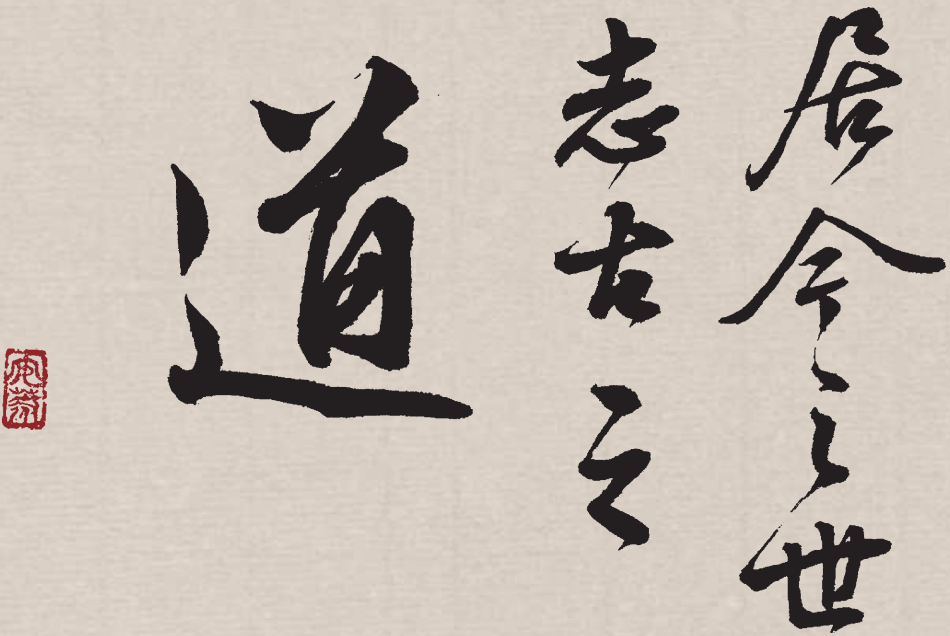


**Settled in the Present,
Committed to the Past**



Festschrift for Achim Mittag

Edited by
Fei Huang,
Dorothee Schaab-Hanke
and Martin Hanke

OSTASIEN Verlag

Deutsche Ostasienstudien 54

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on the Occasion
of His 68th Birthday

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The calligraphy on the cover, created by Dan-wei Zhu-Mittag (2024), 居今之世，志古之道, alludes to a passage in Chap. 18 of the *Shiji* 史記 ('The Scribes' Records) that serves as the governing word of this volume. For more details, see the introduction.

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A “Bronze Woman” among “Bronze Men”: Random Notes on Thinking about the Body in Medical Museums in China

Emily GRAF*

女性形象，在古代封建社會基本沒有。¹

Female representations were virtually non-existent in ancient feudal societies.
(Wang Lili, museum director, reflecting on the “Bronze Woman” on display)

欲指取穴，無圖莫可。²

If you want to find acupuncture points, you cannot do without illustrations.
(Saying among acupuncture practitioners)

醫林咸師其穴，不呼銅人，而稱為銅神。³

The medical community universally reveres acupoints as their teachers from whom they learn, not calling it the “Bronze Man” but rather the “Bronze Deity”.
(Ren Xigeng, Imperial Physician during the Qing Dynasty)

China’s museum landscape features many museums dedicated to medicine and medical history. In studies that provide an overview of the institutional landscape of museums in China⁴ and within the committee structures of the International Council of Museums and its respective Chinese committees and associations,⁵ medical museums are not conceived as a genre of their own. Rather, they are often conceived of as either “history museums” or “museums of science and technology”. In practice, they are often structurally subsumed under the genre of “university museums”, as many collections were historically affiliated with universities.⁶ Such a categorization

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The author would like to thank Director Wang Lili 王麗麗 for introducing her to the museum and this “Bronze Woman” in particular, to Marta Hanson and Yi-Li Wu for providing valuable feedback in the article’s final stage, and to Han Qijin 韓奇金 and Zheng Xinyu 鄭心羽 for their suggestions its early stages.

1 Wang Lili, interviewed March 25, 2025.

2 Saying cited in Huang 2018, 164.

3 The Annals of the Imperial Academy of Medicine by Qing-Dynasty imperial physician Ren Xigeng 任錫庚, cited in Yuan, Liu and Cui 2020, 38, and Ma Jixing 1993, 9, 35.

4 See, for example, Denton 2014.

5 The International Council of Museums (ICOM) was founded in 1946. A Chinese national committee of ICOM (ICOM China) was founded 1983 and consists of delegates from the *Zhongguo bowuguan xiehui* 中國博物館協會 (Chinese Museums Association, CMA). Neither ICOM nor ICOM China have a special committee (*zhuanye weiyuanhui* 專業委員會) for medical museums as it does, for example, for literature museums etc.

6 The International Council of Museums (ICOM) is organized, among other ways, according to international committees, which include the CIMUSET (The International Committee for Museums and Collections of Science and Technology) and the ICMAH (International Committees for Museums and Collections of Archaeology and History) and the UMAC (International Committee for University Museums and Collections). ICOM China and CMA are organized similarly but not identically into special committees such as the CMA-SCCUM (The Chinese Museums Association Specialized Committee for College and

allows medicine museums to avoid being classified as either “history” or “science” by emphasizing the museum’s administrative affiliation rather than defining the content of their collections based on a limited set of museum categories.⁷ Museums of medicine pose somewhat of a challenge in museum taxonomy.

Possibly due to the wide diversity of their collections and their differing institutional affiliations, medical museums in China have received little attention from historians. Consequently, their active role in writing and rewriting the history of medicine in China has long gone unnoticed. If we approach this variety of museums, we encounter anatomical and pathological collections at medical universities specialized in biomedicine. We also encounter state-run museums dedicated to Chinese medicine (*zhongyiyao* 中醫藥), focusing on *materia medica* (*bencao* 本草) and acupuncture & moxibustion (*zhenjiu* 針灸). Regarding the funding and ownership of their collection, we also see diversity, as not all medical museums are state-run. Private medical museums also exist, like those established by the contemporary collector and former pharmaceutical sales representative Shangguan Wanping 上官萬平, who has established a number of private medical museums in Shanghai since 2015. One also encounters hybrid forms, where state-run historical sites and memorial museums are dedicated to physicians from imperial times but also feature privately run commercial pharmacies that emphasize the legacy of their century-long history, such as the Hu Qing Yu Tang 胡慶餘堂 in Hangzhou.⁸

In the following analysis, I invite the reader to reflect on one exhibit presented in a medical museum in China, namely, in the Shanghai Museum of Traditional Chinese Medicine (Shanghai *zhongyiyao* bowuguan 上海中醫藥博物館), the first museum in China that was dedicated to traditional medicine.⁹ It was established in 1938, then named Yishi bowuguan 醫史博物館

University Museums 高等学校博物馆专业委员会), the CSTM-CMA (Committee for Science and Technology Museums of Chinese Museums Association 自然科技博物馆专业委员会) and the ASMC-CMA (Archaeological Site Museum Committee of Chinese Museums Association 考古遺址專業委員會). The ASMC-CMA does not include the broad category of “history museums”. Other CMA-specific categories, however, could include certain history museums, such as the special committee dedicated to memorial museums (*jinianguan* 紀念館).

- 7 When museums in China become members of the Chinese Museum Association, they can proactively choose into which special committee they would like to be placed. The Shanghai Museum of Traditional Chinese Medicine discussed in this article is subsumed under this category, like other museums dedicated to Chinese medicine and affiliated with universities of Chinese medicine, such as the museums at Beijing University of Chinese Medicine 北京中醫藥大學 or Changchun University of Chinese Medicine 長春中醫藥大學博物館.
- 8 Hu Xueyan 胡雪岩 (1823–1885) was a Qing-Dynasty pharmacist. The Hu Qing Yu pharmacy opened in 1878. In its name, Hu refers to Hu Xueyan and *Qing Yu* 慶余 refers to *yuqing* 餘慶 (abundant happiness), which refers to a passage from a canonical commentary of the *Yijing* 易經 (*Book of Changes*), the *Wenyan zhuan* 文言傳, which reads for *kun* 坤: 積善之家，必有餘慶；積不善之家，必有餘殃。 “A house that heaps good upon good is sure to have an abundance of blessings. A house that heaps evil upon evil is sure to have an abundance of ills.” Translation in: Wilhelm and Baynes 1977, 393; for the Chinese original, accompanied by the translation by James Legge, see ctext.org/book-of-changes/kun6.
- 9 The establishment of medical museums in China was proposed as early as 1838 by the China Medical Missionary Society and realized by the mid-1890s when medical museums were founded in Canton, Shanghai and other places in China. One museum containing biological specimens was, for example, founded at Luke’s Hospital in Shanghai around 1895 (Heinrich 2008, 77; 82). The Museum for the History of Medicine, however, focused on historical materials and traditional practices of healing.

(Museum for the History of Medicine) (Fig. 1) and affiliated with the Zhonghua yixue hui 中華醫學會 (Chinese Medical Association), which was established in 1915 in the early Republican era. Today the museum is affiliated with the Shanghai zhongyiyao daxue 上海中醫藥大學 (Shanghai University of Traditional Chinese Medicine), established in 1956.



Fig. 1 Display at the Shanghai Museum of Medical History, approx. 1943–1952
(photograph taken by the author at the Shanghai Museum of Traditional Chinese Medicine, March 25, 2025.
Courtesy of the Shanghai Museum of Traditional Chinese Medicine)

The institutional medical landscape in China is especially fascinating because two medical paradigms coexist. This coexistence in the institutional landscape of China is not limited to the university and hospital landscapes but also extends to the realm of medical museums. When visiting medical museums in China, you usually enter spaces that *primarily* address one of the two medical paradigms that prevail in China today, presenting themselves as a museum of Chinese medicine or of “modern medicine”, anatomy/pathology, or “Western” medicine. This phenomenon might explain why the formalized committees and associations have not formed an organizational group that transcends this paradigmatic division under the term of “integrating” (*jiehe* 結合) the paradigms. Only in very recent years has there been movement in this regard. In April 2023, Peking University Health Science Center (PKUHSC) 北京大學醫學部 organized the first Forum on Medical Museums,¹⁰ and in June 2024, during its Second Forum, a National Alliance of Medical Museums (*Zhongguo yixue bowuguan lianmeng* 中國醫學博物館聯盟) was founded. Han Qide 韓啟德 (*1945), the current president of PKUHSC (2000-today)¹¹ and Member of the Chinese Academy of Sciences (since 1997), who has

10 See: First Forum of Peking University on Medical Museums: bynews.bjmu.edu.cn/zhxw/2023/9013db4904b2471c8b9d4c12be7e36e3.htm.

11 The medical school was separated from Peking University to form an independent Peking Medical College (*Beijing yixue yuan* 北京醫學院) in 1952 when it was taken out of Peking University. In 1985 Peking Medical College was renamed Peking Medical University (*Beijing yike daxue* 北京醫科大學). It was once again merged with Peking University in the year 2000 when Han Qide first took over the presidency of Peking Medical University (*Beijing yike daxue*) and then became president of Peking University Health

also held key political offices on national level, such as Vice Chairman of the Standing Committee of the National People's Congress 全國政協副主席 (2003–2013), has enthusiastically supported the establishment of such an alliance.¹² Yet it remains a network or platform for cooperation, and not a formal professional association or long-term institutional body, and has so far focused on establishing a domestic network of scholars and museum professionals.

While introducing one of the exhibits in the Shanghai museum, I reflect on Achim Mittag's 2015 article on "Body-State-Cosmos: Random Notes on the Thinking of the Body in China", in which he discusses the particularities of how the body as a concept was conceived in China historically. Mittag was inspired by Nathan Sivin's 1995 article "State, Cosmos, and Body in the Last Three Centuries B. C.", in which Sivin focuses on the concept of the body until the 1st century BC and argues that it was conceived as a unity of the body, state and cosmos, with all three entities being relevant to the understanding of the body, an understanding that not only prevailed until the Han period but persisted until the end of the Qing.¹³ Adding a Chinese perspective to a volume coedited by a European medievalist and a European philosopher, Mittag's essay contributes to the volume's aim to think about the body not only within a specific historical milieu but also within an intercultural context. He argues that the Western cultural tradition was marked by a conception of the body as a singular, "unchanging entity"¹⁴ that was visually present and marked by a significant gender distinction between male and female. In China, the body was conceptualized as simultaneously "one" (whole) and "many" (parts), constantly changing, traditionally absent in visual and material sources, and, when it was visualized, often androgynous. By introducing the reader to a material object on display, I would like to shift the reader's attention from the conceptual and abstract body to the particular and material body in China. Setting off from Mittag's general cultural-historical observations of the immaterial concept of the body in China, I will raise particular material questions when encountering this object.

From Immaterial Concept to Material Object

Taking a philological and conceptual approach, Mittag reflects on the two Chinese terms for the body (*shen* 身 and *ti* 體). *Shen*, a pictogram of a pregnant female body, was later used for both male and female bodies, which leads him to conclude that this shows a "limited significance of gender"¹⁵ in Chinese language and a certain fluidity of gender in Chinese culture, referring to historical, mythical and religious figures, such as Mulan, the Bodhisattva and other figures that transgress gender binaries in Chinese culture.¹⁶ As for *ti*, it contains the semantic element of bone and refers to the body as a whole or to a body's limbs. The body as a whole is understood as composed of modular components, the sum of which constitutes the body as a whole.

It is in this regard that the loss of a component would jeopardize the wholeness of the body, one reason why the physical integrity of the body has played such an important role in Chinese

Science Center (*Beijing daxue yixuebu* 北京大學醫學部), which was once again integrated into Peking University. For the historical development of the PUHSC, see: www.bjmu.edu.cn/xbgk/lsyg/index.htm.

12 See: Second Forum of Peking University on Medical Museums: news.pku.edu.cn/xwzh/9d7e361c873142ec81b3e760079f2cac.htm.

13 Sivin 1995.

14 Mittag 2015, 151.

15 Mittag 2015, 149. For more information to a material approach to the history of the Chinese script and the characters referring to the body and illness and their meanings, see Cook 2023.

16 Mittag 2015, 149.

culture. Preserving the body unmutilated and maintaining the body in its wholeness as it was given to us by our parents was thus an obligation in filial piety. This concept of *xiao* 孝 (filial piety) posed a major conflict with dissection in 20th-century China. Materially, a refusal to harm the wholeness of the body by breaking it down into multiple parts persisted. But other sources show that, at the same time, there was an affinity to conceptualizing the body not as one but as many that could exist simultaneously. Mittag introduces sources, such as the *neijing tu* 內景圖 (Daoist diagrams that show the body as a landscape) and a poet’s reflection of his portrait, in which he emphasizes that the portrait is only the representation of one of his many bodies. In such sources, the body (and with it one’s identity, *shenfen* 身分, a partial or socially defined entity) “was conceived as one and many at the same time and something which keeps changing over time.”¹⁷

Taking a chronological approach, Mittag further argues for a differentiation between three phases in Chinese history that showcase how the body was conceived differently in different times: In the first phase (late Shang to early Zhou; c. 1250–1000 BCE), which draws on oracle-bone inscriptions from the late Shang Dynasty, he shows that although the body of the emperor and those close to him featured in questions posed when communicating with deities, the monarch’s body was absent in public space. The restraint in China to not visualize the body was not limited to the female body, but also to the male body, he argues. The second phase (Warring States of the Eastern Zhou, Qin and Han Dynasty; c. 300–50 BCE) is characterized by correlative cosmological concepts (including those of *qi* 氣, the five phases, *wuxing* 五行, and the binary scheme of *yin* 陰 and *yang* 陽) that appeared in the textual tradition and also was featured in medical texts that would become medical Classics, i.e. the *Huangdi neijing* 黃帝內經 (Inner Canon of the Yellow Emperor). As for the body, vessel theory formed the theoretical foundation for acupuncture and provided a way to conceptualize the body as a system of twelve circulation tracts (*jingmai* 經脈) that carried *qi* 氣 and blood to interconnected and mutually dependent organs (i.e., six *cang* 藏, “depots” and six *fu* 府, “palaces”), defining illness as a dysfunction of *qi* circulation. The body was “conceived as a replica of the state and the state in turn was regularly described in analogy to the body.”¹⁸ In the third and final phase (c. 1040–1290; Song, Jin, and early Yuan Dynasties), the conception of the body changed profoundly, Mittag argues, because it was connected to the rise of Neo-Confucianism. Drawing on Paul U. Unschuld’s argument, he shows that the correlative paradigm was now also included in the field of pharmacology, not only acupuncture. He emphasizes that this shift is often dated to the Jin and Yuan (1115–1368) period, but had already started in the Song Dynasty (960–1279), which led Paul U. Unschuld to term this transition the Song-Jin-Yuan era.¹⁹ *Materia medica* and the body were interpreted hereafter on the basis of vessel theory.

17 Mittag 2015, 152.

18 Mittag 2015, 159.

19 Paul U. Unschuld highlighted this in his translation of the *Huangdi neijing: Suwen* (often rendered in English as *Inner Canon of the Yellow Emperor: Basic Questions*), in which he emphasized that the puzzle remains why the correlative paradigm became relevant in pharmacology only in the Song Dynasty, even though early texts, such as Zhang Ji’s 張機 *Shanghan zabing lun* 傷寒雜病論 (*On Harm Caused by Cold and Miscellaneous Disorders*) (ca. 200 AD) associated therapeutic drugs with *yin* and *yang* as early as the Han Dynasty, yet failed to gain widespread interest until the final years of the Song Dynasty (Unschuld 2003, 284–289). „[T]he puzzle remains why the divide between pharmacotherapy and the yin-yang and five-agents doctrines and vessel theory existed for so long“ (Unschuld 2003, 313).

While Mittag does not address this in detail, it was also during this third phase that scholar-literati began to consider the theoretical, philosophical, and cosmological knowledge on which vessel theory was based, and mastering this knowledge in turn became to be considered increasingly important for a good physician. Becoming a doctor thereby became an alternative career pathway for scholars who failed to progress their career as an official. In turn, it was due to the overproduction of highly educated scholar-literati and the limited availability of government positions that scholars turned to the medical profession, elevating the profession's social standing and simultaneously promoting their own definition of a "good doctor", who, according to their definition, had to be well-versed in the Confucian Classics. It was in this period, during the Song Dynasty, that the saying "if you cannot be a good statesman, you can be a good physician" emerged.²⁰ Scholars started to have "skin in the game" of medicine, so to say. In Neo-Confucianism, the focus on "cultivating the self" (*xiushen* 修身), which Mittag emphasizes as a key transition in the body's conceptual history, furthermore shifted towards character formation and education away from material corporeality.

While Mittag's reflections end with this transformative period in the Song dynasty in which the body seems to be once again retreating from the scene, this study sets off from a concrete object on public display. It analyzes how material representations of the body developed after this third phase – continuing his train of thought, so to say – and creating a transition from the Song Dynasty to 20th-century China when the first anatomy collections were formed and fundamentally changed how the body was perceived in China.

The Materiality of a Female Body

Let us revisit our assumption that the body in China was androgynous. Mittag gives compelling examples from the first two periods he defines. Was the androgynous body in China timeless? And if not, when did gendered body concepts begin to compete with the androgynous concept – and did such conflicting body concepts leave material traces? What was the norm of representing the body in China, and what were the exceptions?

To answer this question, I would like to introduce a "Bronze Woman" (Fig. 2). She carries the rather generic title "Qingdai yuzhi zhenjiu tongren 清代御制針灸銅人" (Bronze human (figure) (*ren* 人) for acupuncture and moxibustion made by imperial order during the Qing Dynasty), as stated on the label in the museum and in scholarly literature referring to the figure. She was cast in the early 18th century (ca. 1744) and is a nude female figure, with thin lines engraved on her body representing channels, and hundreds of small holes along these lines, representing acupoints.

She is a fascinating exception to the rule of how bodies were represented in imperial China, and so her existence raises many questions about how the female body was gendered then. With about 45cm in height, she would reach below an average person's knee. Currently, she is placed in a glass cabinet in the Shanghai Museum of Traditional Chinese Medicine. The showcase only features her and gives her a prominent position at the center of the large exhibition hall, while the other exhibits are placed in the large glass showcases along the walls. She is presented at eye level with the visitor and further placed on a small pedestal. A silk brocade box in which the figure was once stored and gifted has been positioned behind her with its wings open, providing a U-shaped frame and featuring inscriptions.²¹ The label placed in the showcase reads "Qing Qianlong jiu nian zhenjiu

20 Huang Longxiang 2018, 83: 不為良相，則為良醫。

21 The inscription text is rendered in full in Qin 2012.

tongren xiang, Ding Jimin juanzeng” 清乾隆九年針灸銅人像，丁濟民捐贈 (Acupuncture bronze statue from the 9th Year of Qianlong’s reign, donated by Ding Jimin) and in English “An acupuncture copper (sic) figure in 1744”.

The term *zhenjiu tongren* 針灸銅人 (acupuncture bronze human) has mostly been rendered as “Bronze Man” in the respective English literature and, more recently, and more accurately as “Bronze Acupuncture Figure” (abbreviated BAF). Since one of the things that makes this particular material object so exceptional is that it is a female figure, I intentionally name her the “Bronze Woman” hereafter. I further chose the intentionally gendered “Bronze Man” to refer to the other bronze figures, as they almost all feature male characteristics, for example, through attributes like clothing and hair style.



Fig. 2 Bronze female figure at the Shanghai Museum of Traditional Chinese Medicine (photograph taken by the author, March 25, 2025. Courtesy of the Shanghai Museum of Traditional Chinese Medicine)

Standardizing Acupuncture in the Song Dynasty: “Bronze Men”

When trying to better understand this “Bronze Woman” cast in the Qing Dynasty and recognize her uniqueness in both the history of Chinese medicine and the conceptual history of the body in

China, it is important to keep in mind that there are two reasons why one has to first move over 700 years back to the 10th and 11th centuries. Firstly, bronze figures like this one were first used to visualize *xue* 穴 (acupuncture and moxibustion locations or points; short: acupoints) and the channels that connect them (*jingluo* 經絡) in the Song Dynasty (960–1279). The oldest known Bronze Man dates from 1027 and is life-sized,²² designed by the medical author and court physician Wang Weiyi 王惟一 (987–1067). This bronze figure was titled *Tiansheng tongren* 天聖銅人 (Tiansheng Bronze Man), because he was cast during the earlier and stable 11-year-long *Tiansheng* era (1023–1032) of Emperor Song Renzong 宋仁宗, the fourth emperor of the Song Dynasty, who ruled for altogether 41 years (r. 1022–1063) during the Northern Song Dynasty. In this period, the first standardized national system of acupuncture and moxibustion locations was established.

As Wang Lili 王麗麗, Director of the Shanghai Museum of Traditional Chinese Medicine, has argued, the “Tiansheng Bronze Man” was the “material carrier of China’s first national standard in acupuncture and moxibustion”.²³ At the core of this standard was the publication of a medical text one year prior to the casting of the bronze in 1026 titled *Tongren shuxue zhenjiu tujing* 銅人腧穴針灸圖經 (Bronze Man with Acupoints Illustrated Canon of Acupuncture and Moxibustion),²⁴ also known in short as the *Tiansheng zhenjing* 天聖針經 (Tiansheng Acupuncture Canon) (Fig. 3).

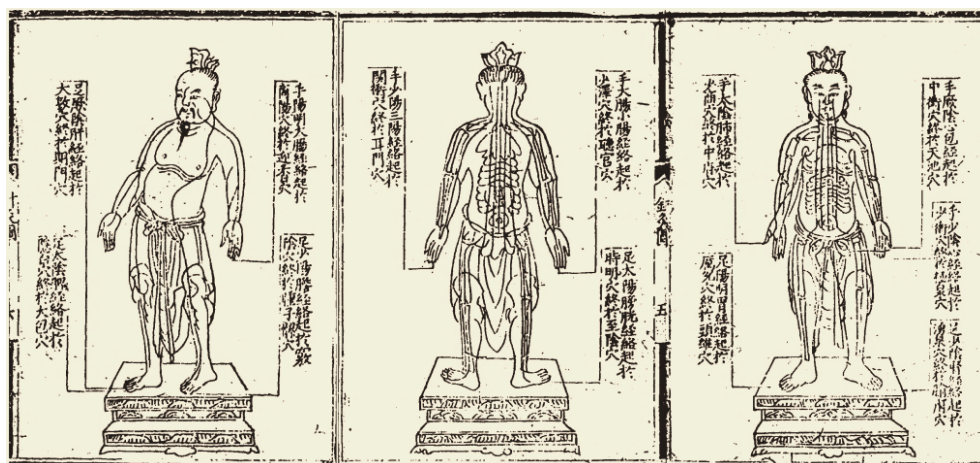


Fig. 3 The three illustrations of a man on the first pages of the *Tongren shuxue zhenjiu tujing*

Huang Longxiang 黃龍祥, a scholar of Chinese medicine at the Zhongguo zhongyi kexue yuan 中國中醫科學院 (China Academy of Chinese Medical Sciences, CACMS), has argued for the importance of visual and material sources when analyzing medical history in China. He has pointed

22 A Qing Dynasty copy of the Song Dynasty “Tiansheng Bronze Man” from the Guangxu era (1875–1908) is collected at the Zhongguo guojia bowuguan 中國國家博物館 (National Museum of China). See: Qing-Dynasty Bronze Acupuncture Figure www.chnmuseum.cn/zp/zpml/kgfjp/202011/t20201109_248036.shtml.

23 Wang 2023, 83: 作為中國第一個針灸經，穴國家標準的重要載體。

24 The canonical text does not have the term *tiansheng* in its title, but the corresponding bronze figure does. The text includes illustrations (*tu* 圖) of a man on its first pages, with a front, back and side view of a man, each covering a whole page. See Fig. 3. Two corresponding bronze figures were cast in the year after the text’s publication (Wang and Fuentes 2018, 42) and annotated texts as commentaries that were based on the bronzes were in turn also written (42); these commentaries have vanished, but are still accessible through Ming Dynasty commentaries, including illustrations.

out that in order to reach a wider audience, this canonical text was not only published in book form, but also inscribed into stone tablets,²⁵ and finally also cast as the “Tiansheng Bronze Man”, a bronze-cast standing human figure with the acupuncture and moxibustion channels and acupoints visible on its surface.²⁶ The national standards were thus not only put into written form, but also into visible, tangible, human form. However, the bronze figures cast in the Song Dynasty have been lost. The oldest bronze acupuncture figures we have access to today are replicas that were made in 1443 during the Ming Dynasty (1358-1644). They were rediscovered in the National Hermitage Museum in St. Petersburg after Russian forces had looted them from the Imperial Academy of Medicine in 1900.²⁷

Huang Longxiang approaches such bronze figures not as secondary to the text, but as independent of it – even arguing that the “Bronze Man”, and illustrations of human bodies more generally, may act as a corrective to prevailing interpretations of the original medical text. For example, he suggests that by comparing the illustrations of the Song-Dynasty text to a later Ming-Dynasty replica of the bronze from the Zhengtong 正統 era (1436–1449) of Emperor Yingzong 英宗, who ruled during that time as the sixth Ming emperor,²⁸ one discovers subtle differences between the lost and remaining figures, both with regard to the terminology of specific acupoints and with regard to their location.²⁹

Prior to the Song Dynasty, it was mainly two-dimensional *tu* 圖, often rendered in English as (technical) illustrations, images, or diagrams,³⁰ that were used to visualize medical knowledge of the body. Three-dimensionality was achieved by presenting *tu* in groups of three, with a front (*zheng* 正)/ back (*fu* 伏)/ side (*ce* 側) view of the respective part of the body.³¹ Three-dimensional figures featuring channels (*jingmai* 經脈) and acupoints (*xue* 穴) existed prior to the Song Dynasty. Figures covered with lacquer had been produced since the Western Han Dynasty (202 BC–9 AD), and figures made of terracotta had circulated from the Eastern Han Dynasty (25–220 CE) onward. However, figures cast in bronze were newly cast in the Song Dynasty when acupuncture achieved imperial valorization and standardization through the patronage of some Song emperors and the work of doctors in the Taiyi ju 太醫局 (Imperial Academy of Medicine).³² The production of the

25 The Song Dynasty stele inscriptions are also lost, and while Ming Dynasty stone reproductions of the steles were created, these, too, are lost. However, rubbings of the Ming Dynasty steles still exist, which give us indirect access to the Ming replicas and the original Song steles.

26 Huang 2018, 161.

27 Huang 2004, 355.

28 Emperor Yingzong would further return to power as the eighth emperor of the Ming Dynasty.

29 For example, acupuncture locations on the head, shoulders and abdomen, in particular, were placed in different locations on the three-dimensional Ming replica of the Song Dynasty “Tiansheng Bronze Man” in comparison with the Song Dynasty *Tiansheng Acupuncture Canon*. The terms used for the illustrations in this work were furthermore replaced by other terms on the Ming figures (Huang Longxiang 2018).

30 Bray defines *tu* as templates for action (Bray 2007, 2).

31 Huang 2018, 164; Huang and Wang 2022, 190. For examples, also see Li 2025, 6-7 which includes the three sides of human figure from the 14th century Ming-Dynasty *mingtang tu* 明堂圖. Also see Fig. 3 for the Song-Dynasty *Tongren shuxue zhenjiu tujing*.

32 These are termed “terracotta figures” and “lacquer figures” used as “acupuncture and moxibustion models” (*taoren/ qiren jingmai moxing* 陶人/漆人經脈模型) at the Zhongyiyao bowuguan 中醫藥博物館 (Museum of Chinese Medicine) at the Beijing zhongyiyao daxue 北京中醫藥大學 (Beijing University of Chinese Medicine). See: History of Bronze Acupuncture Figure bowuguan.bucm.edu.cn/kpzl/ysmt/64930.htm.

first bronze acupuncture figures marked a material turn in the dissemination and storage of medical knowledge, with bronze now becoming a material carrier associated with the imperial recognition of acupuncture and moxibustion as medical practices.

Differentiating Gender during the Song Dynasty: Female Knowledge

The “Bronze Woman” from the Qing Dynasty, whom we encountered in the museum in Shanghai, however, differs from the early Song-Dynasty “Bronze Men” and their Ming-Dynasty replicas. Firstly, the channels and acupuncture points are visible but unnamed – the bronze bears no Chinese characters. She therefore does not lend herself as an alternative source for acupuncture terminology. The most noticeable difference, however, certainly is that it is a female figure. This is marked primarily by her breasts. The genital region is not clearly marked as female. The genital region of bronze figures was usually either unmarked or covered by clothing, also in the case of “Bronze Men”, but some nude “Bronze Men” with penises also exist.³³ In her case, however, the prominent breasts, together with the unmarked nude genital area, make this figure female and clearly distinguishable from “Bronze Men”. And this is the second reason why it is worth returning to the Song Dynasty to understand the importance but also limitations of this figure. For it was the Song Dynasty that also gave rise to medical science placing the female body at the center of its medical inquiry.

While medicine for women already began in the Sui and Tang Dynasties (581–618 resp. 618–907), it was in the Song Dynasty (960–1279) that it flourished and became a discipline in its own right, as Charlotte Furth has argued.³⁴ *Fuke* 婦科, as a specialized field in medical knowledge, often translated as “gynecology and obstetrics”, dealt with gendered medical disorders, namely pathologies inflicting women alone, as well as with birth, in particular, or obstetrics (*chanke* 產科). In the Song Dynasty, scholar-physicians, supported by the state, asserted their position in society, marginalizing popular ritualist healers (*wu* 巫) as well as Buddhist and Daoist healers, which led to the emergence of a new Song identity (*shenfen* 身分), to use Mittag’s concept, of “literati physicians” (*ruyi* 儒醫). But most importantly, the literati physicians competed with one another over the correct approach to a specific disease.³⁵ The development of *fuke* as a field of knowledge and gynecological medical literature was part of this movement in which the doctor and the scholar-literatus merged into one figure,³⁶ even though many doctors who were not scholars also continued to exist. While these Song physicians did emphasize the androgynous body (via correlative cosmology and *yin-yang* dynamics), and extended the theory into pharmacology where it previously had not played a relevant role, they counterintuitively also created a gender difference (e.g. found in the saying “in women blood is the leader”),³⁷ yet offering no parallel medical discourse on male medical knowledge. No *nanke* 男科 or the like emerged.³⁸ Instead, the androgynous, and visually male, body remained the norm. Yi-Li Wu 吳一立 describes this counterintuitive development as follows:

33 See, for example, the Ming-Dynasty “Bronze Man” in the collection of the Hubei Provincial Museum: bowuguan.bucm.edu.cn/kpzl/ysmt/44684.htm.

34 Furth 1999; Leung 2006, 2.

35 Wu 2010, 229.

36 Furth 1999, 62.

37 Furth 1999, 91: 女子以血為本。

38 Furth 1999, 92.

As learned male doctors sought to expand their epistemological authority over women’s illnesses, they also increasingly foregrounded the workings of a universal, cosmological body where male and female were but two inflections of a single whole.³⁹

Yi-Li Wu and Charlotte Furth see this tension between the gendered body of *fuke* and the androgynous body of the scholar-physicians (*ruyi*), or as Furth emphasizes in her chapter, the androgynous body of the “Yellow Emperor”,⁴⁰ somewhat differently.⁴¹ Charlotte Furth emphasizes a tension between the two and argues that there was an epistemological shift “from homology to difference”,⁴² and that the gendered body and the body of the Yellow Emperor were “two points on a spectrum of gender along which Chinese medical thought could position itself differently at different points in time”.⁴³ Wu, in turn, proposes that

Rather than as two points on a spectrum, Chinese medical doctrine saw androgyny and gender difference as two sides of a single coin. Although it may sound paradoxical, this perspective is consistent with a fundamental characteristic of Chinese philosophical thought: the simultaneity of unity and duality, and indeed the simultaneity of unity and multiplicity.⁴⁴

So rather than describe the Chinese doctrinal body as androgynous, which defines it in terms of possessing male and female attributes, I instead call it an infinitive body, one that serves as the basis for all human bodies, to be conjugated into male and female, young and old, robust and delicate, Southern and Northern, depending on circumstance.⁴⁵

For the learned doctor, or *ruyi*, it was important to determine how much significance to assign to differences between men and women in diagnosis and therapy. Certainly, women and men did differ, but the crucial question was when those differences mattered. A physician’s ability to heal thus “depended on his ability to correctly conjugate for sex difference in any given situation.”⁴⁶

While Mittag emphasizes the single manifold with regard to the body as a whole and the body and its parts, I would suggest that the emphasis on the single manifold could be extended to the field of gender as well. Mittag refers to Lothar Ledderose’s argument that Chinese culture is modular. A “single manifold” was, for example, achieved in art and script when nearly identical modules were assembled and reassembled to create a wide variety of parts that could be recognized as belonging to a whole (be it a system of script or an army of terracotta warriors).⁴⁷ Nathan Sivin further used the concept of the “single manifold” to describe how, at key historical moments, a wide array of developments converged to enable unprecedented innovation. Such a turning point in history could be perceived as one moment, but was in fact a specific combination of a multitude of favorable

39 Wu 2010, 232.

40 Referring to the conceptual human body implied in the medical texts that reach back to *Huangdi neijing* (*Inner Canon of the Yellow Emperor*), which was more cosmological than biological (Furth 1999, 21).

41 Wu 2010, 231.

42 Furth 1999, 91ff.

43 Wu 2010, 231.

44 Ibid.

45 Wu 2010, 232.

46 Wu 2010, 233. Wu also examines the coexistence of the two “impulses” by physicians to conceive the body both as gendered and universal by analyzing the concept of the breast in late imperial Chinese medicine (Wu 2011, 118).

47 Ledderose 2000.

developments in various fields (e.g. in technology, bureaucracy, personnel etc.).⁴⁸ G.E.R. Lloyd and Nathan Sivin furthermore discuss the single, interactive “cultural manifolds” of early Greek and Chinese medicine, arguing that grasping the single manifold as a scholar is a crucial historical method.⁴⁹ Sivin explains: “Cultural manifolds include not only the various dimensions of a complex phenomenon but also the interactions that make all of these aspects into a single whole”.⁵⁰

Instead of positioning the Chinese androgynous body in implied juxtaposition to the Western gendered body, the very concept of the single manifold might be particularly suited to understand the Chinese gendered body. This gendered body emerged only in the final third phase that Mittag sketches in his understanding of the body in China. In the following period (arguably a fourth phase, which overlaps with the third), both gendered and androgynous concepts and bodily materials coexisted, and it lasted for almost a millennium, from the early Song Dynasty in the 10th century to the end of imperial times in 1911, when the introduction of the dissection law in 1913 and anatomy museums became integral to medical schools and changed our material understanding of the body.⁵¹

From Two-Dimensional *Tu* to Three-Dimensional *Tongren*

Illustrations of the male body in two-dimensional *tu* and three-dimensional figures and models did not represent a single medical practice, however. One of the earliest terms for illustrations of acupoints was “Bright-Hall Illustrations”, *Mingtang tu* 明堂圖, and only later would they be called “Bronze-Man Illustrations” *tongren tu* 銅人圖. Indeed, they could be considered variants of one graphic genre.⁵² A *Mingtang* 明堂 (Bright Hall) was a hall within the architectural structure of the imperial palace, through which the emperor would move, attending rituals and ceremonies. The body was conceived of as a palace structure (and thus as an extension of the state, as Nathan Sivin and Achim Mittag have argued) which corresponds to the body as a microcosm of the state (and cosmos) in rhythm and structure.⁵³ Lan Angela Li argues that the material *Mingtang tu* was “a cultural object, a didactic object, and a cosmological object”.⁵⁴ The bodies of *Mingtang tu* were “packed with meridians,” and the “text

48 Sivin 2005.

49 Lloyd and Sivin 2002.

50 Sivin 2005, 11.

51 The law, which was issued in 1913 and enacted in 1914 by the Neiwubu 內務部 (Ministry of Interior) under the title “Jiepou guize shixing xize” 解剖規則施行細則, is reprinted in *China Medical Journal* 30.2 (1916) accompanied by an English translation titled “Regulations on Dissection in China”.

52 *Mingtang tu* were atlases of the channel networks. *Mingtang tu* was used as a term as early as the Han Dynasty, also referring to the illustrations from the *Mingtang jing* 明堂經 (Bright Hall Canon), and was only replaced by *zhenjiu tu* 針灸圖 and *jingluo tu* 經絡圖 in the Tang and Song Dynasties; see Hu 2018, 190. As the above-mentioned Song Dynasty *Tongren shuxue zhenjiu tujing* has shown, the illustrations predated the casting of the bronze. But some *tongren tu* (illustrations of bronze figures) were (according to Wang Lili 2023, 87) drawn based on the bronze figures, so you only see certain acupuncture points due to the angle from which the illustrator was drawing the image. When working with these images, it can be hard to differentiate between whether the illustrations were drawn from a bronze figure (*tongren tu*) or based on a textual source (*Mingtang tu*). If drawn from a bronze figure the “artist is constrained by the fact that only the particular acupoints that are visible from a single perspective can be shown” (Huang and Wang 2022, 192). For the explanation of the “Bright Hall” (*Mingtang*) in imperial architecture and historiography, see: www.chinaknowledge.de/History/Terms/mingtang.html.

53 Huang 2018, 164.

54 Li 2025, 8. Lan Angela Li analyses illustrations of acupuncture and moxibustion locations, which she terms

crowded around parallel lines and displaced the ears, bones, eyes, ribs, nose, and mouth. This displacement suggests that the meridian lines were inscribed first. They were essential to the image.” Such questions of what was drawn first – the lines, the respective points, and then around them the anatomical features of the body – I would argue, are fascinating observations of how a body was conceived when it was being “translated” from intangible concept to material *tu*.

Furthermore, while Li considers the *Mingtang tu* one recognizable “graphic genre” in Chinese medicine, she emphasizes that these illustrations also underwent great changes over time, tracing their history over six centuries. She sums up that “different versions of *Mingtang tu* belonged to different medical lineages. They were associated with medical families that thrived beyond direct government control.” She emphasizes that “[t]hey did not represent a single, cohesive practice but instead many types of practices. As a category, they cast a wide net that captured diverse ideas that operated roughly within similar medical cosmologies and medical therapeutics.” And while they referenced common motifs of *yin* and *yang*, they also “invoked entities like spirits, demons, and ghosts that affected disease and disorder in broadly Daoist, Buddhist, and Confucian frameworks.”⁵⁵ The material *tu* thus fulfilled multiple functions, and the bodily images in their material presence not only communicated medical knowledge but also evoked other beyond-human bodily incarnations.

The bronzes and *tu* served different and yet similar functions. Unlike the *tu*, the bronzes could also be used for teaching purposes, with a performative, interactive element, in which the body of the medical student would interact with the bronze body. In the Imperial Academy of Medicine, for example, the hollow bronze was covered with a layer of wax and filled with water. When students inserted the needles in the right points, water came running out, turning the medical procedure into an examination performed before teachers and peers.⁵⁶

A “Bronze Woman” among “Bronze Men”: Redefining Medical Orthodoxy in the Qing Dynasty

This “Bronze Woman”, however, differs from “Bronze Men” produced from the Song Dynasty onward. She was cast in the 9th year (1744) of Emperor Qianlong’s reign (r. 1736–1796), the fifth emperor of the Manchu Qing Dynasty.⁵⁷ She was produced two years after the finalization of the imperially commissioned medical text named *Jinjian* 金鑑 (*Golden Mirror*).⁵⁸ The full title of the

“Meridian *tu*”, and analyses their entanglements with “sensation maps” which were used to visualize nerves in neurophysiology, giving rise to nervous anatomy. While *jingluo* and nerves remained incommensurable, Li (2025, xiii) shows how these images approached their goal of visually representing the invisible in similar ways.

⁵⁵ Li 2025, 9.

⁵⁶ See, for example, the use of a “Bronze Man” from the Guangxu era during the Qing Dynasty collected at the National Museum of China. See above, footnote 22.

⁵⁷ Taking Huang Taiji 皇太極 (1592–1643) as the first official emperor of the Qing Dynasty, emperor Kangxi 康熙 (1654–1722) would be the third and Qianlong 乾隆 (1711–1799) the fifth emperor of the Qing Dynasty. If Nurhaci 努爾哈齊 (1559–1626), first Khan of the Later Jin 後金, is to be included in the Qing lineage, they would be fourth and the sixth accordingly.

⁵⁸ Wang Lili 2023. It was one of three major publishing projects in the early years of Qianlong’s reign, the other two being the multiple volumes of the “*Yijia lei*” 醫家類 (Category of Medical Authors) which were part of the imperial collection *Siku quanshu* 四庫全書 (Complete Compilation of the Four Treasuries), completed 1782 as well as the imperial encyclopedia *Gujin tushu jicheng* 古今圖書集成 (Complete Collection of Books and Illustrations, Past and Present, 1728). See Hanson 2003b, 111.

medical treatise is *Yuzuan yizong jinjian* 御纂醫宗金鑑 (*The Imperially Commissioned Golden Mirror of the Orthodox Lineage of Medicine*, 1742, hereafter *Golden Mirror*). As Marta Hanson has pointed out, the figure was an exception, even unprecedented, as it was one of three imperial gifts that were bestowed on the physicians and publishers⁵⁹ of this medical publishing project of the *Golden Mirror*. The fact that the emperor bestowed the gifts – including a promotion and a salary increase of an entire rank, a copy of the whole medical treatise, and this bronze figure – showed that Qianlong was especially pleased with this project.⁶⁰ Marta Hanson focuses on the history of those who were involved in this publishing project and analyzes the *Golden Mirror*, asking why Qianlong had ordered the production of medical texts so early in his reign. The imperial court had started overseeing the compilation of this particular medical anthology in the 5th year of Qianlong's reign (1740), and it was a monumental project that involved over 80 contributors.

Hanson argues that Qianlong produced the *Golden Mirror* because he was aiming to define a new medical orthodoxy as a tool of Manchu control over Chinese culture and the Chinese people by presenting his role in the project as the benevolent ruler who was concerned about the health of all his subjects in the empire.⁶¹ By prioritizing medical authors from Southern China in the Jiangnan area (near modern-day Huizhou, Nanjing, Suzhou, and Hangzhou), who turned away from “empty speculative philosophy” in medicine, the compilers aimed to promote evidential scholarship (*kaozheng* 考證), emphasizing a textual, philological analysis of Han-dynasty texts. By choosing the Han-dynasty author Zhang Ji 張機 (150–219) from Southern China and specific editions of his *Shanghan zabing lun* 傷寒雜病論 (*On Harm Caused by Cold and Miscellaneous Disorders*) at the core of the anthology, as well as relying heavily on the Ming physician Li Shizhen 李時珍 (1518–1593) and his *Bencao gangmu* 本草綱目 (*Systematic Materia Medica*), which also emphasized evidential scholarship, the Qing Court aimed to distance itself from the correlative cosmology which had become prominent in medicine in the Song, Jin-Yuan, and Ming Dynasties, as Mittag pointed out. The *Golden Mirror* not only focuses on practical knowledge, such as early variolation methods to fight smallpox, but also features medical rhymes, which shows that the *Golden Mirror* was aimed to be a medical manual for practice, memorized and disseminated throughout the empire.⁶² But acupuncture still played a considerable role both in the *Golden Mirror* and in Qing-Dynasty medical practice, and illustrations (*tu*) on acupuncture are also used in the *Golden Mirror* to convey acupoints, especially in the 80th volume (*juan*) of the *Golden Mirror*, which focused on acupuncture and moxibustion.

Yi-Li Wu examines the medical iconography of the *Golden Mirror*, questioning why nearly all human figures are depicted as men. The *Golden Mirror* contains 484 images of the human body (either part or whole) and is “probably the largest collection of illustrations in a single Chinese medical text.” The majority of these images are male (440), identified by bodily features or external features such as clothing or hairstyle. A minority show no clear gender markings (44), and only 12 are female. The male body remained the standard, with female bodies only depicted in relation to

59 The two top officials of the Taiyi yuan 太醫院 (Imperial Academy of Medicine) in charge of the *Golden Mirror* were Wang Bing 王炳 (fl. 1739–1742) and Wu Qian 吳謙 (1689–1748). Wang Lili (2023, 83) speaks of Wu Qian and Liu Yuduo 劉裕鐸 (1687–1757) as the chief editors.

60 Hanson 2003b, 112.

61 Hanson 2003b, 114.

62 Hanson 2003b, 141.

diseases typical for women. Given the “androcentric history of medical learning,” she argues, “it is perhaps not surprising that the *Golden Mirror*’s illustrations favour men.”⁶³

The medical knowledge embodied by the “Bronze Woman”, however, is not specific to female gender; the channels and acupuncture locations do not appear to communicate any female-specific medical knowledge. The bronze women should not be understood as proof of the medical texts’ quality, as Hanson argues, nor as a material representation of its content, I would add, but as a symbol, indeed a material sign, that they had received imperial favor within a court system of gift-giving.⁶⁴ It can therefore be read as a material sign, one with considerable *political* currency. Marta Hanson, however, did not address the fact that Qianlong chose a female body for the bronze figure, which makes this gift all the more unusual.



Fig. 4 Bronze female figure at the Shanghai Museum of Traditional Chinese Medicine, detailed view of profile (photograph taken by the author, March 25, 2025. Courtesy of the Shanghai Museum of Traditional Chinese Medicine)

Wang Lili has discussed in detail the provenance of this figure and has highlighted that it is extremely rare that it represents a female body. She traces the trajectory of the bronze’s journey that

⁶³ Wu 2018, 130.

⁶⁴ Hanson 2003b, 112.

brought this particular figure all the way from the Qing-Dynasty Taiyi yuan 太醫院 (Imperial Academy of Medicine) where it was cast, to the private collection of a Manchu official, over to being discovered in an antiquarian second-hand thrift shop in Beiping during the wartime in 1943, and finally purchased and brought to the Shanghai Museum of Traditional Chinese Medicine, which had only been established in Shanghai five years prior.⁶⁵

In photographs displayed in a section discussing the museum's history, we can gain a glimpse of the display as it was curated sometime between 1943 and 1958. One photograph shows a section of the exhibition discussing acupuncture and moxibustion (Fig. 1). Seven hanging scrolls are displayed on the walls, a glass showcase is placed at the center, and two bronze figures are displayed. A life-sized "Bronze Man" can be seen on the right, standing before one of the hanging scrolls, placed on a large pedestal, which is made to resemble a stone pedestal with decorative carving at the bottom. This life-sized bronze figure, presumably a replica of earlier bronze figures, is no longer displayed in the museum today. The scroll behind the "Bronze Man" is hanging in a wooden door frame, the door of which is blocked by the display and instead acts as a frame to the displayed objects. On the left, another scroll hanging in a door frame is a (replica of) a scroll of a *Tongren Mingtang tu* 銅人明堂圖 (A Bright-Hall Illustration of a Bronze Man), which is still included in the museum display today. Tucked into the corner of the room, next to this door frame, is the "Bronze Woman". While the *Tongren Mingtang tu* and the "Bronze Man" appear to correspond to each other through the wooden frame of their display, the "Bronze Woman" does not immediately catch one's eye. This is enhanced by the fact that the glass showcase she is displayed in is, in turn, placed on a wooden table that is no higher than the stone pedestal of the "Bronze Man", which means the viewers would have to lean down to view her more closely, while having to gaze up to view the "Bronze Man". The showcase in the center of the room, is designed to allow viewers to view the display from all sides, as well as lean over the showcase to view the objects. The showcase of the "Bronze Woman", however, is displayed in the corner, which means that this affordance of the display technique is not fully achieved and the "Bronze Woman" does not feature as prominently in the display then as she does today.

We know from the inscription of the bronze's box, which was restored in the 32nd year of the Guangxu 光緒 emperor (1906), that the bronze was awarded by the Imperial Academy of Medicine to an individual named Fu Hai 福海. He was part of the editorial team of the *Golden Mirror*. For this achievement, he received a promotion of one rank, and was also "awarded an imperial bronze statue and one copy of the medical text *Golden Mirror*".⁶⁶ The central panel of the box behind the "Bronze Woman" reads "reward bestowed from above" written in Manchu and Chinese characters.⁶⁷ The brocaded box was inscribed with details of the casting process and bears Emperor Qianlong's imperial seal. Wang emphasizes that it is rare that it is a female body, and even more surprising as it was an award to an official.⁶⁸ Her body features channels (*jingluo*) and 580 acupoints

65 Ding Jimin 丁濟民 (1912–1979) wrote about the process under which this object became part of the museum collection in the year 1943 during the Second Sino-Japanese War. Wang Jimin 王吉民 had learned that it was for sale in Beijing at a second-hand thrift shop and received funds from Ding Jimin to buy it, and had it sent to Shanghai with a friend who was travelling from Beijing to Shanghai. The figure had previously been passed down for nine generations in Fu Hai's family.

66 Wang 2023, 84: 特賞御制銅人像一個，醫書金鑑書一部。

67 The Chinese reads *shangshang* 上賞.

68 Wang 2023, 84.

(*shuxue* 膺穴), but the channels and acupoints are unnamed.⁶⁹ Her function therefore certainly differs from the way that the life-size “Tiansheng Bronze Man” from the Song Dynasty and later copies were used. Neither does the bronze show any resemblance to the illustrations of the female body used in the printed text of the *Golden Mirror* as analyzed by Yi-Li Wu. The dissemination of gendered medicine does not seem to have been the primary goal here. And yet, choosing to visualize a female body in this political gesture of gift-giving was certainly no coincidence. After all, because it was so rare and indeed unprecedented, it was likely to make an impression on those who received it. As for the choice of outer appearance, Wang Lili emphasizes that

The figure depicts an [...] elderly woman with large ears and full earlobes, kind facial features, and a restrained smile. Three deep lines that are wrinkles furrow her forehead, her lips curve upward, her nose is high-bridged, and her eyes are narrowed into crescent moons. Her right arm extends palm-forward while her left arm faces palm-backward. Her breasts and navel are sunken, her abdomen protrudes, and her limbs appear emaciated – depicting the physiological traits of an elderly woman with thin limbs and a prominent belly. Some interpret this as a pregnant woman, while recent scholars suggest the figure relates to the Manchu religious belief in Buddha Mother during the Qing Dynasty.⁷⁰

The “Bronze Woman” indeed appears to represent an elderly woman. In addition to Wang Lili’s observations, it is further notable that her lips are just below her nose, yet much space is left for her chin, which only slowly turns into the neck, emphasizing the elderly woman’s loose skin. Two deeply engraved lines under her low breasts further emphasize the loose skin. The breasts feature prominently, and apart from the lines marking the loose skin below them, they do not really appear sunken, as Wang Lili describes them, but plump. And even though her lower abdomen protrudes, she appears to have a surprisingly good posture for an elderly woman.

The bronze reveals an understanding of the body that also relates to social and cultural practices involving the female body in imperial China. It is noticeable that the figure has large flat feet, which also feature acupoints (Fig. 4). Showing a woman’s feet in medical illustrations was rare, yet they do occur a few times in the *Golden Mirror*, where the knowledge of acupoints on the foot was deemed necessary to reveal this otherwise tabu and sexualized body part of women for the sake of treating difficulties in child birth with acupuncture, procedures which required the physician to insert a needle in the small toe of the women’s foot.⁷¹ As Manchu women, unlike their Han contemporaries, did not officially follow the practice of foot binding, performing medical procedures on their feet was possible, something not necessarily true for Han women, both from a social and bodily perspective, as the deformed feet would make it difficult to locate the acupoints accurately. Other ethnic groups, such as the Hakka, were also exempted from the practice. Yet, the practice of foot binding prevailed throughout the Qing dynasty despite efforts by the Manchu imperial court to ban or discourage the practice.⁷²

The uniqueness of the official character of this “Bronze Woman” becomes even clearer when comparing her body to other, more commonly seen yet considerably less official, representations of

69 Wang Lili 2023, 11.

70 Wang Lili 2023, 85: 針灸銅人 [...] 是一老嫗形象，雙耳碩大，耳垂飽滿，面目慈善，笑容可掬，額上有三道深深的皺紋，嘴角上揚，鼻子高聳，雙目眯成彎月狀。老嫗右手臂手心向前，左手臂手心向背，雙乳及肚臍內陷，腹部隆起，四肢瘦削，表現出了老年婦女四肢乾瘦、腹部偏大的生理特徵。也有人說這是孕婦形象，近期有學者認為該銅人形象與清代時滿族的宗教信仰佛多媽媽有關。

71 Wu 2018, 121.

72 Ko 2005, 251; Ping 2002, 36; Shepherd 2016.

nude female bodies during the Qing dynasty, the so-called “doctor dolls”, as they are termed at the New York Academy of Medicine Library, or the so-called *Qing yuandiao funü xiangya baijian* 清圓雕婦女象牙擺件 (Ivory decorations of three-dimensional females sculptures from the Qing Dynasty), as the Shanghai Museum of Traditional Chinese Medicine labels them in its display. The museum label further explains that “when diagnosing *fuke* diseases, doctors would give these kind of models to patients so that they could use them to point out the affected parts of their bodies and thereby use them to help with the diagnosis”.⁷³ Such explanations have also been perpetuated in academic texts published in medical history journals in English, which discuss this function of ivory dolls in China.⁷⁴ In a way, the museum groups Chinese “doctor dolls” and “bronze acupuncture figures” together as Chinese medical models. Other publications have grouped them together with small ivory female figures produced in Europe that allow the chest and belly to be removed to show ivory carvings of individual organs and/or a fetus inside the belly that are assembled to fit together only if placed in the anatomically accurate way like a three-dimensional puzzle.⁷⁵

But those responsible for collecting these materials in New York and Director Wang Lili from Shanghai have expressed doubt over such an explanation. The whiteness of the skin made possible through the use of ivory was considered a female beauty ideal, the retreated hairline and high forehead also adhered to Qing beauty standards, and the most striking feature, the small size of the figure’s bound feet, is highlighted by showing the feet from the side in profile (Fig. 5; Fig. 6). The posture of the reclining body (often also reclining on a surface) in half-profile creates associations with a female body lying down, and the posture with the right arm placed behind the head and the left either covering one breast or placed right below it, accentuates the female S-shaped body and highlights the curves of her breasts, belly, and behind. The figure’s small pocket-size allows it to be placed in a pocket, easily kept and hidden from sight. Wang Lili explains that when visitors approach her about these exhibits, she explains the figures to them, but she does not include them or discuss them in her museum tours.

When political leaders come, I do not introduce [these exhibits], I rather evade them, [...] because I do not consider them to be medical] models.⁷⁶

Both the posture of the body and the material of the objects raise doubts about their function for the purpose of diagnosis. The fact that they are carved out of ivory implies that average physicians would not have access to them, and they most likely were collector items of the wealthy literati, if they were collected in China. The posture of the body also does not allow you to locate acupuncture points or channels, nor is it particularly suited to point out specific parts of the body, as the back of the figure does not show the body but the surface on which it is lying. Wang argues instead that “I believe them to be pornographic toys”,⁷⁷ or literally “toys from the living quarters of the crown prince (*chungong* 春宮)”, yet another architectural metaphor that has long been used for pornographic material in China, inviting a sexual gaze on the female body. As such objects do not appear in written documents, their function beyond erotic objects cannot be validated.

73 婦科診病時，醫生讓病人借助此類模型指示患處以助診斷。

74 Dittrick 1952.

75 Russel 1972.

76 Wang Lili, interviewed March 25, 2025. 有領導來，我就不講它的，我迴避它，[...] 因為我不認同他是個模型。

77 Wang Lili, interviewed March 25, 2025. 我覺得他是春宮玩件。

Research from the 1950s presented these figures as “medicine dolls” and pointed out the “medical significance of these manikins”, or “medical nudes”, arguing that the dolls were devised to “aid the physician in making a probable diagnosis and in prescribing a suitable remedy”, as the doll allowed the female patient to demonstrate where the discomfort was located while “tradition forbade women to undress for an examination”.⁷⁸ More recent scholarship, however, has challenged this narrative. Museum publications on ivory collections from the 1980s categorized the ivory dolls as “erotic toys”⁷⁹ and speculated that “it may be that those same antique dealers were responsible for confecting the ‘medicine lady’ story in order to sell their mild pornography to prudish westerners.”⁸⁰ Christine Ruggere, curator of the historical collection at the Johns Hopkins School of Medicine, challenged the “diagnostic doll” narrative in her talk on “‘Doctor’s Ladies’ or Another Look at Chinese Diagnostic Manikins” in 2008. And finally, in her forthcoming article,⁸¹ Zhu Jing 朱敬 traces the diagnostic tool argument back to European debates in the 1930s and sees the circulation of this misunderstanding culminate in a British exhibition on Chinese medicine in the mid-1960s, arguing that such dolls were not used for medical diagnosis in China but were erotic art produced for a primarily European market.⁸²

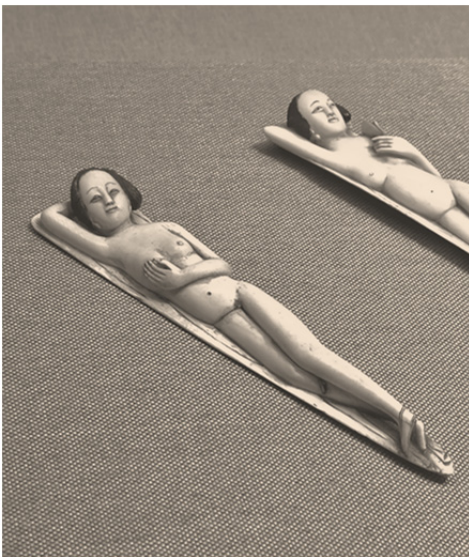


Fig. 5 Ivory carving of female figure displayed at the Shanghai Museum of Traditional Chinese Medicine (photograph taken by the author, March 25, 2025. Courtesy of the Shanghai Museum of Traditional Chinese Medicine)



Fig. 6 Ivory carving of a female figure in the collection of the New York Academy of Medicine (photograph taken by the author, March 22, 2023. Courtesy of the New York Academy of Medicine Library)

78 Dittrick 1952, 426.

79 Watson 1984, 112f.

80 Watson 1984, 42.

81 I would like to thank Zhu Jing for sharing the manuscript of her article with me.

82 On the one hand, she highlights the absence of medicine dolls in Chinese literary and medical texts in imperial China and, on the other, she reveals their prominence in the context of erotic art that was produced for a Western audience, especially that of the “reclining nude” that is prominent in the Orientalizing paintings, photographs and lithographs of the 19th and early 20th centuries that depicted Asian nudes for an European market of erotic art.

Their inclusion in the medical collection of the Shanghai Museum of Traditional Chinese Medicine – and they do remain part of the collection – has been called into question by those responsible for it. And yet, they unintentionally serve as an unorthodox representation of the female body that highlights the differences between them and the “Bronze Woman”, the exhibit that features prominently in Wang Lili’s museum tour and in the spatial display of the museum. The “Bronze Woman” is cast in a manner which arguably avoids such associations with the “living chambers of the crown prince”. Their comparison highlights the choice of an elderly woman with wrinkles and loose skin over a young women with immaculate smooth white skin, the highlighting of Buddha-like features such as large earlobes over delicate facial features, the display of her large feet over lotus-shoes, and the archaic posture over the reclining pose, and most of all the visualization of acupuncture points and channels on the body over the body’s smooth surface associates the “Bronze Woman” with the “Bronze Men” and disassociates her from the sexual gaze, by creating associations with the religious, androgynous, and elderly (yet arguably fertile) body and thereby making her an unconventional but acceptable nude body to be displayed as the emblem of imperial favor. Their contribution to the display is that they highlight that the “Bronze Woman” is a decidedly non-erotic figure.

Returning from these social and cultural practices to the field of medicine, the Qing dynasty furthermore marked the creation of a “new orthodoxy” in medical knowledge.⁸³ Immediate threats, such as epidemics like smallpox, had become threatening to the imperial family in particular and to the peoples who lived beyond the northern borders of China prior to and in the early years of the Qing Dynasty in general, as northern people, including the Manchu, were more susceptible to smallpox and suffered higher death rates because they had been less exposed to the disease historically.⁸⁴ Chang Chia-Feng has argued that smallpox played a crucial role in shaping the Manchu military, political, and diplomatic structures, especially in the first half of the Qing Dynasty.⁸⁵ The fear of this lethal disease was why the third Qing emperor, Kangxi 康熙 (r. 1661–1722), had famously promoted variolation.⁸⁶ Medicine during the reign of the fifth emperor Qianlong (r. 1736–1796) had an empirical and philological (*kaozheng* 考證) side, as shown in the publication of the *Golden Mirror*, as its texts aimed to include more individual experiences of physicians.

Yuan Kaihui 袁開惠 and Liu Qingyu 劉慶宇, both assistant professors at the Keji renwen yanjiu yuan 科技人文研究院 (Institute of Science, Technology and Humanities), at the Shanghai zhongyiyao daxue and Cui Wei 崔為 from the library of the Changchun yiyao daxue 長春中醫藥大學 (Changchun University of Chinese Medicine) further argued for reading the “Bronze Woman” in a religious Manchu context.⁸⁷ Manchu medical practices that had been marginalized in previous dynasties led to the Song-dynasty view that the “Manchu have no medicine” and instead relied on shamans and priests. While the Qing Court did not officially promote an inclusion of Shamanism (including shamanistic rites and animism), it had traditionally played a key role in Manchu medical practices, and they continued to exist in practice in the highly diverse medical landscape of the Qing Dynasty. In Manchu tradition, shamanist interventions were considered more powerful than

83 Hanson 2003b.

84 Chang 2002, 182.

85 Chang 2002.

86 Chang 2002, 196f.

87 Yuan, Liu and Cui 2020.

materia medica or acupuncture, they argue. Yuan, Liu and Cui suggest that one of the reasons why acupuncture focuses more on the head in Qing-dynasty practices could be connected to the fact that shamans would touch the heads of their patients in their rituals. And the connection to Buddhist and Daoist practices also allowed for an eclectic medical landscape in China that showed tolerance to numerous medical practices.

The authors argue that the female figure resembles a Buddhist deity, “Fodo Mama” 佛多媽媽 or, in Manchu, Fodoho (transcribed in Chinese by Fotehe 佛特赫), a divine figure.⁸⁸ Chang Chia-Feng also highlights her importance as the “smallpox goddess”⁸⁹ in particular. She explains that the Manchus begged the Zisun Niangniang 子孫娘娘 (Offspring Goddess), or “Fodo Mama”, for the protection of smallpox patients by offering her willow branches. “Fodo” referred to the sacrificial willows used for the blessing, according to Chang, and they were an ambiguous symbol, as they stood for the deadliness of the disease, but also for a means of recovering from and maturing through it.

The association of smallpox with willows indicates that the Manchu deemed smallpox as a potentially fatal affliction but also as a turning point of life. Once they safely passed through the point, they were no longer bothered by smallpox and reached their maturity.⁹⁰

Yuan, Liu, and Cui further point out that the deity of “Fodo Mama” is often represented as a nude elderly woman, which was one of the reasons that led them to believe in such a connection. Certainly, her thick earlobes are the most noticeable marker that evokes Buddhist iconography, as one of the key visual attributes of Buddha. Another connection is that this female Buddhist deity was considered the ancestor of the Manchu people and a guardian deity that protected them from disease. In iconography and cultural history, she has been connected to the willow tree and its leaves, a metaphor in which the tree gives birth to the Manchu people. While the figure and the box that contained the “Bronze Woman” do not show any connections to a willow tree, her protruded belly, interpreted by some as a pregnant belly, could, however, further support this theory, as the deity was not only a guardian deity, but also a symbol of a fertility cult.

Beyond the immediate representation of the bronze figure as a woman, Yuan, Liu, and Cui further highlight the Qing’s interest in disseminating an acupuncture practice that separated it from past schools and traditions, arguing that Manchu expertise in acupuncture emphasized the head and genitalia in its practices. And finally, that despite this difference, the figure was supposed to be a symbol of Manchu and Han integration, highlighting the empire’s unity, or at least emphasizing a synthesis of the acupuncture tradition of the scholar-physicians (*ruyi*) who rose to prominence in the Song dynasty with both Shamanist and Buddhist elements. The authors come to the conclusion:

The “Annals of the Imperial Academy of Medicine” by Qing-dynasty court physician Ren Xigeng record: “The medical community revered its acupoints as their teachers from whom they learn, not calling it the ‘Bronze Man’ but the ‘Bronze Deity’.” Moreover, the Imperial Academy of Medicine of the Qing Dynasty constructed a dedicated “Temple of the Bronze Deity” to house the bronze figures.

88 Yuan, Liu and Cui 2020, 35.

89 Chang 2002, 185. Zisun Niangniang was also named Fodo Mama or Omosi Mama. “Omosi” means descendants and “Omosi Mama” therefore suggested her to be a symbol of fertility.

90 Chang 2002, 185.

Given the divine status accorded to the bronze figures, it was only natural that during the Qianlong reign, acupuncture bronze figures were cast in the image of the deity Fodo Mama.⁹¹

When recalling the previous discussion about the relationship between bronze figures (*tongren*) and illustrations (*tu*) it is noteworthy that in this period, it was not only the body that was conceived of as the state or as palace architecture in form of the “Bright Hall” (*Mingtang*), but that the palace architecture, in turn, was also arranged to create space for the “Bronze Men” in form of the “Temple of the Bronze Deity” (*tongshendian*). The medical body had gained the power to reshape the symbolic realm of palace space, and the emperor’s ability to safeguard the people’s health had become crucial to maintaining political control.

When approaching our “Bronze Woman”, or female “Bronze Deity”, on display at the museum in Shanghai today, the arrangement of the box positioned behind her indeed echoes the arrangement of ancestral and Buddhist temples, in which the main ancestor or deity is placed in the middle, and at the left and right sides, other deities and ancestors are positioned framing the central figure. Here, the wing-like “doors” of the box provide this U-like frame, as does the pedestal added to the figure. As seen in other photographs of the exhibit, the width of the pedestal fits neatly into the box, making it part of the set, further evoking associations with a portable shrine or altar.

Conclusion: Acupuncture and Anatomy Competing for Imperial Favor

And yet, framing this female figure solely as the manifestation of Manchu-Buddhist influence on Chinese medicine would oversimplify developments in medicine over the course of the Qing dynasty. Manchu medical practices were not limited to Shamanism, nor did contemporary medical practices performed at the Qing Court by any means officially promote “traditional Manchu” medical practices. But Qing court medicine did draw inspiration from various places and spheres, and was not limited institutionally to the Imperial Academy of Medicine (*Taiyi yuan* 太醫院) either, as Sare Aricanli has argued. She has shown, for example, how human and equine medicine was linked and how a great diversity of institutions, posts, ethnicities, and languages shaped medicine in the Qing court. The Manchu term *coban*, which was translated into Chinese as “Mongol doctors” (*Menggu yisheng* 蒙古醫生) but conveyed multiple meanings, was used to refer to medical practitioners who used treatment methods that included bone setting. *Coban* were employed at the Ministry of Imperial Stables, Herds, and Carriages (*Shangsi yuan* 上駟院). They were primarily responsible for the medical treatment of horses, but also treated human patients, including Emperor Kangxi.⁹² These practices could also be considered an incorporation of traditional Manchu medical practice into the court and an extension into orthodox space.

The Manchu-Qing emperors aimed to both materially and epistemologically collect and reorder multiple medical traditions. In the late Qing, these traditions would increasingly collide with new medical paradigms that entered China, be it concepts of Galenic humoral medicine or anatomical concepts disseminated through the practice of dissection.⁹³ The Manchu language and script had played a key role in the exchange and transmission process of new and foreign medical paradigms to

91 Yuan, Liu and Cui 2020, 38: 清代御醫任錫庚《太醫院志》載：“醫林咸師其穴，不呼銅人，而稱為銅神。”並且在清代太醫院中修建有專門存放銅人的“銅神殿”。銅人有“神”一樣的地位，那麼乾隆朝以神靈佛多媽媽形象鑄造針灸銅人也便順理成章。

92 Aricanli 2014, 67-71.

93 Luesink 2019.

the Chinese court in the early Qing Dynasty and vice versa (inspiring the later addition of the meta-geographic concepts of “Western” and “Chinese” medicine). Early Jesuit missionaries learned about Chinese medicine via Manchu translations of texts and the Qing emperors in turn requested Manchu translations of European texts to gain a better understanding of medical practices in the West. The third Qing emperor, Kangxi, for example, commissioned an illustrated “Manchu anatomy” from Jesuit missionaries in the 1710s and 1720s.⁹⁴ The European texts on anatomy these translations were based on implied anatomy to be a proof of divine creation and a way for missionaries to spread Christianity, claiming not only their science to be superior but also their religion to be correct.⁹⁵ These works gained limited circulation beyond the imperial court, providing little information about medical practice beyond the imperial palace during the Qing Dynasty, nor were the texts published or circulated at the time in Europe.⁹⁶ However, the medical orthodoxy that the Qing was so keen to establish and gain authority over by issuing normative medical works that set standards of correct medical knowledge during the Qianlong reign would eventually be faced with new competing medical concepts from the outside on an unprecedented scale. The early Qing’s authority was certainly only claimed ideologically and within the boundaries of the imperial court, and no medical licensing was established to control medical practice outside of it.⁹⁷ The gradual decline of imperial power of the Qing Dynasty and the gradual increase of Chinese intellectuals trained in medicine at universities abroad would finally exacerbate the legitimacy crisis that medical knowledge and past medical practices experienced at the turn of the century.

Yet the early encounters with anatomy also show the importance of body imagery in the material sources in the history of medicine. Jesuit missionaries used the Manchu language strategically after 1670 to transmit European scientific knowledge to the Qing emperors,⁹⁸ and they too relied heavily on images and illustrations (*tu*) to make their arguments convincing. By modifying the illustrated anatomical bodies and by giving them a “Chinese” identity through facial features and distinctive clothing, etc., they used the human body as a way to assimilate medical knowledge in China,⁹⁹ yet making universalist claims that anatomy could account for Chinese and European bodies alike. Emperor Kangxi, however, remained reluctant and instead promoted a concept of the body and

94 Walravens 1996, 366; Hanson 2003a; Asen 2008, 24. The illustrated “Manchu anatomy” was not one text, but the Manchu translation of a number of contemporary French works of anatomy, among them, as Walravens quotes from a document by Dominique Parrenin (1665-1741), the *Nouvelle anatomie de l’homme suivant la circulation du sang et les dernières découvertes*. Paris: Laurent d’Houry by Pierre Dionis, 1696, translated by the Jesuit missionaries Joachim Bouvet (1656-1730) and Parrenin (1665-1741), into Manchu. One such work titled *Geti quanlu* 格體全錄 (Manchu: *Dergici toktobuha Ge ti ciowan lu bithe*; Complete Record of Anatomy by Imperial Command) is a translation by missionary Dominique Parrenin (1665–1741). He sent one of the complete copies of this work which he had probably composed between the years 1710 and 1720 (Walravens 1996, 366) from China to the French Academy in 1723, but it was only published in part in 1928 (Walravens 1996, 362). When scholars refer to “Manchu Anatomy” in English, they commonly refer to the whole of all nine remaining copies of these Manchu translations, which are at various stages of completion, and not to one singular copy or publication.

95 Walravens 1996, 370; Asen 2008, 25.

96 Hanson 2003a; Walravens 1996, 362.

97 Leung 2003, 149-150.

98 Hanson 2006, 138; Asen 2008.

99 Asen 2006, 41.

medicine that allowed for bodily difference based on climate and region.¹⁰⁰ The medical paradigms of acupuncture and anatomy both circulated in the imperial palace during the Qing dynasty, and added to the vast efforts to store and order the diversity of medical practices as canonical texts such as the *Golden Mirror* and the books in the medical category of the imperial collection *Siku quanshu* 四庫全書, as well as in the “Temple of the Bronze Deity” (*tongshendian*), where our “Bronze Men” were stored and revered.

In the course of the Qing, with concepts from anatomy and biomedicine further fueling evidential scholarship even beyond the philological realm, acupuncture would increasingly lose its imperial favor, and in 1822, the seventh Qing emperor Daoguang 道光 (r. 1782–1750) would even close down the department of acupuncture within the Imperial Academy of Medicine. With the end of the Qing dynasty and the beginning of the Republican era, the doors of the Imperial Academy of Medicine were closed, and an increasing number of anatomical and pathological specimens were being used to form the collections of medical schools at universities, embodying a new medical paradigm. Yet, were these really utterly different spaces or yet another form of visual and material traces of the body in China? When seeking to understand the history of medicine in China, it will not do to understand medical museums and their collections as either “history museums” or “museums of science and technology”. The spaces, materials, and later bodily tissue they collected were part and parcel of the “Body-State-Cosmos” triad and they continue to house two incommensurable medical paradigms and their bodily incarnations.

The “Bronze Woman”, or “Bronze Deity”, as one can term her, presented in this article remains a puzzle. While a number of historical sources discussed in this article are insightful, none have so far been able to fully explain the rationale for casting this symbolical *tongren* in the form of a female body. Beyond debate is that she is a rarity, with few *tu* and possibly no other *tongren* of her time rendered as clearly as a woman in material form. While her gender difference is striking, she cannot be viewed as the incarnation of female medical knowledge, despite the developments of *fuke* as a medical discipline that flourished since the Song. But I have discussed the factors that led up to this unusual depiction of a woman. The “Bronze Woman” was not immediately linked to women’s diseases, but rather to acupuncture. *Fuke* texts did not require illustrations or *tu*, as they did not require physicians to know the layout of the (female) body to treat *fuke* diseases effectively. Physicians did, however, need to know the layout of the (female) body to effectively apply acupuncture.

Despite creating associations with the divine, she herself did not come to act as a teacher to those learning and practicing medicine in the Imperial Academy of Medicine, stored in the palace hall designated for “Bronze Men”, the “Temple of the Bronze Deity” (*tongshendian*). She is an award, with all the epistemological limitations and symbolic power this entails. Understanding the body in China as androgynous does not do justice to the complex trajectory the conceptual, visual, and material body took in Chinese medicine from the Song dynasty to the beginning of the Republican era (1911). Gender difference did play a key role in medicine and, in this “Bronze Woman/Deity” in particular, certainly also in how medicine was represented. But it remained “Bronze Men” and illustrations of the body in the form of *tu* that played the active role in producing and disseminating medical knowledge in China. These material objects of medical history should be approached for their own sake and read in conjunction with medical texts.

Bronze and paper each had their strengths and affordances, with the bronze in particular encouraging bodily engagement with the viewer, especially when the student sought the acupoints in

100 Hanson 2006 cited in Ason 2006, 41.

a didactic performance. For the case of the “Bronze Woman”, however, this holds true only to a very limited degree. Instead, she is probably best understood as a material sign of political currency, only possibly inviting a gaze of worship – be it of Buddhism, Manchu identity or acupuncture as a correlative concept. While she did not really embody the concrete knowledge of acupuncture – after all, there were no Chinese characters of the names of acupoints inscribed into her body and thereby made legible. The points and lines, however, sufficed to have her body symbolically represent the medical body of knowledge of acupuncture. She remains a product of an androcentric medical community, a fact that these visual and material traces continue to remind us. This “Bronze Woman”, and the embodiment of a Manchu female deity, is a strong example of the “Body-State-Cosmos” triad, and by understanding her history, we learn how to use the “cultural manifold” as a historical method, and in extension understand the body in China as “single manifold” as well, which shows us how complex phenomena in iconography, medicine, identity, politics, religion and technology interacted and came together – even materialized – in one time, one place, one body. These images and figures were not only cast into a mold and put on display; they have withstood time and even have come to develop a power of their own, shaping the imperial palace and those moving through it. And even today, this particular female figure is shaping the museum space and the visitors moving through it, standing upright and gazing back at those who notice how she boldly represents and challenges medical orthodoxy. And how she, with her body, is writing history.

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The essays assembled in this volume have been contributed by long-standing collaborators, colleagues and friends, students and former students of Achim Mittag. The contributors are from Germany, the Netherlands, Belgium, France, Spain, Austria, North America, Mainland China and Taiwan, who came to know him through conferences, research projects, and sustained scholarly conversations, as well as through the daily university work, and they all have enriched his life and academic career.

If one reads the 29 articles contributed by altogether 30 contributors attentively, one will find that most of them discuss topics that Achim Mittag himself has already explored in one way or another and that the authors explicitly refer to these talks or publications. What holds the contributions together is a shared interest: a curiosity to know more than was hitherto known or thought, and to scrutinize a detail that turns out to be a piece of the puzzle that makes up the bigger picture.

The volume is divided into eight thematic sections, namely Part I: "Macrohistory Versus Microhistory", Part II: "Between Historical Geography and Travelogue", Part III: "Working on Texts", Part IV: "Society versus Individual", Part V: "Intellectual Debates in China's Past and Present", Part VI: "Memory Culture and Identity", Part VII: "Early Cultural Encounters with China and the Beginnings of Sinology", and Part VIII: "China Expertise and 'Greater China'".

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