

JUL 3 - 1935
THE ROCKEFELLER FOUNDATION
61 BROADWAY, NEW YORK

Through Mr. S
to
PLACE: Shanghai
DATE: January 15, 1935
FROM: J.B.G.
TO: A.G.

SUBJECT:

IN REPLY TO:

I have just completed a swing around the country, and have reserved comments until the Yangtze and North China could be viewed in a single perspective. I wish that I might have two hours conversation with you instead of being forced to use the quite unsatisfactory medium of writing. My itinerary included Nanking, extensive travel all over Kiangsi Province, Changsha, Ting Hsien, Peiping and Cheeloo. May I state my conclusion first as to the essential problem.

Experience through the medical fields confirms the conclusion that a fundamental cause of social maladjustment is the disparity between progress in the natural as compared with the social sciences. In fact, the latter really have no claim to be called sciences. The Foundation acknowledges the foregoing in its objective (1933) "The general problem of human behavior with the aim of control through understanding". Man has progressed somewhat in the production of knowledge, but has learned very little of the technique of its marketing. In fact, he has proceeded very little farther than arm-chair theorizing. And if a really serious attempt were made, it would influence the trends and fashions in the production of knowledge in order to meet specifically certain lacunae essential for efficient marketing. We would deride the impracticability of an educator who proposed to protect against community ignorance without the organization now known as primary and secondary education with its primary and middle schools, and only through personnel limited to university graduates instead of normal school products specifically trained to meet the institutional demands of organized perfection against ignorance. And yet, by and large, in the social fields of medical, agricultural and economic protection this is exactly what we are doing. Take the medical example in China.

There has been an almost entire lack of thought even as to a marketing policy, much less of technical personnel. The thirty odd training institutions are

blind efforts to transplant "university" schools evolved in communities with medical protection limited largely to private initiative, and where the prototype could not exist were there Chinese economic conditions. Unless we can substitute intelligence for traditional execution we will not succeed in providing adequate medical protection any more than would the educator provide protection against ignorance without organization of primary and secondary school systems with attendant institutions to train personnel to meet specifically the specific demands as well as necessary higher institutions. So much for the conclusion crystallized out by this trip.

In its support I would cite particularly Kiangsi. Overnight, Government decreed provincial organization for medical protection, which in less than a year has resulted in the establishment of fifty-three hsien hospitals in the eighty-one hsien, each supported by a legal minimum percentage of total taxes (13%). In addition, the National Economic Council has established ten "Welfare Centers" as an outcome of Stampar's visit. The latter, in addition to medical, include educational, agricultural and economic activities. The medical activities are supervised by a provisional organization under Liu. Due to the absence of marketing knowledge and experience on the part of the individuals concerned, I would be generous in crediting the new organization with ten percent of the returns which should be possible were their organization and personnel experienced in marketing as well as only in medical knowledge per se. The welfare centers are assumed to be advertising agents to create a demand for the utilization of scientific knowledge in the daily life of the villager. At the end of four years they are presumed to have become integrated in local government and to have stimulated additional demands for their reduplication. Yet, in all of China there is not a single agricultural, medical or economic institution able to train personnel competent to undertake such "primary" duties and responsibilities, should such a demand be created. For instance, in medical, what institution in China can provide a medical

officer to receive not more than \$50 a month and able to discharge the demands that a system of primary medical protection would involve? It can be done just as well in medical protection as in protection against ignorance provided only we can think clearly.

Another instance of the trend in China is Changsha. A provincial medical school twenty years after coming into existence has not effected the status of medical protection for even 1/100th of 1% of the population in which it is situated. Is that a success or a failure? The Hsiang-Ya Chinese feel that it is a failure, and for a year or more have been asking how they may discharge their implied duty. This problem has been the chief point of discussion in the three visits made during the past fourteen months. The essential difficulty in undertaking an experiment is the question of providing satisfactory "field facilities" for students to teach themselves under supervision the duties which they would have to discharge upon completion of their training. The Province has designated two hsien for the school to establish such facilities. The difficulty is in the premise that the application of medicine as a social activity cannot be successfully undertaken in a backward community in which there is not concurrent progress of the other social fields. Are there in Hunan groups corresponding to the medical in the fields of agriculture, education, transportation, economics, et cetera? You will hear more from me subsequently on this subject. Last June none of the eleven members of the senior class contemplated public health. Arrangements were made at that time for the school to defray the expenses of a four-weeks rural public health clerkship in Ting Hsien in lieu of the absence of facilities in Hunan. As a result, five of the eleven are now going into public health.

The only comment I have to make with regard to the P.U.M.C. is in respect to its greater utilization as a "higher normal". I should particularly like your comments upon the following. The majority of the medical schools in China have not sent staff to the P.U.M.C. for training that undoubtedly they are greatly in need of

and which the P.U.M.C. could supply. How to rectify: The Ministry of Education and the National Health Administration have a joint Commission on Medical Education, the resolutions of which are satisfactorily pigeon-holed. The chief defect is the absence of a full-time competent secretary, whose need is acknowledged by the Minister of Education, but who feels unable to set the precedent of allocating funds to one technical field that might lead to the necessity for each of the others. I feel that were the right individual available, who could visit particularly the poor institutions to become acquainted if not friends with the best men in each, and if he were able to assist either through fellowships to the P.U.M.C., or to provide essential equipment in developing these men, that in the course of ten to twenty years there would be a revolution in the status of medical education, together with a de facto utilization of the P.U.M.C. as the source of technical inspiration. Good

I attach a copy of the memo. written on my Cheeloo visit.

JBG:MC