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China: Then and Now

The first American nurse to go to China with the Friends Ambulance Unit in the 40's and the first to revisit that country with the American Friends Service Committee in 1972 compares health care "then and now."

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The Chinese expression of farewell, *tsai chien*, is literally translated, "See you again." I said it hopefully to Chinese friends and colleagues when I left China in 1948 after two and a half years' work as a nurse in what was then called the Friends (Quaker) Ambulance Unit. However, it was not until shortly after the U.S.-Chinese détente early in 1972 that I was fortunate enough

to return. This time it was a three-week tour as a member of an 11-person delegation of what has since been renamed the American Friends (Quaker) Service Committee.

We traveled from May 6 to May 27, north and south, east and west, to places I had never been before as well as to places where I had lived and worked 25 years ago. At the end of that short visit, I once

again waved farewell and said *tsai chien* to Chinese hosts, this time with renewed hope that exchanges of visitors between the two countries will increase, especially in the important field of health.

Since February 1972, when President Nixon and the heads of government of the Peoples' Republic of China met and agreed on more communication between the peoples of

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the two countries, interest of the U.S. public in all aspects of Chinese life has been mounting. In health and medical care, special attention has been focused on the Chinese use of acupuncture for treatment and anesthesia. Accounts of its use have stirred both curiosity and disbelief among Americans.

It is intensely interesting to observe major surgery with acupuncture anesthesia, or *jen jiu*. We saw it in a hospital in Wuhan, a city on the Yangtze Chiang River. It was one of our first encounters with Chinese medical care on our tour, and though an impressively dramatic experience, it proved less impressive and dramatic to me than the overall picture of improved public health I saw. Everywhere we went there was evidence of good health: in hygienic cleanliness, pure water, good food, rosy-cheeked children, planned families; in the vigor of young and old; and in the bearing of confidence and sense of purpose in people in general.

On that rainy morning in Wuhan, we went by bus from our hotel to the second hospital of Wuhan College. Our hosts (physicians, nurses, and interpreters) met us at the door of the big gray brick building. They immediately ushered us up wide, clean staircases into quiet halls, two flights up to the observation room above the surgical suite. The steps we mounted there, as elsewhere, were constructed with a ridged edging on the surface of each step, placed an inch or two in from the edge, a built-in safety device to prevent slipping on the edges of the

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stone steps. We were taken by our hosts of the medical college into a large, low-ceilinged room with two circles of glassed-over windows, each surrounded by benches. We were told that we might watch the two operations then under way, both under acupuncture anesthesia. One was a lobectomy for a benign tumor, the other removal of an ovarian cyst.

I peered through one of the glass domes, my elbows on the edge of the framework and my chin resting on my hand. Preparations for the lobectomy were in process. No sounds traveled up through the window. We watched, fascinated, for the next three hours. Below were portable spotlights like those in U.S. operating rooms. There were instrument tables and trays, surgeons gowned and donning gloves, nurses tying their gowns behind them, sterile drapes over the patient, who lay on his left side on the operating table. Three surgeons, one instrument nurse, one circulating nurse, an anesthetist, and an acupuncturist composed the team, which worked with marked efficiency.

We had arrived just in time to see the acupuncturist insert one needle into a spot on the left arm of the patient and secure the arm with gauze to an extension board. She sat throughout the hours of the surgery, rotating the needle with her fingers at different rates of speed at different times, her head bent close to the patient's head. A drape covered a wire frame over the patient's neck so that his face was shielded from view of the doctors and instruments, but visible to the acupuncturist, nurses, and others who attended him. We could see his face. We took flash pictures from our vantage points, the patient sometimes looking up at us.

The anesthetist could be seen recording the patient's vital signs. She

talked to the surgeons and to the patient at intervals, placing a face mask over the patient's nose and mouth and giving him oxygen when needed. Glucose, blood, and serum were given I.V. in a leg.

When the proper level of anesthesia was reached, the chief surgeon made the incision swiftly, over the right lung. Another placed gauze, soaked in a Chinese herbal hemostatic solution, over the edges of the incision. There was minimal bleeding; few hemostats were used. The gauzes were rinsed and reapplied. The green-clad surgeons and the white-robed nurses, seemed extremely skillful in handling instruments and sutures and in maintaining sterile fields. Our host doctor, Ku Jin Yuan, was sitting near to me. He explained that the anesthetist had been trained in western medical anesthesia. The acupuncturist was a specialist in her field. The operating room nurses were very experienced.

That scene contrasted vividly with surgical procedures I had taken part in 25 years before, as nurse in a mobile medical team of the Friends Service Unit. Then we worked in hospital caves in north China, using the cave with the most direct sunlight for the surgery, since we did not have any electricity. I was sometimes the one who gave ether or spinal anesthesia.

On the wall of the 1972 operating room was a large x-ray of the patient's chest, lighted well from behind so that we from our position could see the shadowy outline of the patient's lungs, ribs, and on one lobe of the right lung, a dark spot. We watched as the patient's ribs were exposed. Then they were separated with a large metal spreader which shone silver in the bright light. The ribs were not resected as I had expected, but were pushed apart until an opening was made, large enough for the surgeons to reach the lungs. The patient's chest was racked with coughs several times during the course of the operation. His right lung, pink and glistening, expanded and contracted

regularly. As the doctors reached into the thoracic cavity and pulled out one lobe, separating it from the others, we saw plainly a dark round spot on its surface. One of the doctors pointed to it, identifying it as the offending tumor shown on the x-ray. The tumor appeared to be well defined and gray in color. It was excised and placed in a stainless steel kidney basin and taken to the pathology laboratory for examination.

One of our group remarked to me, "This is the most remarkable thing I have ever seen in my life. They are handling his lungs and he is smiling!"

I answered, "One has to see it to believe it."

A young white-robed Chinese woman on my left turned to me and spoke in measured English, "Have you seen acupuncture before?"

"Never," I answered, "I have only read about it from reports of other visitors to China. "But," I added, "I remember that patients used to tell us about having acupuncture cure for various ailments, when I lived and worked in China before."

With interest in her voice the woman asked, "You lived in China before? When?"

"Twenty-five years ago," I replied.

"It is different?" she queried.

To emphasize what I wanted to say, I spoke Chinese, "Many, many differences." How could I describe the drastic changes?

"Are you a doctor?" she asked then.

When I explained that I am a nurse, she surprised me by asking, "Are you studying to be a doctor?"

"Not at all," I answered definitely. "I first studied nursing 27 years ago and recently returned to study public health at a university and hope to continue to work in public health."

She explained to me, then, in short English phrases, that she was a nurse but is now a medical student preparing to become a surgeon. She is particularly interested in acupuncture.

We hadn't really introduced ourselves, and perhaps that is why she

asked the next question, "You are from where?"

Since there were student nurses from Hong Kong and reporters from Japan in the observation room as well as the other 10 Americans in my group, I was not surprised. Visitors from many different countries are touring China.

When I told her that I am American, she then asked, "Where is your home in America?"

"Minnesota," I returned, not knowing how much she knew of my country.

"Where do you work?"

I said simply, "I am a public health nurse," assuming that that would convey a picture of nurses working with people in their homes. She looked puzzled, and I turned for help to our interpreter, Lao Mao, who sat behind us. He immediately bent towards us and translated, explaining what he understood of my work as I told him, and relaying the next question of the nurse-medical student, "Do you work in a university hospital like this one?"

My reply was, "No. I work in a rural area."

"In a small hospital?" she continued.

"My work is separate from hospital nursing," I tried to explain. "I go to people's homes sometimes." This time my friend nodded, as if recognizing something of American public health work.

The interpreter, sensing our need for his help, entered into our conversation again. I followed his rapid Chinese, as he told her that Minnesota is one of 50 states in my country, comparable to the province of Hupei of which Wuhan city is the capital.

"But I live in the country," I added, "not in the capital."

She returned to what had been puzzling her before. Her next remark was "Public health—for everyone? All the masses?"

Lao Mao, our interpreter, turned to our host doctor, who had paused in his conversation with others of my group, and had sat down near us. Dr. Ku then said in practiced



In 1947, this child, sick with kala azar, died in a short time.



In 1972, this young woman's first-born has never been ill.

"... there is no longer toleration for elitism ... which formerly separated professional people from workers."

English, speaking to me while Lao Mao translated to the medical student next to me, "We think of all health care as what you in America call public health."

"In my country we differentiate between public and private medical care. You don't have that difference," I commented.

"Right," he said briskly, "We have health care for all the public, the broad masses, everyone. Health care receives the highest attention in our new society. Since the Cultural Revolution of 1965-1969, there is no longer toleration for elitism in professions which formerly separated professional people from the peasants, workers, and farmers and patients. Now we have health workers amongst the masses. The people and the health workers are like teachers and students. The masses learn from the health workers and the health workers learn from the masses."

I turned to Lao Mao, "May I ask one more question?"

He nodded, "Certainly."

"Are there enough public health nurses to go throughout your country everywhere?"

He consulted with our host physician before answering. Then he turned to me, patiently explaining, "Health workers are everywhere. They are not always nurses. The old society educated doctors and nurses who were not fitted to work everywhere, but mostly in big city hospitals. Now we educate people to do what is needed and they are assigned to work where they are needed. You have heard of barefoot doctors?"

I nodded affirmatively.

"Barefoot doctors," he went on, "are more widespread than nurses. They might become nurses after they work for some time and have some special education. Barefoot doctors start with different training from nurses and work on different levels,

some doing immunizations, some water purifying, some sanitation, some health education, some acupuncture. They join the more highly trained nurses and doctors and all together are called health workers. They work as a team.

"In this operation we are watching, they are working as a team. A barefoot doctor went to the factory on a farm commune where he lives and asked every worker about his health. He saw a man coughing all the time. The barefoot doctor did not know why he was coughing, but he knew that persistent coughing is a symptom he should report to doctors at the nearest hospital. He took the patient to the hospital. They x-rayed him and now he is getting the best treatment in the biggest hospital in the province. The barefoot doctor, patient, nurses, acupuncturist, anesthetist, and surgeons all met together yesterday for a group discussion to talk about the surgery so the patient would gain a better understanding of the medical viewpoint and the medical team would know the patient's feelings better.

"This type of discussion is fairly new. The Cultural Revolution emphasized equal importance of all those concerned with a problem, medical or otherwise, taking part in the decision making. There is often hard struggle and much criticism. We try to serve all the people, but it is not easy."

"Are our health workers like your public health nurses?" my nurse-medical student asked.

I thought of the many differences between American public health nurses and Chinese health workers, and wished for a better command of the language and more time to talk about it, but at the moment all I could find to say was "No, there are many differences, although the needs of the patients may be the same." She nodded, and we each

turned back to watch the suturing going on below, in the spot where the lobe had been removed. Suction was used for removing fluid and blood from the cavity.

In discussions later I learned that of all the experiences we had in China, the lobectomy under acupuncture anesthesia was the one which most impressed some of our group. Although such a surgical triumph represents a medical milestone which has attracted worldwide attention, to me the much more impressive thing about new China is the accomplishments wrought in overall improved public health. A patient may well benefit from surgery to correct a condition which may be, of itself, an admission of failure of a health care system. But perhaps thousands of people can be immunized or thousands of households provided with hygienic water supplies and sewage disposal, with the same effort and expenditure of resources as used for a few persons to benefit from a specialized surgical procedure.

China of the present can best be seen with perspective from its past. The most obvious contrast is that, whereas China of the late 1940's was a country of war and misery, the China of the 1970's is a land of peace and enthusiasm for life.

Whereas the China of the past was a country with immeasurable health problems, including high infant mortality and low life expectancy, the country today may have the best health improvement record on the largest scale in the history of mankind, including lowered infant mortality, family planning, drastically reduced incidence of communicable and infectious diseases, and the veritable demise of venereal diseases. Life expectancy is increasing, and it is not unusual to live to be 60 or 70 or more.

The 800,000,000 Chinese are 25 percent of the people of the world. One half of the Chinese at present are under 18 years of age. They are growing up with a chance for a lifetime of good health. Yet their parents suffered some of the most de-

plorable health problems known to mankind.

One can only surmise that a record like this must be due as much to the fact that the society "cares about health" as to its system of health care.

Most of what I saw in China in May 1972 confirmed reports from other recent visitors—China scholars, reporters, doctors. However, there were surprises, and one which impressed itself upon me the first time I walked on a street in Canton was that young Chinese women are now often taller than my 5 feet, 3 inches. In 1946-1948, I had been taller than most women I met in China. The increase in stature is perhaps an indication of improvement of many facets of life.

In the Municipal Maternity Hospital of Peking, a woman doctor (and all the staff but one were women) spent a morning with us. We saw a Caesarean section, a tubal ligation, a normal delivery, and a suction abortion. We learned from her that family planning services are available to men and women at the time of marriage, that physical exams are done just before marriage and during pregnancy regularly, and that immunizations are given regularly to children.

"Our good health," she stated in answer to the question I posed to her, as I did to every health worker I met, "is due to work, exercise, adequate food, preventive measures, and a sense of purpose to serve the people." We asked why the differences in the U.S.A. and China with regard to extramarital pregnancies. She answered that "our people have a sense of purpose in life. The problems in the U.S.A. of unwanted pregnancies are the results of your social system."

In the Peking Pediatric Hospital we were hosted by two pediatricians and a nurse. The nurse told me of her recent work on a farm commune. In the 1950's she had studied in a Peking school of nursing. After three years' study, she worked in the same hospital where she had been a student. After ten years

there, she was assigned to go out to the country to teach the peasants. She worked part time in a clinic on a farm commune and part time in the fields helping construct an irrigation system. When I asked what health problems she has seen most, she replied that most illnesses seen among children are respiratory, including pneumonia and ear infections, in the winter months and intestinal illnesses in the summer months. Over the past decade she has not seen much difference in the kinds of sickness, but there is now less, especially since emphasis has been put on prevention. She went from home to home on the farm commune to check every family for health problems. She worked closely with barefoot doctors and midwives. There was enough work for all to keep busy. Now having returned to the city hospital, she expects to have another assignment to the country perhaps next year.

An individual American nurse may be motivated by the strength of her convictions to try to serve the needs of her patients as people. A Chinese nurse is part of an organization which emphasizes serving the people as part of an almost unlimited and far-reaching system affecting all areas of life. The efforts of the health care system throughout the length and breadth of China are devoted to the theme which the government espouses in medical care no less than other aspects of life—"serve the people."

I visited clinics, hospitals, farm communes, factory clinics, university and school health clinics. Wherever there was the opportunity to ask nurses and others such as barefoot doctors a question, I asked, "What is the number one health problem today?"

The answer was invariably, "Prevention is the most important work."

In old China (before 1949), it would have seemed irrelevant to ask what health problems were foremost. It was a common sight to see blind beggars on the streets, crippled and hungry children, large numbers of refugees, among whom

were mothers who beseeched foreigners like me to take their babies because they couldn't feed or clothe them. Unhygienic living conditions, intestinal parasites in the stools of almost all hospital patients, death from starvation, rampant disease, and filth in the streets—all of these were in evidence.

Though modern institutions for nursing education were to be found in the big cities, there was little practice of public health nursing. I did go with one public health nurse on home visits in Tientsin in April 1948. She wore a mask as she went to a few homes to see some selected patients. Crowds gathered around us as we walked. Many children had skin diseases and balding scalps and eyes that were pussy and fly-covered. Babies carried on backs of 10-year-old brothers or sisters were swollen with disease or hunger or both.

Health care is different now, and nurses and nursing have new opportunities in the new health system.

In 1946-1947 in the Nationalist-held central Chinese province of Honan, I was in hospitals which maintained, with foreign supplies, foreign standards of hospital medical and nursing care. We reached only the limited few who could pay for medical care.

The following year in the Communist-held northwestern provinces of Shensi and Shansi, I worked in a mobile medical unit which traveled by foot and housed its patients in caves. We provided care for civil war casualties and villagers wherever we moved, from valley to valley. We were, of course, limited by lack of supplies. But even such as we had were, in many of the remote villages, the first ever seen there, and we the first nurses. Now the health care system of China reaches out into all levels of life to provide some kind of contact with health workers for the vast population of China.

Hospitals, I was told, are centers of research and education. From them, like spokes of a wheel, doctors and nurses go out to smaller hospitals and rural areas to instruct

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local people in health care. The Chinese research centers provide the background studies. Chinese industry provides materials for immunizations and medicines for treatment and instruments for surgery. It provides also supplies for birth control—IUDs, birth control pills, both 22-day and monthly, and injectable birth control solutions. Immunizations are given for tuberculosis, meningitis, polio, typhoid, DPT, measles, smallpox, and flu. "Medical troops" have been sent out across the land to attack the snail that carries schistosomiasis, and scientific resources have been massed to eradicate Kala azar and venereal diseases. Mass campaigns have resulted in disappearance of most of the pests such as flies, mosquitoes, rats, and mice and in the destruction of their breeding places. Sanitary toilets have been built, and sewage is now treated before use as fertilizer to prevent spread of enteric diseases. The Chinese have "stood up" and are understandably proud of their rapid strides and achievements.

Housewives, farmers, middle-school graduates, and factory workers are chosen to study three or four months each year in their own local hospitals or health centers to become barefoot doctors and sanitarians and apprentices to doctors, nurses, midwives, acupuncturists, and dentists. After several years of part-time education and part-time work, they may be chosen to continue their education until they become qualified to enter one of the many categories of health workers.

The health worker categories include nurse, midwife, acupuncturist, physician, herbalist, sanitarian, barefoot doctor, anesthetist, laboratory technician, dentist, pharmacist, family-planning worker, medical student, nursing student, apprentices working along with the professionals, as well as the supporting workers

such as cleaners in hospitals. There are many levels of health workers and, depending on the need of local health service (decentralized from the national department of health), one may be given opportunity to step from one level to another. The beginners are sometimes people in neighborhoods or classrooms who are known as contact persons and who often take the initiative to see that people in their area get prompt attention for health problems. There is rarely any charge for health care. Usually an annual fee is paid at the place of employment, amounting to approximately one U.S. dollar a year.

Physicians have been trained in western style scientific modern medicine, but since the cultural revolution they are having opportunities for education in such traditional forms of medicine as acupuncture and herbal medicine.

Western style nursing, along with western style medical practice, has in the past attracted those from educated families and has maintained an elite of professionals. Now preference for admission to universities is given to peasants, farmers, workers, and soldiers. Recently educational institutions, including nursing schools, have undergone innovative and experimental changes. Students are now expected to do more manual labor and spend less time in classroom study. As a result, middle-school graduates who want to study nursing may not have the opportunity until after completing two or three years or more of work in a factory, on a farm, or as an elevator operator in a hotel or in a hotel dining room. Then they may apply for higher education. If the committee under which a student has worked recommends him or her favorably (on the basis of moral, intellectual, and physical qualification), then the student may request advanced education at a university. If accepted, the student then enters a course of study which may or may not be his first choice.

Though we were not able to meet with officials in the Department of

Health and did not have access to information about numbers of health workers, I was told that there are more barefoot doctors in China than any other kind of health worker.

In the U.S.A., nurses outnumber members of other health professions. Therefore, they have the opportunity to provide more direct health care. In China, it is the barefoot doctors who have most contact with patients.

American nurses and Chinese barefoot doctors and nurses are separated by distance and background. But they are united in their attention to needs of the people they serve and in "caring for people and caring about health."

It is to be hoped that opportunities will increase for health workers of both countries to meet at conferences and to exchange professional information. We can learn much from each other.

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