MODERN MEDICINE IN CHINA: ITS DEVELOPMENT AND ITS DIFFICULTIES

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Although Western medicine has been practiced in China for more than a hundred years since it was first introduced by Dr. Peter Parker, it is only within the present century that significant progress and expansion has occurred. Dr. Parker, originally with the British East India Company, upon visiting the China Coast and seeing conditions there, determined to work permanently in China. Upon the close of the voyage he immediately terminated his contract, returned to China under a mission board and started his medical work under very adverse conditions in Canton. From this humble start has developed the present medical profession in China with its hospitals and medical schools scattered throughout the country.

By the last decade of the nineteenth century western medicine had its roots well secured in Chinese soil and from that time onward there has been a constant forward development, which, with each decade, has assumed a more rapid pace. With their thinking following along the stereotyped lines of their ancestors it was difficult to move the non-modernized Chinese. It was only when western education had rooted itself and the flower was in bloom that these changes could develop as they are now doing.

It can be truthfully said that for the first sixty years all the spade work toward educating the people to accept this new style of medical practice was done through the efforts of missionary doctors. For them it was much more difficult to develop a practice than it is for present day graduates. All sorts of ways had to be thought out to entice someone to submit to medical, or what was worse, surgical, treatment. Beggars were offered food. Others were offered travelling fees. Some were even paid so that they would come to be treated by this white blue-eyed devil about whom few knew anything except that he seemed kind. And if he was so foolish as to use his money this way who were they to do any worrying about the matter?

On one occasion the Chinese friend of a missionary fell seriously ill. A whole succession of doctors failed to make any impression on his illness in spite of the multiplicity of their treatments. "You are far too valuable a man in your community to permit yourself to gradually die in this way. Why will you not let our mission doctor treat you? I believe he can cure you" entreated the missionary one day of his friend. The patient finally consented to

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enter hospital provided that he was first permitted to try the three remaining herbalists in the city, hoping that they might succeed. They tried their cures ineffectively and the patient entered hospital. Dramatically quinine worked its miracle. Within three days he was walking about a well man. Some time later he made enquiry of the charges for this cure which nobody else could effect. A diplomatic missionary passed off the question and made the suggestion that a very fine property, under ban because the pagoda towering upon it had failed to halt the fire dragons during the previous year, might be made available by purchase so that a modern hospital might be erected there for the benefit of hundreds of others who like himself might be cured of their illnesses. Would he give his assistance in trying to secure the site? Who could refuse a request of that kind? Today that city boasts a hospital upon one of the finest sites imaginable just because one man was cured by quinine.

EFFECTS OF WAR

But those days have largely passed and instead of having to wait for patients, they flock in by the score, and most of the hospitals are unable to meet the demands made upon them. Thirty odd medical schools were functioning at the beginning of the Sino-Japanese war. Some have not yet been able to graduate any of the five hundred or so men and women who were in attendance when war broke out, disrupting them altogether.

For about twenty years nursing schools had been turning out increasingly greater numbers of nurses. First these were men. Later as girls became educated and moved outside their homes they too consented to be taught the fascination of nursing. By 1940 not a man was left in the nurses training schools. They had been completely supplanted by women.

At the beginning of the war some three hundred and fifty hospitals were active in China, of which 75% were mission-controlled or supported. Some 12,000 doctors were on the medical register of the National Health Administration, only half of whom were fully trained men who could work in hospitals efficiently or teach in the medical schools. Most of the others had walked the wards with missionary doctors or graduated as nurses and turned to the profession for a living. The preponderance of nursing schools, 85%, were controlled and developed by missionary endeavour just as medical science and hospitalization had been. Even the best equipped and stocked of these had no more than sufficient expendable supplies and equipment to carry on for longer than a six month to a year period.

War came followed by bombings. In Chungking for instance five of the six hospitals within the city were hit, some of them twice in the hundred and forty odd bombings to which the city was subjected. Losses of irreplaceable equipment and drugs were considerable. By the end of the war nearly 50% of all the hospitals in China had been completely destroyed or looted.

EFFORTS TO CARRY ON

In face of increasing demands, and with conditions such as to force the medical schools to decrease their number by half thus decreasing proportionally the numbers graduating therefrom, this was a serious situation. Combined with complete disruption of sources of medical supplies and transportation as from December 1941, with a markedly increased incidence of infective disease particularly among students, together with other factors, the hospitals became desperate. What were they to do that they might continue their ability to function?

Various relief agencies including the Red Cross Societies of various countries entered the picture. In 1943, by which time many medicines not locally produced were totally unavailable in China, the American Air Command was persuaded to permit medical supplies in limited quantities to be flown over the "Hump". From fifty to eighty tons a month was the maximum ever permitted but often this amount fell to five tons or even less.

Valiantly the Natonal Health Administration of the Chinese Government tried to manufacture some drugs from chemicals on hand or locally available. They also made sterilizing equipment and some instruments. These were all of poor quality of steel and did not stand up to the strain of hospital wear. Forceps would twist or bend in one's hand if the slightest undue pressure was used. A needle driver handle or beak would bend in the middle of an operation. Always we were working under the utmost difficulty, but at least nobody was better off than his neighbour.

The war concluded, therefore, with all active hospitals possessing a wornout plant requiring very heavy rehabilitation and almost complete replacement. Relief supplies in most cases had been just sufficient to keep the hospitals running in the best fashion possible and the equipment from completely falling to pieces.

I mentioned above the serious increase in incidence of disease. This was the result of the heavy mass migration and refugee movements combined with fatigue, poor food and lodging, and all the other factors incident to such movements, since much of the travel had to be done on foot. The worst difficulties arose from the dysenteries, typhoid fever, and tuberculosis. Always a big problem, involving a large part of the population under normal conditions, the toll of these was terrific. Tuberculosis normally affecting from 5 to 8% of the population rose to 40% in the student body of one of the medical schools. Millions died of intestinal infections. Hookworm and malaria pulled down

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the vitality of the masses who had nothing to treat themselves with. Syphilis increased heavily in the Japanese-controlled areas. Postnatal tetanus continued as of old because there was no antiserum to give the newborn delivered at home. Relapsing fever claimed its victims who could have been saved with a single injection of 914. This was China during the war years.

In the spring of 1946 I had the opportunity of travelling more than ten thousand miles from one end of China to the other. Destruction was everywhere but curiously enough here and there was a hospital that did not seem to have been either troubled or damaged by the Japanese. In one of the best equipped of these I found the bedding just one mass of patches. The only thing to which it could be compared was a beggar's garment, except that the bedding was clean and neat. In spite of that the the hospital was filled to capacity and not a single bed was available.

At the other extreme was a hospital with four walls and a roof and a single remaining iron bed. Canadian Aid to China immediately after the surrender sent a party of some seventy men, the Friends Ambulance Unit, into this area to do general relief work and rehabilitate hospitals requiring it, for here famine had raged for three years previously. Trees had to be cut down on the mission compound and sawn into boards. These were laid upon trestles. Cotton was bought from a nearby factory—one of the places where cotton was plentiful—sewn into bedding and the place was ready for occupancy. A twelve thousand dollar surgical unit still on the ship was hurriedly unloaded, flown to the area and within three hours of arrival the first patient was on the operating table to "baptize" the unit. One more hospital was, in this rough and ready fashion, put into shape to carry some of the share of the medical burden in Honan province.

Elaborate plans had been made conjointly by the National Health Administration, UNRRA and the Council on Medical Missions for UNRRA help in this rehabilitation of hospitals. But the best laid plans sometimes miscarry. When supplies arrived they did not materialize as planned. Instead of well organized lots according to specification, shiploads of whatever might happen to be at Okinawa or the Philippines arrived in Shanghai. They contained nobody knew what. Of some articles there was enough and to spare already in China. Other items were suitable for army use but useless for permanent rehabilitation purposes. Other equipment had missing parts rendering them useless.

The whole story adds up to the fact that China's hospitals have not by any means received what they require. And with UNRRA stepping out of the picture shortly voluntary agencies of all countries are being pressed to continue their work for a further period until China's hospital rehabilitation program brings them to the point where they are able to function normally.

The Future

The plans for the future of medicine in China are hopeful. Where formerly each hospital has been a self-contained unit operating independently present plans under a very active and sympathetic National Health Administration envisage a general improvement in the quality of, and co-operation between, individual hospitals. The aim is to increase rapidly the total number of hospitals in China to 655, of which the mission hospitals, 250 of them, form the nucleus.

But this is not possible until there are sufficient graduates in China to man these institutions. Mission and Christian hospitals and medical Schools therefore must for the present be the backbone of medicine in China, though the Chinese are rapidly taking hold. There are many grade A hospitals in China and these are willing to fit into a co-ordinating plan to provide a place where China's students and graduates will receive their clinical training both within and without the university centres. It is toward this end that foreign groups in China are working.

The whole future of western medicine in China therefore hangs in the balance, depending on the Canadian or American or British reaction to our Chinese medical friends. With our assistance their program can be hurried along, without it they will have a slow uphill fight. If we are at all interested in China's progress that help must be forthcoming. For it is only thus that strong cultural ties and ultimate goodwill and friendship can be developed.

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