



Small patients gather in the playroom of the pediatric hospital in Peking.

A Visit to the Peking Children's Hospital

In many ways this hospital appeared similar to those in the U.S. In other ways the visitor noted great differences—not only in the traditional Chinese medical practices but in the extent of basic medical and preventive care available.

MARGARET K. CHANG

On a hot afternoon in July, I visited the Peking Children's Hospital as one of a group of visiting Chinese-American scientists. We were welcomed by two women doctors and a woman administrator, a graduate of the school of nursing of the former Peking Union Medical College, and taken to a conference room on

the third floor where the traditional Chinese symbols of hospitality—hot tea, steaming towels, and Chinese cigarettes—were passed around.

After introductions our hosts proceeded to tell us about the hospital. The conversation throughout was in the Mandarin dialect, which I understand. When I had difficulty

understanding some of the Chinese medical terms, our hosts readily supplied the correct English words.

Peking Children's Hospital was opened in 1955, on June 1 (Children's Day in China). It has four main functions: treatment, preventive medicine, teaching of medical and nursing students and paramedical workers, and medical research. In all these, both traditional Chinese medicine and western medicine are practiced and integrated.

The hospital has 600 beds, divided into 20 patient units. Patients range in age from the newborn to 14 years. About 2,000 inpatients and outpatients are treated daily.

In the acupuncture clinic conditions ranging from grand mal to myopia to mental retardation are treated.

We were told that of the 825 workers in the hospital, 80 percent are female. The total includes 189 doctors and 310 nurses. All female medical workers are allowed 56 days of maternity leave with pay, and those who work on rotating shifts (similar to our day, evening and night shifts) are excused from working the night shift during the last three months of pregnancy and six months after the birth of the baby. When they return to work, the hospital provides infant day care and time off for breast feeding. Everyone works six days a week with no regular vacation.

Staff nurses' salaries range from 40 to 50 ren min bi dollars (RMB) a month. Approximately two RMB dollars equal one U.S. dollar. A head nurse with experience and seniority may earn up to 100 RMB dollars a month. On the other hand, a doctor in his first year of practice, earns only 52 RMB per month. All staff members are provided with free medical care.

On retirement, one may receive 60 to 80 percent of one's salary depending on one's record of service. Although 50 is considered retirement age, everyone is encouraged to work as long as able.

Hospital costs for the patient are nominal compared to rates in the U.S. Room cost for a child in the hospital is one RMB dollar per day, and the food ranges from 20 to 50 RMB cents per day depending on the diet. In explaining this our hosts said, "The total cost for a child treated for pneumonia is less than 10 RMB dollars per week. During

MS. CHANG (B.A., William Smith College, Geneva, N.Y.; M.N., Yale University School of Nursing, New Haven, Conn.) is an instructor in the Division of Nursing, Southern Illinois University, Edwardsville. Her recent trip to China, part of which she describes here, was her first since she left that country in 1949 to attend school in the U.S. "It was an unforgettable experience to see my family and the new China after more than 20 years absence," she says.

the last few years, the cost to a patient for medical care has been reduced four times, and it will go down further." Most patients are covered by comprehensive health care or insurance at the communes or factories at which their parents work. People living in communes pay a flat annual fee of one to two RMB dollars for comprehensive care.

Visiting hours in this children's hospital are from 4:00 to 7:00 P.M., on Tuesday, Friday, and Sunday although patients on the critical list may be visited by their parents at any time.

After this brief introduction, our tour began. For this each of us was given a freshly laundered, long, white lab coat to wear.

Our first stop was the acupuncture clinic, where we observed a number of treatments. An eight-year-old boy was being treated for deafness which had resulted from the toxic effect of streptomycin given him when he was a year old. A very fine, stainless steel needle disinfected by alcohol was inserted gently but with a firm thrust into the tragus area of his ear. The needle was manipulated with a twisting motion to stimulate the nerve and then withdrawn after a few seconds. This same procedure was repeated in his other ear, both wrists, and under his chin. I was told the last was to stimulate the voice. This child had been receiving acupuncture treatments three times a week for two months. Both doctors and the child's mother commented that he had shown definite improvement in hearing, as well as in expressing himself. The child showed no signs of discomfort during the treatment.

We also saw the treatment given a one-year-old girl who had been having grand mal seizures since she was four months of age. The sei-

zures had occurred about every five to six days and no fever was associated with them. Her treatments at the clinic had started about two months before. Acupuncture needles were inserted behind both ears, at the back of the neck, and in the forearms just above the wrists. Her mother told us the seizures now occurred less frequently, and were much shorter in duration.

We also saw a 10-year-old boy being treated for paralysis of both legs, a six-year-old girl being treated for myopia by insertion of two acupuncture needles on the outside corners of her eyes, and two other children who were being treated by acupuncture for mental retardation. I asked for statistics on such treatment for mental retardation but the two doctors were unable to give me any.

As we proceeded toward the medical floor, I noted that the building was plain but very clean. The walls were pastel shades of blue or green and reminded me of many old hospitals in the United States today. However, the corridors in this hospital were wider and the ceilings higher. I did not seem to feel the intense heat from outside, although there was no air conditioning.

Next, we were led to the playroom of a medical floor. Children wearing colorful hospital pajamas had gathered around two big round tables playing with various toys and games. A nurse sat among them. On this floor there were 34 beds grouped into eight-bed and two-bed wards. This floor was staffed with 12 to 14 nurses and 3 to 4 doctors over a 24-hour period. At feeding time all staff, including the doctors, helped to feed the children. When I was introduced to the physician in charge of internal medicine, I recognized her face, but I could not recall her name. We discovered we had been classmates in junior high school in Wuhan Middle School many years earlier. I was born in China, and left in 1949 to attend school in the United States. This was my first trip back.



Tonsils out, this 11-year-old prepares to walk away from the operating room.

We also visited the pathology lab, x-ray facilities, and the EKG lab. All were very clean and orderly and reminded me of similar units in an American hospital.

Time slipped by rapidly. It was almost 5:00 P.M. when we were escorted back to the conference room where more tea, hot towels, and cigarettes were served and our criticisms, suggestions, and questions were encouraged.

As we started to leave, the comrade in charge remarked that the next morning tonsillectomies on outpatients would be performed using a new surgical instrument and topical anesthesia. I asked if I could return and observe and special arrangements were made for me. The next morning, with my guide, I was taken to the operating room suite where we donned off-white clean scrub gowns, plastic slippers, caps, and masks. As we entered the operating room, an 11-year-old boy was brought to the operating table. I was told that topical anesthesia had been sprayed in his throat a few minutes earlier. The child was wrapped, mummy fashion, in a clean white sheet and a mouth gag was applied. The woman surgeon then took an instrument which looked like a tonsil snare except that, instead of the wire loop, it had

a sliding knife blade. With a twisting and pulling motion, she removed both tonsils in a few seconds. The child did not cry; he sat up and spat out some mucus and blood. Everyone praised him for being good and brave before he walked away from the operating room.

A 7-year-old girl who looked somewhat scared was next. The mouth gag was applied, and before she was able to cry out, both tonsils were removed. She whimpered as she sat up. In about 20 minutes three tonsillectomies had been performed.

About 15 minutes later I saw the first tonsillectomy patient happily sucking a popsicle in the waiting room. The 7-year-old girl was sitting next to her father unwrapping her popsicle. About 10 other children who were to have tonsillectomies were there, with their parents, waiting their turns. These patients came early in the morning, and if there was no bleeding after the operation, they went home in a few hours.

I was then taken to the surgical floor where I saw several patients in casts and in traction. There was a 7-year-old child who had cholecystitis and was being treated with Chinese herbs. Another child, who

had come in 10 days earlier with appendicitis, was being observed and treated with acupuncture and traditional Chinese medicine.

In the next ward I saw infants, many of whom had some type of congenital defect and needed surgery. Some of them were receiving intravenous feeding and oxygen. The equipment looked familiar but I saw no disposables at all during my tours. Since there was no air conditioning, most of the patients' cribs were lined with bamboo woven mats (*Hsi-tzu*) which help to keep the cribs cool.

I was brought back to the conference room about 11:00 A.M. and joined that day's visitors for the question and criticism period. I was impressed with the immunization program our hosts described. BCG is given to a child immediately after birth. Polio immunization is given when a child is two months old, DPT at three, five, and six months of age. Smallpox vaccination is at six months and measles-rubeola vaccine given at eight months. Meningococcal meningitis immunization is given in the winter time after a child is a year old. Immunization for encephalitis is also being done. I asked about immunization for rubella and was told that this was not yet being done. This immunization program is carried out in nursery school clinics and in primary schools where teachers work with medical teams.

Every hospital is part of the "Mass Prevention and Mass Cure Network" (*Ch'un Fang Ch'un Chih Wang*). In addition, mass prevention stations, located in different parts of the city, are operated by neighborhood women who are trained to treat common illnesses and participate in the immunization program.

I left that hospital with two unforgettable impressions. One is the extent of health education and basic medical care available to the Chinese people. The other is the spirit exhibited by all health workers of doing one's best in performing any task however big or small. Δ