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醫療技藝的性別政治：台灣戰後以來子宮切除史，1950s-2008(第 2 年)
研究成果報告(完整版)

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中 文 摘 要 ： 在1970年代之前，子宮切除手術大多用於疾病治療（即子宮頸癌），或是生產時意外緊急狀況的對策。同時，亦有少數菁英婦女在生完理想的子女數之後，為了「不想再生」及「子宮留著可能會有問題」的想法，而接受子宮切除。1970年代之後，一方面由於台灣各方積極追隨先進國家的腳步，以手術的手段來達到某些目的成為醫學進步的象徵，另一方面也由於新興的儀器及如超音波、內視鏡乃至晚近的腹腔鏡等等的引入與使用，使子宮切除手術逐漸成為常見甚至是常規性的婦科手術，至1990年代中期則出現了無子宮村的傳聞，顯示此一手術的普遍性。透過歷史的研究，我們發現子宮切除與戰後以來台灣婦女的生育控制情況及癌症防治措施有密切關係，尤其是節育的性別政治與困難及癌症的風險觀，使得子宮切除成為一種可能的選項。

中文關鍵詞： 子宮切除 性別政治 戰後台灣醫療史

英 文 摘 要 ： In the early 1990s, reports about ’uterusless village’ and ’uterusless street’ made sensational news in newspapers and popular magazines in Taiwan. Rumors had it that almost every woman in the said village or street underwent hysterectomy and rendered the places ’uterusless.’ News reports accused certain ob/gyns of removing women’s uterus out of greed. These rumors soon played a part in the negotiation between the Bureau of National Health Insurance and the Taiwan Association of Obstetrics and Gynecology in 1995 when the latter refused to enter the National Health Insurance plan.
Drawing on medical records (National health Insurance data bases), news reports, and interviews with women, midwives, and physicians, This paper examines ’uterusless village’ at three levels: the rumor, women’s experiences, and the practice of hysterectomy as a medical practice in rural area. I will argue that the rumor has some truth to it, but the circumstances in which women accepted the surgery were more complex than previously assumed.

英文關鍵詞： hysterectomy, gender politics, medical history since post WWII Taiwan

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Hysterectomy in Three Keys: The "Uterusless Village" as Rumor, Knowledge, and Experience in Taiwan, 1950s-2000s

Hsiu-yun Wang, PhD

Associate Professor

Graduate Institute of Gender Studies

Kaohsiung Medical University

In the early 1990s, reports on "uterusless villages" (*wu zigong cun*, 無子宮村) and "uterusless streets" (*wu zigong jie*, 無子宮街) made sensational news in newspapers and popular magazines in Taiwan. According to the rumor, almost every woman in a certain village or on a certain street had undergone hysterectomy, rendering those places "uterusless." News reports accused certain Ob/Gyns of removing uteruses out of greed. When the Taiwan Association of Obstetrics and Gynecology refused to enter the National Health Insurance plan in 1995, these local and media-amplified rumors played a part in the negotiations between the association and the Bureau of National Health Insurance.

In the public understanding of hysterectomy, money has been the key word. Newspaper paper reports attribute the cause of such surgical abuses (along with other inappropriate surgeries) to surgeons' greed. The Taiwan Association of Obstetrics and Gynecology's initial resistance to be included in the National Health Insurance program certainly reinforced such an impression. In addition, several major

government insurance policies also played a role. Insurances such as the Labor Insurance (勞保 1950-), Farmer's Health Insurance (農保 1987-), and Government Employees' Benefits and Insurance (公保 1959-) all paid compensation to women under 45 who accepted hysterectomy, as uteruslessness was defined as a form of disability for women of reproductive age.[1] In other words, women's motivation was so in question.

Yet, physicians' greed or women's needs are only a part of the story. In this paper, I argue that women's embodied experiences, including medical construction of uterus as useless after childbirth and potential pathological, the use of various contraceptive/reproductive technologies (such as Pap smear, tubal ligation, IUDs, ultrasound), and the lack of alternative measures. A lack of effective surgical regulations also provided the environment for unnecessary procedures.

Drawing on medical reports, news reports, and interviews with women, midwives, and physicians, this paper examines the "uterusless village" at three levels: the rumors, knowledge, and women's experiences. The rumors seem to conceal more than they reveal. In understanding the rumors, I hope to demonstrate that the circumstances under which women accepted the surgery were more complex than has generally been assumed. The issues surrounding hysterectomy are a result of various entangled historical formations that call for an analysis.

1. The Rumor

[1] The compensation varied according to different types of insurance. The government employees' insurance paid 8 or 6 months of the woman's monthly salary, depending on whether the cause of hysterectomy was work related or an accident. In comparison, losing one's eyesight may receive 30 or 36 months' salary. Most of the women whom I interviewed was not aware of the compensation until their doctors informed them of such a "benefit." Perhaps due to the media reports as well as feminist efforts, the Government Employees' Insurance Policy (公務人員保險殘障給付標準第五十八條) was made obsolete in May, 1999. The new regulation follows the Department of Health's (身心障礙者保護法之障礙等級標準), and prophylactic hysterectomies are no longer eligible for the compensation. In the same year, one woman junior high teacher who accepted hysterectomy was outraged by the fact that she could not receive the compensation.

I have talked to a number of physicians, including ob/gyns, endocrinologists, internal physicians, physicians of traditional Chinese medicine (TCM). Some rejected the existence of the so-called uterusless village (streets). An ob/gyn who works in a regional hospital in Kaohsiung County simply saw it as yet another rumor about surgeries. He recalled that when he was a medical student he had heard a similar rumor from one of his professors. The rumor had it that a certain village in Hsin-chu (northern Taiwan) was nicknamed thyroid-less village; a certain surgeon had removed everyone's thyroid due to the hyperactive nature of the villagers. It turned out to be a fiction, and he was sure that the rumor of "uterusless village" was just another fiction. However, during a classroom discussion an endocrinologist who works in a medical center in Kaohsiung, mentioned that she had seen many patients who had either a scar on their neck or had their healthy thyroid removed. Some patients were told that they had a surgery but in fact it was only a superficial cut to produce a scar. She extrapolated from this observation and hinted that the uterusless village had some truth to it.[2]

I have not been able to locate the exact physical locations of the uterusless village (street). Local people of Hualien and Pingtung have pointed to certain locations. The two highly suspected locations share some common characteristics. The village in Hualien near Yuli, is primarily a poor aboriginal community and health care resources are lower than average. There are three versions of the street in Pingtung city, one is located in a red light district, the second is right next to a Kuan-Yin temple, ironically. The last one is that the street is a military housing where the inhabitants were military personnel and their families. Most of them arrived after

[2] Both nurses and physicians have the knowledge of cerain local surgeon's or ob/gyn's excessive practice of surgery. At a meeting in June 2010, a group of nurses pointed to a surgeon nicked name Hsieh Yi-Dao [Hsieh the Knife Man] in Taichung county. These rumors have been circulcating within and without the medical community, which can be read as a lack of institutional regulation of medical practice.

1949 when KMT relocated to Taiwan.[3] Their social characteristics were similar to the aboriginal community in that both were poor. Further interviews are needed to confirm certain facts.

Compared to rumors, formal knowledge seems to present a less sensational picture. A 2005 study concludes that the hysterectomy rate in Taiwan, 30 per 10,000 (women of reproductive age), is not higher than countries such as U.K. and the U.S.[4] Another study in 1999 estimates that the hysterectomy rate for women in the age between 20 and 59 was 16.6 per thousand.[5] According to another study in 1995, hysterectomy rates by region were 10.1% in Taipei, 9.5% in Hualien, 8.1% in Hsinchu county, and 6.4% in the southern Taiwan rural area.[6] A 2005 study shows that 20.2% of all hysterectomies in Taiwan in 1997-1998 were considered inappropriate by expert reviewers.[7] The rate is higher than the U.S., where the inappropriate (or unnecessary) hysterectomy rate is 16% (1993)—which is higher than England and many other industrial countries.[8]

2. Conflicting Knowledge: Regional aspect

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[3] One of my interviewees, Ms Zheng of Pingtung city, has pointed to the fact that hysterectomy was such a common recommendation from the physicians that she has the impression that almost everyone she knows of has had hysterectomy.

[4] Lo Jichun et al（羅季瓊） "The Current State of Hysterectomy in Taiwan (台灣地區子宮切除的現況、成因及影響探討）," Department of Health, 2004. This study does make it clear that hysterectomy rate is increasing rapidly in recent years. Chueh Chang's study of 1996 makes the same argument: "the prevalence of hysterectomies in these four communities ranged from 6.1 to 10.9%. With one in three women undergoing hysterectomy by the age of 50 in America, one in five in Australia and Britain, and one in ten in Sweden, the current prevalence of hysterectomies in Taiwan is the lowest." *International Journal of Gynecology and Obstetrics*, 52(1996): 73-74.

[5] Chen Wenlong, (陳文龍) "Hysterectomy and Women's Health（子宮切除與婦女健康）," *Taiwan Wei Sheng*, 366(1999):37-41.

[6] Chueh Chang, et al(張玨),"A Preliminary Study on Hysterectomy Rate in Taiwan (子宮切除盛行率之初探)" *Zhong Hua Gong Gong Wei Sheng Za Zhi*, 12(1995):487-493

[7] YMY Chao, TC Tseng, CH Su, LY Chien, "Appropriateness of Hysterectomy in Taiwan," *Journal of Formosan Medical Association*, 104(2005):107-112.

[8] A surgey of 18142 people for the year 2001 shows the hysterectomy and oophorectomy rates together was 6.2% for women above 12. Lin Yu-Shuan and Lin Huei-Sheng, "Health Status and Diseases Occurrence Rates, Unpublished research Report.

In addition, according to the 2005 study, the place where hysterectomy rate is alarming high is not Pingtung (15.4) or Hualien (18.6), instead it is Chiayi (80.5 per 10,000 women of reproductive age).[9] Yet, according to a study based on the national health insurance database in the period between 1996 and 2000, Kao-Ping area (including Kaohsiung City, Kaohsiung, and Pingtung counties) has the highest C-section and hysterectomy rates. Pap smear rate was also highest in Kao-ping area.[10]

Hualien and Pingtung counties are two rural areas where the population was in the lower socio-economical section of the country. Health care resources are also much less than major metropolitan areas such as Taipei and Kaohsiung cities. A study shows that women who work in the health care industry (nurses, physicians, etc) were at much less risk of laparoscopic hysterectomy than those who were equipped with little medical knowledge.[11]

It is difficult to synthesize based on these somewhat contradictory research findings. It may well be an issue of methodology. Nevertheless, we can at least extrapolate from these findings to suggest that many hysterectomies were not necessary. The question is then, what circumstances brought women to the doctor's?

3. Women's Experiences

I first noticed the issue of hysterectomy when doing my previous research on

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[9] I take the year 2001 for example.

[10] Hung-Shu Hou, "Women Health Care Utilization Pattern Analysis—A Database Study of Cesarean Section, Hysterectomy, Papanicolaou, Breast Cancer and Cervical Cancer," MA thesis, Department of Health Services Administration, China Medical University, 2003.

[11] "Women who are better informed with health information are less likely to have hysterectomy, (醫療資訊多的婦女，較少被切子宮)," *Min Sheng Bao*, July 8th 2006. The report is based on Yang Zaixin (楊再興) and Huang Chunche's (黃俊哲) study, which utilized the 1998-2003 National Health Insurance database, and there were 110,000 laparascopic hysterectomy, including only 300 some nurses.

menarche in 2007. A woman (b. 1933, Pingtung) told of an incidence about her visit to the local ob/gyn's clinic for her "abnormal" bleeding (ca 1980). Without doing any exams the doctor simply told her that something bad was growing inside her uterus and a hysterectomy should be done. One of the nurses, an acquaintance, at the hospital, seeing her distressed look, asked her what was the matter. After hearing her report about the doctor's recommendation, the nurse whispered, "why don't you go to see another doctor?" She did. And the second doctor was perplexed that a hysterectomy was recommended without any diagnostic procedures, saying "your Pingtung doctor is so capable that he needs no examinations to determine what was wrong with you." The doctor prescribed some medication and left her uterus untouched.[12]

Many stories of hysterectomy can be found in the contemporary newspapers and magazines, transmit through words of mouth, and are told in women's oral history accounts.[13] For example, a story in the popular health magazine, *Kang Chien* runs like the following.

> When Miss Tsai's mother was 42 years old, she went to an ob/gyn clinic to see a doctor in Chia-yi for her whites had increased. They discovered that she had a myoma the size of a Kumquat, and the doctor said that a surgery was needed. Only after the surgery did she realize that it was not the myoma that was removed but the uterus, fallopian tubes, and ovaries. She burst out in tears and

[12] Interview with Sumama, March, 2007; August 2010. Sumama mentioned that almost of her old women colleagues at the elementary school had their uterus removed. Another woman claimed that at her work place, a technical university in southern Taiwan, almost every woman in her 40s or 50s was recommended by the physician that they should have their uterus removed.

[13] For example, Wen Xiao-Ping, *The Woman Who Lost Her Uterus* [失去子宮的女人] （Taipei: Jao Chao Publishing., 1989）. Taipei Association for the Promotion of Women's Rights, *Taiwan Mothers' Tale*(阿母的故事)，(Taipei: Yuan-Tzun Publishing Co., 1998), p. 282-283. Mo Fei (莫非), "The Wondering Uterus (流浪的子宮)," *Liberty Times*, July 17th 2003.

asked the doctor, “why did you cut out my uterus and ovaries?” “Did you want more kids?” “Then why did you still want them?” The well-known second-generation doctor replied with a take-for-granted attitude.

Miss Tsai said, “back then my mother did not dare to tell my father that she was without uterus. Even though it was twenty years ago, whenever it is brought up she is still heart-broken.”[14]

However, not every story is as poignant as Ms Tsai’s mother’s, and there are those very similar to hers as well as others that seem to indicate a more complex picture. The following is a preliminary report of some of the elements of the historical formation for hysterectomy. I have interviewed fourteen women, including eleven who received hysterectomy (table 1), two avoided hysterectomy, and one reported her mother’s story.

3-1 “Useless” and Pathological Body Part: Contracpetion and Dread

It has been pointed out that women were often told that “after giving birth the uterus is useless,” and it might even develop serious diseases such as cancer if it’s left alone.[15] By making the uterus as a disposable and potentially pathological body part, it seems physicians justified their medical intervention at the expense of women’s health risks, albeit without some absurdity. More importantly, the question is how did this rationale become acceptable to women?

It is tempting to think that women were easily coaxed into accepting hysterectomy. Indeed, some scholars have argued that many women “adhered to the

[14] Hsiaohui Chang, “When the Doctor wants to remove your uterus,” *Kang Chien Magazine* (Common Health Magazine), 29 (2001): 1-10.
[15] Chueh Chang et al, (張玨等) “Physicians’ Inform on Hysterectomy （子宮切除前醫師告知內容之研究）” *Women and Gender Studies*, 9（1998）：115-144.

physician's regiment irrationally."[16] This perception is limited at best.

The notion of a useless and potentially diseased uterus can be traced to Ralph C. Wright the American ob/gyn who in 1969 advocated routine hysterectomy. "It is difficult for a physician unfamiliar with modern concepts in gynecological surgery to understand why the gynecologist today intentionally may remove a uterus free from pathological changes."[17] Wright saw routine hysterectomy as a modern medical progress that should be welcome by physicians and women alike. Framing hysterectomy in terms of medical progress, he listed the removal of the cervix as a milestone in gynecologic surgery, as it "demonstrated the value of prophylactic removal of a normal, but useless and potentially cancer-bearing organ." Wright did not advocate hysterectomy for small asymptomatic leiomyomas. His indications for hysterectomy include pelvic relaxation, prophylaxis, relief of symptoms referable to the reproductive organs, sterilization, and major organic disease of the reproductive organs. The article, however, provoked heated debate in the same journal. Indeed, Wright had already advocated routine C-section for breech presentation in 1959. It seems that Taiwanese physicians picked up this stand very quickly. Physicians in Taiwan had been following Wright's steps in making the uterus useless and a disease suspect.[18]

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[16] Chueh Chang et al, (張玨等)，1998.

[17] Ralph C. Wright, "Hysterectomy: Past, present, and Future," *Obstetrics & Gynecology*, (1969):560-563.

[18] The technique for hysterectomy was already available by the 1950s. According to Fu Daiwie, in the post WWII Taiwan, the approach to cervical cancer took a peculiar trajectory under the leadership of the ob/gyn Xu Chientein(徐千田, 1913-1992), who established his authority by pioneering a particular method of hysterectomy based on Okabayashi operation. In tracing this history, Fu argues that Xu's school with its many followers was one of the reasons why the pap smear was not promoted as a prevention measure in public health programs until the mid-1970. More significantly, surgical intervention came to dominant the practice of ob/gyn, and more often than not, it has been a way of expressing modernity and masculinity. Daiwie Fu, *Assembling the New Body：Gender/Sexuality, Medicine, and Modern Taiwan* (Taipei: Social Publishing, 2005). For a surgeon's masculine pride, see

I should follow these two most mentioned indications: sterilization and prophylaxis. To make sense of women's experience with hysterectomy, these two were the most salient issues, which were brought about by two historical trends—a large scale family planning that began in 1964 and the beginning cervical cancer prevention measures (including public health education and Pap smear screening).

The family planning served to be the framework in which a "useless" uterus became reasonable in that it created a sense of urgency for women to control their fertility and the uterus in this context became an organ in need of management. In addition, it was also during this period that many women became familiar with all kinds of contraceptive methods, including sterilization. Indeed, the elite had been using sterilization as a contraceptive method in the pre-family planning period (1950s-early 1960s).[19]

Nevertheless, the poor were also motivated to control their fertility, and surgically sterilization seemed to be one of the more "effective" methods, despite its cost. In 1951, a worried man wrote to the *United Daily*'s Reader's Service Column:

> I live in the country side, and I have a wife and four childrens. Life is hard. Now my wife is pregnant again, and we both agree that if we have another one we should not have any more, as we already have 4 children. But we both are still young, and in fact can not sleep separately. I would like to ask, since we already have 4 children (age 12, 10, 7 and 3) and we are poor, if we should do "so-shu [surgery]," such as cutting the uterus or tubal ligation?"

Liu Wen-Ming (劉偉民) Tsuo Kuo Chin Kuan: The Story of the Well-known Gynecologist Liu Wen-Ming Taipei: Xian-Chueh, 2001) Liu claims to be the pioneer of laparoscopical surgeries in Taiwan.

[19] According to Freedman and Takeshita, "Sterilization tends to be reserved for those financially better off, because of its cost, and it is almost always an irreversible step. Furthermore, sterilization tended to be used rather late in family growth." Ronald Freedman and John Y. Takeshita, *Family Planning in Taiwan: An Experiment in Social Change*. (Princeton University Press, 1969): 93.

The column's writer's answered: "If you want a surgery to be done, tubal ligation is enough no need to cut off the uterus."[20]

In the period between 1950s and 1970s, women were made used to surgical approach to the control of fertility. Sterilization by tubal ligation (the fallopian tubes are severed and sealed or "pinched shut") gradually became one of the most common contraceptive methods. In 1964, according to the head of the then Health Bureau, Xu Zi-chiu, the most commonly used contraception methods were abortion and tubal ligation.[21]

To be sure, the family planning program's major effort was to promote Lippes Loop, a type of IUD. In 1964 a proposal was made and its goal was to install Lippes Loop in 600,000 women within five years. Yet, despite the fact that medical authorities in Taiwan claimed that the Loop was very suitable for Taiwanese women, many simply did not find it agreeable. "Abnormal" bleeding was one of the frequent mentioned problem. For those women who had bad reactions to Lippes Loop, the government encouraged voluntary sterilization (tubal ligation) by providing financial compensation. Beginning in 1966 with the aids from the Population Council, family planning provided free or partially subsidized sterilization. The number of sterilization in 1977 was 109,722 and by 1990, it had reached 656,680.[22] In short, by the early 1970s, women were aware of the various options for contraception, including the surgical approach.

Hysterectomy was available, but it was still done mostly in the case of

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[20] Taiwan Provincial Taipei Medical Vocational High School(台灣省立台北高級醫事職業學校), "Suffering from Having too Many Children, Artificial Contraceptions Are the Best, Tibual Ligation May be a Solution If Necessary," *The United Daily*, Decembter 18, 1951.

[21] *The United Daily*, May 20, 1964.

[22] Tsao-Nan Chen, De-hsiung Sun, and Dung-Ming Li, *The Miracle of Taiwan's Population* (Taipei: Lien-Ching, 2003), p.248. In 1983, the number of women who were sterilized in Taiwan were 50,100, as opposed to men's 3000. John A. Ross, Douglas H. Huber and Sawon Hong, "Worldwide Trends in Voluntary Sterilization," *International Family Planning Perspectives*, 12.2(1986): 35.

emergency or cervical and uterine cancer. In other words, hysterectomy was still a treatment not yet a prophylactic measure. Surprisingly, tubal ligation would become the historical pre-condition for hysterectomy in two aspects. The first one has to do with the side effects of tubal ligation, real or perceived. The second one is the surgical approach to women's reproductive body.

Mrs. Lin, a dress maker, had tubal ligation in the early 1980s. Almost twenty years later, in 1991, Mrs. Lin (Hwang) went to her local ob/gyn for an ultrasound check-up out of what she called as "nothing-to-do-ness (boredom, 無聊)," as many of her customers were diagnosed with cancer recently. The doctor discovered that she had myoma and recommended a surgery to remove the tumor. However, during the surgery, the doctor saw that she had edema of the fallopian tube where she had tubal ligation years ago. The doctor then suggested the uterus, tubes, and ovaries be removed. Ms. Wang's story also had something to do with tubal ligation. After giving birth to her third child and three abortions at the age of 27, she had her tubes tied. Several years later in 1991, she experienced mild pain on two sides of her abdomen during intercourse, and she thought it might be from the tied tubes. She went to the local hospital, and the doctor found that she had myoma. The doctor recommended hysterectomy and immediately scheduled it for the following morning. She was not allowed time to think or to ask for a second opinion. She asked the doctor, "but how about the pain on the sides?" "That's your ovaries, you might as well have them removed too." Thus, she lost her uterus and ovaries over some mild pain. She has since been feeling not quite herself in general. She has also been on hormones for the last 19 years. She resented the doctor and regretted not asking for a second opinion.

During the time when hysterectomy was reserved for emergency and disease, a few elite women began to accept it as a prophylactic measure, particularly women of the physicians' family.

Ms Xu (b. 1951, Kaohsiung) became a nurse in an ob/gyn hospital after graduating from junior high school (ca 1967). Both the wife and mother-in-law of the hospital head physician had hysterectomy, because “they didn’t want to have any more children, they got rid of (*na-diao*) the uterus.” The wife’s surgery was done by the husband (i.e. the head physician of the hospital), but it was not known who did the surgery for the mother-in-law. The mother-in-law was the younger sister of the then Kaohsiung city mayor, Yang Jin-hu. Mayor Yang (1898-1990), was a physician who and had been an active member of various political activities since the colonial period through the 1970s. Yang’s younger sister was also married to a physician, Lin Chisan (林啓三). Xu rationalized her decision to have hysterectomy, “since I know that both the wife and mother-in-law of the doctor have their uterus and ovaries removed, I requested to have the same procedure. I have seen a patient who, after hysterectomy, found out that she had ovarian cancer.”

In other words, the women of the physicians’ families served as models for hysterectomy. The wife of the hospital head, had hysterectomy as soon as she had given birth to four children and was considered done with her uterus. The doctor, her hushand, said “you have two pairs of children now, that’s done. Without that [uterus] you would save some trouble [menstruation], it [uterus] also wouldn’t develop diseases.” It seemed to Ms. Xu as a nurse working in an ob/gyn hospital, hysterectomy was not too common in the 1960s, at least compared to abortion.

Xu’s previous encounter with hysterectomy is worth noting. For her, the fact that both the physician’s wife and mother-in-law had hysterectomy served as a message that hysterectomy was something reasonable and even a sign of progress—the elite women were doing it as a way to become modern. If hysterectomy was something bad, why would the physicians let the women in their families do it?

Women of the elite background had the proximity to hysterectomy, but the uterus had become so problematic that even the poor took the prophylactic stand of hysterectomy. Ms. Miao, for example, after giving birth to three children, was very afraid of getting pregnant again. At the age of 30, she demanded the local gynecologist to remove her uterus. If it was fear of unwanted pregnancy alone, she could have done a tubal ligation, but she also was troubled by having too much white discharge. This latter fact points to another fear in her mind (I shall return to her case later again).

3.2 Dread of the Disease and Cervical Cancer Screening

A critical element in the transformation of hysterectomy from a treatment to a prophylaxis is the pathologization of the uterus. Almost every woman interviewed in this study have heard from their doctor that uterus is somewhat "useless," and if you leave it alone, it might develop something evil. With the idea of the uterus as a pathological organ, it also came with the notion of "*Yi Lao Yung Yi* [one effort saves trouble for good, 一勞永逸]."[23] Other similar important key expressions are, "you don't know what might be growing inside [the uterus]," according to Ms Zheng's doctor, and "uterus is not the thing to keep." (Lin, Xu, Ms Wang, Miao Young's doctors, Ms Miao herself too, made the same comment.)

Cervical and uterine cancer figured prominently in the gendered cancer prevention discourses and measures. Not only did mass cervical cancer prevention measures, including public health education campaign on the risk of the disease and Pap smear, bring down the mortality rate of cervical cancer, it also infused women with fear of the disease. Like most disease prevention education, the cervical cancer prevention

[23] For example, Lin (surgery date 1997), Mrs Wang, and Ms Wu.

has been a disease-fearing education.[24] Most of the women interviewed for this study expressed their fear of the possibility of getting cancer, and they repeated physicians' common phrase, "you don't know what might be growing inside [the uterus]."

The Cancer Society of the Republic of China began to do mass screening for cervical cancer in Taiwan in the mid-1970s. But the fact that cervical cancer prevention measures such as Pap smear did not begin until the mid-1970s also means that the mortality rate for cervical cancer was high.

The 1970s also saw the increase of the number of new reports on cervical cancer.[25] In addition, newspaper's health advice column told of the risk of not removing the ovaries when doing a hysterectomy, and the implication is that by accepting the surgery of hysterectomy a woman will be free from three types of cancer—cervical, uterine, and ovarian cancers.

One of the unintended consequences is that this preventive measure brought women closer to the physician's door. Some women who received notification with ambiguous result were prompted to accept hysterectomy as a prevention measure, albeit a seemingly extreme measure. Ms Hwang's mother in late 1970s had a Pap smear ambiguous result that read "xxx is suspected," and was so terrified that she became bedridden. As she was very afraid of surgery that she did not have the courage to do more than worrying, but many of her friend who had the similar report "bravely" accepted hysterectomy.

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[24] Leslie J. Reagan, "Engendering the Dread Disease," *American Journal of Public Health*, 87.11(1997): 1779-1787.

[25] Hsiao-Ling Chen, "Poor Mothers and Modern Girls: The Media Discourses of Cervical Cancer Prevention, 1950~2008," MA Thesis, Kaohsiung Medical University, Taiwan, 2008.

What does it mean when women heard "something bad might be growing inside the uterus,"? The fact that only 30% of hysterectomy was due to cancer, and most of them were due to uterine myoma deserves some attention.

In the 1970s, when myoma appeared in medical advice essays, some author warmed women not to accept hysterectomy too easily.

> This kind of tumor [myoma] is benign, but because Chinese medical terms do not distinguish *liu* [tumor] and *ai* [cancer], many mistake myoma as cacner and hysterectomy is very frequently performed. Part of the reason perhaps is due to the fact that people are alert and whenever they see a tumor they cut it. As a result, many women's uterus was removed.[26]

This author concluded that, "Never remove the uterus easily, as any surgery carries a certain degree of risk." This can be read as an attempt to reduce the then notorious unnecessary hysterectomies.

It seems that there were different positions within the medical community. In 1976, a translated essay advocated surgery as the approach for preventing uterine and ovarian cancers. "Dr. Lu Kas, a woman over 40 when facing hysterectomy should also remove her ovaries, in order to prevent uterine and ovarian cancers… the mortality rate is 75%... For women over 40, the risk of ovarian cancer is one in every 100 will be inflicted. Therefore, Dr. Lu kas recommended all women older than 40 should remove their ovaries."[27]

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[26] Zuo Long, "Understanding Uterine Myoma（認識子宮肌瘤）," *The United Daily*, Aug 15th 1973. A smiliar essay, a medical column run by 當代醫學雜誌社， concludes "Some thought older women after giving birth may accept hysterectomy. This is over and unnecessary（過份之舉，不必要的）" *The United Daily*, June 11th , 1975.

[27] Li Ming trans., "Cancer of Women's Reproductive Organs (婦女生殖器官的腫瘤)," *The United Daily,* April 21st 1976.

> Question: once women have hysterectomy, does it mean they no longer have the risk of uterine cancer? Should they be excused from Pap smear? Answer: If a woman has had total hysterectomy (including uterus and cervix), of course, she will be free from the danger, but if the hysterectomy is not total, she still have the risk of cervical cancer. Likewisely, if the ovaries are not removed, they might become the major source of disaster.[28]

Ms Miao Young, when she was being discharged from the hospital after her hysterectomy (myoma) was given a business card by her gynecologist who made a comment, "you have graduated (*bi-ye,*畢業) from here [ob/gyn department]," implying that she could pass the business card to other women who might need to "graduate" from the ob/gyn department of the hospital for good.

It is difficult to determine the meanings of the gynecologist's gesture. Ms Miao Young's story seems to imply that a woman shall never be liberated from her body, if she does not part with her uterus and ovaries. She would have to see the doctor, do the Pap smear, and run the risk of getting cancer or pregnant. Similarly, Xu's decision to remove both uterus and ovaries was based on the perceived risk of cancer as in the case of the patient who discovered ovarian cancer after having a hysterectomy.

Having to see a doctor for women's problems seemed to be another dread for many women. In addition to the fact that menstruation was a problem for her, Ms Xu mentioned that many of her friends in the Buddist community, especially the nuns, did not think it was respectable for them to see an ob/gyn. They often demanded hysterectomy.

Ms Miao's (b. 1942, Miao-li) case also demonstrates the dread of the disease. She was a farming woman, actively demanded a hysterectomy after she had given birth to

[28] Dr. Lan's translation from the American Cancer Society, *The United Daily,* June 23rd, 1970.

three children and had had two abortions by then. She was only 30 years old at that time. She was very afraid of getting pregnant. She was having too much “whites” (viginal discharge). The physician refused to do the surgery at first, saying that “you are too young,” but she managed to convince him to do it. She explained that she had heard from her fellow women workers at the factory (textile) that having too much whites was a sign of uterus cancer, and on top of that, she was very afraid of getting pregnant again. While she did not see working in a factory as a kind of hardship, she certainly did not want to have any more children or get cancer. Indeed, in the late 1950s, ob/gyn had already been warning women that whites were a sign of uterine cancer.[29] This dread of cancer has persisted a long time, as in the case of Mrs. Lin who went to do a check up out of “boredom” in 1991.

3.3 The Menstruating Organ

During the year 1993, Xu was bothered by heavy menstruation and when she went to see the doctor, he recommended a hysterectomy, adding “before you reached 45, you will get the compensation from the labor insurance. She wanted to do her volunteer work in a Buddist organization and the uniform consisted of white pants. She did not want the red to show. She remembered when she was young the doctor’s wife and mother-in-law both had hysterectomy for getting rid of women’s trouble. She accepted the surgery, and she said “the uterus that was taken out was still very pretty, fresh and red.” At that time, in the small hospital in her neighborhood where she had the hysterectomy, “the ones who gave birth were much fewer than the ones who had hysterectomy. She was surrounded by women who had hysterectomy.” She said she was scolded by her women friends who said, “you were fine, and why did

[29] “Uterine bleeding and Whites are Signs of Uterine Cancer”(子宮出血白帶多 是子宮癌預兆), The *United Daily*, April 17, 1959. The news report quoted uterine cancer authority, doctor Wang Chun-hsiung’s (王春雄)warning for women.

you bother to get rid of your uterus and ovaries?"

I do not intend to argue that all hysterectomies were unnecessary. Indeed, two of the women interviewed found relief after hysterectomy was done. Chio (b. 1939, Pingtung), who ran a hair-cut shop, had been suffering from abdominal pain for years and had gone to many doctors, but all the doctors that she saw could not make any definite diagnosis. Eventually, she was told that her pain was some kind of neurosis, even though a neighbor woman was sure that she had something growing in her belly. Her husband was also convinced that she was a woman who thought too much, "the doc said your problem is neurosis [*sheng-jin ji*]. Eventually, she went to see a doctor who was equipped with a newer instrument (ultrasound) and was sure that she had a large uterine myoma that had been growing in the back of her uterus, which explains why it was difficult for the previous physicians to see the growth. When the last physician finally confirmed that something was there and she needed a surgery, she said, "I was so happy!"[30]

Based on these limited interviews, many of the "inappropriate" hysterectomies that took place were also co, women's lived experiences, especially their health condition, contributed to the hysterectomy. Many of the women whose hysterectomy might have been judged "inappropriate" faced difficulties of various kinds, including birth control, bleeding, and a sense of propriety (as in the case of the woman who did not want to menstruate when she was doing her Buddist volunteer work).

4. Conclusion: Hysterectomy in Historical context

[30] Another case in which hysterectomy brings relief is Mrs. Liu (b. 1949, Pingtung). She is a farm woman was bleeding heavily for months when she was going through menopause. She was extremely anemic and could not carry on with her daily work in the farm. She had hysterectomy in 1997. Her years of hard farming work made it impossible for her to stop the blood loss or to seek alternative treatment, as heavy lifting often worsens bleeding from myoma.

Taking a historical approach, this paper aims at demonstrating that several factors that made hysterectomy a reasonable course of action, including women's reproductive/contraceptive history (the competing/co-operating relationship between tubal ligation and hysterectomy), fear of disease, and lived body experience (hardship).[31]

In the heydays of family planning (1960s-1980s), women were told to limit their family size, and birth control methods were introduced and popularized. In this context, it is not surprising that women saw their bodies mainly as reproductive and if they were done with their duty they might be better off with the uterus. As surprising as it may seem, the discourse that uterus was the organ of womanhood did not prevail as today.[32]

To be sure, during the 1970s some concerns over unnecessary surgeries had been raised. According to a newspaper report, stomach, thyroid, and uterus were the most frequent removed organs.[33] But it is difficult to measure the effects of these reports.

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[31] Other factors might include the use of visual technology, such as ultrasound machines, endoscopy, and laparoscopy. Ultrasound was introduced in the 1970s and has been used widely since. Also in the 1970s, endoscopy was applied to sterilization surgery in the context of family planning. The 1990s also saw laparoscopical hysterectomy established its status. It has been promoted as a better surgical option for hysterectomy than the traditional abdominal hysterectomy—allegedly less bleeding, smaller incision, and cost less. The case of endometriosis might be a similar case. Partly as a result of its "objective" and visualizing powers, the use of laproscopy has substantially changed the outlook of the disease endometriosis. See Lingya Tsai and Hsiu-yun Wang, "From Hands of Flesh to Laparoscopy: A History of Endometriosis in Taiwan," *Taiwanese Journal for Studies of Science, Technology and Medicine*, 10(2010): 73-128.

[32] Elson, Jean. Am I Still a Woman? Hysterectomy and Gender Identity. Temple University Press, 2003. For a critical review of the discourse on hysterectomy, see 簡至潔(2007)。The woman writer Mo Fei（莫非）has written a rather poignant essay on hysterectomy, "The Wondering Uterus" (（流浪的子宮)，*Liberty Times*, 2003。

[33] A news report entitled, "Doctors wave unruly knife at Unsuspecting Patients; Appendix or Uterus, Cut them first. Why not do it for Fame and Money?" Four months later, a translated article from the *National Inquirer* reveals the appalling surgical practice in the U.S.; "there were 2400,000 unnecessary surgeries, causing 11900 deaths… Two third of deaths or injuires resulted from hysterectomy can be avoided… Americans should find this fact surprising and be angry." Yen Yin trans., "Doctors favor Surgery, Even the US is no exception. They Easily Use the Knife, and the Moral has been Corrupted (大夫好開刀·美國不例外 輕易動手術·醫德已敗壞)," *The United Daily*, Feb 6th, 1978. Five months

The government did little to control physicians' knife, despite various alleged attempts and regulatory proposals. Doctors' unruly surgical practice was not the priority for the time. Instead, one of the urgent concerns for medical care was the issue of doctor-less villages (wu-yi cun,無醫村). In 1973, there were 346 health stations in Taiwan, but among them 80 were without qualified physicians.[34]

When the classic text of the American women's health movement *Our Bodies Ourselves* was translated into Chinese in Taiwan, the title was mysteriously changed to "Your Body and Yourself." Although the book had a considerable impact on issues of over-medicalization in the U.S., including childbirth and hysterectomy, this did not carry across borders.

The issue of unnecessary hysterectomy reemerged in the mid-1990s, as I have mentioned in the beginning of this paper. In addition to criticisms in the media, several efforts from both government and women's groups have been made. Kaohsiung Awakening Association, a local women's movement activist group whose active members included a feminist physician, also published a pamphlet called *The Myths of Women's Diseases*（女人疾病的迷思）, providing women the more balanced information to avoid unnecessary procedures. In 2000, The Health Department of the Taipei City government published a manual, *Protect Your Uterus*（保護你的子宮手冊）, aiming at providing information for women, to help make the right medical decision.

"To study the indications for hysterectomy is to study the interface between

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later, a certain doctor named Richards of Colorado was quoted of saying "62 out of 100 American women have or will accept hysterectomy, and most of them accept it to be rid of the inconvenience of menstruation. *The United Daily*, July 6th 1978.

[34] It was an old issue that can be traced back to 1960. The *United Daily*, July 2nd, 1973.

medicine and society."[35] The contemporary understanding of hysterectomy tends to see it as merely physicians' greed and women's lack of knowledge/resources.[36] Looking back to history, we see that the history hysterectomy in Taiwan is rooted in the history of family planning in the 1960s and cervical cancer prevention programs in the mid-1970s. Without the cultivation of rational mindset for reproduction as in the notion of "planning," the uterus as useless would not be comprehensible. Without the disease prevention education, the uterus would not have become a prime suspect of cancer. Finally, it is also a history of complex relationships between technologies and women's lived experiences. Different technologies may be competing at one time, but one may lead to another, as in the case of tubal ligation and hysterectomy.

[35] Editorial, "Hysterectomy: Will it pay the bills in 2007?" *British Medical Journal*, 314(1997): 160.

[36] I would like to thank the following friends, colleagues, and students for their help in carrying out this research: Chin-Fen Chang, Hsiao-Ling Chen, Chiayu Gu, Joel F. Stocker, Yajin Tseng, Chia-Ling Wu, Ejing Wu, Hungbin Xu, and Hsinjen Yang.

子宮切除的歷史——醫療知識、性別、與女人的經驗

王秀雲

現象發想

……

子宮切除術遭濫用 健保局想開始管了
台灣有好幾個無子宮村？將清查現在和勞保時代資料

步履逐漸穩健的全民健康保險，開始想做點和過去健康保險不一樣的事。中央健保局昨天表示，為防止醫師鼓勵婦女接受子宮切除術，健保局將清查現在和勞保時代的資料。同時因提高自然產給付而使剖腹產率已明顯下降，健保局說，剖腹產率還應該降更多，所以自然生產的給付可望再提高。

過去有不少學者指出，國內濫用子官切除術的情形嚴重，婦產科醫師就指證歷歷，台灣有好幾個無子宮村；由於勞保將無子宮列為殘障給付的項目之一， 因此有些醫師就以此鼓勵中年婦女切除子宮，至於沒有勞保的婦女，醫師會告訴她們子宮切除後可以減少「婦人病」，有不少婦女因此就挨了一刀。【記者郭錦萍／台北報導】【1995-12-12/聯合報/17 版/社團・公益】

＊ ＊

醫生胡亂揮白刃 病患茫然挨宰割 盲腸子宮切了再說 名利雙收何樂不為
磨刀霍霍病人毫無保障！ 如此醫院當局能不管嗎？

根據國科會的調查報告，部份勞保指定醫院只要遇到來求診的工人說肚子痛，就當作盲腸炎開刀。這在醫學術語上叫作「不必要的開刀」。如果把台灣地區的不必要開刀視為一座冰山，這份報告指陳出的事實不過是冰山之尖，在水面下的那一部份還不曉得有多大。

在新醫師法施行前，衛生署為了草擬「醫院診所管理規則」， 請了幾位專家負責起草。這些專家考慮到不必要開刀已過於泛濫，在草案中特別訂出一條：盲腸和子宮切除術、胃全切除和亞全胃切除後的組織，應送交病理化驗，以覆核當初診斷的真偽。據了解，以上這幾種是台灣地區動得最濫的手術。果能建立起病理覆核制度，不法的醫師必然會收斂點，許多人就不會冤枉挨一刀了。不料，草案提到討論會上，醫師公會代表大表反對。他們提出兩點反對理由：一是台灣地區的病理醫師太少，接不下這件工作；另一是這樣做的話，病理化驗的費用勢必要轉嫁到病人身上。

其實，這兩點理由都很牽強。一次病理化驗 不過只要二百元左右。病人幾千元甚至幾萬元的手術費都花了，難道還捨不得這區區二百元？再說，病理醫師不夠，如能靈活調度，建立起系統，還是能擔起這項工作。不管怎麼說，草案中這一條是給刪除了，只留下一條尾巴：「容後再議」。於是，不法的醫師依舊操刀亂割，受害的病人愈來愈多。

有一次，大水沖倒了龍王廟，連一位醫師的親屬也被冤枉割掉了子宮。這位醫師在台北工作。他的一位近親在台中經開業醫師診斷為子宮癌，要割掉子宮。正在這位醫師在台北為她安排手術的醫師時，那位開業醫生已動手割掉了她的子宮。照這位醫師的估計，他這位近親手術後頂多能活四年。不料，四年過去後，病人活得好好的。病人的先生原來以為他太太沒幾年日子好活，就跟手術醫師要來切除的子宮，泡在藥水裡作為紀念。後來，看到他太太活得好好的，才將這塊泡在藥水裡的子宮送來台北，化驗之下，根本不是子宮癌。

有位台大醫學院畢業的醫師到一家私立婦產科醫院當醫師。不數年，已有了洋房、轎車，可是他活得好苦惱。因為，他的院長的太太經常要他違背醫師誓言多割幾個病人的子宮，好收取較高額的醫療費。逼得他沒辦法，只好離開這所醫院。

還有一位在南部開業的外科醫師，常常送一些女病人的乳房切片到台大醫院病理科，請求代為化驗。教病理醫師大惑不解的是每次化驗都是癌而且是同一種癌。後來才搞清楚：這位醫師是將一名乳癌患者切下來的乳房保存下來，以後凡是遇到乳部有硬塊來求治的病人，在做了切片後，就從保存下的乳癌組織中切一小塊，調了包送來台大化驗。台大的醫師在一個場合裡點了那位南部開業醫師幾句，從此他再不送切片到台大來化驗了。

這些不法的醫師所做的不必要開刀愈多，病人就愈多。因為他開的「癌症」病人百分之九十以上在過了五年、十年後仍然健在的。這樣「好」的手術，不但是台大、榮總這些大醫院的權威醫師比不上，就連醫學發達如美國的醫師，也要甘拜下風。有這種「本領」，病人還能不擠破門嗎？

這種開刀，其實很容易防止。只要在台灣北、中、南 部委託幾所大醫院設立病理化驗中心，嚴格要求醫師切下的組織整個送去化驗，由衛生主管單位詳加評估，凡是經常開錯刀的醫師，應給予相當的處分，並公布他的姓名。相信不要幾年，就可使台灣地區的醫療風氣整個改觀。衛生主管單位考慮過多，遲遲不立法防止，是「非不能也，是不為也！」這種態度，是無法對社會交代的。【記者劉復興專訪/1977-10-07/聯合報/03 版/】

1990 年代中期，在全民健保上路的前夕，有關無子宮村（或無子宮街）的報導浮現於媒體。報導指出，花蓮有一村落（或是屏東某一條街），全村的女人

都接受子宮切除手術，每個女人都失去了子宮，因此稱之爲無子宮村。報導並究其原因，乃是因某些「不法」醫師爲了牟利，而促使許多婦女接受子宮切除手術。無子宮村報導出現的時機可說是相當敏感；由於當時健保設計的給付方式，將使婦產科醫師的收入大受折損，所以婦產科學會拒絕加入健保，也促使健保局與婦產科學會展開協商，而此也加深婦產科中有貪財不法的醫師的印象。

一、前言

在 1970 年代之前，子宮切除手術大多用於疾病治療（即子宮頸癌），或是生產時意外緊急狀況的下策（如子宮大量出血）。同時，亦有少數菁英婦女在生完理想的子女數之後，爲了「不想再生」及「子宮留著可能會有問題」的想法，而接受子宮切除。1970 年代之後，一方面由於台灣各方積極追隨先進國家的腳步，以手術的手段來達到某些目的成爲醫學進步的象徵，另一方面也由於新興的儀器及如超音波、內視鏡乃至晚近的腹腔鏡等等的引入與使用，使子宮切除手術逐漸成爲常見的婦科手術。1970 年代下半期，手術浮濫的報導即已出現，子宮與其他器官或腺體並列爲最常被切除者（胃、盲腸、甲狀腺）之一。當代多數的子宮切除是因子宮肌瘤，而其必要性往往具有爭議，因多數的子宮肌瘤會於更年期之後萎縮。除了少數子宮肌瘤會因失血過多而危及生命之外，此類型的子宮切除的主要目的是爲了改善生活品質（解決經血與經痛問題）。

> 概念辭典
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> 子宮無用論：源自於 1950 年代西醫(R.C. Wright)，認爲一個女人的子宮的主要功能在於孕育子女，於生完足夠的兒女之後，其子宮即成爲無用且會流血的器官，並且可能會有癌症的風險。換言之，在此觀點之下，如果一個女性已完成生育的任務，最好將子宮切除。

值得注意的是，子宮切除手術從原本爲疾病治療手段逐漸成爲疾病的「預防」手段，此一歷程中子宮無用論扮演了關鍵性的角色。所謂的子宮無用論[U1]及子宮的癌症風險，這種看待子宮的方式，貫穿了半世紀的台灣歷史，而此與子宮切除的普遍化相生相隨。自 1950 年代末至 1990 年代初，美國以手術爲導向的婦產科也持子宮無用論及子宮具有潛在的癌症風險的觀點，而此也是台灣婦產科醫師普遍用以說服婦女接受子宮切除手術時的說法。

有些人認爲，子宮無用論是醫師用以蒙蔽「無知」的婦女的手段（胡幼慧，張玨 1998）。不過，這些研究對於伴隨子宮無用論出現的癌症風險說（即子宮留著會長不好的東西的信念），則鮮少著墨。

然而，婦女果真是無知的嗎？在那一個意義上，我們可以說婦女很無知？子宮無用論若要具有的說服力，必須要建立在相關的社會物質基礎上，子宮切除手術才會具有合理性。這個學者眼中的「無知」可能掩蓋了婦女已知的事物的存在事實，尤其是與子宮密切相關的議題，如生育控制條件與環境及身體疾病風險觀的形成。因此，我們有必要深入瞭解婦女生育控制的情形與身體疾病觀，而與此兩者息息相關的是自 1964 年代以來的家庭計畫及 1974 以來的癌症防治相關措施，深深影響個別婦女如何看待自己身體及器官。此外，個別婦女所使用的節育方式（如輸卵管結紮、子宮內避孕器等），也都使婦女更加接近婦產科的手術房。爲深入了解，有需要將相關歷史社會條件納入我們對子宮切除的理解中。追朔歷史，我們方能深入瞭解子宮切除如何成爲台灣戰後以來一個僅次於剖腹產的手術。

二、理論與概念

「無知的婦女」的建構

「無知的婦女」的使用是性別知識權力關係[U2]的呈現，有兩個不同層次問題。其一是專業權威往往將許多問題歸咎於婦女的無知（有時是年長且無知的女性），而此處的知，往往是指特定的專業知識（如科學知識或醫療知識），所以婦女是需要教育的對象。女人所擁有的知（識）也容易被貶抑爲迷信、落伍或是無稽之談，而此種貶抑的態度往往將婦女的知識去脈絡化，使其失去意義。例如，歷史中的產婆往往被新式的西醫描繪成「骯髒無知的老女人」，將難產的許多問題歸咎於她們。但是她們因爲經驗所累積的知識(practical knowledge)則往往被忽視。其次，在子宮切除的例子中，使用此一指稱，不僅無法瞭解女人的身體處境，也暗示著婦女在特定情境中是被動的受害者，否定了婦女的主體性，也難以瞭解婦女的難處。

概念辭典

性別知識權力關係：在許多社會脈絡下，因爲知識的差異所形成的權力不平等關係即是所謂的知識權力關係，例如專家與常民，醫師與病人。若在此不對等之上還有性別權力關係，如男女的性別權力關係，則稱之爲性別知識權力關係。值得注意的是，某些情形之下，性別也會形成知識的差異，如男女因其社會位置所形成的經驗差異而形成兩者所知不同。又因爲男女權力不同，而使得某些屬於女性的知識遭受到貶抑。

性別政治：「政治」在此爲廣義的政治，亦即權力關係，而性別政治即是伴隨著性別關係的權力不平等關係。

三、議題深探

或許是因爲無子宮村的報導及醫師爭利的討論，一般易將經濟利益視爲是子宮切除浮濫的核心問題。事實上，經濟利益的理解確有其道理——而此經濟面向可分爲兩方面來看，即醫師與婦女兩者。就醫師面而言，台灣自 1970 年代以來，輿論即批評有許多浮濫的手術，而子宮切除只是眾多浮濫手術的其中一項，其他還包括盲腸、胃、及甲狀腺。健保上路之初，婦產科學會因其利益可能受損而拒絕加入，當然也會強化此一手術牟利的印象。就婦女面而言，各種保險制度（勞保、公保、農保及軍人保險等）也都將喪失生育能力視爲是一種殘廢，而提供給四十五歲以下接受手術的婦女一定的金額給付。也就是說，婦女亦有接受子宮切除的經濟誘因。無論是勞保（始於 1950 年）、公保（始於 1959 年），或是農保（始於 1987 年），都有金額不一的給付。針對子宮切除，公保給付八或六個月的薪資，失明的給付則爲三十或三十六月的薪資。以勞保爲例，根據民國六十三年(1974 年)台閩地區勞工保險診療費用支付標準，子宮單純全摘除術爲 860 點(即 860 元)，子宮惡性腫瘍廣汎全摘除術之支付付點數爲 1710 點（1710 元），卵管結紮術（含膣式）爲 540 點（即 540 元）。而民國 63 年一碗陽春麵之價格爲 2.5 元，由此可知子宮切除的經濟意義（即使是給付較低的單純全摘除，也等於是 344 碗陽春麵，以今日陽春麵價格保守估計(40 元)，其價值約爲 13760 元）。不過，公務人員保險殘障給付標準第五十八條子宮切除一項於 1999 年取消，此舉乃是根據身心障礙者保護法之障礙等級標準，使得預防性的子宮切除不適用於給付原則。

然而，金錢是否真的是子宮切除浮濫的主要因素？問題在於，婦女爲何要接受子宮切除手術？我們不宜預設婦女會單爲錢而接受子宮切除。事實上，爲數不少婦女在手術前並不知道有各種保險給付的「福利」，而是在決定手術後，甚至是手術後才被告知可以申請給付（Wang, 2010）。由此可見，婦女爲財而接受子宮切除的推測，無法解釋子宮切除如何成爲普遍甚至浮濫的手術。要回答這個問題，我們必須要仔細考察與子宮切除相關的一些元素，包括所謂的子宮無用論及

子宮具有潛在的癌症風險的信念、婦女的身體歷史經驗（健康考量）、醫療軌跡等等。而就身體經驗這個面向而言，我們更要觀察個別婦女身體曾接受哪些醫療技術或是裝置藥物，如子宮頸抹片、子宮內避孕器(IUDs)。

3-1 子宮切除浮濫疑雲

如上述，當代子宮切除是僅次於剖腹產的手術，其中大多數是因子宮肌瘤之故，但是大部分的子宮肌瘤均爲良性，且在停經之後會隨之消失。如此，無子宮村的報導應如何解讀？將其與已知的調查研究對照，或許有助於此一現象的瞭解。子宮切除的爭議的癥結之一在於手術是否浮濫，而浮濫的認定又有其複雜性。目前有關台灣子宮切除的研究，大致上有兩種提問法：一是，台灣子宮切除率是否過高？其次則是，子宮切除是否浮濫（或是不當切除率爲何）？有些研究認爲與歐美相比，台灣的子宮切除率不算高（Chang et al, 1996）。至於地區的面向（如城鄉差異），有的研究指出都會地區切除率較高（張玨、張菊蕙，1995），而另外的研究則指出高屏地區子宮切除率最高，且子宮頸抹片及剖婦產率等亦較高 （鐘孝其，2003），但亦有研究指出嘉義地區子宮切除最高（羅季琼 1995）。至於不當切除率，根據一項 1997-1998 的研究，台灣爲 20.2%，而美國則是 16%，顯示台灣的不當切除較高 (Chao, 2005)。

若將這些正式知識併陳，我們即面臨兩個問題。首先，這些研究的結果彼此之間呈現了不一致性。其次，這些結果，與無子宮村的傳聞也不一致。這是因爲他們使用的研究方法、樣本或資料庫有別。由此可知，子宮切除是一個複雜的現象，而單靠量化統計或是與歐美比較，很難深入瞭解婦女的處境。因此，我們可以嘗試從瞭解不同時代的婦女的經驗著手，以便釐清這些問題。

3-2 女人子宮切除經驗及子宮的意義

高雄許女士（1951--）國中畢業即進入高雄某婦產科當護士（約 1967 年），根據她的說法，婦產科的院長夫人及其岳母都「沒有要生就把子宮拿掉」。岳母同時也是高雄市某政治領導人物(1898 年－1990 年)的妹妹，其夫亦爲醫師（開設壽山醫院），可謂醫師世家。院長夫人的手術由院長操刀，院長岳母的手術是誰作的則不知。她說：「她們是說沒有要生了就把子宮切除，然後切除就是會腰酸，她們就會來說腰好酸…那時候醫生的觀念就是沒有要生，那個東西就不用在哪裡，麻煩…」。院長夫人生完四個小孩之後，就馬上將子宮拿掉。醫生說「生兩對孩子，這樣可以了，他就說沒有那個比較不會麻煩，他說才不會在那裡作

病…」。不過那時候(1960s)，因此而拿子宮的雖有，但並不多。大多還是因爲子宮肌瘤之苦，而接受子宮切除。

許女士於 1993 年因爲月經來血流很多，去看醫生，醫生就說「你可以拿掉，你四十五歲勞保就不能領…」。年輕時在工作場所的見聞讓她覺得子宮切除似乎是個不錯的選擇，加上因爲她在某宗教團體當志工，覺得月經來很麻煩（指處理經血）。於是她接受子宮切除的手術，「拿出來的子宮還很健康漂亮，鮮紅色的」她回憶當時開刀住院，旁邊也有許多接受子宮切除的婦女，「生〔孩子〕的反而比較少」。但手術之後，她還被身邊的女性朋友責罵（女性朋友的責罵也反映了 1990 年代台灣婦女已經意識到子宮不應輕易被切除）。

苗栗劉大姊(1940--)，生完三個小孩之後，三十歲即因爲白帶太多，因爲聽說白帶太多將來可能會發展成癌症，於是主動要求婦產科醫師將其子宮切除。當時的婦產科醫師一開始拒絕她的要求「不要啦，還這麼年輕」，但是禁不起她的堅持，最後還是爲她進行手術。除了白帶的困擾及癌症的憂慮之外，劉大姊同時也很害怕再度懷孕。而她的先生對於生育之事，根據她所言「他不管這種事」，也就是說生與不生的責任都由劉大姊來煩惱。當時她在工廠上班，也無力照顧更多的小孩。

劉大姊的例子聽起來很令人訝異，就連當時的婦產科醫師也不能接受。追問她爲何會如此堅持，她仍不斷提到白帶的困擾，且表示當時同在工廠工作的女工都提及白帶與子宮癌的關係。而事實上，早在 1950 年代末，白帶與癌症的關係即已經在報端出現。

子宮出血白帶多 是子宮癌預兆
雖非絕症應及早治療 王春雄博士提出警告

省內有數的治療子宮癌權威醫師王春雄博士，昨日促請子宮出血，白帶過多的婦女，應特別注意。他說：這種現象，是息有子宮癌的前兆，依照研究資料以及臨床統計，中國婦女因子宮出血過多，而患有子宮癌者，佔百分之八二·五，白帶過多而患有子宮癌者，佔百分之七四·三。

他指出子宮癌症，以發生於梅毒，早婚，多產的婦女較多。在患有子宮癌的中國婦女四五九人之中，染有梅毒者佔一〇二人，即百分之二二·二。又子宮癌並非死症，主要在於能夠及早檢查與治療。按，王氏已以「關於中國人和日本人子宮癌的研究」為題，獲得日本九州醫學大學的醫學博士學位。【1959-04-17/聯合報/02 版/大眾生活】

屏東邱奶奶(1939--)長期受子宮肌瘤之苦，但是因爲檢查不出來，所以醫師

稱其爲神經質，連其夫也如此認爲。雖然邱奶奶的身體苦痛非常真實，但是卻因爲儀器檢查都未顯示任何異常，她的病痛遂被貶爲神經質。

「啊我先生呴，上班又忙，…他好幾次都說『醫師也講過妳那個是神經質啦』，我就流眼淚了，有一次就送他上班呴，不小心去碰到他的車子，跳起來，好痛，他說『怎樣？』，我說『碰到這個痛的地方』，他呢，忽然又跟你講一句『唉，神經質又開始了!』我看他離開了，上班了，我就流眼淚進來〔家中〕」。

但是其鄰居的太太，卻光用肉眼看就認爲邱太太肚子有東西：「邱太太、邱太太，你肚子那裏好像長一個東西ㄋㄟ」。邱奶奶在看遍所有屏東的醫師之後，最後在公保中心檢查出來，她說：「我高興的不得了！」因長期的腹痛及後來確認爲子宮肌瘤，邱奶奶後來接受子宮切除，之後她一直相當健康。

蘇奶奶(b.1931)停經一年前[ca 1980]，開始月經亂。

「我們（亂），也不是亂，日期是正確，可是一直不乾淨，一點點，一點點，拖了十天、十五天，啊我就去看婦產科，他〔醫師〕就跟我講我生了一個瘤，…要開刀，那個空軍醫院啊，…所以說那個，月經都不乾淨。我就煩腦死了，怎麼辦，啊我看我這樣愁眉苦臉，一個護士，…內科的護士，我的大姊的同學，…她說你幹什麼，愁眉苦臉的，…我就講給他聽，她這樣偷偷的講，你去多看幾家婦產科，…隔天我去高雄，公教的那個什麼健保中心啊，公保中心，看婦科。他〔醫師〕問說，你為什麼來，我說都這樣子不乾淨，他…那個醫生講我看厚，那個先生他給我開玩笑，最近頭要栓，栓不緊了啦，呵呵，啊這樣你聽懂嗎，就是那個水龍頭那個拴不緊了啦，…意思就是說那個子宮已經鬆了啦，…。啊我就跟他講說，可是我在屏東看厚，他說我生了一個瘤。他說，怎麼看的，是去照〔超因波〕的嗎？我說沒有耶，他也沒有給我照，他只是摸摸。他〔醫師〕摸得出來哦，實在是，…，沒有那回事啦。你這個藥吃吃厚，假如有好，那就是我的判斷沒有錯，假如沒有好你來我給你照照看這樣，那時候高雄的醫生這樣講，那個藥吃了就好啦。」（以上均摘錄自筆者國科計畫〈醫療技藝的性別政治：台灣戰後以來子宮切除史〉的訪談）

從蘇奶奶的經驗，我們可見有的醫師的確相當可疑，幸好是那位很機警的護士適時的提醒，及後來的醫師的適當診斷（更年期常見的現象），否則蘇奶奶或許就因此而接受子宮切除。

有些醫師，如同蘇奶奶的第一個醫師，將子宮切除視爲稀鬆平常的事，而他們常用的說法即是，「子宮」（有時包括卵巢）只是生小孩用的，或是有瘤就切子宮。我們從下面雜誌報導的例子，亦可以看到。

〈當醫師要拿掉你的子宮時〉（康健雜誌 29 期，2010 年四月）

蔡小姐的母親在 42 歲時〔ca 1990 年代〕，因為白帶量增多，至嘉義某家婦產科就診。發現子宮裡有個桔子般大小的肌瘤，醫生說必須開刀切除，沒想到手術後才知道切掉的不是肌瘤，而是子宮、輸卵管、卵巢都被拿掉了。

她大哭，問醫生「為什麼把我的子宮和卵巢都切掉？」「難道妳有要再生小孩嗎？不生，那留著做什麼？」這位二代相傳的名醫以理所當然的口吻應道。

「當時媽媽根本不敢告訴爸爸她的子宮沒有了，雖然已是 20 年前的事，但每次提起，她還是很傷心」蔡小姐心疼地說。

從以上幾個不同時期的婦女的子宮切除經驗，有以下幾點可以注意。

從歷史的角度看來，對於許女士而言，年輕時（即 1960 年代）所理解的子宮切除是少數現代進步菁英婦女的特權，多多少少影響她日後也認爲這是一種解決困擾的手段。而這些以手術作爲處理問題（節育與疾病）的手段，在當時雖僅止於少數人，卻帶有積極進步的意義。

而苗栗劉大姊的決定，其背後的重要關鍵在於癌症風險觀及其他的困境，是結合了白帶的困擾（異味）、癌症的恐懼（如 1959 年婦產科醫師於報端警告婦女白帶太多可能是癌症的預兆），與生育控制的無奈處境。邱奶奶則是長期的腹痛所造成的問題，而當時因爲診斷技術的侷限使得她的問題遲遲無法獲得改善，也顯示病人本身身體經驗未被正視，甚至被身邊的親人視爲神經質。只有蘇奶奶的例子符合了一般媒體所報導的子宮切除的印象，即不法貪財的醫師。然而，蘇奶奶很幸運地能夠倖免於一刀，而此一方面要歸功於機警的護士，一方面也顯示並非所有的醫師都唯利是圖。

從這些故事中，我們也可以發現，子宮無用論時常浮現（1960 年代的菁英婦女、婦產科醫師的說法），但是在婦產科醫師的說法是「無用」，對於個別的婦女則是生育控制的困難，尤其是在過去生育控制的責任完全落在女人身上及節育方法的有效性與可近性仍不足的情形之下，生完小孩之後子宮「無用」當然多多少少有其說服力。而此一身體處境，與台灣於 1960 年代至 1970 年代之際的社會變遷有密切關係，它涉及了生育控制的重要性的興起、同時卻還相當困難及婦女外出工作的育兒問題等等。

同時，子宮的意義隨著個別女人的處境而浮動。我們至少可以觀察到兩種競爭的子宮的意義，其一是子宮無用且有致癌風險，另一則是子宮是女性特質與認同之所在。在所謂子宮無用論及子宮有致癌的可能性的觀點之下，子宮的唯一任

務是孕育小孩，如果已經完成生育，就形同無用之物，且還帶有癌症的風險。如此，子宮不僅無用，甚至還構成潛在的生命威脅。

此一觀點的來源爲何？自 1950 年代末期以來，美國有一派手術導向的婦產科醫師即主張，若對婦女施行結紮手術（輸卵管）卻又留下子宮，是相當「不合理」的(Wright 1959)。隨後又指出，完成生育任務的子宮不但是無用的，還會流血，甚至具有威脅生命的潛在可能性(Wright 1969)。根據此一觀點，若於施行結紮手術時也將子宮切除，則婦女不但可免於懷孕的恐懼，亦可免於癌症的風險，可謂一勞永逸（輸卵管結紮是當時相當普遍的節育手術）。這個主張持續盛行於 1960 年代美國，子宮切除在美國數量亦隨之大增，直到 1960 年代末來自婦女健康運動的批評，加上社會對於過度醫療化的反省，子宮切除手術的趨勢才面臨些許的壓力與約束。1990 年代的美國婦產科醫學論文已經正式駁斥預防性的子宮切除的正當性(Bachmann 1990)。1960 年代以來，台灣醫界也普遍持有子宮無用及具有威脅生命的潛在可能性的說法，且至今仍然相當普遍（2010 年筆者曾經於一個兩三百人的醫療相關會議中，親耳聽到某醫師重複如此的觀點）。

自 1980 年代末以來，批評子宮切除不當的聲浪中，許多人援引了子宮是女性特質或是認同的重要器官的觀點，用以反對手術導向的子宮無用論。1989 年，溫小平出版了小說《失去子宮的女人》，其中描述一位外遇第三者的女人，希望透過生小孩來維繫婚外情，但是與其交往的已婚男人卻與婦產科醫師共謀，在女主角不知情的狀況下將其子宮切除，使其無法生育，以絕「後患」（即外遇女人利用生育來爭取名份或是財產）。此故事中彰顯的男性父權的共謀，具有高度象徵意義，其中也顯現子宮及其功能與意義，不僅與女人的社會處境及性行爲的管控密切相關，也代表的女人特質。此一子宮的有無等於女人的特質的看法，也出現在另一個特殊的脈絡。2000s 年代，台灣醫界亦曾企圖促成立法，規定由女變男的變性人，必須得切除子宮與卵巢，才能完成變更身份性別，但此舉引起民間跨性別組織的抗議而中止。

值得注意的是，女性特質或認同的觀點，是 1980s 年代之後較爲常見的說法。我們若將之與各種保險條例中的殘廢定義比較（即 45 歲以下喪失生育力的女性爲殘廢），兩者可以說是同中有異。自 1950 年代末以來的勞工保險條例，其條文的關鍵意義是生育能力。而 1980 年代以來的女性特質與認同的觀點，除生育能力之外，則涵蓋更多的內容，包括脾氣、行爲、女性性徵與性功能等等（例如子宮切除之後會變得陰陽怪氣的說法）。所以，我們可以說 1980 年代之後，子宮的意義不但有了轉化，也更加擴充。

問題討論 8-1

◆ 本文的閱讀材料性質不盡相同，這些不同材料中，子宮意義爲何？~~是否相同？~~比較他們的相同及相異之處？

問題討論 **8-2**

【學術研究】子宮與女性特質：女性主義論述下的子宮與子宮切除術

由於國內女性主義者在探討子宮切除術時，目的在關心女性身體是否有被過度醫療化的現象，因此將砲火對準西方醫療專業，我相當贊同女性主義者的關注，但認為，女性主義者若太急於駁斥西方醫療論述，反而造成自身論述上的困境。以現有的研究來說，至少呈現出女性主義者將女性視為受害者、病理化切除子宮的女人身體、與同質化切除子宮的女人與其經驗。

由於關注子宮切除術盛行率逐年升高的成因，張菊惠等人（1998）將研究焦點放在手術前醫生告知的內容，認為可以從醫病互動中看出端倪，最後張菊惠認為醫病關係不對等、醫師避重就輕提供術資訊、病人順從醫師意見...等，是造成不必要的子宮切除的可能原因。基本上我同意醫病權力關係的不平等，可能造成一些不必要的子宮切除手術發生，但由於張等人是將研究聚焦於分析醫生告知了哪些內容，而非婦女本身的經驗，因此只能瞭解在手術前，醫生告訴了婦女哪些關於手術的資訊，卻無從得知婦女在決定手術前考慮了哪些事。因此，當研究資料顯示在醫生告知手術內容不全下，婦女依舊滿意醫病溝通，張等人只好訴諸「醫療太過權威、女人太過順從」來解釋此現象，認為婦女在醫病互動中只能絕對順從醫囑。

這樣的推論方式，預假了女人面對醫療體制時，是毫無反抗能力、被動順從的受害者，忽視了女性主體在醫療決策過程中的能動性。結果是將切除子宮的婦女建構為西醫手術台上的待宰羔羊，而子宮切除手術則是醫生手上的工具，用來宰制女人的身體。....

我認為，這是因為女性主義者為了要和西方醫療抱持的子宮無用論對話，因此企圖證明子宮切除術不像是一般的手術，女人除了在生理上需要調適，還有可能造成心理與社會適應的困難，希望藉此讓西方醫界正視，子宮切除術並不只是影響女人生育能力，還會為女人帶來心理社會適應的問題。我同意子宮切除女人會需要心理社會調適，也同意女性主義者企圖說明，子宮切除術並不如醫療論述下呈現的，一定能為婦女帶來解放，但是我認為若只關注於女人的負面經驗，會帶來一些問題，除了繼續深化「子宮切除術是殘害女人的工具」，而且就如同醫療論述，是把切除子宮女人的身體病理化為疲勞、情緒不穩定、失眠、憂鬱...等症狀，最重要的是，這樣的論述方式忽視了不同的女性主體，會經歷相當異質的子宮切除經驗，從張玨與張菊惠的研究數據中，至少就呈現子宮切除後的女性，有近五成會有「症狀沒有了，感到輕鬆」、「沒有月經，行動方便很輕鬆，不用再換衛生棉」...等正面經驗，而不只是憂鬱焦慮失去女性特質，或是性生活發生困難。

除了將切除子宮的女性經驗同質化為負面感受，女性主義者也忽視切除子宮的女人是相當異質的。在現有的研究中，切除子宮的女人被呈現出單一的形象--中年、已婚、有生育經驗的異性戀婦女，雖然一些量化的數據中，會看到不同主

體位置的女性，但都不是研究者關注的對象，也不加以討論，這些女性的經驗等於是被消音。〔摘錄自簡至潔（高醫性別所碩士）〈誰的子宮、什麼經驗？—台灣醫療論述與女性主義論述下的子宮切除術〉，發表於第六屆性別與醫療工作坊，台南成功大學，2007〕

◆ 根據上面幾個~~的~~女人經驗與故事，不同的女人與她們的子宮的關係爲何？~~（~~根據簡至潔研究，是否每個女人都將子宮視爲女性特質的關鍵器官？~~）~~

3-3 手術作爲進步的象徵與癌症的風險

子宮切除手術對於 1950-60 年代的美國醫界而言，是現代醫療進步的象徵。而台灣自戰後以來，由於美援的資源與管道及冷戰等種種因素，在醫學方面緊緊追隨美國的腳步，台灣醫界也採取如此的態度。不過，僅有此態度也不至於造成子宮切除的普遍。如上述，戰後初期子宮切除仍僅限於癌症治療或是其它危急的狀況（如生產時子宮破裂）。若要婦女能夠接受子宮無用論及子宮可能危及生命的說法，其關鍵在於婦女也要有節育的欲望及熟悉子宮癌症的知識。

1960 年代以來的家庭計畫可說是相當重要的背景因素，而其重要性在於強化了節育的欲望及各種節育方法的使用。在家庭計畫之前的年代，除了少數菁英婦女之外，大多數婦女都是生到不能生育爲止。家庭計畫注入了有關生育的理性思維，人們開始思考並計畫「理想」的子女數，並採取各種節育的手段。其中，輸卵管結紮手術佔有相當高的比例（輸卵管結紮在中國大陸 1980 年代之前也是首要的人口控制手段，普遍施行於已經生育有兩子的婦女。）而此又與子宮切除往往具有合作的關係。接受輸卵管結紮的婦女，有人在日後因爲懷疑手術部位水腫或是腹痛，進而接受子宮切除，後者甚至被視爲是一舉兩得的選擇（避孕加防癌）。在此脈絡之下，又尤其當男性可以理所當然地將自己置身於生育控制一事之外時，管理子宮遂成爲重要的問題。

根據二十世紀初期以來的醫學文獻，子宮頸癌一直是名列中國及台灣婦女癌症的首位（Yeh, 1954）。1968-1969 的世界癌症統計中，台灣女性的子宮癌（包括子宮頸癌）死亡率仍然是女性癌症最高者，且排名全世界第十名（周碧瑟，1976）。1950 年代，雖然子宮切除並不如今日常見，但是它已經是處理子宮頸癌的重要手段，而在 1974 年台灣開始有大規模的子宮頸抹片檢查之前，大部分的子宮頸癌病例於發現時往往已有相當的發展，也因此造就了婦產科名醫徐千田的子宮根除術的成就（傅大爲，2004）。

1974 年起，中華民國防癌協會開始於全台施行大規模子宮頸抹片是另一與子宮切除密切相關的歷史發展。子宮頸抹片檢查規模之大，曾一度一年內檢查四萬婦女（舟凌，〈防癌八號分機：我們要您眼看著癌症絕滅！訪中華民國防癌協會周碧瑟女士〉，《台灣醫界》1976, p. 22），到 1977 年時已經宣布突破五萬五千例抹片。

爲了促使個別婦女能夠接受令人不愉快抹片檢查，防治策略往往訴諸灌輸女人對於癌症與死亡的恐懼。例如，當時號稱首部防癌影片即命名爲〈生死之間〉，而影片的介紹：「在序幕上，首先出現一個患了癌症的婦女，她垂頭喪氣地在通往公墓的一條山道上躑躅著，緩步上懸厓高處，正欲捨身自盡時，突然爲過路的一輛防癌巡迴車所吸引，她終於從死亡的邊緣被救出來」。（《台灣醫界》，19/1976，p. 36）影片所塑造的生死恐懼，加上採用知名影星，目的在於個別婦女心中留下深刻的印象。此一影片的放映，據說是防癌最受歡迎的活動，吸引了許多偏遠地區的民眾觀賞。

恐懼的傳播似乎有其兩刃性；推動防癌者的目的在於讓婦女接受抹片，但是適當與過度反應之間往往只有一線之隔，因爲兩者均建立在同樣的基礎上（對死亡的恐懼）。根據周碧瑟的觀察，防癌措施中有兩種現象，一是合作的病人，另外是不理不睬者。而願意合作者：「但過於緊張…收到我們的通知，立刻有反應，但是，她們卻有一種『離死期不遠』的錯誤觀念，引起精神上很大的困擾。」（周碧瑟，1977，頁 29）或許這個反應不是防癌措施的原意，但是防癌活動中所形成的恐懼則是相當明顯可見。對於這些恐懼害怕的婦女，防癌單位所採取的態度是貶抑的：

> 有一個病人，抹片檢查結果為第三級（class III），切片結果只是子宮頸糜爛，她不放心，連找三家醫院切片檢查，結果都是一樣，不是癌症。照理說，她應該感到高興才對，事實並不，她天天吃不下飯，睡不著覺，心中總是籠罩著很深的陰影。她說，當她收到防癌協會通知她有嫌疑時，已下了很大的勇氣，作好心裡準備，一旦切片結果是癌症，立刻開刀。可是，切片結果不是癌症，反而令她困擾，她竟強調「不如患癌症，將子宮切除掉，來得痛快。」看來她目前需要治療的病，不在子宮癌，而是心理上的毛病。（周碧瑟，1977，頁 29）

從防癌措施的脈絡來看，此例不正顯示防癌意識相當高漲嗎？雖然顯得相當極端，但是我們可以從中看到對癌症的恐懼與子宮的去留存在著高度相關性（與上面的劉大姊的故事非常相似）。其次，還有抹片結果解讀的問題：因爲發炎所造成的可疑檢驗結果，雖注記爲進一步檢查，有些人卻因爲癌症的恐懼，而乾脆接受子宮切除。最後，檢查結果的準確度的說明也相當有限，尤其涉及僞陰僞陽時，個別婦女未必知道其中的差別，也不見得能夠得到適切的解釋與諮詢。

從 1964 年以來的家庭計畫乃至 1974 年以來的子宮頸抹片推廣，我們可以看到子宮逐漸地變成一個需要被除去的後患，而此即是子宮切除史中重要的一環。在二十一世紀的今天，子宮切除是僅次於剖腹產的婦產科手術，若我們僅就當代

的條件來觀察，似乎很難理解子宮切除是如何走到如今的地步。追溯歷史，我們可以瞭解子宮切除如何從治療手段變成既是治療更是預防的手段。

最後，一個實務問題：到底誰需要子宮切除？這是一個具爭議的問題。如果子宮切除的建議是來自於醫療工作者，那麼以下幾點值得注意。1990 年代的美國婦產科學界明白指出預防性的子宮切除（即以子宮無用論或是認爲子宮將來會有癌症的風險作爲理由）是不恰當的。某些子宮肌瘤會造成大量出血或是疼痛，若無其他更好的處理方式，子宮切除確實是解決問題的方式，也可以改善生活品質。假若婦女無任何問題卻主動要求子宮切除，那麼醫療人員有需要深入瞭解其中的理由，在充分告知各種資訊與手術風險之後，尊重個別婦女的選擇，且不宜將子宮的有無作爲是否爲女人的定義依據。此外，個別婦女應該多方徵詢醫療建議，避免接受單一位醫師的建議而進行手術。

問題討論 8-3

- ◆ 訪問幾位子宮切除女性的經驗，並練習分析該經驗的各個面向。（如何權衡與決定，相關知識的多寡程度及她們對子宮的看法？）
- ◆ 據研究，許多醫師在建議女人接受子宮切除時，多採用「生完小孩之後，子宮就沒用了」及「留著可能會有問題」。就你所知，其他醫療行爲有沒有類似的例子？試比較之。

四、 結語

子宮切除的議題有許值得探討的面向，包括醫療給付的機制、醫療管控機制的有無健全與否（尤其是病理檢驗的功能）、婦產科知識中的子宮、個別婦女的身體處境及其與其子宮的關係等等。種種歷史因素使然，包括各種行之有年的保險制度給付方式、婦產科對於女性身體的看法（如子宮無用論與子宮有癌症的嫌疑）、手術技術的進步與盛行，病理檢查未能有效發揮管控的功能等等，子宮切除在台灣短短三、四十年之間，從早期處理疾病或是其它適應症的方式，變成相當自然而常見的一種手術，已經不再限於疾病或是緊急狀況的措施，包括許多「健康正常」的子宮。

就醫療保險制度而言，各種與保險制度（如勞保、公保、農保、軍保）均訂有相關法規將子宮切除後的女人視爲一種殘障而給予給付，雖然後來這些保險制度都陸續有所修改，但是當人們論及子宮切除浮濫問題時，保險給付向來是重要的背景。然而，保險給付在女人接受子宮切除一事中，到底扮演了什麼角色？想

當然爾地將經濟視爲是一切事物的主導力量，將會使我們難以看見知識、技術與社會的交織情形。

單是經濟動機很難解釋我們所觀察到的現象。例如，有些女人顯然並不需要錢（雖然金錢「補償」對很多女人的確有些作用），某些醫師也不見得僅僅爲錢而施行子宮切除手術（例如 1960 年代那些爲自己家中女人手術的醫師）。因此，我們需要深入某些醫療實作(medical practice)歷史性的累積來理解。觀察子宮切除手術的歷史演變，我們可以初步瞭解子宮切除並非一開始即是與經濟利益密切相關。若非某些深植於醫療文化中的操作方式與慣性，子宮切除不會變成如此普遍與稀鬆平常。

在知識的面向上，自從 1950 年代末以來，在子宮無用論的邏輯之下，子宮切除成爲醫學進步的象徵，因爲它「免除」了女性懷孕與癌症的恐懼。如此看待女性的身體器官，是此一事件中相當關鍵的醫療知識性別問題。當然，就跟任何手術一樣，子宮切除並非必然有問題，重點在於醫療措施是否立基於充分而合理的考量。有人辯稱子宮切除並不會危害生命，但是如此的說法，並不具說服力。此外，子宮切除的決定往往是建立在資訊不對等的基礎之上：許多醫師只告知婦女子宮切除的好處或福利，並未告知切除之後的可能問題（如手術的風險與後遺症），更不用說子宮切除以外的選項。

就個別子宮切除的女人而言，她們的考量有諸多可能性。其中包括過去避孕困難的問題及畏懼懷孕（生了數個小孩之後）等問題。上面提到的癌症恐懼也是相當普遍，例如，有的婦女因爲聽說白帶多可能會是癌症，而主動要求切除子宮。也有婦女因爲子宮切除的附帶福利——從此自婦產科「畢業」，即不需再到婦產科門診——，而視子宮切除爲可接受的福利，顯示不少女性視婦產科檢查爲畏途。上述這些對於婦女而言，都具有切身的重要性，我們應認真對待，不可以輕言貶抑。

最後，對於子宮切除氾濫的批評，往往很容易落入將子宮視爲是女性特質的主要生理基礎，本質化且生理化女性之所以身爲女性的基礎。如此一來，雖然與 1950 年代以來的子宮無用論與子宮病理化的婦產科學有所不同，但卻又將所有女人同質化，而忽略了不同位置的女人與子宮的關係不盡然相同的事實。

問題討論 8-4

- ◆ 搜尋有關子宮切除的後遺症風險報導，並討論之。
- ◆ 如果有一個女人，並無充分醫療理由，卻因經痛的困擾而主動要求子宮切除，若身爲醫護人員，應該採取什麼樣的態度？可以作些什麼？
- ◆ 針對閱讀材料中可見的幾個不同情況的實例，若你身爲專業人員，你可以給什麼樣的建議？醫療體系應提供什麼樣的資訊？

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國科會補助計畫衍生研發成果推廣資料表

日期:2011/12/08

國科會補助計畫	計畫名稱: 醫療技藝的性別政治：台灣戰後以來子宮切除史，1950s-2008
	計畫主持人: 王秀雲
	計畫編號: 98-2410-H-037-012-MY2　　學門領域: 性別研究

無研發成果推廣資料

98 年度專題研究計畫研究成果彙整表

計畫主持人：王秀雲	計畫編號：98-2410-H-037-012-MY2
計畫名稱：醫療技藝的性別政治：台灣戰後以來子宮切除史，1950s-2008	

成果項目			量化			單位	備註（質化說明：如數個計畫共同成果、成果列為該期刊之封面故事...等）
			實際已達成數（被接受或已發表）	預期總達成數(含實際已達成數)	本計畫實際貢獻百分比		
國內	論文著作	期刊論文	0	0	100%	篇	
		研究報告/技術報告	0	0	100%		
		研討會論文	1	1	100%		
		專書	0	1	100%		
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（本國籍）	碩士生	3	3	100%	人次	
		博士生	0	0	100%		
		博士後研究員	0	0	100%		
		專任助理	1	1	100%		
國外	論文著作	期刊論文	0	1	100%	篇	
		研究報告/技術報告	0	0	100%		
		研討會論文	1	1	100%		
		專書	0	0	100%	章/本	
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（外國籍）	碩士生	0	0	100%	人次	
		博士生	0	0	100%		
		博士後研究員	0	0	100%		
		專任助理	0	0	100%		

其他成果 (無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)	部分成果撰寫成教案《護理與社會》，可以將人文社會思維帶入醫護領域。

	成果項目	量化	名稱或內容性質簡述
科教處計畫加填項目	測驗工具(含質性與量性)	0	
	課程/模組	0	
	電腦及網路系統或工具	0	
	教材	0	
	舉辦之活動/競賽	0	
	研討會/工作坊	0	
	電子報、網站	0	
	計畫成果推廣之參與（閱聽）人數	0	

國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

■達成目標

□未達成目標（請說明，以 100 字為限）

□實驗失敗

□因故實驗中斷

□其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文：□已發表 ■未發表之文稿 □撰寫中 □無

專利：□已獲得 □申請中 ■無

技轉：□已技轉 □洽談中 ■無

其他：(以 100 字為限)

除了於 2010 年東京的 4S 年會上發表論文之外('Hysterectomy in Three Keys: The 'Uterusless Village' as Rumor, Experience, and Knowledge in Taiwan, 1950s-2000s,' August 25-29, 2010, The 35th Annual Meeting of the Society for the Social Studies of Science (4S), Tokyo University, Tokyo)，部分研究成果也撰寫成教案，〈子宮切除的歷史——醫療知識、性別、與女人的經驗〉收入盧孳豔、蔣欣欣、林宜平編《護理與社會：跨界的對話與創新》台北：群學出版社，2011 年 12 月。

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以 500 字為限）

1. 在學術成就方面，子宮切除歷史的研究顯示，單是經濟動機很難解釋我們所觀察到的現象。例如，有些女人顯然並不需要錢（雖然金錢「補償」對很多女人的確有些作用），某些醫師也不見得僅僅為錢而施行子宮切除手術（例如 1960 年代那些為自己家中女人手術的醫師）。因此，我們需要深入某些醫療實作(medical practice)歷史性的累積來理解。觀察子宮切除手術的歷史演變，我們可以初步瞭解子宮切除並非僅與經濟利益密切相關。若非某些深植於醫療文化中的操作方式與慣性，子宮切除不會變成如此普遍與稀鬆平常。

2. 在撰寫教科書教案的過程中，與在許多教學工作坊中得以與醫護專業人員討論，