A Chinese medical college

Dali, in the province of Yunnan in south-west China, is an ancient city by a lake amid high mountains with temples, pagodas, colourful markets, and friendly minority people, many of whom wear their traditional costumes daily: the sort of place tour operators dream about. I was certainly fortunate to be invited to spend two months in the Dali Medical College 15 miles away in the more modern town of Xiaguan. I was there to speak about the National Health Service and British medical education, and to give advice, where possible, in the college and associated hospitals.

I had visited the college one day four years before when I was in China as a tourist, but had little idea of what to expect. I thought that I would meet perpetually serious-minded staff working in basic drab conditions with disciplined students and that I would find such problems, obstructions, and dissatisfaction as Paul Theroux and Colin Thubron have described in their books. I was wrong. The conditions of living and working were very variable, but I found the staff and students relaxed, ready to discuss anything with me, and demonstrating emotions and a sense of humour remarkably similar to ours in Britain. Perhaps I was particularly fortunate with the impressions I gained of China, as I was living with a professional community in a relatively prosperous part of the country.

It is not easy to reach Xiaguan; only a tortuous mountain road connects it with Kunming, the provincial capital 250 miles away. Xiaguan is a pleasant city; the main streets are broad and tree-lined, the shops, both state-owned and private, are full of essential goods and many luxuries, and I saw nothing to indicate hunger or serious poverty. Nor were there any restrictions on my movements or contacts. As in much of China, the surrounding countryside is intensively cultivated by hardworking peasants whose living conditions are basic. However, if I stopped in a village I found excellent food in primitive-looking roadside shops, and was soon surrounded by attractive, usually well clothed, children who wanted to practise the English they were learning at school.

Dali Medical College was founded in 1984 and now has 1,000 students being taught Western medicine by a staff of about 200; the only other college in the province is in Kunming. The president of the college is enthusiastic about British medicine and, early on, a staff of ten was appointed to teach English to all students. I tried to help some English classes but found that they understood their Chinese teachers speaking English better than they did me; many young doctors in the hospitals knew some English medical terms but their pronunciation often foxed me.

The college has a five-year course to train doctors fully, and a three-year course which produces health care workers with essential hygiene and public health skills, and medical knowledge sufficient to recognise and treat many conditions and to carry out simple surgery. The latter are replacing the former ‘barefoot doctors’ in village clinics. The students live in small rooms, each with eight bunks, but in spite of these crowded conditions they always look elegant in fashionable Western-style clothes. They have reasonable sports facilities and a large theatre where I saw their annual show with folk dancing, patriotic tableaux, and comic sketches about incompetent surgeons such as one sees in our hospital Christmas shows. I was invited to a student dance and was surprised to find it a dignified, old-fashioned affair with waltzes and foxtrots, and no alcohol being served. We all, staff and students, fetched our food from a vast canteen—excellent hot food with a good choice of dishes with no sugar and little fat.

The staff and their families are accommodated in small flats in unattractive buildings, but new accommodation is being built. Many of the buildings are pleasant to look at but dull, dark and rather scruffy inside. The staff living conditions create a communal spirit; children (only one to a family) play together, and there is much dropping in and informal visiting. I had delightful neighbours who were always calling with food and books or just for a chat, and who took me to their family gatherings. Retired staff are allowed to live in their flats indefinitely.

There were some adequate lecture theatres with projection and video facilities, but the laboratory
equipment was poor; this must have been frustrating for the teaching staff who had trained in larger, well-equipped centres. Postmortem examinations and bodies for dissection were few, owing to local prejudices. Libraries, both Chinese and English, were good and included a wide range of journals; I wish, however, that some countries would not send to China and elsewhere poor or irrelevant books which are not wanted in their own libraries.

Senior schools in China teach science in a rather general way, so that the first year of the five-year curriculum concentrates on biology, physics, chemistry, and mathematics, with some anatomy, histology, and embryology. There is also physical education, English, and ‘history of the revolution’. The second-year introduces physiology, biochemistry, microbiology, immunology, pathology, and parasitology; English and physical education continue, as well as lectures on ‘the contribution of socialism’; General medicine, surgery, and all the other clinical subjects are not included until the fourth year, and then with only minimal contact with patients; in fact, the students only get into the wards and theatres in their fifth year. The third year must be a demanding one, with lectures and practical periods on regional anatomy, pathophysiology, clinical skills, pharmacology, clinical chemistry, radiology (including scanning), nuclear medicine, public health, Chinese traditional medicine, Marxism, medical English and, surprisingly, medical Latin. Various additional options such as forensic medicine and genetics can be included in the first four years. The staff also contribute to the teaching of young doctors from the hospitals who are studying for higher qualifications. The three-year course packs the lectures of the five-year course, in abbreviated form, into two years, while the third year is devoted to hospital practice. Assessments are made at the end of terms (two a year) for both courses, and there are also final examinations.

The medical education department in the college has a small staff and arranges and supervises the curricula and teaching facilities. I did point out what seemed to me obvious shortcomings of their courses: too many lectures and too little contact with patients—in fact too little time spent on clinical and

![Fig. 2. A hospital ward in Xiaguan.](image)

![Fig. 3. How to estimate SO₂ in air. Dali Medical College.](image)
practical skills. I told them about our emphasis on patient contact from an early stage in training. One criticism they made of this system was that if teaching depended on the patients who happened to be in clinics and wards, then students would not be exposed to every disorder whereas their lectures could cover all subjects. They were not convinced by my argument that basic clinical competence and communication with patients were more important. The students may have earlier and greater access to patients when the college has its own hospital (it is already being planned). At present there are two hospitals in Xiaguan, both older than the college, and each with its own staff. As a result, the clinical staff of the college have variable, but on the whole limited, responsibility for patients, which cannot be good for their continuing education and interest, and is one reason why the students do not have enough contact with patients.

The college staff, many of whom had done useful research elsewhere, lacked facilities for continuing such work—a disappointment for them although the situation should slowly improve. The absence of an associated university with basic science departments will always be a handicap. One might think that these deficiencies would discourage young and keen staff from coming to Xiaguan, but medical staff cannot apply for appointments anywhere they wish; they are directed to their places of employment. I did think that there were good opportunities for ‘clinical research’ in the hospitals where there is a fascinating variety of disease and of different minority peoples.

While I was there the college ran two courses, one for medical administrators from the province and one for doctors concerned with medical education from a wider area. I spoke to both, through interpreters, about the NHS and British medical education; there was great interest in our general practitioner system which they may well emulate one day as the village clinics with their health carers develop. The changes made to the NHS in the past year puzzled them, but payment for services is not foreign to them, the majority of patients making a contribution towards their treatment. I had taken with me a video about the NHS, made recently by the NHS Management Executive for showing overseas. Some sequences about a North London surgery and some rather haphazard shots in the Whittington Hospital certainly interested my audience, as would any views of a foreign country, but I thought that the production was poor and was rather embarrassed by it. Much of the description of the NHS came from the mouths of individuals (some not introduced) seated in front of the camera for long periods; flow diagrams and animation were much needed. There was much interest in my description of the new medical curriculum started by St Bartholomew’s and the Royal London Hospitals; apparently curricula more integrated than those in Xiaguan are in action in one university in China. Our concern that students should know more about the communities they will serve puzzled them; Chinese students, with few exceptions, come from the sort of community to which they will return.

The exteriors of the two hospitals in Xiaguan were pleasant to look at, with attractive courtyards and gardens, but—as with so many buildings in China—the interiors had grim dark corridors and staircases and poorly decorated rooms presumably because of cash limits. Wards were quite comfortable, and I do not think that any had more than six beds. Nursing was good (many nurses are paid better than some doctors), and I was struck by the good relationships between doctors, nurses, and patients. Temperature charts and notes were very well kept. There was a fascinating variety of disease in the medical wards, with more overt infection than we see nowadays and some gross valvular and myocardial heart disease. I saw systemic lupus erythematosus with renal involvement, and was told that it was common. I also saw one woman recovering, after haemodialysis, from acute renal failure caused by ingestion of fish bile taken to cure a cough—which is apparently not uncommon. Equipment was quite good, and among other items I
A Chinese medical college saw an image intensifier, a colonoscope and cardiac monitors; an occasional pacemaker was implanted, and continuous ambulatory peritoneal dialysis was in action but with some problems. Health education was taken seriously and dramatic posters about hepatitis B, venereal disease, and drug addiction were displayed in the town.

Schistosomiasis is a problem in Yunnan, and there is a hospital in Xiaguan devoted to research into this disease, its treatment, and attempts to eliminate it. Substantial success was claimed for its control but I was unable to obtain any details.

I was asked to talk about the NHS and education at the hospital in Yuxi, 100 miles south of Kunming. This was a pleasant 600-bed hospital serving about 2 million people. To my surprise I saw there a Siemens scanner in action, Doppler echocardiography, and a well equipped intensive care unit; I gathered that brain and open-heart surgery were carried out. This local excellence was due to Yuxi being the centre of a prosperous tobacco-growing district; about 30% of the hospital's income comes from local sources. I did not, however, obtain details of the results of the activities there.

I left China full of admiration for what had been achieved since the tragic time of 'the Cultural Revolution', and hopeful that the activities which have distressed Western nations will soon be eliminated. The medical staff, with whom I had close contact, seem to have reactions and aspirations very similar to ours, in spite of their very different background. I hope that the contacts with England which the Dali Medical College desire can be developed. I think that the language difficulty will not allow English doctors to go there to teach students freely, but individuals could be attached to departments to help develop particular techniques and teaching methods, and they could initiate some fascinating research. Doctors from Dali should also be encouraged to come here to study specific subjects.

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*Journal of the Royal College of Physicians of London* Vol. 26 No. 3 July 1992 325