

INSTITUTE OF CURRENT WORLD AFFAIRS

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ARD-12.
Sick Men of China.

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Mr. Richard H. Nolte,
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366 Madison Avenue,
New York 17, N.Y.

Dear Mr. Nolte,

One of the mild surprises of my stay in China was being told that the habitual and contemptuous references to the Chinese Empire as the "sick man of Asia" on the part of Western imperialists arose not, as one might suppose, because the imperialists saw themselves or their rivals as impatient heirs round the bed of a dying man, but because so many of the Chinese people were, in fact, at that time sick. Doubtless one could expand on the unsuitability of the original metaphor for translation into Chinese - whether because of the unfamiliar endowment of the State with figurative personality or because of the shocking assumption of such unfilial cupidity among a sick man's successors. The point of the remark, however, - it was made by the secretary of a workers' sanatorium - was to emphasize the enormous progress made since then in combatting disease and poor sanitation.

Much has been written of the various public health measures of the Chinese government in the last sixteen years, and undoubtedly great strides have been made since then, some of them promoted by such vigorous, short-term campaigns as the drive against flies. One should not forget, of course, the not inconsiderable achievements of the various bodies and individuals, both Chinese and foreign, who laboured to introduce modern Western medicine into China before 1949, though their praises are with a few exceptions unsung by the present government. An apparent pride in the achievements of preventive medicine (on the part of the tourist guides at least) and the general cleanliness of the cities are certainly new, as, no doubt, are the clinics and medical centres one sees in every school and factory. My own most vivid impressions of what the Chinese refer to as "medical and health work"; however, came from three specific visits I made - to a small hospital (the outdated English term "cottage hospital" comes to mind) in a rural commune near Canton, to a workers' sanatorium near Hangchow, and to a teaching hospital in Nanking.

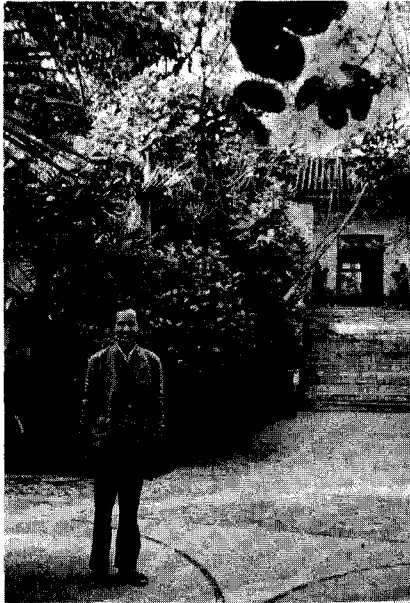
The Hsinch'iao People's Commune, in the suburbs of Canton, is a community of about 48,000 people, or 11,000 families, living in seven not very compact villages. In the words of the young woman cadre who showed a small group of us round, the health of these people had, since Liberation, become the concern of fourteen clinics and two comprehensive hospitals with 82 beds between them. Serious cases needing treatment beyond the capacity of these small hospitals had access to the city hospitals of Canton. The medical staff of the Commune consisted of forty-two doctors, of whom about half were trained in Western medicine (though to what standard or for how many years I had no opportunity to enquire) while the remainder were practitioners of the traditional Chinese healing arts - bone-setting, herbal physic, acupuncture and moxibustion.

Our visit to one of the comprehensive hospitals took about ten minutes. We were greeted by the director, a middle-aged man, outside a series of simple, one-storey buildings surrounded by palm trees and exotically flowering shrubs. As one should perhaps have expected, the hospital was a fairly primitive place. The wards, small rooms about twelve feet square, held three or four patients in beds or bunks. There was little or no other furniture in these rooms. I was much struck by the odd postures adopted by the patients, few of whom lay in bed in the Western manner; most crouched or squatted on the bed with the blankets wrapped round them.

We saw an acupuncturist at work, and were also shown a small and rudimentary pathological laboratory, and an X-ray theatre, where an elderly-looking machine for taking chest X-rays was pointed out as being made in China. There was a strong smell of carbolic everywhere.

I asked whether the patients were kept occupied in any way while they were in hospital; was there a library for them, for example? My question was misunderstood. After assuring me that no one had to work when they were sick, the director showed me with some pride his small reference library of medical books and journals.

Perhaps the most impressive feature of this little hospital was the maternity wing, into which considerable effort had clearly gone. The atmosphere was certainly much more cheerful than that of the other wards. The head midwife showed us a lecture-room and told us that great emphasis was laid on education in respect of both maternity and birth-control. I noticed some very well made diagrams and plastic three-dimensional models provided as visual aids for the lectures.



The Director outside
the Hsinch'iao Commune
Hospital.

For all its simplicity, though, a hospital of this sort, dispensing some Western, some Chinese treatment in a rational way and in hygienic surroundings stands for something quite new in the countryside. Very few rural communities in pre-war China can have had even a taste of Western medicine. If typical of commune hospitals in general (and although the Hsinch'iao Commune as a whole was something of a showplace, I think, I doubt whether the hospital was) then it represents a considerable achievement in the extension of medical facilities in the countryside.

A few days later I was taken to visit the Ping Feng Shan Sanatorium in the delightful wooded hills to the west of Hangchow. Hangchow, a beauty-spot ever since it was the capital of the Southern Sung emperors

in the 12th and 13th centuries, is now a favourite site for sanatoria and convalescent homes, some of which occupy the former villas (if that term can properly convey their extraordinary, partly Chinese dialect of 20th century style) of an earlier generation of industrialists and politicians. The Ping Feng Shan Sanatorium, however, had been specially built for the purpose in 1954, the building having taken under a year. I was received by the secretary, Mr. Ch'en, who told me he had been sent to help in the running of the Sanatorium by the headquarters of the Shanghai General Trades Union. In his late twenties or early thirties, Mr. Ch'en was clearly, as I discovered from a subsequent long conversation on international politics over tea, a man of considerable intellectual ability, and his eagerness to sharpen his ideological claws on a willing foreigner might lead one to suppose that he was somewhat restless in his present rather quiet assignment. It may be, though, that the quality of the man was a measure of the light in which his job was viewed, for there were indications that a good deal of attention was paid to the ideological as well as the physical health of the Sanatorium's inmates.

Mr. Ch'en said that the Sanatorium, which occupied 7,600 square metres, had 870 beds, of which 250 were reserved

for workers who just needed a rest, while the remainder were for people who were really ill. The Sanatorium, which was owned and managed by the Shanghai General Trades Union, only received workers from Shanghai, I was told, though they might come from any industry or profession, and it did not matter whether they worked for the State or for a co-operative. "We only receive workers suffering from non-infectious chronic disease, for example arthritis, anaemia, neurasthenia, hypertension and post-operative conditions. Our medical work is a combination of European and Chinese treatment. We adopt physiotherapy, hydrotherapy, electrical, light and paraffin treatments. We have also used Chinese treatments, massage, gymnastics and so on with great success." There were twenty-six Western-trained doctors on the staff, and four Chinese doctors; the whole staff totalled 270.

The Sanatorium appeared to be in two parts. I was shown over a single building situated on top of a hill, surrounded by gardens and shrubberies. It seemed that it was reserved for the workers who were just there for a rest. At the foot of the hill were several other blocks which I was not shown, and as I saw no sick people during my visit, I imagine that they were housed in those blocks.

Mr. Ch'en told me that they had a restaurant, a hall for physiotherapy, six rest rooms and many treatment rooms in the part which I was to see. There was also a recreation hall, where films and opera performances could be given. Other recreational facilities included trips to see the sights of Hangchow for those who were fit enough. Each week, too, a meeting was held to welcome new arrivals, and there were send-off meetings when patients departed, usually after an average stay of eight weeks.

Those workers who just came for a rest spent much of their time sightseeing. Mr. Ch'en emphasized that the Party and Government showed great concern for the workers. In answer to my question, he said that the workers' rest programme was a sort of reward or encouragement for working well. Those who came had the permission of their fellow workers to take a rest if they had worked hard enough. Each year every worker had a thorough physical check-up. If signs of stress were spotted, the worker might be sent to Ping Feng Shan, but the decision was made by the Union, and in the last analysis, by the workers of the particular factory or other group. Those who were not advanced or model workers would have their convalescence at home or in the factory's own sanatorium. (It is perhaps worth noting that preferential labour insurance benefits are expressly sanctioned for "All model workers or model staff-members... and demobilized

army combat heroes" by Article 19 of the Labour Insurance Regulations, 1953.)

It was at this point that we differed over the expression "sick man of Asia"; I suggested that the important thing was that China had now cast off the title, whatever it might have meant. Mr Ch'en, not a man to concede the last word, said yes, this was because the poor health of the workers under previous regimes was a thing of the past; since concern had been shown for the workers' health, too, output had risen greatly. The Sanatorium represented part of the progressive carrying into effect of the Labour Insurance Laws. The administrative costs came out of labour insurance funds. The inmates of the Sanatorium, who all continued to receive full pay while they were there, had only to contribute half of the fare from Shanghai and half the cost of their meals. Mr. Ch'en explained that running such institutions as the Sanatorium would only account for a small proportion of the labour insurance funds, most of which were allocated to benefits for old age, disability, infirmity or illness, maternity and death. The funds themselves, as provided by law, were raised by collecting from each enterprise a sum equivalent to 3% of the total monthly wage-roll. A further sum equal to 5% was collected to finance medical treatment for industrial workers. Neither of these sums were actually deductible from the wages paid.

We toured the block, which seemed almost deserted, most of the resting workers having gone to enjoy themselves on the West Lake. The building was very well constructed and fitted, by Chinese standards, and the furniture was solid and comfortable. In one of the sitting-rooms an elderly man was eating a solitary meal; rather unexpectedly he rose to his feet and left the room, carrying his food. We went into a bedroom, where a younger man was making some very attractive miniature landscapes in large bowls - a traditional pastime. Further on was the large hall for entertainments and meetings. It was elaborately fitted up with a stage and a curtained proscenium for operatic performances, but on this afternoon it was being prepared for a political meeting, with large photographs of the national leaders hanging at the back of the stage in place of scenery.

After peering briefly into a well-equipped barber's shop, we came upon two more workers who had apparently opted out of the tour to play billiards. They very good naturedly insisted on my joining them for a couple of breaks. My quite undeserved and unexpected success probably strengthened my capitalist image in their eyes, for although one sees quite a number of billiard tables in China, they all have a very pre-Liberation look about them.

Next I was shown the therapeutic department. An excellently equipped gymnasium, massage rooms and a room for paraffin-wax treatment seemed usual enough. There were special rooms with cubicles for acupuncture and Chinese bone-setting, the walls hung with strange para-anatomical diagrams. A number of rooms contained curtained beds and a variety of electrical gadgets described as light, high and low frequency radiation, shortwave and X-ray machines. Most of these were said to be used largely for treating "neurasthenia", as was an electric sleep-inducing apparatus. Passing a number of orderlies who seemed to be having an easy afternoon, we came to the pièce de résistance, the hydrotherapy room. Round the walls, which were faced with glittering white tiles, were a whole range of baths and cubicles, fitted with various specially shaped douches. In the middle of the tiled floor stood a console with an assortment of gauges and large taps, all of which were very solidly made in the sort of dull German silver finish that one associates with luxurious old hotels and barbers' shops. The entire apparatus would have made an excellent illustration for a nineteenth century Western textbook of psychiatry.

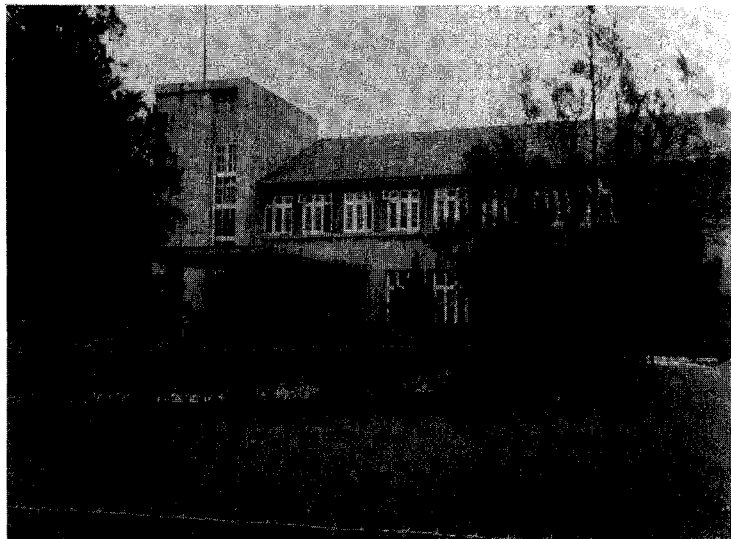
As some very high pressure hoses were demonstrated, I asked which diseases responded to hydrotherapy, to be told again that it was largely used for "neurasthenia". "Neurasthenia" was chiefly encountered among mental workers, Mr. Ch'en said. I asked him whether psychiatric patients ever came to the Sanatorium, but it appeared that he had never had any experience of such cases at all.

Perhaps fittingly, our tour ended at the big hall, where seats were still being moved in readiness for the meeting. The Chinese make no secret of their belief that mental health is largely synonymous with ideological health, and although psychiatry is not an unknown discipline, it is said that in the ideologically advanced climate of the new China cases of mental illness are few and far between. It would be interesting, then, to know just what is subsumed under the apparently wide and important rubric of "neurasthenia", a term not now much used in the West.

My third visit was to a very different institution, the Kiangsu Provincial Workers' Hospital in Nanking. I was received there with the greatest courtesy by Dr. Chang, the director, who turned out to be an endocrinologist. Obviously a very busy man, Dr. Chang gave up a lot of time to show me round, answering my often ignorant questions with great patience and, as is the sometimes embarrassing custom in China, asking constantly for my criticisms and suggestions. Without, as I hoped, seeming to condescend by my silence, I withheld comment on the grounds of lack of medical knowledge, for it is extremely difficult to order one's impressions of such a tour; the comparisons I was obliged to make with the English hospitals I had seen before were in many



Two views of the
Kiangsu Provincial
Workers' Hospital,
Nanking.



ways irrelevant, for the economic and, perhaps, the technological gap between China and the Western countries is still too great to make them meaningful.

Dr. Chang said that the hospital had been founded in 1951 as the Nanking Municipal Workers' Hospital. It had started on a small scale with only 80 beds and a daily load of about a hundred outpatients, but after rapid growth in 1952 and 1953, there were now some 500 beds and a daily flow of 1800-2000 outpatients. Outpatient facilities were to be expanded, but Dr. Chang did not envisage more than 600 beds in the hospital; instead, a parallel teaching hospital would be established in Nanking.

There was now a full complement of departments. Dr. Chang listed them as follows: internal medicine (respiratory, digestive, circulatory and endocrinology), surgery (general, orthopaedic, thoracic, accident and plastic, and neurosurgery), acupuncture, dermatology, obstetrics and gynaecology, paediatrics, ophthalmology, ear, nose and throat, physiotherapy, radiology (including an isotope unit) and pathology; there was also a dispensary. I asked whether there was a psychiatric department, to be told that there was not, but that there was a mental hospital across the road where research and teaching in psychiatry and neurology were undertaken, and that liaison was maintained between the two hospitals. Not unnaturally, perhaps, Dr. Chang was not much prepared to discuss this other hospital, which was outside his jurisdiction, despite my expressing a special interest in that field.

Dr. Chang told me that his hospital, which was financed by the State, had responsibilities in three main fields. First, it was responsible for giving free medical treatment to all workers in the Nanking area. It was also responsible, under special labour insurance arrangements, for the health of the workers of about a hundred factories, for which the factories paid out of their labour insurance funds. Ordinary Nanking residents, provided they were either members of the families, or dependents, of workers, were treated at half the normal fees, and all children got free treatment. I asked what the daily or weekly cost of maintaining a bed in the hospital was, but Dr. Chang said that in China the accounting system did not yield such a figure.

The hospital's second responsibility was for the clinical teaching of ~~third and fourth~~ third and fourth year medical students, and the supervision of the practical work and internships of students in their final years. Dr. Chang explained that whereas medicine was formerly a five year course, it had recently been changed to six years. Henceforth students would not come to the hospital for clinical work before the fourth year. When it came to internships in the final year, some students had to be farmed out to other hospitals. There was also a nursing school attached to the hospital, and many student pharmacists and medical technicians did their practical work there, although they did not receive primary training there.

Finally, the hospital was responsible for giving technical guidance to four county hospitals outside Nanking, as well as the clinics and small hospitals of many factories in the area. Each year, therefore, a number of the medical staff would go out to these places to give advice and assistance on the spot, and the staffs of these hospitals

and clinics would come for refresher-courses of varying length.

For the tour of the wards I was dressed in a white coat and cap, though the surgical mask, which is so much worn in China by anyone from a food seller to a person who simply has a cold, was dispensed with. We first went from the administration block to a wing which was about ten years old. Built on two floors, it had wide corridors with small wards for about eight or ten beds opening off them. The architectural standards were not high. The walls were painted to about eye-level and whitewashed above, while the wooden floors were almost worn away in places with much scrubbing. A newer block that I saw was much better built, with floors made of some composition and a broad ramp for the surgical trolleys. Most of the furniture, even in the rooms where dressings were prepared, was of painted wood (though I had seen some excellent stainless steel hospital equipment in an industrial exhibition in Shanghai). I was a little surprised to see that the spittoons, universal in China, did not have the long-handled covers which they would have had in the streets or on railway platforms.

In the endocrinology department there were not too many patients, and many of them, presumably under observation, were up and about, fully dressed. Only a few seemed to be reading; most simply sat looking dejected. I was next shown two surgical departments - those for thoracic surgery and neurosurgery - in each case being guided by the assistant chief. Both these men were under forty, and they spoke excellent English. They clearly took tremendous pride in their work, which seemed advanced enough by any standards. One described hole-in-the-heart and other cardiovascular operations performed at low temperatures and with the aid of artificial hearts, while the other outlined the removal of tumours from the various deep recesses of the brain. One patient, with a long scar down the back of his head, spontaneously told me that he would not be alive but for the surgeon, who had removed a tumour from his cerebellum. In each of these departments about seven or eight major operations were performed each week.

The surgical wards had a much livelier atmosphere than the medical wards, though they appeared less disciplined than I had expected, even a little chaotic, with some patients being fed while others were being prepared for treatments; I do not in any way intend to suggest by this that the standard of treatment suffered from this lack of English-style regimentation, however, for I saw nothing that led me to suppose that the patients received anything but excellent care. The obvious overcrowding of the surgical wards was explained to me as being seasonal. The cool spring weather was ideal for major operations; later it would be

so hot that recovery would be impeded.

The beds, which were well furnished with pillows, sheets and blankets but innocent of such luxuries as movable backrests, were very close together in the rooms, and crowding had reached the point where beds were placed end to end in the corridors. The director assured me that those in the corridors got just as good attention as those in the wards. People seemed to be somewhat mixed-up - for example some of the patients in the neurosurgical ward had overflowed from the orthopaedic department. There was no segregation by age or sex, and there were no arrangements for privacy of any kind that I could see, though it is not impossible that there were folding screens tucked out of sight. Some beds had little tables by them with thermos flasks and glasses, and there were plenty of chairs for visitors.

I was told that visiting times were entirely flexible. One would imagine that this might be very trying for those who are seriously ill, as well as for the unvisited. One man in late middle age who was due for an operation the next morning was surrounded by what looked like an extended peasant family, seven or eight all told, who looked as though they had moved in for the day. How the other people in the small ward, some of whom were quite ill, felt about this invasion I had no means of knowing. On the positive side, though, I noticed that mothers seemed encouraged to play an important part in caring for their sick children (which in a sense contrasts with the general habit of putting children in creches from a very tender age). In one corridor a mother was attending to the feeding of a small baby in a cot over which a drip apparatus was suspended. Another insisted on peeling off layer upon layer of her small son's padded clothing (whether his wearing so much more than everyone else on a mild day was her idea or the hospital's I did not know) to show me a large scar on his chest. Unfortunately I did not think to ask whether these mothers had special leave of absence from work to be with their children in hospital - it may well be that they do.

The lack of stern institutionalism seemed pleasantly confirmed by the relations between staff and patients, insofar as I was able to observe them. Dr. Chang and the two surgeons seemed very humane and considerate men, continually asking their patients how they felt. There seemed to be a genuine effort to avoid the hierarchical relationship between doctor and patient that has been traditional in the West; with the younger patients in particular the staff seemed to be on very easy terms and as, to my slight embarrassment, pyjama tops were ripped open so that I could inspect huge scars, some of this friendliness emerged in the greetings given me.

I asked whether it was usual to discuss a patient's case in front of him, having witnessed this happening in respect of a man with a brain tumour. Dr. Chang said that it varied according to circumstances, but that following an operation, or in a case of chronic disease, telling the patient everything would in all likelihood gain his confidence and maximum co-operation. If, as seems likely, this easiness between doctor and patient was the result of the Communist emphasis on egalitarianism, the point was not made: (indeed, with the exception of the account of the hospital's rapid growth, the whole visit was noticeably free of political points of any kind).

The difficulties of assessing what one sees on visits of this kind are, in microcosm, those which confront the Western visitor to China at every turn. For me, the high opinion which I formed of the competence and devotion of the three specialists I met at the Kiangsu Hospital, and my perhaps only intuitive feeling about the atmosphere there, more than counterbalanced the sense of shock that I felt at the somewhat primitive physical conditions as compared with those to which I was accustomed. Yet even in the context purely of physical facilities for medical treatment, those that I saw in China, however rough and ready they might be - and not all of them were rough and ready - represent a notable achievement. This is perhaps especially so of the commune hospital, standing where nothing stood before. The Sanatorium, too, with its special and maybe partly symbolic functions, was certainly breaking ground untouched before 1949. The Kiangsu Hospital, in the view of a distinguished Belgian paediatrician with whom I was able to discuss it shortly after my visit, compared favourably, from the point of view of its physical conditions, with hospitals he had seen in India. In any case, whether or not representative of large urban hospitals in China, it was by itself an important extension of facilities for modern treatment to a large number of potential patients in a country that still cannot easily afford these things.

Yours sincerely,

Anthony R. Drills

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