evidence showing other local *zhuchanshi* associations' activities has survived, since the GMD regulations that defined and limited the legal, professional, and social status of Shanghai *zhuchanshi* also applied to *zhuchanshi* in other cities, it is natural to assume that similar activities took place in other associations to various extents.

Conclusion

In order to popularize the safe and hygienic Western midwifery, the GMD state mobilized massive police power and changed the legal and institutional systems regarding how its newest citizens should be delivered. In urban areas, police officers patrolled for and screened any signs of illegal practices committed by unlicensed old-style midwives, nurses, *jieshengpo* and *zhuchanshi*. When the families of newborns sued their birth attendants, well-trained medical practitioners such as physicians, coroners, and *zhuchanshi* themselves examined victims' bodies and offered professional medical advice to judges, based on Western medical training. The state also closely checked and regulated both the curriculum and facilities of professional midwifery schools to

guarantee the technical quality of *zhuchanshi*. Accordingly, little room was left for midwifery practitioners to escape state regulation.

Indeed, these institutional efforts of the GMD state deeply influenced the professional lives of midwifery workers. It became very risky for unlicensed old-style midwives to practice their skills, and the state directly punished them when they were found out, regardless of their ability to deliver children safely. Those who took retraining classes and passed a license examination had to work under close technical supervision from *zhuchanshi* in the local health offices. If either their client or the newborn died, police investigation followed. Similarly, police authorities arrested and punished *zhuchanshi* when they conducted illegal medical services beyond their lawfully-defined job descriptions. It was also recommended that nurses earn an additional *zhuchanshi* license so as to be able to work as such on delivery wards.

However, instead of simply remaining passive targets of a meddlesome state, midwifery workers actively sought room to manipulate or circumvent reform policies in order to protect their social esteem and economic interests. Many old-style midwives who failed to earn a *jieshengpo* license sought out loopholes in the system, by obtaining licenses under somebody else's name, or working as licensed *jieshengpo*'s assistants. Some even forged licenses to avoid police checks. Once they had achieved official *jieshengpo* status, old-style midwives bravely requested that local health authorities increase legal service fees and subsidies for medicine. Similarly, the Shanghai *Zhuchanshi* Association petitioned to revoke *jieshengpo* altogether by using the reform discourses that portrayed old-style midwives as practicing in an unsanitary and ignorant

fashion, in an effort to increase their own job opportunities. To this end the Association even hired its own affiliate attorneys to protect their professional interests within the GMD legal system that defined their professional status.

Interestingly enough, these collective actions of midwifery workers were the byproducts of the GMD midwifery reform itself. Since the reform regulation clearly categorized individual midwifery practitioners into several groups and specifically defined each groups' responsibilities and status, individuals exposed to such regulations slowly developed a collective identity and organized themselves in order to deal with the state regulations that ignored individual differences within the same category. In a sense, organizing *jieshengpo* meetings and *zhuchanshi* associations were strategies to manipulate the massive interference of the state into their professional and personal lives through their collective organization.

CHAPTER FIVE
The Limitations of State Medicine and
the Failure of the GMD Rural Midwifery Reform (1928-1949)

In the view of the GMD midwifery reformers, in order to rapidly promote maternal and infant health, it was essential that the rural population, which made up over 80 percent of the Chinese nation, also felt the benefits of the reform. However, the reformers realized that popularizing Western midwifery would be much more difficult in rural areas than in cities such as Beijing and Shanghai since most rural peasants were too poor to be able to afford expensive Western-style medicine. This chapter primarily examines the methods and strategies that these reformers developed to overcome this problem and why, despite the reformers' good intentions and efforts, they failed to popularize Western midwifery in rural areas.

In reality, the GMD reformers were well aware of the difficulty of introducing Western medicine to the rural population, and so they developed a strategy of "state medicine (*gongyi zhidu*)," a state-led public medical service program that was to cover all citizens, including peasants. The state, with its financial and administrative capabilities, was to be responsible for creating and managing rural public health programs. The supporters of state medicine held that the state should impose beneficial modern medical techniques on locals for their own good.

However, the very assumption of a centralized, top-down health reform program suggested by the state-medicine concept turned out to be little more than an arbitrary and routine bureaucratic health service management system. The state-medicine failed to address the concerns and needs of rural women, the real target of the reform, and thus

remained as merely a showcase of the GMD vision of a modern state. Unsurprisingly then, the reform had a very limited effect on the rural population.

This chapter is concerned primarily with 1) what specific problems in rural areas required the state to become actively involved in medical reform; 2) how GMD health officials specifically applied the idea of state medicine to its rural midwifery reform programs; and 3) why the ambitious state-led rural midwifery reform failed to substantially change childbirth practices in rural areas. In other words, this chapter examines why the GMD reformers believed that strong state control over health services was the only way to improve midwifery-related health care for the rural population, and why, despite the reformers' best intentions and the state's significant support, such state-led reform failed to take root in the countryside.

In an effort to examine how GMD state officials and health reformers developed their strategy of state medicine and applied it to rural reality, this chapter relies on GMD official documents on rural midwifery reforms housed in the Second National Archives in Nanjing. In addition, GMD health reformers' articles in professional medical journals such as *Chinese Medical Journal*²⁹⁵ and *Zhonghua yixue zazhi* (The National Medical Journal of China)²⁹⁶ also illustrate how the GMD reformers conceptualized and actualized their idea of a state-led midwifery reform. In order to examine how the GMD state actually implemented their reform policy on a larger scale in rural China, the

²⁹⁵ *Chinese Medical Journal* was originally published as *Medical Missionary Journal* until 1907. It changed its title to *Chinese Medical Journal* when medical missionaries established the Chinese Medical Association. ("History of CMJ," <http://www.cmj.org/AboutUs/Information>)

²⁹⁶ *Zhonghua yixue zazhi* was published by the National Medical Association of China. This journal was published in both English and Chinese. It began in 1915. After the Manchurian incident in 1931, the National Medical Association of China merged with the Chinese Medical Association in 1932. (Ibid.)

chapter also reviews the case of Fujian province. Archival materials housed in the Fujian Provincial Archives and other county archives in Fujian province demonstrate how the GMD reform ideals unfolded there, where the GMD state continuously conducted its rural midwifery reform even during the War of Resistance to Japan (1937-1945) and the Civil War with the CCP (1946-1949).

State Medicine: A Strategy for Rural Medical Reform

By the early 1930s, both the GMD state health officials and rural medical reformers had generally concluded that to improve the health of China's rural citizens, the state had to adopt more aggressive policies than it had implemented in urban areas.²⁹⁷ As shown in previous chapters, the GMD midwifery reformers were able to improve conditions for new mothers and newborns in the cities simply by regulating the practices of pre-existing health workers and the quality of midwifery education. However, in the view of rural medical reformers, merely regulating pre-existing medical practitioners and training programs would not be an effective enough approach; since villages usually lacked both medical facilities and training courses, the state would have to build them from scratch.

Their call for greater state involvement in rural medical reform was supported by statistics on the distribution of Western-style physicians. A study conducted by Hui-Ju

²⁹⁷ The idea of state medicine was introduced by public health leaders such as John Grant and C.C. Chen in the middle of the 1920s. In particular, John Grant, the director of the International Health Board of the Rockefeller Foundation in China, was one of the first proponents of the idea of state medicine. In an article published in 1928, Grant argued that strong state involvement in the distribution of modern medicine is the most applicable model for a country like China, with its massive rural population. Furthermore, he promised the active support of the League of Nations to any Chinese state that implemented a state medicine program. See John Grant, "State Medicine – A Logical Policy for China," *The National Medical Journal of China* 14 (1928): 65-80.

Chu and Daniel Lai in 1933 found an uneven distribution of modern medical practitioners between coastal urban and inland rural areas.²⁹⁸ According to their study, out of 5,390 physicians with more than four years of medical education, 3,628 (68 percent) practiced in eighteen cities where less than five percent of the Chinese population lived, including Shanghai city, where 1,182 of these (22 percent) practiced.²⁹⁹ However, in the inland provinces, such as Sichuan and Henan only 40 and 70 physicians practiced including those who practiced in provincial capitals.³⁰⁰ This meant that while there was one Western-style physician available for every 3,320 residents in Shanghai, only one was available for every 646,448 citizens in Henan province and for every 760,710 citizens in Sichuan province.

Social surveys conducted in rural areas also revealed that few medical resources were available to rural peasants. In 1929, Ding county (Hebei province) had virtually no Western-style physicians except in the county administrative town. Only a small number of traditional doctors were practicing in towns and large villages. In fact, about half of the rural villages had no medical care of any kind, and about 30 percent of rural patients died without any kind of medical treatment.³⁰¹

²⁹⁸ Hsi-Ju Chu and Daniel Lai, "Distribution of Modern-Trained Physicians in China," *Chinese Medical Journal* 49 (1935): 542-552. Many previous studies demonstrated the Chinese medical world's deep concern for the uneven distribution of Western-style medical resources between rural and urban China. Those studies include W.G. Lennox, "The Distribution of Medical School Graduates in China," *Chinese Medical Journal* 46 (1932): 404-411; S.C. Hus, "Statistics on Medical Practitioners Registered with National Health Administration of China," *National Medical Journal of China* 19 (1933): 746-754.

²⁹⁹ Hsi-Ju Chu and Daniel Lai, *Ibid.*, 546.

³⁰⁰ *Ibid.*, 547-548.

³⁰¹ Out of 453 villages in Ding county, 226 villages (49.8%) had no traditional medical doctor, while 118 villages (26%) had one doctor. For details, see Li Jinghan, *Ding xian shehui gaikuang diaocha* (Ting-Hsien,

The GMD health reformers reasoned that it was the poverty of rural people that caused this uneven allocation of medical services. According to a study on the living expenses of 34 rural families in Ding county, peasants had to spend 69.23% of their income on food and 21.82% on fuel, housing, and clothing, and so could afford to spend only 0.2% on medicine.³⁰² The average annual medical expenditure was only 0.3 yuan per capita.³⁰³ Considering that the daily income of an agricultural laborer in the area was 1 yuan, 0.3 yuan might not seem a burden to most peasants — it was less than one day's income.³⁰⁴ However, since most peasants were living below the subsistence level,³⁰⁵ most could not even afford minimal medical services when they were sick. For the majority of peasants, herbal medicines were already a luxury; the much more expensive Western biomedicine was therefore quite substantially further out of reach. Taking into account the poverty of the typical peasant, it is no surprise that few private hospitals and medical practitioners practiced in rural areas.

Upon reviewing this uneven distribution of medical services and the poverty of the rural population, the GMD public health officials and medical reformers concluded that the main goal of the medical reform in rural areas should be to provide qualified medical

a social survey) (Shanghai: Shanghai shudian, 1992), 293. Originally published in 1933. The research was conducted in 1929.

³⁰² Ibid., 320-324.

³⁰³ C.C. Chen, Ibid., 75-76.

³⁰⁴ For the income of rural labor in Hebei, see Philip Huang, *The Peasant Economy and Social Change in North China* (Stanford, California: Stanford University Press, 1985), 197.

³⁰⁵ According to Li Jinghan's research, rural families spent most of their food expenses on grain (81%) and could afford to spend only 3% on meat. Fruit consumption took only 0.3% of their total food expense. (Li Jinghan, Ibid., 300-311)

services at low prices so that poor peasants could afford them.³⁰⁶ Once rural medical reformers decided to offer reliable modern medicine at no profit or even below market price, it was logical for GMD reformers to argue that the state should play a crucial role in distributing and managing medical resources for its rural citizens. For them, it was obvious that the interest-oriented private medical sector would fail to provide reliable medical service to rural peasants. Indeed, the idea of using state medicine to provide such reliable services to a large population at a minimum cost seems to have originated primarily from the reformers' best intentions and thoughtful consideration of rural reality.

Applying State Medicine to Rural Midwifery Reform: Two Models

While reform-minded health specialists and GMD health officials developed a workable model for rural midwifery reform, they also struggled with the poor economic conditions of the time. For them, such problems could be overcome only by the state, which possessed the necessary financial and administrative capabilities.³⁰⁷ While most rural midwifery reformers supported the state's intervention in medical reform, the real question they had to answer was how to actualize the idea of state medicine in the context of the rural reality.

This section examines two models for rural midwifery reform devised in the 1930s: Marian Yang's Qinghe experiment and C.C. Chen's Ding county model. Analyzing these two experiments is essential to understanding how the GMD applied the idea of state

³⁰⁶ John Grant, *Ibid.*, 77-78.

³⁰⁷ *Ibid.*, 76-79.

medicine to its rural midwifery reform program. This is not only because the directors of these experiments were national leaders in the GMD health program, but also because the GMD health administrators employed the best aspects of these two models when they created their own rural midwifery program.

Marian Yang's Experiment in Qinghe Town

It was Marian Yang, the director of the midwifery reform program in Beijing, and her FNMS that made the first serious attempt to develop a national model for rural midwifery reform. Their target area was Qinghe town and its forty surrounding villages in Hebei province.³⁰⁸ The selection of the Qinghe area was not arbitrary. The Qinghe area had already been chosen by the research team of the Sociology Department of Yanjing University (hereafter Yanjing research team) and Beiping City Police Department's Number One Public Health Station (*Beipingshi gong'anju diyi weisheng shiwusuo*)³⁰⁹ as their experimental ward for rural health reform.³¹⁰ The Yanjing research team and the police department requested that FNMS launch a midwifery reform campaign in the Qinghe area in September 1932. According to the pioneering research conducted by the Yanjing research team, Qinghe town and its forty surrounding villages had a population

³⁰⁸ Although the Qinghe town and its surrounding villages nominally belonged to Wangping county and Changping county in Hebei province, they were actually located in the northern outskirts of Beijing.

³⁰⁹ At this time, Beijing was called Beiping, after the GMD state selected Nanjing for its capital.

³¹⁰ Tina Phillips, *Ibid.*, 98.

of 22,500. About 675 children were born every year. Out of those newborns, about 20% died before their first birthday.³¹¹

In order to popularize Western medicine among the poor rural population, the FNMS created state-run public medical facilities and enforced a state-controlled license system for old-style midwives in the surrounding rural areas. The FNMS team opened a maternity and infant health station with four beds in Qinghe town in September 1932, and launched a retraining program for old-style midwives. One *zhuchanshi* and several students from the FNMS volunteered in the station and supervised the retraining program.³¹²

It should be noted that the methods the FNMS team applied to the Qinghe area were very similar to the methods that Marian Yang had applied to Beijing as the director of the Beijing midwifery reform program. As shown in previous chapters, the reform attempt in Beijing was successful because the reformers founded a maternity and infant health station in each district of Beijing city, and effectively supervised and regulated old-style midwives' practices. Also, the state licensing system, with tight police control, successfully forced old-style midwives in Beijing to learn the basic skills of Western midwifery and practice them in delivery rooms. In this sense, the FNMS copied the already proven Beijing model in its rural midwifery reform experiment in the Qinghe area.

³¹¹ Diyi zhuchan xuexiao, ed., "Qinghezhen liangnianlai fuying weisheng gongzuo de gaikuang" (Summary on maternal and infant health project in Qinghe town for last two years), *Diyi zhuchan xuexiao niankan, di wujuan* (Fifth yearbook of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1934), 27-28.

³¹² Diyi zhuchan xuexiao, ed., *Ibid.*, 28-29.

Although the FNMS team adopted the basic strategies of the reform model in Beijing, they made special efforts to keep medical costs in the rural health station low for their poor peasant clients. The station charged only one yuan for delivery service and added an extra half yuan per day for nursing service. For a home delivery, the family paid three additional yuan to cover travel costs.³¹³ Considering that the regular fee for hospital delivery stood at between four and nine yuan in 1930s Shanghai (home delivery required an extra two to three yuan), the home delivery service charge was below market price. In addition, the team waived the service charge if their clients could not afford to pay it. As a result, it charged fees only in eighty-two out of the 114 cases handled between August, 1932 and July, 1934, and charged only 1.4 yuan per case on average, since the station also gave generous discounts.³¹⁴ This low medical fee was possible because the *zhuchanshi* and obstetricians in the station were volunteers from the FNMS, which in turn received financial support from the Rockefeller Foundation.³¹⁵

The health station was quite successful. In the first year, 36 families hired FNMS midwives to assist with childbirths in the home.³¹⁶ Considering that about 675 children were born during this time period, the station and its midwives covered 5.3% of all birth cases in the area. In the second year, the rate increased to 11.5%. While most of its clients came from nearby Qinghe town (80% of its clients lived within 5km of the station), some

³¹³ Ibid., 29-30.

³¹⁴ Ibid.

³¹⁵ Cui Yunsheng, "Qinghe shiyanqu fuying weisheng gongzuo kaikuang" (Summary on Qinghe experimental ward's maternal and infant health project), *Gonggong weisheng yuekan* (Monthly Public Health) 1, no. 4 (1935): 61.

³¹⁶ *Diyi zhuchan xuexiao*, ed., Ibid., 29-30.

came from rural villages located ten kilometers away from the town.³¹⁷ Besides supervising births, the midwives and students in the station also conducted 240 prenatal examinations on 190 pregnant women, and were able to identify nine cases involving complications and send these to hospitals in Beijing, where the pregnant women received more professional care from physicians.³¹⁸ In addition, the station also conducted 736 vaccinations to ensure the survival of the newborns.³¹⁹

Owing to their high quality midwifery service and low rates, the FNMS campaign team developed a strong reputation among locals. In fact, about 37% of their clients sought help from them because of their reputation. Another 23% of new clients came because they were strongly recommended by the station's previous clients.³²⁰

In addition to providing childbirth services in the station, the FNMS team also conducted retraining and licensing programs for old-style midwives. With the cooperation of the local police and the *baojia* leadership,³²¹ the FNMS team identified fifty old-style midwives in Qinghe town and its forty surrounding villages.³²² After the campaign team banned six midwives from practicing because of old age, it enlisted the remaining forty-four old-style midwives to participate in its two-week retraining program. Initially, they set up a retraining class in the childbirth station in Qinghe town and

³¹⁷ Ibid., 31.

³¹⁸ In two cases, physicians had to visit the patients' houses to conduct surgeries.

³¹⁹ Ibid., 33-34.

³²⁰ Ibid., 35.

³²¹ For the details on *baojia*, read Hsiao Kung-chuan, *Rural China: Imperial Control in the Nineteenth Century* (Seattle: University of Washington Press, 1960), 43-83.

³²² Ibid., 35-36.

recruited twelve midwives from neighboring villages no farther than 1.5km from the town.³²³ The FNMS team taught two hours a day for two weeks. When the program ended, seven out of the twelve passed while the other five failed. The FNMS retraining team gave delivery baskets to those who passed the program. Upon completing the retraining course in Qinghe, the team set up other retraining classes in villages far from the town. This time, they offered five retraining courses, which were taken by all forty-four old-style midwives in the Qinghe area.³²⁴ In order to pass this, the old-style midwives had to deliver three babies under the supervision of an FNMS *zhuchanshi*. The Beijing City Police Department issued licenses only to those who passed the final exam. By the end of 1933, twenty-nine out of forty-four old-style midwives had successfully completed the course and received *jieshengpo* licenses. The remaining fifteen were banned from practicing.³²⁵

The implications of Marian Yang's experiment were clear: with proper administrative management and financial support, the midwifery reform model applied in urban areas could also work in rural areas. When the FNMS team's maternal and infant health station offered modern midwifery services at low prices, or even for free, rural people welcomed them. In addition, with the administrative support of both the *baojia* leadership and the police, the FNMS team could effectively retrain rural old-style midwives and regulate their practices. For the FNMS team then, the urban model did indeed fit the rural situation—provided that it had the necessary level of support from the

³²³ Ibid.

³²⁴ Ibid.

³²⁵ Ibid., 36.

police and local leadership. In fact, this message was so promising that they soon attracted nationwide attention. In 1934, the Ministry of Education requested that the team publish the FNMS's manuals and outlines attached to the midwifery retraining program.³²⁶ By circulating them, the Ministry of Education was able to set FNMS's experience in Qinghe as an example for other professional midwifery schools in China to follow. In other words, the Qinghe case became a national model for rural midwifery reform.

However, it should also be noted that the Qinghe experience may have been too unique to be a general model for other Chinese rural villages. First, whether the Qinghe area was the best place for a *rural* midwifery reform experiment was questionable. The Qinghe experimental ward nominally belonged to Wangping county and Changping county in Hebei province. However, the area was actually a suburb of Beijing city, close to Yanjing University (now Beijing University), and Qinghua University.³²⁷ In fact, one of the FNMS station's clients was a professor at Yanjing University.³²⁸ Second, peasants in Qinghe earned their living by selling vegetables and other agricultural produce in Beijing. In a sense, the town was more a commercialized suburban district than a typical agrarian area in north China.

Thus, the support from the local policy authority and local leadership that the FNMS team was able to utilize so fully would not be readily on hand in most Chinese

³²⁶ Tina Philips, *Ibid.*, 99

³²⁷ The Qinghe area is now a part of Beijing city. In fact, as a result of the expansion of Beijing city, Qinghe, located between the 4th and 5th rings of the Beijing freeway system, is now considered an actual part of Beijing city.

³²⁸ *Diyi zhuchan xuexiao*, ed., *Ibid.*, 30.

rural villages. Police backup was available in Qinghe mainly because it was centered near to the suburban areas of Beijing city. Due to administrative costs, the Chinese state, including the GMD state, could not extend its police power down to the rural village level.³²⁹ In other words, the social environment of Qinghe town was an exceptional case, and a poor representation of most rural areas in China at that time.

Additionally, unlike most rural old-style midwives, many old-style midwives in Qinghe were semi-professionals.³³⁰ This means that they had motivation to attain licenses so as to be able to practice their skills, even though participating in the retraining program was troublesome to them. When the FNMS team opened its training program, several young local women voluntarily enrolled to join this profession, most likely out of economic motivation.³³¹ However, as detailed in Chapter 2, few semi-professional old-style midwives existed in ordinary rural areas; usually, rural women with their own childbirth experience assisted with their neighbors' births without expecting any monetary reward.

³²⁹ Philip Huang, *Civil Justice in China: Representation and Practice in the Qing* (Stanford, California: Stanford University Press, 1996), 228; Philip Huang, *The Peasant Economy and Social Change in North China* (Stanford, California: Stanford University Press, 1985), 241-242.

³³⁰ According to FNMS team's research, midwives in the Qinghe area made their living by delivering babies and claimed to have special skills in using herbal medicine. Diyi zhuchan xuexiao, ed., "Guanyu Qinghezhen xiangcun chanyu zhongzhong ji mixinfengsuzhi diaocha (Research on various types of delivery methods, and superstition and folk customs regarding childbirth in Qinghe rural villages)," *Diyi zhuchan xuexiao niankan, di wujuan* (Fifth yearbook of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1934), 45-46.

³³¹ Diyi zhuchan xuexiao, ed., "Qinghezhen liangnianlai fuying weisheng gongzuo de gaikuang (Summary on maternal and infant health projects in Qinghe town for last two years)," *Diyi zhuchan xuexiao niankan, di wujuan* (Fifth yearbook of First National Midwifery School) (Beiping: Diyi zhuchan xuexiao, 1934), 36.

Last but most importantly, the FNMS campaign program succeeded because the team received financial support from charity institutions such as the Rockefeller Foundation. As mentioned earlier, the fee for undergoing delivery in the station was much lower than market prices, and the labor needed to provide the services was voluntarily offered by the FNMS staff and students. Offering free delivery baskets to the old-style midwives was also possible due to generous donations from charity institutions and social celebrities in Beijing.³³² Yet, it is hard, if not impossible, to imagine that other rural villages could enjoy such substantial outside financial support. In short, it was quite unrealistic for the Qinghe experience to be used as a national model because of its unique social conditions as a suburb of Beijing city.

C. C. Chen's Experiment in Ding County

While Marian Yang and her FNMS team conducted their experiment in Qinghe area, C. C. Chen approached rural midwifery reform in very different ways in Ding county, Hebei province.³³³ Chen had a similar background to Marian Yang; he was a graduate of PUMC (Peking Union Medical College) and also received technical support from Marian Yang and her FNMS. However, unlike the FNMS model, Chen's plan was to establish a self-sufficient public health model not dependent on either coercive police power or outside financial support. In other words, he clearly noticed the limitations of the Qinghe

³³² In fact, the wives of high officials in Beijing municipal government donated money to cover the cost for the delivery baskets. Beipingshizhengfu weishengju, ed., *Beipingshizhengfu weishengchu yewu baogao* (Work report of the department of public health, Beijing municipal government) (Beijing: Beipingshizhengfu weishengju, 1934), 133.

³³³ Its Mass Education Movement was established in 1929 by James Yen and funded by individual philanthropists and the Rockefeller Foundation's China Medical Board and Peking Union Medical College.

model, which was highly dependent on outside financial and administrative resources, and aimed to overcome these limitations in his experiment in Ding county.

Fully considering the GMD state's limited financial capacity³³⁴ and the importance of the locals' voluntary services, Chen strongly doubted that building township childbirth stations and enforcing the licensing system could be sufficient to succeed in popularizing Western midwifery in rural areas. Instead, he argued that the task could be achieved only by encouraging a voluntary retraining program for old-style midwives. He supported his argument with the following reasons: first, considering the economic conditions of rural society, childbirth stations with Western-style midwives and physicians were luxuries. As demonstrated earlier, ordinary peasant families in Ding county were spending only 0.3 yuan per capita annually for medical care.³³⁵ The usual cost per delivery, however, was at least 4.5 yuan if a Western-style midwife supervised it, and 9 yuan if a physician supervised it.³³⁶ Even if local governments set up stations in rural areas, local residents could not afford the services unless the state subsidized most of the costs with public funds, which was impossible considering the very limited revenues of the central and local governments in China at that time.

³³⁴ The Nanjing government often lacked financial resources to maintain its own army. For the limitation of the GMD power in China see, Lloyd Eastman, "The Nanjing Decade 1927-1937," in *The Nationalist Era in China 1927-1949*, ed. Lloyd Eastman; Ch'en Jerome; and Suzanne Pepper (Cambridge: Cambridge University Press, 1991), 10-11.

³³⁵ C. C. Chen, *Ibid.*, 75-76.

³³⁶ Mary Brown Bullock, *Ibid.*, 178.

Secondly, for Chen, the licensing system of the Qinghe model could not work in rural environments.³³⁷ This was because, unlike semi-professional old-style midwives in cities and suburban areas such as Qinghe, old-style midwives in rural areas delivered their neighbors' children for free (although they sometimes received gifts or food for their services). This meant that rural old-style midwives had no motivation to earn licenses or participate in retraining programs to practice their skills. When forced by police or local governments, local midwives would simply stop "helping" their neighbors. To compound this problem, virtually little police power existed to force traditional-style midwives to adopt any standard method of delivery in most rural villages.³³⁸

Lastly, health stations with young *zhuchanshi* were not acceptable to local people because in general those who had just graduated from midwifery school were not socially accepted as reliable midwives. According to Chen's observations, in the villages of Ding county, women were seen to be sufficiently qualified to deliver their neighbors' babies after experiencing childbirth two to three times themselves.³³⁹ In other words, the skills that local women learned from their own childbirth experiences were essential for being considered as a qualified midwife in rural areas. By contrast, it was hard for rural people to accept twenty-five year old "young girls" with little or no personal experience of childbirth as trustworthy midwives. Considering all these factors, Chen concluded that

³³⁷ C. C. Chen, *Ibid.*

³³⁸ Philip Huang also points out that during the early twentieth century, the state's power failed to penetrate villages in north China. See, Philip Huang, *The Peasant Economy and Social Change in North China* (Stanford, California: Stanford University Press, 1985), 241-242.

³³⁹ C. C. Chen, *Ibid.*, 76.

voluntary retraining programs for old-style midwives were the only way to carry out midwifery reform in rural China.

However, despite his deep understanding of China's rural conditions, Chen's efforts to train old-style midwives in rural villages eventually ended in failure. He describes his mission's difficulties in the following passages:

We attempted to retrain the old traditional midwives. This turned out to be difficult for many reasons. Because these midwives were unable to read and write, special instructional materials had to be prepared. Furthermore, the traditional midwives resented the young, unmarried woman we selected as the trainer. She had had advanced training, and they had not. She was relatively well educated, and they were illiterate. Nevertheless, they regarded her as an inexperienced upstart and demonstrated a good deal of jealousy. In any event, we learned that it was very difficult to correct their lifetime habit, even to enforce practice of cleanliness.

Eventually, rather than retraining the old midwives, we selected and trained one of their younger relatives, who, as a member of their own family, would receive the older women's support in her new role. This approach also eliminated the problem of jealousy. We thought that at least we had an encouraging start. After a time, however, we found that this was impractical; the young woman was usually too busy to fulfill the responsibilities of this extra and irregular work [with no monetary reward].³⁴⁰

Essentially, he failed because the team could not persuade local old-style midwives to change age-old practices of traditional midwifery. Although he was well aware of these difficulties, Chen could not make old-style midwives learn new delivery methods without the coercive support of local police power. In the end he lamented that "out of the forty [old-style] midwives trained by members of the ward health center, not more than three are today working honestly without special supervision."³⁴¹

Similarly, Chen's team was not able to convince the younger group to learn new midwifery skills without any monetary reward. As we have seen, this was very difficult

³⁴⁰ Ibid., 91.

³⁴¹ Mary Brown Bullock, *Ibid.*, 181-182.

because midwifery was not a profession in rural areas; rural people gave at most food or another small gift as payment. Although Chen gave lectures on the superiority of modern midwifery in local schools, few local women took any interest in the time-consuming and troublesome medical classes. Eventually, Chen, in frustration, opined that “the improvement of midwifery practice seems to be a question of two and three generations, even with continuous education.”³⁴²

In sum, although C. C. Chen clearly recognized the problems of Marian Yang’s Qinghe model, he could not convince locals to replace their centuries-long midwifery practices with foreign and exotic practices, or explain why the old-style rural midwives, who were highly respected and experienced, had to learn from young women who had not even experienced childbirth themselves. In the end, his model also lacked the most crucial aspect needed for its success – how to initiate local residents’ voluntary participation without police enforcement and monetary reward.³⁴³

State Medicine and the GMD National Program for Rural Midwifery Reform

³⁴² Ibid.

³⁴³ My research in Chen’s experimental villages also confirmed his failure. In my interviews in Xijianyang, Majiazai, and Zhaicheng villages, where Chen founded experimental midwifery health programs, none of the villagers remembered Chen’s reform efforts. In Xijianyang village, a man in his late eighties did remember that there was a literacy class conducted by reform-minded intellectuals from Beijing (this was James Yen’s Mass Education Movement), and he himself attended the class. However, he could not recall any midwifery class conducted in his village in the 1930s. He stressed that he was already in his late teens by then and he should remember if there was anything like that.

The only clue suggesting the existence of Chen’s program was a memory of an old woman who married into Xijianyang village in the middle of 1940s. According to her, when she married into the village, there was a village woman in her thirties who was able to deal with complication cases although she never had any regular medical education. However, the woman could not remember whether the person had training from Chen’s program. It seems that Chen’s great effort failed to leave any clear impression, even on locals in his experimental villages.

The GMD state responded to the health reformers' request for active involvement of the government in the rural midwifery problem by launching the Five-Year Health Program, first in 1929 and again in 1934. The key task of the Five-Year Program was to impose state control on medical education and services.³⁴⁴ In the field of midwifery, Marian Yang, the architect of the Qinghe model, led the Maternal and Infant Care Division of the Central Field Health Station, the key institution that executed the Five-Year Health Program.³⁴⁵ Considering who was included in the leadership of the program, it was no surprise that the GMD national midwifery health reform also accepted the assumptions of the Qinghe experiment: if state officials could provide rural peasants with well-trained medical personnel and reliable medical services at low prices, rural people, just like their urban counterparts, would willingly accept the benefits of modern biomedicine. Following this assumption, the GMD state's midwifery reform overemphasized methods to dispatch a large number of qualified *zhuchanshi* to rural medical facilities, but ignored the need for finding solutions that might overcome the cultural and social concerns of rural peasants which C. C. Chen faced.

Thus the GMD state created health facilities and wards in rural counties which were simply modeled after the hierarchal local administrative system merely dispatching highly educated and well-trained young *zhuchanshi* to these rural health stations. As a result, the national medical facilities became too expensive to popularize in rural areas, and too foreign to fit the local residents' immediate needs and concerns.

³⁴⁴ Tina Philips, *Ibid.*, 78-79.

³⁴⁵ Mary Brown Bullock, *Ibid.*, 177.

This section examines 1) the GMD programs as designed to improve the health of new mothers and newborns in association with its Five-Year Health Program and 2) the GMD rural midwifery reform model in Jiangning Rural Public Health Experimental county (*Jiangning nongcun weisheng shiyanxian*). The GMD health officials and reformers' methods of extending modern midwifery to the rural population reveal how the GMD state medical program failed to recognize and properly respond to the needs of "ignorant" rural peasants, despite its noble intention of saving future generations of the Chinese nation from unnecessary suffering.

Tight State Control over Midwifery Education

In order to provide reliable midwifery services to rural women, the GMD health officials decided to strengthen the central state's control over *zhuchanshi* education to produce enough qualified *zhuchanshi*.³⁴⁶ The *zhuchanshi* were responsible for training and supervising old-style midwives, and delivering newborns in local hospitals, health stations, and township clinics. As shown in the Qinghe model, the *zhuchanshi* stood on the frontlines of rural midwifery reform.

First, the GMD strengthened its control over private midwifery schools. By state order in 1934, private midwifery schools in China had to register themselves to the Ministry of Education and receive its approval.³⁴⁷ All private midwifery schools were requested to report their curriculum, the number of students and faculties, annual budgets

³⁴⁶ Tina Philips, *Ibid.*, 80-84.

³⁴⁷ Fujian Provincial Archives (hereafter FPA) 2-1-36.

and tuition for students, qualities and quantities of medical facilities, the number of student dormitory rooms and classrooms, and the number of books in the school libraries. The Bureau of Education in each provincial government was responsible for checking and screening information given by each school, and for approving private schools that met the state criteria. Schools that failed to meet the requirements were closed down. In fact, in Beijing alone, the municipal public health authorities closed down six midwifery schools in 1934-35.³⁴⁸ By doing so, the GMD state planned to ensure the high quality of education in private midwifery schools.

In addition to strengthening its control over private midwifery schools, the GMD National Health Administration (*Weishengxu*) ordered provincial governments to create a provincial professional midwifery school in each province by 1935. According to the GMD plan, these provincial midwifery schools were to serve as examples to other private midwifery schools in terms of facilities and curriculum.³⁴⁹

Finally, in 1936, the GMD state set new criteria for the *zhuchanshi* license to ensure their qualifications. Before 1936, students who graduated from midwifery schools that had earned the state's approval sent their diplomas and registered themselves with the Administration of Public Health in Nanjing. Licenses were automatically given to the graduates as long as they graduated from qualified professional midwifery schools. In other words, if someone completed courses in one of these sanctioned institutions, the

³⁴⁸ Tina Philips, *Ibid.*, 108.

³⁴⁹ By the end of 1936, Jiangxi, Shaanxi, and Fujian provinces built their own provincial midwifery schools.

state officially recognized the diploma of the school as proof that the person was qualified to be a *zhuchanshi*.

In 1936, the GMD state ordered each provincial government to develop license examinations and required all students who wished to practice as *zhuchanshi* to pass the provincial license examination.³⁵⁰ According to this new regulation, each provincial government should organize a committee made up of professors from professional midwifery schools and physicians to draw up the examination. Each school was to send records of their students to the committee three months prior to the license examination. After the exam, the committee would consider the student's school records (with a weight of 40 percent) and exam results (with a weight of 60 percent), and issued licenses to those who met the requirements. Students who failed one or two subjects were required to retake the failed subjects; if they failed again, they had to retake all subjects.³⁵¹

The GMD central state program for rural midwifery reform was dedicated to producing a large enough number of qualified *zhuchanshi* to provide rural women with advanced Western midwifery services. Specifically, the state controlled the quality of midwifery education in private midwifery schools, created provincial midwifery schools, and finally set a state standard for the *zhuchanshi* license examination. Through its active intervention in midwifery education, the GMD state aimed to make reliable and qualified Western midwifery services available to its rural population.³⁵²

³⁵⁰ FPA 2-3-1444.

³⁵¹ Ibid.

³⁵² How much of these actions were actually carried out is not clear. In fact, the GMD ordered each county to build county health centers (*xian weishengyuan*) in 1935, only 181 counties out of about 2,000 in China

Distributing Reliable Midwifery Workers to Local Clinics – the Jiangning County Model

In addition to its tight control over *zhuchanshi* education, the GMD central state also set up a midwifery reform model that was intended to bring advanced Western medicine to poor rural expectant mothers. The GMD strategy for state medicine was specified in the Jiangning Rural Public Health Experimental County³⁵³ established by the GMD National Health Administration in 1934.³⁵⁴ The GMD health officials promised that this reform model would provide a way for county governments to help the maximum number of peasants at a minimum cost.

To meet this goal, the Jiangning model created a hierarchical management system of health facilities to handle varying degrees of health problems. For example, county hospitals (*xian weishengyuan*) in county seats had the best medical instruments and physicians, and could effectively treat most complicated health problems. Ward health stations, a tier below county hospital, had less advanced medical instruments and less educated medical personnel, and were meant to treat less complicated health issues. Meanwhile, village clinics, at the bottom tier, had basic medical resources and would handle common, basic health problems. In theory, patients who could not be treated by the lower medical institutions could be transferred to institutions higher up the scale until they received the appropriate treatment for their health problems. Meanwhile, this

followed the order by 1936. However, the main goal of this section is demonstrating what methods the GMD reformers employed to realize their intention.

³⁵³ Similar to Qinghe town, although Jiangning county nominally belonged to Jiangsu province, in fact, it was a suburban area of Nanjing city. The county was located only five miles outside of Nanjing city.

³⁵⁴ “*Jiangning shiyanxianzhi xiangcun weisheng jianshe*” (Constructing Jiangning Rural Public Health Experimental County), *Gonggong weisheng yuekan* (Public health monthly) 1, no.1 (1935): 31-34.

method could also minimize the need to build and manage medical facilities in all rural areas.

Following this blueprint, the Jiangning county Government built a county hospital (*xian weishengyuan*) with four physicians, five nurses, two *zhuchanshi*, along with several clerks and runners. The hospital had an independent OB/GYN department and several beds for expectant mothers and for infants. The physicians would also treat women in labor who were brought in because of birth complications.³⁵⁵

Below the county level, health stations (*weishengsuo*) were established in the seven wards of Jiangning county. In the health station, depending on the size of the population in each ward, there was one physician and a couple of nurses and *zhuchanshi*, or several nurses and *zhuchanshi* led by a head nurse. The health workers in the ward health stations were assigned to supervise and train old-style midwives.³⁵⁶ Their job description also included identifying complication cases and sending patients to the county hospital, as well as giving preventive vaccinations to pregnant women. Of course, their performances would be supervised and screened by the county hospital in the higher tier.

At the bottom tier, ten health substations (*weisheng fensuo*) were built in ten administrative villages with particularly dense populations. Either one nurse with midwifery education or one *zhuchanshi* worked at each health substation. The responsibilities of these substations included closely supervising old-style midwives,

³⁵⁵ Ibid.

³⁵⁶ Ibid.

reporting births of newborns for population censuses, giving first aid, and delivering newborns. Substations were directly controlled by ward health stations.³⁵⁷

As far as finance was concerned, the Jiangning experiment was promising, since at least in theory, it covered all county residents at a minimal cost. The experiment team officially reported that the entire cost for operating the three tiers of medical facilities was 45,000 yuan annually, a cost of only 0.97 yuan per capita, considering Jiangning county's 470,000 population.³⁵⁸ Based on this calculation, the local county government could finance its medical facilities by collecting only one yuan of additional local health tax. According to the reformers' logic, it was reasonable to collect one yuan of extra tax while offering free medical care to rural peasants. At least on paper, the rural medical reform model was very successful.

However, although these three-tiered medical facilities supposedly covered all citizens in Jiangning county at a minimum cost, the real benefits that local residents received from the health system on the ground were far from ideal. According to the work report of the experiment team, throughout the entirety of 1934, all of Jiangning county's medical facilities, including the county hospital, seven health stations, and ten substations together supervised only 221 births; which averages out to just one birth per month in each of the eighteen institutions.³⁵⁹ In fact, few pregnant women sought help from the modern medical facilities and very few, if any, rural old-style midwives

³⁵⁷ Ibid., 34.

³⁵⁸ The sum was only 6.2 percent of the annual budget of the Jiangning county (Ibid., 34).

³⁵⁹ Tina Philips, Ibid., 93.

voluntarily attended retraining programs. Highly educated physicians and *zhuchanshi* either spent their time waiting for patients in their medical facilities or lecturing on the importance of hygiene and maternal and infant health in schools and churches.³⁶⁰

Although state health officials blamed this lack of success on the local residents' ignorance of the benefits of modern medicine, local pregnant women had several reasons for not seeking help from state medical facilities. Most notably, suggestions that local women had to visit the county hospital in cases of "abnormal delivery" were unrealistic to ask of rural people due to the poor modes of transportation in rural China. Besides this, *zhuchanshi* in village substations were frequently too young to be accepted as qualified midwives by locals since they usually did not have their own personal experience of birth. As shown by C. C. Chen's experience, locals did not trust the seemingly young, inexperienced, and "green" *zhuchanshi* to be competent midwives. In addition to this, few of the old-style midwives attended the retraining program since they did not recognize the superiority of *zhuchanshi*'s skills and knowledge over their own. There was also no police authority to enforce the practice of such different and foreign methods as using alcohol and eyedroppers among local midwives. In this sense, although the state provided medical instruments and well-trained practitioners, they could not ultimately persuade rural residents that the new methods of midwifery would benefit them.

In addition to the locals' lack of enthusiasm for the new medical care, many counties were suspicious of the real cost of implementing the Jiangning reform model. Although the experiment team argued that the Jiangning county government could

³⁶⁰ "Jiangning zizhi shiyan xian Jiangningzhen baogao" (Report on Jiangning township in Jiangning Self-Governing Experimental County), *Gonggong weisheng yuekan* (Public health monthly) 1, no.8 (1936): 45.

manage its public medical facilities within its budget of 45,000 yuan, this figure did not reflect the fact that the Jiangning county magistrate personally had donated 40,000 yuan for the project.³⁶¹ In addition, the central government dispatched many medical practitioners to local stations and substations during the experiment, and paid their salaries from the central state revenues.³⁶² This personal donation and financial support from the central state was not included in the budget figure. Thus, creating and maintaining medical facilities required more human and financial resources than a local government could afford to pay without support from the central government.

In sum, the GMD vision of rural midwifery reform was one of providing reliable medical services to poor rural women via the state's administrative system. To actualize this ideal, the GMD state ordered provincial governments to build provincial midwifery schools and to strengthen their control over private midwifery schools. Meanwhile, the GMD state also encouraged local county governments to create public medical facilities that provided free delivery services and retraining programs for old-style midwives.

Despite this worthy intention, the state-run top-down program ran into major problems even in the experimental stage. First, the state built medical facilities which simply followed a hierarchical administrative system without considering local residents' living conditions. This unrealistic plan discouraged rural women from actually using the medical facilities. Second, the idea of state medicine could not function in rural areas where the state had very little administrative and financial power. No police existed to

³⁶¹ “*Jiangning shiyanxianzhi xiangcun weisheng jianshe*,” Ibid. 42.

³⁶² Ibid.

support the state licensing policy in rural areas and few resources were allotted to retraining programs for old-style midwives. Therefore, instead of changing local child-delivery practices, medical facilities in Jiangning county created a bureaucratic showpiece that merely satisfied the GMD health officials' fantasy of covering every citizen in rural counties, yet with no real results.

The Bureaucratization and Failure of the GMD Rural Midwifery Reform - State Medicine in Fujian Province

In order to understand how the GMD actually carried out its state-led midwifery reform, it is essential to examine the reform efforts of Fujian province. First of all, Fujian province was one of the few provinces that actually followed the GMD central state's order to create a state-led public health system in its rural counties. While only 181 counties out of about 2,000 in China built county health centers (*xian weishengyuan*), by 1936, Fujian province had built forty-three public health hospitals, or about 24 percent of the total number of public health hospitals in the nation.³⁶³ The only other provinces that could compete with Fujian's achievement were Jiangxi and Shaanxi provinces, which also created public health programs. Considering that the two provinces' medical programs were mainly financed by the central GMD state,³⁶⁴ Fujian province's achievement, which occurred without special support from Nanjing, was remarkable.

³⁶³ FPA 4-2-681.

³⁶⁴ Since both provinces had been occupied by the CCP, the GMD had to support their medical programs in order to prove the GMD modernizing programs' superiority.

In addition, the Fujian provincial government placed the midwifery reform program as one of its primary goals for rural medical reform. The provincial government supported and regulated *zhuchanshi* education, distributed well-trained *zhuchanshi* in rural health centers, and set up special programs to train local women so they could practice Western midwifery. In this sense, Fujian province was an exemplary case for the GMD midwifery reform.

Finally, the reforms in Fujian province were unique in that the provincial government succeeded in keeping its implementation going even during the War of Resistance to Japan (1937-1945) and the Second Chinese Civil War (1946-1949). In fact, although Fuzhou city, the provincial capital of Fujian province, temporarily fell to the Japanese army in 1937 and then again in 1945, the Fujian Provincial Government evacuated to inner areas of the province such as Sanming, a city in the province's mountainous areas, and continued to rule the province from outside the center.³⁶⁵ Chen Yi, the governor of Fujian province between 1934 and 1942, was even promoted to Secretary General of the Executive Yuan (*Xingzheng yuan*) for his excellent performance in Fujian province during the War. His successor also successfully governed the province and maintained the GMD's authority in Fujian until he resigned in December 1948. In one sense, Fujian province's case effectively demonstrates how the GMD implemented

³⁶⁵ Wang Zhenglu, *Fujian shigang* (The essence of Fujian history) (Fuzhou: Fujian renmin chubanshe, 2003), 138-141.

its midwifery reform policy in a vast rural area of China while minimizing the effects of political turbulence that interrupted the GMD's reform efforts in other provinces.³⁶⁶

For these reasons, Fujian province offers an ideal case for reviewing how the GMD state medicine was actualized in a rural context. This section will examine the successes and limitations of the projects that provincial and county governments in Fujian province undertook. In doing so, we shall utilize rural midwifery reform programs in Fujian province to demonstrate 1) the logic behind the GMD model of state medicine, 2) how the state-led GMD programs succeeded only in regulating *zhuchanshi*, the elite midwifery practitioners, but merely bureaucratized the retraining program for old-style midwives who delivered most of the children in rural villages, and 3) how, in doing so, the state-led GMD midwifery reform program failed to achieve its goal of introducing advanced and safer Western midwifery to the majority of rural women.

Formalizing Zhuchanshi Education and Licensing

Following orders from the GMD central state, the Fujian provincial government indeed actualized the GMD's reform idea of improving the quality of *zhuchanshi*. As discussed in the previous section, officials in Nanjing believed that producing a large number of qualified *zhuchanshi* was the first step to popularizing Western medicine in rural areas in China. In fact, the GMD did improve the quantity and quality of *zhuchanshi* by strictly controlling *zhuchanshi* education and licensing.

³⁶⁶ This is important because most studies on the GMD's health reform such as Ka-che Yip's *Health and National Reconstruction in Nationalist China: the Development of Modern Health Service, 1928-1937* evaluated the GMD's policy based on its intention and blueprints during the Nanjing era (1928-1937) without considering how those policies could have developed had it not been for the War in 1937.

In 1934, following orders from Nanjing, the Fujian provincial government began to require all midwifery schools in Fujian province to register with the National Midwifery Board and the Ministry of Education. According to the 1934 regulation of the central GMD state, private professional midwifery schools in Fujian had to complete a standardized registration form within the following six months and submit it to the National Midwifery Board and the Ministry of Education.³⁶⁷ The form demanded detailed information on each midwifery school, such as the number of classrooms and dormitories, the number of faculty and their educational background, the number of students and their age and level of education before they entered school, each school's operating expenses, and the amount of medical equipment the school owned.³⁶⁸ In addition, each school had to report the "reputation of the school among locals and the medical circle in the region." The National Midwifery Board would screen the information and approve schools deemed qualified to train *zhuchanshi*.

By February 1936, the Private Huilesheng Hospital Affiliated Advanced Professional Midwifery School (*Sili Huilesheng yiyuan fushe gaoji zhuchan zhiye xuexiao*) and the Private Saint Luke Hospital's Affiliated Advanced Professional Midwifery School (*Sili sheng lujia fushe gaoji zhuchan zhiye xuexiao*), the two professional midwifery schools in Fujian, had passed the national qualification screening and registered themselves with the Ministry of Education.³⁶⁹ After the schools were

³⁶⁷ FPA 2-1-36.

³⁶⁸ Ibid.

³⁶⁹ Ibid.

registered, graduates from each had to mail their diplomas, personal information (including name, age, hometown, and a photo), and fees to the Ministry of Education. They would receive licenses from the Ministry via mail.

This state order tangibly improved the quality of medical education in the two private midwifery schools. Although Huilesheng hospital opened its program in 1923 and had more than twenty years of history behind it, its goal was simply to train nursing assistants who would work in their maternity wards. Their poor educational situation was similar to the training program affiliated with the Saint Luke hospital founded by the American Methodist Episcopal Mission in 1896. The hospital began its training program in 1913, but had no formal curriculum until 1934.³⁷⁰

Due to the new regulation of 1934, the hospitals had to transfer their midwifery training classes (*zhuchan xunlianban*) to advanced professional midwifery schools (*gaoji zhuchan zhiye xuexiao*); otherwise, graduates from their training programs were ineligible to work in their hospitals since they would not have legal *zhuchanshi* licenses. By transferring their training classes to advanced professional midwifery schools, both schools now offered their students a standardized curriculum that included Chinese literature, English, music, and medical ethics. Upon completion, students would have attended 1,984 hours of lecture and at least twenty-five clinical experiences of childbirth supervision before graduation.³⁷¹

³⁷⁰ Fujiansheng weishengzhi bianzuan weiyuanhui, ed. *Ibid.*, 110.

³⁷¹ FPA 2-2-1110; 35-3-224.

To check whether the two registered midwifery schools maintained their high standards of *zhuchanshi* education, the Bureau of Education of the Fujian provincial government required the schools to update their information every six months and send copies of their executive committee reports whenever they made any important decision regarding the schools.³⁷² If a school failed to meet this requirement, the Bureau could cancel the school's registration, and it would become illegal for its graduates to practice midwifery in any place, including its own hospital. By doing so, the Fujian government kept a close watch to ensure that the two schools followed all requirements and regulations set up by the GMD central state.

Surprisingly, the Fujian provincial and county archives reveal that the two professional midwifery schools in the province kept updating their information throughout the War of Resistance to Japan (1937-1945) and thereafter. In the case of Private Saint Luke Hospital Affiliated Advanced Professional Midwifery School, the school reported the number of students, the budget of school, and even the salaries of the dean, faculty, and clerks every semester from 1934 to 1947.³⁷³ Also, according to the Fujian Provincial Archives, in 1943, Private Huilesheng Hospital Affiliated Advanced Professional Midwifery School also updated its information in March and November.³⁷⁴

³⁷² FPA 2-1-36.

³⁷³ FPA 35-3-224; Futian County Archives 10-1-3. Reports from the school were detailed enough to mention the salaries of school staff. For example, in 1943, the dean's salary was 450 yuan per month, while faculty received about 200 yuan. Meanwhile, the salaries of cleaning staff were between 30 to 40 yuan. The operating budget of the school was 1,232,000 yuan for the year.

³⁷⁴ FPA 35-7-705; 35-7-686.

In addition to checking the quality of the two private midwifery schools, the Fujian provincial state established a provincial professional midwifery school to improve the quality of *zhuchanshi* education. Based on Nanjing's order to create a provincial midwifery school in 1935, the Fujian provincial government converted the Fuzhou Municipal Midwifery Nurse Training Program (*Fuzhou zhuchan kanhu xunlianban*) into the Provincial Advanced Professional Midwifery School (*Fujian shengli gaoji zhuchan xuexiao*) in 1936.³⁷⁵ Besides receiving financial support from the provincial government, the school could order each county government to nominate one candidate to attend the school, as a move to recruit highly qualified students.³⁷⁶

Similarly, when the GMD central state decided to directly supervise the *zhuchanshi* license examinations in 1936, the Fujian provincial government also implemented this decision. Instead of sending their diplomas to the Ministry of Education, graduates from professional midwifery schools had to pass a license examination administered by the provincial government before they could be granted *zhuchanshi* licenses. Following the order from Nanjing, the Bureau of Education in the Fujian provincial government organized a committee for *zhuchanshi* license examination in March 1937.³⁷⁷ Faculty from the Fujian Provincial Midwifery School and physicians from prominent private

³⁷⁵ Fujiansheng weishengzhi bianzuan weiyuanhui, ed. *Ibid.*, 118.

³⁷⁶ The candidates should be between 18 and 20 years old and had graduated from middle school. The candidates nominated by each county had to pass an entrance exam in order to enroll in the school. The exam was composed of Chinese literature, English, and civil ethics. Candidates should also pass a medical checkup to prove that they were not carriers of any infectious diseases, and have an interview. (Datian County Archives 35-7-553 and Nanping County Archives 2-6-216)

³⁷⁷ FPA 2-3-1444.

obstetric hospitals³⁷⁸ in Fujian were requested to serve on the committee. Those who graduated from the three professional midwifery schools in Fujian, including the provincial midwifery school, had to take a provincial license examination. After combining exam results and students' school grades, the *zhuchanshi* license committee submitted a list of students who were eligible to obtain *zhuchanshi* licenses to the Ministry of Education. The Ministry then mailed *zhuchanshi* licenses to those who were deemed eligible.

The provincial license examination filtered out students who were not knowledgeable enough to be deemed worthy to attain the license according to the committee's criteria, despite their having completed all curricula from their professional midwifery schools. Three students from Private Saint Luke Hospital Affiliated Advanced Professional Midwifery School failed to receive licenses because of their poor performance in their license examinations in 1937. The *zhuchanshi* license committee subsequently recommended that the midwifery school offer extra training for those who failed, and gave them an opportunity to retake the exam the next term.³⁷⁹ The Fujian provincial government continued to organize provincial *zhuchanshi* license examinations even during the War of Resistance to Japan.³⁸⁰ According to the Saint Luke Hospital Affiliated Advanced Professional Midwifery School's 1942 report to the Bureau of

³⁷⁸ These hospitals include Fuzhou Union Hospital (*Fuzhou xiehua yiyuan*).

³⁷⁹ FPA 2-3-1444.

³⁸⁰ In fact, Huilesheng school reported all of its students' performance and grades from the spring semester.

Education, a further three students failed to pass the license exam that year.³⁸¹ It is clear that the license examinations directly controlled by the state bureau contributed to improving the quality of *zhuchanshi* education, and barred those who were not qualified from practicing.

In short, the Fujian provincial government conscientiously followed the bureaucratic chain of order from Nanjing and conducted the reform plan, thus substantially improving the quality of *zhuchanshi* in Fujian province. For example, when the central state in Nanjing ordered that graduates from professional midwifery schools take provincial license examinations, the order was sent all the way down to each midwifery school via the Bureau of Education in the provincial government. In a similar manner, when the GMD officials in Nanjing decided to recruit young rural women for provincial midwifery schools, the Fujian provincial government followed through on the decision by instructing county governments to nominate candidates. In this sense, it can be said that the GMD idea of state medicine—state-led medical reform—was successfully actualized in Fujian province, which meticulously followed orders from the central government.

Zhuchanshi License and the State Control over Zhuchanshi

The GMD state was successful in improving *zhuchanshi* education mainly because it directly issued the *zhuchanshi* licenses to qualified graduates. In fact, as long as the state monopolized the authority to issue *zhuchanshi* licenses, professional midwifery

³⁸¹ Putian County Archives 5-1-608.

schools had to follow the state's request to produce qualified *zhuchanshi*. Without a *zhuchanshi* license, a graduate from a professional midwifery school could not legally practice as a licensed *zhuchanshi* even if she had completed two or three years of medical education.

Furthermore, the state's control over *zhuchanshi* education was effective since the state itself hired many of the graduates to work in state-run health centers and stations. In fact, graduates of professional midwifery schools in Fujian province did not normally have many job opportunities after their graduation: they had to compete with nurses in Western-style hospitals as well as with *jieshengpo* and unlicensed old-style midwives. In this bleak job market, the opening of thirty-four county public health centers in 1934 provided new job opportunities to them. According to the regulation, each county health center recruited at least two *zhuchanshi*, which meant the county health centers created sixty-eight job openings in 1934 alone.³⁸²

Job openings in the state sector also increased since county health centers built health stations in their wards, which hired one or two *zhuchanshi* each. Considering that Private Saint Luke Hospital Affiliated Advanced Professional Midwifery School had a total of twenty-six students in 1937, the new job opportunities within the state sector were very promising. Of course, in order to take advantage of these, professional midwifery schools had to ensure that their graduates would meet state standards.

Open positions at county public health centers could be ideal career paths for the graduates of professional midwifery schools, so they were willing to go to great lengths

³⁸² In fact, personnel documents and payroll documents of county health centers in Fujian Provincial Archives indicate that most county health centers indeed hired at least one *zuchanshi*.

to meet state criteria, which the state also used as leverage to improve the quality of *zhuchanshi* education. The salaries of *zhuchanshi* in county health centers were relatively high. For example, according to a payroll document from Nanping county health center in 1944, while a head doctor received 220 yuan and a physician received 110 yuan, two *zhuchanshi* earned 70 and 45 yuan respectively, based on their experiences. Although the *zhuchanshi*'s income was about half that of a physician, it was almost between double and triple the salary of clerks and runners, who received only 20 to 30 yuan.³⁸³ Similarly, in another public relief health center (*jiujiyuan*), in 1944, while physicians received 90 yuan, *zhuchanshi* received 60 yuan. Considering nurses and wet nurses who worked in the public relief health center received 50 yuan and 35 yuan respectively, the *zhuchanshi*'s salary was quite high. In addition to this attractive salary, *zhuchanshi* in the state-managed health centers could enjoy maternity leaves during their own childbirths.³⁸⁴ It was thus no surprise that professional midwifery schools and their students were eager to follow the state's demanding requirements for improving the quality of *zhuchanshi*. In short, the authority that allowed the Fujian provincial government to successfully lead a series of actions to improve *zhuchanshi* education originated from the very fact that the state issued the licenses and hired a considerable number of *zhuchanshi* under favorable conditions.

The Failure of Midwifery Training for Local Women

³⁸³ Nanping County Archives 2-8-609.

³⁸⁴ FPA 4-2-371.

While the provincial government found great success in regulating and improving the quality of *zhuchanshi* education, it accomplished little in its midwifery training program for local women. Fujian province faced many difficulties in popularizing Western midwifery in rural areas due to the vast rural population, local county governments' lack of resources and locals' resistance to the new methods. Ironically, the state's overly strict and bureaucratic intervention in the local midwifery training program, a key aspect of state medicine, made the program a poor fit to locals' concerns and situation, thus causing the failure of the GMD midwifery program in rural areas.

Although the GMD state had stressed the importance of training local lay women in 1928 and 1934, it was the government in Sanming, in exile during the War of Resistance to Japan, that implemented the substantial effort to propel the midwifery training program forward. In December 1937, when Fuzhou, the provincial capital of Fujian province, fell to the Japanese army, the provincial government fled to Sanming, an inland city surrounded by mountains. This exiled government urged local counties to teach Western-style midwifery to local women.³⁸⁵ Although the motivational background to this order is not clear, it is possible that the GMD government saw the Japanese invasion as a threat to the nation's survival, and thus emphasized midwifery training as part of the war effort to ensure the survival of the Chinese nation.

In early 1938, the Fujian provincial government in Sanming ordered eight counties not damaged by war to conduct a midwifery training program. The program was modeled after the standard six-month midwifery program for lay women designed by Marian Yang

³⁸⁵ FPA 35-4-168.

in the FNMS.³⁸⁶ Each county hospital was to recruit ten local women between the ages of 22 and 30, and the county government was to support their fees and stipends during the six-month training period. The curriculum included bacteriology, gynecology, pediatrics and anatomy.³⁸⁷ If the students passed the exam and successfully carried out three cases of childbirth independently, the provincial government would issue the *jieshengpo* license to them and would provide them with a “delivery basket.” In the state’s view, these ten “retrained midwives” in each county would be an example for local midwives to follow in their wards. To demonstrate the resolute resilience of the exiled government on this matter, it promised to pay 720 yuan for the eighty delivery baskets at 9 yuan each.³⁸⁸

Following the Qinghe model, the exile provincial government also instructed county governments to use *baojia* organizations to recruit and manage the students for the program. According to the instructions, *baojia* leaders in each ward should recommend two candidates from their jurisdictions, and the county midwifery education board would decide on the better candidate of the two.³⁸⁹ The order stressed in particular that the board not accept old-style midwives. For educational convenience, candidates should be young and bright local women with elementary education. These strict criteria also reflected the GMD health reform experience: most old-style midwives were illiterate

³⁸⁶ For Marian Yang’s six-month midwifery program, see Tina Philips, *Ibid.*, 135-137.

³⁸⁷ FPA 35-4-168.

³⁸⁸ *Ibid.*

³⁸⁹ *Ibid.*

and could not understand complicated and foreign Western medical concepts, including those of bacteriology, gynecology, and anatomy.

Unsurprisingly, some counties clearly refused to follow the order from the provincial government for financial reasons. For example, Changning county replied that “We do not have sufficient funds to conduct such a program. Unless the provincial government financially supports the midwifery training program, we cannot afford to carry out it.³⁹⁰” During the war, although Changning county was not directly affected, it did nevertheless find itself faced with many urgent problems to solve, including how to handle the incoming refugees escaping from war zones.³⁹¹ For them, therefore, the midwifery reform was seen as a luxury.

However, the biggest problem for most of the eight counties in conducting the midwifery training program for local women was not the financial burden, but the unrealistic instruction from the provincial government, which echoed the failures of the GMD Jiangning experiment and C. C. Chen’s Ding county experiment. After attempting the state midwifery plan for one year, the county governments complained that the instruction from the provincial government did not fit their rural reality and requested a change in policy. For instance, Sha county government reported that it failed to accomplish the task and pointed out three reasons why they could not conduct the training program:

We tried the midwifery training program, but failed to carry it out. The biggest problem is that few people applied for the program. There are three reasons for that. First, the order

³⁹⁰ FPA 35-4-168.

³⁹¹ According to Nanping county archives, counties that were not directly damaged by the war were also worried about the war refugees and war casualties. (Nanping County Archives 2-6-230).

strongly demanded us to exclude old old-style midwives. Second, although only educated women were eligible for the program, we were not able to identify such educated women [who would volunteer for this job] in our rural areas. Lastly, because the title of our program is the *jieshengpo* program and the government issues a *jieshengpo* license, no young and educated woman wants to have a “*po*” title. It would be easier for us to recruit them if we are allowed to change the title from *jieshengpo* (old women who deliver children) to *jieshengyuan* (midwifery practitioner).³⁹²

Sha county was not the only county that had issues with the title of *jieshengpo*; neighboring Nanping county government also requested a title change. According to Nanping county, since it could hardly find any young educated woman who wished to earn a license with a title of *jieshengpo*, the officials in Nanping county requested the provincial government to authorize them to change the title from *jieshengpo* to *zuchan zhuliyuan* (assistant midwife). For county health officials, changing the title or removing “*po*” was essential in making their midwifery program attractive to young educated women, their target participants.

However, the provincial government’s response proved disappointing to those counties who requested policy adjustment. Not only did it turn down the request, it even warned Nanping county not to arbitrarily or independently change the title. According to the Fujian provincial government, there was no legal base to create a new title, so county governments could not issue a license that was worded differently. The GMD regulation indeed contained only three titles for gynecology practitioners: *chanke yisheng* (obstetrician), *zhuchanshi* (professional midwife), and *jieshengpo* (retrained old-style midwife). Therefore, new titles such as *zhuchan zhuliyuan* and *zhuchanyuan* as suggested by local counties had no basis within the GMD regulation. The Fujian provincial

³⁹² FPA 35-4-168.

government thus saw itself unable to bend the regulation in violation of state rules, since it had been an administrative order from the central government. In one sense, this gap between the GMD's regulations and reality reflected the very nature and problem of the state-led GMD midwifery reform program, which was both top-down and bureaucratic.

The inflexible approach of the provincial government seriously limited the county governments' efforts to conduct their midwifery training programs. In the end, Sha county gave up on the midwifery training program, unable as it found itself to be to recruit eligible applicants. Indeed, only three out of eight counties managed to complete the programs, but these produced only twenty-nine midwives who completed the six-month program before the end of 1940.³⁹³ Considering in contrast the state's ambitious plan of producing eighty midwife practitioners, given the vastness of each county, these twenty-nine midwives were too few in number to make any meaningful changes in the midwifery practices of those local regions.

The extent to which the bureaucratic and inflexible attitude of provincial government dampened local efforts to promote Western midwifery is even clearer in the case of Jianyang county. Facing the impracticality of the guidelines from the provincial government, health officials in Jianyang county continued to target old-style midwives. They allowed women aged twenty to sixty to apply for the program and shortened the training period from six months to one month.³⁹⁴ Health officials even planned to teach their students verbally if the applicants were illiterate. In addition, in order to lighten the

³⁹³ Jinjiang county 15, Longyan county 7, and Nanping county 7.

³⁹⁴ FPA 35-4-97.

financial burden of the county government, they required students to pay 5 yuan per month for their living expenses, although no tuition was charged.³⁹⁵

The result from Jianyang county showed that local efforts achieved were only partially successful. On the one hand, despite the effort to recruit these old-style midwives, none of the twenty students enrolled belonged to that category. Their age ranged from twenty-two to thirty-five, and all had six years of educational background.³⁹⁶ In other words, leaving home for one month to learn midwifery in the county seat was still too difficult for older rural village women who assisted their neighbors in childbirth without any material reward. On the other hand, all twenty students successfully completed the program. The number of students was more than that of any other counties which conducted the reform. As a result of the local effort, young and educated local women willingly participated in the midwifery training campaign.

However, the reform failed because the Fujian provincial government refused to recognize any of the twenty trained midwives from Jianyang county. Since the provincial government had never approved the one-month program, it could or would not issue official *jieshengpo* licenses to the students of that program. Again, the top-down and bureaucratic nature of the provincial government's reform plan harbored unrealistic expectations that made it nearly impossible for the counties to carry out the reform.

In the end, only twenty-nine midwives in the entire province completed the official program of the provincial government and received *jieshengpo* licenses by the time the

³⁹⁵ Ibid.

³⁹⁶ Ibid.

campaign ended in 1940. As shown previously, this limited number of students was a consequence of the all-too-high standards of the provincial government. Although its goal was to prevent unqualified license holders from practicing, its overly rigid attitude discouraged potential participation in the midwifery reform campaign.

Frustrated by the low enrollment among young and educated women in the midwifery program, the Fujian provincial government finally allowed old-style midwives to join the midwifery training program in 1943.³⁹⁷ Under the GMD regulation governing *jieshengpo*, women between twenty and sixty were eligible to receive *jieshengpo* licenses. In order to prevent these older women, most of whom were illiterate, from quitting in the middle of the program, the provincial government instructed county governments to require a 20 yuan security deposit from every applicant.³⁹⁸ This way, students were compelled to complete the program in order to get their deposits back. Said otherwise, forfeit of the deposit amounted to a potential fine for those who failed to finish the program. To the provincial government, this seemed an excellent way to encourage older women to complete the training program.

But few older women bothered even to enroll in the program. Old-style midwives had no incentive to take the intellectually challenging classes, since they simply volunteered to help their neighbors without any monetary reward in the first place. In one sense, this deposit system clearly demonstrated the limitations of a state-led top-down midwifery reform program for rural areas. Instead of making the difficult Western

³⁹⁷ Fuzhou Municipal Archives 901-12-21.

³⁹⁸ FPA 901-3-58; Nanping County Archives 2-13-232.

medical knowledge more accessible to older local women, the bureaucratic state attempted to solve the problem by simply relying on a fine or deposit system. By 1945, only a few women had received *jieshengpo* licenses throughout the province.³⁹⁹

The degree to which the provincial government's inflexible top-down approach had limited the effects of the midwifery training programs on local women is made clear by the fact that the number of local women enrolled in those programs skyrocketed when the provincial government finally accepted the new title of *jieshengyuan* for newly trained midwives in December 1945. Within six months, nineteen counties proudly reported that their midwifery training programs had produced 367 newly trained midwives.⁴⁰⁰ Although we also have to consider that the War of Resistance to Japan ended in August 1945, this remarkable response from local young women who enrolled in the *jieshengyuan* program demonstrates how potential applicants had been discouraged by the rigid attitude of the GMD provincial government towards the bestowing of the titles of midwifery practitioners. However, despite this immediate success, the GMD state made no further effort to consider locals' concerns regarding the midwifery training program until 1949.

In sum, unlike programs targeted to improve the quality of *zhuchanshi* education, strong involvement of the state in the midwifery training program for local women ironically undermined the GMD's efforts to improve the health of expectant mothers and newborn infants. The state's bureaucratic top-down approach often ignored local

³⁹⁹ Fujiansheng weishengzhi bianzuan weiyuanhui, ed., *Ibid.* 389.

⁴⁰⁰ *Ibid.*

residents' concerns and discouraged county health officials' efforts from adapting the program to local conditions so as to attract local women. Instead of developing strategies to train illiterate old-style midwives or to attract young and educated women to the training courses, the provincial government simply banned older local midwives from taking classes and limited the title of their licenses to that of *jieshengpo*, meaning "elderly women who deliver children".

Furthermore, reflecting the very nature of the bureaucratic approach towards the midwifery program, the Fujian provincial government rarely if ever tolerated any attempt by county governments to localize the training program. It warned Nanping county officials not to use the title *zhuchan zhuliyuan*, which might possibly have attracted many educated young applicants, and refused to issue *jieshengpo* licenses to those who enrolled in a shorter, one-month training program in Jianyang county. As a result, the midwifery training program for ordinary women failed to recruit local women's support and active participation, the very target of the program itself.

Conclusion

The successes and failures of the GMD midwifery reform originated from the very idea of state medicine. Frustrated by the lack of health resources and personnel in rural areas, health reformers of the GMD period argued that the state needed to play a greater role in creating and distributing public health services for China's vast rural population. The GMD's midwifery reform for popularizing Western midwifery emerged from this idea of state medicine.

Reflecting the idea of state medicine, the GMD midwifery reform had two basic programs. First, the state closely checked the qualifications of *zhuchanshi*, the professional midwives with two years of Western midwifery education. The Ministries of Health and Education jointly created the National Midwifery Board and regulated the curricula and facilities of professional midwifery schools. The state also nullified registration of midwifery schools that failed to meet state standards. Furthermore, the GMD state directly controlled the license examination for *zhuchanshi*. By tightly regulating and controlling the qualities of professional midwives schools' education and *zhuchanshi*, the GMD health officials intended to provide reliable and qualified midwifery services to Chinese rural citizens.

The second program that the GMD state employed to improve the health of expectant mothers and of newborns living in rural China was the founding of health facilities and offer of training in Western midwifery to ordinary local women, either extant, indigenous midwives or young women with basic school education. The GMD central state ordered local governments to establish county health centers and ward health stations, and to hire professional midwives to work in the new facilities. Furthermore, the state instructed county health centers and their medical personnel to train local women in modern midwifery. At the same time, it outlawed old-style midwives who did not receive medical training and licenses.

The first part of the reform program, which targeted *zhuchanshi* and professional midwifery schools, was successful. The case study of Fujian province presented above demonstrates how the state's resoluteness in this regard improved the quality of

zhuchanshi education. Following government orders, private midwifery training institutions regulated school curricula attached to this and increased the practical training time for students. In addition, the state-run licensing exam prevented unqualified graduates of professional schools from earning *zhuchanshi* licenses. It should be noted that the GMD state succeeded in improving *zhuchanshi* quality because of its authority to issue *zhuchanshi* licenses, which were essential for the graduates of professional midwifery schools to get jobs. Furthermore, since it was the state that recruited *zhuchanshi* to work in state health facilities, such as county health centers and ward stations, both professional midwifery schools and their students in general actively accepted the reform policy imposed by the state.

Contrary to its success in regulating the *zhuchanshi* program, GMD health officials failed to establish health facilities in rural areas and train local women in Western midwifery. This failure was in part caused by the top-down nature of the state health program. When the GMD central state ordered local governments to implement its training programs, the order was sent through a purely bureaucratic chain of command without considering local residents' concerns and conditions. Instead of enlisting local support for the midwifery reform programs or convincing them of the benefits of new medical practices, the state simply built health facilities in local administrative centers without considering the possibility of cultural resistance of local people to foreign Western midwifery.

In particular, the case of Fujian province clearly illustrates how the bureaucratic attitude of the provincial government dampened local women's zeal for the new

midwifery training program. When the provincial government limited applicants to the program to young and educated women, it did not change the title of the license of *jieshengpo*, meaning “old women who deliver children”. When it did finally and reluctantly begin to admit older old-style midwives into the training program, the provincial government made few adjustments to make Western midwifery accessible to these women, most of whom were illiterate. To prevent students from dropping out, health officials simply fined those who did not complete the program rather than readjusting the program to fit locals’ concerns. Since most training programs suffered from abysmally low enrollment, they failed to change midwifery practices in rural areas, where the reform was most needed.

CHAPTER SIX

Ideology, Medical Discourses, and Practices of the CCP Midwifery Reform in the Early Revolutionary Period (1935-1952)⁴⁰¹

Similar to the GMD, the Chinese Communist Party viewed popularizing Western methods of delivery among rural peasants as a necessary step to modernize Chinese society. The CCP rural health reformers, like their GMD counterparts, built midwifery schools, developed retraining program for old-style midwives and dispatched well educated *zhuchanshi* to local communities to introduce safer and hygienic Western delivery methods among peasants.⁴⁰²

However, the similarity stops there. This chapter examines how the CCP's intentions and methods that it employed for the midwifery reform from the very beginning sharply differed from those of the GMD despite of their similarities on the surface. Indeed, unlike the GMD that superficially stressed the importance of the producing healthy and modern nation to survive in the international competition, the CCP's discourse of the midwifery reform was often discussed in conjunction with what kind of family the Party wanted to build, women's proper position in the family, and the

⁴⁰¹ The Early Revolutionary Period refers to the time period from the Long March of 1935 to 1952, just before the party launched the programs for collectivization and industrialization in 1953. In this period, the CCP developed its unique strategy of revolution called the mass line (*qunzhong luxian*). For the Party's mass line, see Mark Selden, *The Yanan Way in Revolutionary China* (Cambridge: Harvard University Press, 1971), 177-207.

⁴⁰² Midwifery reform was, in fact, one of the most important tasks for the CCP in influencing women-work and public health reform during the time that the Party was desperately fighting against both the Japanese army and the GMD for its own survival in Yan'an (1937-1948). After 1949 and the unification of all of China, the Party continually stressed the importance of the reform even while it had to concentrate all of its available energies and resources on land reform and class struggle. It was true until 1952, just before the Party launched the programs for collectivization and industrialization in 1953. The surviving materials from these periods suggest that the CCP gave considerably high priority to this task in terms of its monetary and human resource investment. The Party built midwifery schools in local areas for female cadres and the Party activists, published handbooks for rural midwives, and sent education teams to rural villages to retrain old-style midwives and local women.

ways to correct people's "backward" customs while still cooperating with people.

Therefore, while the GMD reformers simply imposed "advanced" modern medicine on "ignorant" locals in order to modernize China, whether they wanted it or not, the CCP health workers had to redefine the "modern" and "Western" midwifery so that the reform could appeal to rural peasants.

In order to more effectively reveal how the CCP's midwifery reform unfolded in various layers concerning the Party's official ideology, medical discourses, and the CCP local cadres assigned to conduct the reform, this chapter will be composed of three sections, each examining different levels of documents: the CCP propaganda, midwifery handbooks, and local administration documents and interviews from rural people regarding midwifery reform. In doing so, this chapter will elucidate how the CCP conceptualized this midwifery reform as a substantial method that bridges the Party's modernizing intentions 1) of helping women to maintain their health and to keep children alive by providing safer ways to assist childbirth, 2) of improving women's position within family and society by challenging conventional social norms and customs that had suppressed women and 3) of addressing the wishes of the masses to have numerous offspring and restore their households that had been damaged by poverty and wars. In other words, for the CCP, the midwifery reform was an effective means to modernize Chinese society while maintaining the masses' support, the power base of the Party as well as the target of the reform.

Chinese Revolution and Midwifery Reform: The Ideological Setting

How the CCP ideologically conceptualized the goals of the midwifery reform and the strategy to achieve them might be related to their unique notion of why and how to modernize masses, spelled out by Mao in the following statement:

The culture of the Liberated Areas already has its progressive side, but it still has a backward side. Among the 1,500,000 people of the Shensi-Kansu-Ningsia Border Region there are more than 1,000,000 illiterates, there are 2,000 practitioners of witchcraft, and the broad masses are still under the influence of superstition. These are enemies inside the minds of the people. It is often more difficult to combat the enemies inside people's minds than to fight Japanese imperialism. We must call on the masses to arise in struggle against their own illiteracy, superstitions and unhygienic habits....

Our culture is a people's culture; our cultural workers must serve the people with great enthusiasm and devotion, and they must link themselves with the masses, not divorce themselves from the masses. *In order to do so, they must act in accordance with the needs and wishes of the masses. All work done for the masses must start from their needs and not from the desire of any individual, however well-intentioned ... There are two principles [to correct people's backwardness] here: one is the actual needs of the masses rather than what we fancy they need, and the other is the wishes of the masses, who must make up their own minds instead of our making up their minds for them.* (my emphasis)⁴⁰³

Mao clearly indicated that 1) illiteracy, superstitions, and unhygienic habits constituted the backwardness of the masses and 2) that he wished to transform the thinking of the masses in order to improve their lives. He was, however, strongly opposed to simply imposing the Party's notion of modernity and enlightenment on the masses. For him, what was modern had to be redefined in the context of the masses' actual needs in order to successfully appeal to them and bring substantial changes in their daily lives. In order to effectively implement the Party's modernization program among local villagers, Mao demanded dialogue between the modernizer (the Party) and the modernized (the masses). Through this dialogue, we can observe how the CCP ideology molded the Party's unique notion of modernity by 1) stressing the dialectic synthesis of the Party's modernizing intention and the masses actual needs and 2) calling upon the masses' agency by allowing

⁴⁰³ Mao Tse-tung, "The United Front in Cultural Work," *Selected Works of Mao Tse-tung*, vol. 2 (Foreign Languages Press: Peking, 1967), 185-187.

them to have say in what should be done and how it should be done.

The influence of the CCP's unique notion of modernity on how the Party carried out midwifery reform is clearly illustrated in two exemplary anecdotes of the reform, one printed in a 1944 CCP propaganda pamphlet and the other in a 1952 work report from Hebei province.⁴⁰⁴ According to the story in the 1944 pamphlet, the CCP work team had initially intended to teach literacy to the Liujiacheng and Yan'an village women during winter school. The work team, however, soon realized that the rate of infant mortality in these villages was so high (54 percent in Liujiacheng village) that women suffered greatly. In response, the work team changed their initial plan, deciding to teach midwifery instead of literacy. According to the material, it was not easy to motivate village women to take these strange classes about women's anatomy, menstruation, and childbirth. When women were reluctant to join the classes or refused to use sanitary napkins, the work team told them, "if you don't take our advice and fail to have a healthy baby, your husband may look for another woman to have offspring. Do you want that?"⁴⁰⁵ According to reformers, by connecting women's concerns to their families and the importance of midwifery reform, they were able to effectively encourage women to participate in the reform.

The story also demonstrates how, in order to maximize the effect of the education, the work team taught the new method of midwifery so it aligned with rural people's common knowledge. When the team explained why midwives had to sterilize scissors to

⁴⁰⁴ Shaan-Gan-Ning bianqu jiaoyu tongxun bianji weiyuanhui, ed., *Bianqu jiaoyu tongxun* (Correspondence concerning education in the border region) 1, no. 1 (Yan'an: Xinhua shudian, 1945): 29-32 and Hebei Provincial Archives (hereafter HPA) 899-2-47.

⁴⁰⁵ Shaan-Gan-Ning bianqu jiaoyu tongxun bianji weiyuanhui, ed. *Ibid.*, 32.

avoid mentioning bacteria, a reformer initially said “there are small bugs on the scissors, so it causes a disease.” But before long a peasant woman challenged the work team’s explanation. She protested, “No, I can’t see any bugs, the things on the scissors must be poison. So when we cut the umbilical cord with the poisoned scissors, we get ill (*de fengqi*, literally ‘get win’).”⁴⁰⁶ Consequently, the work team soon adopted this method of explanation to conform to the village women’s understandings. Similarly, when the work team explained why women should give birth in a supine position instead of while kneeling,⁴⁰⁷ they said that “blood like water flows from high to low. If you lie down when you give birth, you will shed less blood, so you won’t die.” The pamphlet points out that without ever having to explain a word about bacteria or anatomy, the work team was able to more effectively teach this safer midwifery to thirty village women and four old-style midwives within two weeks’ time.

The work report tells us a similar story. In Zizhen village in Hebei province the Party’s women-work cadres found that 25 of the 262 families in the village had serious conflicts and disputes within families, and women suffered from them a lot. Additionally, another 164 families had minor problems. In order to improve the villagers’ family lives by building a more democratic and harmonious family (*minzhu hemu de jiating*), the Party cadres carried out midwifery reform as well as marriage reform. Initially, infant

⁴⁰⁶ Getting wind was a common expression for getting chronic disease in China. See Lena Chan and Neil Croll, “Medical Parasitology in China: An Historical Perspective,” *The American Journal of Chinese Medicine* 7, no.1 (1979): 41.

⁴⁰⁷ The overbleeding of birthing mothers caused by the kneeling position was often blamed as a leading cause of women’s death in the late nineteenth and the early twentieth century medical discourse. See Mary Niles, *Ibid.*, 51-55; Joseph Thomson, *Ibid.*, 187-191; Wang Deyi, *Zhuchan changshi* (Common knowledge of midwifery) (Dalian: Dazhong shudian, 1949).

mortality was as high as 43.4 percent in 1937, but as a consequence of the Party's midwifery reform, this high mortality rate considerably dropped to 20 percent by 1952. According to the report, as women had more children, women's position within their families improved and they became more active in the Party's other reform activities and more actively participate in production. In the end, the families in the village became more democratic, productive, and harmonious, and finally felt their lives improving.⁴⁰⁸

The points that these didactic anecdotes above illustrate are clear: 1) the CCP's midwifery reform was able to release women from suffering and improve their position within their families by bringing new scientific knowledge of childbirth to people. The reason why increased reproduction improved women's position in their families was because Chinese women married in to their in-laws families as strangers, and their positions were insecure until they produced children who served as a bridge between women and their in-laws.⁴⁰⁹ Following this reasoning, it is unsurprising that the Party cadres conceptualized changing the method of midwifery as the very revolutionary task that would liberate women who had been suppressed by their low positions in a

⁴⁰⁸ HPA 899-2-47.

⁴⁰⁹ Margery Wolf, in her study of how Chinese women seek and obtain power within the apparently patriarchal Chinese family structure, points out that women have a concept of family which is different from that of men. According to Wolf, while men consider their wives, sons, daughters-in-law, and grandchildren together as members of his patriline, women construct their own "family," an unacknowledged entity which only includes herself, her sons, her unmarried daughters, and her grandchildren. Because in China women marry into their in-laws' family as a stranger, they need someone who can serve as a bridge between them and in-law families—usually their husbands, sons, or grandchildren. In other words, those male members give women a sense of belonging to the in-law-family. In this situation, young daughters-in-law and elderly mothers-in-law have to compete over a man—the son of the mother-in-law and, at the same time, the husbands of the daughter-in-law to ensure their position within the family. The tension and conflict between two women can be solved when daughters-in-law produce sons who collectively belong to her and her mother-in-law's uterine families. Margery Wolf, *Women and the Family in Rural Taiwan* (Stanford, California: Stanford University Press, 1972), 32-41.

patriarchal family system.⁴¹⁰ and 2) instead of challenging the existing family structure and the knowledge system of locals wholesale, the Party employed these practices in order to effectively carry out the reform. (e.g. In order to appeal to local women, the work team employed the patriarchal ideas of the women's need to have children to attract their husbands' attention). In other words, for the Party, the revolutionary task of midwifery reform needed to be redefined in the context of the masses' daily lives and living conditions to bring substantial changes there.

The CCP's ideological concerns with respect to midwifery reform was how to combine two contradictory goals of *changing* people's lives and at the same time *employing* people's practical needs conditioned by the masses' "backward" ways of thinking. The CCP's solution to this contradiction are specifically well demonstrated in the three discourses that often appeared in the Party's propaganda pamphlet and publications for midwifery reform in the early revolutionary period: 1) "unifying with old-style midwives while reforming them (*tuanjie gaizao jiu chanpo*)," 2) "the prosperity of both population and material resources (*renwu liangwang*)," and 3) "cultural turning over (*wenhua fanshen*)."

Unifying with Old-Style Midwives while Reforming Them (Tuanjie gaizao jiu chanpo)

The CCP's efforts to connect the intentions of the Party's reform and the people's actual living conditions are distinct in its ambivalent ideological positioning of the old-style midwives. One of the CCP's main goals in its midwifery reform was improving the

⁴¹⁰ The party propaganda addressed midwifery reform as a method to build a more democratic family institution in which women and younger members would enjoy a more equal position within the family. (HPA 899-2-47)

health of women and children by introducing the “scientific” method of assisting childbirth. Indeed, the Party often self-identified itself as the vehicle of the modern scientific medicine to the broader masses and blamed the “backward” and “unhygienic” practices of the old-style midwives for the high mortality of birthing mothers and infants.

However, instead of simply depicting old-style midwives as “evil” and “hopeless,” as their GMD counterparts did, the CCP propaganda pamphlets reveal a contradictory principle to dealing with them: *the reform and the unification*. On the one hand, the Party blamed their ignorance for childbirth fever and the poor state of women’s health during childbirth; on the other hand, the pamphlets stressed that the midwives were those who had experience and basic skills, making them possible partners for the reform. Additionally, according to the Party’s claim, old-style midwives practiced their skills not for making money, but for helping their neighbors.⁴¹¹ In this view, the old-style midwives were not enemies who the Party reformers had to overcome, but individuals that the Party had to unite and cooperate with together.

In fact, the main theme, evident in many publications regarding midwifery reform in this early revolutionary period, was the conversion of old-style midwives rather than the simple victory of the new biomedicine that was often found in the compositions of midwifery school students during the GMD period. For example, *Zhaodama jiesheng* (Granny Zhao practices midwifery), published in 1952, was one of the most popular plays in this period. Granny Zhao, an old-style midwife in a village, was initially opposed

⁴¹¹ Zhongyang renminzhengfu weishengbu fuyou weishengju ed., *Xinfajiesheng* (Delivery by new methods) (Beijing: Zhongyang renminzhengfu weishengbu fuyou weishengju, 1951), 1.

to the new techniques and methods of midwifery.⁴¹² She even became upset when an expecting mother doubts her skills. However, after finding that a doctor in a local hospital successfully treated the complicated cases with new biomedical techniques, Zhao eventually admitted the superiority of the new medicine and determined to learn it. As the title of the play suggests, the main theme is not simply the triumph of the new medicine, but granny Zhao's conversion to new methods. This conversion of old-style midwives and their positive image is far from the image of a woman evil-intentioned and money driven often portrayed by the GMD reformers. In the CCP story, midwives were the people who needed to be reformed with the Party's help rather than being outcast.

Furthermore, the CCP did not simply describe old-style midwives as passive objects of the reform, but as role models that the newly trained midwives had to follow. No other word better illustrate this Party's ambivalent attitude toward to old-style midwives than *weixin* (authority and credibility) of them. The CCP propaganda pamphlets insistently indicated that training young women in "scientific" midwifery had little effect on changing the practices of rural people since the young people could not build authority or credibility among the masses. The Party pointed out that it was because locals did not trust the young girls who they thought to be green without childbirth experience as eligible midwives. The Party's pamphlets often concluded that it was not only the knowledge of biomedicine and Western midwifery that was necessary for successful reform, but also the *weixin* of old-style midwives.

In this light, the authority and credibility that evolved from the long term

⁴¹² Duan Shuying, *Zhaodama jiesheng* (Granny Zhao practices midwifery), (Xi'an: Xibei renmin chubanshe, 1952).

interrelationship between the masses and their rural midwives became a crucial virtue of the reformers in the CCP ideology, and this ideological positioning of old-style midwives privileged and empowered them to be not only objects of the reform, but the role models of the reform. In fact, when the Party recruited candidates for the midwifery training courses, many pamphlets in this early revolutionary period suggested recruiting only old-style midwives and middle aged women who were married and experienced in childbirth owing to their authority and credibility among villagers.⁴¹³

The Prosperity of Both Population and Material Resources (Renwu liangwang)

The Party's ideological demand of connecting their modernizing intentions with the practical needs of the masses shaped the ways in which the goal of the midwifery reform was presented to the people: the prosperity of both population and material resources (*renwu liangwang*) were explicitly presented as aims of the reform. In particular, this slogan directly targeted those husbands and mother-in-laws who were afraid that bringing a new method of midwifery undermined their authority over their young women. In many cases, the CCP's propaganda assumed that although the young women might be more open-minded to new types of medical knowledge and practices, they had little power to bring the new ideas into real practice because of their subordinate positions within the family. For the Party reformers, the real change in midwifery practices could not occur until they persuaded the husbands and mother-in-laws who controlled decision-making in the families.

⁴¹³ Zhongnan junzheng weiyuanhui weishengbu nongcunweisheng yuanjiushe ed., *Nongcun zhuchan wenti* (Questions on rural midwifery) (Zhongnan junzheng weiyuanhui weishengbu baojianchu, 1950), 12-13.

The message that the slogan, “the prosperity of both population and material resources,” carries is transparent: just as the CCP’s land redistribution program had made the peasants rich, the Party was now helping the rural population have more and healthier babies through midwifery reform. A popular opera, *Jiesheng* (midwifery), illustrates this point.⁴¹⁴ In the opera, an old woman refused to let a young professional midwife assist her daughter-in-law’s childbirth and asked “superstitious” gods for help by praying:

“The Mother Bodhisattva and the Lord Dragon King, let me kowtow to you gods. The communist Party helped us to change our fate and to be rich. Now we become prosperous materially. Can you please help us to have numerous offspring? I kowtow to you gods.”⁴¹⁵

However, despite her earnest prayers, her daughter-in-law’s delivery was rife with complications. As we may expect, the young professional midwife, initially ignored by the mother-in-law, successfully treated the case and safely assisted the birth of a healthy male baby. In other words, the mother-in-law’s wish of having a grandson was realized not by the superstitious belief of the mother-in-law, but by the midwife who was trained in the “scientific” method of the Party. The play ended with following song: “the leadership of the government is sagacious! [It] helps us to be prosperous materially and also to have numerous offspring. We produce more and become richer day by day. Hey! [Our lives] become improved day by day.”⁴¹⁶ What the CCP claimed here was that the midwifery reform was not the Party’s intrusion into the family’s private sphere, but rather a tool designed to help that the people’s hopes of having large families come true.

⁴¹⁴ Bai Yao, Sun Xu, Zhao Shikuang, and Bian He, *Jiesheng* (Midwifery) (Shanghai: Huadong renmim chubanshe, 1951).

⁴¹⁵ *Ibid*, 18.

⁴¹⁶ *Ibid*, 37. Here again Granny Xu, a local traditional-style midwife decided to learn the government’s version of the new method of midwifery in the end.

In addition, the slogan was often visually juxtaposed with the face of a plump baby when it was presented to people. In contrast to old sayings about the danger of childbirth, such as “We only see the bride, not the new mother” (*zhi jian hunjia fu, bu jian sheng er nü*) and “We only see the mother hold her child, but not the child walking” (*zhi jian niang huai er, bu jian er zou lu*),⁴¹⁷ propaganda and handbooks for rural midwives used the faces of chubby babies’ as part of the strategy of implementing the reform.⁴¹⁸

Additionally, in popular novels and plays, the babies, born with the help of the Party’s midwifery reform, are always male. Such images were a common part of the CCP’s dialogue with the elderly women and husbands who were the main opponents of the Party’s interference with their young women. Having numerous healthy male offspring was the aspiration of those wanting to restore their patriarchal family that had been endangered through war and economic hardship during the first half of the twentieth century.⁴¹⁹ By ensuring that the Party’s intentions were not to destroy their families, but to help them rebuild their family, the CCP persuaded its opponents to accept the Party’s reform policies for women.

In short, the slogan, “the prosperity of both population and material resources,” in the midwifery reform pamphlets demonstrated how the Party accepted the masses’ practical needs in its reform project. In particular, the slogan’s parallels between land

⁴¹⁷ Gail Hershatter, *Ibid.*, 343-346.

⁴¹⁸ Such an image can be found on the front covers of the handbooks for rural midwives. For example, see Chuandong renmin xingzhenggongshu weishengting, ed., *Jieshengyuan shouce* (Handbook for midwives) (Chongqing: Chuandong renmin xingzhenggongshu weishengting jiaoyuke, 1951).

⁴¹⁹ Kay Ann Johnson, *Women, the Family, and Peasant Revolution in China* (Chicago: University of Chicago Press, 1983), 27-35.

reform (prosperity of material resources) and midwifery reform (numerous offspring) were clear: the CCP, the same Party carrying out this midwifery reform, had also offered peasants land, the economic basis of family life; therefore, according to the Party, the peasants had no reason to doubt the good intentions of the Party's reform.

Cultural Turning over (Wenhua fanshen)

Combining the Party's modernizing intentions and the masses' practical needs did not simply mean that the CCP ideology required the Party reformers to passively accept the given conditions of rural China. Instead, the Party demanded real changes in daily lives. Indeed, the Party ideology conceptualized the midwifery reform as a practical method to challenge 1) the conservative cultural norms of locals which had oppressed women and 2) the unhygienic traditional practices which had damaged women's health. By doing so, the Party claimed to improve women's lives substantially. In other words, for the CCP, the midwifery reform was a powerful vehicle for reshaping Chinese society in terms of gender equality.

The will of the CCP for building new gender culture aptly described by "*wenhua fanshen*," the cultural turning over.⁴²⁰ The word *fanshen* literally means turning over the body, as it were, changing the fate or standing up for liberation. This word was originally used during the land reform to demonstrate how Chinese peasants changed their fates through land redistribution and class struggle. In short, the CCP conceptualized the goal of revolution in the word *fanshen* to appeal to rural people. For most Chinese rural

⁴²⁰ The relationship between *wenhua fanshen* and midwifery reform see "Fangwen Taihang taiyue lao genjudi" (Visiting the old base area in Taihang taiyue), *Renmin ribao*, December 9, 1951.

peasants, who had been living below the subsistence level and had no power to participate in the process of decision making in their villages, the revolution meant the turning over of their fate, from an individual poor and powerless to one with a chance to be rich and control their own destiny.⁴²¹ Now, by using the same expression that indicated the betterment of lives and liberation, the Party demanded the rural population to also “turnover” their longtime cultural “backwardness” and to adopt more progressive cultural practices that would provide more power and a voice to young women, who had been mostly suppressed in the “old society.”

The Party’s claim of achieving “cultural turning over” by midwifery reform is most clear in the popular novel *Yang Wawa* (Childbirth), published in 1950.⁴²² In the novel, Fenglian, a young woman, became pregnant two times, yet both turned out to be in vain. The first time she miscarried because her workload was too heavy for a pregnant woman. On top of that, when she felt uneasy and asked her mother-in-law to send her to a local hospital for a check up, her mother-in-law prescribed red-bean, a folk-medicine, instead of sending her to the hospital. During her second pregnancy, she lost her one week-old baby from tetanus because of unhygienic treatment of an old-style midwife. After losing two babies, her mother-in-law blamed Fenglian and her undesirable fate for the family’s misfortune. However, a member of the land reform work team taught Fenglian why she had miscarried and why her baby died of tetanus, and recommended that she practice the Party’s “scientific” midwifery. However, her traditional mother-in-law became upset

⁴²¹ Shue, *Peasant China in Transition: The Dynamics of Development toward Socialism, 1949-1956* (Berkeley: University of California Press, 1980), 41-43.

⁴²² Liu Yanzhou, *Yang wawa* (Childbirth) (Shanghai: Huadong xinhua shudian, 1950), 5.

with her when Fenglian talked about why she lost her babies. The mother-in-law believed that Fenglian was blaming her for the miscarriages and scolded her yelling, “you, youngsters have been influenced by progressive ideas (*naojin kaitongle*) through land reform. *Fanshen* is good! Land reform is good! But I don’t like such new ideas. Look, after Lao Yang (a woman in the work team and also the one who told Fenglian why she lost her babies) cut her hair, she looks like neither a woman nor a man.”⁴²³

Because Fenglian’s mother-in-law viewed her request of practicing the new method of delivery as challenging her authority, when Fenglian asked to be sent to a hospital, her mother-in-law refused and asked a village midwife to assist the childbirth according to traditional methods. The mother-in-law did not even allow her son to call a doctor even though her daughter-in-law’s delivery turned out to be a difficult one. Finally, encouraged by a friend’s indication that just as they did *fanshen economically* through land reform, they would also carry out *fanshen culturally* by practicing new methods, Fenglian’s husband called a doctor.⁴²⁴ Following the typical narrative of propaganda materials, the doctor saved both the mother and baby; the CCP’s reform saved the family. Eventually, Fenglian’s mother-in-law accepted the benefits of the new method and the Party’s reform, and everyone was happy in the end.

The theme of this novel is clear with respect to the point of view of the son’s friend: the rural people, who turned over *economically*, had to turnover *culturally* as well. As this novel presented, this cultural *fanshen* meant that young women could demand a

⁴²³ *Ibid.*, 7.

⁴²⁴ *Ibid.*, 17.

lighter workload and proper medical treatment during pregnancy. It also portrayed young women free from superstitious condemnation for having no children. Most of all, this idea of cultural *fanshen* required the acknowledgment of young women's voices and their requests that had not been valued before. For the CCP, childbirth was a daily event enabling the rural people to clearly see the effectiveness and benefits of these new ideas and practices on the safety and well-being of both the mother and baby. Indeed, the childbirth took everywhere, even in the remote villages. Therefore, by using midwifery reform, the CCP wished to deliver its reform intention to the people's daily lives.

In sum, the CCP's ideology that the Party had to redefine its modernizing intentions in the context of the masses' daily lives and their practical needs shaped the ways in which the midwifery reform was presented to people. The Party propaganda defined the reform as a method to realize people's lifelong hopes of having numerous offspring and the traditional midwives as the ones who needed to be unified as well as reformed. The Party especially privileged the credibility and authority of old-style midwifery as a virtue that reformers had to learn from them. Even when the Party demanded changes of conventional social norms and unhygienic midwifery practices, the Party propaganda selected a term that already held very positive connotations in the minds of rural people.

Why and how the CCP developed such a unique ideology is related to the historical situation that the Party faced during the early revolutionary period. During the Yan'an and land reform periods, the Party had to fight for its own survival in the hostile environments created by the GMD, Japanese imperialist power, and the suspicion and open-antagonism of landlords and rural elites. In other words, the CCP could not afford

to lose the masses' support while the Party carried out social reforms. In this light, the CCP's unique approach toward modernizing Chinese people was the very historical product of the Chinese revolution, and therefore we can call this distinct feature of the Party's modernizing ideology the "revolutionary modernity"⁴²⁵ compared with the GMD's Western Enlightenment model of modernization.

Revolutionary Modernity in the Handbooks for Rural Midwives

The CCP's unique definition of modernity stressing the dialogue between the Party's modernizing intentions and masses' practical needs shaped not only the ways in which the midwifery reform was presented in its propaganda, but also the ways in which "modern" medical knowledge was demonstrated in medical publications. In fact, as part of its ideology, the CCP molded its unique notion of "correct" knowledge to reflect the strong link between practice and knowledge, as spelled out by Mao in the following statement:

Discover the truth through practice, and again through practice verify and develop the truth. Start from perceptual knowledge and actively develop it into rational knowledge; then start from rational knowledge and actively guide revolutionary practice to change both the subjective and the objective world. Practice, knowledge, again practice, and again knowledge. This form repeats itself in endless cycles, and with each cycle the content of practice and knowledge rises to a higher level. Such is the whole of the dialectical-

⁴²⁵ Fangchun Li and Philip Huang in their observations of the practices of land reform and divorce cases during the Maoist period define the CCP's new epistemology that differed both from Confucianism and Western Enlightenment thought as "revolutionary modernity." (Li Fangchun, "Beifang tugai zhong de 'fanshen' yu 'shengchan': Zhongguo geming xiandaixing de yi ge huayu-lishi maodun sukao" ("Fanshen" and "shengchan" in North China's land reform: a study of the origins of a discursive-historical contradiction in China's revolutionary modernity), *Zhongguo xiangcun yanjiu* 3 (2005): 231-292 ; Philip C. C. Huang, "Divorce Law Practices and the Origins, Myths, and Realities of Judicial 'Mediation' in China," *Modern China* 31, no. 2 (2005): 180-182.

materialist theory of knowledge, and such is the dialectical-materialist theory of the unity of knowing and doing.⁴²⁶

Mao never understood “rational” knowledge to be real and reliable knowledge. For him, rational knowledge had to be verified and developed in actual context and practice in order to be truth. In other words, knowledge that does not work in practice is not the “correct” knowledge. Similar to its definition of modernity itself, the CCP emphasized the dialogue between “rational” and “objective” knowledge and the practical experience among masses, the target of applying the “correct” knowledge.

The CCP handbooks for the rural midwives are perhaps the best materials in which to examine how the Party’s unique understating of “correct” medical knowledge applied to midwifery reform. As their GMD counterparts did, the CCP midwifery reformers published various kinds of handbooks to popularize the Party’s version of the “scientific” method of midwifery in this early revolutionary period. About ten survival handbooks from this period made available for this research show distinct features of how the CCP’s revolutionary modernity intertwined with the medical knowledge of midwifery.⁴²⁷

⁴²⁶ Mao Zedong, “On Practice,” *The Selected Works of Mao Tse-tung*, vol. 1 (Beijing: Foreign Languages Press, 1967), 308-309.

⁴²⁷ The handbooks analyzed for this section are the following: Chuandong renmin xingzhenggongshu weishengting, ed., *Jieshengyuan shouce* (Handbook for midwives) (Chongqing: Chuandong renmin xingzhenggongshu weishengting jiaoyuke, 1951); Du Gongzhen, *Funü weisheng changshi* (Common knowledge of women’s hygiene) (Shanghai: Zhonghua shuju, 1952); Fang Jiong, *Yang wawa* (Childbirth) (Beijing: Beijing shudian, 1952); Lei Biqin, *Zenyang jiesheng* (How to practice midwifery) (Shanghai: Beixinshuju, 1951); Liu Benli, *Kexue jieshengshu* (Art of scientific midwifery) (Shanghai: Jia chubanshe, 1951); Shandongsheng renminzhengfu weishengting, ed. *Xinfajiesheng tujie* (Diagrammatic explanation of delivery by new methods) (Ji’nan: Xinhua shudian, 1950); Su Yingkuan, *Xinfajiesheng* (Delivery by new methods) (Ji’nan: Xinhua shudian, 1950); Su Yingkuan, *Xinchangben Funüweisheng* (Shanghai: Huadong renmin chubanshe, 1952); Wang Peizhen, *Zenyang yufang liuchan, zaochan, yu guaitai* (How to prevent miscarriage, premature birth, and abnormal fetuses) (Ji’nan: Shandong renmin chubanshe, 1952); Wang Deyi, *Ibid.*; *Xinchangben Funüweisheng* (Shanghai: Huadong renmin chubanshe, 1952); Zhongyang renminzhengfu weishengbu fuyou weishengju ed. *Xinfajiesheng* (Delivery by new methods) (Beijing: Zhongyang renminzhengfu weishengbu fuyou weishengju, 1951).

Correct Medical Knowledge and Experience

A common term in the handbooks that clearly illustrates the CCP's unique approach to midwifery reform is "delivery by new methods" (*xinfa jiesheng*). This term was sporadically used throughout the 1930s and 40s in both the GMD and the CCP documents to name the Western model of midwifery. Yet, soon after 1949 this term came to represent the CCP's unique popular model of midwifery reform in the handbooks for rural midwives differentiating the more professional medical knowledge of midwifery.⁴²⁸ In the handbooks, the CCP's popular model of "delivery by new methods" simply pinpointed six principles for safe childbirth:⁴²⁹ 1) disinfecting sanitary napkins by sunning, 2) washing midwives' hands and clipping fingernails, 3) sterilizing scissors with boiling water, 4) sterilizing perineum of the birthing women, 5) letting mothers give birth in supine position instead of in seating or kneeling position and 6) letting mothers lie down to take a rest after labor.⁴³⁰

These simplified principles for safer childbirth were designed mainly for the old-style rural midwives, who were mostly illiterate and had no basic education; these principles changed simple but crucial practices in childbirth. To meet this goal, some

⁴²⁸ Before 1950, this word might simply mean new way of midwifery. Other words such as *Xinde jiesheng fangfa*, *Xinshi jiesheng*, were used with the word, *Xinfa jiesheng*. But after 1950 *Xinfa jiesheng* came to represent the CCP's simplified model of midwifery. However, interestingly enough, no professional medical textbook during the early PRC period, as far as I could tell, used this term, "*xinfa jiesheng*."

⁴²⁹ "Yiwei gaizaohoude jieshengfa" (A midwife after reform), *Renmin ribao*, January 24, 1950; *Chuangdong renmin xingzheng gongshu weishengting*, *Ibid.*; *Lei Zhifang*, *Ibid.*; *Yunnansheng weihengting*, *Ibid.*

⁴³⁰ In rural China, it was believed that the new mother should maintain the sitting position, lest the polluted blood rise to the mother's body again (Fang Jiong, *Ibid.*, 15).

handbooks even turned these main principles into a song⁴³¹ or used only diagrammatic explanations.⁴³² Most of the handbooks used many diagrams and pictures in relation to text. In so doing, the CCP reformers intended to make their knowledge more accessible following the Party's notion of "correct" knowledge. The reformers claimed that this simplified "delivery by new methods" took only one to two weeks to complete. No matter whether their claim was true or not, these simplified principles for safe childbirth demonstrate how the CCP reformers 1) were aware that many rural midwives had given up formal learning or had failed to keep practicing scientific Western midwifery because it was too difficult and detailed to master and 2) actively solved the problem by reshaping the way in which the knowledge was presented to their target audiences.

In addition, the CCP handbooks replaced difficult jargon with rural expressions that local people easily understood, and replaced expensive medicine and equipment with items that villagers could easily find in their daily lives. For example, to avoid medical jargon such as *jiasi* (suspended animation), *panguang* (urinary bladder) and *zigong* (the uterus), many handbooks adopted local terms for each of these words: *mensheng*, *niaopao*, and *yigeda* respectively.⁴³³ In a similar manner, instead of using the term *xijun* (a medical term for bacteria), some handbooks selected the word "*du*" (poison) or "*feng*" (wind)⁴³⁴ while others chose "*xiao chongzi*" (small worms) to explain why the rural midwives had to sterilize their scissors and hands with boiling water and alcohol before

⁴³¹ *Xinchangben Funüweisheng* (Shanghai: Huadong renmin chubanshe, 1952).

⁴³² Fang Jiong, *Ibid.*.

⁴³³ Chuandong renmin xingzhenggongshu weishengting ed., *Ibid.*, 4; 52 and Su, Yingkuan, *Ibid.*, 1.

⁴³⁴ Wang Deyi, *Ibid.*, 15-16; Su Yingkuan, *Ibid.*, 8.

assisting mothers with childbirth. The materials that the handbooks suggested using to practice “delivery by new methods” are also all very common items in rural areas: oiled paper, a wash bowl, a towel, scissors, and cotton wool; the one exception was silver nitrate to drop in newborn’s eyes. Some handbooks suggested using liquors of higher than 60 percent alcohol content instead of pure alcohol that rural people had to purchase special ⁴³⁵and indicated that boiled salt water could be used as a substitute for silver nitrate.⁴³⁶ For the authors of the handbooks, the “scientific” and “rational” knowledge and instruction that rural people had difficulty understanding or following was not “correct” knowledge. In a sense, the “delivery by new methods” in handbooks was a consequence of the CCP’s ideological approach to what constitutes “correct” knowledge.

Importantly, the kinds of knowledge covered in these handbooks also show what “correct” knowledge meant to the CCP midwifery reformers. Unlike most professional medical books of midwifery that were fractionalized and solely covered childbirth and midwifery itself, many CCP handbooks for midwifery also dealt with issues of menstruation, pregnancy, postpartum care, and nursing. That is, they aimed to provide comprehensive knowledge of the health of women and infants. Considering that rural villagers had little access to professional gynecological and pediatric medical care, the reformers expected midwives to play a significant role as general health managers of local women. By violating the principle of fractionalization in the development of

⁴³⁵ Chuandong renmin xingzhenggongshu weishengting ed., *Ibid.*, 34.; Fang Jiong, *Ibid.*, 16.

⁴³⁶ *Ibid.*, 48.

medical education, the handbooks of midwifery reform attempted to meet locals' practical needs.

“Delivery by New Methods” and Difficult Childbirth

The CCP Party's treatment of problematic childbirth clearly illuminates how the Party's popular model of “delivery by new methods” reflected its unique notion of “correct” knowledge. The treatment of such difficult cases also shows how this model was different from the GMD's model of midwifery reform. In the GMD's model these cases were described as “abnormal deliver[ies]” (*yichang fenmian*), and only physicians could treat such cases. Thus one of the key points of the GMD programs to retrain old-style midwives was to identify “abnormal” cases in advance and inform physicians. However, none of the ten CCP handbooks for midwifery reform reviewed for this section used the term “abnormal delivery.” Instead, they used the more traditional term “difficult childbirth (*nanchan*),” or the more descriptive term “unexpected situation (*yiwaide*).” Some handbooks used no term at all; for these cases they simply described the situation. For example, they said “if an infant is born with its hand first, here is the therapy” or “if the placenta does not come out after the baby, please follow this instruction.” In the handbooks of “delivery by new methods,” problematic cases were merely one type of situation that midwives might deal with during delivery.

As we can expect, although the handbooks strongly recommended asking physicians for help when complications arose, handbooks for “delivery by new methods” did not exclude retrained midwives from dealing with problematic cases. Instead, they

instructed midwives to use whatever methods were available to them if physicians were not available. In fact, the handbooks provided several specific tips. For example, one handbook suggested that midwives feed sugar water or opium liquor to vitalize the birthing woman when she became too exhausted due to hard labor. They also indicated that Chinese acupuncture, which is cheaper and easier to access, worked for collapsed wombs.⁴³⁷ The point of the handbooks was not simply to distribute “scientific” Western medical knowledge, but was to teach a practical method of safe childbirth under the given conditions.

The CCP’s midwifery reformers’ willingness to accept the given conditions of rural China becomes even more apparent when some of the handbooks encouraged rural midwives to perform operations in cases of emergency. Instead of waiting for doctors when an infant is born with a hand first, as the Republican reformers advised, the *Zhuchan changshi* (Common knowledge of midwifery) encouraged the retrained rural midwives to push the infant back into the womb and turn the infant to the right orientation. It recommended that if this failed, they should cut the infant’s body to save the mother. The handbook stressed that if they misjudged the timing, such an error would cause the death of both the mother and infant. In addition, *Zhuchan changshi* never failed to mention the importance of sterilizing equipment.⁴³⁸ Considering village realities, in which access even to old-style Chinese doctors was very limited,⁴³⁹ admonitions such as

⁴³⁷ Wang Deyi, *Ibid.*, 33; 45.

⁴³⁸ *Ibid.*, 36-40.

⁴³⁹ In spite of C.C.Chen’s remarkable effort to build a public health system in Dingxian, Hebei in the early 1930s, a survey in 1933 done after his attempt, shows that only 4.3 percent of the Dingxian population

waiting for obstetricians in extremely dangerous cases did not suit village life. Again, for the CCP midwifery reformers the medical knowledge that did not work in practice had to be changed to fit reality and the given conditions.

Medical Knowledge as a Tool for Building a New Chinese National Culture

Developing the model of medical reform for rural areas did not simply mean that the CCP reformers had to passively accept the given conditions of rural China. The Party reformers required necessary changes in rural practices and in the conservative notions of childbirth to carry out childbirth more safely. Furthermore, the CCP reformers clearly viewed the midwifery reform as a vehicle to liberate women from the “superstitions” and conventional beliefs that had oppressed them.

For the CCP medical reformers, the lack of access to proper medical professionals and equipment was not necessarily the most crucial obstacle of the reform; rather, it was the conservative attitude of rural people, especially how it affected the manner in which they could talk about midwifery practices and women’s bodies. Reformers argued that such an attitude made the reform impossible from the very beginning.

For “mother’s milk,” we cannot say “milk,” we just say the food [of infant]. If we say “vagina,” the village people don’t understand. But it is also uncomfortable to say the place where urine comes out. We don’t even dare to say “belly,” “breast.” Once we mention that, then our faces turn red. For the word “pregnant women” we did not dare to say “pregnant women.” Just say that, this, it. Even when we clearly see someone has a big stomach, all we can use is a pronoun. Thus, we can’t carry out our reform. One of our comrades gathered more than one hundred women. But once he started the lecture, all their faces turned red, and many left giggling, and a few did not leave because they just couldn’t move due to shame. Thus, nobody showed up for the next lecture. So if we intended to carry out the

relied on Western medicine, while 67 percent still relied on traditional Chinese doctors and 27.8 percent had no access to any kind of health personnel. Li Ting’an, *Zhongguo xiangcun weisheng wenti* (On public health in rural China) (Shanghai: Shangwuyinshuguan, 1935), 113.

midwifery reform, first, it would be necessary to struggle against this kind of *feudalism* (*fengjian*), and then, we could talk to women. ... Once the women escape from feudalism, we can discuss anything with them.⁴⁴⁰ (my stress)

This quotation, taken from the introduction of Wang Deyi's *Zhucan changshi*, clearly points out what the reformers regarded as their biggest obstacle in educating the masses; Wang recognized that the villagers believed that discussing the physical body in public was inappropriate, and he identified such beliefs as part of feudalism (*fengjian*). In fact, the word *fengjian* circulated among Chinese revolutionaries to collectively name all sorts of things that prevented China from being a modern society. Originally, Chinese revolutionaries began to point to landlordism as the most obvious criteria characterizing China as a traditional feudal society (*fengjian shehui*), because such a system allowed landlords to rule their tenants in person instead of using the capitalist market mechanism.⁴⁴¹ Later, during the Chinese revolution, the CCP widely used *fengjian* to identify what China had to remove to build a new society.⁴⁴² By using the term *fengjian*, Wang clearly nailed down the villagers' conservative attitude toward talking about women's bodies in public as what the revolutionaries had to struggle against.

Similarly, most handbooks targeted the masses' conservative and negative attitude of women's bodies as *fengjian*. For example, the *Xinfa jiesheng* (Delivery by New Methods), edited by the Bureau of Female and Infantry Health in the Ministry of Public

⁴⁴⁰ Wang Deyi, *Ibid.*, 1-2.

⁴⁴¹ In this sense, this word reflects Stalin's dogma that the human society lineally develops from feudal society to capitalist society.

⁴⁴² Gail Hershatter also briefly mentions how the word "feudal" was employed by locals to resist Chinese conventional ideas. Gail Hershatter, *Dangerous Pleasures: Prostitution and Modernity in Twentieth-century Shanghai* (Berkeley: University of California Press, 1997), 22-23.

Health (*Zhongyang renminzhengfu weishengbu fuyou weishengju*), criticized people's reluctance to talk about pudendum and treat related health concerns.

Before [the revolution], nobody dared talk about women's pudendum. Also, nobody dared let other people see that. Even when women get sick, they had to endure by themselves [without any medical help]. Everybody says that [pudendum] is dirty and an inferior part of the body (*xiashen*, literally "lower body"). However, who "under the heaven above the earth" did not come to this world without passing through it? Now we women are liberated! We should not believe such superstitions and the expressions that speak negatively about us. Such expressions that look down on us should not exist. If we don't protect [pudendum] well, then we will have menstruation problems, leucorrhea, even be not able to have a child.⁴⁴³

Again, this national bureau officially declared such a negative view of women's bodies, especially pudendum, as a type of feudalism that the Chinese people had to overcome. Moreover, the Party identified the changes of this conservative attitude as women's liberation.

Many handbooks devoted themselves to correct "superstitions" and "wrong views" associated with childbirth and women's physiology. For example, like many midwifery textbooks during the GMD period, the first chapter of several CCP handbooks covered the basic anatomy of women's bodies or the process of pregnancy. However, there were huge differences between these the GMD textbooks and the CCP handbooks in their manners of describing the anatomy of women's bodies. As Frank Dikötter's study of the medical discourses during the Republican period (1911-1949) demonstrates, by showing anatomic structure of the human body and analyzing the process of pregnancy, the medical books during the Republican period described women as the weak and passive sex, using the metaphor of a passively waiting female egg versus the actively moving

⁴⁴³ *Zhongyang renminzhengfu weishengbu fuyou weishengju* ed., *Ibid.*, 25.

male sperm.⁴⁴⁴ However, the lesson from the same physiological phenomenon that the CCP handbooks delivered differed considerably from their Republican counterparts. Using the same physiological process of conception, the CCP handbooks challenged the people's common condemnation of women for being barren (they called such condemnations *fengjian*).⁴⁴⁵ According to the authors, because the baby was made by a combination of both egg and sperm, the infertility of a spouse could be equally caused by the problems of the men including venereal diseases or lack of sperm; therefore, blaming only the women for failing to conceive was presented as having no scientific ground. Considering the social pressure on women who failed to produce a child in rural China, this new knowledge could have freed many women from lifelong self-condemnation and humiliation.

Several handbooks presented chapters on menstruation illustrating a similar theme. In the Republican period, the medical discourse of menstruation portrayed women as emotional and less stable sex that required the control and guidance of men.⁴⁴⁶ Although there is little way to know with certainty how rural Chinese peasants viewed women's menstruation, the CCP handbooks state that many peasants characterized it as a "polluting events."⁴⁴⁷ According to these handbooks, villagers believed that they should

⁴⁴⁴ Frank Dikötter, *Sex, Culture, and Modernity in China*, 24-26.

⁴⁴⁵ Su Yingkuan, *Ibid.*, 2-4; Chuandong renmin xingzhenggongshu weishengting, ed., *Ibid.*, 12.

⁴⁴⁶ Frank Dikötter, *Ibid.*, 40-42.

⁴⁴⁷ Zhongyang renminzhengfu weishengbu fuyou weishengju ed., *Ibid.*, 8.

not expose such “polluted stuff” like sanitary napkins to others: such exposure was believed to conjure annoying spirits and gods resulting in difficult childbirth.⁴⁴⁸

However, the CCP handbooks strongly opposed to the villagers’ beliefs in viewing menstruation as polluting events. They stressed that by not using sanitary napkins, it might result in health problems as well as infertility in women.⁴⁴⁹ Furthermore, those handbooks described women’s menstruation as a positive physiological phenomenon proving women’s reproductive ability. Those handbooks particularly emphasized that women should not be embarrassed and should take more rest and special care during menstruation.

The CCP handbooks criticized not only peoples’ conservative attitudes toward women’s bodies, but also the established practices that damaged women’s health. For example, Chinese rural wisdom prevented new mothers from lying down for five to ten days after childbirth. Rural people widely believed that because women’s blood was polluted by childbirth, new mothers had to rid themselves as much as possible of “polluted” blood by not lying down. This practice might have originated from people’s experience, because indeed many women suffered from infection caused by the midwives’ hands. However, keeping women upright often caused excessive bleeding and the death of the mother as a result. By observing the problems associated with this

⁴⁴⁸ Chuandong renmin xingzhenggongshu weishengting, ed., *Ibid.*, 6-10.

⁴⁴⁹ *Ibid.*, 6-10.

practice, the CCP's handbooks claimed that it deprived women of rest and life, and thus strongly opposed it.⁴⁵⁰

To sum up, for the CCP, the correct medical knowledge, presented as “scientific” knowledge, was a tool to change people’s conservative views of women’s bodies and established practices that harmed women’s health during childbirth. Therefore, the CCP’s handbook actively demanded rural villagers to change their long term beliefs and practices by claiming that those beliefs and practices has no “scientific” ground. In this sense, the “scientific” medical knowledge in the handbooks was not value-free knowledge, but a revolutionary tool to reshape Chinese society in terms of gender issues.

Who Should be Trained? The Gap between Ideology and the Handbooks

Although, as we saw above, the CCP’s unique ideological setting strongly shaped the medical discourse and the ways in which “scientific” medical knowledge was presented in the handbooks for rural midwives, it should be mentioned that the handbooks did not merely reflect the Party’s ideology. The gap was found in the question of who should be trained in the Party’s retraining program for old-style midwives. According to the Party ideology, the correct answer was simple and obvious: the traditional style midwives who practiced midwifery in the villagers. The Party officially positioned them as the objects of unification. Additionally, the Party privileged their authority and credibility as a crucial virtue that the Party reformers had to achieve.

⁴⁵⁰ Fang Jiong, *Ibid.*, 25.

However, some handbooks were suspicious of the Party's ideological description of old-style midwives.⁴⁵¹ While they still acknowledged that the old-style midwives had authority over locals and retraining them might be the best strategy to popularize the "scientific" method of midwifery, they doubted the effectiveness of teaching rural midwives new methods. According to some authors, it was the old midwives' authority and self-confidence that prevented the reform from being effective. This was so because they were not encouraged to accept the intrusion of the Party into their territory. Accepting the Party's version of new midwifery in turn accepted the denial of the skills that they had employed for such a long time. Therefore, it is not surprising that the older midwives were reluctant to join the Party's "reforming" program since it so obviously undermined their authority in their villages. These authors also argue that the old age of these old-style midwives made learning new ideas such as sterilization and germ difficult for them.

In presenting the difficulty in retraining the old-style midwives, these same handbooks suggested training the middle-aged village female cadres.⁴⁵² On the one hand, these middle-aged village female cadres suited the retaining program because they shared the Party's reform intentions and were willing to participate in the program as a part of their revolutionary duty; on the other hand, they were eligible for the program since they too enjoyed a level of authority and credibility. In addition, they were younger and believed to be able to acquire new knowledge more easily. Yet, by doing so, they

⁴⁵¹ Zhonghua renminzhengfu weishengbu fuyou weishengju ed., *Ibid.*, 10-11.

⁴⁵² Zhongnan junzhengweiyuanhui weishengbu nongcunweisheng yuanjiushe ed., *Ibid.*, 2-3.

followed the Party's idea of accepting real local conditions. In this light, we can still see how the CCP's unique modernizing strategy of the dialectic synthesis of the Party's modernizing intentions and the masses actual needs strongly shaped the ways in which the medical knowledge was organized and presented in the popular handbooks for rural midwives.

How to Make Ideology Real: The CCP's Reform Policies in Practice

In order to know how the CCP conceptualized its midwifery reform, we need to know not only how they *talked* about the reform in their propagandas and medical publications, but also how they *acted* to bring changes in the delivery room. This section will therefore examine how the CCP's policies and strategies to carry out the reform in practice reflected and intertwined with the Party local cadres' motivation to reform, their limited access to human and material resources, and people's living conditions. By doing so, this section will illuminate how the CCP's revolutionary modernity emerged and was applied to the reality of these rural situations. In particular, because the Party's administrative and economic resources were very limited during this early revolutionary period, mobilizing material and human resources for the midwifery reform required more than paying lip service to the importance of the reform or glorifying the old-style midwives' indigenous knowledge; conducting the reform in practice demanded real dialogue and daily struggle between the modernizing will of the Party and the actual living conditions of the rural people in order to maximize the effects of the reform and

minimize the resistance of the masses, the main goal of the CCP's "revolutionary modernity."

In fact, for those local Party organs and cadres assigned to carry out the reform, achieving the Party's goals of midwifery reform within the given conditions involved more specific concerns such as: 1) how to train old-style midwives in "scientific" medicine and make them keep practicing what they learned in the program, 2) how to improve women's position in society by conducting the reform, and finally, 3) how to inspire and organize village cadres and medical workers who were expected to mediate between the Party and local villagers. Therefore, this section will specifically examine 1) the retraining program for old-style midwives, 2) mass meetings for midwifery reform and voluntary participation of village female cadres and activists, and 3) the childbirth station, the midwifery network, and the system of apprenticeship in rural areas. These policies and features of the reform, being most often mentioned in the local administrative documents, work reports, local gazetteers, and interviews with village cadres and medical workers in both Shanxi and Hebei provinces, have been chosen so as to gain access to the real actions of local CCP cadres and reformers.

The Retraining Program as an Experimental Lab for the Revolutionary Modernity

The retraining program for the old-style midwives was the most crucial part of midwifery reform in this period. Archival materials suggest that by 1952, most counties in both Shanxi and Hebei provinces conducted county-level retraining courses that educated several hundred participants for seven days to two weeks at least one time. For

this province-wide reeducation program, Shanxi province allotted 5.47 percent of its total budget to the Bureau of Public Health in 1950 and 3 and 2.8 percent in the following years.⁴⁵³ Hebei province, while not spending as much, still spent 1.15 percent in 1951.⁴⁵⁴ Considering these provinces had to give priority to treating wounded soldiers, managing medical schools, and building hospitals, the spending on the retraining program was considerable. More specifically, the provincial government allocated money for feeding teachers and students during the retraining programs and printing textbooks for the classes. By 1951, about 30,000 people went through this program in both provinces⁴⁵⁵ and 80,000 copies of *Zenyang jiesheng* and *Yang wawa* were printed in Shanxi province alone.⁴⁵⁶ Understanding that the basic goal of the midwifery reform was to disseminate this “safer” and “scientific” method of midwifery to the locals, it is unsurprising that the CCP made such considerable efforts to re-educate old-style midwives in rural areas.

However, if we take a closer look at what these midwives learned and how they learned in their re-education program, we find that the CCP local cadres viewed this program, not as a simple basic biomedical midwifery class, but as an experimental lab to realize what I call “revolutionary modernity” in the previous section, which stressed the dialogue between Party’s reforming will and local conditions. How local cadres managed

⁴⁵³ SPA C89-7-1; C89-7-2; C89-7-3.

⁴⁵⁴ HPA 1027-1-350.

⁴⁵⁵ 11,625 people in Shanxi province and 18,433 people in Hebei province. See Hebeisheng difangzhi bianzuan weiyuanhui, ed., *Hebeishengzhi yiyao weishengzhi* (Annals of the Bureau of Medicine and Public Health in Hebei province) (Shijiazhuang: Hebei renmin chubanshe, 1992), 279; Shanxisheng difangzhi bianzuan weiyuanhui, ed., *Shanxishengzhi weisehngyiyaozhi weishengbian* (Annals of the Bureau of Public Health and Medicine in Shanxi province, the volume of public health) (Xian: Shanxi renmin chubanshe, 1990), 261.

⁴⁵⁶ *Ibid.*, 261-262.

the program is clearly illuminated in the retraining course for old-style midwives in Ding county, Hebei province. In June 1952, local cadres in Ding county launched its second training program.⁴⁵⁷ They chose 235 mainly old-style midwives and divided them into 12 subgroups to increase the efficiency of the training course.⁴⁵⁸ The CCP cadres' intentions with regard to reform are clear in the daily timetable of the course presented in Table 6-1.

Table 6-1. Daily Timetable of Old-Style Midwives Retraining Program in 1952 Ding County⁴⁵⁹

Time	5:30	5:30-6:00	6:00-8:00	9:00-12:00	12:00-1:30
Activities	Getting up	Discussion	Breakfast	Classes	Nap
1:30-4:30	4:30-5:30	5:30-7:30	7:30-9:00	9:00-9:30	9:30-
Discussion	Dinner	Break	Discussion	Break	Sleep

What is most striking is that this schedule dedicated more time to discussion than passively learning the new medical knowledge.⁴⁶⁰ More specifically, the midwives in training had five hours of daily discussion and only three hours of lectures. In order to better understand the nature of these discussions and their importance in the training, a work report from Hebei provincial government for the program was consulted. This report suggested using these discussion sections for talking about how old ideas of women's menstruation stigmatized women, how old superstitions and social taboos limited women's outdoor activities by scaring them, and why midwives should protect

⁴⁵⁷ In its first one-week, the training course, held in December of 1951, had 378 participants from 291 villages. (DMA 8-1-36) However, unfortunately, the archival material that details this first training course was severely damaged by time and weather. In addition, this document was written by hand and is very difficult to read.

⁴⁵⁸ DMA 8-1-67.

⁴⁵⁹ Ibid.

⁴⁶⁰ HPA 899-1-50.

women' perineum during childbirth.⁴⁶¹ The work report also indicates that the local cadres asked old-style village midwives local terms to replace difficult medical jargon in the discussion sections.⁴⁶²

This discussion-centered daily timetable and the discussion topics in the guide book strongly suggest that the CCP local cadres designed the midwifery retraining program, not as biomedical training being forced from top-down, but as the very meetings where both the modernizer and the modernized interplayed. Although the discussion topics and answers were probably prearranged by the Party cadres, some work reports discussed how reformers found local practices to be sometimes superior. For example, the cadres in Shijiazhuang area in Hebei province discovered that the local midwives used candlelight to sterilize scissors to cut the umbilical cord; they were therefore able to assist childbirth safely without using alcohol as was suggested by the Party. From here we can witness that the midwives were not passive consumers of the "advanced biomedical knowledge," but also active players in the discussion sections of program.

Similarly, the ways of local Ding county cadres' to organize the daily curriculum of the course, presented in the 6-2, shows that they saw the midwifery retraining program, not only as a medical class, but also as a place to infuse the rural midwives with revolutionary ideas.

Table 6-2. Daily Curriculum of Old-Style Midwives Retraining Program in 1952 Ding County⁴⁶³

⁴⁶¹ Ibid.

⁴⁶² Ibid.

⁴⁶³ DMA 8-1-67.

Day	Class Focus
1 st	Correct political thoughts as a midwife
2 nd	Structure of women's sexual organs and menstruation
3 rd	The causes of pregnancy and the change in women's bodies after pregnancy
4 th	Prenatal examination
5 th	Protecting perineum of the birthing women and the benefit of supine position over seating or kneeling position during birth
6 th	The reason for tetanus neonatorum and how to prevent it from happening
7 th	How to treat emergency cases such as excessive bleeding of birthing mothers.
8 th	Postnatal treatment and nutrition
9 th	How to treat asphyxiation of the infant
10 th	Prevention of epidemic among children
11 th	Regulations regarding midwives
12 th	How to popularize new methods of midwifery

As we can see, their lecture classes began with political education about why midwives should overcome *fengjian* ideas. Continually, the classes focused on how to appropriately view women's sex organs, menstruation, and gender roles in reproduction. Reflecting the CCP handbooks' criticisms of the stigmas toward women's sexual organs and menstruation, and their condemnation of believing barren women to be *fengjian*, this daily curriculum also aimed to challenge existing rural stigmas of women's physical bodies in addition to providing practical medical knowledge.

Local cadres' concerns of combining medical and ideological purposes in the re-education program are also evident in its graduation ceremony following the two-week course. In their work reports, local cadres and reformers often expressed worry that once their students returned to their villages, they would have little means to ensure the continued practice of what they learned in the course. There were other worries about

whether students had the authority to implement such practices.⁴⁶⁴ Local reformers and cadres were also aware that many of the old-style midwives in the retraining program had little interest in practicing the Party's reform. Many old-style midwives joined the program simply because village cadres threatened them; cadres, for instance, told midwives that if they caused deaths during childbirth, they would be imprisoned.⁴⁶⁵ Given that the Party had limited administrative power over many rural villagers and few rural people welcomed the Party's intrusion, the local cadres worry was not surprising.⁴⁶⁶ In order to encourage and convince their students to practice the Party's method of delivery and to carry out its reform, the local cadres held splendid graduation ceremonies for their students. It was suggested that the Party awarded certificates as a symbol of the Party's support, and sent them to their home villages with trucks to demonstrate their authority as the Party's representative.⁴⁶⁷ In other words, by fully using the symbolic power of the Party, the local cadres attempted to authorize the retrained midwives as "the Party's people."

In short, we can observe how the CCP's unique approach toward modernity materialized specifically in the ways in which the local cadres conducted the retraining program for old-style midwives. Medical knowledge was redefined by both the revolutionary goal of the Party and the local knowledge. Furthermore, the midwives'

⁴⁶⁴ HPA 899-1-50.

⁴⁶⁵ Ibid.

⁴⁶⁶ The limit of the CCP's power over villages in this period is clear in the case of its marriage reform. As shown in other studies, if rural people resisted the party's reform plan, the party had little means to change their minds. See, Judith Stacey, *Ibid.*; Kay Ann Johnson, *Ibid.*

⁴⁶⁷ HPA 899-1-50.

authority and credibility among people were seriously considered as an important part of the reform in addition to the knowledge itself. It is in this way that the training course served as an experimental lab for “revolutionary modernity.”

Mass Meetings for the Midwifery Reform and Local Female Cadres in Rural Areas

Although local cadres of the CCP had very limited means to carry out reform in rural villages, they attempted to do so by providing agency to village activists and village female cadres. These attempts at implementing reform can be seen in the language used during the village mass meetings for midwifery reform. As we have seen in the sections above, the key strategy taken by the CCP cadres and reformers to popularize midwifery reform was to forge ties between land reform and midwifery reform. In fact, local cadres and reformers tried to link the Party’s method of midwifery to women’s liberation, so-called “*fanshen*,” as well as local childbirth practices and rural conservatism to “feudalism” (*fengjian*), in the village mass meetings. During the Land Reform, from 1949 to 1952, the CCP sent its land reform work teams into every village and redistributed land to peasants. Before redistributing land, the work teams held meetings for class struggle and encouraged poor peasants to criticize the “landlords” who had been “exploiting” them.⁴⁶⁸ To justify land confiscation from “landlords,” the poor peasants usually spoke out about the hardships and sufferings of their lives under “feudal” exploitation of “evil”

⁴⁶⁸ According to Philip Huang’s study on land reform and the discourses used in the class struggle meetings, there were very few landlords in rural villages. In fact, most “landlords” criticized in such meetings were merely rich peasants. Therefore, the discourse of criticizing landlords was an ideological construction of the CCP rather than the direct reflection of rural reality. Philip C.C. Huang, “Rural Class Struggle in the Chinese Revolution: Representational and Objective Realities from the Land Reform to the Cultural Revolution,” *Modern China* 21, no. 1 (1995): 111-119.

landlords— such narratives were called “*suku*” (speak bitterness). According to local gazettes and work reports, midwifery work teams in villages also adopted this strategy.⁴⁶⁹ In the mass meetings, women’s sad memories of losing children and the ruining of their health were also considered acts of “*suku*.” When old mothers-in-law complained about “delivery by new methods,” the reformers “persuaded” them that the “old midwifery” was a part of “feudalism” that they had to overcome. By capturing the problems in traditional midwifery with the language of land reform, they made the reforms a part of the revolution, a revolution that helped the women who had been subordinated and suppressed by “feudal” Chinese culture.⁴⁷⁰

Such ties between the language of land reform and midwifery reform in village mass meetings not only encouraged old-style midwives who were retrained to practice what they learned in the retraining course, but also helped young village women and female cadres to view midwifery reform as their own revolutionary task. In the Zhaicheng village in Ding county where I conducted interviews, Qin Shufang, a legendary CCP revolutionary and model cadre of the village, reacted so strongly to this calling that she took the retraining course.⁴⁷¹ In Qin’s case, she viewed midwifery reform as a major task of her village women’s federation. In fact, she also encouraged young

⁴⁶⁹ In Sichuan, Land Reform Public Health Work Teams (*Tugai wiesheng gongzuodui*) carried out the midwifery reform (Sichuansheng difangzhi bianzuan weiyuanhui, *Ibid.*, 313); “Jieshao Zhouxian weishng shiyanqu de jingyan” (Introducing the experience of the Zhou County Public Health Experimental District), *Remin ribao*, April 18, 1950.

⁴⁷⁰ “Yiwei gaizaohoude jieshengfa” (A Midwife after reform), *Renminribao*, January 24, 1950.

⁴⁷¹ Qin Shufang, later learned midwifery by herself and very actively practiced it until she died in the 1980s. In her case, she took this reform as a task of women’s liberation and put forth a great deal of effort to be a true CCP cadre. Besides literacy class, the midwifery reform was her major activity as the head of the village Women’s Federation since the 1950s. (Interviews with Han Yanke and Xu Qingguo, July 5-7, 2005)

village girls, such as Qin Yantong, who later became the head of the village women's federation, to also complete the program. In other words, the midwifery reform indeed became a revolutionary task for female village cadres and young activists who were eager to find within the confines of their rural lives new ways in which they could participate in the revolution.

The CCP's exemplary role model for rural female activists also reflected this revolutionary discourse of midwifery reform. CCP propaganda, *Mofan Jieshengyuan Lou Guixiang* (A Model Midwives Luo Guixiang), contained the story of Luo Guixiang. In her case, she was inspired by the CCP's revolutionary ideas during the midwifery reform and determined to serve people and be a part of the revolution by becoming a midwife.⁴⁷² Later, because of her devotion to the people and to the revolution, she became a leader of the village Women's Federation and a head in the township government later. The theme running through this didactic story is that the midwifery reform was the revolutionary task; it helped women to protect their health and serve people in practice. In fact, it was not an accident that among the 1063 female cadres working in Shanxi province in 1951, 552 (more than 51 percent) were working in midwifery reform programs.⁴⁷³ Indeed, the revolutionary discourse of midwifery reform created the role model for female cadres and activists.

Childbirth Stations, Midwifery Networks, and the System of Apprenticeship

⁴⁷² *Mofan Jieshengyuan Lou Guixiang* (A model midwives Luo Guixiang) (Nanchang: Jiangxi renmin chubanshe, 1953).

⁴⁷³ Shanxishengzhi yanjiuyuan, ed., *Ibid.*, 292.

Condemning the old-style practice of midwifery as feudalism and inspiring young activists with revolutionary slogans was much easier than persuading rural villagers to accept the Party's version of midwifery. In order to put the Party's reform into practice, local cadres and reformers built childbirth stations (*jieshengzhan*), organized midwife networks (*jiesheng xiaozu*), and organized a system of apprenticeship (*tudi*) between elder old-style midwives and young activists. These three systems all aimed to assure that the retrained midwives continued practicing what they had learned in the retraining course and increased their authority of the new "scientific" method among rural villagers.

Although the CCP ideology claimed that once the local midwives mastered this "scientific" midwifery, they would be able to treat complicated cases, the local cadres and reformers were fully aware that this shift in responsibility was very difficult to achieve. They also knew that, in spite of the Party's claim of teaching simple and functional skills, the two-week retraining course was hardly enough for old-style midwives to learn much practical medical knowledge. Their work reports often mentioned that many locals distrusted the Party's midwifery reform once they found that retrained midwives were still unable to manage complicated cases.⁴⁷⁴ Also indicated in their work reports was the claim that many old-style midwives still did not know how to sterilize scissors even after the two-week retraining program. Certainly, local cadres sensed that ideological infusing alone was not enough to bring "real" changes in the delivery room.

⁴⁷⁴ HPA 899-2-44.

In order to solve these problems, the local cadres designed midwifery stations in the township and appointed to these stations better-educated personnel (ideally with at least two years of medical education). These personnel were expected to deal with complicated cases and to screen old-style midwives' practices and continually retrain them. Indeed, many local female cadres willing to devote their lives to this task were trained in six-month or even two-year midwifery schools for cadres.⁴⁷⁵ Financial support was also available for this task. Local documents from Hebei province evidence that the provincial governments provided three million yuan for each of the 69 county childbirth stations in 1952.⁴⁷⁶ Also in 1952, the same government distributed additional financial support to the rural childbirth stations to treat poor locals. The budget for this project aimed to support 6320 normal cases and 620 complicated cases.⁴⁷⁷ According to regulation, those mothers who met the township's criteria for poverty were able to receive free treatment from the childbirth stations, the cost being paid by the local government. With this institutional reassurance, local cadres hoped that the locals would develop respect for their safer method of midwifery.

Additional institutional support developed for rural midwives was the creation of midwife networks. Instead of high-cost childbirth stations, many reformers encouraged rural female cadres to organize networks for midwives' that kept communication open between old-style rural midwives. Rural midwives were supposed to meet once every 15

⁴⁷⁵ HPA 900-2-16; HPA 713-1-25.

⁴⁷⁶ HPA 817-1-11.

⁴⁷⁷ *Ibid.*

days to discuss their experiences and screen each other's skills. Although there are few records to show exactly how this system worked in rural villages, a local gazette states that in 1953 alone 1176 such networks were organized in Hebei province.⁴⁷⁸

Lastly, the work reports of local cadres strongly suggested that the system of apprenticeship between elder old-style midwives and young activists was successful in helping the new midwifery take root among the locals. According to these reports, the village cadres sent the younger family members of old-style midwives to the retraining course instead of the old-style midwives themselves. They then allowed the trained younger members to work with their elder old-style midwives as an apprentice. Local cadres reported that elders often had difficulty implementing the new skills even after retaining and that young activists, in spite of their enthusiasm and basic medical knowledge, faced obstacles owing to their lack of experience and credibility among locals. Therefore, by encouraging them to work together, the local cadres found that elders could follow the Party's guidelines for safer delivery with the help of young activists, and at the same time, young activists became more experienced and therefore credible among the villagers.⁴⁷⁹ This strategy was particularly effective because adopting the younger women as apprentices helped the elders maintain their authority within their villages. As such, the elders were quite willing to accept these young women as apprentices.

⁴⁷⁸ Hebeisheng difangzhi bianzuan weiyuanhui, ed., *Ibid.*, 279.

⁴⁷⁹ HPA 899-2-44.

These methods and strategies employed by the CCP cadres to mobilize village female cadres, activists and old-style midwives show how they managed to conduct the reform amidst struggles with limited human and material resources. By using revolutionary passion generated through land reform, they effectively called upon the will of locals. At the same time, it was the revolutionary discourse of midwifery reform that helped the reformers to earn the financial support from local governments for aiding poor birthing mothers and building local childbirth stations. With these efforts, the Party cadres were able to confront issues such as the poor skills of trained midwives, low morale, and lack of motivation that the CCP ideology did not thoroughly address.

It should also be mentioned that it was the local cadres and reformers' lack of practical means to manage local midwives that made them select this ideological mobilization. In other words, because local cadres and reformers had few medical facilities, trained practitioners, and little money to maintain them, they had to depend heavily on local volunteers and ideological mobilization that stressed the revolutionary characteristics of the midwifery reform. This strategy is most effective when the revolutionary passion and fervor was high like during this early revolutionary period. In the next chapter we will see how the cadres dealt with the problems caused by the lack of resources when the revolutionary zeal dampened.

Conclusion

The purpose of this chapter is to show how the CCP conceptualized midwifery reform in its early revolutionary period. The main goal of the reform was to improve

women's health and social status by introducing "safer" and more "scientific" methods of midwifery and by improving the knowledge of women's bodies. Because the CCP regarded women as a suppressed group in traditional society and because the Party proclaimed to be a modernizer, the supporting women's interest in rural areas became the Party's revolutionary goal. However, in the process of achieving this goal, the Party had to confront rural people's resistance to the Party's intrusion into their personal lives. The Party desperately needed the rural people's support for its survival but had very limited administrative power over the rural villages. Additionally, the peasants opposed the Party's progressive policies toward women. The Party therefore had to develop strategies to minimize the people's resistance and to maximize the effect of the reform. It was this tricky situation and contradictory goals that bred the Party's unique approach in developing its modernizing project of midwifery reform as well as the biomedical knowledge for the reform, so-called "revolutionary modernity."

As we have seen, this "revolutionary modernity" shaped and molded various layers of the reform, from the Party's propaganda and medical handbooks to specific policies in practice. To peasants, the Party presented midwifery reform as a method of helping them restore their family life and increase their number of children; to Party cadres and activists, the reform was presented as a tool for demonstrating the Party's determination and concerns about women's interests. In a similar manner, medical handbooks redefined Western biomedical knowledge to suit the rural situations and practical needs of the peasants, while they criticized the "superstitions" and "false" beliefs that were unfavorable to barren and young women. Even with respect to practical policies, the

Party's local cadres made efforts to learn practical local knowledge from old-style midwives as well as encourage village female cadres and activists to join the revolutionary task of the Party in liberating women from suffering.

It should also be stressed that the CCP's conceptualization of midwifery reform made considerable monetary and human investments possible for the Party during this harsh period. As shown above, the Party viewed the reform as a crucial method to reshape Chinese rural society and to substantially improve women's position; as such, the reformers and local cadres could manage financial support for the retraining program and free-medical care for poor birthing mothers. In other words, it was this revolutionary discourse of the midwifery reform that persuaded local governments to give administrative priority to midwifery reform projects over many other public health projects. Lastly, it was the same revolutionary discourse that attracted local female cadres and activists to voluntarily join the reform. In this light, such stress and investment in the midwifery reform during the early revolutionary period was possible because the CCP conceptualized its revolution not only as political and economic changes, but also as a cultural reshaping of Chinese society.

CHAPTER SEVEN

Rural Midwifery Reform during Socialist Construction and the Great Leap Forward (1953-1961)

As shown in the previous chapter, the success of the CCP rural midwifery reform during the Early Revolutionary Period heavily relied on positive relations between the Party and local peasants as generated during the CCP's land redistribution. However, after the land reform was completed in 1952, the Party's new economic programs such as agricultural collectivization, enormous investment in industrialization, and the Great Leap Forward challenged its positive relationship with rural peasants. Although the Party's vision in implementing these programs was to create an economically more productive and culturally more advanced society, they required tighter control in management of agricultural production and an enormous mobilization of labor power from rural areas. It was thus no surprise that these strategies were not received by local peasantry as well as had been the land reform. This chapter examines how these new tensions between the CCP state and rural population reshaped the ideology and practice of midwifery reform during the eras of Socialist Construction and the Great Leap Forward.⁴⁸⁰

While the Party's new emphasis on agricultural collectivization and industrialization favored the urban areas in terms of distribution of material and financial resources, rural health cadres had to invent new strategies to convince the rural population as to why they should accept the Party's version of new delivery methods and

⁴⁸⁰ More specifically, this chapter covers between 1953, the year of the beginning of "socialist construction" and 1961, the year that the Great Leap Forward ended.

how these methods would be of benefit to them. These questions became crucial for the success of the reform because it was the rural villagers themselves who had to pay for the cost of the midwifery reform under the new economic programs. On the other hand, policies that required rural peasants to pay the costs of reform also created space for villagers to redefine the goal and actual practice of that midwifery reform. In doing so, the ways in which local Party cadres conducted the reform and in which local people responded to these attempts demonstrate how the relationship between the Party and rural villagers changed and how the Party's strategy of reshaping rural society was altered in these periods over the question of introducing safer and more advanced, yet costly methods of child delivery.

In order most effectively to reveal the complex ramifications of midwifery reform in the periods of Socialist Construction and the Great Leap Forward, this chapter will be divided into four sections, the first three sections covering the period of Socialist Construction and the last the period normally referred to as the Great Leap Forward. For the period of Socialist Construction, we will examine: 1) how the Party, faced with a lack of capital to finance its rapid industrialization, shifted the financial burden for midwifery reform to rural villages; this section will also look at how villagers responded to this; 2) how rising concerns over women's health after initiation of their participation in food production reshaped the priorities of rural midwifery reform, and 3) how CCP cadres, faced with financial problems, strengthened the ideological propaganda linked to midwifery reform and how this fabricated ideological reconstruction caused a disjunction between Party ideology and social reality. Lastly, we will look into how these three

factors developed during the period of Socialist Construction shaped the CCP's mass campaign for building childbirth facilities (*chanyuan* 产院) during the Great Leap

Forward. The main sources for this chapter are Party propaganda materials, midwifery handbooks, and local administration documents from Shanxi and Hebei provinces.

Additionally, I will also employ narratives from interviews I conducted with rural people regarding midwifery reform, as a way of supplementing and more vividly understanding information taken from local documents.

Who Should Pay for the Midwives' Service?

From the People's Government of Jiang County:

After receiving the document # 53-the Financial Section of the Department of Midwifery Reform-60, "Concerning the stopping of payment subsidies for midwifery reform from January 1, 1954," we have examined [our midwifery reform task] and conclude that the reform in our county has developed greatly in the rural areas and each midwife enjoys very high morale. In order not to damage this [desirable] situation, we suggest the following: 1) Provincial government informed us not to grant subsidies for midwifery reform from the January 1 1954. However, how can we conduct the reform without the subsidies? The provincial government has not sent us any further directions. 2) According to our rudimentary research, we are not able to manage the reform task without the subsidies from above, since midwives in rural areas can't charge for their services, which is usually ten thousand yuan. Please review whether each of our suggestions is reasonable or not.

To the Bureau of Public Health of the Provincial Government (January 6, 1954)

To each prefecture, county, and township [government]:

According to the reports from Jiang, Dingli and other counties, midwives dealing with peasant women don't charge any fee or charge less than their standard service fee. Yet, we learned from our investigation that it is very reasonable for midwives to demand a fee for their service [therefore, please do so]... But if the birthing mother is too poor to pay the fee, midwives may offer free service or a different price. In that case, local governments may make up for the loss from the social welfare fund.

From the People's Government of Shanxi Province (January 20, 1954)⁴⁸¹

⁴⁸¹ SPA 89-9-5.

The above quotations, extracted from administrative documents between Jiang county local cadres and the Bureau of Public Health of Shanxi province in early 1954, clearly demonstrate the financial problems confronting rural midwifery reform projects. Specifically, in late 1953, the Bureau of Public Health in Shanxi province sent to local counties a letter stating that the provincial government would not support the subsidies to rural midwives starting from the coming fiscal year.⁴⁸² In fact, the provincial government had supported minimal costs for medical supplies such as alcohol, silver nitrate, and oiled paper in order to encourage rural midwives to practice what they had learned in the retraining program.⁴⁸³ These subsidies were indeed necessary for rural midwives to conduct the Party's methods for reformed midwifery because few rural people viewed childbirth as a health problem and were willing to pay fee for the midwives' services; instead, rural families insisted on giving gifts or food in accordance with their local and long standing customs.

Why, then, did the provincial government, being fully aware of the local practices and having agreed on the necessity of the subsidies, all of a sudden change their attitude and clearly ignore the reasonable complaints made by local counties? How exactly did the local cadres and reformers attempt to continue midwifery reform by shifting the financial burden for the reform to rural villagers? And lastly, how did locals respond to this local cadres' attempt? These questions are the main concerns in this section. This section will examine these issues by investigating the historical background of this

⁴⁸² SPA 89-9-4.

⁴⁸³ Ibid.

financial crisis over rural midwifery reform and the official guide for Agricultural Co-ops (*nongye hezuoshe*) to merge the childbirth stations under the Co-ops as a solution to the financial crisis.

Historical Background of the Financial Crisis over Rural Midwifery Reform

Unfortunately, the financial crisis in rural midwifery reform that the counties in Shanxi province experienced was not a local, casual, and temporary problem. The crisis was a structural byproduct of the CCP's new economic plan and involved with the shift of priority in financial investment. By late 1953, as the Korean situation became stabilized, the Chinese leadership launched new program for building independent, prosperous, and advance society, referred to as industrialization.⁴⁸⁴ According to the Party's logic, industrialization would produce modern weaponry for national security, chemical fertilizers and farm machinery for the agricultural sector, and daily commodities and job opportunities for urban citizens. In a sense, the industrialization was the key strategy for the survival and further development of the new Socialist republic.

However, the key question was how to finance industrialization. For CCP leadership, suffering under hostile international relations and a lack of capital, there were few options— the enormous and intensive investment needed in industrial construction was only possible by extracting capital from the agricultural sector and by decreasing the

⁴⁸⁴ Vivienne Shue, *Peasant China in Transition: The Dynamics of Development toward Socialism, 1949-1956* (Berkeley: University of California Press, 1980), 184. In fact, the CCP began its first five-year economic plan in 1953.

expenses of other state functions such as national defense, investment in agriculture, and other basic administrative services.

First of all, the CCP took agricultural surplus from peasants through taxation and low-priced procurement of grain. According to Victor Lippit, out of 9.39 billion yuan worth of agricultural surplus taken through land reform and given to peasants, the CCP recaptured 5.04 billion yuan for state revenues in 1952 alone.⁴⁸⁵ In other words, the Party conducted its rapid industrialization by “squeezing” peasants.⁴⁸⁶

Second, and more importantly, the Party leadership invested most of this recaptured capital from the agricultural sector in industrialization at the cost of other state functions. As Table 7-1 and 7-2 show, the state gave financial priority to the industrial field while sacrificing other sectors.

Table 7-1. Distribution of Government Budget Expenditures, 1950-1957⁴⁸⁷

Expenditure Categories	1950	1952	1957
Economic construction	25.5%	45.4%	51.4%
Social, cultural, and educational outlays	11.1	13.6	16.0
National defense	41.5	26.0	19.0
Government administration	19.3	10.3	7.8
Others	2.6	4.7	5.8
Totals in millions yuan	6,810	16,790	29,020

Table 7-2. Share of Agriculture in Capital Construction Investment⁴⁸⁸

⁴⁸⁵ Victor Lippit, *Land Reform and Economic Development in China: A Study of Institutional Change and Development Finance* (New York: International Arts and Sciences Press, 1974).

⁴⁸⁶ Vivienne Shue contends that the Party’s motivation for collectivization was to exercise more efficient control and taxation over agricultural production and outcome. Yet, she also claims that the peasant actually benefited from collectivization. (Vivienne Shue, *Ibid.*, 184)

⁴⁸⁷ Alexander Eckstein, *China’s Economic Revolution* (Cambridge: Cambridge University Press, 1977), 186.

Year	Sector of investment (Percentage of total)			
	Agriculture	Heavy industry	Light industry	Other
1952	13.3	34.3	9.1	43.3
1957	8.6	51.6	5.9	33.9

Unfortunately, the field of Public Health was one of the sectors that the CCP sacrificed in its favoring of industrialization. More specifically, the state budget consistently and rapidly increased and the budget for public health increased both the absolute amount and the portion in the total government budget up until 1953. However, as table 7-3 demonstrates, after the state's industrialization-first policy, the Ministry of Public Health experienced severe decreases in state allotted resources in terms of both overall amount and portioning.

Table 7-3. The Budget for the Ministry of Public Health⁴⁸⁹

Year	1950	1951	1952	1953	1955
Budget for the Ministry of Public Health in millions yuan (percent)	71 (1.0%)	163	374 (2.2%)	565	406

What made the situation even worse was the uneven investment of the decreased resource between rural and urban areas. As David Lampton argues in his study of the CCP's public health policies, the leadership of the Ministry of Public Health in this period invested most of their available material and human resources in the urban industrial

⁴⁸⁸ Reconstructed from Dwight Perkins and Shahid Yusuf, *Rural Development in China* (Baltimore: Johns Hopkins University Press, 1985), 14.

⁴⁸⁹ David Lampton, *Health, Conflict, and the Chinese Political System* (Ann Arbor: Center for Chinese Studies, University of Michigan, 1974), 26; 52.

sector where these resources went into urban hospitals and factory clinics. As a result, many rural clinics which were served by mostly traditional Chinese doctors (Lampton calls them united clinics) had to seek loans frequently from the county branch of the People's Bank.⁴⁹⁰ According to him, the leadership even set two different goals for urban and rural public health projects: providing medicine to cure disease in the cities and offering only preventive measures in the countryside.⁴⁹¹ It is not difficult to imagine that this double standard ballooning into various types of uneven investment and priorities in public health projects between urban and the rural areas. In fact, as table 7-4 shows, in spite of the CCP's self-proclamation that they were a pro-peasant party, the gap between rural and urban areas in terms of medical service did not decreased after the revolution due to the Party's favoritism toward urban industrial sector.

Table 7-4. Number of Hospitals and Hospital Beds in China⁴⁹²

Year	Number of Hospitals	Number of Hospital beds (percent)		Ratio of Hospital beds to Population	
		In rural areas	In urban areas	In rural areas	In urban areas
1949	2,600	20,000 (25%)	60,000 (75%)	1:24,201	1:1,028
1957	4,179	74,000 (25%)	221,000 (75%)	1:7,392	1:450

Unfortunately, when local governments in rural areas had tight budget for this public health project, they decreased or even concealed its financial support for the midwifery reform programs. Table 7-5 and 7-6, reconstructed from available documents

⁴⁹⁰ David Lampton, *Ibid.*, 51

⁴⁹¹ *Ibid.*

⁴⁹² Reconstructed from Dwight Perkins and Shahid Yusuf, *Ibid.*, 12; 146.

stating the budget distribution of the Bureau of Public Health in both Hebei and Shanxi provinces, clearly display the financial crisis of the midwifery reform project after the Party's rapid industrialization plan launched.

Table 7-5. Budget Distribution in the Bureau of Public Health in Shanxi Province⁴⁹³

Year	1950	1951	1952	1956	1961
Total budget	9,498,168 catty	53,000,000 catty	66,617,600 catty	5,590,310 yuan	7,620,000 yuan
For Midwifery Reform (percent)	520,100 (5.47%)	1,721,736 (3.2%)	1,924,844 (2.88%)	30,000 (0.5%)	0 (0%)

Table 7-6. Budget Distribution in the Bureau of Public Health in Hebei Province⁴⁹⁴

Year	1951	1954	1956	1957
Total budget	12,700,751,841yuan	30,372,226,664yuan	8,281,140yuan	7,159,167 yuan
For Midwifery Reform (percent)	147,084,735 yuan (1.15%)	530,967,862 yuan (1.74%)	10,235 yuan (0.12%)	0 yuan (0%)

To sum up, the sudden suspension of the provincial government's subsidies for midwifery reform was caused by the structural changes in the CCP's revolutionary priorities extending from the restoration of the peasant economy to industrialization. For the Party leadership, rapid industrial construction was the most effective method to build a prosperous and advanced Socialist society. To achieve this goal of industrialization, the Party intensively concentrated its capital resources on industrialization at the cost of other fields of state service such as public health. Furthermore, although most state revenue

⁴⁹³ SPA C89-7-1, C89-7-2, C89-7-3, C89-7-30, and C89-7-82. It seems that the CCP conducted some kind of current reform in 1955. After that, the value of RMB dramatically increased. More research is needed to fill in gaps in years that I am missing which would allow us to see the general change pattern in overall health budget.

⁴⁹⁴ HPA 1027-1-350, 1027-1-375, 1027-1-391, and 1027-1-375.

came from the rural agricultural sector, the favoritism shown toward urban residents in terms of medical service made the financial shortage of the rural public health programs even more serious. In other words, the officials in the provincial government stopped financial support, not because they ignored the importance of the reform, but because they had little resource to continue. At this point, the county officials and midwifery reformers had to find a new way to finance their reform programs if they were to be maintained.

She-zhan hebing (Merging the childbirth stations under the Co-ops)

While local cadres and reformers struggled with a shrunken reform budget, they also found that the actual administrative and financial needs for the task at hand had rapidly increased. Ironically, the increased burden on the local cadres was caused by their successful performance of their assigned mission. With financial and ideological support from above, local cadres and reformers in Shanxi province were able to build childbirth stations down to the level of almost every township of the province by the end of 1953: there were about 3,000 childbirth stations in all spread over the province.⁴⁹⁵ To be fair we must mention that their success was also owed to the rural female cadres and activists who actively responded to the revolutionary call of the reform.

However, this success turned out to be a huge burden when it came to having to maintain numerous childbirth stations. The 1953 work report on midwifery reform in Shanxi province states as follows:

⁴⁹⁵ SPA 89-9-4.

Our management of the midwifery stations is less than ideal. Although the number of the childbirth station reaches up to 3,000 [in the entire province], many of them don't receive enough care and do as they please (*ziliu* 自流). According to the rudimentary research for the task of rectifying childbirth station, in the seven counties such as Changzhi, Tongci, and Yungcheng, there were originally 341 childbirth stations. However, [among them,] only 127 stations work relatively well. A place like Xiaoyi county, only 40 percent of the childbirth station actually practice the new method of midwifery. In addition, the most of 12 stations in Zhongyang county do whatever as they please. In 14 stations in Shilou county didn't function effectively at all, and only after two months of rectification work, they began to assist 7 cases of childbirth based on the principles of the new method of midwifery.⁴⁹⁶

This citation shows that many childbirth stations failed to function as expected. As shown in the previous chapter, when local cadres and midwifery reformers planned for building rural childbirth stations at the township level their expectation was to let these stations deal with complicated cases that retrained old-style midwives could not handle. In addition, local cadres also hoped the rural childbirth stations would screen old-style midwives' practices in the village level and to retrain them. In other words, the childbirth station was the front line of the reform toward masses with its basic equipment and trained medical personnel. However, in spite of the importance of the station, local cadres and reformers had little material and human resources to support and manage them. Ideological inspiration and revolutionary passion alone could bring few changes in practice; bringing substantial changes demanded consistent technical retraining of practitioners and material investment that local cadres couldn't afford to make with their scarce resources. In fact, resources would soon shrink further.

When the local cadres found that they could not expect further support from above (the provincial government), they had no alternatives except for letting the rural villages,

⁴⁹⁶ Ibid.

instead of individuals, bear the financial burden of the reform. In fact, that was the main point of the new solution suggested by local cadres: “*she-zhan hebing*” (merging the childbirth stations under the Co-ops). Initially, some local cadres suggested paying midwives’ service fees from the village social welfare fund. And as the rural villagers began to organize Co-ops in 1954,⁴⁹⁷ the provincial as well as county cadres proposed and encouraged local Co-ops both to take over the childbirth station near their villages Co-ops.

In order to understand how the *she-zhan hebing* made agricultural Co-ops bear the financial burden of the reform it may be helpful to see how agricultural Co-ops managed their agricultural products (as a material resource) and labor power via the workpoint system. The workpoint system, in short, was a method of calculating and remunerating individuals’ labor contribution into the Co-ops’ agricultural production.⁴⁹⁸ Under the Co-ops system, all members of Co-ops were divided into three to five workpoint grades depending on their age and sex; in general each grade was assigned a fixed amount of workpoint. For example, the standard workpoints for a first-grade laborer (usually an able-bodied male) was 10 points per work day, while the reward for a fifth-grade laborer (usually teenagers) was only 4.5 points a day. A laborer would receive the full

⁴⁹⁷ Although the nation-wide collectivization and reorganization of rural villages into agricultural Co-ops (*nongye hezuoshe*) began in 1955, (Vivienne Shue, *Ibid.*, 275-279), these were already widely to be found in Shanxi province in 1954. These appear to have been pilot Co-ops wherein collectivization was initiated experimentally earlier than in other villages in China.

⁴⁹⁸ Philip C.C. Huang, *The Peasant Family and Rural Development in the Yangzi Delta, 1350-1988* (Stanford, California: Stanford University Press, 1990), 200-201.

workpoints for his or her grade if the person worked a full day on Co-op's farm.⁴⁹⁹ After the harvest, first extracting taxes and expenses, Co-ops then distributed the product (usually grain and cash) of the year to each member household according to the workpoints that the household members collected during the year.⁵⁰⁰

The basic idea of the *she-zhan hebing* was giving rural midwives workpoints for their service. Then, after the harvest, midwives in the Co-ops, too, received grain according the workpoints she collected during the year. Put simply, the fee for the midwives' was paid not by birthing mothers or their families, but by the Co-ops. For the local cadres and reformers, in doing this they could manage childbirth stations without discouraging rural women from asking fee for their assistance.

Although this "*she-zhan hebing*" seems an ideal solution for the local cadres, it was certainly not a final solution for rural villagers. Instead, this *she-zhan hebing* program provoked complaints and resistance from villagers who found they have to take on the burden for the childbirth station as their Co-ops' activities. In fact, some cooperative members refused to participate in *she-zhan hebing* program. Villagers knew precisely that the local cadres' intentions in the program were to shift the financial burden of the reform to the Co-ops, and it is them, the cooperative members, who had to pay the bill in the end. According to a work report from cadres in Baquan township, Tunliu county, villagers often complained that "if one family has a child, ten families become poor (because of

⁴⁹⁹ Li Huaiyin, "Family Life Cycle and Peasant Income in Socialist China: Evidence from Qin Village," *Journal of Family History* 30, no. 1 (2005): 132.

⁵⁰⁰ Philip C.C. Huang, *Ibid.*.

the burden of keeping up the childbirth station).”⁵⁰¹ Similarly, the villagers in Yanli township of Yangcheng county asked “why do we have to pay for another family’s childbirth?”⁵⁰²

The conflicts and debates in the Guangming co-op in Fucheng town, Lingshan county in 1954 yield the voices of rural people and their involvement in the *she-zhan hebing* program. When the *she-zhan hebing* plan was announced, villagers opposed the suggestion by saying “how can a woman not be able to give birth to child by herself and ask help from others? If a chicken can’t lay eggs, will you suggest another birth station [for the chicken]?” Agreeing with this mode of opposition, other villagers also added “how can you ask for the Co-op’s fund for everything? Now you ask for the raising of public funds for childbirth?” In the end, the villager leadership had to moderate their original plan.⁵⁰³

Even among the villagers that accepted the *she-zhan hebing* program, the specific features of the program varied one from another reflecting complaints and resistance of villagers. In a way, rural villagers used various methods to discover a “fair” way to share the burden among them. For example, a work team in Wuxiang county was able to identify four different types of *she-zhan hebing* in 1954: 1) the Jiantan village model: this village bought medical equipment and medicine for sterilization with the Co-op’s funds. For the midwives’ service, the Co-op offered a day’s work points for a childbirth. In the

⁵⁰¹ SPA 89-32-33.

⁵⁰² SPA 89-32-35.

⁵⁰³ Ibid.

case of complications, if the mother and child survived, they added extra workpoints; otherwise, the villagers gave midwives less workpoint than usual. For the cost, contrary to free service from member households, nonmembers had to pay full 8,000 yuan for the service;⁵⁰⁴ 2) The Xiabeitan village model: Co-ops offered midwives only a day's workpoints for each case. While member households paid only 2,000 yuan for the service, nonmembers had to pay 10,000 yuan; 3) The Xiacheng village model: Co-ops gave midwives only one or two workpoints instead of eight since she usually spent just a couple of hours in assisting childbirth. However, depending on the level of difficulty, a village could add more points. Like the Xiadei model, member families paid 2,000 yuan for a delivery, nonmembers paid 10,000 yuan. If she earned 10,000 yuan from nonmembers, the Co-ops gave midwives a full day's workpoints since she brought extra-cash to the Co-ops; 4) The Shanjiazuodeng village model: the villagers here *rejected* the idea of offering any material support to the childbirth station from their Co-op's fund. Instead, villagers paid 10,000 yuan to the childbirth station for each case regardless of membership. The childbirth station, first extracting 4000 yuan for a medicine and other costs, then gave 6,000 yuan or a day of workpoints to midwives. In this case, although the station was a part of the Co-op's enterprise, they had a separate bookkeeping system.⁵⁰⁵

⁵⁰⁴ Chang Kia-Ngau, *The Inflationary Spiral: The Experience in China 1939-1950* (Cambridge: MIT Press, 1958), 356-357. Due to inflation caused by the war and the GMD's mismanagement of the economy, the face value of the Chinese currency was very high at this time. To give one indicator of this, the Shanghai wholesale-price index skyrocketed by a factor of 111, while the cost of living increased by a factor of 58.6 from May 1947 to July 1948. To give a specific example, on August 19, 1948, one pound of rice cost 368,000 yuan. Although the CCP introduced a barter system in an effort to stem this inflation in the early 1950s, the face value of the Chinese currency nevertheless remained inordinately high.

⁵⁰⁵ SPA 89-32-28.

In summary, the CCP local cadres' program of *she-zhan hebing* was a strategy for dealing with decreased financial support from above. Furthermore, the main feature of this financial crisis in midwifery reform was the CCP's shift in its investment priority from the restoration of the rural peasant economy to industrialization. In other words, the Party's excessive stress on industrial development in urban areas pushed the financial burden for social welfare programs onto rural villages. Confronted with this new policy from the Party, rural CCP cadres let rural Co-ops bear the cost of the reform in order not to impose a burden directly on individuals because this would ruin their reform efforts of popularizing the Party's new methods of midwifery.

As for the new demands of the Party cadres, many villagers were reluctant to pay for the midwifery reform since they saw it as either not necessary or not urgent as compared to other projects that were directly linked to increasing their wealth and grain production. Therefore, contrary to the local cadres' wishes of raising enough funds to let the childbirth stations fully function as a medical facility through the *she-zhan hebing* programs, most agricultural Co-ops paid no more than a minimal stipend to midwives at best. In order to persuade rural peasants of the necessity of the reform, local cadres had to explain why locals should pay for these and how the reforms would benefit them.

Women's Participation in Production and Midwifery Reform

While villagers were generally resistant to the local cadres' attempts to shift the financial burden of the midwifery reform to local people themselves, it was the mobilization of female labor into agricultural production that created a new environment

for midwifery reformers to address the importance of introducing safer and more hygienic methods of delivery to rural villagers. More specifically, after women became involved with full time agricultural farm labor, it was not only the Party, but also local officials and rural Co-ops that began to pay attention to midwifery reform as a method of managing the health of female labor. In other words, as women became fully mobilized for grain production, locals began to reevaluate women's labor and their health, and became more willing to bear the financial cost of the reform in order to maintain women's labor productivity. Faced with this newly emerging concern for women's health, the local cadres and reformers assigned to conduct the midwifery reform fundamentally reshaped the ideological goal, medical discourse, and the practices of the reform to meet these new directives and concerns.

From Liberation to Protection- the New Discourse of Midwifery Reform

Although women's participation in agricultural work was nothing new to the Chinese people,⁵⁰⁶ it was the Party's new policy, begun in late 1955, that fully mobilized women's labor power to be used in agricultural production and offered them workpoints for their labor contribution.⁵⁰⁷ Despite past scholarship having debated on the CCP's intention to bring about full scale mobilization of women for farm labor and the

⁵⁰⁶ Chinese women had played a crucial role in family economy even before the CCP offered workpoints for their labor contribution. For example, women had contributed to family income via farm labor during busy seasons, and cotton spinning and weaving.

⁵⁰⁷ Many provincial governments argued that by the late 1956 over 80% of women of working age were participating in agriculture (Kay Ann Johnson, *Ibid.*, 160).

subsequent effect of this policy on women's social status,⁵⁰⁸ it is undeniable that the women's participation in grain production dramatically increased health reformers and peasants' attention to women's health.

While the Party insisted that agricultural Co-ops offer workpoints to women for their labor contribution, this in fact frequently had complicated consequences for local women and their families. On the one hand, women, now a source of workpoints, became valuable and tangible sources of income for their families.⁵⁰⁹ Thus, healthy women able to work on the farm became a valuable asset to their families.⁵¹⁰ However, on the other hand, the Co-ops' leadership usually attempted to fully utilize women's labor power since they had to pay out workpoints for this in any case, and often intentionally assigned

⁵⁰⁸ Feminist scholars have pointed to the idea that the Party sacrificed women's interests by giving priority to production over "liberation." According to this perspective, because the Party mobilized women onto the newly-formed collective farms without challenging the pre-existing patriarchal family structure, women's labor was valued less than a man's and consequently the workpoints that women earned were simply paid to the (usually male) head of the household. As a result, the Party's aggressive mobilization of women's work into farm labor merely added a further burden to women's realities without substantially improving their economic and social lives. For details of this line of argument see Kay Ann Johnson, *Women, the Family, and Peasant Revolution in China* (Chicago: University of Chicago Press, 1983); Judith Stacey, *Patriarchy and Socialist Revolution in China* (Berkeley: University of California Press, 1983) and Margery Wolf, *Revolution Postponed: Women in Contemporary China* (Stanford, California: Stanford University Press, 1985).

On the other hand, others have argued that in spite of the Party's failure to achieve complete gender equality, the full time farm labor contributed by women and the workpoints that women earned did give them financial independence to a certain degree. These studies support their arguments with data showing higher divorce rates and more social autonomy among rural women than among their urban counterparts, who were given less chance to be involved in production during the 1950s and 60s. For scholarly works that support this argument, see Delia Davin, *Woman-Work: Women and the Party in Revolutionary China* (New York: Oxford, 1976) and Neil J Diamant, *Revolutionizing the Family: Politics, Love, and Divorce in Urban and Rural China, 1949-1968* (Berkeley: University of California Press, 2000).

⁵⁰⁹ Philip C.C. Huang, *Ibid.*, 201-202.

⁵¹⁰ In 1956, women earned 25 percent of the workpoints awarded by all Co-ops in China (Judith Stacey, *Ibid.*, 207).

heavier workloads to women.⁵¹¹ In doing so, ironically the workpoint system could result in an increase in risk to women's health.⁵¹²

Indeed, reflecting this new concern of the rural population for women's health, CCP health reformers now shifted their ideological focus regarding midwifery reform from that of "*liberating women*" to "*protecting women's labor power*." The following statement taken from a midwifery handbook published in 1956 clearly demonstrates the shift.

As agricultural Co-ops develops and the number of women who participate in agricultural production increases, the further development of rural infants and mother's health, *the labor protection of female workers*, the health of mothers and children and increasing women's activity in production have become the tasks in rural work that we should not neglect. (my emphasis)⁵¹³

As shown earlier, in the early revolutionary period, the main theme of the reform was "liberating" women from "feudal" antagonism toward women's physical body and improving the lives of women who had been suppressed under feudalism. However, under the new concern on female labor's economic value, the focus of the reform was given to *protecting* women's health from an excessive workload of rural Co-ops and *maintaining* women's physical health to improve productivity on the Co-ops' farms. In other words, midwifery reformers attempted to [bridge a path between] link the Party's

⁵¹¹ Many male workers and cadres complained saying that "women are always late to work, but quick to take a rest, eat, and receive workpoints."

⁵¹² According to research conducted by Xiyang County Women's Federation in 1956, 14 abortions, 20 stillbirths and 11 cases of collapsed womb were found to have occurred in a sample of 178 villages. Out of these, five women completely lost their ability to conceive as a result. The Federation concluded that local women were exposed to a health risk due to excessive workload resulting from the labor demands of co-op leaders beginning from the time the Party assigned workpoints to women. (SPA 89-32-47)

⁵¹³ Sichuansheng weishengting, ed., *Zenyang zhuchan* (How to assist childbirth) (Chengdu: Sichuan renmin chubanshe, 1956), 1.

revolutionary ideology of improving women's status and health in rural areas with the agricultural Co-ops' practical needs for healthy women for agricultural labor. In doing so, the CCP's health cadres attempted to convince rural villagers to take on the economic burden involved in introducing safer and more hygienic methods of child delivery and other medical care procedures with a view to keeping their female laborers healthy.

No words better present this complex dialogue among the Party, rural health reformers, and rural Co-ops over what the goal of the midwifery reform should be than "protection of female labor" (*funü laodong baohu*) and "the protections during four periods" (*siqi baohu*).⁵¹⁴ More specifically, in this period of women's full time participation in farm production, the basic task of midwifery reform consisted of the original goal of the safer methods of child delivery as well as the comprehensive management of women's health covering the "four periods" of menstruation, pregnancy, childbirth, and postnatal care. It may be true that this emerging new discourse of "protections" indeed showed how the rural Co-op's need of healthy female labor reshaped the revolutionary ideal of women's *liberation*, and gave priority to a *management* that implied a subordinated position of women to the Party and Co-ops.⁵¹⁵ Nevertheless, this new discourse of protection also showed health reformers and local cadres' struggling and searching for ways to bridge the new rising concerns of women's labor power and their original goal of improving women's daily lives and position.

⁵¹⁴ Here four periods means the periods of menstruation, pregnancy, childbirth, and postnatal care.

⁵¹⁵ In the discourse of protection, women became the powerless victims and objects of management strategies; in doing so, they became the receivers of the benevolent care of the Party and Co-ops.

Spelled out in greater detail, this new labor protection discourse linked the Co-ops' needs for healthy women with women's special health concerns in the village system by shedding new light on the importance of practical care during the periods of menstruation, pregnancy, and postnatal care as well as childbirth. Contrary to the ideological emphasis on correcting the feudal antagonism toward women's body in the earlier period, the new discourse of "the labor protections" in this period stressed preventing menstrual disorders, proper diet for pregnant women and new mothers, and preventing collapsed wombs often caused by heavy workloads suffered immediately after childbirth.

Under the discourse of labor protection especially, tremendous stress was given to dealing with women's menstruation. In local midwifery training classes, reformers allotted considerable time and efforts in midwifery retraining programs to teaching ways of dealing with women's menstrual pain and to how to make cheap and efficient sanitary napkins.⁵¹⁶ Furthermore, the introduction of hygienic sanitary napkins along with distributing free manufactured sanitary napkins became one of the major tasks of midwifery reform.⁵¹⁷ Also, official encouragement was given to female laborers to announce their menstruation so that Co-ops would assign them lighter workloads or, at least, work in the dry fields. Local cadres put emphasis on women becoming much more vulnerable to infection and to other female sicknesses during the menstrual period and if no special concern given, their productive power as well as reproductive power would be compromised.

⁵¹⁶ SPA 89-32-33.

⁵¹⁷ For example, Pingshun county provided 16,899 free sanitary napkins to rural women in 1956 (Pingshun County Archives 15-32-47).

In addition, local cadres and reformers strongly challenged the established rural practice of birthing mothers' fasts during the postnatal care period and convinced locals to feed new mothers well. According to rural custom, seven to ten days should elapse before new mothers had their first meal after giving birth. This may have been because many women hurt their perineum during childbirth and because rural practical wisdom prevented women from eating until the damaged perineum healed (the evacuating bowel could potentially aggravate healing areas). However, local cadres and reformers stressed the need for villagers to feed their new mothers even better than usual since the mothers needed more nutrition to recover their strength and nurse newborns.⁵¹⁸ They persuaded locals by saying that if new mother had poor nutrition it would take much longer for them to go back to farm labor.⁵¹⁹ Here again, the idea of improving women's lives and health were linked to the local's concerns for increasing labor productivity.

“Protection of Female Labor” in Popular Medical Publications

The increasing interest and concern over women's health and the emerging discourse on protection of female labor were also reflected in popular medical publications concerning women health right after 1955.⁵²⁰ As analyzed in the previous

⁵¹⁸ SPA 89-32-46.

⁵¹⁹ In fact, Longbow village women recall this emphasis on better diet for new mothers as the most impressive and tangible contribution to their health in the period.

⁵²⁰ This section is based on observations from following 8 publications: Sichuansheng weishengting, ed., *Ibid.*; Gansusheng weishengting, ed., *Jieshengyuan shouce* (Midwives' handbook) (Lanzhou: Gansu renmin chubanshe, 1956); Zhejiangsheng weishengting, ed., *Jieshengyuan shouce* (Midwives' handbook) (Hangzhou: Zhejiang renmin chubanshe, 1956); Shen Qichu, *Xinfajiesheng* (The new method of midwifery) (Beijing: Xinhua shudian, 1956); Lei Zhifang, *Nongcun jieshengyuan shouce* (Rural midwives' handbook) (Beijing: Renmin weisheng chubanshe, 1956); Yunnansheng weishengting, ed., *Jieshengyuan shouce*

chapter, midwifery handbooks produced during the earlier period mainly focused on how to assist in safe childbirth by offering simple, but effective methods and how to overcome villagers' stigma toward women's bodies by presenting "correct and scientific knowledge." However, in this period of women's participating far more fully in the labor pool, these popular medical publications on women's health, mostly targeting rural midwives and health workers as their readership, mainly focused on ways to maintain women's health and their labor power during the periods of menstruation, pregnancy, and postnatal care as well as during childbirth.

First of all, the interest in maintaining women's productivity gave more emphasis to menstruation than childbirth itself since menstruation is more common among women. While still mentioning the importance of overcoming "feudal" oppression over women's menstruation, medical publications in 1956 offered many more details about how to relieve menstrual pain and diagnose the symptoms associated with women's health problems by observing the amount, smell, and color of women's menstrual blood and the length of the period. These medical publications advised women and midwives to decrease their heavy workloads and seek more professional help when they found symptoms of disorder. Some handbooks provided details about how to make a sanitary napkin at home too.⁵²¹ Considering that menstrual pain did indeed influence women's labor power and health, this new focus on menstruation in the medical publications

(Midwives' handbook) (Kunming: Yunnan renmin chubanshe, 1956); Chen Xiyi, *Funü weisheng wenda* (Questions and answers on women's health) (Beijing: Renmin weisheng chubanshe, 1956).

⁵²¹ Yunnansheng weishengting, ed., *Ibid.*, 5-6.

showed how medical discourse itself was influenced by practical needs of rural Co-ops and women themselves.

Continuing on about the period of pregnancy, stress was given to how to avoid miscarriages and still births, and how to achieve balanced nutrition. In order to prevent miscarriages and still births from occurring, many handbooks forbade sexual intercourse during the last two month of pregnancy,⁵²² and recommended not working excessively or excessively hard, particularly if it involved lifting or carrying heavy materials and seeding. Furthermore, some handbook provided herbal remedies for women who miscarried.⁵²³ Also, some handbooks suggested eating more beans and green vegetables, and brushing teeth in order to prevent dental problems caused by the lack of Calcium. They also recommended the intake of tomatoes, carrots, pork liver, and eggs to avoid pregnancy toxemias.⁵²⁴

Finally, for the postnatal period, many handbooks stressed that new mothers should get enough rest and balanced nutrition in order to gain quick recovery. They suggested 40 to 42 days of rest to new mothers in rural families, otherwise women might suffer collapse of the womb and severe decreases in their labor power.⁵²⁵ In a similar manner, handbooks recommended foods high in protein and vitamins such as eggs, beans, bean

⁵²² Lei Zhifang, *Ibid.*, 17.

⁵²³ *Ibid.*, 63.

⁵²⁴ *Ibid.*, 16; Chen Xiyi, *Ibid.*, 6-7.

⁵²⁵ Shen Qichu, *Ibid.*, 9-10.

spears, meat, and pork liver.⁵²⁶ Also, most handbooks provided tips for dealing with minor, yet still sensitive issues such as problems associated with urination, the period of abstinence after childbirth, and pains in the womb after childbirth.⁵²⁷ By taking a closer look at the medical knowledge contained in the popular medical publications presented above, we can clearly see that these publications aimed at a balance between the protection of women's health from aggressive labor demands of the Co-ops and the long term maximization of female labor power.

In conclusion, it was women's participation in production that fundamentally changed the logic of how midwifery reform benefited rural villagers and women, and what the main goals of the reform would become. As shown in the previous chapter, in the early revolutionary period midwifery reform was often presented as a method of restoring families' lives by ensuring healthy and numerous offspring and a revolutionary tool for overcoming the feudal oppression of women's physical bodies. However, women's full time involvement in farm labor dramatically changed the goals and areas in which midwifery reform operated and could thereby meet both 1) the rural Co-ops and the Party's demands for maintaining high productivity within female labor power and 2) the practical requests from women who were under the heavy workload and experiencing health problems while doing village farm labor. Responding to these new demands from the Party, rural communities, and women, the goals and areas of midwifery reform extended eventually from the popularizing of safer methods of midwifery to more

⁵²⁶ Gansusheng weishengting, ed., *Ibid.*, 25.

⁵²⁷ Chen Xiyi, *Ibid.*, 30-31.

comprehensive management of women's health during the periods of menstruation, pregnancy, childbirth, and postnatal care. In other words, midwifery reform in the period of Socialist Construction responded to the two demands of improving productivity and protecting women's interests.

Rising New Model of Devoted Young Midwives and Growing Disjunction between Party Propaganda and Social Reality

As shown in the previous sections, when the CCP leadership became determined to launch dramatic industrialization in the era of the Socialist Construction, this decision caused a financial crisis in rural midwifery reform programs. This was because the intensive investment seen in the urban industrial sector was only possible at the expense of the rural agricultural sector and other state functions such as public health. Faced with this lack of financial support from above, local cadres and reformers in rural areas had to employ several strategies in order to make rural villagers fit the bill for the reforms from below. So far, two of those strategies has been reviewed: first rural villagers were made to bear the economic burden of maintaining childbirth stations by encouraging rural Co-ops to offer rural midwives workpoints, and secondly placing emphasis on how midwifery reform and the systematic care of women's health would directly benefit agricultural Co-ops by helping them maximize returns on female labor power. In addition to these strategies, the CCP cadres and reformers strengthened the ideological foundations directed at midwifery reform calling upon young village activists' voluntary support, which is the main subject of this section. This ideological mobilization often included glorifying young village activists' devotion toward the Party's revolutionary

calling and exaggerating the importance of the reform in respect of national defense and class struggle.

Although depending on ideology to motivate rural people to support the Party's goals was nothing new to the CCP, this need for selfless and devoted activists to participate in the reforms dramatically reconfigured how the CCP represented the midwife ideals and Party propaganda directed at reform. This section will thus analyze 1) how the focus of CCP propaganda changed from its earlier emphasis on improving women and masses' lives to demanding the devotion of young midwives toward reform, and 2) how this excessive stress on the absolute devotion to the reform propaganda widened the disjunction between the ideological construction of this CCP reform initiative and the social reality in this period of Socialist Construction.⁵²⁸

The Crisis in Midwifery Reform Ideology

By the end of the 1954, the Party cadres and reformers came to realize that their ideological assumptions about midwifery reform no longer corresponded to reality. In the previous period, the Party's ideology emphasized how reform would improve the daily lives of women and the masses. In fact, CCP propaganda in the periods known as "building more democratic and harmonious family," "the prosperity of both population and material resources," and "cultural turning over" all stressed how the Party's reform would help people and women have better lives. In other words, the Party's reform

⁵²⁸ The concept of disjunction between Party's representation and objective social reality is inspired by Philip C.C. Huang, "Rural Class Struggle in the Chinese Revolution: Representational and Objective Realities from the Land Reform to the Cultural Revolution," *Modern China* 21, no. 1 (January 1995): 105-143.

ideology depended on its self-proclaimed image as a benevolent reformer. If we take a closer look at the Party's reform programs, we are able to identify how this self-image proffered within the Party's ideology had seeped deeply into specific policies such as retraining programs, village mass meetings, and mobilizing the voluntary participation of young village activists. For example, while the Party slowly persuaded and convinced elderly old-style midwives of the benefits of the reform, it promoted the idea of women's liberation to attract female cadres and activists' participation in the reform as well.

As shown before, the CCP was able to conduct its reform program effectively so long as the Party's ideological self-image lasted. In the earlier period, the revolutionary passion and fever during the land reform phase allowed the Party to mobilize an enthusiastic response among villagers toward the Party's reform initiative. For instance, village heads sent their old-style midwives to the retraining program, and villagers were exposed to reform ideas through village mass meetings. The Party propaganda that linked land reform and midwifery reform such as "the prosperity of both population and material resources" was most powerful since the benefits of land reform were real and obvious to most rural peasants.⁵²⁹ On top of this, village female cadres and young activists, galvanized by the idea of women's liberation, also voluntarily participated in the reform via building childbirth stations, joining in the rural midwifery networks, and being apprentices to old-style village midwives. Party also made considerable material investment in the reform confirming its self-image as a benevolent reformer.

However, in the period of Socialist Construction, the self-image that had buttressed

⁵²⁹ During the land reform, about 43 percent of the cultivated land were redistributed to landless and land poor peasants. (Philip C. C. Huang, *Ibid.*, 112-113)

the Party's reform program was damaged as the Party demanded high tax rates for its rapid industrialization and it pushed for collectivization in the agricultural sector. Put another way, for most peasants, the CCP became an aggressive tax collector and the interfering manager of agricultural activities rather than the benevolent reformer it presented itself as. Furthermore, for the rural cadres and reformers, the budget cut for the reform programs made the situation even worse. As shown in the previous section, the provincial governments had to cut the budget for the retraining program and for financial subsidies for rural midwives. As a result, local cadres had to shift the financial burden of maintaining childbirth stations to rural Co-ops. In short, for many rural villagers, the Party was no longer the benevolent savior that the Party's reform ideology was based upon; the ideological assumption began to be divorced from the reality on the ground.

When the financial subsidies from above stopped and the revolutionary fever and passion subsided, the reformers and local cadres became frustrated when learning that midwives acted "selfishly" by betraying the Party's reform ideals. For example, according to the work report of the Women's Federation of Shanxi province in 1954, when village midwives found that no more subsidies from above were available, some of them stopped practicing the Party's version of delivery methods that required costly medicine.⁵³⁰ Accordingly, re-trained old-style midwives in Yingshi county even refused to take young apprentices who would be their competitors later,⁵³¹ because midwives still could earn gifts and favor from the villagers in return for their service. Similarly, the

⁵³⁰ SPA 89-9-6.

⁵³¹ Ibid.

work reports of Changzi and Wuxiang county governments endlessly complained about village midwives who quarreled and disputed with one another over how to divide workpoints among them.⁵³² In fact, local cadres such as those in Xin county and Changzhi city openly expressed their frustration by criticizing local midwives for only caring about money and forgetting about the Party's reform impulse.⁵³³

This lack of economic motivation and revolutionary passion also depressed the morale of the young activists groups who worked in the childbirth stations and township clinics. In so far as these facilities were the frontline of reform and these young activists were the ones who had responded most actively to the Party's reform ideals in the earlier period, the Party reformers could not afford to lose them. However, many local work reports from Meng, Wanrong, Xin, Lishan counties in Shanxi province and Tong county in Hebei province had to admit that the young midwives had lost their confidence and passion for the reform.⁵³⁴ For example, in the Meng county, 51 out of 63 childbirth stations disappeared within a year after the suspension of the financial support from the provincial government in 1954.⁵³⁵

Furthermore, the various county and provincial work reports for midwifery reform in this period criticized young activists in childbirth stations for their low technical skills

⁵³² SPA 89-32-27; SPA 89-32-28.

⁵³³ SPA 89-9-6; SPA 89-32-33.

⁵³⁴ HPA 817-2-114; SPA 89-9-6.

⁵³⁵ SPA 89-9-6.

and morale.⁵³⁶ According to the work report from Sunji township, Tuan county in 1954, young activists easily got scared when they saw bloody mothers and newborns during childbirth, and some still viewed old-style midwifery as a lowly job for elderly women. Many of them even often complained about low monetary rewards for their services. As a result, the Party cadres admitted that many young activists failed to be qualified midwives in spite of their initial high motivation. In fact, it is not surprising that local reformers often complained about young activists' skills being worse than those of old-style midwives.⁵³⁷ Reflecting this low morale and low technical level of the practitioners, CCP health officials show frustration and say that despite several years of reform efforts, many midwives didn't practice what they had been taught or arbitrarily mixed new and old practices.⁵³⁸ In short, the local health reformers felt a sense of crisis over the notion that all their reform efforts could be in vain after the Party reduced its financial support for the reform programs and the revolutionary passion of the previous period subsided.

The Glorification of Devoted Midwives and Growing Disjunction between Party Propaganda and Social Reality

Faced with the crisis of the reform programs that were heavily reliant on the Party's benevolent image, the Party cadres and reformers had to readjust their ideological propaganda. They could have chosen to acknowledge the changing priorities of the

⁵³⁶ SPA 89-32-42; SPA 89-9-6; HPA 817-2-114.

⁵³⁷ SPA 89-32-28.

⁵³⁸ SPA 89-32-47. In two villages where Hebei provincial Women's Federation investigated in the 1955, only 5.2% of childbirth cases were properly supervised by trained midwives. (HPA 899-2-85)

Party's financial investments and simply moderate their earlier propagandas that overly stressed the Party's image as a benevolent savior. In fact, some of them did take that direction by stating how the Party's intensive investment in industrialization would improve the masses' lives in the long run despite its negative short-term impacts. However, most reformers and cadres decided to take the opposite direction: they exaggerated the Party leadership's good and benevolent will, and demanded the absolute devotion of people to the Party's reform projects.⁵³⁹ In doing so, they wished to solve the problem of the shortage of material resources and the drop in morale among young activists.

No words better present this ideological exaggeration than *wei renmin fuwu* (serve the people), the new slogan in the popular propaganda of this period of Socialist Construction. Although this *wei renmin fuwu* slogan was one of the most popular slogans in the 1940s and the early 50s and occasionally appeared in the earlier period Party propaganda,⁵⁴⁰ this phrase's real dominance came in this new era. Most importantly, this new slogan, one that demanded selfless devotion to the masses and the Party, replaced previous ones that put much more value on the dialogue between the Party and the masses such as *renwu liangwang* in the Party's propaganda materials for midwifery reform.

What kind of virtue and Party's ideological concerns this new discourse stood for is

⁵³⁹ In fact, the Cult of Mao in the midwifery reform propaganda began to appear in this period as a way to call people's devotion to the Party's reform.

⁵⁴⁰ This *Wei Renmin Fuwu* was originally the title of Mao's article written in 1944 and soon became one of the most popular slogans to represent the CCP's goal in its Chinese revolution.

very clear in the popular opera *Shangoulide jieshengyuan* (Midwives of a village in a ravine).⁵⁴¹ This opera presents two distinctly different types of young midwives in a clinic in a ravine area. Jin, a midwife in the clinic, demonstrates the image of exemplary midwives: she devoted herself to serving the people in ravine areas where little medical service was available—she visited the houses of mothers giving birth regardless of bad weather and the steep roads of the ravine. Furthermore, she spent most of her leisure time studying the latest medical knowledge and refused to accept any gift from local people. In contrast, midwife Xu, Jin’s coworker, looked down on “ignorant” local people and was eager to go back to town for a better life. In addition, she wished to collect splendid accessories and spent most her time complaining about the backwardness of the ravine area. In the end of the story, Jin was selected as model worker and earned the glory of meeting Chairman Mao. In the meantime, Xu “corrected” her mistakes and determined to “serve the people” in the ravine area. Obviously, the lesson of the opera is to follow the model of Jin’s devotion to the reform.

We can meet similar selfless and devoted young midwife in another popular opera *Xueye jiesheng* (childbirth on a snowy night).⁵⁴² In the opening scene of this opera, Chen, a young midwife, tries to go back to her clinic very late at night to help a woman giving birth. However, villagers persuaded her to stay in town and take a rest for one night saying that she just came back from another childbirth case, her clinic is in a deep mountain, and it is snowing. Responding to villagers’ concern about her, she says “I am

⁵⁴¹ Shu Hui, *Shangoulide jieshengyuan* (Midwives of a village in a ravine) (Beijing: Tongshu wenyi chubanshe, 1956).

⁵⁴² Dai Dan and Huang Jiashou, *Xueye jiesheng* (Childbirth on a snowy night) (Kunming: Yunnan renmin chubanshe, 1956).

fine. Assisting childbirth is the task that the CCP and Chairman Mao assigned to me. Even if I were to climb up to the sky and going down to the sea, I wouldn't mind. Climbing such a small mountain can't be a problem for me. Let me go right now." After she climbed the mountain all night, she eventually arrived safely and assisted the second childbirth case. Here, Chen is the heroine showing the revolutionary sprit of "*wei renmin fuwu*."

Glorifying the devoted and selfless midwives is seen repeatedly in the propaganda of exemplary midwives. Local cadres in this period made considerable effort to identify model midwives in rural areas and published the stories of their heroic sacrifices in order to put them before the public. For example, local cadres in Shanxi province celebrated the "model" (*mofan*) rural midwives of 1955 and 1956 and propagandized their stories in public.⁵⁴³ Those didactic stories tell how these heroic midwives realized the Party's revolutionary sprit of "serving the people" despite unfavorable environments and local conditions. In the most typical of narratives, initially villagers and midwives' family members opposed their reform efforts. However, after being impressed by midwives' selfless devotion, those opponents eventually came to build and manage local childbirth stations themselves. Again, in this exemplary propaganda, the rural midwives were represented as the incarnation of the Party's *wei renmin fuwu* slogan.

However, no matter how much this propaganda glorified what were portrayed as heroic and selfless midwives, that did not mesh with social reality. The following citation

⁵⁴³ SPA 89-32-28; SPA 89-32-35.

from a work report in 1957 in Shanxi province demonstrates how greatly the reality on the ground differed from what was presented in Party propaganda.

[The medical personnel in the township clinics often complain] that they do not have a future and fail to *fanshen*. Their political treatment was similar to those retrained old-style midwives, and economically they belong to the 20th rank. [Owing to this drop of morale] their technical level is not that high. So some of them do not know how to treat complicated cases and how to inject medicine.... Therefore for the last three years, 40 of the township medical personnel gave up their positions and went back to farming or doing something else.⁵⁴⁴

Similarly, the 1955 work report from Tong county government in Hebei province also complains that young midwives refused to go to rural areas by saying that rural areas were too dangerous and that they were afraid of being raped there.⁵⁴⁵ In short, despite the enormous effort devoted toward ideological mobilization, the fabricated stories alone had certain limits when it came to their ability to encourage young activists to devote themselves toward the reform projects.

More seriously, in spite of these clear limitations, Party propagandas more and more exaggerated the importance of the reform to impress locals and activists. In fact, some Party officials directed their local cadres to emphasize the midwifery reform's importance in the class struggle and national defense. For example, a report from Changzhi city, Shanxi province stated that lecturing about the health benefit of midwifery reform is not a sufficient way to earn people's support. The provincial carders argued that "conducting midwifery reform is a way of struggling against the ideas of class

⁵⁴⁴ SPA 89-32-53.

⁵⁴⁵ HPA 817-2-14.

exploitation, because the old feudal thoughts did not care about people's health."⁵⁴⁶ They even stressed that midwifery reform would contribute to the national defiance and Socialist Construction by helping people have many healthier bodies. However, the following statement showing a township cadre complaining about wasting resources on midwifery reform clearly presents the limits of the fabricated propaganda that did not connect with people's daily lives: "Developing production is the one thing that we have to do, and farming is also necessary task to do. However, midwifery reform is not an urgent project. Does losing one more child or one less make any difference?"⁵⁴⁷

Compared to earlier CCP propaganda that valued the masses' practical needs in their daily lives, this new emphasis on the absolute devotion of midwives and the reform's importance in the class struggle demonstrated the increasing gap between the CCP's ideological construction of the reform and social reality on the ground. Strengthening the effort at ideological mobilization and overemphasizing the reform's importance might have been an unavoidable choice for the reformers and local cadres in order for them to earn people's support for the reform—those devoted and selfless midwives who would conduct the reform without material reward were crucial after all. However, ironically, by excessively exaggerating the importance of the reform, they made the reform less relevant to people's daily concerns. This widening disjunction between Party propaganda and social reality became one of distinct features that

⁵⁴⁶ SPA 89-32-33.

⁵⁴⁷ SPA 89-9-6.

characterized the midwifery reform in the period of Socialist Construction, and it also continually shaped the CCP's midwifery reform in following period as well.

The Rural Childbirth Facility (*Chanyuan*) during the Great Leap Forward Period

In 1958, CCP leadership declared that China had successfully completed the early collectivization project of Socialist Construction, and that they next needed to initiate a higher level of collectivization to coincide with the beginning of the Great Leap Forward. According to the Party leadership's vision, in the new level of collectivization, each peasant household was more directly connected to the township government through an administrative hierarchy that followed these three levels: People's Commune (township level) - the Production Brigade (village level) - Production Team (ten to one hundred households).⁵⁴⁸ In addition, the People's Commune would take responsibility for improving people's livelihood by initiating and managing social welfare programs within their communes.

At the same time, the Ministry of Public Health decided to launch a mass campaign to build a childbirth facility (*chanyuan*) in every single rural village as part of the Ministry's goals for the Great Leap Forward. According to the plan, every pregnant woman would be assisted by trained midwives in a special village facility during childbirth, and they and their newborns would stay there under intensive care for ten to twenty days. In other words, this campaign targeted a thorough collectivization of midwifery and postnatal care of new mothers and their newborns in the village level.

⁵⁴⁸ Philip C.C. Huang, *Ibid.*, 201-202.

In fact, these ambitious and heady experiments of the Great Leap Forward such as building People's Commune and childbirth facility reflected the Party's contradictory goals of continually financing its costly industrialization and rapidly improving the livelihood of rural peoples. These two goals were contradictory in that the Party had to extract surplus agricultural output from rural areas for its industrialization, yet rural people also needed the surplus from their agricultural production to improve their lives. Put another way, the CCP's two contradictory goals of urban industrialization and rural development put the Party in unavoidable dilemma of 1) maximizing extract from the agricultural sector and minimizing investment in the rural area and 2) did so while building the infrastructure for social welfare in rural areas. In order to solve this contradiction, the Party strengthened its interference in the production, labor usage, and daily lives of rural people. According to the Party's reasoning, the tight control of the Party over rural villages was necessary to increase agricultural productivity and to improve villagers' welfare system.

In this sense, the ideology, popular propaganda, and real practices associated with the campaign of building the childbirth facility perfectly demonstrated how the Party tried to actualize their contradictory goals in practice and how rural people responded to the Party's efforts. This is because every single village was assigned a role in building this welfare facility and because the campaign aimed to collectivize and interfere in one of the most basic functions of the family: childbirth and post natal care of new mothers and newborns. Additionally, the question of who would pay for the construction and

management of the facility brought resistance from locals and the need for excessive propaganda to overcome this resistance.

Social and Ideological Backgrounds of the Campaign

The unique character of the childbirth facility (*chanyuan*), not only a place for childbirth, but also a place for the postnatal care of mothers and newborns, illustrated why the Ministry chose to build the facility as their main way of implementing the Great Leap Forward which aimed to increase agricultural productivity and improve rural welfare. First of all, for the Party, collectivizing midwifery and postnatal care of mothers and newborns would allow the Party to mobilize all villagers' labor power. Like the village cafeteria, nursery, and kindergarten during the Great Leap Forward period, by collectivizing the postnatal care of the new mothers, the Party believed that it could mobilize the entire household including elderly women and the husbands of new mothers into production. For the Party, people wasted their labor in taking care of new mothers and their newborns. In fact, Party propaganda often calculated how many workpoints and labor power could be saved and better used by not using husbands and mother-in-laws and instead by letting trained village personnel take care of new mothers and children.⁵⁴⁹ For example, if two village midwives took care of five mothers, they could save the labor power of three mother-in-laws or husbands' and their workpoints after rewarding workpoints to two midwives.

⁵⁴⁹ Lei Hong, *Zenyang ban hao nongcun chanyuan* (How to set up and run rural childbirth facility) (Beijing: Renmin weisheng chubanshe, 1958), 4; Henansheng weishengting, ed., *Xinfajiesheng jiaocai* (Teaching material for the new method of midwifery) (Zhengzhou: Henansheng renminchubanshe, 1958), 20.

On the other hand, the Party also believed that they could improve women's health substantially by assigning trained personnel to take care of new mothers and newborns. According to Party propaganda, as long as they let household members conduct midwifery and postnatal care, it would be very difficult for the Party to "correctly" guide what should be done and not be done to protect the health of women and newborns.⁵⁵⁰ Party propaganda often put these Party ideas into popular slogans supporting the need for the childbirth facility such as "serve production by improving [household members'] attendance rate at work; protect the health of mothers and children by popularizing the new method of midwifery (*wei shengchan fuwu, tigao shengchan chuqinlü, tuiguang xinfajiesheng baozhang muzijiankang*)"⁵⁵¹ or "While wives taken care of in the facility, husbands work hard on the farm (*qizai yuanzhong yangyanghao, fuzai tianli jingtougao*)"⁵⁵²

Actually, at least half of these Party's ideas were correct. First of all, setting up and running a childbirth facility at the village level could dramatically popularize the Party's version of safer child delivery and postnatal care. For example, the elderly women whom I interviewed in Zhaicheng village recalled that although they had a township clinic in the Dongting town five kilometers away from their village, and also knew that giving birth there was much safer and almost free, few of them went to the township clinic except for

⁵⁵⁰ Lei Hong, *Ibid.*, 3-4.

⁵⁵¹ *Zenyang ban nongcun chanyuan* (How to set up and run rural childbirth facility) (Shanghai: Keji weisheng chubanshe, 1958), 3.

⁵⁵² Nanjingshi weisheng jiaoyuguan, ed., *Renmin gongshe jieshengyuan shouce* (Handbook for midwives in people's communes) (Nanjing: Nanjing renmin chubanshe, 1958), 35.

during cases of difficult childbirth. The main reason that prevented them from using township clinics was young birthing mothers' lower positions in their families and the poor modes of transportation. According to their stories, women had to be assisted by someone several days after childbirth, even for such basic activities as doing laundry or cooking. If they gave birth in township clinics, instead of their own home, they had to ask their mothers-in-law to come to the township clinic three times a day for their meals, which was impossible considering their inferior position in the family and the poor modes of transportation in rural China at that time.⁵⁵³

However, the Party's idea of how they might improve labor input by setting up village childbirth facility did not match reality. This was because villagers didn't spend a whole day taking care of new mothers. They just dropped by their home during lunch time to feed new mothers and children. For the villagers' view, taking care of new mothers and children at their own home was most economical. In fact, this disjunction between the Party's view and rural reality was the main cause of the conflict between the two during the campaign because villagers had no economic motivation to build such a facility and assign trained personal to such a "wasteful" job.⁵⁵⁴

Practices

The ways in which the CCP leadership hoped to build and manage childbirth facilities in villages were very similar to the method that local cadres used to conduct

⁵⁵³ Interviews with Li Laixiu, August 6, 2005.

⁵⁵⁴ Interviews with Lu Lanfeng, August 6, 2005.

she-zhan hebing: sifting financial burden for reform to local villagers. Each village (then, “Production Brigade”) was assigned to set up their childbirth facility on their own without support from above. To purchase basic medical equipment and medicine, villagers could ask for a loan from their commune at the township level which they had to pay back after harvest. Those personnel who worked in the facility would receive workpoints from their production brigades, and new mothers’ household had to pay for the service with the workpoints that they earned on the village farm.⁵⁵⁵ Virtually no financial support was given from the state. Thus the Party could conduct the reform without extra cost from the state.

Although such a self-supporting reform was perfect from the standpoint of the Party, for many villagers, this demand for building and managing childbirth facilities meant no more than “wasting” precious resources on an “unnecessary” task. As shown before, taking care of new mothers and newborns in their home during their extra time was most economical to them.

Because it was so obvious that rural villagers were unwilling to take this extra economic burden, tremendous ideological propagandas followed in order to spur the campaign on. This time, the exemplary midwives were much more devoted and therefore, much less realistic than their counterparts in the previous period. The stories of these model midwives of this period emphasized how those devoted and selfless midwives constructed and managed childbirth facilities at their own expense and without help from

⁵⁵⁵ SPA 1027-4-406; Lei Hong, *Ibid.*, 16.

above.⁵⁵⁶ According to them, midwives donated their rooms, beds, and futons to equip the facilities⁵⁵⁷ and even dug wells to bring fresh water to the facilities.⁵⁵⁸ Some work reports such as one from Hongqi Commune of Zouqun county, Shanxi province enthusiastically and proudly reported how many villagers' workpoints were saved by running the facilities and how this improved production.⁵⁵⁹ Propaganda documents even proclaimed the childbirth facility to be "the red flag of socialism" (*shehuizhuyi de hongqi*)!⁵⁶⁰

Since villagers viewed managing the facilities as a wasted effort, the Party provided tips on the effective use of labor power in the facility as well. Handbooks for managing childbirth facilities recommended that those personnel who worked in the facilities had to cook and do laundry for mothers while they had extra time.⁵⁶¹ Additionally, it was suggested that those personnel raise chickens for eggs, farm vegetables, and look for

⁵⁵⁶ Wuhan yixueyiyuan weishengxi, ed., *Banhao nongcun chanyuan* (How to set up and run the rural childbirth facility) (Beijing: Kexue jishu chubanshe, 1959), 7-9.

⁵⁵⁷ Zhonggong Hunnanshengwei jitishenghuofuli bangongshi, ed., *Xinfajieshenghao mujianyingerfang- ban nongcun chanyuan de jingyan* (The new method of midwifery is good, and mothers become health infants become chubby- the experience of setting and managing the rural childbirth facility) (Changsha: Hunanrenmin chubanshe, 1960), 1-2; Zhao Jingkuang, "Nongcun chanfuzhi jia" (The home of rural birthing mothers), *Hebeifunü* 11 (August 1958): 11-12; Guo Zhijie, "Shenxian nongcun chanyuan zenyang jianchengde" (On the process of building the childbirth facility in Shen county), *Hebeifunü* 11 (August 1958), 13-14.

⁵⁵⁸ Ru Zhifeng, *Jingjing de chanyuan* (A quiet childbirth facility) (Beijing: Zhongguo qingnian chubanshe, 1962).

⁵⁵⁹ Liming Production Brigade in the Hongqi commune saved 3086 workpoints between August and December 1958 (SPA 89-32-61).

⁵⁶⁰ "*Chanyuanshi shehuizhuyide hongqi, cujin shengchan dayuejin*" (The Childbirth facility is the red flag of socialism, it pushes ahead the Great Leap Forward of the production), in SPA 89-32-74.

⁵⁶¹ Nanjingshi weishengjiaoyuguan, ed., *Ibid.*, 35.

herbs in the mountains to minimize the financial burden of the facilities on villagers.⁵⁶²

The main theme here is how to run the facility without any extra cost and support from above and the villagers.

Although Xu Yunbei, the vice minister of Public Health proudly reported that by the end of 1958, 130,000 childbirth facilities were built with 416,000 beds,⁵⁶³ it is doubtful how many of them were actually built and functioning in rural villages. For example, it was reported that 226 villages out of Ding county's 469 had built childbirth facilities by the end of 1958.⁵⁶⁴ Among them, Baoziting Commune was selected as an exemplary commune for building 24 facilities and had assigned to them 36 trained midwives to run them.⁵⁶⁵ However, a retired midwife and ex-chief of the township clinic during the 1980s whom I interviewed couldn't recall anything about the facilities, although she had grown up in the surrounding area. The ex-chief pointed out that she might not remember because she married into the Commune in the 1960s. Nevertheless, she was very certain that if there were anything like them, they did not last very long as the village cafeteria and a nursery disappeared soon after the end of Great Leap Forward in 1960. Villagers in Zhaicheng also admitted that they were too "conservative" to conduct such a "progressive task" despite of the presence of active female cadres like Chin Shufang. In short, in spite of the Party's excessive propaganda, many villagers

⁵⁶² Ibid.

⁵⁶³ "Xu fubuchang zai fuyouweisheng gongzuo zoutanhuishang de zongjiefayan" (The closing speech of Xu, the vice minister at the informal discussion meeting on the maternal and infant health) on March 24, 1959. (HPA 1027-4-406)

⁵⁶⁴ DMA 8-1-532.

⁵⁶⁵ Ibid.

either passively followed orders while the campaign was at its pitch or even refused the instruction from the above.

The stories from Longbow villagers also confirmed how limited the influence of the campaign was and had on actual villagers' lives. Elders in Longbow village told me that they never heard of such a facility and, of course, they did not build it. Li Tingan, a retired obstetrician in Machang township (then, Commune) clinic, who was assigned to conduct the campaign in the area, recalled that he was aware of such a mass campaign, yet he also knew that building such a facility was impossible without financial support from above.⁵⁶⁶ He assumed that the success stories in the propaganda were all set up by the Party and not realistic. Obviously, he and his colleagues in the township clinic did not make any effort to encourage villagers to build a childbirth facility. The ideological propaganda that was divorced from the social reality had very little power on villagers.⁵⁶⁷

The Complex Legacy of the Childbirth Facility Campaign

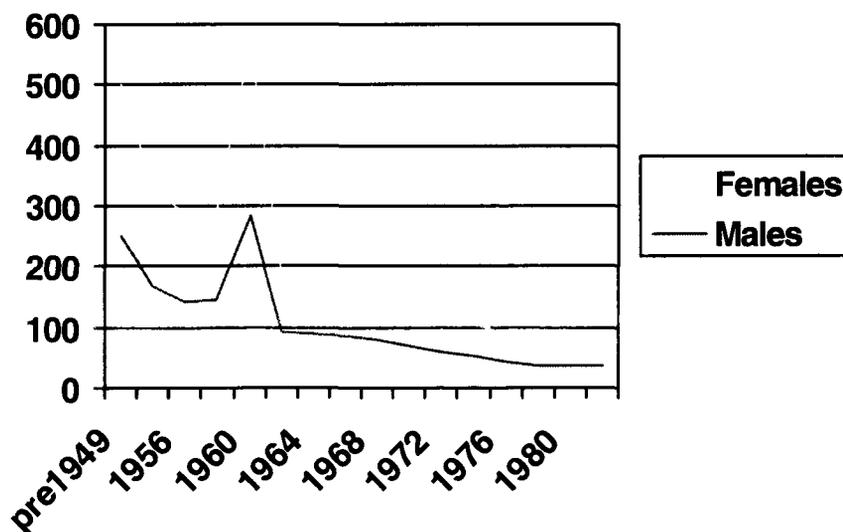
Considering its short-time in existence, unpopularity, and incompleteness, the legacy of this heady attempt by the CCP to collectivize midwifery and postnatal care was both complicated and profound in rural Chinese society. Firstly, although whether the 130,000 village childbirth stations that Xu mentioned in 1959 actually functioned should

⁵⁶⁶ Interviews with Li Tingan, July 24-25, 2005 and January 17, 2006.

⁵⁶⁷ This limited influence of the Party on village in this campaign should not be confused with the Party's general control over the rural village and the peasant. The commune system indeed strengthened the Party's control over people's lives. However, in order to minimize its invest in the rural sector, the Party concentrated its power on controlling agricultural productions while leaving costly social welfare works under the responsibility of communes. For more details of the CCP's control over village lives during the village era, see Philip C. C. Huang, *The Peasant Family and Rural Development in the Yangzi Delta, 1350-1988* (Stanford, California: Stanford University Press, 1990), 174-191.

be met with extreme skepticism, if rural village had something like that even temporarily; this explains the clearly perceivable second take-off of in rural midwifery reform during the period (the first one being the Early Revolutionary Period). In fact, as graph 6-1 shows, the infant mortality in rural China drop dramatically after 1961 when the disastrous famine caused by CCP leadership's mistakes and by natural calamities subsided.

Figure 7-1. Infant Mortality Rate by Sex, 1949 to 1982 ⁵⁶⁸



⁵⁶⁸ Reconstructed from Judith Banister, *China's Changing Population* (Stanford, California: Stanford University Press, 1987), 116.

This relationship between the mass campaign and the dramatic drop in the infant mortality rate could be explained by saying the campaign gave young activists groups an institutional back up to practice their skills in villages. As shown in the previous chapter, young activist midwives had limited chances of being recruited because of their lack of experience and authority in the earlier period. However, once villagers had seen the skills of the young activists in the childbirth facility, although the facility disappeared shortly after 1960, those young midwives who had been hired there continuously practiced their skill by visiting villagers' houses. In fact, most villages that I visited and interviewed at began to hire young midwives and offer them workpoints from the period of the Great Leap Forward, although none of them built the facility. Had it not been for the Party's intensive ideological propaganda and the massive mobilization of women for production during the period, it is hard to imagine that village leadership offering young midwives opportunities to practice their work.

It should also be stressed that the positive and even heroic image of midwives which repeatedly appeared in propaganda indeed changed the overall image of midwives. By doing so, it helped the intrusion of young activists into the reform program. Although the Party had imposed the positive and revolutionary image of midwifery work since the early revolutionary period, emotional resistance to being a midwife still remained among young women. For example, in Zhaicheng village, Qin Yantong, a young village activist, had been trained long before 1958 under Qin Shufang's encouragement. Nevertheless, she had not propagated (*xuanchuan*) her skill in public until village leadership offered workpoint and praised the importance of being a midwife in 1958. A villager elder said

that Qin Yantong might have thought that being a midwife was not an honorable occupation for young and ambitious women before the Party's thorough propaganda work for the campaign.⁵⁶⁹ Wang Zhanjiang, another retired midwife in Zhaicheng village, also recalled that she had moved into midwifery work during the Great Leap Forward period because being a midwife was a really honorable and certainly respectable job among young village women at that time. She had actively served as a midwife in her natal village (Taguzhuang village nearby the Ding county seat) and later became a cadre of the Women's Federation in the village until she married to a retired soldier in Zhaicheng village.⁵⁷⁰

The effects of the campaign can also be found in Longbow village where, oddly enough, none of villager had ever heard about the campaign. Li Tingan, the obstetrician in Machang Commune clinic at that time, opened a Sunday midwifery class as a part of his reform efforts instead of constructing "unrealistic" childbirth facilities. Wei Yinlian, then a young girl in Longbow village, took the class responding to the calling of the Great Leap Forward. After she finished her basic training in the Sunday classes, she became known as someone who knows how to assist childbirth. Later, when Longbow village had lost their village doctor, village leadership encouraged her to go for further medical education. She became a village doctor in Longbow after she finished her education and internship in 1971.⁵⁷¹

⁵⁶⁹ Interviews with Lu Lanfeng, August 6, 2005.

⁵⁷⁰ Interviews with Wang Zhanjiang, July 5 and August 6, 2005.

⁵⁷¹ Interviews with Li Tingan and Wei Yinlian, July 24-25, 2005.

In spite of all these positive signs of the mass campaign to build a childbirth station, the Party's overly ambitious attempt opened a rapidly growing disjunction between the Party ideology and the social reality of peasant lives. As for Party ideology, the success of the campaign was thought to depend mainly on human will power and devotion, not on material condition. Therefore, the Party propaganda concentrated on ways to inspire the village will and the spirit of devotion among people regardless of the objective social and material reality. More seriously, when the Party leadership and local cadres found the gap between the ideology and reality, the gap was filled with the exaggeration of people's devotion and the fabrication of social reality.

In this regard, it was no accident that the propaganda in this period began to describe old-style midwives as feudal remnants that should be replaced by the young and devoted Party activist. For example, *Ba qingchun xiangei dang xiangei renmin* (Donated youthhood for the Party and people), the didactic biography of exemplary midwife Tian Xiufen, indicated how Tian organized mass meetings to struggle against an "evil" old-style village midwife who opposed her reform efforts.⁵⁷² In the end, she cast out the old-style midwife from the village. As expected in such as typical propaganda works, villagers who were impressed by Tian's devotion supported her. In other words, the Party's exemplary midwives' story no longer celebrated the conversion of old-style midwives; instead, they praised the devotion of young activists and their triumph over "feudal enemy." In fact, this theme of activists' heroic struggle over the backward old-style

⁵⁷² Meng Min, *Ba qingchun xiangei dang xiangei renmin* (Donate youthhood to the Party and to the people) (Baoding: Hebei renmin chubanshe, 1958).

village midwives became a dominant in the midwifery reform propaganda throughout the Great Leap Forward,⁵⁷³ and later the Cultural Revolution.⁵⁷⁴ Considering the social reality showing that many childbirths, if not most, were still assisted by the retrained old-style midwives who enjoyed high authority and credibility among people, this image of the evil old-style village midwives was little more than an ideological fabrication to attract young village women into the campaign. In a sense, the excess of the revolutionary rhetoric and the empty ideological slogan that characterized the era of Cultural Revolution already prevailed in the CCP's midwifery reform campaign during the Great Leap Forward.

Conclusion

The story of CCP rural midwifery reform during the Socialist Construction and the Great Leap Forward periods tells us how the Party leadership, local carders, and rural villages interacted with and also confronted and worked against one another over the question of which strategy should be chosen to build the prosperous, advanced and Socialist society at the level of Chinese daily life. The Party leadership, investing most of its revenue in rapid industrialization, had required to shifting the financial burden of the midwifery reform to the rural villagers. That burden included living expenses for midwives and the cost of managing the medical facility. However, rural villagers, who

⁵⁷³ Guangxi dongzu zizhuqu weishengting fuyouweishengke, ed., *Renmin gongshe ban chanyuan de jingyan* (On the experience of people's communes on setting and managing the childbirth facility) (Nanning: Guangxi dongzu zizhuqu renmin chubanshe, 1959) and Hai Cuifeng, *Jianyi zhuchanxue* (Simplified midwifery) (Changcun: Renmin weisheng chubanshe), 1958.

⁵⁷⁴ Renmin weisheng chubanshe geming weiyuanhui, ed., *Xinfajiesheng gongzuo jingyan huibian* (On a compilation of the midwifery reform experience) (Beijing: Renmin weisheng chubanshe, 1976).

were mostly concerned about improving daily sustenance levels, were reluctant to bear these burdens. To solve this problem, the Party had to convince rural people how the reform directly benefit them and, at the same time, had to minimize the expense.

The CCP health reformers attempted to solve the problem by linking the reform to the rising concerns over the health of women who participated in production, giving workpoints to midwives, and strengthening the ideological mobilization of activists; these things in turn shaped the fundamental features of the CCP rural welfare and medical system throughout the cooperative and collective eras. Firstly, women's full scale participation in farming and the workpoint system caught the attention of rural population and local cadres turned it into a concern with women's health and healthy female labor. Women who brought tangible contribution to the household economy also could ask for a special care for their physical health. Actively responding to these new concerns, midwifery reformers presented midwifery reform as a comprehensive management system and a way of protecting women's health and labor power.

Secondly, giving workpoints, instead of cash, to midwives made it easier for the rural villages to pay for the midwives' medical service. In addition, by making midwives part of the rural cooperative's enterprise via the workpoint system, the local communities could maximize medical personnel's labor usage. For example, they let village midwives farm and collect hubs when they were not in service. In fact, the origin of the barefoot

doctor during the Cultural Revolution can be identified in this earlier practice of giving workpoints to village midwives.⁵⁷⁵

Finally, the massive ideological propaganda of the devoted and heroic young midwives did indeed attract young female activists and make them view the practice of midwifery as a way of actualizing and realizing their revolutionary slogan of “serve the people.” In doing so, those young activists perused their medical careers with minimal material rewards in their villages. This heroic self-identification and images of the devoted midwife was replicated and widely circulated among those who devoted themselves to their occupation and to midwifery even into the 1970s. In fact, it was a rural midwife who had devoted her life to “serving the people” who was honorably selected to carry Mao’s picture in his public funeral ceremony in Dingzhou city.⁵⁷⁶

However, the Party’s strategy of depending heavily on ideological propaganda and the people’s devotion seriously damaged the Party’s earlier effort to link the Party’s reform ideal and the people’s practical needs. The Party had to exaggerate and fabricate the rural reality in order to inspire people’s devotion and zeal. In a sense, this CCP strategy of developing a rural welfare system that heavily depended on ideological propaganda and people’s devotion and voluntarism, which we can find the CCP’s midwifery reform the Socialist Reconstruction and the Great Leap Forward periods,

⁵⁷⁵ Actually, many of those village midwives became barefoot doctors later and assisted childbirth in their villages even after the end of the collective era. In 1990, more than 470,000 midwives who had similar training to their counterparts in the 1950s assisted deliveries in village hospitals. They were originally trained in county and township hospitals for two to six months and returned to their villages to work as a birth attendant. Many of them became village doctors after additional training and passing an exam in the 1980s. In fact, about 30 percent of 1.25 million doctors in village hospitals or health centers were female in 1990. See Willy De Geyndt; Zhao Xiyun; Shunli Liu, *From Barefoot Doctor to Village Doctor in Rural China* (Washington, DC: World Bank, 1992), 2-3).

⁵⁷⁶ It was Zhao Nanzhi in Dongcheng village in Dongting town. (Interview with Zhao Nanzhi, March 8, 2006)

explains the origin of the ideological campaign that excessively stressed zeal and, in doing so, departed so far from reality, in the manner that would characterize the later Cultural Revolution.

CHAPTER EIGHT
A Socialist and Revolutionary Form of State Medicine
-The CCP Midwifery Reform in Urban Areas

When the CCP took control of the urban areas in China and attempted to improve maternal and infant health, the Party had to confront the complicated legacy of the GMD midwifery reform policy. On the one hand, the midwifery regulations that the GMD initiated had already taken root and brought changes in urban areas. The GMD system effectively trained licensed *jieshengpo* and *zhuchanshi* and screened their practices using the power of the police. As a result, more than fifty modern midwifery schools trained *zhuchanshi* and over 2,000 registered *zhuchanshi* provided reliable services for their clients in major cities such as Beijing, Shanghai, Nanjing, and Canton. In a sense, the GMD had already overcome the “backward” and “feudal” traditional practices of childbirth, at least in its urban territory.

However, on the other hand, the legacy of the GMD midwifery reform also brought about ideological and practical problems that the newly established socialist state had to overcome. In practice, while the GMD health programs for pregnant women heavily depended on foreign aid, the CCP could not expect such financial and technical support from the West due to the Cold War. Also, ideologically, since the Party criticized the GMD health programs for serving only the few and privileged, the CCP had to develop its own public health model that would be reliable and affordable to the urban masses.

Reflecting these complicated legacies of the GMD urban midwifery reform, the CCP urban midwifery reform differed strikingly from its rural endeavors. As shown in Chapters 6 and 7, the CCP redefined the concepts of “advanced” and “scientific”

medicine in order to fit the concerns of locals in rural areas. The Party also depended heavily on mass movements to bring about an official medical presence in rural communities, since few modern medical facilities existed there. This was in sharp contrast to CCP efforts in urban areas, where greater emphasis was placed on reshaping and reorganizing existing medical resources and practitioners to meet the Party's practical and ideological goals.

In other words, in order to provide affordable and reliable Western midwifery services to the urban masses, the CCP urban midwifery reformers strengthened the state's control over midwifery schools, *zhuchanshi* and *jieshengpo*, and their clinics. In fact, the CCP urban midwifery program shared similar features with GMD state medicine in rural areas in that both urged the state to play a greater role in creating and managing medical facilities and services through its administrative control over available medical resources and practitioners.⁵⁷⁷ Despite this similarity, unlike the GMD state medicine in rural China which merely served as a showcase of the GMD's vision of the modern state without generating any real result, the CCP could successfully provide reliable and affordable midwifery services to urban residents by introducing "socialist" and "revolutionary" components into the creation and management of medical services.

This chapter primarily details how the CCP practically and ideologically reconstructed its own version of "socialist" and "revolutionary" state medicine in the field of urban midwifery reform. With a view to surveying the process of creating the CCP state medicine, the chapter examines two questions. First, it reviews GMD health

⁵⁷⁷ For details on GMD state medicine see Chapter 5.

programs for pregnant women and infant health in urban areas between 1945 and 1949. Understanding the GMD midwifery programs as existed between 1945 and 1949 is essential to correctly understanding the challenges that the CCP had to overcome after this period. Secondly, this chapter also examines the three strategies that CCP health officials employed to overcome the problems that they faced after taking over the GMD health programs: 1) reorganizing professional midwifery schools, local *zhuchanshi* associations, and their clinics; 2) conducting programs that retrained old-style midwives and screening their practices; and 3) popularizing the Soviet-originated painless childbirth method (*wutong fenmian*).

In terms of empirical evidence, this chapter primarily analyzes three kinds of documents. First, in order to understand the CCP's intentions in regard to midwifery programs and how those programs were to be conducted, the chapter examines state official documents housed in the Beijing and Shanghai Municipal Archives. In addition, it takes a closer look at textbooks used in midwifery schools, professional journals for *zhuchanshi*, official Party propaganda such as *Renmin ribao* (People's Daily), and popular magazines to aid new mothers in learning about how CCP health officials were actually putting their reform ideals into practice. Lastly, the chapter employs interviews with urban residents and medical professionals, as well as pregnant women's 1950s medical records from an OB/GYN hospital, to demonstrate how the CCP programs operated on a daily basis in the delivery room.

GMD Urban Midwifery Programs between 1945 and 1949

When the war against Japan finally ended in 1945, it was the United Nations and other foreign charity organizations that provided material impetus for the GMD to rapidly restore medical services for its citizens. Between 1945 and 1947, the United Nations Relief and Rehabilitation Administration (hereafter UNRRA) offered 74,000 tons of medical supplies worth USD 66 million to China. Along with medicines, the United Nations dispatched 885 medical specialists to restore medical services in the country.⁵⁷⁸

In the midwifery field, the UNRRA conducted free home delivery services to the urban poor and to war refugees. *Zhuchanshi* and obstetricians visited pregnant women's homes in person, and offered delivery services at no cost. In doing so, the UNRRA aimed to directly help women who were unable to visit hospitals or could not afford to undergo delivery at a hospital. The UNRRA paid the costs of medical supplies employed during delivery, transportation costs and food expenses for medical practitioners during these home visits. In 1947, the UNRRA provided free home delivery services for 2,600 women each month, distributing benefits among major cities within China. For example, the UNRRA assigned quotas of 600 patients for Shanghai, 400 for Nanjing, 300 for Chongqing, 200 for Beijing and the remaining 1,100 for other major Chinese cities.⁵⁷⁹

In addition to free home delivery services, the UNRRA teamed up with the China Relief Mission Grant (hereafter CRMG) to equip 150 OB/GYN hospitals and

⁵⁷⁸ Wang Dechun, *Lianheguo shanhou jiuji zongshu yu Zhongguo* (The United Nations Relief and Rehabilitation Administration and China) (Beijing: Renmin chubanshe, 2004), 42-43. On top of this medical support, the UNRRA donated USD 38 million worth of food between February and November 1948 alone. Other aid from the United States amounted to USD 158.29 million for 1948 alone. In fact, the sum total of US aid in 1949 equaled that of China's national exports for that year, i.e., USD 170 million. Chang Kia-NGau, *The Inflationary Spiral: The Experience in China 1939-1950* (Cambridge: MIT Press, 1958), 334-336.

⁵⁷⁹ Number Two National Archives 372-616.

professional midwifery schools with full medical equipment, including X-ray machines, appropriate for delivery surgery. They also installed telephones in local midwifery health clinics so as to be able to receive emergency phone calls from patients.⁵⁸⁰ By doing so, the CRMG hoped that local midwifery schools and clinics could provide proper medical services for their patients in a timely manner.

The role that the GMD Ministry of Health and local governments played in these health relief programs was often limited to managing or assisting foreign relief institutions. For example, although the UNRRA directly controlled the funds for free home delivery services, it was the Beijing police department that selected which applicants would receive the home delivery services, and reported to the UNRRA the names and addresses of patients, the names of practitioners, the results of practice, and the dates of delivery.⁵⁸¹ The Beijing office of the UNRRA paid 400,000 yuan⁵⁸² for each case to practitioners after reviewing the list.⁵⁸³ The Shanghai municipal government also undertook all administrative paperwork involved in selecting beneficiaries.

Similarly, the Ministry of Health assisted the CRMG and UNRRA in determining which professional midwifery schools and hospitals should receive medical equipment needed for delivery surgery as well as complete sets of bed and bed sheets for patients.

By reviewing the size of hospitals and number of medical practitioners, the Ministry of

⁵⁸⁰ SMA Q400-1-3368.

⁵⁸¹ BMA J1-1-553.

⁵⁸² As shown in previous chapter, war and the GMD's mismanagement of the economy caused a serious inflation in China. For example, one pound of rice sold for 368,000 yuan in August 19, 1948 (Chang Kia-Ngau, *Ibid.*, 356-357).

⁵⁸³ In fact, the UNRRA frequently suspected corruption within Chinese local governments and often dispatched their own staff to investigate the reports from local authorities.

Health selected beneficiaries among professional midwifery schools and public health stations for maternity and infant health. These beneficiaries included the First National Midwifery School, Fujian Provincial Midwifery School, and twenty Shanghai District Health Stations for Maternity and Infant Health.

Not surprisingly, GMD state and local governments were able to regain control over *zhuchanshi* and private medical institutions by simply managing or distributing foreign relief aid. In fact, since foreign charity programs became sources of considerable income for medical institutions and practitioners following the devastation of war, these were forced to actively cooperate with the state that indirectly managed those funds. For instance, it was the Beijing municipal government that selected which twelve medical institutions were qualified to participate in the UNRRA's free home delivery service. The government even decided each institution's monthly quota.⁵⁸⁴ To meet the government's standards, each medical institution had to prove to municipal authorities their capability to conduct delivery services.

It was no accident that the Ministry of Health and municipal governments successfully pressured *zhuchanshi* in many cities to organize local *zhuchanshi* associations to act as a quasi-state agent during this period.⁵⁸⁵ As shown in Chapter 4, under the leadership of the Department of Social Welfare (*shehuike*) of the Nanjing

⁵⁸⁴ BMA J5-3-672.

⁵⁸⁵ Tina Philips, in her case study of the Guangzhou *Zhuchanshi* Association, views the local *zhuchanshi* associations as purely professional groups that were initiated by *zhuchanshi* themselves. (Tina Philips. *Ibid.*, 192) Although information about the situation in Canton was difficult to acquire, local *zhuchanshi* associations were under the influence of the local government in other major cities such as Beijing, Shanghai, and Nanjing. The case of Canton can be interpreted as an exception rather than part of a pattern since Canton was relatively far from the GMD center of power in Nanjing.

municipal government, 142 *zhuchanshi* in Nanjing organized the Nanjing *Zhuchanshi* Association in 1947.⁵⁸⁶ Soon, over 860 *zhuchanshi* in Shanghai⁵⁸⁷ and 153 *zhuchanshi* in Beijing⁵⁸⁸ had organized their own local *zhuchanshi* associations, and this all in the same year. The association's main task was assisting the local authority in regulating *zhuchanshi*'s practices, including identifying insufficiently qualified or charlatan *zhuchanshi* and *zhuchanshi*-conducted illegal practices such as abortion, and reporting these to local police when they occurred.⁵⁸⁹ In return, they could negotiate or discuss with local governments how the funds and medicinal supplies from foreign charity institutions should be distributed.⁵⁹⁰ In this sense, foreign aid gave GMD local governments considerable leverage in controlling local *zhuchanshi*.

Considering the scale of the war against Japan, it was indeed impressive that the GMD was able to restore its state medical service programs in urban areas within a relatively short time frame. The Shanghai municipal government proudly announced that they provided 6,156 cases of free delivery in 1947 alone. It conducted another 4,138 free home deliveries between March and July, 1948.⁵⁹¹ Similarly, the Beijing municipal government financially supported local midwifery schools and offered free delivery

⁵⁸⁶ Nanjing Municipal Archives 1003-3-651.

⁵⁸⁷ SMA Q6-5-458.

⁵⁸⁸ BMA J2-2-292; J1-1-553.

⁵⁸⁹ Nanjing Municipal Archives 1003-3-651.

⁵⁹⁰ For detailed information on *zhuchanshi* associations' activities, see Chapter 4, Section 2.

⁵⁹¹ SMA Q400-1-3368.

services to its citizens.⁵⁹² The GMD Ministry of Health and local governments were able to further control local *zhuchanshi* through *zhuchanshi* associations. However, it should be stressed that these impressive achievements were heavily dependent on the charity-based funding of foreign relief institutions. In one sense, the GMD state regained its control over public medical projects simply by distributing or managing foreign aid rather than creating their own programs or funds to improve the health of the Chinese population.

Reorganizing *Zhuchanshi* Associations, Midwifery Schools, and Private Clinics

When the CCP finally seized power in urban areas in 1949, the Party was confronted with the fact of how few human and material resources actually existed in the field of medicine, despite its ambitious plan to create “medicine for the masses.” Initially, in November 1949, the Party ambitiously promised free childbirth services, excepting “abnormal” cases that required specialist surgeries, in both Beijing and Shanghai.⁵⁹³ Furthermore, in January, 1950, the Beijing municipal government announced that it would provide 200 catties of millet as subsidies to pregnant women who developed complications requiring surgery.⁵⁹⁴ Reflecting the CCP’s ideological stance that scientific medicine should be available to the poor masses, the Party enthusiastically launched this free universal delivery program in the urban areas.

⁵⁹² BMA J1-5-1189.

⁵⁹³ SMA B242-1-112.

⁵⁹⁴ BMA 135-1-69.

However, the Party soon faced two substantial stumbling blocks in establishing its free delivery program. First, the CCP did not have the financial and medical resources that the GMD had enjoyed thanks to foreign relief institutions' involvement. In fact, after only two months, the CCP had to admit its failure to establish a universal medical system for pregnant women. Instead, the government scaled back its plans, supplying only 15 catties of millet per head, and this only to those who obtained approval from local police authorities after they provided evidence of being poor or needy.⁵⁹⁵ Similarly, the CCP ended up subsidizing only 150,000 yuan⁵⁹⁶ in medical fees for pregnant women in Shanghai, barely covering the cost of "normal deliveries" by *zhuchanshi*. This meant that the families of expectant mothers had to pay the extra costs for hospitalization.⁵⁹⁷ Two years later, CCP policy was scaled back even further, providing now subsidies only to those who gained the local administrative organization's approval. Even then, the subsidies covered only 40-50% of medical costs.⁵⁹⁸ Considering that the GMD state had offered free home delivery services to 6,156 mothers in 1947 and over 4,000 women in the first half of 1948 in Shanghai,⁵⁹⁹ the CCP failed to restore the medical welfare system even to GMD levels.

⁵⁹⁵ In every month of 1950, over 1,000 people applied for the subsidies, leading to the state requiring local police approval for applicants (BMA 135-1-60).

⁵⁹⁶ The inflation caused by the GMD state continued during the early CCP era. The party introduced a barter system in an effort to stem this inflation in the early 1950s.

⁵⁹⁷ SMA B242-2-221.

⁵⁹⁸ SMA B242-1-448.

⁵⁹⁹ SMA Q124-1-4301.

The other problem the CCP had to face was how to mobilize *zhuchanshi* in their private clinics and integrate them into the state public health program. For example, 449 out of 860 *zhuchanshi* in Shanghai and at least seventy out of 153 *zhuchanshi* in Beijing practiced midwifery in their own clinics before 1949.⁶⁰⁰ However, after the CCP took over the cities, many of these, although the exact number is unknown, closed their clinics for various reasons.⁶⁰¹ This meant that pregnant women had fewer places to go when they needed professional help than they had had available to them during the GMD period. Also, the CCP had no control over the delivery service fees in these private clinics. With a view to providing pregnant women with the reliable midwifery services that they had enjoyed during the GMD period, gaining control of *zhuchanshi* who practiced in private clinics became a major issue for the CCP.

To provide medical services for the masses with these very limited resources, the CCP had to tightly control pre-existing *zhuchanshi* schools, associations, and clinics, so that it could integrate *zhuchanshi* into the Party's medical programs. The following section examines strategies that the Party employed to control *zhuchanshi* and how these *zhuchanshi* reacted to this attempt. Surprisingly, far from the popular image of a zealously coercive party-state, the CCP achieved its goal only by gradually penetrating the *zhuchanshi*'s network and earning their cooperation. This cooperative policy lasted until the mid-1950s, when the Party took over professional midwifery schools and produced its own *zhuchanshi*.

⁶⁰⁰ SMA B242-1-655.

⁶⁰¹ SMA C31-1-196; BMA 11-2-129.

Reorganizing Zhuchanshi Associations

When the CCP finally seized Beijing in January, and Shanghai in May, 1949, they were not welcomed by the leaders of the local *zhuchanshi* associations. In both Beijing and Shanghai the Party found that many leaders of *zhuchanshi* associations had escaped to Hong Kong, Taiwan, or foreign countries because of their close relationship with the GMD state. This was in part due to the nature of *zhuchanshi* associations as semi-state agents.⁶⁰² Local *zhuchanshi* associations collapsed and many *zhuchanshi* closed down their clinics. While some *zhuchanshi* closed their clinics partly due to shortages of medical supplies, others closed down to wait until the new government clarified its policy towards medical practitioners.⁶⁰³ For the CCP, it was clear that the Party would not be able to supply midwifery services to its citizens unless it restored tight control over *zhuchanshi*.

In Beijing, the new capital of the CCP state, the Party took a more direct and administrative approach to restoring medical services. It took over the GMD-run municipal hospitals (*shi fuying weishengyuan*) and district health stations for maternity and infant health. The Party also organized a local network for maternal and infant health (*fuying baojianwang*). Nominally, the network covered 29 obstetricians and 208 *zhuchanshi* and was supposed to provide proper medical care to about 30,000 new

⁶⁰² For example, Xie Xiong, the head of Shanghai *Zhuchanshi* Association, moved to Taiwan, following the GMD government. Xie herself was imposed by the GMD as the head of the Association (SMA C31-1-196).

⁶⁰³ SMA C31-1-196.

mothers and their newborns each year.⁶⁰⁴ To achieve this, the Beijing municipal government issued an administrative order to *zhuchanshi* who had closed down their clinics to reopen them.

The CCP indeed exercised tight control over established hospitals and public clinics such as the municipal hospital and district health stations. For example, between April 1949 and November 1950, five out of eight *zhuchanshi* at the Beijing Municipal Hospital for Maternity and Infant Health were replaced with “better qualified persons.” While one of these resigned due to health problems, three were sent to a “revolutionary university” (*geming daxue*, actually a reeducation center) for having had an apparently suspicious relationship with the GMD.⁶⁰⁵ One *zhuchanshi* was fired for medical negligence. Furthermore, the Beijing municipal government investigated the finances and personnel of major private OB/GYN hospitals in Beijing in 1951. The resulting comprehensive, eighty-one page report included the class and family backgrounds of obstetricians and *zhuchanshi* in each hospital.⁶⁰⁶

Due to its control over hospitals and public clinics, the CCP was able to implement its own official free delivery programs for the poor. Private institutions such as Daoji and Union Hospitals had to accept set fees for women who had birth complications. Other district health centers also treated patients who presented certificates stating that they were poor. In 1951, 647 pregnant women with complications and 4,851 women who were

⁶⁰⁴ It has been calculated that 1.95 million Beijing residents produced 30,000 births in 1950 (BMA 135-1-72).

⁶⁰⁵ BMA 123-1-49.

⁶⁰⁶ BMA 135-1-60.

identified as poor benefited from the CCP programs.⁶⁰⁷ These numbers rivaled those, for 1947, of the beneficiaries of free GMD delivery programs in Beijing.

However, the CCP's control was limited to the well-established municipal and private hospitals and health stations. Although on paper Beijing's city authorities created a health network to cover over 200 *zhuchanshi*, that network was neither fully nor practically functioning in the early 1950s. Over 70 *zhuchanshi* did not practice until 1952 and the CCP state could exercise very little control over *zhuchanshi* in the private sector. *Zhuchanshi* who did not join the program often argued that they had too many housekeeping duties, or too poor health conditions, to practice midwifery.⁶⁰⁸

The CCP urged *zhuchanshi* in Beijing to develop the Beijing *Zhuchanshi* Association, primarily to document *zhuchanshi* practicing in the private sector. Association membership tripled from 153 in 1947 to 480 in 1952, which helped the Party to identify the *zhuchanshi* in the private sector by taking down their names, ages and addresses. The vice chairman of the association was Li Ganzhi, who graduated from Jilin Midwifery School (*Jilin zhuchan xuexiao*), and served as the head of the training program for medical practitioners in the Ministry of Public Health, while Ji Kezhang, a respected graduate of FNMS, served as chairman.⁶⁰⁹ In other words, early attempts by the CCP to control *zhuchanshi* in the private sector via *fuying baojianwang* had limited success. The

⁶⁰⁷ BMA 135-1-72.

⁶⁰⁸ BMA 11-2-129.

⁶⁰⁹ The reason for the increase is not clear. The association may have followed the example of the Shanghai *Zhuchanshi* Association. They doubled their membership by allowing students in professional midwifery schools to join the association in 1949.

Party still depended on semi-private networks such as local *zhuchanshi* organizations to gain access to *zhuchanshi* who ran their own clinics.

While health officials in Beijing were lucky enough to have administrative power to control the *zhuchanshi* in their own jurisdiction, their counterparts in Shanghai had more difficulty imposing their will on *zhuchanshi* in the private sector. The *zhuchanshi* in Shanghai voluntarily organized an association for themselves without being forced to do so by CCP authorities.⁶¹⁰ After the CCP first entered the city in May, Shanghai *zhuchanshi* began organizing a new association, establishing it in August.⁶¹¹ By accepting students in professional midwifery schools as regular members, the association increased its membership from 860 in 1947 to 1,390 by the end of 1949.

At first, officials in the CCP committee in Shanghai viewed this rapid restoration of the *Zhuchanshi* Association as a positive sign that it would cooperate with the new government. During the first general meeting held in August, health officials proposed the municipal government's plan to convert *zhuchanshi*'s private clinics into municipal health stations for citizens. City officials also suggested that municipal authorities redistribute *zhuchanshi* to suburban or rural areas, where *zhuchanshi* were needed. They even officially stated that the municipal government should send seventy-three unemployed *zhuchanshi* to Anhui, Hankou, and Manchuria, areas that suffered from a shortage of medical practitioners.⁶¹²

⁶¹⁰ For the Shanghai *Zhuchanshi* Association during the GMD period see Chapter 4, Section 2.

⁶¹¹ SMA C31-1-196.

⁶¹² Ibid.

However, it did not take long for CCP officials in Shanghai to realize that they had been wrong to expect ready cooperation from *zhuchanshi*. Even in the first general meeting, *zhuchanshi* openly opposed the plan to convert private clinics into municipal health stations. Publicly expressing their disapproval of the new government's policy towards midwifery work, *zhuchanshi* argued that the CCP should recognize *zhuchanshi* as obstetricians (*chanke yishi*) before demanding anything from them.⁶¹³

The Party's Shanghai officials' failure to earn the cooperation of *zhuchanshi* became clear by the second general meeting in June 1950. City officials also showed their disappointment by stating that the CCP had failed to convert local private midwifery clinics into state-run health stations. Moreover, out of the seventy-three unemployed *zhuchanshi*, only six had returned to their home county, while the city recruited thirteen for municipal programs to train old-style midwives.⁶¹⁴

Furthermore, in the second general meeting, the Shanghai *Zhuchanshi* Association demanded the privilege to conduct surgery as a condition of complying with the state's policy of sending *zhuchanshi* to rural areas. As was seen in Chapter 3, only surgeons and obstetricians had been allowed to perform surgery in cases of childbirth complications during the GMD era. The Shanghai *Zhuchanshi* Association argued that since few surgeons and obstetricians were available in rural areas, the state should allow *zhuchanshi* to perform surgeries during emergencies.⁶¹⁵ In doing so, they again tried to remove the professional barrier between *zhuchanshi* and obstetricians. In this sense, the

⁶¹³ Ibid.

⁶¹⁴ Ibid.

⁶¹⁵ SMA C31-2-36.

reestablished Shanghai *Zhuchanshi* Association, now under the CCP's control, was in reality more an interest group for the *zhuchanshi* rather than an agent of the state.

By 1954, the local *zhuchanshi* association in Shanghai apparently fell under state control in officially being registered as a sub-organization of the Medical Association (*yixie*), a semi-state agent for medical practitioners under the CCP.⁶¹⁶ However, it is not clear whether this meant that the CCP had control over *zhuchanshi* working in their own independent private clinics. In a 1951 Shanghai *Zhuchanshi* Association work report, Bi Shizhen, the new leader of the association, harshly criticized its “unruly” members working in private clinics that challenged the Party’s leadership and caused “dispute and disharmony.” Bi Shizhen, in her 1954 work report, simply commented that only 30% of 1,037 members worked in private clinics while 70% of the members worked in hospitals and actively accepted the Party’s leadership.⁶¹⁷ Although the message was subtle, it seemed that the Party still had difficulties in controlling the “unruly” *zhuchanshi* who had their own clinics.

Reorganizing Midwifery Clinics

While the CCP had very limited success in mobilizing *zhuchanshi* in the private clinics via professional associations, controlling them was critical if the Party were to offer reliable midwifery services to the urban masses. In fact, the percentage of births

⁶¹⁶ SMA C31-1-196.

⁶¹⁷ Ibid.

supervised by *zhuchanshi* was about 22% in Beijing⁶¹⁸ and 46.5% in Shanghai in 1950.⁶¹⁹ This meant that the *zhuchanshi* supervised more births than any other type of midwifery practitioner, including obstetricians, *jieshengpo*, and unlicensed *chanpo*.⁶²⁰ To increase the state's control over *zhuchanshi* practices and to persuade them to reopen their clinics, the CCP had to invent a new method of coercing *zhuchanshi* with state power. Meanwhile, it should be stressed that unlike the GMD, which had financial support from foreign charitable institutions, the CCP had very limited resources that could be used to induce the *zhuchanshi*'s cooperation. In other words, the CCP had to develop a strategy that could earn the *zhuchanshi*'s support with minimum material cost.

To meet this need, the CCP created a system of hybrid clinics that combined private initiative and state support/control, the so-called "United Maternal and Infant Health Station" (*lianhe fuyou baojianzhan*). In 1952, the Beijing municipal government began a program for *zhuchanshi* and *jieshengpo* in each district of the city to jointly establish a private midwifery clinic to serve their local clients. The idea was that the state would encourage individual *zhuchanshi* and *jieshengpo* to open their clinics, while the municipal government was responsible for providing a stable supply of medicine as well as subsidizing minimum operating capital for those clinics.⁶²¹ The state support included both rents and costs for running water and electricity if necessary. In addition, *zhuchanshi*

⁶¹⁸ BMA 135-1-72.

⁶¹⁹ SMA C31-2-153.

⁶²⁰ Percentages of births that each profession supervised in 1950 Beijing are as follows: obstetricians 10.5%, *zhuchanshi* 22%, *jieshengpo* 20.2%, unlicensed *chanpo* 2.8%, unassisted delivery or delivery by family members 44.3% (BMA 135-1-72).

⁶²¹ BMA 135-1-345.

who joined this program could receive loans as start-up capital for the clinics.⁶²² Each practitioner in the stations could keep fees paid by clients as salary after paying for the costs of medicine and daily operations. However, under the conditions of state support, the clinics in the program had to accept the state-regulated fee structure and attend a monthly meeting to review their medical skills and practices.⁶²³

In short, this new program allowed the state to control the price and quality of medical services with minimal financial burden. On the one hand, the municipal government could encourage *zhuchanshi* and *jieshengpo* to reopen their private clinics, so that Beijing residents could have access to sufficient numbers of medical facilities. This was particularly important to municipal authorities since many *zhuchanshi* and *jieshengpo* had closed their clinics during the civil war due to a combination of the lack of medical supplies and wartime instability. Also, clinics in the program would provide reliable medical services at low prices determined by the state. On the other hand, the United Maternal and Infant Health Station program allowed city officials to minimize their financial costs because the cost for supplying medicine and supporting operating capital was much lower than managing public midwifery clinics themselves.⁶²⁴

In response to the strong local *zhuchanshi* association, the Shanghai municipal government offered better conditions to encourage *zhuchanshi* to join the program. In

⁶²² Ibid.

⁶²³ Ibid.

⁶²⁴ Fees and minimum profits varied depending on region. For example, in 1956, the city would pay subsidies if a clinic in a suburban area failed to earn more than 63 yuan. Meanwhile, in the case of clinics in the city, these could receive subsidies if their income was lower than 51 yuan. In doing so, the municipal government encouraged *zhuchanshi* to open clinics in suburban and rural areas where fewer medical services were available.

1951, Shanghai city officials guaranteed minimum wages for practitioners in those clinics under the program.⁶²⁵ This meant that if *zhuchanshi* and *jieshengpo* in the United Maternal and Infant Health Stations failed to earn enough profits to support their living expenses, the city would pay the difference. For example, the standard pay for *zhuchanshi* was the same as average salary of middle grade medical officials (*guojia zhongji yiliao gongwuyuan*). If they earned less than this standard pay, the city would subsidize the difference.⁶²⁶ Furthermore, the city promised “political opportunities” (*zhengzhi jihui*) in the *Zhuchanshi* Association for those who participated in the program.⁶²⁷ Although the implications of the term “political opportunities” as used here are not clear, the notion thereof was likely to be especially meaningful in an era of such political reorganization.⁶²⁸

The United Maternal and Infant Health Station program turned out to be very successful in both Beijing and Shanghai. By 1953, the city of Beijing had thirty-four

⁶²⁵ SMA B242-1-945.

⁶²⁶ SMA B242-1-884.

⁶²⁷ Ibid.

⁶²⁸ From 1949 to 1953, the CCP organized political campaigns to reshape Chinese society to fit their ideological and political agenda. Major campaigns included the First Suppress Counterrevolutionary (Spring –Fall 1949), Second Suppress Counterrevolutionary (February-July 1951), Three-Anti Campaign (December 1951-June 1952), Five-Anti Campaign (January-June 1952), Thought reform campaign (November 1951-June 1952), and Patriotic Health Campaign (February-July 1952). See Ruth Rogaski, *Ibid.* 289.

However, surprisingly few archives on *zhuchanshi* that I reviewed mentioned those mass campaigns, while old-style midwives were one of the major targets during the Patriotic Health Campaign in 1952. This suggests that *zhuchanshi*'s images of practicing scientific medicine and serving the masses sheltered them from those political campaigns. In fact, AnElissa Lucas also argues that despite the rhetoric of the three-anti campaign targeting intellectuals, the status of medical practitioners was not significantly damaged. AnElissa Lucas, *Chinese Medical Modernization: Comparative Policy Continuities, 1930s-1980s* (New York: Praeger, 1982), 97-98.

midwifery clinics in the program.⁶²⁹ By 1957, this number had increased to forty clinics with 195 practitioners.⁶³⁰ In Shanghai, ninety-nine united midwifery clinics were in operation by 1956.⁶³¹ According to a 1953 Beijing municipal government survey, over 95% of *zhuchanshi* in clinics earned more than 75 yuan and could manage the clinic without state subsidies. In this way, the municipal governments were able to restore the medical network so as to provide affordable and reliable healthcare via this hybrid private/public midwifery system.

The case of the United Maternal and Infant Health Station demonstrates how desperate the CCP was to control *zhuchanshi* in the private sector in the early 1950s. To handle *zhuchanshi* who simply closed down their private clinics, city governments in Beijing and Shanghai had to guarantee their personal earnings rather than simply order them to reopen their clinics. Municipal authorities only limited medical fees in clinics so that impoverished families could afford these medical services. Significantly, the Shanghai municipal government had to offer various economic and political protections to earn *zhuchanshi*'s cooperation. In sum, the CCP was not simply an absolute socialist state obsessed with a given ideological stance, but a government that had to negotiate with social sectors in order to provide daily services to its citizens.

Reorganizing Professional Midwifery Schools

⁶²⁹ BMA 135-1-227.

⁶³⁰ BMA 135-1-495.

⁶³¹ SMA B242-1-887.

While it only encouraged pre-existing *zhuchanshi* to re-open their clinics in cities, the CCP strengthened its direct control over professional medical schools in order to cultivate its own *zhuchanshi* who would meet the Party's needs. During the GMD period, the state's role in *zhuchanshi* education was limited to regulating private midwifery schools' curricula and issuing licenses to those who were qualified to practice midwifery. In terms of curriculum, the GMD state simply employed Marian Yang's FNMS model as the standard.

In contrast, the CCP tightly controlled professional schools by taking them over directly or replacing members of the schools' executive committees. The Party also revamped the curriculum to train *zhuchanshi* that met the Party's practical and ideological needs. Most importantly, the CCP exercised tight control over the distribution of professional midwifery school graduates to various state hospitals and clinics. In some cases, the Party even intervened directly in the process of selecting new students. For the Party, the students in professional midwifery schools were easier targets and more essential resources for state-run health programs than preexisting-*zhuchanshi* in the private clinics.

The first program that the CCP conducted to increase its control over professional midwifery schools was making them national or government-managed schools (*gonglihua*). In 1949 Beijing, the CCP state simply took over three major existing professional midwifery schools in the city and divided them among its state organs. For example, while the Ministry of Public Health administered the FNMS, the Bureau of Public Health of Hebei Provincial Government directed Beijing Medical School

Affiliated Advanced Professional Midwifery School (*Beijing yike daxue fushu zhuchan xuexiao*). The Bureau of Health in Beijing Municipal Government took over the Private Midwifery School for Public Interest (*Sili gongyi zhuchan xuexiao*).⁶³²

In the case of the Private Midwifery School for Public Interest, the Beijing Municipal Government simply sent the deans of the Bureau of Public Health (*weishengju*) and the Bureau of Civil Affairs (*minzhengju*) to serve as directors to control the school's executive committee. It also changed the name of the school to Beijing Municipal Midwifery School (*Beijing shili zhuchan xuexiao*), transferred Sun Yuxun, the previous school principal, to the Bureau of Education (*jiaoyuju*) and appointed Li Bin, a staff member of Beijing Municipal Hospital for Maternity and Infant Health as the new principal.⁶³³

More importantly, the CCP directly changed the methods by which the school recruited new students. Starting in 1950, the new Beijing Municipal Midwifery School gave special priority to revolutionary activists who had served in the Liberated Areas (*jiefangqu*) for more than three years. In addition, the school gave priority to Party members who worked in local Party organizations and communities over other applicants.⁶³⁴ By doing so, the Beijing municipal government aimed to bring revolutionary activists into the medical field. For the Party, the revolutionary zeal that activists might have was a more important qualification than formal education since the

⁶³² BMA 135-1-869.

⁶³³ Ibid.

⁶³⁴ BMA 135-1-26.

CCP needed people who were willing to serve the poor masses despite limited monetary rewards for that medical work and the poor living conditions of the rural areas.

In the city of Shanghai, despite strong resistance from private professional midwifery schools, the Party had eventually, by 1954, placed them under its direct control. The Shanghai city government initially ordered private professional midwifery schools to reorganize (*zhengdun*) in 1951. According to municipal authorities, smaller schools lacked sufficient facilities and faculties to educate *zhuchanshi*, so they had to merge themselves with larger schools. The municipal government's plan was to merge Renhua, Dade, and Shengsheng professional midwifery schools and establish the private Limin Midwifery School, as well as to merge Zhongde, Tongde, and Huilu professional midwifery schools and establish in their place the private Jianmin Midwifery School. In addition, the Shanghai administration set out plans to send members of the Taihua Professional Midwifery School to Anhui Province or Hankou, which had an insufficient number of training institutions for *zhuchanshi*. Shanghai's municipal authorities also requested that the Boteli (Bethel) Midwifery School, then run by a Western mission, be converted into a nursing school.⁶³⁵

Unsurprisingly, the plan met with harsh and bitter resistance from alumni originations, faculties, and students of those private schools. For example, the alumni organization of Renhua midwifery school openly opposed the state plan, and only five students in Shengsheng midwifery school supported the merger.⁶³⁶ Facing this resistance,

⁶³⁵ SMA B105-1-590.

⁶³⁶ SMA B105-1-598.

the Committee for Reorganizing Midwifery Schools (*Zhuchan xuexiao zhengdun weiyuanhui*) had to divide staff, faculty, and students into separate groups and persuade or put pressure on them separately. In the end, the committee promised to rehire faculty and staff from the private midwifery schools, and meet the students' demands for lower tuition fees. By using the People's Student Aid Fund (*Renmin zhuxuejin*), the Party reorganized these private professional midwifery schools and placed them under state leadership.⁶³⁷

After reorganizing eight private midwifery schools into two private schools (Limin and Jianmin Midwifery Schools) by the end of 1952, Shanghai municipal government eventually took them over and created the Shanghai Municipal Midwifery School in 1953. Since the two schools had no alumni organizations or well-established operating committees, city authorities experienced little resistance. This time, students apparently supported this "public institutionalization" (*gonglihua*), in exchange for reduced tuition or free education arrangements.

The Shanghai Municipal Midwifery School's 1954 operating plan and the Party's investigation report clearly demonstrate how deeply the Party's power penetrated the school. In the 1954 operating plan, the Shanghai Municipal Midwifery School had to report how they would teach the newly adopted Constitution, organize the staff labor union, and detail the monthly activities of the school principal.

Furthermore, in 1954 the city administration dispatched an investigation team to the midwifery school, and reviewed the family backgrounds, political attitudes, and

⁶³⁷ SMA B242-1-516.

performances of seven staff members and nineteen faculties.⁶³⁸ No documents better demonstrate the Party's power over the school than the personnel files of staff and faculty attached to the report. For example, a file on Ge Guangdou, a school staff member, provides the following information: "Ge Guangdou, of the petty landlord (*xiao dizhu*) class, passed the thought reform (*sixiang gaizao*); transferred from Dade Midwifery School; he performed his job well; however, did not actively participate in political activities." As for Wang Wenyang, a faculty member, his personnel file states that he was a "Party member since 1953; currently the head of the Party branch in the school; good at Communist theory; experienced with student affairs; however, arrogant and not hardworking." Regarding Zhang Chunqiong, another staff member, the file stresses that "his aunt was married to a counter-revolutionary (*fan geming fenzi*); his sister was also married to a counter-revolutionary; he himself is fine." The report indicated that the investigation team interviewed students to learn about the political attitudes of their teachers and of school staff.

Along with taking direct control over professional midwifery schools, the CCP also reshaped the curriculum of *zhuchanshi* education programs. In 1950, the CCP Ministry of Education issued its own standard curriculum for *zhuchanshi* education. Table 8-1 demonstrates the sharp contrast between the GMD (FNMS) and CCP curricula.

Table 8-1: Comparison between GMD and CCP standard curricula for *zhuchanshi* Education

	FMNS Standard for GMD Midwifery Schools ⁶³⁹	The CCP National Standard ⁶⁴⁰
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⁶³⁸ SMA A28-2-4.

⁶³⁹ Reproduced from Philips Tina, *Ibid.*, 134.

Party Principles/Politics	40	234
Chinese Literature	80	156
Sociology	30	
History		117
Physical Education		76
Music		118
Latin		60
Physics		80
Anatomy & Physiology	145.5	137
Biology		80
Bacteriology	50	60
Materia Medica/ Pharmacology	82	76
Obstetrics/ Midwifery	142	528
Gynecology	41	154
Surgery		114
Public Health		117
Otorhinolaryngology		40
Epidemic control		76
Internal Medicine		116
Pathology		60
Pediatrics		192
Ophthalmology		40
Dermatology	20	40
Hygiene	41	
Abnormal Midwifery	41	
Urinalysis	21	
Care & feeding of children	82	
Dietetics	20	
Bedside instruction	40	
Nursing	41	
First Aid	20	
Model demonstration	40	
Clinic practice (antenatal)	369	
Delivery room practice	190	
Ward practice (postnatal)	2952	
Total hours	4,526.5	2808

As the table clearly shows, the CCP dedicated about six times as many school hours as had the GMD to political education. More specifically, students were expected to read

⁶⁴⁰ BMA 153-1-1070.

propaganda materials such as *Uprising of the Taiwanese People* [against the GMD] (*Taiwan renmin qilai*), Mao's essay *In Memory of Norman Bethune (Jinian Bai Qiuen)*⁶⁴¹, and *Moving Forward under Mao's Banner (Mao Zedong qizhixia xiang qianjin)*. In addition to this political class, the CCP curriculum required students to take 117 school hours of history class.

Another unique characteristic of the CCP-instituted program was its emphasis on general medical classes such as internal medicine and public health. It also increased learning hours for other birth-related medical knowledge such as obstetrics, gynecology, and pediatrics while removing classes on topics such as bedside instruction and nursing that had featured in the GMD curriculum. Instead of viewing *zhuchanshi* as assistants to obstetricians, the CCP trained them as independent medical practitioners, considering that they often had to practice in clinics without any physician's support. The CCP program even included 114 hours of surgery instruction, something that had been strictly prohibited to *zhuchanshi* during the GMD era. In addition, the new curriculum under the Communists removed post-natal ward practice that had normally taken up more than fifty percent of training hours in the GMD program. This was because the Party viewed *zhuchanshi* more as independent practitioners, while the *zhuchanshi*'s main role within the GMD program had predominantly been as mere assistants to physicians.⁶⁴²

⁶⁴¹ Norman Bethune (1890-1939) was a Canadian physician who served the CCP during the 2nd Sino-Japanese War. He died of blood poisoning while he conducted surgery in 1939. After his death, he became a symbol of the revolutionary and selfless medical worker. For details of his life, see Ted Allan, *The Scalpel, the Sword: The Story of Dr. Norman Bethune*, Toronto: McClelland & Stewart, 1989).

⁶⁴² BMA 135-1-104.

The ultimate goal of the CCP in exercising tight control over *zhuchanshi* education was to mobilize graduates to be able to serve in the state medical programs for maternity and infant health. Unlike the GMD, which stressed only the quality of a *zhuchanshi*'s practice, the CCP actively allocated new and young graduates of professional midwifery schools to public health stations for ordinary citizens or factory clinics for female workers. In the case of Beijing, its Municipal Midwifery School produced about thirty *zhuchanshi* each year⁶⁴³ and dispatched them to state-owned factories and suburban clinics.⁶⁴⁴ Similarly, the graduates of Shanghai Municipal Midwifery Schools had very limited career choices. Most were sent to suburban clinics where few *zhuchanshi* had previously ever volunteered to work, despite the great need in those areas.

Creating Socialist State Medicine from 1955-57

1955 was a watershed year for the CCP's midwifery health program. After managing graduates of midwifery schools for several years, the CCP had by this time become fully confident of its own power over medical and human resources. In fact, in Beijing the CCP educated over 700 *zhuchanshi* under its new curriculum between 1953 and 1955 in three professional midwifery schools in the city.⁶⁴⁵ Based on this confidence,

⁶⁴³ The following table indicates the number of graduates at BMMS from 1950 to 1954.

Year	1950	1951	1952	1953	1954
Number of Graduates	36	30	23	34	26

This table was reconstructed based on the information from BMA J135-1-869.

⁶⁴⁴ In fact, local people in suburban areas complained that the municipal government dispatched only new and inexperienced *zhuchanshi* in Beijing (BMA 135-1-292).

⁶⁴⁵ BMA 135-1-495. In 1957, the Beijing municipal government even decided that they had too many *zhuchanshi* in the city and decreased the admission quota for the midwifery schools.

beginning in 1955, the Ministry of Public Health placed all midwifery facilities and practitioners under direct management of local governments to realize the Party's revolutionary promise of "medicine for the masses."

In 1955, the CCP launched its socialist vision of state medicine in urban areas such as Beijing. The Beijing city authorities organized each district of the city under a district People's Government (*qu renmin zhengfu*), and this directly governed medical facilities in their jurisdictions as their own enterprises. In the case of local midwifery clinics run by individual *zhuchanshi*⁶⁴⁶ and the United Maternal and Infant Health Station, the district People's Government took over these clinics and stations, and transferred them into the more general umbrella category of government health stations. This meant that *zhuchanshi* in their own clinics and stations became employees of each district People's Government and offered their medical services under complete control of the district government. The People's Government would also take responsibility for supplying medicine and additional *zhuchanshi*. Moreover, the district People's Governments charged very low delivery fees to women giving birth living within their districts.

Furthermore, the health authorities in Beijing extended the government health network to preexisting major private and public OB/GYN hospitals and offices of maternal and infant health (*fuyou baojiansuo*) to offer more comprehensive midwifery services to its residents beginning in 1955. In this new program, pregnant women who experienced complicated births beyond the technical capability of district health stations would be transferred to the hospitals and offices of maternal and infant health until they

⁶⁴⁶ By the end of 1954, in Beijing, twenty-eight *zhuchanshi* had refused to join the state managed health system and managed clinics for themselves.

received proper care, in a somewhat similar fashion to the GMD rural state medical model discussed in Chapter 5. While the GDP plan in rural areas failed due to poor transportation, the lack of support from rural population and financial resources, the CCP model in urban areas could successfully provide women with the appropriate medical care depending on the nature of their medical issues.

More specifically, the Beijing municipal government categorized all major OB/GYN hospitals into three groups and assigned the medical problems they could treat to meet the needs of the above program.⁶⁴⁷ For example, Union Hospital (*Xiehe yiyuan*) and Beijing Medical School Affiliated Hospital (*Beijing yike daxue fushu yiyuan*) could perform all kinds of medical procedures including blood transfusions. Numbers 3 and 6 Hospitals for Maternal and Infant Health (*San* and *Liu fuying yiyuan*) and Central Peoples' Hospital (*Zhongyang renmin yiyuan*) could perform surgeries for birth complications. Meanwhile, Hospitals Number 1, 2, and 4 for Maternal and Infant Health (*Yi, Er, and Si fuying yiyuan*) and Beijing Municipal Hospital for Maternal and Infant Health (*Beijing shili fuying baojianyuan*) had to transfer their patients to hospitals in the "higher" tier if they needed surgery.⁶⁴⁸ In doing so, at least in theory, the midwifery service network in Beijing could provide comprehensive care to birthing women from normal births in district birth stations to birth complications in Union Hospital, the most advanced hospital in the city. In addition, by 1958, district People's Governments had created a medical insurance system by creating a system such that work units (*gongzuo*

⁶⁴⁷ BMA 135-1-345.

⁶⁴⁸ Ibid.

danwei) should cover medical fees for their employees. For example, when women gave birth in a delivery clinic under the district People's Government, clinics charged medical fees directly to the work units and not to individual patients.⁶⁴⁹ If the patients or their husbands were unemployed, clinics charged minimum fees or offered free deliveries as part of the district's social welfare programs. At least in theory, all midwifery medical practitioners, including *zhuchanshi* in Beijing, belonged to one of either central or local government medical facilities or state factory clinics, and offered delivery services under one form of state control or another. Subsequently, the state-run medical services covered virtually all citizens in the city of Beijing via work or residential units.⁶⁵⁰

In short, the CCP did share the GMD notion that the state was responsible for providing reliable and affordable midwifery services to its citizens.⁶⁵¹ The CCP's ideological position even strengthened the ideal that the state should offer universal healthcare to all citizens, including the urban poor. However, unlike the GMD, which

⁶⁴⁹ Under the socialist economic system, patients' work units were themselves often government enterprises. This was most often the case in Beijing or other major industrialized cities and less so in rural areas where most residents were farmers.

⁶⁵⁰ In fact, archival material and my interviews in Shanghai and Beijing confirmed that state/community medical programs both existed and functioned throughout the 1950s and the 1970s. Hospital records from a Shanghai OB/GYN hospital in 1959 confirm that if a patient's husband worked in a state-owned factory, it was the husband's factory that paid the hospital costs. Most interviewees in Shanghai and Beijing confirmed this information.

However, in one case, of an unemployed housewife in 1959 treated in that same hospital, the patient had to pay a deposit before receiving delivery services. It was not clear whether she was eligible to receive any subsidies from the district government where she resided. It seems that the district welfare system covered only poor families.

⁶⁵¹ It should be noted that the GMD and the CCP had different understandings of how to actualize the state responsibility for citizens' health in urban areas. The GMD basically modeled their approach after Western countries and viewed the state's role as a regulator within urban areas, where sufficient numbers of private medical practitioners provided services for clients. The state's role was to be limited to screening the quality of medical services furnished by private care providers. On the other hand, the CCP viewed the state's role as a provider of a more universal state-led set of medical programs through which the state directly offer medical services to all citizens.

received substantial financial support from foreign charity institutions, the CCP had to achieve that ideal with its own limited resources. In the field of midwifery practice, the problem was exacerbated by the fact that so many *zhuchanshi* closed their private clinics out of suspicions about the CCP's attitude towards the medical field or resistance to CCP control.

The CCP overcame the problem by actively reorganizing the relationship between the state, medical facilities/service providers, and patients/citizens. The Party took over professional medical schools and gave priority to Party members and activists who had served in rural communities in order to promote the revolutionary spirit within the medical services. Furthermore, Party officials directly distributed graduates of professional midwifery schools to the rural and suburban clinics, where they found most needs. The local governments also tightly controlled the price and quality of midwifery services in private clinics via United Maternal and Infant Health Station program that fully integrated *zhuchanshi* in the private sector into the state health service network. The CCP health officials even supplied medicine and paid the minimum salaries of *zhuchanshi* to encourage them to join the program. In doing so, the CCP could provide reliable and affordable midwifery services to its urban residents with limited medical resources.

By 1958, the Party took another socialist step forward by taking over private midwifery clinics and transformed them into district governments' enterprises. By doing so, medical practitioners became employees of local district governments, and the state supplied medicine and medical services via these government enterprises. Of course, the

state set the fees and quality of the delivery services. In addition, the state-owned clinics charged medical fees not to individual patients, but to patients' or patients' husbands' work units, which were frequently themselves also a part of government enterprise. If the patients and their husbands were unemployed, the fee was reduced or paid for by the governments' social welfare programs. At least in theory, the state-run medical services covered virtually all citizens in the city of Beijing via work or residential units. By doing so, at least in the field of midwifery, the CCP accomplished its revolutionary ideal of medicine for the masses.

Correcting Old-Style Midwives' Practices

The CCP programs to retrain old-style midwives were another example that bears examination, of how urban Party health officials realized the ideal of state medicine by fully integrating these practitioners into health programs, after strictly controlling for the quality of their medical service. As shown in Chapter 3, GMD health officials did in fact aim to correct the unhygienic practices of old-style midwives in an effort to improve both infants' and women's health. Indeed, GMD midwifery reformers such as Marian Yang and C.C. Chen created various kinds of short term programs intended to teach basic knowledge of Western midwifery and concepts of hygiene. More importantly, these reformers introduced a license system for indigenous midwives, and mobilized police power with the aim of causing Western-style midwifery practices to take root in Chinese society.

In fact, the CCP urban retraining programs for old-style midwives shared many features of their GMD counterparts. These programs also targeted the teaching of basic principles of hygienic methods in line with Western technique, and employed local police authorities to ensure that local midwives actually followed these methods. Furthermore, the CCP rehired many GMD health officials to continue their retraining programs for these midwives. For example, Marian Yang, who worked as director of Beijing's midwifery reforms as well as of the maternity and infant health program under the GMD government, continued to serve as director of the maternity and infant health program of the CCP Ministry of Public Health.⁶⁵²

However, essentially the continuity stopped there. As reviewed in Chapters 4 and 5, despite the best intentions of reformers, GMD reform programs based simply on a license system and police power inevitably encountered the resistance of local women and old-style midwives themselves, who did not understand the reform goals of the state and viewed the reform programs as a meddlesome state intrusion into the private sphere of their lives. Furthermore, many of these old-style midwives resisted, and attempted to circumvent state reform regulations because the reform ideals simply placed them as inferior to the young and inexperienced, yet educated *zhuchanshi* and, in doing so,

⁶⁵² It comes as no surprise that GMD and CCP urban midwifery retraining programs shared a similar goal and features since the new socialist government rehired most of the GMD government's health workers and administrators. For example, six out of eight known directors of the Chinese Academy of Medical Science in 1956 and nineteen out of twenty-six editors of *Chinese Medical Journal* in 1962 were graduates of the Peking Union Medical College, the most privileged and elite medical school in China during the GMD period (Lucas, AnElissa, *Ibid.*, 99).

threatened their authority as reliable birth attendants, and thereby their personal business interests.⁶⁵³

By contrast, the CCP employed more complicated programs that combined pressure and inducements. While the Party did not as a rule compromise, and in fact even strengthened, the technical features of hygienic midwifery, at the same time, it promoted the overall status of “reformed” old-style midwives by actively encouraging them to join the various state health programs, such as the “United Maternal and Infant Health Station.” In doing so, the CCP provided professional protection and economic interests⁶⁵⁴ to those midwives who passed the state license exam and proved their ability to safely conduct delivery. As a result, the Party became able to fully integrate them into state medical programs, and the state could in turn exercise full control over the delivery practices of these newly-professionalized women within urban areas, when these had in fact been among those who had most strongly resisted GMD midwifery reform policies.

The CCP Retraining Programs for Old-style midwives in Urban Areas

So-called *chanpo*, i.e. old style *jiashengpo* is the great enemy (*da di*) that causes serious damage to maternal and infant health. Their two hands cause deaths to both birthing mother and infant. [However] since these people have had this [child delivery] as their career for generations, they have earned considerable and deep support from the masses. [Therefore], although they present great danger, abolishing them is not an easy solution to solve this problem.... Our strategy to transform (*gaizao*) the so-called *chanpo* is by removing their unscientific delivery methods and teaching scientific delivery methods.⁶⁵⁵

⁶⁵³ For specific GMD reform programs and their limitations read Chapters 3, 4 and 5.

⁶⁵⁴ For how the GMD reform marginalized the old-style midwives legal status and they felt threatened by the GMD reform policies read Chapter 4, Section 1.

⁶⁵⁵ BMA 135-1-72.

The above quotation, taken from the 1950 work report of the maternal and infant health team from the Beijing municipal government, clearly illustrates CCP city officials' complicated attitude towards old-style midwives. On the one hand, just as had GMD propagandists, Party health authorities also criticized the practices of old-style midwives as unhygienic, even identifying them as the "great enemy" that causes serious harm to both maternal and infant health.

However, on the other hand, acknowledging that old-style midwives had close connections with their local communities, the Party recognized retraining of these practitioners, as opposed to their abolition, as a more effective way to improve maternal and infant health. In fact, the Communist Party admitted that, even in Beijing, over 55% of births took place outside the control of professional medical practitioners with Western medical training⁶⁵⁶ and that the retraining of old-style midwives would be the most effective way to allow those who had not been able to afford expensive Western-style health facilities to share the benefit of modern medicine. In the CCP's view, old-style midwives, specifically their practices, were indeed the main cause of the high mortality rate of women and children, due to their unhygienic practices. Yet, at the same time, they also could be a potential asset to the Party and serve the poor if the authorities could correct the unhygienic features of their techniques.

Reflecting their complex views of indigenous, local midwifery, CCP retraining programs also developed a unique character combining rigorous training in Western

⁶⁵⁶ According to the Party's research in 1950 Beijing, 39.2% of families relied on family members for assistance or on the mother herself, while 17.8% of births were supervised by old-style midwives (BMA 135-1-72).

practice with political/ideological promotion of those who qualified to practice hygienic and scientific delivery. Tables 8-2 and 8-3, modified from CCP midwifery retraining documents in 1949 in Beijing and in 1952 in Shanghai demonstrate well the combined feature of the CCP retraining programs for old-style midwives.

Table 8-2. Curriculum for *Jieshengpo/Laolao* (Old-Style Midwife) Retraining Program in Beijing⁶⁵⁷

Class	Duration	Class	Duration
Political awareness	6H	Emergency treatment	4H
Female anatomy	4H	Post-natal care	2H
Pre-natal examination	4H	Common knowledge pertaining to pregnancy	4H
Methods for sterilization	6H		

Table 8-3. Curriculum for *Chanpo* (Old-Style Midwife) Retraining Program in Shanghai⁶⁵⁸

Class	Duration	Class	Duration
Political awareness	2H	Delivery	4.5H
Female anatomy	1.5H	Post-natal care	1.5H
Pre-natal examination	1.5H	Emergency treatment	1.5H
Hygienic life style during pregnancy	1.5H	Abnormal pregnancy	1.5H
Old-style midwifery	3H	Vaccination	1.5H
Methods for sterilization	2.5H	Taking of oath for scientific delivery	3H

To ensure that old-style midwives could safely deliver children, the CCP programs heavily stressed sterilization and human anatomy, which was somewhat similar to their GMD counterparts.⁶⁵⁹ The final examination that completed the retraining programs also

⁶⁵⁷ BMA 135-1-35.

⁶⁵⁸ SMA B242-1-303.

⁶⁵⁹ It was no surprises considering Marian Yang, who worked as director of Beijing's midwifery reforms as well as of the maternity and infant health program under the Nanjing government, also designed the technical feature of the program as director of the maternity and infant health program of the CCP Ministry of Public Health.

focused on mastering Western midwifery. In the cases of both Beijing and Shanghai, *jieshengpo* who had already completed the GMD retraining programs and other old-style midwives had to deliver five children under the supervision of city health officials to complete the program and thus receive a license.⁶⁶⁰ In a sense, compared to the GMD license exam, which was composed of both oral and written components, the CCP's licensing exams, which required real hands-on practice, were more demanding. In fact, as a result, only eighty out of 201 *jieshengpo* who had already passed the GMD training program received midwifery licenses as issued by the CCP in Shanghai between 1950 and 1952.⁶⁶¹ Thus it can certainly be argued that the CCP training programs required higher skills and practical medical knowledge of Western midwifery than their GMD counterparts.

While stressing the hygienic and scientific aspects of Western midwifery techniques, the CCP retraining programs also heavily emphasized the importance of revolutionary spirit among medical practitioners. As Tables 7-2 and 7-3 show, retraining programs in Beijing and Shanghai allotted 8% to 20% of class time to classes entitled "political awareness." Although few archival materials show what students learned in the classes, the title suggested that classes were intended to ideologically motivate old-style midwives with a view to showing them why they had to practice Western midwifery based on human anatomy and infection control and how learning safer midwifery would help them to serve the masses better.

⁶⁶⁰ By November of 1949, only seventy-eight students could receive licenses while another thirty-one had to stop their practices until they passed the exam in Beijing (BMA 135-1-35).

⁶⁶¹ SMA C31-2-154.

The CCP's ideological promotion of local, indigenous midwives who completed the retraining program and earned their license is clear in these practitioners' new legal title. While GMD reformers had named such licensed midwives *jieshengpo*, which literally means "grannies who attend birth," the CCP named them *jieshengyuan* (midwife practitioner). Although this change was rather symbolic, it implied that the CCP actively removed the impression of "old" and "outdated" from this group of midwifery practitioners who learned new medical knowledge from the retraining programs. In the Party's ideology, with the newly acquired knowledge of Western midwifery, the old-style midwives who had caused the death of women and children now became trustworthy personnel of the Party health program for expectant mothers and their infants.

Indicating this ideological promotion as attained through the retraining programs, the Party often presented *jieshengyuan* as "reform minded" and loyal Party health workers. During the Patriotic Health Campaigns of 1952 and 1953, it was often *jieshengyuan* who made public speeches on the importance of a hygienic life style and the danger of infection during mass lectures and exhibitions. In the speeches, they were presented as a living example of how the "harmful germ carriers" who had caused infant death could be transformed into beneficial health care givers by learning knowledge pertaining to bacteria and infection.⁶⁶² Although there is no doubt that the messages given during these exhibitions and lectures were politically designed to criticize the United

⁶⁶² Wang Xin, "Linhaixian Datianzhen wuzi jiaoliu dahui zhuzhi wenyu huodong shou qunzong huanying" (Linhai County's Datian Town society for goods and material exchange organized a cultural activity and received the masses' welcome), *Renmin ribao*, October 29, 1952 and Ye Ting, "Ba xingfu daigei shanqude muqin he haizi" (Delivering happiness to the mothers and children in the mountainous areas), *Renmin ribao*, September 11, 1953.

States for conducting germ warfare,⁶⁶³ it also clearly demonstrated the new political and ideological status of those local midwives who had passed state retraining programs.

Practicing Midwifery as a CCP-Designated Jieshengyuan

The CCP's complicated views on old-style midwifery as an actual source of death for women and children while also paradoxically being a potential asset to promote female/infant health were even more clearly pronounced in the actual policies that the CCP employed to regulate their practices, which, again, combined both pressure and inducements. While fully utilizing police authority and social organizations to screen *jieshengyuan*'s practices, the CCP also actively integrated them into state health programs as long as they proved the ability to deliver babies safely.

At first, the CCP's health officials fully mobilized local police to screen the actual practices of licensed *jieshengyuan*. In fact, after concluding the retraining programs for old-style midwives, municipal governments in Beijing and Shanghai sent lists of those who received licenses and those who failed, to local police stations and local health stations, so that they could supervise each *jieshengyuan* and old-style midwife within their jurisdictions. After receiving the lists, each police station and health center was charged with striking off those who had failed to earn a license to practice. By regulation, even licensed *jieshengyuan* were subject to this strict police screening. First violation

⁶⁶³ Suspecting American germ-warfare during the Korean War (1950-1953), the CCP officially condemned the US for dropping "germ bombs" in Manchuria and Shandong provinces in 1952. Soon, the CCP launched the Patriotic Health Campaign aiming to organize vaccination and epidemic control systems within major cities. For the details of the Patriotic Hygiene Campaign, read Ruth Rogaski, *Ibid.*, 285-299 and Yan Nianqun, *Zaizao Bingren: Zhong xi yi chongtu xia de kongjian zheng zhi, 1832-1985* (Remaking "patients"), (Beijing: Zhongguo renmin daxue chubanshe, 2006), 336-338.

would cause a warning, the second would lead to a temporary cessation of practice, and the third would cause revocation of the license. If a *jieshengyuan* caused the death of either mother or infant, local police would investigate the case and criminally prosecute the *jieshengyuan* if she was directly responsible for the death due to her own malpractice or negligence.

In addition to police power, the CCP had access to another force to ensure tight control over *jieshengyuan*: local Women's Federations. Since the CCP ideologically presented the popularization of scientific midwifery as a revolutionary method of improving women's health, local Women's Federations were actively involved in implementing the *jieshengyuan* screening. As a local women's organization, they were able to effectively support local police in identifying midwives without license or licensed *jieshengyuan*'s malpractices.⁶⁶⁴ Compared to Beijing local residents during the GMD era, who often turned a blind eye to old-style midwives' unlicensed practices in their communities, this local assistance to police was a great help to the CCP local authorities in their regulation of unlicensed local midwives and *jieshengyuan*.

While the CCP employed the police and local Women's Federation to screen the practices of *jieshengyuan* and unlicensed midwives, the Party provided professional licensing and consequent economic protection so long as they proved that they were able to practice hygienic delivery. First of all, the Party allowed *jieshengyuan* to join the United Maternal and Infant Health Station in local communities as legitimate professional midwifery practitioners. In these local stations, *jieshengyuan*, as well as

⁶⁶⁴ BMA 135-1-35; BMA 135-1-173; SMA B242-1-303.

obstetricians and *zhuchanshi*, were able to work as formal members, on the condition that they agreed to a technical inspection from the state health officials and *zhuchanshi* who worked in the same station with them. In fact, out of 137 members in 34 United Maternal and Infant Health Stations in 1954 Beijing, 65 *jieshengyuan* were registered as full members alongside two obstetricians and 70 *zhuchanshi*.⁶⁶⁵ In doing so, the CCP aimed to mobilize the fullest number possible of *jieshengyuan* to serve their communities while ensuring the quality of their medical services. For *jieshengyuan*, as long as they followed the principles of hygienic Western midwifery, they could earn official recognition as medical practitioners and gain business opportunities in the station.

Furthermore, in order to encourage *jieshengyuan*'s full participation in the practice, the CCP guaranteed protection of their economic interests within a legal practice framework. The health authority allowed *jieshengyuan* to charge up to 35,000 yuan for normal births, while allowing *zhuchanshi* to charge up to 45,000 yuan for the same service.⁶⁶⁶ Although the Party still recognized the technical superiority of *zhuchanshi* over *jieshengyuan*, it kept the difference in terms of medical fee to a minimum as long as both groups provided the same kinds of service. As a result, out of 92 licensed *jieshengyuan* in 1954 Beijing, 65 joined the program. Again, while strictly controlling the quality of delivery services provided by *jieshengyuan*, the Party also fully recognized them as formal medical practitioners as long as they met the medical standard.

⁶⁶⁵ BMA 11-2-129.

⁶⁶⁶ According to the GMD regulation in Beijing, *jieshengpo*'s standard fee was 1 yuan while *zhuchanshi* were allowed to charge 4-4.5 yuan for normal birth.

In conclusion, the discourses and practices of the CCP urban old-style midwife retraining programs reflected the Party's complicated view of local, old-style midwifery. On the one hand, Party health officials, similar to their GMD predecessors, viewed their unhygienic practices and lack of basic knowledge regarding human anatomy as primary causes of the high mortality of both pregnant women and infants. At the same time, CCP reformers also recognized that old-style midwives had close ties with and access to local residents. Therefore, the Party's strategy pertaining to what they viewed as dubious medical practitioners became that of combining tight control over the quality of their delivery techniques and ideological/economic promotion of those who actually acquired the basic knowledge of infection and anatomy. More specifically, the CCP fully mobilized local police power and localized volunteer groups to put pressure on old-style midwives to take retaining program courses, and issued licenses only to those who were actually able to deliver children under hygienic conditions and with hygienic methods. At the same time, the Party treated them as legitimate medical workers as long as they passed the licensing exam, and allowed them to participate in state health programs such as the network of United Maternal and Infant Health Stations. Within the program, they could receive almost as high a medical fee as *zhuchanshi* if they provided the same kind of service with the full medical supervision of the state. As a result, urban CCP health officials achieved their goal: mobilizing them and integrating them into the Party's health program while controlling the quality of their service.

**Reinventing Scientific Medicine for the Socialist Republic –
The Soviet Psycho-Prophylactic Method of Delivery in 1950s China**

While implementing the health reform based on Western biomedicine, the CCP encountered practical and ideological problems with the medical practitioners who were trained in Western medicine. For example, as shown in an earlier section, over 140 *zhuchanshi* in Beijing and Shanghai refused to serve in rural/suburban clinics and preferred to remain unemployed so as to stay in the city. The Party, struggling to create a basic medical service for the masses in rural and suburban areas, suspected those medical workers trained in Western medicine of being self-serving and spoiled by “bourgeois” and “materialistic” Western culture, such that they refused to voluntarily serve the masses.

Furthermore, the ideological tension with Western medicine escalated during the Korean War (1950-1953). While the CCP’s “volunteers” fought against the American army in Korea,⁶⁶⁷ and the Party accused the US of war crimes in the form of germ warfare, most of its own medical administrators and leading medical practitioners were trained in medical institutions founded by American missionaries or charity organizations such as PUMC.⁶⁶⁸ Although the CCP, claiming itself to be a modernizing force, favored scientific Western medicine over traditional Chinese medical practices, the Party had to solve the ideological problems that Western medicine and its practitioners generated.

⁶⁶⁷ During the Korean War, the CCP dispatched “voluntary troops” to fight against the U.N. forces, which were mainly composed of US military troops.

⁶⁶⁸ As stated earlier, six out of eight directors of the Chinese Academy of Medical Science known of up to 1956 and nineteen out of twenty-six editors of the *Chinese Medical Journal* up to 1962 were graduates of the PUMC, founded by the Rockefeller Foundation. (AnElissa Lucas, *Ibid.*, 99)

In order to overcome this dilemma, the CCP introduced the Soviet-invented psychoprophylactic method of delivery (hereafter PPMD).⁶⁶⁹ According to the *Union of Soviet Socialist Republics'* physicians of the 1940s and 1950s, women's pain during labor could be substantially relieved or even eradicated by psychologically reorienting their mindset and attitudes towards birth.⁶⁷⁰ For them, the pain that women experience during childbirth was not a natural consequence of birth; instead, women reported pain during birth because they misinterpreted the attendant minor physical contractions as such. This misconception was caused and reinforced by other women who, over generations, had consistently fed incorrect information to expectant mothers. Following this line of thinking, pain during childbirth was no more than an "imagined" sensation. Therefore, it was possible to eliminate the pain by correcting women's misconception of pain during labor.

For the CCP health authorities, PPMD was a perfect solution to the ideological problem that was caused by Western medicine and its practitioners. Since PPMD was based on the Soviet scientist Pavlov's conditioned response theory,⁶⁷¹ it was immune

⁶⁶⁹ PPMD is known as the Lamaze method in Western countries.

⁶⁷⁰ Fernand Lamaze, *Painless Childbirth: The Lamaze Method*, trans. L.R.Celestin (Chicago: Contemporary Books, 1956), 62-72.

⁶⁷¹ Indeed, PPMD was fundamentally based on Pavlov's conditioned response. Pavlov argued that neutral stimulus became a conditioned stimulus when it was consistently paired with the unconditioned stimulus. For example, in the well known experiment of conditioning the salivary response of Pavlov's dogs, a dog salivated in the presence of food. If a dog consistently heard a bell sound when it saw food, the dog would begin to salivate when it heard the bell, even without seeing any food. Employing Pavlov's idea of conditioned response, Russian physicians who invented PPMD argued that the pain in childbirth was conditioned by other women's misinformation that their birth experiences were painful. In line with this theory, physicians could eliminate childbirth pain by reconditioning the connection between pain and birth. (Fernand Lamaze, *Ibid.*, 31-35)

from being labeled “capitalist bourgeois” Western medicine. At the same time, the method still contained a set of scientific explanation, which distinguished itself from old-style birth methods that the CCP viewed as “backward traditional elements.”

Rather than comprehensively investigating the medical dimensions of PPMD, this section is primarily concerned with the CCP’s presentation and practices of this new childbirth method during the 1950s.⁶⁷² In other words, this section will examine why and how the CCP presented the PPM as a “truly socialist and scientific” method of delivery and how pregnant women in China experienced “*wutong fenmian*” in the delivery room. In doing so, this section reveals that the CCP’s adoption of PPMD actually reflected its ideological tensions with “scientific” yet “ideologically problematic” Western medicine and the Party’s need to create its own “truly socialist and scientific” medical model.

The CCP’s Ideological Dilemma and PPMD

As shown in previous sections, the early 1950s witnessed the CCP’s struggle for controlling/mobilizing medical practitioners such as *zhuchanshi*, and their subsequent resistance. For example, The Shanghai *Zhuchanshi* Association openly opposed the Party’s attempts to convert private clinics into public health stations. Furthermore, many unemployed Shanghai *zhuchanshi* refused to be dispatched to rural clinics so as to stay living in the city. Similarly, in Beijing, many *zhuchanshi* closed their clinics until they

⁶⁷² Interestingly, in the US, the Lamaze method was introduced to address women’s agency and choice in the matter of delivery. In particular, Judith Walzer Leavitt, arguing that women lost their personal power and control over the delivery process after childbirth became medicalized, views the Lamaze method as a way to reclaim women’s control over that process from male physicians (Judith Walzer Leavitt, *Brought to Bed*, 215-216).

could obtain more favorable terms for work.⁶⁷³ While at the same time wrangling with those *zhuchanshi* who had trained in Western style professional midwifery schools, the CCP viewed these nevertheless as “useful,” if “selfish and ideologically problematic.” From the Party’s point of view, such practitioners lacked the revolutionary zeal to serve the masses either because of their bourgeois background or their individualistic and materialistic value system associated with their education in Western style midwifery schools.⁶⁷⁴

No other piece of propaganda demonstrates the CCP’s effort to “correct” the supposed *zhuchanshi* ideological stance more clearly than “Minglang de tian” (“Bright and Clear Sky”), a dramatic series published in *Fuying weisheng* (Infant Health) between January and September 1951.⁶⁷⁵ This popular yet didactic play depicted three distinctly different types of female students in Shanghai: Xinquan, Luying, and Huiqing. In the script, Xinquan represented a selfish and “feudal-minded” student. When her friend Luying applied to a professional midwifery school, Xinquan opposed the idea, arguing that “*zhuchanshi* are just as lowly and mean as *jieshengpo* since they [had] to deal with women’s sexual organs” (in original text: *xiajian* - literally, lowly and mean). In addition, she disliked the idea of becoming a *zhuchanshi* because “*zhuchanshi* have to work at

⁶⁷³ In fact, Neil J. Diamant also points out that urban Shanghai women were less active in employing the CCP marriage reform law than their rural counterparts due to their fear of the CCP, which was known as a party for rural peasants. Neil J. Diamant, *Revolutionizing the Family: Politics, Love, and Divorce in Urban and Rural China, 1949-1968* (Berkeley: University of California Press, 2000).

⁶⁷⁴ In one sense, the Party’s suspicions had some grounds. As shown in Chapter 4, many students at professional midwifery schools came from well-to-do families with a business or medical background.

⁶⁷⁵ Zhu Yunda, “Minglang de tian” (Bright and Clear Sky), *Fuying weisheng* 7, no.1-9 (1951).

night [if babies were born at night]; how then, can a *zhuchanshi* possibly have a happy family life?”⁶⁷⁶

On the other hand, another character, Luying, was presented as pro-American/Western, and therefore shallow and materialistic. For Luying, being a *zhuchanshi* was nothing more than a way of making a living, and she spent most of her time shopping at department stores or watching movies at movie theaters in Shanghai. Of course, she refused to give up her luxurious urban life style and to serve the masses in a rural clinic. As a sign of her “pro-American” attitude, Luying repeatedly used the English word “hello” (as a device to underscore her pro-American attitude, this word was written in English in the play) whenever she spoke, regardless of context. In the play, she is described as superficial and nosey. She also fails one of her courses due to low motivation.

In contrast to both the selfish Xinquan and the pro-American Luying, the play portrayed Huiqing as a true revolutionary *zhuchanshi*. Originally, Huiqing was qualified to work at a hospital in Shanghai after her graduation because of her successful academic performance. However, Huiqing volunteered to work in a rural clinic. She explained this self-sacrificing decision by saying that “while old-style midwives murdered and harmed people everywhere, many modern *zhuchanshi* find themselves unemployed after graduation [since not as many as jobs were available in the city compared to number of graduates]. How deformed could this society be?” Following the typical pattern of propaganda texts, Huiqing heroically fights against shamanistic old-style midwives,

⁶⁷⁶ Ibid. 7, no. 6 (1951): 12.

consequently saving mothers giving birth, as well as their children, in a rural village. Impressed by her zeal to serve, Shen Jian, a physician in a rural clinic, gives up his opportunity to return to working at a Shanghai hospital and continues to serve the rural masses.⁶⁷⁷ The principal theme of this didactic play is clear: the ideal *zhuchanshi* struggles against the selfish-minded and superficial knowledge of Western medicine that serves the privileged few, in this context represented by urban-dwellers.

At the same time, the play also clearly demonstrates the CCP's negative view of physicians and *zhuchanshi* trained in Western medicine. In the Party's view, most medical practitioners with Western training, like Luying and Shen Jian, looked down on rural peasants, and longed for Western/urban/ bourgeoisie cultural amenities such as movie theaters and department stores, which were available only in big cities. In other words, although the Party could not deny the usefulness of Western medical knowledge, the CCP nevertheless had to overcome the "arrogant" and "pro-Western" attitudes of physicians and *zhuchanshi* to create a medicine for the poor masses. This was the very essence of the ideological tension the CCP felt faced with -- the Western-trained medical profession was beneficial to people's health, yet lacked revolutionary spirit.⁶⁷⁸

PPMD was introduced to China as this tension between the practical needs of Western medicine and its anti-revolutionary nature was reaching its peak. It was no accident that it was February 1952 when the Party ordered the hospital of Shanghai

⁶⁷⁷ Ibid., 7, no. 9 (1951): 18-19.

⁶⁷⁸ It requires mention that the CCP's concerns about Western-trained medical trainers who idolized the West and had little concern for the countryside were more than simply ideological since the Party aimed to create a medicine that served the masses.

Second Military Medical University (*Shanghai di er junyi daxue yiyuan*) to examine the possibility of employing PPMD.⁶⁷⁹ On February 23, 1952, the CCP officially accused the US of conducting germ warfare against China.⁶⁸⁰ Given that the USSR's Minister of Health had ordered that PPMD be utilized in Soviet hospitals as of February 13, 1951,⁶⁸¹ it appears the CCP paid little attention to this new method for an entire year, until 1952, when the ideological problem of Western/American medicine became too difficult to ignore. For the Party, it became self-contradictory to continue praising Western medicine as modern while at the same time criticizing American medical scientists and labeling them as "war criminals."⁶⁸²

Given this ideological crisis that the practice of Western medicine was causing, PPMD became a perfect alternative to an ideologically problematic medical practice. Since PPMD was based on the Soviet scientist Pavlov's conditioned response theory, it was immune from being labeled as "capitalist bourgeois." Furthermore, PPMD, still nevertheless seen as a method of delivery with a scientific grounding, could overcome the ideological problem associated with the "feudal cultural remnant" of traditional midwifery.

⁶⁷⁹ Yu Aifeng, "Jingshen yufangxing wutongfenmianfa zai woguo tuixingde jingguo he qingkuang" (The process and situation of conducting psycho-prophylactic method of painless childbirth in our country), *Zhonghua fuchanke zazhi* 1 (Beijing: Zhonghua yixuehui, 1953), 39.

⁶⁸⁰ Ruth Rogaski, *Ibid.*, 401.

⁶⁸¹ Paula Michaels, "Childbirth Pain Relief and the Soviet Origins of the Lamaze Method," in http://www.ucis.pitt.edu/nceer/2007_821-10g_Michaels.pdf, 4

⁶⁸² In fact, the CCP organized the Patriotic Health Campaign aimed at targeting US germ warfare in spring 1952. Yang Nianqun, "Disease Prevention, Social Mobilization and Spatial Politics: The Anti Germ-Warfare Incident of 1952 and the 'Patriotic Health Campaign'," *The Chinese Historical Review* 11, no. 2 (2004): 156-161.

After realizing the ideological significance of this delivery method, the CCP mobilized its administrative power to impose the new Soviet method of delivery in China's major cities. In May 1952, both Beijing and Shanghai municipal governments organized *Wutong fenmianfa tuixing weiyuanhui* (the committee to promote the method of painless childbirth). This committee was in charge, in each city, of training medical workers in painless childbirth methods and reporting their results to the Ministry of Health. Furthermore, on July 14, 1952, the Minister of Health officially issued an order that medical institutions, as well as Party members, should learn PPMD, and actively propagandize and practice it among the masses.⁶⁸³ In this sense, PPMD became an official method of delivery for the citizens of the People's Republic.

The CCP's Use of PPMD as an Ideological Weapon

Although PPMD originated in the Soviet Union, it came to have new ideological meaning once it arrived in China. According to Michaels Paula's study of the USSR's use of PPMD, the Soviet Union originally employed PPMD in its delivery wards because of the destruction of pharmaceutical manufacturing plants during the Second World War causing a lack of sufficient anesthetic supplies for delivery surgeries. Of course, the Soviet authorities soon realized the ideological significance of PPMD and propagandized

⁶⁸³ "Weishengbu facu quanyu tuixing wutongfenmian de tongzhi" (Ministry of Health issued a notification regarding promoting painless childbirth), *Renmin ribao*, July 14, 1952.

this pain relief method as a sign of the Soviet government's great care and concern for women and mothers.⁶⁸⁴

However, in China, PPMD had a more significant ideological role than simply presenting the CCP's concern for women/mothers: it was used as an ideological weapon targeting "selfish and arrogant" Western-trained medical practitioners and their deep faith in Western medicine's superiority over "socialist" forms of treatment. Confronted with the Party's accusations against the US of conducting American germ warfare, Lin Qiaozhi, one of the nation's leading obstetricians, demonstrated an exemplary ideological stance for those trained in Western medical practice. In an article that appeared in *Renmin ribao* on September 27, 1952, Lin Qiaozhi, the head of PUMC OB/GYN department, confessed the following:

I always believed that America was a free country (*ziyou goujia*), and envied their freedom. I [also] thought that America was the most advanced country in the world in terms of science... After seeing the exhibition on the crimes of germ-warfare that American imperialists conducted in Korea and our country's Northeast [Dongbei-Manchuria], I thoroughly recognized American imperialists' evil intention to invade our country. This most evil germ-warfare uncovered the true colors of American Imperialism.....

Now I can clearly see that everything in the USSR is based on the interests of the masses. All [state] activities are connected with the masses. Pavlov's psycho-prophylactic painless childbirth method is a very good example. I wish to learn from the USSR [*xiang Sulian xuexi*], and serve the masses even more.⁶⁸⁵

Evidently Lin Qiaozhi, who had earned her medical degree from New York State University and studied at Chicago Medical College, now spurned her ties with America. Moreover, she declared that the USSR was a new and more appropriate example for

⁶⁸⁴ Soviet authorities utilized the ideological significance of this "miraculous" pain relief method. Soviet propaganda praised PPMD for proving the Soviet government's benevolent and progressive nature concerning the pain of women. (Paula Michaels, *Ibid.*, 22)

⁶⁸⁵ Lin Qiaozhi, "Kai 'Xiehua' chuangu kan zuguo" (Seeing the motherland from the window of Union Hospital), *Renmin ribao*, September 27, 1952.

China to follow. Emphasis on PPMD was the clearest sign that indicated the transition of her political loyalty.

In fact, Party propaganda documents often used PPMD to denounce Western/ US scientific knowledge and medical workers trained therein. For example, an article in *Remin ribao*, after introducing the notion of the miraculous effects of PPMD in removing women's pain in labor, argues that "only the people's scientists can realize the happiness of mankind and receive the support and respect of people. So-called scientists, who are accomplices of the imperialists [in Western countries], have researched only how to suppress birth and exterminate mankind [by creating means of abortion and biological weapons]." ⁶⁸⁶ In this context, PPMD was the ideological weapon used by the CCP to attack medical personnel trained in Western/US practice.

Furthermore, the Party principally stressed the ideological significance of PPMD by presenting it as a tool to address the arrogance of medical practitioners that it also identified as a major stumbling block in creating a socialist medicine for the masses. According to a Party work report, the success of *wutong fenmian* depended on how successfully physicians and *zhuchanshi* could interact with expectant mothers who had a misconception of labor pain; therefore, in order to fully convince their patients, medical practitioners had to earn their trust by working closely with them. ⁶⁸⁷ Unsurprisingly, propaganda materials often included confessions by *zhuchanshi* who stated that they had been blindly following superficial Western medicine and had looked down on their

⁶⁸⁶ Yao Hui, "Wutong fenmianfa, jiang jiechu funüde chanru tongku" (The method of painless childbirth will remove women's pain during labor), *Renmin ribao*, August 24, 1952.

⁶⁸⁷ BMA 11-2-99; SMA C31-2-152.

patients until they learned about “true socialist medicine” via PPMD.⁶⁸⁸ The typical CCP propaganda regarding *wutong fenmian* repeated the popular motto of *gaibian gongzuo ren yuan de zuofeng* (correcting the working attitudes of medical personnel), or *yiqie weizhe shangbingren* (everything for the patients), in order to demonstrate how this new pain relief method also corrected doctors’ arrogance and high-handedness towards their patients.⁶⁸⁹

Along with its correction of the arrogant working attitude of medical workers, the CCP used PPMD as a new model for all socialist medical workers, who were henceforth to actively relieve the pain as suffered by the masses. Translating PPMD into *wutong fenmian* i.e. painless childbirth, the CCP stressed in particular that socialist medicine should aim to alleviate the pain of the masses (*gechu renmin de tongku*). In addition, CCP propaganda urged medical personnel to learn from the masses about their own suffering so as to assist them with *wutong fenmian*. A Party propaganda work report on *wutong fenmian* argued:

The goal of socialism is to remove the pain that the masses suffer from. Medical personnel have to learn from people about what they suffer from to remove the sources of suffering. By removing the pain that the masses have suffered for such a long time, the CCP can earn credit and respect from the masses.⁶⁹⁰

In a sense, *wutong fenmian* became much more than a medical method to relieve or remove women’s pain during labor; it became a working model for medical and political

⁶⁸⁸ In fact, Yan Yangsi, an obstetrician in Beijing, confessed that he had indeed been arrogant and had become a new person (*biancheng xinren*) via *wutong fenmian* (BMA 11-2-99).

⁶⁸⁹ Mo Ping, “Beijing Zhongguo Xiehe yixueyuan fushu yiyuan tuixing wutong fenmian” (Beijing Medical Union College affiliated hospital promoted painless childbirth), *Renmin ribao*, September 7, 1952.

⁶⁹⁰ BMA 11-2-99.

workers' interactions with their patients or the masses under the socialist system.

Following the logic above, as *wutong fenmian* required obstetricians and *zhuchanshi* to actively engage their patients to reorient their mindsets in regard to birth, other medical workers and Party members also had to meticulously serve the masses to earn credit from them.

In a sense, the CCP's ideological use of Soviet PPMD ironically reflected its frustration with and suspicion of medical workers in Western training. For the Party, these medical staff lacked belief in the socialist system, as well as revolutionary zeal; the Party considered them to idolize Western/US science, with concern only for their own well-being in the city, ignoring the masses, who needed their care and respect. In order to address this suspicion, the CCP presented Soviet PPMD as the clear evidence proving that Soviet/socialist science was superior to Western/US science.

Soviet PPMD in Chinese Medical Texts – More Socialist and Revolutionary than the Original

Since the CCP's main concern in introducing PPMD was more for its ideological significance than its clinical benefits, the Party overstated the medical effects of the method, presenting it as a perfect and universal solution for women's pain during child delivery. In doing so, the CCP version of PPMD became divorced from its own medical reality and was reduced to an ideological tool that reflected the Party's need to overcome its tension with Western/US medicine.

Although Soviet authorities also used PPMD for their own ideological propaganda, its main function still remained as a less costly psychological method for relieving labor

pain. In fact, Soviet scientists invented PPMD in the 1940s because the supply of anesthetic had been depleted due to destruction by war, while demand skyrocketed during World War Two. Indeed, for the same reason, Soviet physicians used hypnotic methods also, yet they failed to popularize this as it required a massive number of well-trained staff members for the purpose.⁶⁹¹

It is useful to understand the Soviet concept of pain in order to better understand PPMD itself. Applying a mechanical and functional approach to the human body, Soviet physicians viewed pain as a warning sign of organ malfunction.⁶⁹² Following this definition of pain, there should not be any pain during childbirth since birth is a natural and normal physiological phenomenon, except in the case of birth complications. Thus, PPMD theory held that pain during labor was nothing more than a fatalistic myth rooted in women's centuries-long misconception of that pain.⁶⁹³

According to the supporters of Soviet PPMD, the misperception of pain during labor originated from other women's verbal expressions of pain during labor. PPMD supporters argued that, in fact, the sensation that women felt around the peripheral uterus during labor was really contraction, which was a natural and unconditioned response.⁶⁹⁴ However, because many women were consistently exposed to the verbal expression of other women's pain during labor, women created the association between contraction and

⁶⁹¹ Fernand Lamaze, *Ibid.*, 31.

⁶⁹² Н.И.Короткин, "Fenmian tengtong ji qijiechu banfa de xueshuo" (New theory on pain and the method of eliminating it), trans. Hu Shangyi, in *Sulian wutong fenmianfa* (Soviet painless childbirth) (Dongbei yixue tushu chubanshe, 1952), 20.

⁶⁹³ Fernand Lamaze, *Ibid.*, 64-65.

⁶⁹⁴ *Ibid.*

pain. In doing so, contraction became a conditioned stimulus. As a result, women came to believe that they felt pain when they actually felt contraction. Therefore, PPMD promised that physicians could relieve or remove the pain associated with childbirth by reeducating/reshaping/correcting the mental attitudes of women giving birth. In fact, Soviet physicians developed a set of six medical lectures meant to destroy the centuries-long “myth” of pain, and offered skills such as patterned breathing, massage, and the use of pressure points to release women’s anxiety during labor.⁶⁹⁵ By the end of 1950, Soviet physicians were arguing that PPMD dramatically reduced women’s pain during labor without use of anesthetic being necessary.⁶⁹⁶

However, since the CCP’s major interest in Soviet PPMD was more ideological than medical, the Party became increasingly radical in using the method. As explained above, Soviet PPMD was applied strictly to normal births, which were seen as a natural physiological phenomenon, while birth complications were believed to cause “real” pain as a sign of malfunctioning organs. Therefore, Soviet PPMD strongly emphasized that physicians must know how to identify the symptoms of birth complications and address these by surgical or clinical means. In fact, when the method was introduced for the first

⁶⁹⁵ Ibid. 69-72. I have myself taken a childbirth class based on the Lamaze method, in November 2009. The classes consisted of four sections of lecture that last 12 hours altogether. The classes covered instruction in anatomy and physiology, and training in techniques of breathing, massage, and the use of pressure points to moderate pain during delivery. While its medical effects were still in question, the lectures targeted the prevention of expectant mothers from succumbing to panic during delivery.

⁶⁹⁶ Paula Michaels, *Ibid.*, 14.

time to Chinese physicians in May 1951, these latter simply translated the relevant Soviet texts and emphasized that PPMD only worked in cases of normal birth.⁶⁹⁷

However, beginning in 1952, when the CCP authorities began disseminating PPMD as ideological propaganda, Chinese texts began to exaggerate the effects of Soviet PPMD. Out of eleven handbooks on *wutong fenmian* reviewed for the present research, only four handbooks, which targeted professional medical workers as their readership,⁶⁹⁸ mentioned the limitations of Soviet PPMD. The remaining seven handbooks for more general readership omitted the fact that *wutong fenmian* should only be applied for normal birth cases. Furthermore, work reports from Beijing argued that *wutong fenmian* was so effective that it worked not only for normal births, but also for cases involving complications, ignoring the very theoretical basis of Soviet PPMD.⁶⁹⁹

⁶⁹⁷ Xue Shensheng trans. from *Sulian nugong yuekan* (Soviet female workers monthly), “Wutong shengchanfa” (The method of painless birth), *Fuying Weisheng* 7, no.10 (Shanghai: Dadechubanshe, 1951), 8. Most notably, Wu Hongyuan, a director of the Department of Obstetrics at Second Military Medical University Hospital, stressed that PPMD be exclusively applied for normal case only. Wu Hongyuan, “Women shixing Sulian wutong fenmianfa huode chenggong” (We tried Soviet method of painless childbirth and succeeded), *Fuying weisheng* 8, no. 8 (1952): 1-2.

⁶⁹⁸ Di er junyi daxue yiyuan fuchanke ed., *Wutong fenmianfa jiangyi* (Lectures on painless childbirth) (Shanghai: Huadong yiwu shenghuoshe, 1952); Gao Su, *Wutong fenmianfa* (The method of painless childbirth) (Shanghai: Xinya shudian, 1952); Shanghai Shi wutong fenmianfa tuixing weiyuanhui, ed. *Fenmianfa xuexi ziliao* (Study materials on painless childbirth) (Shanghai: Xinhua shudian, 1952); *Sulian wutong fenmianfa* (Soviet painless childbirth) (Changchun: Dongbei yixue tushu chubanshe, 1952).

⁶⁹⁹ A work report by Beijing Municipal government in 1952 on *wutong fenmian* in Beijing claimed that *wutong fenmian* succeeded in forty-five cases of birth complications while it failed in four cases. Furthermore, a report by the Beijing municipal government in 1953 concluded that the effect of *wutong fenmian* was universal regardless of whether women experienced birth complications or not. In that year, all 14 women with birth complications succeeded in giving birth without pain after taking *wutong fenmian* lessons (BMA 135-1-171).

Moreover, while the Soviet texts allowed physicians to use anesthetic during births with complications and even in ordinary cases if necessary,⁷⁰⁰ some Chinese texts argued that the use of anesthetic signified a lack of faith in *wutong fenmian*. While most Chinese texts did not mention the possible benefits of using anesthetic at all, some texts even warned that Metycaine, the most popular spinal anesthetic in use in the United States, caused one death out of every 16,000 cases while *wutong fenmian* had no side effects.⁷⁰¹ Many Chinese texts also criticized the use of anesthetic as a symbol of capitalist medicine since only the few privileged could afford to buy the expensive anesthetic,⁷⁰² while *wutong fenmian* supposedly could save women from childbirth pain free of charge.

Furthermore, Chinese materials strongly stressed the faith and trust of patients as a primary factor of *wutong fenmian*'s success. In contrast to Soviet medical texts on PPMD that stressed six sessions of professional one-on-one classes with the pregnant women, many Chinese texts reduced this number to three or four sessions⁷⁰³ or even omitted the

⁷⁰⁰ Soviet texts argued that women in labor could overcome the fear that was generated by “uncomfortable” and “unpleasant” symptoms of childbirth through application of anesthetic. For example, the direct translation of А.Пиколаев’s “Guanyu wutongfenmian wenti de xinzhishi” (On new knowledge regarding problems associated with painless childbirth) stressed the proper usage of anesthetics, including opium. It detailed the dosage of each type of anesthetic according to the symptoms of the women. See А.Пиколаев, “Guanyu wutongfenmian wenti de xinzhishi” (On new knowledge regarding problems associated with painless childbirth), *Sulian wutong fenmianfa* (Soviet painless childbirth) (Changchun: Dongbei yixue tushu chubanshe, 1952), 10-17. Н.И.Короткин’s “Fenmian tengtong ji qijiechu banfa de xueshuo” also recommended the use of anesthetic to maximize the effects of Soviet PPMD. Н.И.Короткин, “Fenmian tengtong ji qijiechu banfa de xueshuo” (New theory on pain and the method of eliminating it), *Sulian wutong fenmianfa* (Soviet painless childbirth), trans. Hu Shangyi, (Changchun: Dongbei yixue tushu chubanshe, 1952), 28-29.

⁷⁰¹ Gao Su, *Wutong fenmianfa* (The method of painless childbirth) (Shanghai: Xinya shudian, 1952), 15.

⁷⁰² Liu Mingyong, *Wutong fenmianfa* (The method of painless childbirth) (Tianjin: Tianjin jinbu chubanshe, 1952), 20-24.

⁷⁰³ Of eleven handbooks only Zhang Qifan’s *Wutong fenmianfa gailun* (Introduction to painless childbirth) included fully six sessions of lectures.

recommendation to hold medical classes altogether.⁷⁰⁴ In addition, unlike the Soviet texts, which paid extra attention to the skills involved in relieving women's anxiety during labor through methods such as patterned breathing, massage, and the use of pressure points,⁷⁰⁵ most Chinese texts either mentioned them only in passing without any details given or omitted them altogether.⁷⁰⁶

Instead, the Chinese *wutong fenmian* texts pushed to an extreme the importance of absolute faith in *wutong fenmian* as a defining factor that determined whether a pregnant woman would be able to benefit from the effects of *wutong fenmian*.⁷⁰⁷ In fact, according to a study by Shanghai Second Military Medical University that analyzed 1,383 birth cases, the success of PPMD was claimed to be independent of subjects' educational and class backgrounds, as well as of their status as rural or urban residents. All that mattered was their faith in the new method.⁷⁰⁸ Among the group who confidently believed in PPMD, about 97.9% succeeded in giving birth without pain, while only 65% among those who lacked firm confidence in *wutong fenmian* accomplished this.⁷⁰⁹ In this sense, the Chinese *wutong fenmian* became more radical and more revolutionary than its Soviet

⁷⁰⁴ Five handbooks out of eleven had no detailed lecture plan for *wutong fenmian*.

⁷⁰⁵ *Sulian wutong fenmianfa* (Soviet painless childbirth) (Dongbei yixue tushu chubanshe, 1952), 121-124.

⁷⁰⁶ Only Di er junyi daxue yiyuan fuchanke's *Wutong fenmianfa jiangyi* and Shanghaishi wutong fenmianfa tuixing weiyuanhui's *Fenmianfa xuexi ziliao* explained how to use patterned breathing, massage, and pressure points. Six out of eleven texts did not mention these procedures while three only mentioned them briefly.

⁷⁰⁷ In fact, a work report issued by Beijing city council argued that there was no difference between the group of women who had six sessions of lecture and those who had only three or four sessions (BMA 135-1-171).

⁷⁰⁸ Shanghaishi wutong fenmianfa tuixing weiyuanhui, ed. "Sangeyuelai gongzuo baogao" (Work report for the last three months), *Zhonghua fuchanke zazhi* 1 (1953): 47-49.

⁷⁰⁹ We see similar comments in a work report from Beijing (BMA 135-1-171).

original. In doing so, the Chinese *wutong fenmian* became divorced from its own medical reality, reflecting the CCP's determined effort to solve the ideological tension with Western medicine and its followers.

Soviet PPMD in Chinese Delivery Rooms

The CCP mobilized its administrative power to impose the new Soviet method of delivery in China's major cities.⁷¹⁰ By the end of 1952, 35 major cities in China including Beijing and Shanghai had executed *wutong fenmian*. Following the guidelines of Party health officials, municipal governments organized *Wutong fenmianfa tuixing weiyuanhui* (the committee to promote the method of painless childbirth) in their jurisdictions throughout 1952. In both Beijing and Shanghai, this committee orchestrated full-scale implementation of the new method. For example, the Shanghai Municipal Committee to Promote the Method of Painless Childbirth directly controlled 15 obstetric hospitals and 10 district clinics for maternal and infant health to perform painless childbirth procedures involving women in their jurisdictions.⁷¹¹ Similarly, its counterpart in Beijing also directed 35 major obstetric hospitals and 55 local clinics within the city to practice the socialist method of delivery in Chinese delivery rooms.⁷¹² In this way, the CCP imposed the method on virtually all obstetric facilities within its control.

⁷¹⁰ Yu Aifeng, "Jingshen yufangxing wutongfenmianfa zai woguo tuixingde jingguo he qingkuang" (The process and situation of conducting psycho-prophylactic method of painless childbirth in our country), *Zhonghua fuchanke zazhi* 1 (1953): 39.

⁷¹¹ SMA B242-1-432.

⁷¹² BMA 11-2-99.

Apparently, the effects of the socialist method of delivery turned out to be impressive. Thanks to the CCP's eagerness to put the method into practice, in Beijing, 8,543 women practiced *wutong fenmian* between July 6 and the end of the year, representing 31.8% of all estimated births that occurred in the city in the period. Similarly, between September and the end of the year, 2,052 women in Shanghai applied the new method while in labor.⁷¹³ The work reports of Beijing and Shanghai Municipal Committees accordingly reported extremely high success rates for *wutong fenmian*: 91.9% in Beijing and 95.4% in Shanghai. Work reports from the municipal committees included success stories of women who experienced no pain during labor as well as singing their praises to the Soviets' "true" scientists for inventing such a greatly superior childbirth method and the CCP for introducing it to them.

However, despite the optimism of the work reports, it is questionable as to how many women really experienced the effects of *wutong fenmian* promised by Soviet PPMD. First of all, in contrast to Soviet PPMD manual, which required thorough medical training of physicians and professional midwives to reorient women's mythical fear of pain, the CCP simply mobilized Party activists to instruct *wutong fenmian* to women, while professional medical practitioners, the real target of PPMD, seemed rather passive in the training. In the case of Shanghai, 2,500 Party activists without any medical background received two weeks of training and were sent to local work units and health clinics to reeducate/reshape pregnant women's attitudes towards labor pain. Similarly, in Beijing, only 289 obstetricians and *zhuchanshi* attended the *wutong fenmian* classes, in

⁷¹³ BMA 11-2-99; SMA B242-1-432.

contrast to the 1,230 lay Party activists that did so.⁷¹⁴ Considering that the registered number of *zhuchanshi* in Beijing in 1952 was 480 and that this figure did not include obstetricians, it is safe to say that not every *zhuchanshi* took these instruction classes.

In fact, a very limited number of medical records of patients in Shanghai also suggest that while the state enforced *wutong fenmian*, even OB/GYN hospitals in urban areas such as Shanghai did not take this new practice seriously, and this even at the most intense period of *wutong fenmian* propaganda.⁷¹⁵ One resident, Hao Guilan, reported that in 1953, as a 22-year-old housewife, she gave birth to a son at one of the most privileged OB/GYN hospitals in Shanghai. Although the hospital conducted nine prenatal examinations, the hospitals offered only two lessons in *wutong fenmian*, instead of the six required by the Soviet version of PPMD. Similarly, Chen Shangjun, another 22 year-old housewife who gave birth in the same hospital in 1953, had received only one lesson during her pregnancy and received nine prenatal examinations. Not surprisingly, both Hao and Chen failed to receive the claimed benefits of *wutong fenmian*. Since the Chinese *wutong fenmian* was so divorced from its own medical roots, stressing instead an apparent extreme ideological significance, hospital-based medical practitioners tended not to take the idea of *wutong fenmian* seriously themselves.

⁷¹⁴ BMA 11-2-99.

⁷¹⁵ I visited one of best known OB/GYN hospitals in Shanghai and learned that they had digitized all patient records from the 1950s till the present. However, hospital staffs were not comfortable releasing records to a foreign researcher.

After long negotiation and considerable help from a local historian, the hospital finally allowed me to select only four patient records, and on the condition that I would not release the name of the hospital. For further research, they required the official approval of the Bureau of Health of the Shanghai municipal government, which could not be reached. I selected two random cases from 1953, and another two from 1959 to view the changes of *wutong fenmian* practices between 1953, the peak period of *wutong fenmian* propaganda, and 1959, when such state propaganda had declined, especially after the Sino-Russian split.

The divorce of the discourse of *wutong fenmian* from the medical realities is even clearer in the standard method of measuring its success, as these primarily depended on the woman's mindset during delivery.⁷¹⁶ Table 8-4 is a reproduction of the assessment chart found in Hao's personal record.

Table 8-4. Assessment chart measuring the success of *wutong fenmian*

Degree of Success	
1	No facial expression of pain; cooperative toward medical practitioners
2	Stable facial expression; cooperative toward medical practitioners
3	Not stable in facial expression; followed directions of medical practitioners
4	Cried out; not stable; not cooperative

In effect, it became the woman's responsibility to meet the standards of *wutong fenmian* although frequently they had not received the proper lessons required by PPMD. If they cried out or showed a so-called non-cooperative attitude, this was interpreted as a sign indicating a lack of belief in socialist medicine.

In fact, since the major driving force behind promoting *wutong fenmian* was the ideological and political concerns of the CCP during the Korean War, *wutong fenmian* was susceptible to the political changes of the 1950s. Even in terms of propaganda, this

⁷¹⁶ Paula Michaels reported a similar problem with Soviet PPMD. According to her study, Soviet physicians assessed the success of the practice based on the following five factors: (1) Detailed obstetrical diagnosis; (2) designation of the stage of labor subject to evaluation; (3) course of labor according to stages; (4) conduct of the parturient woman during the various stages of labor; (5) the parturient woman's verbal account of her own sensations (complaints). (Paula Michaels, *Ibid.*, 27-28) However, in the Chinese charts, the facial expression of patients and their attitudes toward medical practitioners became a sole criterion to judge the success of *wutong fenmian*.

socialist method of delivery sharply declined in terms of use after 1953, the year that Stalin died and the ceasefire ending the Korean War was signed.⁷¹⁷

Sensing a decline in the Party’s ideological emphasis on *wutong fenmian*, medical practitioners began openly to question the effects of *wutong fenmian* during a non-Party female workers symposium (*Fei dang funü gongzuozhe zuotanhui*) in 1957. According to an article in *Renmin ribao*, Lin Qiaozhi, an executive committee member of the National Women’s Federation, defended *wutong fenmian* while admitting that “when we conducted *wutong fenmian* in the past, we were, relatively speaking, in a hurry, rushing the procedure. Therefore, side effects occurred. But we can’t say that *wutong fenmian* is not good.”⁷¹⁸

Reflecting this decline of *wutong fenmian* in CCP ideology, its practice over time became even more token. In the same hospital that Hao Guilan and Chen Shangjun gave

⁷¹⁷ Table 8-5 demonstrates the number of articles in *Renmin ribao* on *wutong fenmian* in each year.

Table 8-5. The Number of Articles in *Renmin ribao* on *Wutong fenmian* Per Year

Year	Number	Percentage	Year	Number	Percentage
1949	1	1.6	1957	7	11.2
1952	30	48.3	1958	0	0
1953	10	16.1	1959	1	1.6
1954	9	14.5	1960	0	0
1955	5	8	1961	0	0
1956	1	1.6	1962	1	1.6

After one article in 1949 briefly mentioned *wutong fenmian* since it celebrated the 100th anniversary of Pavlov’s birth (“Yi-Bi-Bafuluofu—bainian danchen jinian—”, *Renmin ribao*, September 28, 1949), *Renmin ribao* published 30 articles on *wutong fenmian* between May and December of 1952. Yet, the number of articles declined sharply after 1956 when Nikita Khrushchev officially launched his de-Stalinization campaign in February, confusing the CCP leadership. Interestingly, the number of articles on *wutong fenmian* increased again in 1957, the year that Mao visited Moscow in November. After 1958, the disagreement between China and the USSR over The Great Leap Forward caused deep tension between the two countries, and articles on *wutong fenmian* disappeared from *Renmin ribao* with only two exceptional cases.

For details on the tension between China and the USSR, see Lorenz Lüthi, *The Sino-Soviet Split: Cold War in the Communist World* (Princeton: Princeton University Press, 2008), 45-53 and 90-95.

⁷¹⁸ “Fei dang funü gongzuozhe zoutanhui jieshu” (Non-party female workers symposium ended), *Renmin ribao*, June 7, 1957.

birth in 1953, Hu Meifeng, a 21-year old housewife at the time, gave birth to a daughter in 1959. Although she had eight prenatal examinations during her pregnancy, she received only one lesson in *wutong fenmian*. Unlike documents pertaining to the examples mentioned above of both Hao and Chen, no further records of the success of *wutong fenmian* remain in her medical chart. The case of Zhao Jingmei, another woman who gave birth in the same hospital in 1959, showed a similar pattern. While she had five prenatal examinations, she received only one lesson in *wutong fenmian*. No further records on the results of *wutong fenmian* were in her chart.

My interviews with obstetricians in both rural and urban OB/GYN hospitals also indicated that medical professionals were suspicious of the practicality of *wutong fenmian*. When I asked about *wutong fenmian* in a township hospital in Dingzhou, Hebei Province, a junior OB doctor proudly explained to me that because they were using anesthetic, their patients felt no pain. In fact, she did not know the real meaning of the *wutong fenmian* to which I referred.⁷¹⁹ Her proud expression was quickly interrupted by the dean of the hospital's OB/GYN department. The dean, in her late fifties, apologized for her junior colleague's ignorance and told me that, "Since no medical school teaches such nonsense nowadays, our junior physicians do not know about it."⁷²⁰ She added that

⁷¹⁹ Since the 1990s, the term *wutong fenmian* has been redefined, and now it generally refers to childbirth under the medical assistance of anesthesia.

⁷²⁰ It was no accident that the young obstetrician did not know of Soviet PPMD. In fact, in Zhang Zhanhong's *Renshen, Fenmian, Wutong Fenmian* (Pregnancy, Childbirth, and Painless Childbirth), a modern medical text on painless childbirth, PPMD was mentioned only in passing. Zhang explains Soviet PPMD in 4 pages of a total 255 pages of the book. In those 4 pages, Zhang simply mentions the theoretical underpinnings of the methods as a background to other approaches to painless birth such as the Lamaze, Kitzernger and Bradley methods. Zhang Zhanhong, *Renshen, fenmian, wutong fenmian* (Pregnancy, Childbirth, and Painless Childbirth) (Qingdao: Qingdao chubanshe, 2001), 179-182.

she had never either practiced or taught *wutong fenmian* in her over thirty years of practice.

In Shanghai, while most senior obstetricians refused to answer my questions on *wutong fenmian*, giving the impression of it being a taboo subject, one physician did volunteer her story. Trained in Beijing in the 1970s, she remembered her instructors telling her about *wutong fenmian*. However, she also had doubts about its real effects. According to the information she received from her instructors, women were told that they should not scream or cry out during labor, and as long as women did not cry out during delivery, physicians simply took the lack of expression of pain as a sign of the success of *wutong fenmian*. In the last part of our conversation, she added that “in the ’50s and ’60s, we considered *naiku* (enduring sufferings) and *chiku* (experiencing suffering) as critical characteristics of being real revolutionaries. So we were reluctant to show any sign of weakness. I think that might also have discouraged women from yelling or screaming during delivery.”

In sum, although *wutong fenmian* originated from Soviet PPMD and shared many features with its Russian original, it had its own historical, ideological, and practical context from the very beginning. While the USSR promoted PPMD to overcome its short supply of anesthetic in 1951, the CCP absorbed it in an effort to confront medical practitioners purported to idolize Western medicine and to lack the revolutionary zeal to serve the masses.

In fact, the more *wutong fenmian* was presented as a perfect panacea to the CCP’s ideological problems, ironically, the further it strayed from its practicality as a method

due to the CCP's overemphasis on its ideological significance. In Beijing and Shanghai, it was often lay Party activists with no medical background who taught *wutong fenmian*, and professional obstetricians made little serious effort to conduct it in delivery rooms. In contrast to the *wutong fenmian*'s original goal, the gap between discourse and the practice of *wutong fenmian* ended up creating doubt and disinterest in the method itself.

Conclusion

When the CCP took over major cities such as Beijing and Shanghai, they realized that the GMD reform policies had taken root there: numerous well-trained *zhuchanshi* were serving patients, and free home delivery services were available for lower class mothers-to-be. In fact, urban residents experienced a sudden decline in health services after the destructive civil war and the triumph of the socialist CCP. The Party's immediate goal became to restore the pre-war level of medical services rather than to bring about a dramatic improvement in health services in major urban areas. Meanwhile, the Communist Party also shared the GMD ideal of universalized state medicine, which stressed the state's responsibility for the creation and distribution of medical services to cover all citizens. In addition, identifying traditional medicine as a feudal cultural remnant, the CCP supported modern/Western medicine as the GMD did. For these reasons, the CCP continued many GMD programs, such as free delivery services for poor pregnant women and reeducation of old-style midwives in the modern/Western method of delivery.

However, bereft of the financial support from Western countries that the GMD had enjoyed, the Party took more direct control than the GMD over medical facilities and practitioners in order to realize its goals of state medicine as well as that of popularizing Western-style midwifery. It imposed a fixed fee for medical services in major OB/GYN hospitals so that poor citizens could afford them. In addition, it placed most professional midwifery schools under the Party's direct control, so that the central administration could manipulate the distribution of their graduates. By doing so, the CCP state was able to dispatch *zhuchanshi* into suburban/rural health clinics, where few *zhuchanshi* volunteered to go without the state's intervention. At the same time, the Party allowed old-style midwives to participate in state health programs after strictly screening their ability to deliver children applying the basic principle of infection control. By the middle of the 1950s, the CCP had finally integrated most local midwifery clinics, OB/GYN hospitals, and old-style midwives into central or local governments and was directly managing medical workers and their practices.

To achieve the GMD's levels of healthcare without appropriating large sums in financial support, the CCP also promoted the revolutionary spirit within the medical services. In some midwifery schools, Party activists enjoyed admission priority, since these activists, with their presumed revolutionary zeal, would serve the masses willingly without substantial monetary rewards. In fact, in order to promote such revolutionary zeal, the Party required that politics and history— the most ideological subjects in the curriculum— occupy 12.5% of total learning hours in professional midwifery schools. Students were required to learn propaganda materials such as *In Memory of Norman*

Bethune and Moving Forward under Mao's Banner. In addition, by presenting traditional midwifery as an obstacle that socialist China should overcome, the Party could mobilize the local women's federations, as well as district police, to play an active role in screening old-style midwives' practices. The Party also utilized the Patriotic Health Campaign, after making allegations that the US was conducting germ-warfare, in order to pressure old-style midwives to take retraining classes with stress on infection control. In one sense, the CCP achieved its revolutionary form of state medicine through its own methods of mass campaigns and ideological emphasis on serving masses with modern medicine.

The CCP also introduced and promoted Soviet PPMD approach to childbirth to solve the ideological conflict of practicing the GMD/Western medical model in socialist China. In particular, during the peak of the Patriotic Health Campaign, the Party sought to present its medical policies as socialist medicine, which should be clearly differentiated from the capitalist/ bourgeois/Western medicine that supposedly served only the few and privileged. Translating Soviet PPMD into *wutong fenmian* (painless childbirth), the CCP characterized its so-called socialist approach to medicine as a tool for alleviating the masses' pain while at the same time correcting the "arrogant" and "indifferent" medical workers with Western medical training who refused to serve outside the major cities. However, since the CCP's main concern in promoting *wutong fenmian* was ideological rather than practical, many professional obstetricians and *zhuchanshi* often ignored the proper methods of practicing *wutong fenmian*, and allowed lay Party activists with no medical background to train as *wutong fenmian* instructors.

Not surprisingly, available evidence suggests that, as a result, this socialist method was not in the end seriously practiced in China's delivery rooms, and that women in childbirth did not really receive any substantial benefit from it. In this sense, *wutong fenmian* also reflected the CCP's self-contradiction: the party had inherited and relied mainly on Western-trained personnel that looked to the U.S. as a model, but the model had now become the enemy in the Cold War.

CHAPTER NINE

Conclusion

How to Define Modernity and How to Achieve Modernization -The GMD and the CCP's Midwifery Reforms in Twentieth Century China

This dissertation addresses the following questions: 1) how the GMD and the CCP differed in their visions of modernizing Chinese society with respect to midwifery reform, 2) what kinds of strategies the two parties employed to actualize their respective visions for modernizing China, and 3) how the different social settings of urban versus rural areas, ordinary people's childbirth practices, and political ideologies shaped and limited the two parties' efforts to put their reform ideals into practice.

Answers to these questions can be divided into four categories. First, how modernizing elites in early twentieth century China perceived the problems with traditional childbirth practices and conceptualized the goals of the GMD midwifery reform. Second, the GMD state's different approaches to midwifery reforms in urban and rural areas: regulation of midwifery practices in cities and implementation of state medicine in the countryside. Third, how the CCP's views of both modernity and medical reform differed from those of the GMD and how the CCP adopted two different strategies to actualize their reform goals in urban and rural areas: its "revolutionary modernity" approach in rural areas and its own socialist and revolutionary model of state medicine in cities. Finally, this dissertation explains why, despite its realistic and practical approaches to midwifery reform, the CCP had to rely excessively on ideological propaganda to promote revolutionary zeal for its reform in the middle of the 1950s.

The GMD Vision of Midwifery Reform – Wholesale Adoption of Western Midwifery

Before the concepts of Western biomedicine and anatomy were introduced in China in the middle of the nineteenth century, Chinese people viewed midwifery as an assemblage of empirically useful theories and practices rather than an exclusive medical field. In addition to professional physicians, Buddhist priests, shamans, and mostly illiterate midwives and laypeople with minimum or no professional medical training assisted women in labor by applying a variety of skills and knowledge they thought would be helpful during childbirth. These included the use of massage, herbal medicine and acupuncture, the ability to control supernatural powers believed to be related to childbirth, and even rudimentary surgery. For example, while professional physicians practiced acupuncture or prescribed herbal medicine to facilitate the labor process, midwives often slit women's cervixes to retrieve the babies in cases of birth complications. Shamans, religious priests, and even professional physicians frequently used amulets and charms to expel or control supernatural powers to manage birth complications. Meanwhile, many families who could not afford such "professional" assistance simply asked their neighbors or family members to help deliver their babies.

In this sense, traditional perceptions and practices of childbirth were heterogeneous and were combinations of both useful practices and unsafe and unhygienic folk methods. Pregnant women and their families simply chose the method they believed to be most suited to their economic and social circumstances and cultural understanding of birth. Even after learning of Western biomedicine's empirical superiority, many Chinese people

continued to view Western midwifery as just *one of many*, rather than *the sole* solution for safe childbirth.

In contrast, China's modernizing elites embraced basic principles of Western medicine, such as germ theory and anatomy, and correctly pointed out that many traditional birth practices had no scientific grounds and contributed to the high mortality rate of laboring women and newborns. Not surprisingly, many of them demanded the state's intervention to end these traditional practices and popularize the safer and more hygienic Western midwifery.

Since they attributed the high rate of infant mortality to insufficient medical training and knowledge on the part of traditional midwives, reform-minded elites argued that delivering babies should be considered a medical profession and only those who received professional training in Western midwifery should be qualified to practice. For them, the goal of midwifery reform was popularizing scientific delivery methods through retraining old-style midwives and regulating their practices based on the level of their competency in Western midwifery.

In order to appreciate the modernizing elites' passion to improve infant and maternal health and to change childbirth practices among ordinary citizens, one must be aware of China's situation at the time. China had fallen into social and political chaos after its defeats in the Opium Wars and the Sino-Japanese War, the collapse of the Qing dynasty, and the rise of warlordism in the 1910s and 1920s. For them, the chaos and disorder reflected the degeneration of the Chinese race. Therefore, adopting advanced and safe Western medicine and midwifery became vital in restoring the Chinese race and

the nation's prosperity by saving the lives of children, the future citizens. In this line of thought, childbirth was not a private concern, but a crucial public matter that demanded state intervention and reform.

However, by perceiving Western midwifery as the absolute standard or model that China should follow, these reform advocates failed to acknowledge the social, cultural, and economic circumstances that had allowed old-style views and practices of childbirth to prevail in China for centuries. For them, all traditional practices of delivery were little more than superstitions, and the hands-on experience of old-style midwives was more or less useless. Since they rejected all prevailing perceptions and practices of childbirth, the modernizing elites defined the midwifery reform as an “enlightenment project” targeted at “ignorant” ordinary Chinese people who could not appreciate the benefits of Western midwifery.

When the GMD finally brought the warlord period to an end and nominally reunified China, reform-minded elites such as Marian Yang and C.C. Chen convinced GMD leaders to conduct midwifery reform and played important roles in shaping and executing the reform policies. They utilized state power as a vehicle for realizing their goal of getting Chinese medical practitioners to completely adopt Western ideas of medicine and midwifery techniques.

The GMD Midwifery Reform – Imposing Western Midwifery on Chinese Society

Since midwifery reformers in the GMD state basically equated the reform to the Chinese people's wholesale adoption of Western midwifery, they had to depend on the

state's administrative and police powers to realize their vision. In a way, the reform policy aimed to use state power to impose the Western medical notion of childbirth on Chinese society, and its success would be determined by the GMD state's strength and ability to control local society. It was thus no surprise that the GMD midwifery reform produced dramatically different results in urban and rural China.

The GMD Regulation of Midwifery Practices in Urban Areas and the Success of Reform

The modernizing elites in the GMD state succeeded in achieving their goal of popularizing Western midwifery in urban areas such as Beijing and Shanghai, where the GMD state exercised tight control over local society. Specifically, GMD health officials introduced a state license system that regulated the qualifications and practices of midwifery professionals according to Western standards in several ways.

First, the state license system categorized midwifery workers into three groups – *jieshengpo*, *zhuchanshi*, and *chanke yisheng* – depending on the duration of formal education in Western midwifery and determined the medical cases each group was legally allowed to treat. While *jieshengpo* with two to six months of medical training could only deliver babies in the most ordinary childbirth cases, *zhuchanshi* could legally conduct prenatal examinations. *Chanke yisheng*, who had more than six years of medical training in Western medicine, could perform surgery in cases of birth complications and/or abortion.

The GMD license system also illegalized the use of any method, such as herbal medicine and acupuncture, that did not fit into the Western model of medicine. It also set

an age limit for practicing midwives by banning women over sixty-five years old, regardless of their experience or performance. Police visited women giving birth in their houses to check whether they employed licensed midwives to assist them during childbirth and if these personnel applied “correct” techniques of delivering babies as defined by Western medicine. In fact, many old-style midwives who were previously respected for their knowledge and experience were persecuted or removed from service because they could not meet the new legal criteria based on foreign standards. Since the GMD reform set the Western model of midwifery as an absolute standard for medical practitioners to follow, it abolished any traditional practice that could be useful and economical along with those that were unhygienic and unsafe.

In the end, the state’s top-down reform resulted in the successful adoption and enforcement of Western midwifery in urban areas, causing it to take root in cities such as Beijing, Nanjing, and Shanghai. For instance, as we have seen, in 1936, 84.5% of all deliveries in the first district of Beijing were supervised by someone trained in Western midwifery, a tremendous increase from the 17.1% recorded in 1927.

Besides the licensing system and police enforcement, young and educated women who actively responded to the reform ideal and policies also contributed greatly to the effectiveness of the GMD reform in cities. Although Western midwifery was still very foreign to many ordinary urban residents, educated young women embraced the modernizing elites’ view that its adoption would save the Chinese nation and race from degeneration, and the profession became a legitimate career option for young women. By 1949, over 2,000 registered *zhuchanshi* provided reliable medical services to their clients

in major cities. In short, although the GMD envisioned the midwifery reform as the wholesale adoption of Western midwifery, it succeeded in urban areas primarily because the state could effectively impose these new ideas on the population via police power and could find active supporters of the reform in educated young urban women.

GMD State Medicine and Its Failure in Rural China

Despite its success in urban areas, the GMD failed in its attempt to popularize Western midwifery among the rural population, which comprised more than 80 percent of the Chinese nation. The reformers learned that popularizing these new methods in rural areas required more resources and financial support from the state since most peasants could not even afford to pay for midwives. In fact, in most rural areas, elderly women with no medical knowledge delivered most of the village babies; the villagers simply considered them as acceptable midwives because they had the experience of giving birth to their own children.

In response, the GMD reformers applied the state medicine model to introduce the more advanced and safer, but foreign and expensive Western midwifery to the poor peasant population. In this model, the state would use its administrative power to build medical facilities and manage medical services and practitioners. Subsequently, the GMD state built childbirth facilities, ordered local governments to create a hierarchical management system of health facilities, and dispatched *zhuchanshi* and *chanke yisheng* to rural counties and villages. Under this framework, county hospitals in towns had the best medical instruments and hired *chanke yisheng* to treat the most complicated health

problems. Health stations at the ward (*qu*) level, a tier below the county hospitals, had less sophisticated medical instruments and hired less educated medical personnel to treat less complicated health issues. Village clinics, the bottom tier of services, had the basic medical resources to handle common and minor health problems. In theory, patients who could not be healed by medical institutions at the lower tiers could be transferred to higher level institutions until they received proper treatment for their health problems. In addition to this health management system, the GMD state charged local provincial governments with founding provincial midwifery schools to provide a sufficient number of *zhuchanshi* to work in the local childbirth facilities. Similarly, county governments were ordered to train young and educated rural women to be *jieshengpo* to deliver children for their neighbors in rural villages.

Despite the good intentions of the GMD reformers, the state medicine scheme failed even in its experimental phase due to several factors. First, building medical facilities and dispatching highly paid medical practitioners were well beyond the financial capacity of most local governments. Only a few counties could execute the GMD's order without receiving financial subsidies from Nanjing. Second, the state's midwifery professionals could not work effectively in rural communities, because locals did not regard the seemingly young and "green" *zhuchanshi* from cities as competent midwives. Meanwhile, old-style midwives considered the newcomers as either threats to their authority or as inexperienced novices and rejected the foreign methods they attempted to introduce. Third, local pregnant women did not necessarily visit county hospitals in cases of birth complications due to the poor transportation in rural China. Finally, the ambitious plan to

train young, educated local women in Western midwifery failed because of the overly bureaucratic attitude of the GMD state. For instance, the local governments bestowed the *jieshengpo* title on those who completed two to six months of training. Unfortunately, few young and educated women in rural areas were satisfied with the title, which literally meant “old women who deliver children.” Since local governments tended to unquestioningly follow the central government’s administrative order, they refused to accept any petition for changing the title, not even for the purpose of stimulating recruitment of more applicants for the program.

In conclusion, the GMD reformers who idolized Western medicine refused to compromise their ideals to address locals’ concerns or modify their plans to adapt to the realities on the ground, and planned instead to simply recreate Westernized medicine in rural China through the use of state administrative power. However, the GMD state, the main vehicle for executing the reform, simply did not have sufficient resources and police power to implement the Western model throughout the vast rural areas. Consequently, despite the modernizers’ good intentions, their reforms did not bring about any substantial change in rural childbirth practices. In a sense, these supposedly superior but undoubtedly foreign standards of modernization rendered the GMD’s reform plan impractical in rural China and caused the reform policy’s failure there.

The CCP Midwifery Reform: Redefining Modernity and Modernization

Like the GMD state’s modernizing elites, the CCP considered traditional birth practices in China as problematic and attempted to correct them to improve the health of

women and children. The CCP reformers also agreed with their GMD counterparts that Western midwifery was more hygienic and safer and provided a more systematic understanding of birth than traditional views and methods of delivery. In that sense, the CCP reformers were modernizers too.

However, the CCP confronted a political situation that gave rise to the Party's unique understanding of modernity, an understanding dramatically different from that of their GMD counterparts. As described above, the GMD's modernizers developed their own vision of modernity as a set of methods and perspectives that were modeled after Western medicine as an unquestionable standard. In that line of thinking, GMD reformers viewed ordinary people as "ignorant" subjects of their reforms. In contrast, for the CCP, who had to desperately struggle against both the GMD and the Japanese army for its very survival, the masses were not only the target of reform but also the power base for the Party. Simply put, the Party could not survive without peasant support. Under such circumstances, the CCP had to develop its own version of what the term modernity would mean, incorporating local concerns and realities in order for the rural population to truly benefit from modernization. In this context, the CCP's modernization process became more than just a top-down, bureaucratic attempt at the complete adoption of Western methods. It entailed the development of specific programs created as a result of dialogues between promoters of the Party's reform ideals and ordinary people to understand their needs and improve their daily living conditions. Thus emerged the CCP's new form of modernity, conceptualized here as "revolutionary modernity."

The CCP's Rural Midwifery Reform: Showpiece of Revolutionary Modernity

This unique “revolutionary modernity” is most clearly illustrated in how the Party developed its own version of modern midwifery by actively intertwining the Party’s reform ideal and the local people’s daily concerns. The CCP deliberately localized and simplified foreign medical knowledge, as opposed to the GMD, which merely aimed to dispatch well-trained medical professionals to rural areas. As a result, the GMD’s policies proved to be too costly and were perceived as outside interference by most locals. By modifying Western medical techniques to fit rural realities, the CCP reformers could retrain most illiterate old-style rural midwives in basic principles of hygienic medicine and mobilize them for reform, instead of outlawing them as inevitable opponents of change. Complicated Western midwifery practices were reduced to a few principles, such as disinfection of sanitary napkins, washing of midwives’ hands and clipping of fingernails, and sterilization of scissors with boiling water. Although these principles were simple and even rudimentary, they conveyed the main principles of Western midwifery techniques to the masses, leading to an increase of hygienic and safe childbirth practices. Moreover, the Party replaced medical jargon such as “bacteria” with local terms, so even illiterate local midwives could learn basic Western anatomy and midwifery in their own local nomenclature. Reformers also incorporated some local practices that were practical and economical, such as the use of acupuncture and herbal medicine, taking into consideration the shortage of Western medications and the financial conditions of local peasants. As part of the training programs, practitioners held discussion sessions to learn about useful indigenous practices and knowledge and about

the local people's comprehension of "modern medicine." In that sense, the CCP developed its unique concept of modern midwifery via interaction between the modernizer and the modernized, rather than via a top-down approach led by "enlightened elites."

Furthermore, the CCP conceptualized midwifery reform as a way for the Party to combine the locals' immediate concerns with its own desire to implement the reform. On one hand, the CCP took great care to represent state intervention in childbirth procedures as a way for the CCP to help rural peasants reinforce their family life by ensuring that they would have healthy offspring, rather than as state intrusion into the private lives of the rural population. When conducted simultaneously with land reform, which improved ordinary peasants' material wealth, this tactic could allay potential resistance from local old-style midwives and elderly women who saw the introduction of Western midwifery as a threat to their authority over the private matter of childbirth.

On the other hand, the CCP also acknowledged the importance of popularizing Western medical knowledge and practices to create positive changes in rural society. For example, the Party aimed to improve the status of women, the most oppressed social group of pre-revolutionary China. Safety and hygiene would help rural women to give birth to more healthy children, especially sons, in turn strengthening their positions within their husbands' families and their villages. Additionally, the CCP's midwifery handbooks openly challenged the all-too-common condemnation of women who could not conceive and the villagers' belief that menstruation was a polluting event.

The CCP's effort to adapt Western medical knowledge to local circumstances and its redefinition of Western midwifery as a practical way to produce more healthy children and as a vehicle to bring about progressive changes in Chinese society appealed to various groups within the rural communities. By 1951, about 30,000 predominantly illiterate old-style village midwives had completed midwifery training programs in Shanxi and Hebei provinces alone. This would not have been possible if the Party had attempted to introduce the "complicated" version of Western midwifery knowledge. Many young village activists also enrolled in midwifery classes. They believed that learning scientific midwifery techniques was a revolutionary act that challenged the local people's conventional superstitions against women. As such, it was no accident that among the 1,063 female cadres working in Shanxi province in 1951, 552 of them (more than 51%) were working in midwifery reform programs. Perhaps the best indication of the CCP's success in implementing its reform was that infant mortality rate in China dropped dramatically from 25% in the 1930s and 1940s to 17% by 1952.⁷²¹

CCP Urban Midwifery Reform: A Socialist and Revolutionary Form of State Medicine

In urban areas such as Beijing and Shanghai, where the GMD midwifery reform had taken root, the CCP had to confront a different set of challenges when executing its midwifery reform. The GMD medical reform in cities had produced among urban residents an acknowledgment of the superiority of Western medicine and midwifery over traditional medical practices. This success was possible partially because the GMD

⁷²¹ Judith Banister, *China's Changing Population* (Stanford, California: Stanford University Press, 1987), 116.

received substantial medical and financial aid from Western countries. These key resources enabled the GMD to provide urban residents with the benefits of safer and more systematic Western midwifery program, especially after the war against Japan destroyed most medical facilities and resources in China.

Conversely, the CCP could not expect any financial and medical aid from the West, and therefore could not afford the human and material resources required to restore the level of medical services that had previously been available to urban residents during the GMD era. To make matters worse, many *zhuchanshi* closed down their clinics in fear of the new socialist state and because of the shortage of medical supplies caused largely by the civil war. Thus, although the CCP promised “medicine for the masses,” the immediate goal for its medical reform in urban areas was to restore medical services with only meager medical and human resources.

To overcome this challenge, the Party exercised tighter and more direct control over midwifery schools, practitioners, and their clinics by utilizing the state’s administrative power and promoting and exalting the revolutionary spirit within the medical services. For example, the state took over professional midwifery schools and gave special enrollment priority to revolutionary activists or party members. This allowed the CCP to enlist individuals who were willing to serve the poor masses despite the small monetary rewards. In addition, the CCP exercised full control over assigning the graduates to work in factory clinics or hospitals in suburban districts, where medical services were much needed, but where only a few *zhuchanshi* had previously volunteered to go. The CCP also created the “United Maternal and Infant Health Station Program” to regulate the costs

and quality of medical services in the *zhuchanshi* private clinics that served the urban poor. In return, the state assumed the responsibility of supplying medicine and protecting the *zhuchanshi*'s economic profits and “political” status.

The CCP also tightened its administrative control over practicing old-style midwives to ensure that they provide reliable and affordable midwifery services to urban residents. In fact, the CCP set a higher standard of delivery skills and knowledge of hygiene than the GMD regulations for old-style midwives' *jieshengpo* licenses. The CCP allowed these old-style midwives, once licensed, to officially work in United Maternal and Infant Health Stations as professional midwifery practitioners. Under this program, licensed old-style midwives could work as formal members after their technical competency had been reviewed by state health officials and *zhuchanshi* who worked at the same station. The Party also permitted licensed old-style practitioners to charge their clients almost as much as *zhuchanshi* if they provided the same medical services to them. By utilizing its administrative power to regulate the quality and the cost of old-style midwives' services and to encourage them to run businesses, the CCP authorities were indeed able to offer reliable midwifery services to its urban masses at affordable prices.

By the end of 1958, the Party had brought all childbirth institutions, including the formerly private *zhuchanshi* clinics and practitioners under local governments' direct control and offered a health insurance program to urban residents in Beijing and Shanghai. Local residents could receive free medical services through their work units or subsidies from local welfare funds. At least in theory, all workers and residents could enjoy the benefits of the medical insurance services via one of these two avenues. At the

same time, the price and quality of midwifery services was set directly by the local health authorities.

Such direct and extensive state control over midwifery services and medical providers clearly differed from the GMD's approach in urban areas, which had depended heavily on the police apparatus to inspect private medical providers' qualifications and practices. The CCP's urban midwifery reform program also differed from the one implemented in the countryside, which relied heavily on the voluntary mobilization of local activists and the localization of medical knowledge.

Although the GMD's state medicine policies in rural areas and the CCP's urban midwifery reform shared some similarities, they produced very different results for the parties due to the manner and strategies they used to realize their respective goals. It was true that both initiatives advocated that the state play a greater role in creating and managing medical facilities and services through its administrative control over available medical resources. Unfortunately, the GMD state medicine policies failed in rural areas, since it attempted to manage medical services exclusively through its chain of administrative command without investing in medical resources or creating a program that could effectively work in rural settings. Consequently, the GMD's state medicine policies merely served as a showcase of the GMD vision of the modern state without generating any result.

In contrast, the CCP's urban midwifery program succeeded in managing professional midwifery schools and regulating old-style midwifery practices. The Party did not simply issue directives for midwifery practitioners to follow; it invested in

programs that benefited them economically and socially. As discussed above, the CCP urban midwifery reform actively regulated the urban medical market by standardizing prices, supplying medicine to medical facilities directly, and assigning *zhuchanshi* to clinics. Finally, the CCP eventually placed all midwifery facilities and practitioners under direct management of local governments as part of the insurance program available through either work units or residential welfare funds, thus actualizing the Party's revolutionary promise of "medicine for the masses," despite the scarcity of material and human resources.

The CCP's Excessive Reliance on Ideological Mobilization in Midwifery Reform in the Mid-1950s

The excessive reliance on midwives' revolutionary zeal and on ideological mobilization that began in the middle of 1950s was an ironic byproduct of the CCP's search for its own way to define modernity and to achieve modernization. Despite the earlier successes of its practical approach to reform in both urban and rural areas, after 1953 the CCP became increasingly dependent on ideological mobilization and midwives' revolutionary fervor to continue its midwifery reform program. For example, the Party relied excessively on young midwives' revolutionary zeal to build rural childbirth facilities in rural areas and exaggerated the effectiveness of the Soviet Psycho-Prophylactic Method of Delivery in urban areas. In fact, the CCP's ideological mobilizations during the implementation of its midwifery reform were a strategy to achieve alternative forms of modernity during its confrontation with the West, the original model of modernity, throughout the Cold War.

The CCP's emphasis on the absolute devotion and revolutionary zeal of young midwives began when the Party had to transfer the economic burden of the reform to rural villagers. When industrialization became the Party's priority in its economic planning and investment, the CCP, with no material aid or technical assistance from the West, had to extract resources from the agricultural sector. Thus, although the Party fully recognized the benefits of popularizing the safer and more advanced Western midwifery in rural areas, it nevertheless made the decision to reduce its financial support of the rural midwifery program. To continue managing the reform program with no financial support from the central government, local governments ordered villagers to pay for the midwives' salaries and cover the costs of medicine for childbirths with village funds or out of their own pockets beginning in 1954.

Faced with financial crisis and villagers' resistance to the increasing economic burden of the reform, local health officials began to promote the virtue of absolute devotion to young activists in the midwifery reform programs. Beginning in the mid-1950s, typical propaganda materials portrayed devoted young midwives building and managing village childbirth facilities (*chanyuan*) with their own money so that villagers could give birth for free or struggling heroically against shamanistic old-style village midwives. This new propaganda narrative of "exemplary young midwives" replaced earlier propaganda that had portrayed elderly village midwives learning scientific midwifery to assist locals to give birth to healthier children.

In the urban areas, the CCP introduced the Soviet Psycho-Prophylactic Method of Delivery to its midwifery reform as an alternative form of modern medicine when the

Party encountered ideological tension with medical workers trained in Western medicine. Although the Party fully acknowledged the empirical and theoretical superiority of Western biomedicine, it also suspected the class background and professional loyalty of medical workers trained in Western medicine. They were thought to be self-serving, spoiled by “bourgeois” and “materialistic” Western culture, and unwilling to voluntarily serve the masses. The Party’s suspicions were confirmed when over 140 *zhuchanshi* in Beijing and Shanghai refused to serve in rural/suburban clinics, preferring to remain unemployed just to stay in the city.

Soviet Psycho-Prophylactic Method of Delivery became more than a new delivery technique when the tension between the CCP and the West reached its peak during the Korean War. As the war transformed the US, which had been the very model of modernity, into *the enemy*, the CCP found itself obliged to present this Soviet Russian model of child delivery as an alternative form of modern medicine. Party officials then began to exaggerate the empirical results of the Soviet method in order to make it seem more modern and more scientific than Western midwifery. They even criticized the use of anesthetic during surgery to overemphasize their absolute trust in the Soviet method. In doing so, the propagandistic constructions of this method became increasingly divorced from medical realities, resulting in the creation of both doubt and disinterest in the method itself among medical practitioners and expectant mothers alike.

In conclusion, the CCP’s excessive reliance on ideological mobilization beginning in the mid-1950s reflected the Party’s ideological tensions and self-contradiction in its search for an alternative form of modernity that would better suit China’s reality. It is

undeniable that the Party redefined its conceptualization of modernity in the context of revolution, and indeed actualized the effects of this modernity by addressing people's daily concerns and mobilizing voluntary support of revolutionary activists. However, when the Cold War confrontation pressured the Party to deny the modernity of Western medicine altogether and forced it to build a modern medical system without a firm material base, the CCP took its strategy of pursuing an alternative form of modernity to ideological extremes.

Although the CCP's ideological propaganda that emphasized young midwives' reform zeal and the Soviet form of modernity ended in the early 1960s, its results were mixed and long lasting. On one hand, the Party's excessive reliance on ideological propaganda seriously damaged its earlier success, which had linked its reform ideals to people's practical needs. In fact, rural villagers as well as urban medical professionals often ignored the Party's propaganda, considering it just unrealistic fabrication. In other words, the Party found itself having to both exaggerate and fabricate facts about social and medical reality in order to inspire people's enthusiasm regarding the reform. In the end, the CCP's resort to ideological mobilization and revolutionary zeal in the face of scarce material resources caused its modernizing plans to become more and more divorced from social reality, which characterized the Great Leap Forward and, later, even the Cultural Revolution.

On the other hand, the Party's strategy indeed encouraged young women in rural villages to practice advanced Western midwifery techniques and to take on midwifery as an honorable revolutionary career. In fact, about 30 percent of the 1.25 million doctors in

village hospitals or health centers were female in 1990, and many of them began their career in the 1950s or 60s as village midwives. Furthermore, in 1990, more than 470,000 midwives in rural areas received training and ideological encouragement similar to what their counterparts in the 1950 and 60s had received and assisted deliveries in village hospitals. In fact, the modernization and professionalization of medical workers in the post-Mao era were carried out through retraining these rural medical workers rather than replacing them with medical specialists.⁷²² In this way, the CCP's unique strategy of medical modernization that intertwined local oriented practices, the Party's ideals of modernization, and revolution did not end with Mao's era, but still continues.

⁷²² Gail Henderson, "Issues in the Modernization of Medicine in China." In *Science and Technology in Post-Mao China*, edited by Denis Fred Simon and Merle Goldman (Cambridge: Harvard University Press, 1989), 220-221.

Character List

Ba qingchun xiangei dang xiangei renmin 把青春 献给党 献给人民

baoguo qiangzhong 保国强种

baojia 保甲

Beijing shili fuying baojianyuan 北京市立保健院

Beijing shili zhuchan xuexiao 北京市立助产学校

Beijing yike daxue 北京医科大学

Beijing zhuchanshi gonghui 北京助产士公会

Beipingshi gong'anju diyi weisheng shiwusuo 北平市公安局第一卫生事务所

bing 丙

Boji yiyuan 博济医院

chanke 产科

chanpo 产婆

chanyuan 产院

Chen Yi 陈仪

Chen Zhiqian 陈志潜

chiku 吃苦

da di 大敌

Dade nüyi xuexiao 大德女医大学

dangyi 党义

danzi da 胆子大

Dashengbian 达生编

Ding-xian 定县

Dingzhoushi 定州市

Diyi zhuchan xuexiao 第一助产学校

du 毒

fan geming fenzi 反革命分子
fei dang funü gongzuozhe zuotanhui 非党妇女工作者座谈会
feng 风
fengjian shehui 封建社会
fengjian 封建
Fujian shengli gaoji zhuchan xuexiao 福建省立高级助产学校
fuke yisheng 妇科医生
fuke 妇科
funü laodong baohu 妇女劳动保护
Funü lianmenghui 妇女联盟会
Funü zazhi 妇女杂志
Furen daquan liangfang 妇人大全良方
furenmen de chengfa 妇人们的惩罚
fuying baojianwang 妇婴保健网
Fuying weisheng 妇婴卫生
fuying yiyuan 妇婴医院
fuyou baojiansuo 妇幼保健所
Fuzhou zhuchan kanhu xunlianban 福州助产看护训练班

gaibian gongzuo renyuan de zuofeng 改变工作人员的作风
gaizao 改造
gaoji zhuchan zhiye xuexiao 高级助产职业学校
gechu renmin de tongku 割除人民的痛苦
geming daxue 革命大学
gonglihua 公立化
gongyi zhidu 公医制度
gongzuo danwei 工作单位
Guanyin 观音
guojia zhongji yiliao gongwuyuan 国家中及医疗公务员

Jia 家

Jiang Jieshi 蒋介石

Jiangning nongcun weisheng shiyanxian 江宁农村卫生实验县

jianren 贱人

Jiayang xian 建阳县

jiaoyuju 教育局

jiefangqu 解放区

jiesheng xiaozu 接生小组

jieshengpo 接生婆

jieshengpo xuzhi 接生婆须知

jieshengxiang 接生箱

jieshengyuan 接生员

jieshengzhan 接生站

Jilin zhuchan xuexiao 吉林助产学校

jingmai 静脉

Jingyue quanshu 景岳全书

Jinian Bai Qiuen 纪念白求恩

Jiu yu xin 旧与新

jiujiyuan 救济院

Lao She 老舍

li 理

Li Ting'an 李廷安

lianhe fuyou baojianzhan 联合妇幼保健站

Linchang xuzhi 临产须知

Liu Ruiheng 刘瑞恒

Mao Zedong qizhixia xiang qianjin 毛泽东旗帜下向前进

mianchu renzhong zhi rouruo, zengjin funü de jiankang 免除人种之柔弱 增进妇女的健康

miaoshou 妙手

Minsheng zhoukan 民声周刊

Minshengbao 民声报

minzhengju 民政局

minzhu hemu de jiating 民主和睦的家庭

mofan jieshengyuan 模范接生员

naiku 耐苦

nanchan 难产

Nanping xian 南平县

naojin kaitongle 脑筋开通了

naozi hao 脑子好

Neizhengbu 内政部

nenggan 能干

nongye hezuoshe 农业合作社

nü yisheng 女医生

Nüke qieyao 女科切要

nüyi xuexiao 女医学校

nüyi 女医

panguang 膀胱

qi 气

Qinghe shiyanqu 清河试验区

Qinghe 清河

qi zai yuanzhong yangyanghao, fu zai tianli jingtougao 妻在院中养养好 夫在田里劲头高

qu renmin zhengfu 区人民政府

qunzhong luxian 群众路线

renmin zhuxuejin 人民助学金

renwu liangwang 人物两旺

ruyi 儒医

Sha xian 沙县

Shanghai chanke yisheng lianhehui 上海产科医生联合会

Shanghai di er junyi daxue yiyuan 上海第二军医大学医院

Shanghai zhuchanshi gonghui 上海助产士公会

shehuike 社会科

Shenbao 申报

shenger ru guo guiguanmen 生儿入过鬼关门

she-zhan hebing 社站合并

shi fuying weishengyuan 市妇婴卫生院

Sili gongyi zhuchan xuexiao 市立公益助产学校

Sili Huilesheng yiyuan fushe gaoji zhuchan zhiye xuexiao 私立惠乐生医院附设高级助产学校

Sili sheng lujia fushe gaoji zhuchan zhiye xuexiao 私立圣路加附设高级助产学校

siqi baohu 四期保护

siren jiesheng 私人接生

sixiang gaizao 思想改造

Song Meiling 宋美龄

suku 诉苦

Taichan xuzhi 胎产须知

Taier niangniang 胎儿娘娘

Taiwan renmin qilai 台湾人民起来

tuanjie gaizao jiu Chanpo 团结改造旧产婆

tudi 徒弟

Wanping xian 宛平县
wei shengchan fuwu tigao shengchanliu chuqin, tuiguang xinfa jiesheng baozhang muzi
jiankang 为生产服务 提高生产出勤率 推广新法接生保障母子健康
weisheng 卫生
weisheng fensuo 卫生分所
Weishengbu 卫生部
weishengchong 微生物
Weishengju 卫生局
Weishengshu 卫生署
weishengsuo 卫生所
weishengwu 微生物
weixin 威信
wenhua fanshen 文化翻身
Wu Liande 伍连德
wu xueshu 无学术
wutong fenmian 无痛分娩
wutong fenmianfa tuxing weiyuanhui 无痛分娩法推行委员会

xian weishengyuan 县卫生院
xiang Sulian xuexi 向苏联学习
xiao chongzi 小虫子
xiao dizhu 小地主
Xiao Hong 萧红
xiashen 下身
Xiehe yiyuan 协和医院
xieqi 邪气
xifa jiesheng 西法接生
Xin Zhongguo Funü 新中国妇女
xinfa jiesheng 新法接生

Xingzheng yuan 行政院

xisan 洗三

xuanchuan 宣传

Xueye jiesheng 雪夜接生

Yang Chongrui 杨崇瑞

Yang Wawa 养娃娃

yang 阳

yichang fenmian 异常分娩

yin (as a direction) 寅

yin 阴

yiqie weizhe shangbingren 一切为着伤病人

yishi huiguan 医师会馆

yishou yi chuangyan yishou fu guanbian 一手倚床沿 一手扶棺边

yiwaide 意外的

Yue 乐

Zenyang jiesheng 怎样接生

Zenyang zhuchan 怎样助产

Zhaichengcun 翟城村

Zhao Dama jiesheng 赵大妈接生

zhengdun 整顿

zhengzhi jihui 政治机会

zhi jian hunjia fu, bu jian sheng er nü zhi jian niang huai er, bu jian er zou lu 只见婚嫁

妇 不见生儿女 只见娘怀儿不见而走路

Zhonghua hushihui 中华护士会

Zhonghua yixue zazhi 中华医学杂志

Zhoungyang renminzhengfu weishengbu fuyou weishengju 中央人民政府卫生部妇幼

卫生局

Zhucan changshi 助产常识

Zhuchan jiaoyu weiyuanhui 助产教育委员会

zhuchan nüxing 助产女性

Zhuchan xuexiao zhengdun weiyuanhui 助产学校整顿委员会

zhuchan xunlianban 助产训练班

zhuchan zhiye xuexiao 助产职业学校

zhuchanshi 助产士

zigong 子宫

ziliu 自流

ziyou goujia 自有国家

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