

Gender and Medicine in Kham: An Analysis of the Medical Work and Life of Derge Phurpa Dolma

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This article outlines aspects of the life of Phurpa Dolma (Phurba sgröl ma, b. 1931) from Derge in Kham, eastern Tibet, who worked as a practitioner of Tibetan medicine. Based on interviews with her I will explore and analyse her experiences and prospects as a physician and compare her situation with extant life writings¹ by and on other female doctors, including Khandro Yangga (mKha' 'gro dbyangs dga', 1907-1973), Lobsang Dolma (bLo bzang sgröl ma, 1935-1989) and Jetsunma Do Dasel Wangmo (mDo Zla gsal dbang mo, b. 1928). Based on such works and considering women's position and situation in other domains of socio-cultural life in Tibet, Gyatso and Havnevik have suggested that perhaps medicine, at least in the modern period, has fostered more of a non-gendered meritocracy than other areas of learning and science in Tibet, not least due to the relatively swift verifiability of its efficacy.² This article engages with that proposition and offers contrasting examples. Upon a close look at the social background of the women doctors whose "success stories" have been written and given the challenges that Phurpa Dolma and other "ordinary" women doctors as householders have experienced, Tibetan medicine might after all not have been the particularly open field for women that Gyatso and Havnevik suggest. In this article Tibetan medicine and the "Science of Healing", or *Sowa Rigpa* (*gso ba rig pa*) will be taken synonymously and practitioners of that tradition referred to as doctors, physicians and *amchi* (*a mchi*) or *menpa* (*sman pa*).

To date, only the life and work of Khandro Yangga and of Lobsang Dolma have attracted considerable scholarly attention. Khandro Yangga was a laywoman from Kham who—next to her wide-ranging medical expertise—became particularly famous for her skill in cataract surgery, and also, for being the first woman to be employed at the Mentsikhang (sMan rtsi khang), the prestigious

¹ I use this term broadly, to refer to Tibetan biographies or *namthar* (*rnam thar*), memoirs, short sketches, reports and the like.

² Gyatso & Havnevik 2005: 13.

Medicine and Astrology Institute, in Lhasa. A short biography of her is found as the only one of a woman among over 55 biographies of twentieth-century doctors included in a collection of physicians' life stories, written by Jampa Trinle.³ Instances in her life have also been highlighted in British colonial and communist writings, as well as in a family memoir.⁴ Lobsang Dolma on the other hand hailed from a family of medical practitioners in Kyirong (sKyid grong) in southern Tibet, where she was taught as the only daughter in the family. She spent much of her working life in exile in India, where she ran a flourishing private practice while also publishing⁵ and teaching students, including her own daughters. The latter maintain their own clinics in India to this day. A book-length study was published on Lobsang Dolma and her lineage and several short sketches have also been provided elsewhere.⁶

Another female doctor, currently much less renowned outside of Kham, is Jetsunma Do Dasel Wangmo (mDo Zla gsal dbang mo), who was born in 1928 into a well-positioned Nyingmapa (rNying ma pa) Buddhist family clan from Golog. She learned medicine from her mother and from other, eminent male teachers during the 1930s and 1940s. After considerable hardship during the reforms, she was allowed to work as a village doctor and later became a professor of *Sowa Rigpa* at the Sichuan Tibetan Language School (STLS) in Kham and later in Dartsedo (Dar rtse mdo), where it was moved. She practices to this day as both a physician and a Buddhist master. Her student Thubten Choedar wrote a *namthar* (*rnam thar*), or biography of her, which also discusses aspects of her medical career.⁷ Do Dasel Wangmo personally composed a short collection of *namthar* of members of the Do household, which also includes an autobiographic sketch.⁸

These three women share the rare distinction of having life writings attached to their names and they are mentioned in Tashi Tsering's valuable list of Tibetan female doctors of the twentieth century.⁹ None of this, however, has been the case for most Tibetan

³ Byams' pa 'phrin las 2000: 458-463; Tashi Tsering 2005: 173-177.

⁴ Adams & Dovchin 2001; Hofer 2011.

⁵ Khangkar 1998.

⁶ Khangkar 1998; Josayma and Dhondup 1990; Tashi Tsering 2005: 177-188; Nor bu chos 'phel & bKra shis tshe ring 2008.

⁷ Thub bstan chos dar 2008; Michalson 2012. See also the translation of Thub bstan chos dar by Schneider 2013.

⁸ MDo Zla gsal dbang mo 2007.

⁹ See Tashi Tsering 2005: 172 f. This list includes, apart from the four women already mentioned in this article, Taykhang Jetsumna Jampel Chodron (bKras khang rje btsun ma 'Jam dpal chos sgron, c. 1882-c.1959); Shingmo Sa Lhamo (Zhing mo bza' lHa mo, also known as Khandro Lhamo, 1916-2003); Tashi

women who entered the medical profession. We barely even know their names, and not even two handfuls of those born prior to the reform era have been mentioned in writing. This lack of any or more detailed information on their lives and work also pertains to Phurpa Dolma, and to a number of female doctors in Central Tibet, of whom I had heard about incidentally or through hearsay. After having succeeded in meeting with them and/or their family members and students, I began to record their stories with the aim of enabling a fuller analysis and comparison on the topic of female *amchi* and *menpa* in Tibet.¹⁰

The following discussion explores the social background and the numerous day-to-day challenges and obstacles regularly encountered by women trying to access and succeed in medicine, even when they had the usual paths to knowledge at their fingertips, such as “great men” as fathers, grandfathers or uncles and the ability to read and write. This article suggests that medical practice, even outside of the Buddhist or government institutions known for being particularly male-dominated, was still governed by the wider male-dominated and androcentric social order that allowed very little room for talented women to prosper.

1. Recording Phurpa Dolma’s life story

On a cold mid-winter morning, my research assistant and I find ourselves in the home of the 83-year old Phurpa Dolma. We have come up a steep and winding path, walking between wooden, brightly-coloured two-storey houses. Below us we see the famous eighteenth-century Derge Printing Press, or Parkhang, with its golden roofs and imposing stone walls painted in dark red. A neighbour points us to Phurpa Dolma’s house and upon calling out for her, her middle-aged daughter emerges and invites us in. As we are led into the kitchen, I notice the entrance hall has its walls stacked high with books and wood. Over steaming cups of salted milk tea and with a stove warming our backs, we are soon poised to hear Phurpa Dolma’s tales—told jointly with her daughter and her son-in-law, who have shared much of her long life (Figure 1). After having carried out a number of oral history interviews with doctors in Central Tibet (who happened to be mostly men) I had embarked on a

Paldron (bKra shis dpal sgron, died c. 1959); Rinzin Wangmo (Rig ’dzin dbang mo); Tinley Dolkar (’Prin las sgröl dkar, 1931-56); Tinley Paldon (’Prin las dpal sgron, b. 1939); and Drungtsho Tsering Peldren (Drung tsho tshe ring dpal ’dren, b. 1965).

¹⁰ See Fjeld & Hofer 2011; Hofer, forthcoming.

project focusing specifically on recording the life stories of female doctors of the twentieth and twenty-first centuries in Central Tibet and Bhutan. In the winter of 2014, this project was now extending to Amdo and Kham.¹¹



Fig. 1. Phurpa Dolma (left) and her daughter Palden Dolma (right) at their home in Derge. Photo: Theresia Hofer, 2014.

Phurpa Dolma's youth and medical formation

Phurpa Dolma was born in 1931, a long awaited child of her parents having had several children before her, all of whom had died. Her birthplace was the village of Ngul Punong (dNgul phu nong), located a short walk above Derge town. It was a loose collection of farmhouses, lying between partly terraced fields and overlooking the tightly-packed houses of Derge town below. Since the eighteenth century Derge town itself had been characterised by a string of three large buildings of secular and religious significance: the Print House (dPar khang), the Derge King's Palace and the Great Derge Monastery (sDe dge dgon chen). The houses of the laity were located around the Print House, while the residences of monastic dignitaries and monks surrounded the monastery, lying at the geographically and symbolically highest position in Derge (Figure 2).

¹¹ I gratefully acknowledge funding for this project from the Nansen Foundation and the Marie Skłodowska-Curie Postdoctoral Fellowship (303139) that brought and then kept me at the University of Oslo. Thanks also to Barbara Gerke for her close reading and comments on previous versions of this article, to Ann Jones for writing inspirations and discussion of feminist topics, and to Thea Vidnes for continued support and her help with copy-editing. I am especially grateful to Heidi Fjeld and my other colleagues in anthropology and Tibetan studies in Oslo, as well as the editors of this special issue for their insightful comments and constructive critique over the past years.

Phurpa Dolma's father was Dramang Lhaje, an abbreviation of Dramang Lhaje Jamyang Sangpo (Grwa mang lHa rje 'jam dbyang bzang po, 1898-1963/5). He initially studied reading, writing and the medical texts with his own father and became a medical practitioner, in the thirteenth generation in his family. He was also ordained for some time at the Great Derge Monastery, complementing his medical training by studying Buddhism. From within his monk's residence he worked as a physician for the monks and also as the personal physician for members of Derge's royal family. On the only depiction I found of him, he is painted wearing his monastic robes (Figure 3). In the late 1920s, Dramang Lhaje however renounced his monastic vows and married Bemo Ako (dBe mo A dkog, n.d.), a woman of the Bemo family, their joint residency thereafter being in Ngul Punong village. He kept using his monk's quarters, however, for medical practice and the manufacture of medicines.



Fig. 2. Lay and monastic residences in Derge, with part of the roof of the Parkhang to the right. Photo: Theresia Hofer, 2014.

Starting from an early age, Phurpa Dolma was taught by her father, first the Tibetan alphabet. She recalled: "There were no pencils and paper at the time. We had to learn to write on a wooden board, on which we put butter and ash. Then we used a stick to write on it and afterwards we cleaned it to start again." Aged 13 she began to train in medicine, which included the study of parts of the first two volumes of the *Four Tantras* (*rGyud bzhi*), *Sowa Rigpa's* canonical work. That said, she described having learned medicine mainly "by experience" and "on the side", meaning besides assisting her father's medical practice, especially in medical herb collection and compounding. She also shared some of the work routines with other

students of his.¹² Her brother, Tsering Dorje (Tshe ring rdo rje), born when she was already nine years old (in 1940), also joined in when he came of age.



Fig. 3. Phurpa Dolma's father, Dramang Lharje Jamyang Sangpo. His image is painted on a large mural at the Derge Tibetan Medicine Hospital, below Yuthog Yontan Gonpo the younger and as part of a group of five famous (male) physicians. To his sides we see medical instruments and a medical bag.

Photo: Theresia Hofer, 2014.

Adulthood and communist reforms

In 1948, Phurpa Dolma gave birth to a daughter, Palden Dolma (dPal ldan sgrol ma), and they continued to live in Phurpa Dolma's family home in Ngul Punong.¹³ During the 1950s, despite having to look after her young daughter and amidst mounting political difficulties in Derge and Kham—the People's Liberation Army (PLA) had advanced and ultimately taken over the area—Phurpa Dolma continued her medical work. She carried on practising from her father's monk quarters as well as using the house in Ngul Punong to dry and prepare medical herbs and other ingredients.

Following the increasing attacks on monasteries and on the former secular elites of Derge during the latter half of the 1950s, 1959 marked a definitive turning point for Phurpa Dolma's family and their medical practice. The family's status and work was criticised within the newly introduced class labels and their medicines and

¹² Initially these included Yeshe Dorje, Lhori Sangpo, Thamka Lhaje and later on also Menpa Soepa.

¹³ The name of Palden Dolma's father and the nature of his relationship with Phurpa Dolma was not mentioned to me during the interview or in my conversations with Phurpa Dolma's family. Palden Dolma was to remain Phurpa Dolma's only child.

instruments were confiscated, temporarily ending their practice. After a while, however, the new leadership presented Dramang Lhaje with two options: to either leave his medical work behind entirely, or to shift it to an official clinic that the local authorities were planning to establish. Similar choices were offered to Phurpa Dolma and her brother. In the current context, these were comparatively benign options, given the tragic fate of many other medical and Buddhist practitioners, which included the deportation into labour camps and prisons, among others.¹⁴ Dramang Lhaje was even consulted over the location of the new medical clinic in Derge, for which he suggested the famous Derge Print House or Parkhang.

In 1959, local Tibetans had succeeded in enlisting the Parkhang as a “protected cultural building” (*rig nas sung cho*), and it thus appeared to be secure from the otherwise rampant attacks on Tibet’s cultural heritage.¹⁵ The building was also conveniently located at the centre of town and stood empty due to the forced end of its printing activities. From a Tibetan perspective, it was probably considered a good place for the practice of or *Sowa Rigpa*, which was a branch of scholarly Buddhist training for centuries and since the Parkhang had held a number of medical texts and block prints.

Only few medicines and raw materials could be recovered after the confiscation. Having no financial support from the authorities, the first obstacles to be overcome were the acquisition of raw materials and the making of medicines. Phurpa Dolma and her colleagues went out to pick medical herbs and her brother secretly acquired 20 to 30 large bags of medical raw materials from Pelpung Monastery (dPal spungs), which had a famous College for the Five Sciences¹⁶ that also taught medicine but lay now in rubble.

These few practitioners then set about transforming the Parkhang into a clinic-cum-pharmacy. While everyone I spoke to referred to the clinic as the Parkhang Menkhang (dPar khang sMan khang, meaning the “Print House Medical Clinic”), the authorities called it the “Co-operative Clinic” (mNyam ’bral sMan khang). Consultation rooms were established in the front courtyard near the entrance doors. One room was given over to medicinal baths, which Dramang Lhaje supervised, and the upper floors and the roofs were used for the drying and production of medicines. Patients had to pay a tiny sum

¹⁴ Gerke 2015; Holmes 1995.

¹⁵ Menpa Soepa, interview, December 2014. On the political situation in Kham during the 1950s and 1960s, see McGranahan 2010; Shakya 1999; and Jamyang Norbu 1986.

¹⁶ The “five major sciences” (*rig gnas che ba lnga*) are part of the classic monastic curriculum of Tibetan Buddhism and entail Buddhism, epistemology and logic, grammar, medicine, and the arts and crafts.

for treatment, which earned the staff a small monthly salary. There were apparently no government subsidies throughout the clinic's existence. Although it is hard to imagine the Parkhang this way today, following Phurpa Dolma's accounts, I was able to imagine the place as it was: a large medical facility where herbs were drying and doctors grounded medicines, nestled between the thousands of block prints stacked up high along the walls and corridors. One of her activities while working at the Parkhang was to look after the building itself. For example, she made sure to remove grass and herbs from the roofs and replace any damaged parts with waterproof materials to stop damage in the rooms below.

From the mid-1960s onwards Maoist fervour reached its alleged highpoint in the retrospectively so-called Cultural Revolution. The work of the Parkhang Menkhang also became more and more disrupted by revolutionary youths, as Phurpa Dolma recalls:

Then we got big problems and it became increasingly difficult to compound the medicines. There was always someone who came to disturb our work. A group of people would arrive and start hitting the doctors and then fights broke out. At that time, we started to sleep on the roof of the Print House and took stones with us. When those people came back again, we threw the stones at them. Our main aim was to protect the Print House and the medical clinic.

Menpa Soepa, an earlier student of Phurpa Dolma's father, heard similar accounts from other medical staff working at the Parkhang Menkhang, which he related to me:

The central government had ordered to protect the Print House from destruction. But local revolutionaries did not care. The doctors stayed inside the Print House and locked the doors from the inside. They distributed the drying herbs and other raw materials throughout the whole building so that if any Red Guard came inside they would argue that the drying herbs had to be left undisturbed, for the masses to be treated. If during that time nobody had been inside the Print House and protected it, it probably would have been destroyed.¹⁷

¹⁷ The story of how the Derge Parkhang survived the Cultural Revolution as the only traditional printing press in Tibet is a fascinating one, which merits detailed research. I have collected a range of accounts that will be discussed in future work.

Following on from these grave troubles in summer 1966 and having succeeded in protecting the Parkhang from destruction (much of the content of Derge Monastery in the meantime had been burnt and the building razed to the ground), the clinic was sometimes open and operating, sometimes not. Phurpa Dolma remembered they could only produce simple compounded medicines and that the "barefoot doctors" (Tib. *smān pa rkang rjen ma*; Chin. *chijiao yicheng*) introduced some basic western medicines into the clinic's repertoire, such as biomedical pills and injections. During the late 1960s and until 1976, her daughter Palden Dolma worked as a barefoot doctor but was mostly stationed in more remote villages. There she met her future husband, Phurpa Dolma's son-in-law, who also worked as a barefoot doctor.

The post-reform period

With several clear signs indicating the imminent relaxation of official policies towards the end of the 1970s, local political and former Buddhist leaders, among them Jetsunma Do Dasei Wangmo, were eager to start printing Tibetan books at the Derge Parkhang.¹⁸ They succeeded and printing recommenced in 1978. This meant, however, that the Parkhang Menkhang had to move. New policies were meanwhile drafted to improve and update medical facilities and eventually the Parkhang Menkhang was relocated to a newly constructed building to the east of Derge town. It became fully integrated into and funded by the government. Called the "Derge Tibetan Medical Hospital", it had out- and inpatient facilities, rooms for staff, a pharmaceutical production unit and plenty of storage space for the medical ingredients (Figure 4).¹⁹

Most staff from the Derge Parkhang moved over to the new hospital and alongside new recruits they were given official contracts and fixed salaries paid by the government. Phurpa Dolma, her brother, and the other senior doctors, Aden and Thamka Lhaje, gave patient consultations, while the latter two were also acting as directors. Phurpa Dolma was still responsible for providing and organising herb collection trips and arranging the materials for compounding but a doctor named Sangye became head of pharmaceutical production. "It was again work, work, work. We had no time to sit around and read books, we were on our feet all day

¹⁸ Thub bstan chos dar 2008: 403.

¹⁹ See dByangs dga' n.d. This source states that it was designated to be at the level of "standard Tibetan medicine hospital".

long,” she remembered. Her daughter, who had worked at the Parkhang Menkhang for two or three years after her barefoot doctor assignment, also moved over to the new hospital. After some more training with her mother, her uncle and Thamkha Lhaje, she was officially made a pharmacy assistant, handing out medicines based on the doctors’ prescriptions and helping with plant collection at weekends and in her spare time.



Fig. 4. Phurpa Dolma and other medical staff at the Derge Tibetan Medicine Hospital, 1980s. From a photo exhibit at the hospital.
Photo: Theresia Hofer, 2014.

Phurpa Dolma retired in the late 1980s and began to receive a government pension. She could finally rest her tired limbs. Some patients still came to her home for consultations during which she read their pulses and prescribed medicines but due to her age and physical condition she stopped producing her own medicines.

2. Reflections on gender and Phurpa Dolma’s positions in medicine

Biographies, communist news items and academic accounts have all offered glimpses into the lives of talented female Tibetan doctors of the twentieth century. They show how some were able to excel in the practice of *Sowa Rigpa*, usually when they had the right connections and/or social rank that allowed them to access medical texts, teachers and implements. There are several reasons why Phurpa Dolma should have followed the footsteps of the likes of Khandro Yangga, Lobsang Dolma and Do Dasel Wangmo who built up a good reputation and independent medical careers. Firstly, Phurpa Dolma’s

father—like Khandro Yangga’s father and Do Dasel Wangmo’s mother—was an eminent doctor and willing to teach her. This means that she was part of a family lineage and medical house, as such publically recognised for the transmission of medical knowledge and authority.²⁰ Secondly, having thus learned from him, Phurpa Dolma was able to practice Tibetan medicine, even after 1959, when many others had had to stop due to negatively perceived class backgrounds and it being regarded as a vestige of Tibet’s feudal past. It is possible that her pharmacological expertise helped her to continue and even develop her knowledge and experience further within the officially legitimated space of the Parkhang Menkhang in the years following 1959, as large volumes and a wide range of medicines were produced. Moreover, during the Cultural Revolution despite the upheavals, interruptions and simplification of Tibetan medical compounds (common for the time), she was able to continue her work. And thirdly, by many present and past *amchis’* standards, the expertise that Phurpa Dolma had gained over those years in all the practical aspects of pharmacology and diagnosis should have made her a highly valued practitioner of *Sowa Rigpa* as well as pharmacology, a field within in which practical skill and experience is deemed as particularly crucial.

Despite these favourable circumstances and her evident dedication to *Sowa Rigpa*, Phurpa Dolma currently remains a largely peripheral figure and her story so far unrecorded in writing. There are no modern biographies of her, nor is her name even mentioned in any of the collections of short biographies or the historical sketches detailing the development of Tibetan medical institutions in Derge (written and published, by and large, since the 1990s).²¹ Is this absence and oversight due to the prevalent androcentrism in Tibet, or is it due to her not having been or having been considered an “expert doctor”?

In what follows, I aim to illustrate three ways in which Phurpa Dolma was either excluded or sidelined within *Sowa Rigpa*. How, compared to her brother, other male doctors of her generation, and compared to the high-ranking Nyingma Buddhist nun Do Dasel Wangmo (who also remained in Kham during the reform period and established herself as an independent medical doctor and teacher) she was disadvantaged. These instances will highlight several significant challenges faced by Phurpa Dolma in the medical field, despite her having had some of the best possible circumstances for a woman to enter and succeed in the medical profession. I suggest

²⁰ Fjeld & Hofer 2011.

²¹ See the unpublished paper by Byang dga’, also known as Yangga (n.d).

that to understand the absence of many expert Tibetan women from the written record we need to better understand the circumstances that prevented them from realising their talents as well as the ways in which male writers and scholars have set standards for what makes an “expert doctor” and hence worthy of being written about.

Textual authority and practical experience

When talking to Phurpa Dolma about her training, one of the striking features in her experience as well as in her accounts relates to the nature of her medical studies. Usually, the first element in the formation of doctors of her generation has been their study and memorisation of parts or the whole of the *Four Tantras*. Although Phurpa Dolma read its first two volumes during her early years of training, she never made a serious attempt to memorise them, nor was she seemingly encouraged to do so. Instead, she recalled her early medical formation in the following way:

From the age of about 13, I needed to do a lot of work, picking medicine, making medicines, etc. I learned all about the plants while doing the work and picking medicines. That’s when my father taught me about the uses and benefits of medicines.

Phurpa Dolma placed strong emphasis on her learning “by experience and practice” and “on the side”. That is, she was not explicitly instructed, like an apprentice would be, but rather through “learning by doing” and by carrying out and helping her father’s medical work.

It was like this: one day I had to pick medicinal plants, the next day clean them, and the third make pills (*ril bu*). I had no time to read books, I simply needed to go and work lots for father—this is how I learned. Only sometimes, for one day or so my father would teach me from the *pecha* [*dpe cha*; a Tibetan-style book], and then the next I had to go and work again. Not even half of my studies were from books, most was based on experience.

Instead of lengthy study and memorisation of the medical texts, which tended to take up at least the first couple of years in most doctors’ training and usually prior to the bulk of their practical training, Phurpa Dolma participated in the daily medical work of her father from the start. Aside from reading the pulse and the

application of external therapies, he directed her mostly to the collection of medical ingredients and medicine production. She thus climbed the hills and pastures surrounding Derge to collect relevant herbs, learning how to identify, prepare and compound them. She also developed her skill in taste, a prime means to ensure the required effect and quality of raw materials and finished medicines. Even though her deep respect for her father and teacher shone through in all her accounts, at times I could not help but perceive that Phurpa Dolma, rather than being groomed seriously to become the family's medical lineage holder, was at least some of the time used by her father as a well-trained labourer for the extremely work-intensive process of making medicines. This likely fitted well with the widespread socio-cultural expectation of women's hard, physical labour.²²

The whole breadth and depth of *Sowa Rigpa* knowledge, especially its textual corpus, was instead imparted to her brother, who began his training in the usual way, with intensive study of the *Four Tantras*. The same was true for Menpa Soepa, who although having started this process under his own father, continued memorising the *Four Tantras* when he became a monk at the Great Derge Monastery and thus student of Dramang Lhaje. Although much younger than her, both of these men studied hard, excelling in their memorisation of the *Four Tantras*. But did only men study the medical texts so thoroughly? It would appear not.

According to Thubten Choedar's biography of Jetsunma Do Dasel Wangmo, she remained the only child in the family after three siblings had died before the age of two.²³ Before she formally ordained at the age of 23, she received her initial instructions on the first two volumes of the *Four Tantras* from Guru Sangpo. She then memorised these and next gained instructions in practical procedures and in the "large Tantra", i.e. the third volume of the *Four Tantras* (basically a clinical handbook), by her mother, Do Tsedzin Wangmo (mDo Tshe 'dzin dbang mo, 1914-1953). Her mother had received parts of the medical lineage of Ju Mipham ('Ju mi pham, 1846-1912), the widely regarded scholar-physician, through his disciple Troru Jampal (Khro ru 'jam dpal, n.d.) and was a practicing physician in her own right.²⁴ Do Dasel Wangmo's studies were clearly supported by her family and its vast network of teachers, and Do Dasel Wangmo's ability to memorise resonates with her early Buddhist

²² This was also the case of the wife and daughters of a physician in Amdo according to Mona Schrempf, personal communication, September 2015. Also see Kleisath 2007.

²³ Thub bstan chos dar 2008: 2.

²⁴ *Ibid.*: 16.

training as well as available time to devote to this task. In addition, her education was also not abandoned due to any belatedly born younger brothers, as was the case with Phurpa Dolma.

Phurpa Dolma, on the other hand, as a laywoman was expected to run a household, bring up children and also carry out medical practice, rather than to be mainly involved in textual study and scholarly erudition. What seemed to have mattered most in her situation was the practical knowledge and skill in making medicine. The family practice required multiple, experienced hands in order to run smoothly and medicine making was at first the only domain of medicine where Phurpa Dolma was told to apply herself in. Without continued training and exposure to the texts, which her younger brother enjoyed, her literacy and textual knowledge remained relatively limited. This is comparable to Sonam Dolma, the inheritor of the Nyekhang Medical House in Tsarong District (Tsha rong) in Central Tibet.²⁵

As we will see below, all three male students of Dramang Lhaje, having gained a solid grounding in reading and writing as well as the medical literature, went on to hold significant leadership positions in government hospitals and colleges from the late 1970s onwards. Dramang Lhaje's surviving medical texts were given to Phurpa Dolma's brother after the reforms and she only managed to reclaim one of them following his death aged 65. This was, incidentally, their father's work on the processing of mercury for medical purposes, in Tibetan called *tsotel* (*btso thal*).

Tsotel is an important ingredient for many *rinchen rilbu* (*rin chen ril bu*), or "precious pills", the most sophisticated and complex medicines in the repertoire of *Sowa Rigpa*. According to some texts, women are not supposed to participate in the preparation of *tsotel*, and although not in practice necessarily having been the case,²⁶ Phurpa Dolma did not learn it neither from her father nor during the early 1980s when the making of *tsotel* was taught at her own Derge Tibetan Medicine Hospital by Troru Tsenam (Khro ru tshe rnam, 1926-2004), a famous physician originally from Kham. It was one of the great events of the period and *tsotel* containing and highly-prized "precious pills" are prosperously today made at the Derge Tibetan Medical Hospital today (Figure 5) and also in the private medical pharmacy of Menpa Soepa.

²⁵ Hofer, forthcoming.

²⁶ For in-depth discussion on the historic exclusion of women from making *tsotel*, see Gerke 2013, 2015, and in preparation. In my own research pertaining to women doctors of the pre-1950s period, I only know that Do Dasel Wangmo and the nun Ani Pema Lhamo from Nyemo (sNye mo), Central Tibet have either learned and/or practiced making *tsotel* and/or *rinchen rilbu*.

Division of labour at the Parkhang Menkhang

In line with her experience in collecting medicinal substances as well as their preparation and compounding at home, Phurpa Dolma mainly continued the pharmaceutical production at the co-operative Parkhang Menkhang that started up in 1959. At the very beginning, she went out for several days to collect herbs and then dried them at the Parkhang. Medicines benefitting cold disorders were placed onto the roofs and into direct sunshine, those treating hot disorders were dried in the shade underneath the roof. She also washed the newly arrived raw materials her brother had brought from Pelpung in order to make sure they were clean. Among the recovered medicines were the valuable “six supreme medicines” (nutmeg, cloves, saffron, green and black cardamom, and bamboo pith) from India and Nepal, which would have been impossible to procure without considerable cost (their family wealth had been confiscated and they lacked financial support from the government). These herbal and precious medicines were then processed and compounded into pills and powders. From the available materials Phurpa Dolma recalled making *Agar 35*, which contains 35 ingredients and is a complex medicine to make, as well as others such as *Agar 25*, *Agar 15*, *Agar 8*, *Tsenden 18*, *Dashel Dutsima* and *Truthop Rilkar*. While her father was still alive (he died in either 1963 or 1965) she also procured all the necessary ingredients for two kinds of medicinal baths, which he prepared for patients. One involved the boiling of 25 different herbs and another, five herbs.²⁷ The patients would sit on wooden planks placed over the cauldrons, thus benefitting from the rising steam of the medical baths, particularly well known for treating *drumbu* (*grum bu*), or rheumatism.

As the reforms wore on during the 1960s, the medical compounds became simplified. This was due to the lack of imported ingredients available, and also due to the great demand for medicines. The clinic only had a limited work force, it took time and was hard work to pick herbs and staff had to deal with the disturbances due to changing political demands.

At times of need, the clinic staff also diverged from their remit to treat patients individually. Phurpa Dolma recalled they were once treating an epidemic disease that had befallen the livestock in the area, and—during “the time of the People’s communes”²⁸—made medicinal soups for several hundred Tibetans who were starving and

²⁷ This was most likely the *bdud rtsi lnga lums*, or “five nectars bath”.

²⁸ She used the Chinese term here, *ren min gong she*.

suffering the consequences of forced agricultural collectivisation.²⁹ She had gone out together with others to collect the herbs for these purposes, and subsequently acted as a nurse to those weakened livestock and people in need.

From the point of view of contemporary doctors, some practices in medicine production during that period as recounted by Phurpa Dolma appear as highly unusual and even unprofessional. One of these was that staff used a part of the Parkhang that had previously been used as pit-toilets and re-purposed it for medical production. They freshly covered and sealed the area with earth and then used the space to grind medicines. Another unusual practice was the grinding of the medicines, which was done with the help of small stone mortars—a common method—but also by doctors using their feet to break down ingredients. Medical texts, as well as many doctors today, state that medicines should be considered—similar to Buddhist ritual implements and texts—as something to be revered and therefore not to be touched with the body's lower parts. Medicine should also not be put near places or people considered "impure", and neither should one step over, let alone onto medical ingredients. It seems to me that these practices might have been the only way to overcome the challenging circumstances under which they were operating, or there were other reasons to work this way, possibly connected to the then politically correct way to turn traditional customs on their head.

While Phurpa Dolma's work thus centred on the most physically demanding jobs of picking and preparing medicinal herbs, her colleagues—including her brother—were mostly consulting patients, helping out here and there with the compounding. Phurpa Dolma did sometimes take turns to read patients' pulses and prescribe medical treatments but compared to her colleagues, she gained much less clinical experience during her working life at the Parkhang Menkhang. Nevertheless, she could name in remarkable detail many of the treatments she prescribed, for example to women with pregnancy complications, those experiencing difficult labours, for disorders of the male and female genitals, and facial paralysis. Further research is needed to find out about why she seemed so particularly skilled in treating these diseases, but at least with regard to gynaecological conditions, it fits well into the pattern that female

²⁹ This was most likely connected to the horribly failed experiment of Mao's "Great Leap Forward". Unlike in Central Tibet, this was fully implemented in Amdo and Kham, and is one of the reasons for the much earlier and more violent resistance to Chinese reforms there. Cf. Naktsang Nulo 2014.

menpa were often assigned this aspect of medical practice, also in the new Communist regime.³⁰

Doctors of her generation tended to combine the work of a clinician and pharmacist in equal measure—the two were not yet separate professions, as they tend to be today. A solid grasp of pharmacology was essential to be considered a good doctor and vice versa. Why was Phurpa Dolma mainly collecting and processing herbs, sometimes compounding them and not also consulting patients to the same extent as her colleagues?

She explained this in the following way:

I was the only woman working in the Parkhang. I needed to take care of the Parkhang, keep everything in order and clean. The others ordered me around all day long, and I simply had to say “yes, yes, yes”. And, I was away a lot, picking medicines. Father had taught me about the medicines, so I had lots of experience with the medicines and also the pulse, urine and treatments. But there was very little time for further study; we had so much work to do.

This statement implies a social hierarchy of and between knowledge and practice between her and male colleagues, and especially her and her brother. The lopsided assignment of hard labour is still very common today in the lives of ordinary women and female doctors in eastern Tibet.³¹ Phurpa Dolma carried out menial jobs, including the cleaning and day-to-day maintenance of the building, and was ordered around by her male colleagues, against whom she could seemingly voice little opposition. Together with the hard work of herb collection, this left little time for further study and (the more sedentary) consultations with patients. As we shall see, her lesser textual medical knowledge together with more limited opportunities to see patients, through no fault of her own apart from being a woman, were all likely to have negative consequences for her subsequent prospects as a *menpa*. They perhaps also contributed to her frequently self-deprecating accounts of her own (considerable) expertise, which she described as being “only based on experience”, mentioning countless times, moreover, that she is “not knowledgeable”. Even if this latter habit is also quite a common way of speaking among many knowledgeable Tibetan men, I have never before heard the phrase repeated so many times as in her case.

³⁰ Cf. Hofer 2011.

³¹ Schrempf 2011.

Phurpa Dolma and the Derge Tibetan Medical Hospital

The last phase in Phurpa Dolma's medical career recounted above took place in an era characterised by the abandonment of Maoist policies and a general liberalisation of the economy and Tibetan arts and culture, which started in 1979. In the area of health care and medicine, the official institutionalisation of Tibetan medicine within the Chinese state bureaucracy began. Prefectures and selected counties built up Tibetan medical institutions and turned former physicians into government-employed practitioners. In Derge this shift manifested with the co-operative Parkhang Menkhang in the Print House being moved to the freshly constructed Derge Tibetan Medical Hospital to the west of the town and it becoming fully state-funded. It was organised by departments and the work ranged from clinical care to pharmaceutical production and teaching. To those who had worked at the Parkhang the new facilities seemed unbelievably abundant and the government's salaries extremely generous.

There were now clearly assigned positions and titles available. Yet despite Phurpa Dolma's long-standing experience and seniority in years she did not gain a leadership position at the new institution, unlike all the other doctors from the Parkhang of her own generation, some even younger than her. Aden and Thamkha Lhaje took the positions of director and vice-director respectively, while a new recruit named Sangye became the head of pharmaceutical production. Phurpa Dolma and her brother were initially employed as doctors, yet after a few years he moved to Dartsedo Tibetan Medicine Hospital to work as head of the outpatient department. When Aden retired in 1984, Menpa Soepa joined the hospital and became the new director. It was he, who suggested that Phurpa Dolma could retire early a few years later. The exact reasons for this proposition are unknown to me. Yet she admitted that it came as a relief to her and her joints—she had by then suffering badly from her herb collection trips in all kinds of weather and also had been working hard on often wet ground.

It is striking that Phurpa Dolma in her almost 15 years at the new hospital was not promoted to and or perhaps desired a leadership role. This can either be explained by her generally modest attitude towards her own skills and knowledge as mentioned above, or indeed attributed to the perpetuation of extant androcentrism and discrimination against women in the work place and elsewhere. That her textual knowledge and literacy was limited might have also counted against her. As we have seen, her father's attention shifted towards her younger brother, and Phurpa Dolma did not gain much

in terms of textual training, being mostly occupied with the herb-collection labour for the family's medical practice.

So far, elsewhere in Kham, we only know of Do Dasel Wangmo, who in the post-reform era became the head teacher of *Sowa Rigpa* at the STLS—a prime institution for the study of medicine in Kham. When the school moved from Dzogchen Monastery (Rdzogs chen) to Dartsedo, she was further promoted to become professor of Tibetan medicine. In many other government Tibetan medical facilities that I have visited over the years and that had newly appointed doctors at the start of the post-reform period, I have never yet met or heard of a woman in leadership positions prior to the late 1990s. This somewhat reflected the gender relations common during the pre-1950s Tibetan society and that in some cases still persist today.



Fig. 5. *Mutig 70* precious pill produced at the Derge Tibetan Medicine Hospital in 2014. The small inserted photograph to the right shows the Derge Print House.
Photo: Theresia Hofer, 2014.

Another type of exclusion of female Tibetan medical practitioners that continued in the post-reform period and largely today, is their exclusion from the production of *tsotel*.³² The production of *tsotel* and *rinchen rilbu* are prominently mentioned in the two available short histories of the Derge Tibetan Medical Hospital and they are still made there today, representing some of their most prized medicines (Figure 5). Doctors flocked from all directions to learn this technique from Troru Tsenam and to participate in the 45 day long processing

³² The nun students of Dragkar Lama are known to make *rinchen rilbu*, but I am not sure whether they make the *tsotel* used in these themselves. Personal communication with Nicola Schneider, September 2015. Based on my research in December 2014 at the Tashi Goensar Nunnery near Lhagang, Kham, the local “Peace Medical Clinic” run entirely by nuns, produces a large range of *rinchen rilbu*. Yet, they do not make their own *tsotel*, but instead procure it from the pharmacy of the Dzongsar Medical College.

of mercury and other metals and precious substances. Yet neither Phurpa Dolma nor Palden Dolma participated in these events or even mentioned them to me. From among all women doctors of the pre-1950s period known to us, only Do Dasel Wangmo and the nun Ani Pema Lhamo from Nyemo, Central Tibet, are known to have either learned and/or practiced the making of *tsotel* and/or *rinchen rilbu*.

3. Conclusions

By comparing extant written and oral materials on female doctors in twentieth century Tibet, including new insights gained into the lives of Phurpa Dolma and other women doctors, we can conclude that Tibetan medicine *per se* does not appear to have been a field in which talented women prospered. Rather that the particular social backgrounds and networks of the three well-known women doctors, Khandro Yangga, Lobsang Dolma and Do Dasel Wangmo, made all the difference to their becoming outstanding medical practitioners and teachers. They were fortunate enough to have enjoyed the following three distinct circumstances.

Firstly, they were born or grew up as the only daughter, or among daughters, in families with no sons. They were thus given a solid education and medical training, receiving encouragement from their families and teachers as the perceived “stand-ins” for lacking sons (or, at times, male students). They were therefore groomed as inheritors to the family medical lineages and the medical house. Secondly, they were allowed enough time and space to devote themselves to their studies and their medical work; none of them was impeded by time- and energy-consuming household and family chores. The laywomen, Khandro Yangga and Lobsang Dolma, had sufficient outside help with bringing up children and running the household due to their relatively prosperous backgrounds. Do Dasel Wangmo, being a nun, never had to look after children, partners or households, and was encouraged to pursue her Buddhist and medical studies and work once she had been ordained. Third and finally, all three women came from high-ranked families with vast and influential social and religious networks. They could thus draw on teachers from outside of the family and on means of support inherently linked to these circles. In other words, on this last point we could say that social class overrode gender norms and prejudice. In addition, Do Dasel Wangmo’s mother working as a physician likely provided her with an important female role model.

Taken together with their own hard work, these three women were thus able to establish themselves as independent, successful and

sought-after physicians, going on to become teachers in their own right. In their senior years, they received official recognition and written acknowledgements, earned leadership positions, and were given professional rewards. All three women have also, at some point in their careers, either edited or themselves written medical treatises.

In contrast, the stories of Phurpa Dolma and other women like her, such as Sonam Dolma of the Nyekhang House in Tsarong, demonstrate the countless obstacles many women encountered in the medical field and how difficult it was to overcome these despite their considerable efforts, dedication, expertise and relatively favourable circumstances. They tended to receive a less comprehensive education than men and often lacked extended exposure to and instruction in the medical texts. They had to manage the workloads of the home as well as in the healing profession, and, regarding the latter, often spent a lot of time collecting medicinal ingredients at the expense of other medical work and training. In addition, they suffered discouragement from family and colleagues, worked in all-male environments and lacked female role models. In numerous cases they were not allowed access to the Tibetan medical institutions set up in the post-reform period, or if they were, they do not seem to have been promoted according to their experience and in ways similar to men. And finally, the stories of their lives and work are usually absent from written biographies and other records, either written by others or from their own pens.

The experiences of Phurpa Dolma were likely more common among women in medicine during the twentieth century than those that have come to us through the few cases of written accounts of Khandro Yangga, Lobsang Dolma and Do Dasel Wangmo. The career trajectories of several Central Tibetan female medical practitioners whose lives I researched support this, some of whom have been mentioned above.³³ Yet there are further considerations that support this argument. Most of the times both sons and daughters were born into medical houses, in which case due to male-dominated social organisation, only boys tended to be groomed for the medical profession. The girls, instead, would be considered “lost” to the house as sooner or later they would be married and move out of the parental household, and so it was thought to be imprudent to invest so much in them.

To foster a fuller understanding of women in *Sowa Rigpa*, it is imperative to research women’s social affiliation and rank, as well as their economic status and medical achievements together and more

³³ Hofer, forthcoming.

closely. It is simply not enough that, with less than two handfuls of names of Tibetan medical doctors and sometimes their dates and the names of their fathers, we can deduce that the Tibetan medical domain has offered women greater opportunities to prosper than other fields. Another important task will be to systematically compare accounts by and of women in professional medicine with those dedicated to religious life, as it seems that at least some of the obstacles encountered by female religious specialists were also blocking the way for women in medicine.

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