

*Publicity*

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FRIENDS' AMBULANCE UNIT: CHINA CONVOY

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FSU

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MAY 17 1948

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FSU (China)  
Medical Team 19  
Shansi, China  
1948 January 14

*Report*

Bronson Clark  
AFSC, Far East Office  
20 So. 12th St.  
Philadelphia, Pa., U.S.A.

David Johnstone  
FSC, Friends' House, Euston Rd.  
London, NW 1, England

Dear Bronson and David:

This letter is written to you two ex-members of the FAU as being the originators and chief implementers of the plan to set up an FAU-FSU project in the Communist-controlled areas of China and as being still concerned with relief and development work under the aegis of the AFSC and the FSC, and to give you my impressions and ideas of the scope and possible future avenues of work, in the hope that the FSU (China) will be better equipped and more informed on the conditions likely to be encountered if any future efforts are undertaken in these regions.

Since this team left Yen-an with the First International Peace Hospital it has been doing almost entirely the treatment of battle casualties received from the fighting in the surrounding areas, the casualties usually being at least two weeks old before they arrive at our hospital. No further supplies of drugs or equipment have been received because communication has been closed to the FSU and because UNRRA has failed to bring any appreciable amount of relief supplies into these areas. The satisfactory treatment of war casualties requires a large amount of equipment and drugs and because we have not had these things the work has not been very inspiring for us. No opportunity for developing classes for teaching nursing subjects in a complete syllabus has occurred because of the frequent changes of location and the great

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variation in the amount of work at different times. We have not been able to use electricity for X-radiography or lighting because of lack of petrol, and many other disadvantages have resulted from our being frequently on the move. This team therefore, now serves no valuable purpose apart from the small amount of medical work it does, its propaganda and morale-benefitting value by write-ups in the local newspaper, and "you foreign friends are able to observe and judge what conditions and methods are like in the Border Regions and which party is really serving the interests of the people, and you will be able to inform the outside world, etc., etc...". The remaining members of the present team, to which it has apparently been impossible to send reinforcements, plan to leave the Border Regions in April and all members estimate that they will have completed their contracts by the time of reaching Shanghai and arranging to leave China. (Hughes 1948, January; Clifford 1948, March; Miles 1948, August 19. All contracts end on the date of leaving China). This means that FSU work in Communist-controlled areas will be concluded unless other teams have managed to enter other Border Regions without our knowledge, which is unlikely, as communications within the Border Regions is satisfactory, though slow. We have had no communication with BSU headquarters in Shanghai since a letter dated 1947, April 16 reached us 1947, July.

The following are some ideas and suggestions as to what form future FSU work in the Communist-controlled areas could take and includes ideas which may be impracticable or beyond our means to carry out, but I have included them because it may happen that they will become practicable at a later date and also because they will serve to show what kind of work needs doing in these areas and could be done advantageously by foreign workers.

There is still great scope for the development of medical services in the two Border Regions in which we have been, and the establishment of a hospital under FSU control in a city or large town in the Border Regions would be a worthwhile scheme if agreement could be made with the Health Administration. It would, however, be necessary for the hospital to be built and developed from the ground up, the FSU supplying all equipment, drugs, fittings and probably even the buildings. This means that transport from Shanghai would have to be easy and not likely to be interrupted for a considerable period. In conjunction with the hospital, it would be necessary to run a nurses' training school to keep the hospital supplied with staff, and if possible, to train sufficient nurses to be able to add well-trained staff to other hospitals in the region. The present standard of nurses' training here is very low. The general standard of education is also low. As fuel, especially petrol, is expensive and difficult to obtain locally, it would be advantageous if some form of power other than petrol or coal could be utilized for heating and lighting. Electricity would be necessary for X-radiography and for lighting, but if a capable engineer and the capital equipment were available and we chose the location of the hospital near a large river, it might be feasible to use hydro-electric power on

a small scale to supply our requirements of electricity which would make a considerable saving in the cost of fuel as it could then be used for water heating, sterilizing, etc. as well as for lighting and X-radiography. Setting up such a plant would need, however, a fair initial outlay for equipment but would make us somewhat independent of coal and petrol supplies. The river would need to be of such a size that it did not freeze in the winter when the power would be most needed. If the FSU were able to set up a hospital permanently located in a city it could then undertake the training of nurses and internes, drawing its students from the surrounding district. To undertake a satisfactory nurses' training program, permanency of location is essential.

To give you a fuller idea of what conditions are like for medical work in these regions I enclose a copy of the "First Annual Report" of MT-19 which gives the impressions and opinions of the five present members of the team. I also refer you to "Proposals for an FSU Hospital in Communist-controlled areas", written in 1947, July and a copy of which was sent to FSU (China), headquarters Shanghai, and one given to Jack Dodds, Toronto, Canada.

Even if the FSU were unable to set up a hospital or to supply medical personnel to work in these areas, it could be of considerable service to medical work here by undertaking to transport and deliver drugs and equipment into the area to supply the International Peace Hospitals which, because of the present blockade, are having to work with insufficient drugs and equipment. I do not think it would be possible for the FSU to transport goods into this area until the blockade has been overcome, either by agreement between the two parties or by the defeat of one of them. If the FSU were able to develop motor transport or even air transport into these regions and supply drugs regularly and on an adequate scale, it would be performing a great service. Besides the usual hospital supplies, such equipment and materials as are required for the manufacture of vaccines and antitoxins, such as TAB vaccine, tetanus prophylactic, tetanus antitoxin, diphtheria prophylactic, smallpox vaccine, and for the manufacture and standardization of locally produced drugs and for making them up into tablets, pellets, ampoules, etc., would be of value.

When the hospital and Yen-an University withdrew from Yen-an in the face of Kuomintang attack in 1947, March, many of their books were lost. These included foreign medical textbooks. As textbooks of all kinds are very scarce here, I think it would be greatly appreciated if some were sent in. The medical departments need textbooks in Chinese on nursing (such as those published by the Nurses' Association of China), medical students' textbooks in Chinese (I believe Cheloo University has good translations of several foreign textbooks), and more advanced books, especially on Medicine and Surgery, in English or German. Books and papers on the preparation of various

biologicals such as smallpox vaccine, TAB vaccine, tetanus antitoxin, tetanus prophylactic, etc., are needed by the Public Health Department. David may be able to interest the British Council which has been quite liberal with books in other parts of China, in this.

Last year, when Jack Dodds and Frank Miles spoke to Dr. Ssu, head of the Health Administration, he told them that there was a need for Sanitary Engineers to direct work in some of the larger towns and cities in the NorthEast. However, I think that any Sanitary Engineer coming here would have to be prepared for a large amount of his skill to be unused and many of his schemes to be considered impracticable, for various reasons which I don't need to explain to you, and because many of the necessary materials are unlikely to be available.

Other work to be done is in connection with the Agricultural Experimental Farm and any members with qualifications suitable for this work both in animal husbandry and plant breeding would be welcomed here. If any are sent, they should be well supplied with all necessary equipment and a good stock of reference books.

There is work of value to be done by somebody with experience in the mechanization of small factories such as cotton mills, flour mills, and textile factories, to put these industries on a more efficient basis by the introduction of machinery. It is possible that hydro-electric power could be utilized in some of these plans.

An important contribution which could possibly bring about reconciliation between the two factions at present involved in civil war in China is, I consider, the enlightening of the people in foreign countries as to the conditions existing in the areas under the control of the Chinese Communists and the way the common people live, the work being carried out by the Communist party and associated organizations, the methods by which the common people are given a voice in the government and the extent to which representative government has been developed. Up to the present the only work done in this direction has been the publication of several books such as those of Edgar Snow, Gunther Stein, Agnes Smedley, etc. but if the FSU were able to produce some documentary films with sound and/or commentary, and photographs and illustrated articles for publication and distribution, it would be possible to reach a much wider audience and to increase the pressure of public opinion in regard to foreign intervention in the civil war in China. If the FSU were to produce a documentary film showing various aspects of life in the Communist-controlled areas it would be a great contribution to the enlightenment of people in other countries as to the facts about the democratic movement in China and would make the FSU the first to have ventured into this field using the motion picture as a medium. Besides the photographic equipment I think that sound recording equipment would add greatly to the value of such a film and would help to make it sufficiently polished technically for presentation to the public. Color film might also be used to advantage. A large amount of education could be done with photo-

graphs for the illustration of articles and for making better known the conditions prevailing in this part of China. Black and white and colored slides could also be made to illustrate public lectures, and talks to school children and other interested groups.

Well, that's about all I've thought of to date, unless you can persuade the U.S.A. and British governments to send out some reasonably intelligent and interested liaison representatives to these parts so that they might be informed of what is happening out here, before they start any more "aiding".

I cannot be certain that you are both still engaged in the work to which you were going to return on leaving China, but, if not, just pass this on to the right desk and say a few words to arouse the interest of its present occupant.

We have lately had some pretty gloomy reports of life in the "rotten capitalist" countries, from the local newspaper, so I hope you are enjoying some of the complicated pleasures of life; we have had rather a surfeit of the simple ones in the last three or four months since we settled down in Shansi.

Best wishes to you both, and with the regards of

*Doug Clifford*  
D. J. Clifford

DJC:ms

Copies:

- Bronson Clark
- David Johnstone
- D. J. Clifford
- Shanghai FSU Hdqtrs.
- MT-19 Files
- Frank Miles

Bronson Clark C  
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FRIENDS SERVICE UNIT (CHINA)

MEDICAL TEAM 12. FIRST ANNUAL REPORT.

FBU has now had a Medical Team in Communist Territory for over one year. The original strength in December 1946 was 6; Douglas Clifford and Peter Early (Doctors), Elizabeth Hughes and Joan Kennedy (nurses), Jack Dodds (laboratory), and Eric Hughes (X-ray). During the year three members left, Kennedy in January, Dodds in July, and Early in September. Two new members arrived in March, Margaret Stanley (nurse), and Frank Miles (med/mech).

The section worked in the First International Peace Hospital in Yenon until March 1st., when due to pressure from KMT troops the hospital was evacuated to the rear. From March until now the hospital moved around from village to village setting up the hospital as necessary. The distance travelled amounts to about 400 miles; different moves made numbered 13, and overnight stays made in 22 villages.

The hospital functioned for three long periods, (1 month, 2 months, and 5 months), and for a few periods of under 1 week, when operating-room, dressing-rooms, wards etc. were prepared but either not used or used for a very short time due to dictates of the military situation. In August the hospital moved across the Yellow River into Shansi.

The amount of work which the section has been able to do has been restricted due to various reasons. The two doctors have worked hard, being in charge of up to 120 patients each on various occasions assisted by one or two internes each. Elizabeth has worked in the operating-room, and Margaret in the wards. Until his departure, Jack worked in the laboratory, while Frank's capabilities have found little outlet due to lack of materials. Difficulties of transporting the X-ray generator have meant that Eric has been unable to do any X-raydiography, although since March he has acted as anaesthetist for the two doctors.

A report by each member of the section on the year's work appears later in this report.

Medical, surgical, nursing, laboratory and X-ray lectures were arranged during the year, but the number of lectures given was less than those which had to be cancelled owing to various causes: in Yenon, New Year Celebrations, unpunctual attendance due to ignorance of time, staff changes, irregular mealtimes, and after Yenon meetings, demands of work etc. Some English classes have been given, but the demand seems to be mostly for hospital terms bere of any grammar.

Our relations with the authorities here have always been excellent; every effort has been made to make our stay comfortable, and despite the shortage of many commodities our diet has been varied and satisfying. Two gifts of money were received during the year to buy dietary comforts, while at Christmas a large amount of Christmas fare was presented to us. The section has made sure that as many of the staff as possible shared in the consumption of this extra food.

Section life has changed from the Yenon days of mail once a week, films, excellent meals, plates knives forks and spoons, and kerosene lamps to plainer fare, eaten from mugs with spoons, no outside mail except 6 M. and a letter, and lamps of rape oil. The section's books have all been well read, and playing cards worn thin.

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During the cold weather locally-made cotton padded clothes and shoes have been worn. Certain articles of our clothing such as pyjamas, socks, underwear etc. have fallen apart due to frequent washings and have appeared as patches on a variety of other garments. The provision of shoes made locally has always been a trouble. Despite our furnishing patterns of our feet, seldom do the shoes provided fit the person for whom they were made and never do they match the pattern. By passing the shoes down to the next smallest person fits are obtained, but members with 9 and 10 size feet have to have new shoes made for them.

The section has made 9 blood donations to needy patients during the year; the chief value of these perhaps being the example to the rest of the staff. It would appear that modern knowledge of the use of intra-venous fluids in surgery is absent here, and following our donations of 500 to 700 c c the staff was grouped and listed to provide donors as required. Due to the poor diet, a maximum of 250 c c donation per person has been set by the hospital authorities. To our embarrassment, a gift such as 50 eggs was made to each of us making a donation, under the impression we presume, that there was a great physical loss to be made up. We passed most of the eggs on to needy patients, for our diet is quite adequate.

Some members have suffered from ailments during the year: Douglas, Margaret and Elizabeth - boils; Elizabeth an infected finger which necessitated penicillin and three operations, two under local and one under pentothal; Frank an abscess necessitating penicillin and an operation under pentothal; Margaret - tonsillectomy under local anaesthetic; and Eric had mild bacillary dysentery and tinea cruris.

On November 15th. Elizabeth gave birth to a boy. Under the care of Douglas and Margaret she has quickly recovered, and the new FSU member David James has taken his place in the section. The hospital authorities showed every consideration before and after the confinement. A stretcher was provided on the occasions when moves were made during the later months, and special foods were served during Elizabeth's stay in bed.

The "hospital in a village" set-up, in which the section has worked since last March is arranged in the following manner: hospital officials go ahead and seek out a suitable situation, and the villagers vacate a large number of their caves. The hospital then moves to its new position; all equipment is carried on donkeys, mules or horses, the patients either ride donkeys or travel on wooden litters made and carried by villagers. All the staff walks. On arrival we find a row of three or four caves allotted to the section, and after some cleaning they become our new home. Immediately on arrival the staff prepares operating-room, dressing-room and wards, sometimes hurriedly, and sometimes at leisure. The general service staff is responsible for supplying the hospital with all its needs, and these are purchased either locally or at a neighbouring large market-place. Winter demands for extra heat places a strain on fuel supply; under the floor of the operating-room, dressing-room, and some of the wards a flue runs from an outside fire, keeping the cave warm.

News of hospital affairs is circulated among the staff by means of a small locally-printed newspaper, written by a reporter

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attached to hospital headquarters. A wall newspaper written on a board covers this unit's news, and includes contributions by nurses, patients, acknowledgement of exceptional work done by the nurses etc. Patients and staff unable to read have summaries of the news read to them. The provincial newspaper is published every day, and contains news from the battlefronts, and translations of broadcasts by AP, UP, Tass and Reuter picked up by the New China News Agency. This newspaper's articles are the only source of outside information which NT 19 enjoys, free translations being made by the interpreters occasionally. The newspaper reveals a partisan outlook, sometimes with unreasoned comment on world affairs.

Following is an account by each member of the section of the year's work:

MARGARET STANLEY (Nurse).

A hospital in caves in a primitive mountainous area in North-Western China; work with a group of socially progressive Chinese who were instigating land reform and living in an atmosphere of self improvement; nursing and public health education in a locality of intense need - these were my vague impressions of what 1947 would reveal in Communist territory to an PSU nurse.

A quick four-hour flight from Hanking to isolated Yen-an was a sudden change, and revealed the actual conditions under which PSU Medical Team 19 lived and worked as a decided contrast to what my imagination had pictured - no one can picture life in Communist China accurately until he has experienced it for himself. One week after my flight into Yen-an, giving me just enough time to gather a scanty impression of the International Peace Hospital there in its various stages of packing up ready to march to the rear, the PSU team of seven members left with the hospital staff and has since travelled more than four hundred miles to be near the source of casualties.

The communal spirit in which the staff lives is an example of tolerance of each other unlike anything westerners experience among themselves. In one village, our first hospital location, sixteen of us nurses lived together in one cave, a situation inconceivable in any American women's dormitory or girls' camp I have ever seen. We lived together amicably. Until this time, late April, I had had no inkling of the standard of work in the hospital for there had been no opportunity to do any nursing. Our energies so far had been spent walking the mountain paths and keeping clothes washed in the streams and adjusting to the local diet etc.

My work was to be on the wards, and my first job, to see to admitting the casualties who came by the dozen the first day. A three-cornered bandage served as a turban for my head and a white gown from the operating-room covered me amply. When bathing each patient as he came was suggested, it met with obstacles. All available labour was in use converting local homes into wards. But we found ourselves too busy dressing wounds after the doctors examined them to worry long about the lack of concern to be the patients. The next day special effort was made; extra water was hauled by hospital staff from the stream and special fires made

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to heat it, and the patients were bathed. Twenty-six small high-school students from a nearby city joined us here to become nurses, among them one girl who has shown great energy, ingenuity and progress in her work, spending spare moments making fly-swats for each ward etc. Every day after the student nurses had eaten their second and last meal of the day, and before we PBU members had our third and last, one of our two interpreters and I conducted nursing classes on a hillside. First classes were in bandaging, stretcher-carrying and bedpan usage. Later bathing, sterilizing and other nursing techniques were demonstrated and supervised. It was fly-breeding season, and lice abounded in bedding, but in spite of supervision of manfungs and instruction in the importance of cleanliness, patients and nurses were unmoved by insanitary conditions we thought could be remedied. Relapsing fever struck four members of a family of villagers living next to the cave where the other six PBU members lived, and ~~also~~ one of the new student nurses contracted typhus. With this as an example of what should not happen, we had a delousing campaign and I learned to kill lice by the dozen, searching them out in the seams of bedding and clothes. A routine for delousing was performed - cutting hair, searching clothes and bedding and killing the lice found, bathing the patient and sprinkling his bed with DDT 5%, which was mixed with sterilized dust. A man-t'ou kuo steamer was used to sterilize clothing from the patients. But instead of this procedure becoming an accepted routine, it seemed to be looked upon as some special order from the doctor. And no matter how many classes one conducted, or how many examples one could show to be the result of carelessness in personal hygiene, illness was taken as a matter of course and accepted by the staff. It was difficult for me to sympathize with the seeming lassitude and carelessness of both the new student nurses and the ones who had come from Yenan with some background of nursing experience. But at various times we all suffered from acute or chronic diarrhoea and after such attacks I could understand that one's heart is not in one's work when ascaris are playing tag in the stomach and intestines. When medicines were changed classes were irregular. When an interpreter could not attend, classes were cancelled or carried on inefficiently in halting Chinese. I stressed the importance of reports (morning, afternoon and evening), because such reports are the universal means of the oncoming nurses knowing what has occurred during the previous shift. I attended most of the reports for several months until I heard one nurse say one morning: "Come on and give report, Miss Stanley wants to hear morning report." I did not want to hear it, especially since half of it went over my head, but I did want the nurses to hear it for their own benefit. I no longer attend reports and believe my efforts at emphasizing their importance were wasted.

White gowns which the nurses wore on duty became black as they worked near the coal stoves, and though I found from personal experience that washing a white gown without soap in a cold mountain stream is not easy, the nurses were lax in keeping a clean appearance and resisted many suggestions that they consider personal cleanliness a part of good nursing. Nurses were sent to other hospital units, the understanding and routines built up during the presence of one head nurse suddenly disappearing as he left for a new job. Cold weather came, and night nurses'

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hands cracked with cold. The PSU had been presented with ten pounds of knitting wool all of which we could not use, so Elizabeth and I made mittens enough for the night duty nurses. We could not make mittens for everybody who needed them.

The most acute nursing problem on a large scale has been backcare and caring for bedsores. In our present location among about 200 patients, 30 have needed backcare. The nurses do not take such nursing care for granted, but wait until a doctor orders backcare before they do it. When I first saw these 30 cases, they were all unable to get up, most of them being casualties with fractures of one or two legs, or amputations. Two of them had tetanus. With three other nurses, hot water, wash basins, towels, oiled gauze, (local hemp oil had by now replaced vaseline in vaseline gauze), and dry gauze, sterile forceps, alcohol in small amounts and cotton rings, we made bedsores rounds each morning. It took four hours, including the time necessary for heating the water on the outdoor coal stove, and the time needed to persuade some of the patients that backcare was the thing for their raw sacrum. At the present time there are only half a dozen bedsores remaining in the hospital. A good many of those who come to us with bedsores are up and around. One, the most severe case, died. The nurses have established an adequate bedsores-round routine and have seen the fine results of persistent nursing care in that respect.

Living with the nurses has made it easier for us to work together in the hospital. They may have learned a little from such instruction as I have attempted. I have certainly learned a great deal from them. On some occasions our doctors have gone into the homes of villagers to treat them, and I accompanied Peter several times. The local patients are always very gracious and seem sincerely grateful for anything we can do for them. The pregnant women are an exception. Every one we have talked to so far, suggesting that we help at the time of her delivery has flatly refused. Working with Douglas and Peter in the wards has been pleasant because they always have been ready to explain reasons for what they do, and to instruct me in new and better ways of treatment.

The last two weeks of November and the first of December I spent with Elizabeth just after her baby was born. Helping her and caring for her baby was a real joy, she being the sort of patient a nurse wishes every new mother would be, and her baby a fine healthy boy.

It is difficult to sum up my experiences of 1947. Only after looking back at this experience from a greater distance than is now possible will I be able to see mistakes, accomplishments and results from the truer perspective. One thing is sure. It has been a privilege to be part of the PSU, knowing that our contacts in Communist territory may play a small part in advancing international friendship.

ELIZABETH HUGHES (Nurse).

The hospital in Yenan was rather a shock, as it was far more primitive than any hospital I had previously seen, even the CHINA cholera hospital in Chengchow. Facilities were extremely limited,

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and the grounds and wards very untidy in spite of occasional signs of great ingenuity on the part of the staff. The operating-room block was an exception, being well-designed and built, and kept very neat and tidy. I intended at first to work in the OR, but I found many staff working busily there and felt I could be more useful on the wards.

The IFR had been functioning for some years before we arrived, and many systems and routines established, many of which were not explained or clear to us at first. For instance, nurses graduate in time to become internes and later doctors, lectures are given when the hospital is slack and no set programme seems to exist, internes do many things which would normally be done by nurses. Not fully understanding many of these things, and not knowing exactly what position or authority I was to have in the hospital, I did not have an easy time settling down.

I tried at first to help direct the surgical ward, but due largely to lack of language I was not able to accomplish much. I found that the wards had practically no linen or bedding, patients providing their own. Thus an incontinent patient would lie for days in his own filth, and unless he could provide some change of bedding there seemed to be nothing to be done. This did not seem to disturb the nurses unduly. Because of the intense cold the nurses were very reluctant to bath patients, and efforts to establish an admission routine, including some form of delousing, and routine bathing before operations and for sick patients met with only partial success. Requests for linen, towels etc. produced only a few bedspreads, which although covering the patient's bedding, did not help to make the patients clean and comfortable. I did not realize then how poor this district is, how expensive soap, paper, cloth and other everyday things are. In addition the hospital had been evacuated in November 1943, and had only partly reopened in December, and so I kept expecting things to improve as the hospital settled-down.

I started a course of lectures for senior nurses and junior nurses, lecturing for about three hours each afternoon. These courses were not very successful, partly due to feast days and other holidays, of which there were a great many, such celebrations causing cancellation of lectures. I found it difficult to ascertain how much the nurses knew already, and found them singularly disinterested in subjects which a foreign nurse is taught to consider important. The senior nurses did not like receiving lectures from a nurse, but wanted them given by a doctor, as they were soon to be made into internes. I did not realize that they were not really interested in nursing.

In January some of the hospital staff went away to treat some casualties at a distance, and I tried to help in the OR. I felt the staff was too large for effective work: 4 nurses, 2 orderlies and stretcher-bearers on the twice-weekly operating days. Attempts to reduce the staff failed on a plea that OR staff were needed and as many possible should be trained. I found that the OR staff did not work together as a team very well, and their attention to aseptic technique erratic. They were used to one system, and any attempts to alter this, even in a small degree, met with little enthusiasm. On operating days many people unconnected with the operations would pour into the OR to watch, making it difficult for the staff to work properly.

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There were so many theatre staff that there was no need for me to assist with the clearing up, packing supplies for sterilizing, but I found the staff seemed very slow and unmethodical at these tasks. When I offered to help the nurses, they from politeness would refuse so vigorously that it seemed futile to insist. They did not take any of the hints which I threw out about being ready for emergencies, or ways of improving their methods.

When we left in March, the PSU team was given control of the medical work in one of the emergency hospital into which the IFE was divided. I did not become fully in charge of the OR, because the head OR nurse from Yenon was assigned to our team with two other Yenon OR nurses. These three formed a very effective team and worked long hours when we were busy. They showed themselves very able and willing when setting up and dismantling the operating-room, which was necessary several times. They were also adept at overcoming the difficulties associated with the lack of proper buildings, equipment and other facilities which would have stumped us foreigners.

Since we have been working in the villages I have found that I could be really useful to the doctors as I could understand their requests. I had previously worked with Douglas and Peter in Yenon, and knew their likes and dislikes and their methods, many of which were new or revolutionary to the Chinese nurses. I found that I could co-operate with the Chinese staff more easily under these emergency conditions than I could in Yenon, and we had good opportunities of learning each other's reasons for our methods. For instance, the staff had previously never seen fluids given by the intra-venous drip method, and I was able to assemble the apparatus for this. When we had no autoclave, I was shown how to sterilize dressings and linen in a man-t'ou kao.

In most villages small boys or local inhabitants were employed to wash, fold and pack dressings, carry stretchers, keep fires going for the sterilizers etc., so that the OR staff was not called upon to do these tasks even when I felt that we had time to do them.

The OR staff has changed from time to time, the two original senior nurses both now being internes. It has been possible to adapt the Chinese nurses' methods and ours fairly satisfactorily to suit the circumstances of situation, supplies and the doctors' wishes. Nevertheless, in spite of continual requests for criticism and suggestions for improvement, I have found it very difficult to get the nurses to see the reasons for my methods, or to make changes or improvements in the things I have criticised. I feel I must add that the nurses work hard under very primitive conditions. Their diet is poor and dull, their accommodation crowded and comfortless. They have very few clothes, books or opportunities for diversion, and if they receive any pay it is such a small amount as to make PSU pool seem like a fortune.

I concealed the fact that I was pregnant as long as possible, but in mid-July it became known. Because of my pregnancy I did not make as much effort as I might to start courses of lectures or to alter the OR techniques etc. The hospital staff was extremely considerate to me, and provided a stretcher for me when we moved in August. Since mid-summer I have been working only on operating days, and carried on until the baby was born on November 15th. Since then I have not restarted work, the baby makes demands, and the hospital is not very busy.

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FRANK MILES (Med/mech)

The med/mech department has few accomplishments to show after nearly a year's stay in the Border Region. I came to Yen-an expecting to work with a small choice of tools and equipment as compared with PAV hospital set-ups in Honan. However, I had not expected generators and electrical gadgets to disappear from the scene, nor had I foreseen the extreme shortage of working materials with which we were faced. Solder, acid, sheet metal, wire, wood (other than green willow), nails, petrol etc. were not to be had until recently, when we acquired some solder and the metal from an old kerosene drum. These deficiencies seriously limited the contribution a med/mech could make to the hospital.

I arrived in Yen-an last March, just in time to help remove and pack the wiring and generator for the retreat which came a week later. This gave very little opportunity of investigating possibilities of med/mech work there.

At the first two villages to which we removed, I along with Eric and Doug, helped install temporary wiring for the OR and the X-ray room, only to pack it up again to move further on, away from the battle area. We saw no more of the generator until September when it caught up with us again, but this time with no petrol for operation.

Towards the end of April the hospital received its first batch of patients. The mau-fang situation was one of the non-medical problems which soon came to our attention. My part in the campaign to clear the premises, was to dig, along with Eric and Jack, a couple of pits for the disposal of faecal matter, and to clean up the existing mau-fangs. I am sure that we did not prevent many flies from breeding, but we did get a greater percentage of waste into the designated places, which considerably improved the appearance of the village. Our concern for sanitation as a measure of preventing disease has been very difficult to get across to the staff; we have in fact, been unsuccessful, if we judge by the state of the mau-fangs here.

The one thing accomplished of note during the year was an artificial leg for a patient with a thigh amputation. It shaped up quite well, but green willow being the only wood available for the main stem of the leg, I have little faith in its durability. Due to a long delay in getting the leather necessary to do the job, I was unable to complete the work until shortly before we left the patient behind to move on, and have had no report as to how satisfactory the leg is proving to be.

Myriads of other little jobs have come my way, fountain pens, watches, clocks; some of these I could do something about, and some I had to admit my inability to repair. The biggest demand for my services has been to solder pots, pans, buckets, water-stills and almost anything to which solder might be applied. Some of these articles were rusted beyond repair, but with the aid of tin carefully saved from those luxurious days in Yen-an when the brass etc food cut of cans, many were made serviceable again.

ERIC HUGHES (X-ray).

During the first three months in Yen-an, I rewired the X-ray and OR black; this wiring had been torn out by very rough hands when invasion was expected in 1946. The X-ray room black-out shutters

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FRANK WILES (Med/mech)

The med/mech department has few accomplishments to show after nearly a year's stay in the Border Region. I came to Yen-an expecting to work with a small choice of tools and equipment as compared with PAV hospital set-ups in Honan. However, I had not expected generators and electrical gadgets to disappear from the scene, nor had I foreseen the extreme shortage of working materials with which we were faced. Solder, acid, sheet metal, wire, wood (other than green willow), nails, petrol etc. were not to be had until recently, when we acquired some solder and the metal from an old kerosene drum. These deficiencies seriously limited the contribution a med/mech could make to the hospital.

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At the first two villages to which we removed, I along with Eric and Doug. helped install temporary wiring for the OR and the X-ray room, only to pack it up again to move further on, away from the battle area. We saw no more of the generator until September when it caught up with us again, but this time with no petrol for operation.

Towards the end of April the hospital received its first batch of patients. The mao-fang situation was one of the non-medical problems which soon came to our attention. My part in the campaign to clear the premises, was to dig, along with Eric and Jack, a couple of pits for the disposal of faecal matter, and to clean up the existing mao-fangs. I am sure that we did not prevent many flies from breeding, but we did get a greater percentage of waste into the designated places, which considerably improved the appearance of the village. Our concern for sanitation as a measure of preventing disease has been very difficult to get across to the staff; we have in fact, been unsuccessful, if we judge by the state of the mao-fang here.

The one thing accomplished of note during the year was an artificial leg for a patient with a thigh amputation. It shaped up quite well, but green willow being the only wood available for the main stem of the leg, I have little faith in its durability. Due to a long delay in getting the leather necessary to do the job, I was unable to complete the work until shortly before we left the patient behind to move on, and have had no report as to how satisfactory the leg is proving to be.

Myriads of other little jobs have come my way, fountain pens, watches, clocks; some of these I could do something about, and some I had to admit my inability to repair. The biggest demand for my services has been to solder pots, pans, buckets, water-stills and almost anything to which solder might be applied. Some of these articles were rusted beyond repair, but with the aid of tin carefully saved from those luxurious days in Yen-an when the team ate food out of cans, many were made serviceable again.

ERIC HUGHES (X-ray).

During the first three months in Yen-an, I repaired the X-ray and OR block; this wiring had been torn out by very rough hands when invasion was expected in 1940. The X-ray room black-out shutters

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FNU would consider it justifiable to use members for such work in the future. This is a further reason for the FNU aiming at developing its own hospital.

The members of this section have had to live in close association with one another during the past year, and have had little in the way of outside interests for their diversion, but in spite of this, clashes of personality and disposition have been remarkably few and of minor consequence, and we have always managed to accommodate ourselves satisfactorily to each other's wishes. Our relations with other members of the hospital staff, our two interpreters, and our cook and two haiao kwei have always been of the best, and we have often been invited to join in their recreations, or at least to be spectators.

Considering all things, I think that our time has been happily and profitably spent, although we cannot claim to have produced very much in the way of obvious and concrete results in the medical line; yet we have had an excellent opportunity for adding a little to the reciprocal understanding and appreciation of two groups of people of greatly differing backgrounds, education and development, but with very similar ultimate ideals; and the development of such understanding is essential if our mutual ideals are ever to become reality.

Friends' Service Unit (China).  
Medical Team 12.  
10th. January, 1948.

*D. J. Clifford.*  
Section Leader.

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insufficient bedding, sheets and other linen, the almost complete absence of hospital clothes for patients, no effective and reasonably economical means of heating the buildings, no electric light throughout the wards, open coal or coke fires for boiling water and sterilizing instruments with resultant delays, smoke, soot etc., a laundry department inadequate for the size of the hospital and not efficiently organized to cope with large quantities of dirty linen, inadequate X-radiographic facilities, insufficient laboratory equipment and supplies, no personnel and very little equipment for the maintenance of hospital hardware and machinery, and for the making of special equipment and furniture required by the hospital.

I do not care to offer such criticisms of the hospital as we saw it in 1947 January and February with most of its regular staff dispersed, but allowing for this I could still find many instances of what I considered poor organization and administration - no accurate timekeeping, variable meal hours, political and other meetings allowed to take precedence over classes, inefficient allotment of duties among the nurses, frequent changes of staff so that few persons became fully proficient at even one job, satisfaction with inferior standards in some aspects of the nursing work, etc. Our experiences during the months since we left Yaman, though we have admittedly been working under arduous conditions, have confirmed my impression that a person or persons experienced in and willing to undertake the administrative direction of nursing, and to develop a training scheme is a prime need in the hospital. Stable conditions and the consistent support of the hospital management would be necessary and the director of nursing would need considerable experience and a strong personality in order to hold the scheme to its schedule.

This is one of the reasons why I think that if the PSU plans to do any work aimed at the development of medical services in these regions in the future, it would need to build up a hospital under its own administrative control. Another reason is that, as in the past the PSU and FPU have been able to obtain or build up suitable buildings, adequately equipped with many of the amenities such as electricity, plumbing, proper hospital furniture etc. which facilitate medical and nursing work, we should be able to do the same here. Developing and maintaining such a hospital set-up seems to me to be beyond the present outlook of the hospital management here, and it is my impression that they would not be able to keep such a set-up at a high level of efficiency even if the material requirements were liberally supplied.

I think that Medical Team 12 has put in some work of value during 1947, even though some of its members have been only partly employed for much of the time, but I do not think we can agree with many of the highly commendatory reports of the value of our work made to us by some of the officials of local organizations with whom we have had contact. Much of our value to them has been the morale-boosting value of having a group of foreigners working with them and sympathetic to their political aims; and we also have made many interesting and worthwhile personal contacts. But if our position continues to be as it is now, we are likely to become an interesting but dispensable appendage to the First International Peace Hospital. This is a fate which is not likely to arouse the interests of prospective members of the team for continuing the project, and it is also doubtful if the

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walking normally, and no amount of direction or argument will persuade them to relinquish these moral progs. A few patients, too, are on occasions wont to diagnose their own disease, direct their own treatment, or decide their own degree of disability, and are sometimes quite vociferous in support of their own ideas, but we usually manage to have our own way graciously.

Although we have two interpreters to assist us in talking to the staff and patients, I have found that my ignorance of the Chinese language is a great handicap in getting work done expeditiously, for none of the internes or nurses speaks English, and only a few of the senior staff. Ability to speak a reasonable amount of Chinese would therefore be a great asset to anyone contemplating coming into these regions, especially as they are likely to be asked to give classes or do teaching and instruction.

Since leaving Yenai and losing our lines of communication with our HQ at Shanghai, this team has had to be content with doing routine hospital work and has not been able to do much to assist the development of medical services in these areas, because for this we would have needed free communication with Shanghai, in order to bring in the many items of equipment, drugs, books, etc. which would be necessary for such work, and stable conditions which are not likely to be obtained in a zone so close to the fighting. The team has therefore, I consider, lost a large part of its value, and I would like to see it, in the future, re-established in circumstances in which it could take an effective part in the building up of the hospital services here.

Working in these areas has given me the satisfaction of doing work that is appreciated and has needed doing, and of knowing that I have been assisting in the early stages of the building of what should ultimately become a medical and health service founded on liberal and humanitarian principles; but this feeling is, at times at any rate, more than counter-balanced by the dissatisfaction with the limitations placed on our efforts by the conditions under which we have been obliged to work, by the realization that much of the work that I have done has been very far from perfection or from the standard of work that I should be doing, and by the feeling that my ignorance of the advances in medical science being made in other countries is delaying the development of my professional skill. It is with these feelings in mind that I write the following criticisms, comments, and suggestions about future policy. Admittedly most of the problems which face us are the result of the civil war, and their solution is dependent upon the solution of the political problems which are the cause of it, but I do not think we should delay our efforts on this account, because any success that we have in overcoming these difficulties must be accompanied by some degree of reconciliation, small though it may be between the two sides, since ours is an organisation which works largely in Kuo-min-tang territory, and has to depend on the goodwill or at least the tolerance of the National Government.

Medical work in these regions is greatly limited by the inadequacy of the ancillary services which we are in the habit of considering necessary for the easy and effective carrying out of the actual medical and nursing duties. Some examples are unsuitable buildings, insufficient and poorly made furniture,

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with flues passing under the floor, by inside fires with a flue passing under the k'ang, or by an inside fire without any flue at all, the smoke passing into the atmosphere inside the cave. For beds for the patients, we have utilized the k'angs already present in the caves, areas of the floor marked off by large stones and covered with straw, and occasionally doors taken from the cave and supported by stones or bricks. As patients have to be placed close together to conserve space and fuel, clinical examinations and nursing procedures are carried out with difficulty, and infectious diseases are more readily transferred from patient to patient. We have had no chance of using traction equipment for fractured femurs, because conditions were unsuitable for the use of Kerschner wires, adhesive plaster has not been available in adequate amounts, the great difficulty of making traction beds, and the absence of X-radiographic control. Supplies of dressing materials, gauze, bandages etc. are limited to what can be produced from local cotton, except for a small remaining amount of absorbent cotton and gauze of foreign manufacture. The small amount of orinoline which we possessed was finished by July, and after that we had to use gauze woven from the local thread for making plaster bandages, with the result that our plasters had to be thick, heavy, were not very strong, and took a long time to set. Gauze and cotton wool of local manufacture is not very absorbent. For the last month or two we have been using "bump-seed oil gauze" as we have finished our supply of petrolatum (Vaseline). The bandages and gauze squares used for dressings are afterwards washed, dried, folded and autoclaved to be used again. If the day is dull and the weather cold so that they do not dry, dressings may have to be postponed.

On several occasions Peter and I used blood transfusion in the treatment of seriously ill cases, and soon discovered that this was considered to be a procedure to be used only exceptionally. Apparently the previous experience of the doctors and internes of the hospital with blood transfusions had been to give up to 200 ml. by direct transfusion using sodium citrate solution. A maximum of 250 ml. of blood to be given by one donor had been set, and we were told that reason for this was that the diet of the staff (from whom donors were usually drawn) was not good enough to allow of larger donations. There was some justice in this as the local diet is low in protein-containing foods. We used an intravenous drip apparatus to give the blood, and this method was apparently new to the people here, for it took considerable coaching at first to get the apparatus properly prepared and suitable trays of instruments correctly laid out for taking the blood and for putting on an intravenous drip. Intravenous fluids given by the drip method were also evidently not much used, but the method has now become accepted in this unit at any rate, though we do not use blood transfusion much because of the restriction in donors.

The use of exercise and voluntary muscular movement of their stiffened fingers and limbs, in order to assist the regaining of full function after an injury, seems to be a strange concept to most patients, or at least not worthy of serious consideration and sustained effort, so that many of them are discharged with stiffened tendons and joints. Many, with soft tissue injuries only, continue to use sticks and crutches long after they should be

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DOUGLAS CLIFFORD (Doctor).

During January and February of 1947 Peter Early and I were placed in charge of the medical and surgical caves respectively at the 1st. IGH in Yenan. At that time most of the hospital staff had been evacuated from Yenan, and the senior doctors of the original staff were busy with administration or had moved to other places. There were not more than 65 patients in the hospital during this period, the majority being surgical cases with chronic war wounds. Peter and I both conducted clinical rounds in the wards and were able to give some instruction to internes.

Early in March we left Yenan, but we had sojourned in several places and travelled many miles before we started work again in the latter half of April. At first we had only a few of the local people as patients, but soon about 100 wounded soldiers arrived and we were fairly busy. I spent my time in the wards, examining patients, seeing wound dressings and in the OR. At this time we had reasonable supplies of drugs, plaster of Paris, adhesive plaster etc., but later on we began to notice shortages, especially of plaster and adhesive tape. There were quite a number of medical cases among these patients - relapsing fever, pneumonia, scabies, malaria etc. which added variety to the work.

The six days from May 25 to May 30 we spent transferring the hospital across Shensi to a place close to the west bank of the Yellow River. It was hot weather, but the 120 mile trip was an enjoyable interlude. At this new place we spent the two summer months of June and July and I was quite busy with cases similar to those we had received previously from the battle areas, although towards the end of our stay I had time to visit the Yellow River about 10 miles away on two occasions. From August 6 to August 21 we shifted in stages to our present location in Shensi Province, picking up a large number of casualties on the way. Two or three days after we had arrived the operating-rooms had been set up in a cave and we were able to start operating on the cases, many of whom had been waiting for several days for us to set up hospital and start their treatment. We have remained in this place until the present, and have received several lots of new patients from various sources. On 1947 September 19 Peter Early the other doctor in this WHO Medical Team left the section to return to Shanghai. I was sorry to see him go, as we had got on very well together while we were associated with MT 19. A week or so later his place was taken by a Chinese doctor who speaks English, and who, having previously worked in a large mission hospital in south China, has some understanding of the ways and outlook of foreigners. While we have been here, the seasons have changed from summer to winter, with the consequence that nursing work has to be carried on under much more difficult conditions for the nurses, and the patients are much more liable to develop intercurrent infections. The short hours of daylight and the shortage of fuel to warm the caves have increased the difficulties.

Our work since leaving Yenan has been almost entirely the treatment of war wounds, carried on under primitive hospital conditions, with limited equipment and a restricted supply of drugs. The hospital buildings have been caves about 10-15 metres long by 4-5 metres wide. In winter these have been heated by outside fires

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had been partially destroyed, and I repaired the remaining ones to enable the room to be used for screening. The X-ray installation had been built with some poor details - no light-trap to enter the room, no proper dark-room, and only an open fire for heating which gave off light during screenings. The small 15 mt X-ray machine which the team had brought in was later replaced by a larger non-portable Fischer machine, and about 50 patients had examinations using films and regular screening sessions were held. The processing of films was made very difficult due to the cold weather; solutions in trays soon lost heat, and stocks froze and precipitated out. Poor-grade petrol made starting the generator a long task.

Between one and three students worked under me at various times, but as they were doctors or internes they were transferred to front-line or other work as demands arose. With delays, interruptions due to New Year, meal time alterations, poor timekeeping and staff changes, no systematic series of lectures was possible.

To summarize the work which I was able to do: two students had had some experience of X-ray work before, and I was able to improve their positioning of patients and explain simple wiring and circuits to them. The third student was a beginner, and his aptitude for grasping details very poor.

With the evacuation of the hospital, the X-ray and generator were sent to the rear, and the small machine again brought into use. The small 2,000w generator was slung between two horses and taken to the first village where the hospital was to function. Frank and I wired up the two OR's and the X-ray room, but before a week had elapsed all the fixtures had to be removed and the hospital moved on to a new location. At the new location the OR and X-ray room were prepared and again taken down before they could be used. From this time forward, the countryside over which we travelled was so rough that the transport of the generator weighing 425 lbs was exceedingly difficult, and there being no supply of petrol, the whole of the X-ray equipment and generator were sent to a safe place.

In April when the team started receiving casualties, I commenced acting as anaesthetist for the doctors; anaesthetics used were spinal procaine, ether, ethyl-chloride, chloroform and pentothal. At the present time I have very few anaesthetics to administer as the Chinese doctor who replaced Peter allows her internes to give her anaesthetics. I was able to do a very small amount of teaching anaesthetics, but staff changes made teaching difficult.

A modest "visual education" programme served to take the place of books to a small degree: I traced drawings from books of the skeleton, types of fractures, names of OR instruments, function of an autoclave, requirements for IV tray etc., and copies of these were stuck up in the nurses' office and the OR. Within the section I have acted as OR and scribe, but since the Yenan days this has been a simple task.

Mention has been made elsewhere in this report of the sanitary situation in the hospital from time to time. I wrote a report on the lack of hygiene with suggestions for improvement, but the result was very small and short-lived. It is regretted that the authorities here pay so little attention to such an important feature as hygiene; treating diseases which could be prevented does not appear to them to be an uneconomical use of precious drugs.