

Health Care in China

1. The Mass Line by Joshua Horn

2. Annotated Bibliography



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Contents

	page
FOREWORD Robin Stott	i
THE MASS LINE Joshua Horn	1
ANNOTATED BIBLIOGRAPHY	15
General	17
Medical	24
Burns	27
Pharmaceutical industry	28
Surgical	30
Re-attachment of severed limbs	32
Countryside and communes	33
Barefoot doctors	37
Public health and social welfare	39
Birth planning	43
Midwifery and maternity care	45
Medicine and public health for China's minority peoples	46
Traditional medicine	48
Acupuncture	51
Pediatrics	56
Dentistry	57
Mental health	58
Medical training	60
Bibliographies	62

Foreword

Medicine in the Western world is in a state of crisis. Increasingly expensive and laborious techniques are being developed to deal with diseases that are often consequences of adverse life styles, such as lung cancer, chronic bronchitis and coronary artery disease, or a deteriorating and increasingly uncaring social environment which shuffles off its problems into various institutions, one of which is the hospital. Despite this effort and money being invested, often by well motivated people, our general health is deteriorating. So new ideas are needed, new systems of health care have to be explored.

The Chinese health system offers a radical new approach to health care which is becoming increasingly attractive to those of us who seek a way out of our present crisis. The devolution and de-mystification of medical skills which lead to the involvement of everyone in their own health care, and this within the context of an evidently caring society is the basis on which the Chinese health system is built.

How have they done it? What problems are still to be surmounted? And how much is applicable to us? There is a wide range of information available which can help to answer these questions, of which the lecture by the late Joshua Horn which is included in this booklet is an outstanding example. The annotated bibliography which follows gives access to a fund of information, all of which is available at the Library of the Anglo-Chinese Educational Institute. Many of the references are from Chinese publications and this booklet is thus complementary to Shahid Akhtar's important source book,* which contains a comprehensive reference to articles written about the Chinese system by Western authors.

Information available through both these publications should be sufficient to answer most questions on health matters, and so they constitute an important source of truly radical health readings.

For ease of reference the bibliography has been listed under separate headings covering the main aspects of health care in China. Some items in the first general section of the bibliography appear later under specific disciplines, thus allowing for some analysis of the contents of these books.

In each section, books, if any, are listed first, followed by periodicals and any separate articles and newspaper cuttings which warrant inclusion in the bibliography. The prefix B and PN to the numbered references denote Books or Periodicals and Newspapers.

* Akhtar, Shahid: Health Care in the People's Republic of China. International Development Research Centre, Canada, 1975.

The Anglo-Chinese Educational Institute Library receives the *Chinese Medical Journal* regularly, but items from this journal and its predecessor *China's Medicine* have not been included in the bibliography. The contents of these important journals are mainly of a specialised nature which would not be of great interest to the general reader. Medical specialists who wish to consult these journals are invited to contact the Library for further details.

Readers interested in consulting the articles referred to in the bibliography are invited to call at the Library which is open to the public from 10 to 6 Mondays to Fridays. Alternatively, photocopies of the articles can be supplied for a small fee by post. For this service, letters should be addressed to the Secretary of the Institute.

Robin Stott, Consultant Physician
March 1976.

JOSHUA HORN

In 1954 Joshua Horn, a British surgeon, and his family went to the People's Republic of China. He lived and worked there for fifteen years as a surgeon, teacher and field medical worker before returning to Britain.

When this booklet was originally planned, it was hoped that Dr Horn would write an introduction, but his recent death, following a severe heart attack on a re-visit to China, prevented this.

Instead, we have been able to include as an important part of this booklet, a slightly edited version of a filmed lecture Joshua Horn gave to a large audience in New York in 1971.

Many will have seen the original film and others will have read Dr Horn's book, *Away with all Pests*. The lecture not only gives a wonderful picture of some of the big achievements on the medical front in New China, but vividly explains what made these achievements possible.

The Mass Line

When I went to China I thought that I was going there to teach surgery and I suppose I did a little bit. But by far the greater part of what I did there was to learn, to learn about how to change the world, how to change people and how to build the society of the future.

Now, although the Chinese experience applies principally and first and foremost to China, nevertheless I think there are certain things in Chinese experience which have a worldwide relevance. And this is the reason why I am very happy to tell you about them.

Since I was first in China in 1936, for only a few weeks as a young ship's doctor, there have been tremendous political and economic transformations. But far above these in long-term importance and durability is the transformation of the people. When I got back to China in 1954, I could see that the Chinese people were just as Chairman Mao had said. He said they had stood up. They stood up all right. They were walking upright, their heads up, purposeful; they knew what they were doing and why they were doing it and where they wanted to go.

And of all the transformations that I saw in China then, the one that struck me most forcibly was that of the position of women. Because women in old China were doubly oppressed. They not only had all the feudalism, capitalism, imperialism and everything else, but their inner, family relationships, the traditions of feudalism weighing heavily upon them with child-marriage, no rights, concubinage, all these things which reduced them to an extremely low and poor position in society. But now, they were standing up and walking about as if they owned the country, which of course they did. And do.

But I am not going on with generalities. I want to talk about some concrete things from my medical experience which try to show, to explain to some degree how all this was achieved.

First and foremost I must say that the prerequisite for all the achievements of People's China was that in 1949 the Chinese labouring people took control of their own destiny. They seized power in the country and they have exercised power and never more firmly than today. They overthrew and utterly destroyed the old regime of the Emperors, of the feudal barons, and the mandarins and of the corrupt Chiang Kai-shek regime which was subservient to Imperialism. They established the rule of the labouring people, of the workers, the peasants. And that was the prerequisite for everything that came afterwards. And there was another method, and you will see this when I describe the medical experiences, another method which was also a key to opening many doors and overcoming many difficulties. And that was, what the Chinese call the mass line, which means, confidence that the mass of the ordinary people, given the right inspiration, drive, motivation and leadership, can accomplish miracles

and can change everything. And change everything for the better. This is what the masses of the people can do.

Now, the word masses (of the people) I have discovered since I came back to the western world (the word "masses") doesn't always have a very good connotation. People think of masses as being, you know, mindless, blue ants, blue outside, yellow inside, just a mass of people, mindless, nameless, no individuality. But this is not what is meant by masses. Masses are the people who do the work, the ordinary people, whether they work as automobile workers, or as doctors, or as teachers or as clerks or as peasants, they are the masses. And we are the masses too.

The operation of the mass line has played a vital part in China's advance. For example, in the old days, in China's countryside there was no medical service. There was a sprinkling of traditional-type doctors, and virtually no modern-type doctors in China's vast hinterland. One of the tasks that new China inherited was to provide a medical service where none existed. And to accomplish this, reliance was placed upon the mass line.

I'd like to tell you in concrete terms from my own limited personal experience how we, in my hospital, added our five cents worth. A mobile medical team was organised, consisting of a slice down the hospital staff. From directors, surgeons, professors, physicians, residents, junior doctors, nurses, cooks, bottle-washers, lavatory workers, administrators, gardeners, boilermen, laundry men, the lot: a slice of the hospital staff left the hospital and went to an area north of the Great Wall of China, to a very barren, mountainous, inhospitable terrain, where we remained for one year.

This was the mobile medical team, and I was privileged to form part of it. Now we had many tasks, but I'll tell you about only one — training para-medical workers from among the peasants to fill the huge void which existed.

First of all, when we arrived in the area where we were going to work, we built a medical school. Nothing like Harvard Medical College, or Columbia or anything like that, we planned it ourselves. We, the members of the mobile team, together with the peasants we were working among, we dug the clay, we moulded the bricks, we fired them, we built the kiln, we cut the firewood to fire them, we cut the timber for the door frames, and the windows, and we built it. It wasn't much of a building but it kept the wind and the rain and the cold out, and we built a number of hutments where we could accommodate twenty-five patients. And where we could open our medical school.

One day in November, when the weather was getting cold, the ground was freezing and farm work was coming to an end, we enrolled our first batch of thirty-two students. They were all young peasants, one each from the production brigades of the commune, among whom we were working. They had been selected by their production brigades, not on the basis of their scholastic standing (most of them had only had three or four years schooling), but on the basis of their attitude, their attitude to the collective — whether they were unselfish or selfish, whether they put the interests of the collective first or their own interests, whether they were bold in action

or timid, hard-working or lazy. If they had these attributes and they wanted to go, then they were in line for selection.

A selection process was put into operation. Of course, there were many, many volunteers, but finally we landed up with 32, and we lived together with them in this medical school for the next four months, in the winter period.

I would not have believed it possible, that in four months we could learn, together with these young peasants, the rudiments of medicine. I was amazed at how much they learnt and I still am amazed. And when I look back, to the reasons why they learned so fast, it is clear that very important among these reasons was their strong motivation. They felt that an honour had been conferred upon them in being selected and they must live up to this honour. That a responsibility had been placed on their shoulders and that they must honour this responsibility. And so they studied very hard.

We had no electric light in that place and no running water, of course, but they studied until three, four or five in the morning. As long as there was a drop of oil in the oil lamp, and as long as we, who were teaching them, could remain awake, and talk with them, so they studied.

Perhaps another reason why they learnt very fast was that although the place was nothing to look at, it did have certain advantages. For example, we, their teachers, lived with them, and there was nothing separating us, no question of status or anything like that. We all did the work together, carrying the water, chopping the firewood, doing the cooking, cleaning, and everything else. And we were completely at their disposal. The books they used were only mimeographed, but we had written them for this purpose. They were tailor-made for the job, with simple line drawings, and so on.

We fused theory with practice at every stage of the course. In many countries, including my own, it is customary to erect a "Chinese wall" between the beginning and the end, or the beginning and the middle. In the beginning you do biochemistry, physiology and so on — basic sciences. And when you've got that into your head, quickly before you forget it, you start seeing patients.

This kind of Chinese wall does not exist in China. We learnt physiology and anatomy, we dissected pigs and chickens. But as we studied anatomy and physiology, so we applied it in practice. When a patient would come to our clinic with a lung disease, for example, we'd examine the lungs, we'd go and dissect the lungs again, see what they looked like, go over the physiology of the lungs, and then advance to the diseases of the lungs, and the treatment of these diseases and the diagnoses of these diseases. So then, knowledge advanced on a broad front, interest was maintained, all aspects of the education they were receiving seemed to be purposeful.

Then, in March, the land started to thaw, and they were needed back on their farms, not as doctors but as peasants. They went back, and they were peasants earning their living by the sweat of their brow, as they had done before. But with a difference, because now, if anyone got ill, or if any of their neighbours, their fellow workers, fellow villagers, had anything

wrong with them, they would first consult these peasant doctors. With their medical bags, the basic minimum of drugs, and the basic minimum of dressings and instruments, they were able to cope with a lot of things. We in the mobile team used to go around our villages — our parish — at least once or twice a week, and see every village within our area. And when we reached a village we'd be met there by a peasant doctor who would tell us all the patients he had seen. We'd discuss the problems together and say where we agreed, where we disagreed, what could have been better, and so on and so forth. In this way there was a continual raising of the medical knowledge.

Winter came, the same thing happened, they went back for a further course of full time study for four months in the medical school, back again for eight months. The next winter, back again, for a three year course. But at the end of this three year course, they did not get a piece of paper with some sealing wax and a bit of red ribbon on it, saying that old John was now a peasant doctor. They were peasants, they remained peasants, and they'll be peasants all their lives. All it meant was that this man had now reached a certain level of proficiency and that in future his training would be along lines appropriate to that.

All this is new, all this is in the process of developing, but it is envisaged that throughout life they will raise their professional level, their technical skill.

In the first three years of the Cultural Revolution something like one million para-medical workers were trained to work in the countryside. This million includes peasant doctors, midwives, sanitary workers, birth control workers, and so on. In this way, China has, by relying on the masses of the people, coupling up upon the innate drive, ingenuity, intelligence of ordinary peasants, broken the back of this problem in a way that I think no other country in the world has done.

As well as this vast army of para-medical workers, many doctors from the urban hospitals responded to the call to serve the peasant population, uprooted themselves from the cities and voluntarily settled down, often in the hardest and most remote places, together with their wives and children, and are settling down there. This is a complete reversal of what you see almost all over the world. Speaking of my country, the movement of doctors is always from where the life is harder to where it is a bit softer, from where there's less money to where there's more money. So they go from the country to the towns, and then they go from the poorer towns to the richer towns, and then they go from the working class end of the town to the posher end of the town, and finally, they end up by going from the poorer country to the richer country.

So British doctors go to America, and Indian doctors come to England. This is the world-wide direction of medical personnel, except in China, where it is exactly the opposite. There the movement is from the towns, where life is relatively easy, to the countryside where it is hard.

Many people say, yes, you've got all these para-medical workers, but what kind of level have they got? What kind of doctors are they really? Do they really look after the health of the people? This raises very big ques-

tions, including the question of what attributes a doctor should have.

Some people think that the most important attributes are to have a lot of degrees, to have gone through a lot of specialist courses, to have a good bed-side manner, and so on. I'm not belittling the importance of professional skill, and mastery of modern techniques. But in my opinion, the most important attribute that any doctor can possibly have is the determination to put the interests of his patients before everything else, to devote his whole life to the service of his patients, of his fellow men. If he has this drive, if he has this motivation, he's a good doctor. And if he doesn't have it he falls short of being a good doctor no matter what his technical or professional level is.

Peasant doctors have this determination to be of service to their fellow men. To whatever degree their technical or professional knowledge falls short of the ideal, that can be put right in time. And will be put right in time. Because to have a sense of responsibility towards your patients means that you also have the determination to equip yourself with the knowledge and skills to serve their needs. It's part of the same thing.

So I say to those good people who say, ah well, what kind of doctors are they? they don't really count — I say they do count. I say this is the kind of doctor of the future — this is not an expedient, this is not just a stop-gap measure. This is how doctors of the future will be trained, rooted among the people. They will come from the people, they will be motivated by a desire to serve the people, they will not be separated from the people, by their income, their dress, their motor cars, where they live, or anything else. They'll merge with the people and serve them to the best of their ability. And the whole state will help them to do this, by giving them the facilities for studying, for learning, for application of their knowledge and above all by making sure that they never lose their roots among the people. And these peasant doctors will always remain peasants.

And I'd like to give you another example of how the mass line operates in Chinese medicine. Venereal disease is a big problem in the western world today. A long time ago Ehrlich invented the first anti-syphilitic drug. When he did, many people were opposed to its use. Because, they said, if you put this drug on the market, it will eliminate syphilis and the result will be promiscuity. They needn't have worried. And when a much more powerful drug, penicillin, came on the scene, the same arguments were advanced. I think every country in the world, in the western world, is facing a situation in which the venereal disease rate is by no means decreasing but is increasing.

In China, venereal disease has virtually been eliminated. For the last eight or nine years that I have spent in China, I did not see one case of infectious syphilis, active syphilis. Now, you might say, I was a surgeon, and it wasn't my job to see such cases. But I had a good friend whose job it was. He worked in the Venereal Disease Institute. He hadn't seen one either. And the reason why he hadn't seen one is because there aren't any. A whole generation of medical students is growing up not knowing what infectious venereal disease looks like. But it doesn't matter, it's gone and it will never come back. I say that my friend worked in the Venereal Disease Institute.

He did, but he doesn't now, because they have closed it down. There's no more need for it.

All right, then, let's ask the question, which I'm sure you are all asking anyway, how was it done? It was done by the application of the mass line and by the people seizing power. What are the sources of venereal disease? The sources of venereal disease are Imperialism, troops invading your country or your troops invading another country, civil war, brothels, prostitution, drug addiction, these are the main fertilizers of the soil in which venereal disease flourishes. When the Chinese people won power in 1949, they also were able to change this soil completely. First of all, no more imperialism, no more foreign soldiers or sailors came to China to spread venereal disease. Secondly, the exploitative system which permeated the whole of society and of which prostitution was a reflection, was abolished. Brothels were closed down. The people didn't even wait for the government to pass a law, although they did it fairly snappily, pass a law making brothels illegal — the people closed them down themselves. Because the people recognized that the exploitation of women in brothels was the crudest form of exploitation which they had fought for twenty long years to overthrow, for which hundreds of thousands of men and women had laid down their lives, and they weren't going to continue it in the new society they were building. And then, the economic basis of prostitution was eliminated. Most of the girls who went into prostitution did not do so from their own choice. Either they'd been had by the landlord if they were pretty and when he got tired of them he sold them to a brothel; they had no choice, they were no better than slaves. Or they had to sell themselves as prostitutes to keep themselves alive or their families alive. So it was the economic pressure of this rotten old sick man of Asia society that drove the majority of women into prostitution. The economic basis was eliminated, there was a way for everyone to earn a living, and to earn a living much more honourably, much more in tune with society than being a prostitute. And over and above that, the climate of public opinion had changed. This form of exploitation of women was seen as something abhorrent, something that had to be got rid of.

There still remained a big problem, once you had done that. You had the problem of finding the millions of cases of venereal disease which existed, and treating them. This is where the mass line came in. Because this task was way beyond the capability of the tiny, orthodox medical profession, they had to rely on the mass of the people. In every town, in every village, in every county of China, small groups of ordinary people, workers, peasants, clerks, teachers, were organized to tackle this job. They were given two or three weeks' training in which venereal disease was explained to them — its nature, its diagnoses and its treatment. And then they went out. First they held propaganda meetings, they had to find the cases. And they'd hold meetings at which they'd explain "venereal disease belongs to feudalism, to capitalism, imperialism. We fought and died to overthrow these and we are building socialism and you can't take syphilis into socialism. You have got to get rid of it. And so anybody who thinks he might have syphilis, might have gonorrhoea, please come forward and

we'll check up".

In this way a big net was thrown out into society and the great majority of sufferers of venereal disease were drawn in. A new method of diagnosis was devised — a very simple, quick method using a few drops of capillary blood, which anybody could carry out. Not 100 per cent accurate, but nothing in the world is 100 per cent accurate. It was well over 90 per cent accurate. And in this way the diagnosis was confirmed or disproved in the majority of cases.

Then there came the question of treatment. Of course the orthodox medical profession did not take to this kind of thing very kindly. They saw it as an encroachment upon their status, a sort of dilution of labour, though I don't suppose they put it like that, but when it came to treatment they really put up a fight. They said, well, propaganda is all right, they can do that, they can even do the diagnoses, and send out these questionnaires, but giving injections, that's our job and it's not ethical if non-qualified people do it. Also it might be dangerous, they don't really know how to do it. Well, the Chinese are always very bold in their conceptions and cautious in the application of the conception. And they were here. You see, the idea of eliminating venereal disease is a very bold conception. The idea of training a million para-medical workers is a very bold idea. But the way in which it is done is quite cautious. And so there was this resistance from the regular, orthodox profession, and so they said, alright, we'll do a pilot scheme. They selected one county, a big one, a few million population, and they put these three-week shock-trained teams of ordinary workers to work, and they said you carry on and do the best you can. And when they had finished they invited the experts in to check up and they checked up very thoroughly and they found over 95 per cent of all the cases of venereal disease had been correctly diagnosed and adequately treated. Then the barriers were down. Training was done not in one county, but on a nationwide scale, because it was known that it was possible in this way to break the back of this enormous problem. The remaining 5 per cent could be dealt with by the regular medical profession, and they were. So we've come back to what I said at the beginning. Today venereal disease is virtually a thing of the past. And that is an enormous achievement due to the people's power and the mass line.

I'll give you another example. The treatment of burns, burns, you know, due to heat. In 1958 the Chinese had what they called the year of the Big Leap Forward. I know that in the west it was called by different names: the Year of the Big Flop, the Year of the Fall-on-the-Face, and so on and so forth. A lot of people laughed at the Big Leap. They said it was a big mistake, and wasteful. Well I was in China, and I think that it was a big leap forward. Because during that year industry, agriculture, art, science, culture, medicine, all made very big advances. Of course there were some mistakes and of course there was some waste. The only person who never makes any mistakes is the person who never does anything. The Chinese don't believe in not doing nothing. I'm not sure if that is grammatically correct, but you know what I mean.

There were mistakes, for example, the steel campaign. I think that was a

bit wasteful. We made steel in our hospital, and my wife who was teaching in school, made steel in her school, and my children, who were school-children at that time, made steel in their school. And I am prepared to believe that the steel that we made was not very good steel and did not make much of a contribution to the Chinese, to the overall Chinese economy. But there was one very big result from this, which is a permanent one, a permanent gain. And that is today every man, woman and child in China, knows the difference between iron and steel, and knows how to use reducing agents to convert one into the other. Knows how to find iron ore and smelt it to make pig iron and then go on to make steel. Now of course, the Chinese are a backward people, it's a backward country, a poor country, largely rural and peasant, a lot of peasants. And America, for example, the United States of America, is the most advanced industrial country in the world. I sometimes wonder if this applies to all the American people. Whether they all know the difference between iron and steel. Well, the Chinese do and it might one day be very useful to them, because it means that wherever they are, whatever the situation, they'll be able to make steel. And if you can make steel, you can make a lot of very useful things and this is one of the guarantees that China is invincible.

This is a bit of a digression. I didn't mean to get on to the Big Leap Forward, but I was talking about burns. Because during this steel-making campaign, a steel-worker got burnt. And he sustained major burns covering nearly ninety per cent of the area of the body, and pretty deep. According to statistics from the most advanced medical centres in the world in the treatment of burns, his chance of survival was hardly worth talking about. But it was the year of the Big Leap. It was the year when all the bounds of the norms, the averages, were being smashed. Should the people of China, in this situation, in this heady period when everybody was surging forward, should they accept this as a fact, that he had no chance of survival and write him off, or should they say, to hell with that, we're going to save him. And that's what they said, we're going to save him. And they saved him.

The fight for his life was a fight that involved the entire Chinese people. Everybody felt involved, the radio carried several bulletins a day describing what had been done to him and how he was reacting, what his condition was. Newspapers were full of it. Outside the hospital in Shanghai where he was being treated, there were crowds milling up and down, queueing up, offering blood, plasma, skin, anything that could be, or could conceivably be of some use. Inside the hospital there was a full mobilization of all the people, not just a handful of professional technical people, but everyone. Had it just been a question of saving this man's life, that would have been important and it would have been an illustration of the way that all the people are involved in a problem, but it was much more than that. It was a question of disseminating knowledge throughout China. I well remember, before I ever heard about this case in Shanghai, I was in bed one night and the telephone rang and somebody said there was a big burn in Shanghai and would I be prepared to go down and help in its treatment. And I felt very proud. I felt, well now, they've really recognized my work and I've really arrived. Certainly I'll be only too pleased to go along. So I

went along to the airport and there I found forty or fifty other doctors who were also going down to Shanghai. And not only doctors, but nurses as well. And when we got to Shanghai, when we got to the hospital, I found there were three or four hundred of them. And we had been assembled from every part of China, and we all had two things in common. One is that we all knew a little bit about it. We could all put our five cents worth in, and make some kind of a contribution. And the other thing that we had was that we could all learn. And we all learnt, and we observed — we took far more than we gave. And we went back to our various hospitals. I went back to Peking and told my colleagues about what I had learnt. And we made plans for when we would receive a burn, and we built up a burns unit.

The position today is that China has a network of burns centres throughout the country, every sizeable city in China has a burns centre and the mortality rate in burns in China compares very favourably with that of any country in the world. Of course, I would not advise anybody to get burnt, but if you do get burnt, you'd be much better off to get burnt in China than anywhere else.

And all this dissemination of the knowledge, the experience, so that this exceptional thing becomes a commonplace thing, that's part of the Chinese approach, part of the Chinese method. An advance in medicine, no matter what it is, must be put at the service of all the people, and not just at the service of the man who made the advance so that he gets the Nobel Prize or whatever.

More examples. For example, you may have heard that China is pretty good in reattaching severed limbs, and severed fingers. And this too, started in Shanghai, when a worker named Wang (it's a very common name, a bit like Smith in England) was working in a factory on a power press and he put his hand where he shouldn't have done and it got cut off above the wrist. A common enough injury all over the world. And what was done was the usual sort of thing up to that time. The stump was wrapped up in a sterile dressing and he set off to hospital. But the worker at the next bench looked on the floor and he saw the hand lying under the power press and he picked it up. It was still in its protective glove and he took the glove off and he could see that the fingers were intact. The skin was intact and still warm, the fingers mobile, and so he thought, "this is a waste," and he took it along to the hospital to which the patient had been sent. And he went to see the surgeon and he gave him the hand and said, "Couldn't you put it back on?"

It so happened that that surgeon only a short time before had done a stint of manual work in this factory. The Communist Party of China considers it is very important to narrow, and finally eliminate, the gap between those who work with their brains and those who work with their hands. Because first of all, they don't believe that anybody works entirely with his hands without using his brain, and they don't consider that anybody can work entirely with his brain and not use his hands. But there is a difference in status, which is inherited from the past. And to advance towards the society of the future, you've got to eliminate, you've got to bridge this

difference between mental and manual workers. And one way of doing it is for intellectual workers, and that includes many doctors, to leave their surgeries or their offices or what have you, and go and do a stint of work on the farms or in the factories. And this surgeon had done so, in that very factory. And he'd got to know the workers there and he'd got to like them and they'd got to like him. And so it is quite reasonable that this old worker should pick up that hand and give it to him and say, "Couldn't you put it back on?" And that was a challenge which he couldn't in all conscience turn down. And so it was put back on. Very successfully. Very successfully.

Again the same thing happened. I was flown down to Shanghai and a lot of other people were flown down to Shanghai, all kinds. This time there was no question of contributing anything, because the job had been done. We went there to learn. And then went back to our hospitals and made plans, started operating on dogs for example, practising techniques of arterial and venous anastomosis, and then severing a dog's leg and re-attaching it. Finally we got pretty good at that. It wasn't too difficult and then we went on to rabbits' ears. That's much more difficult, just a solitary vein, a solitary artery, very small in calibre, and most early attempts failed and there were a lot of one-eared rabbits around the place. But eventually we succeeded in that as well. And in the course of doing this we needed the armamentarium. We needed some apparatus that we didn't have. For example, we needed a fibre for sewing up these fine blood vessels and the fibre had to be something very special; had to be very, very fine, but very strong, very smooth, very non-reactive with the tissues, and yet capable of tying them up. We didn't have such a fibre. And as a matter of fact, I don't think any country had got such a fibre, or had at that time. And so we went along to the synthetic fabric factory, making nylon shirts and plastic raincoats and what have you, and we told them the problem. And they produced a fibre for us. It didn't take them long. They took off a whole section of their research and development staff to work on this problem and they produced a suitable fibre. Now, I couldn't help thinking at the time, what would have happened if I had gone along to ICI in England or Du Pont in the United States? I can well imagine that they would have said, "Well now, that's a very interesting project you've got there. But I'm sorry it doesn't fit in with our production scheme for this year, or for next year either for that matter, and there would be no profit in it for us at all. The most you would want would be a couple of hundred yards — that would last you a lifetime. And while it's very interesting, it's just not rational."

And now, that would have been a reasonable approach for Du Pont or for ICI. I don't want to slander either of them. That would have been a reasonable response because they are concerned with making money and making profits. But this factory in Peking was not concerned with making money, it didn't work for the profit motive. It had the same motive as we had, to serve the people. Whether you serve the people by providing them with nylon shirts or by re-attaching their severed limbs, it's all part of the same thing. And so they considered it nothing out of the ordinary to take

off a good part of their personnel to this one project. And they produced a very good fibre for us. The same thing happened at the needle factory, where we wanted a special kind of sewing needle. And at the optical instrument factory where we needed a special kind of operating microscope. And so we built up our skills, our knowledge, our armamentarium and in due course the cases started coming in.

The position when I left China was that well over a hundred cases of severed limbs and severed fingers had been successfully re-attached. The fingers are much more difficult to do than the limbs. And this is an achievement which is unparalleled in the world, I think. I was back in England on leave during that period and I went along to the Royal College of Surgeons to give a lecture on this. And it's a kind of very snooty place. But they were interested and although they didn't like to believe it, they had to believe the evidence of their eyes because there were photographs of all these cases from beginning to end. And after the lecture, they asked me quite a lot of questions. One question was, how is it that the Chinese can succeed in re-attaching these severed fingers and limbs whereas we can't? Is it a question of eyesight, better eyesight, or more dexterity?

Does it come from all this wood carving tradition? And of course, it's nothing to do with this. The real answer, which I didn't give them, the real answer is that it is a question of politics. And that is what it really is. Because when you really come to think about it, to re-attach four fingers takes about seventeen or eighteen hours' hard work. And when you've done the operation, it's quite likely that one of the veins will block up and then you'll have to get out of bed and do another four or five or six hours' work. You've got to have tremendous tenacity, tremendous patience, tremendous confidence, a tremendous desire for it to succeed, in order to do it. Where does this come from? It doesn't come from any conventional reward, because there isn't any. Doctors in China are never paid by their patients. They get a fixed salary and you get the same whether or not you have re-attached severed limbs. That makes no difference. Neither is it fame. Because this is a teamwork job and no one person is singled out as the number one. So it's not fame and it's not fortune. So what is it? It's a desire to serve the people. It's a desire to build up socialist China. It's a desire to transform the sick man of Asia into the most healthy man in the world. And that's politics.

Now I'd like to leave the inner medical professional part of it and talk about the kind of relationships which you find in hospitals. I mentioned before that it's considered wrong for there to be a difference in status, in privilege between mental workers and manual workers, and also between different levels, different grades of either of them. There's an attempt to break down a hierarchy; a hierarchical system which exists in many institutions all over the world is being systematically demolished in China. For example, the wards in the hospital where I worked are run by a committee of three people, one is a nurse, one is a doctor and one is an orderly. They all serve the people, they all serve the patients, according to the best of their abilities which depends upon the kind of past and education and training that they've had. They meet together every day and they review

the previous day's work and they plan the next day's work. If an operation is planned in the ward, a big operation, a potentially dangerous operation, that too is discussed by everyone in the ward, including the patients. Because with a big operation, it's not only a question of where to make a cut, or technical things, it's a question that involves many other things: teamwork, ethics, ethics comes into it very much, is it justifiable or not justifiable? I mean recently, in many countries in the world, there have been a lot of questions asked about the justifiability or the non-justifiability of this or that kind of procedure. And so the whole project is discussed by everybody. If you've got something to say you say it. If you haven't, it's best to keep quiet and not just to push yourself forward. But very often people have a little bit to contribute which can help quite a lot, even in the performance of the operation and certainly in the aftercare: what kinds of things could go wrong during or after the operation, how to prevent these things from going wrong, what to do if they do go wrong. So that in the post-operative period, for example, everybody in the ward is mentally prepared for all the eventualities and maturely prepared as well. So much about the ward.

In the hospital at large, the hospital administrator used to do manual work one day a week, either in the garden or the laundry or the boiler-house. Because it is believed in China that if you sit on your backside in an office with a lot of telephones and issue orders, you become a bureaucrat. And it doesn't matter how good you are at heart, you know, how red you are and how firmly convinced you are of socialist principles, if that's what you do, if you sit on your backside and issue orders, you become a bureaucrat in any country in the world. And one of the ways, not the only way, and maybe not the most important way, but one of the ways of overcoming this is to go and do the job yourself. And so when our hospital director used to go and work in the boilerhouse, he did so not to teach the boilerman how to stoke the boiler, but to learn from him how to stoke the boiler. Because another thing that Chairman Mao says is this, before you can be a teacher of the masses you've got to be a pupil of the masses.

This is the way in which the gap between the intellectual workers and the ordinary people of the country is consistently being broken down. And I don't want to give an exaggerated idea, I don't want to say that there is no difference in China between mental and manual work, between worker and peasant, between town and country. There is a difference, even quite a big difference. The point is, what is happening to the difference? Is it getting bigger or smaller? And the answer is, it's getting smaller. And it's getting smaller in some sectors very, very rapidly.

Of course, the hospital I've been speaking about is not only concerned with treating sickness, it's primarily concerned with preventing disease. My hospital was responsible for the health of about seventy or eighty thousand people living in the north-western corner of Peking. We had teams of doctors, nurses and sanitary workers and we used to go out and visit the people in their houses, see what their living conditions were, what the sanitary conditions were like, and so on, carry out inoculations of the

children against poliomyelitis, whooping cough, diphtheria, make antenatal examinations, generally be of service to them, looking after the health of the people. And then, if they were ever called out at night, a patient in the locality who could not come into hospital, it was perfectly all right to telephone the hospital and somebody would go out, and see the patient at home.

So the hospital was a community hospital. It was a regular standard practice of the hospital where I was working and this was part of the overall community work concerned with safeguarding the health of the Chinese people.

Now, I've only just skimmed over the surface, and that's all it's possible to do in this time, but I'm going to dry up now. If anybody has a question to ask, and I am capable of answering it, I'll certainly do the best I can.

What I'm convinced of is this, that the ordinary people in every country in the world, including the United States of America, have basically got an inexhaustible enthusiasm for building a better life. That while they may go along with what they've got for quite a long time, while they may be deluded into thinking that what they've got is what they need and what they want, the contradictions exist in capitalist society which are going to lead, and maybe in not such a very long time ahead, the majority of the people to demand something better, and to create something better.

From a lecture by **Joshua Horn**, New York, 1971.

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Report of stapedectomy for curing deafness.
- PN103 *Instruments for Eye Operations*: Peking Review, No. 35, 1964.
- PN104 *Treating Fractures in a New Way*: China Pictorial, No. 11, 1965.
Treatment at Tientsin.
- PN105 *Science*: China Pictorial, No. 12, 1965.
Very brief note on artificial heart.
- PN106 *New Triumph in Cardiac Surgery*: China Reconstructs, No. 12, 1965.
- PN107 *Surgical Needle*: Guardian, 10.1.1966.
- PN108 *A Miracle of Surgery*: China Reconstructs, No. 10, 1968.
Removal of huge tumour — retroperitoneal neurofibroma — weighing 45 kilogrammes — from woman's abdomen by PLA surgeons, Peking.
- PN109 *It's Fine to Have Working Class Leadership in the Hospitals*: Peking Review, No. 7, 1969.
How the workers and PLA Mao Tse-tung Thought propaganda team at Huashan Hospital, Shanghai, led medical personnel in saving the life of a worker suffering from tension electric shock when the heart had stopped beating for 18 minutes before arrival at the hospital.

- PN110 *How a PLA Fighter's Life was Saved*: Peking Review, No. 26, 1971.
Account of medical and surgical treatment to save PLA man suffering from electric shock which had caused his heart to stop beating.
- PN111 *A New Method in Removing Cataracts*: China Reconstructs, No. 7, 1973.
- PN112 *Open Heart Surgery*: China Features, June 1974 (Peking).
- PN113 *Surgery with Herbal Anaesthesia*: China Reconstructs, No. 2, 1975.
- PN114 *Second Life*: China Reconstructs, No. 8, 1975.
How a miner crushed in an accident was saved.

Re-attachment of severed limbs

See also:

B2 pp.117-123.

B5 pp.292-295.

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- PN115 *A Major Success in Chinese Surgery*: Peking Review, No. 34, 1963.
Rejoining worker's severed hand.
- PN116 *A Splendid Recovery*: China Pictorial, No. 12, 1964.
Rejoining a hand in Shanghai No. 6 People's Hospital.
- PN117 *Chinese Surgeons Rejoin Worker's Severed Arm*: Peking Review, No. 37, 1964.
- PN118 *Surgery Limb Replants*: Observer, 19.7.1966.
- PN119 *Boy's Severed Arm Successfully Rejoined*: Peking Review, No. 29, 1968.
- PN120 *Boy's Severed Arm Rejoined*: China Reconstructs, No. 9, 1968.
Successful operation at the Central Hospital, Hsinwen Coal Mining Administration, Changchuang mining district of Shantung province.
- PN121 *Successful Rejoining of Stump and Proximal and Distal Segments of Traumatically Amputated Limb*: China Pictorial, No. 5, 1970.
- PN122 *Advances in Rejoining Severed Limbs*: China Reconstructs, No. 2, 1971.
- PN123 *Advance in Reimplanting Severed Limbs; From 'Realm of Necessity' to 'Realm of Freedom'*: Peking Review, No. 2, 1971.
- PN124 *Replanted Arms—Child Survives*: China Features, Peking 1974.

Countryside and Communes

B10 *Long March to Freedom*: Stuart and Roma Gelder, Hutchinson, 1962. Chapter 9, 'A tour of Tung Ren'.
Retraining of midwives for work in the country.

B11 *Report from a Chinese Village*: Jan Myrdal, Random House (Pantheon Books), 1965. Part X, 'Old Dr Kao'.
Life story of a peasant who became a doctor, worked in Yen'an and finally in Liuling brigade.

B12 *The First Years of Yangyi Commune*: I and D Crook, Routledge and Kegan Paul, 1966.
Maternity homes and general medical services on the commune (1966).

B13 *Poems of Mao Tse-tung*: translated and annotated by Wong Man, Eastern Horizon Press, Hong Kong, 1966.
'Seeing off the Plague God', two short poems composed after Mao had read in the 'People's Daily' about extermination of the schistosomiasis parasite, followed by a full factual note on how the parasites and disease were eradicated in Yukiang county in 1958.

B14 *China: The Revolution Continued*: Jan Myrdal and Gun Kessle, Chatto and Windus, 1971, pp.109-114.
Introduction of health insurance in Liuling brigade; practice of acupuncture, sanitation and preventive medicine there.

See also

B2 Chapter 13, 'Medical services in the countryside'.

B8 'Health care in the Countryside'.

B10 'Health Care for Rural Areas' by Susan B Rifkin.

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PN125 *Rural and Health Problems in China*: E Tuckman, Lancet, No. 1, 1950, p.508.
Contrasts old and new; preventive services; education of doctor and patient; conclusion: health problems will be resolved by industrialisation programme and better standard of living.

- PN126 *Health and Agriculture in China*: James Cameron-Scott (Faber & Faber). Book review in *Lancet*, No. 2, 1952, p.764. Also reviewed in *British Medical Journal*, No. 2, 1952. Problem of faecal-borne disease in areas dependant on human fertilizer.
- PN127 *War Against a Killer*: *People's China*, No. 18, 1957. An account of the work for preventing and curing schistosomiasis in Kunshan county, Kiangsu.
- PN128 *Good Health County*: *Peking Review*, No. 3, 1958. Good network of medical and health facilities in Chisan County.
- PN129 *How 'Big Willows' became Health Conscious*: *China Reconstructs*, No. 6, 1958. Hygiene education in a village.
- PN130 *Health Care for Rural Women*: *China Reconstructs*, No. 4, 1959.
- PN131 *Country Midwife*: *China Reconstructs*, No. 5, 1959.
- PN132 *Training Teachers for Commune Nurseries*: *China Reconstructs*, No. 8, 1959. Health care of infants.
- PN133 *An End to Plague*: *Peking Review*, No. 5, 1960. The early campaign against schistosomiasis; its destructive effects in severely reducing many village populations and how the mass campaigns mainly eradicated the disease; the consequent increase in population and production in affected areas.
- PN134 *Sanitation Pace-setter — Foshan*: *Peking Review*, No. 18, 1960.
- PN135 *Medical Service for the Communes*: *Peking Review*, No. 31, 1960. Efforts to eliminate infectious diseases.
- PN136 *Health Workers and the Farms*: *Peking Review*, No. 48, 1960. Their contribution to the support of the agriculture campaign.
- PN137 *Aid to Rural Medicine*: *China Reconstructs*, No. 11, 1960.
- PN138 *Health Work Aids Agriculture*: *China Reconstructs*, No. 2, 1961.
- PN139 *Where the Health Workers Go*: *Peking Review*, No. 12, 1961. Short article on public health in rural communities.
- PN140 *Health and Sanitation Drive Aids Agriculture*: *Peking Review*, No. 16, 1961. Short article on prevention and cure of seasonal ailments.
- PN141 *Every county has its hospital*: *China Reconstructs*, No. 1, 1964.
- PN142 *Mobile Medical Teams in the Countryside*: *China Pictorial*, No. 5, 1965. Treatment as well as prevention of disease.
- PN143 *City Doctors go to the Countryside*: *China Reconstructs*, No. 10, 1965.
- PN144 *From a Doctor's Diary*: *Peking Review*, No. 21, 1965.
- PN145 *City Health Workers go to the Countryside*: *Peking Review*, No. 21, 1965.
- PN146 *A Mobile 'Hospital' in the Mountains*: *China Pictorial*, No. 1, 1966. Organised by Chinyuan County, Shansi Province, to tour Taiyo Mountains.
- PN147 *Medical Workers Serve the Peasants*: *China Pictorial*, No. 1, 1966. Mobile medical teams.
- PN148 *Rural Medicine*: *New York Times*, 9.1.1966. Peking urges doctors to set up country practices.
- PN149 *The First County to Wipe out Schistosomiasis*: *China Reconstructs*, No. 7, 1968. Yukiang county in Kiangsi province wipes out the disease; treatment and prevention.
- PN150 *Revolutionary Medical Workers go to the Countryside*: *China Reconstructs*, No. 12, 1968. Two medical teams from Peking go to the north-western province of Kansu.
- PN151 *A Co-operative Medical Service Greatly Welcomed by the poor and lower-middle peasants*: *Peking Review*, No. 3, 1969.
- PN152 *Co-operative Medical Service is Fine*: *China Pictorial*, No. 4, 1969. Medical Service in Changshih People's Commune, Chunhsing brigade.
- PN153 *Rural Co-operative Medical Service*: *China Reconstructs*, No. 6, 1969. Macheng county communes organise medical co-operative services.
- PN154 *A Rural Medical and Health Network*: *China Pictorial*, No. 4, 1970. About Kiangsu province, Changshu county.
- PN155 *Better Health for the Peasants*: *China Reconstructs*, No. 10, 1970. Heilungkiang province launches mass campaigns for hygiene and sanitation and elimination of contagious diseases.

- PN156 *Health and Medical Care for the People: China Reconstructs*, No. 6, 1971.
Short account of rural health and medical work including the part played by medical instrument plant workers and research workers.
- PN157 *Description of a Commune Hospital*: Elizabeth Coope (SACU member) report, October 1973.
- PN158 *Snail-fever in Anhwei Province*: China Pictorial, No. 6, 1974.
- PN159 *Co-operative Medical Service and Barefoot Doctors in China's Rural Areas*: Peking Review, No. 27, 1975.
Links this service with campaign on the Dictatorship of the Proletariat.
- PN160 *Persimmons and Principles*: China Now, November 1975.
Description of the health centre at Yellow Pine Valley Commune and the mobile health team from Peking working there; includes barefoot doctor training.

Barefoot Doctors

- PN161 *'Barefoot Doctors' are fine*: China Pictorial, No. 1, 1969.
Short article.
- PN162 *The Barefoot Doctors*: China Reconstructs, No. 3, 1969.
At Chiangchen commune, south-east of Shanghai.
- PN163 *'Barefoot' Doctors in Uniform*: China Pictorial, No. 3, 1970.
PLA General Hospital organises a team to go to the countryside, N. Shensi.
- PN164 *Lili becomes a barefoot doctor*: Shirley Wood, China Now, November 1970.
First-hand report on a group of girls sent into the countryside to become some of the first barefoot doctors.
- PN165 *Everybody Works for Good Health*: China Reconstructs, No. 11, 1971.
Combined effort of barefoot doctors and peasants develops successful clinic in small village, Yunnan.
- PN166 *Barefoot Doctors care for the Peasants*: The Medical Post (Canada), 14.12.1971.
- PN167 *Barefoot Doctor — Prescription of Chairman Mao*: Time, 10.1.1972.
- PN168 *Barefoot Doctors in China*: Eastern Horizon, Vol. 11, No. 5, 1972.
People, politics and paramedicine origins. A case study. Training instruction manual.
- PN169 *Barefoot Doctors of the People's Republic of China*: Victor W Sidel, New England Journal of Medicine (USA), 15.6.1972.
- PN170 *Barefoot doctors*: New Internationalist, April 1973.
- PN171 *Barefoot Doctors in China*: Chi Wen, Lancet, 18.5.1974.
Origins of barefoot doctors; organisation, training, community roles.
- PN172 *Barefoot Doctors — Some Problems*: Robert C Hsu, New England Journal of Medicine, 18.7.1974.
- PN173 *Barefoot Doctors: Staggering Success*: Guardian, 25.7.1974.

- PN174 *Barefoot Doctors and the Medical Pyramid*: A J Smith, British Medical Journal, No. 2, 1974, pp.429-432.
Place of barefoots in medical organisation and training.
- PN175 *Barefoot Doctors and Health Care in China*: Peter Kong-ming, Eastern Horizon, Vol. 13, No. 3, 1974.
Report by a Canadian interested in community participation.
- PN176 *Barefoot Doctors*: China Reconstructs, No. 4, 1974.
- PN177 *Barefoot Doctors — one million in China*: Ta Kung Pao, 4.7.1974.
- PN178 *Barefoot Doctors and Health Care in the People's Republic of China*: Peter Kong-ming, New Ekistics (Greece), September 1974. (Reviews on the problems and science of human settlements.)
- PN179 *Barefoot Doctors on the Sea*: China Pictorial, No. 8, 1974.

Public Health and Social Welfare

- B15 *China's New Creative Age*: Hewlett Johnson, Lawrence & Wishart, 1953, 'The Battle for Health'.
Mass participation in hygiene and sanitation measures; re-education of midwives.
- B16 *Through the Chinese Revolution*: Ralph and Nancy Lapwood, Letchworth Garden City Press, 1954, Chapter VI.
Measures in the early years after Liberation; improving the health of College students (morning exercises etc.); college infirmaries; active measures and propaganda against the '5 poisonous things'; inoculation of children.
- B17 *Assignment China*: Julian Schuman, N.Y. Whittier Books, 1956, Chapter 13.
Public health drive directly after Liberation; contrast with old situation; first National Health Congress and its programme.
- B18 *What's Happening in China?*: Boyd Orr and Peter Townsend, Macdonald, 1959, 'Health of a Nation'.
Early health campaigns; closing of brothels.
- B19 *Window in Shanghai*: Sophia Knight, Andre Deutsch, 1967, pp.126-131.
Good brief summary of health services in town and countryside, 1967. Specialised hospitals.
- B20 *Public Health in the People's Republic of China*: Edited Myron E Wegman, Tsung-Yi Lin and Elizabeth F Purcell, Josiah Macy Jr. Foundation, New York, 1973.
Report of a Conference sponsored by the School of Public Health and the Centre for Chinese Studies, University of Michigan at Ann Arbor, May 1972. Well documented reports by scientists and others, many with personal experience in China, with emphasis on public health organisation, policy and methodology. Annotated bibliography of published material on Public Health in the PRC, available outside China.
- B21 *Medicine and Society in China*: Edited John Z Bowers and Elizabeth F Purcell, Josiah Macy Jr. Foundation, New York, 1974.
Report of a Conference sponsored by the National Library of Medicine and the Josiah Macy foundation, March 1973, with the participation of doctors, historians, political scientists and sociologists. The greater part historical (pre-1949), but worth

noting are: Victor W Sidel on 'Health Services in the PRC' and Michel C Oksenberg on 'Chinese Politics and the Public Health Issue'.

- B22 *Families of Fengsheng*: Ruth Sidel, Penguin, 1974, Chapter 4 on Neighbourhood Health Care.
Brief historical development of health care in China; present health care in cities under neighbourhood committees; Red Medical Workers; Neighbourhood hospitals; work of Public Health Dept.; public sanitation; birth planning.
Notes on pp.96,97 give some references to papers.
- See also:
- B3 'Medical and Health Care in China since Liberation'; P C Liang. Short but well written, up-to-date survey.
- B7 Chapter II.
- B9 pp.23-40, organisation of health care and pp.41-49, public health policy and practice.
- B10 Articles on health care and health problems.
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- PN180 *Two Years of Health Work in China*: Li Teh-chuan, Minister of Health, People's China, January 16, 1952.
Review of first two years of health work organisation.
- PN181 *Better Health for the People*: People's China, No. 14, 1952.
Free medical service extended; health and sanitation campaign.
- PN182 *The Public Health and Hygiene Movement in China*: People's China, No. 19, 1952.
From an appendix to the Report of the International Scientific Movement investigating bacterial warfare in North Korea and China. Commission visited Peking: survey of garbage, drains, water supply, flies etc.
- PN183 *Giant Strides in China's Health Service*: J D McPhee, People's China, No. 17, 1953.
Report by the General Secretary, Hospital Employers' Union, New South Wales, Australia, who attended 7th All China Congress, September 1953.
- PN184 *Health Services in New China*: P Z King, People's China, No. 24, 1953.
New health principles and anti-epidemic work; education in childbirth and medicine.
- PN185 *The Professional in Russia and China*: Lancet, No. 2, 1958, p.623.
Contrasts Russian and Chinese medical systems and socio-political approaches.

- PN186 *Wiping Out Disease by Mass Action*: George Hatem, China Reconstructs, No. 12, 1958.
- PN187 *How Chenhsien County Conquers Disease*: Peking Review, No. 31, 1959.
Account of mass public health campaigns and the 'four evils' — flies, mosquitoes, rats and grain-consuming sparrows; also parasitic disease such as filariasis.
- PN188 *Pioneering in Women's Health*: China Reconstructs, No. 1, 1962.
- PN189 *Health Work in Our Mine*: China Reconstructs, No. 8, 1962.
- PN190 *Conditions for Cancer-work: Yesterday and Today*: China Reconstructs, No. 2, 1963.
On the speed and value of mass surveys.
- PN191 *Mass Vaccination against Polio*: China Reconstructs, No. 7, 1963.
- PN192 *Health in New China*: British Medical Journal, No. 1, 1964, p.1063.
Comparative study of health of 'mainland' and Hong Kong Chinese children. Concludes: not much difference.
- PN193 *Ending the Scourge of Kala-azar*: China Reconstructs, No. 1, 1965.
- PN194 *Red Cross and Public Health*: China Reconstructs, No. 2, 1965.
- PN195 *China's Health Service*: David Adler, SACU News, Aug. 1966.
Brief account of medical services at time of visit — 1965.
- PN196 *Summer Health Movement*: Peking Review, No. 31, 1970.
Health and Hygiene Campaign in Peking, Shanghai and Tientsin.
- PN197 *Comparison of Hospital Administration in China and the UK*: Elizabeth Coope, manuscript, 1972.
- PN198 *How We Prevent and Treat Occupational Diseases*: China Reconstructs, No. 6, 1972.
- PN199 *Serving the People: Some Observations on Chinese Medicine*: Charles Flato, Eastern Horizon, Vol. XII, No. 1, 1973.
Organisation of health services, particularly since the Cultural Revolution.
- PN200 *Sociomedical Achievements in China — a Travel Report*: International Journal of Health Services, Vol. 3, No. 2, 1973.
- PN201 *Health Service Advances in China*: Terry Philpot, Health and Social Service Journal, 11.5.1974.
- PN202 'None so deaf': Helen Rosen, Eastern Horizon, Vol. XIII, No. 5, 1974.
Treatment of deaf-mutes; support by community.

- PN203 *Medical Welfare in China*: Mary Brueton, Health and Social Services Journal, 11.5.1974.
- PN204 *Public Health in China*: A J Smith, British Medical Journal, 1 June 1974, p.492.
Early health campaigns and eradication of pests; approach to endemic disease, e.g. schistosomiasis (procedures in irrigation ditches and waterways for destruction of disease-carrying snails), kala-azar; bacterial and viral diseases.
- PN205 *China: Participation in a Caring Society*: Vera Pittock, Social Work Today, Vol. 5, No. 11, September 1974.
- PN206 *Factory for the Handicapped*: China Reconstructs, No. 12, 1974.
- PN207 *Shanghai is on Fire!*: US China Bulletin, South Bay, Vol. 11, No. 6, 1974.
- PN208 *Ending an Evil*: China Now, December 1974, reprint from China and US, Vol. 3, No. 2, 1974.
An account of how ten million drug addicts were cured of the habit between 1949 and 1952.
- PN209 *Profound Revolution on the Health Front*: Peking Review, No. 27, 1975.
Marking the 10th anniversary of Chairman Mao's 'June 26 Directive' on medical and health work, and linking medical and health work with the campaign to study and implement the Dictatorship of the Proletariat.
- PN210 *Health Care for 800 million People*: Helen Zia, New China, Summer 1975.
A clear and accurate summary of the basic principles on which the Chinese health service is founded and how they have been implemented; how health care has advanced socialism. The distinction between mobile health units and the new health workers (barefoot doctors), chosen from the communes' own peasants, clarifies the role of each group.
- PN211 *The Development of Health Care Services in the People's Republic of China*: Victor and Ruth Sidel, World Development, Vol. 3, Nos. 7 & 8, 1975.
History of health services with particular emphasis on the changes since the Cultural Revolution.

Birth planning

See also:

- B7 Chapter IV.
Birth planning with documentation.
- B9 pp.185-192.
Some observations about population and birth planning.
- B20 'Population planning: policy, evolution and actions programs' by Pi-Chao Chen.
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- PN212 *Contraception in China*: Lancet, No. 1, 1957, p.920.
First report of change of attitude. Problems.
- PN213 *Birth Control in China*: People's China, No. 11, 1957.
Questions answered.
- PN214 *Birth Control: Reversal or Postponement?* Leo A Orleans, China Quarterly, No. 3, 1960. (This issue is not in ACEI Library.)
- PN215 *A New Birth Control Campaign?* Leo A Orleans, China Quarterly, No. 12, 1962.
Reviews China's population policies over the last 10 years and postulates reasons for lack of progress and delimiting of birth planning programmes from 1958 to 1961/2. Orleans sees no reason to believe that new campaigns will be any more successful than past ones.
- PN216 *Family planning in China today*: Han Suyin, Family Planning, Vol. 14, July 1965.
- PN217 *Evidence from the Chinese Medical Journals on Current Population Policy*: Leo A Orleans, China Quarterly, No. 40, 1969.
A survey, using Chinese language medical sources, (1964-67) of developments in birth planning. Will China be successful in reducing the birth rate significantly?
- PN218 *Two Means a Thousand*: Ronald Frankenberg, China Now, No. 20, 1972.
Some impressions of birth planning policy and facilities arising from a visit to China in 1971.
- PN219 *Family Planning in the People's Republic of China: Report on First Official IPPF visit*: IPPF Medical Bulletin, Vol. 6, No. 3, June 1972. (See also China Now, August/September 1972.)

- PN220 *IPPF Observer Reports China's Programme 'Best in World'*: International Planned Parenthood News, No. 218, June 1972.
- PN221 *Population control in China*: Evelyn M Adey, British Medical Journal, 8 June 1974.
How population control has been achieved; education and sexual morality; contraceptive measures; abortion; success partly due to political attitude.
- PN222 *Population Growth and Birth Planning*: Han Suyin, China Now, July/August 1974. (Reprint from Eastern Horizon.)
Han Suyin sums up 17 years' research, citing the latest facts on the subject arising from her 1973 visit to China. Comprehensive account of the development and changes in China's birth planning policies since 1949.
- PN223 *Exploding Population Myths*: China Now, July/August 1974.
Edited version of speeches made by Chinese observers at the Bucarest 1974 Preliminary Population Commission meeting.
- PN224 *Population growth and Urbanization in China, 1953-70*: Ekistics (Reviews on the problems and science of human settlements), September 1974 (Greece).
- PN225 *Some Observations on Current Fertility Control*: Carl Djerassi, China Quarterly, No. 57, 1974.
The author spent part of May and June 1973 in China and effectively sums up the different methods of contraception used, with comments on abortion and sterilization. Also covers some population statistics and the possibility of future collaboration between USA and China in this field.

Midwifery and Maternity Care

See also:

- B9 pp.127-138 and pp.139-141.
Analysis of maternity care; observations on nursing and midwifery education.
- PN253 Section on maternity and child welfare.

Medicine and Public Health for China's minority peoples

- B23 *The Timely Rain*: S & R Gelder, Hutchinson 1964, Chapter 10, Medicine old and new. Chinese doctors and medicine in Tibet; contrast with traditional Tibetan medicine. Training of Tibetan monk medical students. Setting up of hospitals in Lhasa by the Chinese. Training of Tibetan nurses and overcoming of religious and superstitious prejudice.
- B24 *To Peking and Beyond*: Harrison E Salisbury, Hutchinson (Arrow Books), 1973.
Medical practice at hospital in Ulan Bator.
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- PN226 *Beating Malaria in Szemao*: People's China, No. 15, 1955.
Szemao, province of Yunnan, plagued by malaria, is liberated in 1949; deserted, ruined homes rebuilt and people return to a cleaned-up town. Clinic organised and mosquitoes destroyed.
- PN227 *Tent Clinic in Sinkiang*: Basil Davidson, China Reconstructs, No. 10, 1956.
Development of medical services in Sinkiang and other minority peoples under Dr Ma Hai-teh.
- PN228 *Medical Team in Hainan Island*: China Reconstructs, No. 12, 1958.
Health team in minority area.
- PN229 *Kweichow Licks Malaria*: Peking Review, No. 9, 1962.
Short article on how depressed national minorities benefit by education and hospitals.
- PN230 *Medical Care for Minorities*: Peking Review, No. 29, 1962.
Short article on Sinkiang and NW. Maternity benefits expanded. Smallpox wiped out.
- PN231 *Health Work in Kweichow*: Peking Review, No. 30, 1962.
Conquest of malaria; spread of hygiene.
- PN232 *Medicare for Tibetans*: Peking Review, No. 8, 1963.
- PN233 *Two Books on Uighur Medicine*: Peking Review, No. 8, 1964.
- PN234 *Inner Mongolia Revisited*: Ma Hai-teh, China Reconstructs, No. 9, 1965.

- Return after 10 years; medical progress with special reference to venereal disease.
- PN235 *A Tiny Clinic in the Mountains*: China Reconstructs, No. 7, 1966.
Work of a remote clinic in NW Kansu.
- PN236 *The Disciple of Avicenna*: Jack Chen, Eastern Horizon, Vol. 5, No. 6, 1966.
Story of an interview with an Uighur doctor, Yusup Kadradijuo.
- PN237 *Doctors sent by Chairman Mao*: China Pictorial, No. 10, 1969.
Nukiang squad of the 'June 26' Medical Team organised by Shanghai Huashan Hospital goes as a mobile unit to the Nukiang Lisu Autonomous Chou, Yunnan province to provide medical care.
- PN238 *Medical Team on the Plateau*: China Pictorial, No. 6, 1970.
No. 22 Hospital of the PLA organise a medical team to go far into the Chinghai-Tibet plateau.
- PN239 *Great Development of Medical Service in a Border Province*: Peking Review, No. 40, 1970.
Short article on Yunnan.
- PN240 *Medical Service for the Sea Islands*: China Reconstructs, No. 11, 1970.
PLA medical team, Kwangchow command, give service to South China Sea island.
- PN241 *A Tibetan Doctor*: China Reconstructs, No. 4, 1971.
Work of Tibetan peasant doctor.
- PN242 *A Hospital on Camelback*: China Reconstructs, No. 9, 1971.
Medical team in Gobi desert.
- PN243 *Everybody works for good health*: China Reconstructs, No. 11, 1971.
Chengtuzshan production team, Mangpang commune, Yunnan province and its health measures; use of herbs.
- PN244 *Health Work develops in Tibet*: Peking Review, March 1972.
Medical teams in Tibet.
- PN245 *Medical Teams in Tibet*: China Reconstructs, No. 5, 1975.
In July 1973, the government decided to organise eight special medical teams to help Tibet develop its medical work, training of personnel and scientific research more rapidly.

Traditional Medicine

- B25 *Visa for Peking: A de Segonzac, Heinemann, 1956, Chapter XVII, 'Medicine old and new'.
Visit to an old-style herbalist doctor. Collaboration between old and new medical techniques.*
- B26 *Long March to Freedom: Stuart and Roma Gelder, Hutchinson 1962, Chapter 9, 'A Tour of Tung Ren'.
Practice of old and new medicine in a Peking Hospital.*
- See also:
- B1 pp.184-229.
Important section on traditional medicine in modern China.
- B2 Chapter 8, 'Traditional and Western Medicine'.
- B8 pp.127-140.
Integration of traditional and modern medicine.
- B10 pp.3-18, Ralph C Croizier on 'Traditional Medicine as a basis for Chinese medical practice'.
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- PN246 *Old Cure Saves Lives: China Reconstructs, No. 4, 1956.
Treatment of Encephalitis B by traditional medicine.
Chinese Medicine: People's China, No. 9, 1956.
Western and Chinese traditional medicine; history of the combination.*
- PN247 *Precious Medical Heritage: China Reconstructs, No. 3, 1958.
Report by two Russian doctors.*
- PN248 *New Achievements in Chinese Medicine: Peking Review, No. 40, 1958.
Successful traditional treatment of appendicitis, gall stones, blood pressure, 'willow' bones, the dumb, kidney trouble, snake-bite, rheumatoid arthritis and children's diseases.*
- PN249 *Integrating Chinese and Western Medicine: Peking Review, No. 43, 1958.
Account of nation-wide campaign to promote the synthesis of traditional Chinese and Western medicine; to collect and preserve ancient prescriptions etc.*
- PN250 *The Story of Two Women Doctors: Peking Review, No. 7, 1959.
Valuable cooperation between a western-trained woman doctor*

and a traditional practitioner of Chinese midwifery and treatment of women's ailments with a secret prescription handed down through fourteen generations and now made generally available for research and clinical use.

- PN251 *Textbooks for Chinese Medicine: Peking Review, No. 29, 1959.
Organisation for the preparation of textbooks of traditional Chinese medicine at the five main schools of traditional Chinese medicine (Peking, Shanghai, Canton, Chengtu and Nanking).*
- PN252 *Learning from Ancient China's Medicine: China Reconstructs, No. 10, 1959.*
- PN253 *Medicine in China: British Medical Journal, No. 2, 1960, p.1815 (Lecture).
Traditional and Western style medicine.*
- PN254 *Studying traditional Chinese medicine: Peking Review, No. 38, 1961.
Combination of traditional Chinese with Western medicine.*
- PN255 *Fracture Treatment: China Reconstructs, No. 12, 1961.
Treatment by combination of Western and traditional medicine.*
- PN256 *A traditional medicine shop: China Reconstructs, No. 3, 1962.*
- PN257 *Medicine town revived: Peking Review, No. 7, 1963.
About South China's main trading centre of traditional medicines — Changshichen.*
- PN258 *Ginseng: China's famous medicinal root: China Reconstructs, No. 5, 1964.*
- PN259 *Report on first exhibition of traditional Chinese medicine at the Wellcome Museum: British Medical Journal, No. 1, 1966, p.930.
Opened by Joseph Needham.*
- PN260 *Ancient remedies and our medicated society: Morning Star, 13.10.1969.*
- PN261 *Making the ancient storehouse of Chinese medicine serve the people: China Reconstructs, No. 3, 1970.
Treatment with herbs.*
- PN262 *Using Chinese medicinal herbs to serve the people better: Peking Review, No. 52, 1970.
Examples of how Chinese medical workers are putting medicinal herbs to better use.*
- PN263 *Creating a new Chinese medicine: China Reconstructs, No. 12, 1971.
Account of the combination of western and traditional medicine, starting from 1958, by doctors at No. 157 Hospital of the PLA in Kwangchow province.*

- PN264 *Traditional Medicine in modern China*: Ralph Croizier, Journal of Oriental Studies, January 1972.
- PN265 *Ancient Medicines*: Times of Malta, 10.8.1972.
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