

F4. Transgressed Boundaries, Interconnected Histories: Gender, Medicine, and Sociotechnical Systems of Healthcare in Global East Asia

F4:1 Tianyuan Huang, *Who Treated Women Better? The Material Culture of Disregard, the Transnational Hierarchy of Tradition, and Medical Pluralism in Tokugawa Japan*

This paper traces the evolving use of therapeutic plants for women's illnesses in Tokugawa Japan (1603–1868) to explore the trivialization and elevation of “traditional medicine” as dynamics set in motion long before the arrival of scientific modernity. Historians and anthropologists of East Asia have documented the invented nature of “traditional medicine” in connection with the state's modernizing agendas, nationalist sentiments, and the rise of Western biomedicine since the late nineteenth century. Sociologists, on the other hand, have identified the feminine-coded practice and reception of complementary and alternative medicine as a transregional and ongoing phenomenon. Foregrounding women's healthcare, this paper pushes these lines of inquiry further in both time and complexity by probing the relationship among different lineages of “traditional medicine” in Tokugawa Japan through their varying criteria for and use of *materia medica*.

Countering the uncritical conflation of “traditional,” “indigenous,” and “alternative” healing in Western-centric discourses of public health and medical education, this paper argues that the category of “traditional medicine” precluded neither foreign beginnings nor the provincialization of native therapeutic traditions. The sociotechnical system now typically considered “traditional Japanese medicine” is *kanpō*, literally “Chinese medicine,” which was by historical origin an import. Not unlike biomedicine, *kanpō* evolved from a history of dismissing healing practices which its practitioners deemed as inferior. In Tokugawa Japan, where drug consumption constituted a substantial aspect of women's experience of healthcare, *kanpō* physicians' disregard for the country's native therapeutic traditions manifested also in the sidelining of medicinal plants unendorsed in Chinese *materia medica*. Yet the hierarchy of treatments as envisioned by medical elites did not necessarily align with the preferences of the lay population, a disagreement that was not only carried over into the late nineteenth century but would also aid *kanpō* in its own survival as a “traditional medicine” thereafter.

Learning Outcomes

- Develop the capacity for critical thinking about the nature, ends and limits of medicine
- Recognize the dynamic interrelationship between medicine and society through history
- Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education

F4:2 Soyoung Suh, *Uncertainty as A Norm: Depo-Provera, Breast Cancer, and the Gendered Medical Culture in South Korea, 1960s-1970s*

This paper examines the circulation of Depo-Provera, a contraceptive injection of *medroxyprogesterone acetate* (MPA), in South Korea during the 1960s and 1970s to trace how women's bodies were mobilized for pharmaceutical modernization yet rendered voiceless within medical discourse. Developed by the American firm Upjohn, Depo-Provera underwent global testing after animal studies suggested potential carcinogenicity. Despite its unverified safety, it was marketed as a convenient, three-month injection promising "perfect" contraception, primarily targeting poor women in the global South. South Korea adopted Depo-Provera in 1966 as part of its ambitious family planning campaign, which sought to provide contraception to nearly half of all fertile women by 1971. Promoted as a state-supervised, scientifically advanced technology, the injection complemented existing methods such as IUDs and oral pills.

Drawing on medical journals, policy documents, and popular media, this paper analyzes how male doctors, bureaucrats, and journalists articulated the promises and perils of hormonal contraception through a technocratic and gender-neutral vocabulary. Such discourse medicalized and fragmented women's experiences, depicting their bodies as instruments of biomedical progress while trivializing their pain and emotions. At the same time, Depo-Provera functioned as a "traveling technology" through which South Koreans negotiated their place between the "underdeveloped" and the "modern." Consuming and manufacturing hormonal contraceptives enabled the nation to imagine parity with the industrialized West even as it remained subordinated within global hierarchies of medical modernity.

Although Korea banned Depo-Provera's sale in 1978, public enthusiasm for hormonal innovation persisted. Furthermore, the link between Depo-Provera and breast cancer remained uncertain. This unresolved correlation echoes other forms of technological risk, such as the untested safety of imported Cobalt-60 teletherapy from the US. The drug's history exposes a deeply gendered structure of medical modernity in which women's bodies served as the substrate for pharmaceutical research, production, and consumption, yet their voices remained absent from medical meaning-making.

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F4:3 Jingya Guo, *Phlegm or Amenorrhea? The Blood Myriad and Instability of Diagnostic Categories in Women's Bodies in Seventeenth-Century China*

Moving beyond the bifurcation of pollution and purity in the conceptualization of women's blood, scholars have generated lively debates on how male medical practitioners defined women's health through reproductive capacity and menstrual disorders. While historians in the field of Chinese gynecology have linked menstrual regularity to ideals of womanhood and fertility, feminist STS scholars have approached the ideology of menstrual normativity in criticism of the Western biomedical vision of menstruation. Building on existing scholarship, this paper examines medical interactions between male physicians and women patients, as well as between male physicians and male patients, to reconsider the instability of diagnostic categories surrounding menstruation.

This paper examines how the medical categories of phlegm (tan)--the stagnation of fluids complicated the diagnoses of menstrual disorders in late imperial China. Although phlegm could affect both male and female patients, physicians recognized that what appeared to be amenorrhea could be caused by phlegm obstructing the flow of menstrual blood. Through Yuan-Ming medical case collections and medical exegesis on women's medicine, this paper demonstrates that diagnosing the underlying cause of menstrual blockage required physicians to distinguish between different pathological mechanisms that produced similar symptoms. In narratives of these diagnostic processes, the misalignment of effects of simple menstruation-regulating or blood-nourishing drugs and women's transient bodily situations forced male doctors to readjust their medical thinking over the causes of amenorrhea. The negotiations between women's own menstrual experiences and doctors' interpretations of menstrual irregularities also involved tactile examination: how patients touched and felt their own bodies to detect the presence of phlegm accumulations in a temporal framework. The contrast between these patients-centered self-diagnostic practices and text-based medical knowledge reveals that understanding menstrual disorders emerged not from predetermined medical categories but through the material realities of bodies made legible in clinical negotiations.

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