

The 2 Rotary Mobile Clinics operated by Shanghai Rotarians

By Herbert K. Lau (劉敬恒) (Rotary China Historian)

1 December 2015

December is “Disease Prevention and Treatment Month” designated by Rotary International to arouse the global Rotary clubs’ attention of service action with special focus on disease prevention and treatment in the communities. Rotary’s top priority is certainly the eradication of polio, but the members may take on far greater responsibilities to fight disease. They set up health camps and training facilities in undeveloped countries and in communities struggling with HIV/AIDS and malaria. They also design and build the infrastructure for doctors, nurses, governments, and partners to reach the one in six people in the world who cannot afford to pay for health care. Disease prevention and treatment takes on many forms, from supporting studies to helping immunize people to improving drinking water and the sanitation infrastructure. The world relies on Rotary to tackle these global challenges, and to set an example for others to follow.

Though this designation is made since this December 2015, but it has never been new focus of services by the Shanghai Rotarians. Some 80 years ago, the Shanghai Rotary Club (上海扶輪社) members had already exemplified the services on disease prevention and treatment by the operation of 2 Rotary mobile clinics in 2 different eras, respectively.

(1) The Rotary Mobile Clinic & Dispensary (1937) Visiting War Refugee Camps



A physician and his nursing assistant pose beside the Rotary Mobile Clinic & Dispensary (扶輪社診病車).



War refugee patients visiting the Rotary Mobile Clinic & Dispensary -- The Rotary Mobile Clinic was transformed from an ambulance with the top converted to higher ceiling of which might allow people standing inside. Manned first by Shanghai Rotarian doctors, later by a refugee doctor and nurse. In the two plus years that mobile clinic ministered to the population of 13 refugee camps. More than 59,200 cases had been diagnosed and treated, while more than 550 patients had been transferred to hospitals for further treatment.

Where came the War Refugees?

In January 1932, when the Japanese Navy launched its first attack on the city (上海「一·二八」事變), Shanghai experienced for the first time both the brunt of modern warfare and the combination of intra-muros fighting and refugees. The three months experience of war was not totally new to Shanghai, and neither the sudden and massive arrival of destitute population was a novelty. In fact, since the nineteenth century, the city had seen various waves of refugees that were either linked to natural disasters or, more often, to human conflicts. Shanghai was probably the first large metropolis to experience large-scale modern warfare in its very midst.

Due to the incident happened on 7 July 1937 at the Marco Polo Bridge in Peiping (北平) (*Beijing*), led to outbreak of the Second Sino-Japanese War (七七盧溝橋事變日本侵華). When war dawned again on Shanghai in August, tragedy and misery hit almost every corner of the whole city. The Battle of Shanghai (淞滬會戰) was the first of the 22 major engagements fought between the National Revolutionary Army of the Republic of China and the Imperial Japanese Forces. It was one of the largest and bloodiest battles of the entire war, described as “Stalingrad on the Yangtze”. Bitter and brutal fighting with intense bombings from ships and planes over, in and around the city, taking millions of civilians as actual though unintended targets, creating total chaos among the residents, and installing disorder as normality. The war threw literally hundreds of thousands of people on the streets. As war expanded to the countryside, millions became refugees. Few villages within a 50-mile radius of Shanghai escaped attention and thousands of unfortunate non-combatants were bombed out of their homes.

This was the first such experience for a metropolis the size of Shanghai that by then ranked as the fifth city in the world (3.5 million). What also made it unusual was its political structure. The foreign settlements, that represented the most developed part and the actual center of the city, were administered by foreign powers -- The Shanghai Municipal Council (上海工部局). Their extraterritorial status made them an island of relative protection in times of upheaval, but in 1937 the effects of modern war blurred these distinctions. In an area of less than six square miles that normally cared for a population of close to two millions, war brought in just a few weeks utterly destitute refugees by the hundreds of thousands.

Medical Aid to the War Refugees

At the end of 1937, there were 400,000 destitute homeless people to be housed and fed in refugee camps and in the Nantao Safety Zone (南市難民區). The normal population of the French Concession (上海法租界) was about 450,000 people; at one time during the last four months of 1937, the official estimate was 1,500,000. For a time the International Settlement (上海公共租界) was over-crowded by nearly a million and a quarter persons above its normal population, which was just over one million. Most of those who flooded these refugees in search of safety were penniless; many who already lived within them had lost their means of livelihood-- all of which helped swell the relief problem to overwhelming proportions.

The Rotary Club of Shanghai tried to do its part in solving that huge problem, as gave all social, religious, and philanthropic groups, and Rotary had no reason to be other than proud of what had been done and what had been contributed in its name. When the crisis came, our

Rotary Club took a jolt. Funds from Club's reserves were instantly voted; the Board strengthened the Charity Committee and created a special Committee to handle relief funds. Working liaisons with practically every important medical and relief body—The International Red Cross, The Salvation Army, etc.—were established. An emergency hospital was financed almost wholly by the Rotary Club. Sums were voted to approve groups working “in the field”. Special appeals and collections were made by members and among their friends. A mobile clinic and dispensary was built, equipped, and staffed. At Christmas time a special treat and small gifts were given to over 2,700 children in some of the refugee camps. The “Rotary Mobile Clinic & Dispensary” (扶輪社診病車) was merely a small part of the Club's action played to “Aids for Civilian Refugees in China”.

Shanghai Rotary Club, in its Club Bulletin 《*The Pagoda*》 Issue 7 July 1938, reported the Rotary Mobile Clinic & Dispensary in action:

“By the end of June the Rotary Mobile Clinic and Dispensary has completed eight months of charitable medical work among the war refugees in Shanghai. It has by the 27th of June, 1938, made 21,209 treatments and transferred 304 patients to various hospitals for free treatments. During the first two months of its work, four refugee camps with a total population of approximately 2,500 were regularly visited in the mornings while in the afternoons the Mobile Clinic, in cooperation with the Shanghai Municipal Council Public Health Department attended to camps where medical attention was urgently needed. Thus most of 200-odd camps were visited by the Rotary van during this period.

During the next three months, six to eight refugee camps were assigned solely to the care of the Rotary Mobile Clinic, while answers to urgent call for medical aid to refugee camps were continued on certain days of the week. During this period there was a severe epidemic of measles and the Rotary van in cooperation with the Shanghai Municipal Council Public Health Department inoculated over 1,500 refugee children against measles in most of the refugee camps.

During the last three months, the work of the Mobile Clinic was concentrated to thirteen refugee camps solely under its care, the rest of the refugee camps being taken care of by other organizations. The 13 camps were situated 4 in the northern district (West Hongkew area), 4 in the central district (Honan Road, Tientsin Road), 5 in the western district (Singapore Road, Robison Road, Penang Road, Sinza Road), and were so grouped that the camps in one locality were visited in the same forenoons or same afternoons, each camp at least four times weekly. At one time, 5 camps in the central district were taken care of by the Rotary van while during the last month a refugee camp situated at the west end of Great Western Road was transferred over to the care of the Rotary van.

Regarding personnel, it should be emphasized here that during the first four and a half months with the exception of the chauffeur all workers were on voluntary basis. With the departure of several voluntary workers for elsewhere, and the gradual withdrawal of several local voluntary workers, it was found necessary to employ a nurse and a part-time doctor to carry on the work further.”

In December 1939, Shanghai Rotarian Doctor Hou Hsiang-Chuan, M.D. (侯祥川), of Lester Chinese Hospital (仁濟醫院), Honorary Supervisor to the Rotary Mobile Clinic operation, reported to his Club:

“The Rotary Mobile Clinic, as you know, will have by the end of this month completed two years and two months of charitable medical work among the refugees of Shanghai. It has by the end of November 1939, diagnosed and treated 59,157 cases and transferred 544 seriously ill patients to hospitals for further treatments. The operating cost at the present moment is about \$250, including gasoline but excluding medical and surgical supplies. It may be recalled here that during the first five months the operating cost to the Club was nothing but the salary of the chauffeur, which is \$35 a month. Subsequently, with the employment of a full-time nurse and a part-time doctor, the operating cost, including gasoline, was about \$160 a month.

The Mobile Clinic has answered an urgent need during the emergency period and has since played a very important part in the relief of sufferings among the refugees of the city. As reported previously, a large number of camps were visited from time to time with a certain number regularly visited by the Clinic. It covered camps where medical attention was found by the Shanghai Municipal Council Public Health authority to be lacking and never duplicated any medical work in the camps. With the continuous shifting and regrouping of camps, it necessitated changes from time to time in the camps visited by the Mobile Clinic. Lately, with the reduction of refugees and grouping of many small camps into large camps, the Mobile Clinic was still kept busy in attending to the sick in a number of camps where medical attention was found to be lacking.

However, it is expected that by the end of this year there will be a further reduction in the number of refugees and camps, and there will remain a few (about ten) large camps where adequate medical attention will be established right in the camps. It is thought, therefore, that service like the Rotary Mobile Clinic’s will not be so much needed as at the time it was started. The operating cost will be higher if the service is to be continued in view of the higher cost of gasoline, the necessity of increasing the pay to the doctor working at the Clinic, and the anticipated higher cost to maintain the car in a working condition. It is felt, therefore, that the service of the Rotary Mobile Clinic and Dispensary may by the end of December be discontinued.”

After the outbreak of the Pacific War in December 1941, the Imperial Japanese Forces captured the Shanghai International Settlement where the Shanghai Rotary Club was not favourable to survive but to be disbanded. And so there was no more Rotary Mobile Clinic and Dispensary services.



In 1961, Rotarian Hou became Colonel Hou to serve as medical professor of Military Medical Science Academy of the Chinese People’s Liberation Army (中國人民解放軍--軍事醫學科學院軍糧營養研究室主任侯祥川上校)

(2) The Rotary Mobile Clinic (1947) for Trachoma Treatment



Supplementary to the 2 Rotary Anti-Trachoma clinics in fixed premises, the 3rd clinic is mobile to provide such treatment to 2,100 youngsters living in Boys' Town, a settlement of former street urchins in an old jail. Shanghai Rotary Club President 1947-1948, George J. McCarthy (right 1), and his fellow Rotarians pose beside the Club's Mobile Anti-Trachoma Clinic (上海扶輪社主辦防治沙眼診療車)



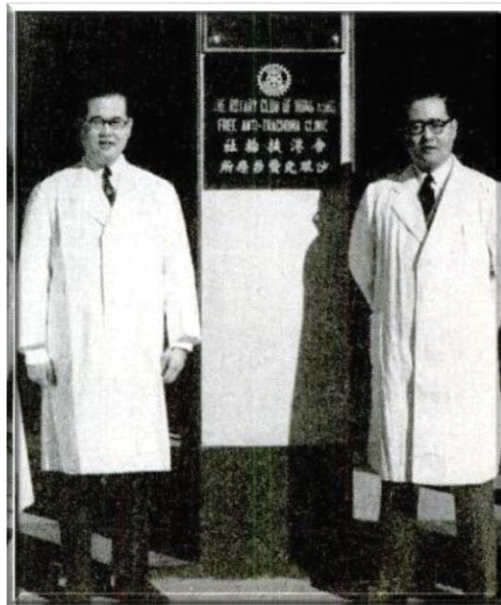
What is Trachoma?

Trachoma is an infectious disease caused by bacterium *Chlamydia trachomatis*. The infection causes a roughening of the inner surface of the eyelids. This roughening can lead to pain in the eyes, breakdown of the outer surface or cornea of the eyes, and eventual blindness. Untreated, repeated trachoma infections can result in a form of permanent blindness when the eyelids turn inward.

The bacteria that cause the disease can be spread by both direct and indirect contact with an affected person's eyes or nose. Indirect contact includes through clothing or flies that have come into contact with an affected person's eyes or nose. Children spread the disease more often than adults. Poor sanitation, crowded living conditions, and not enough clean water and toilets also increase spread.

Efforts to prevent the disease include improving access to clean water and treatment with antibiotics to decrease the number of people infected with the bacterium. This may include treating, all at once, whole groups of people in whom the disease is known to be common. Washing, by itself, is not enough to prevent disease but may be useful with other measures. Treatment options include oral azithromycin and topical tetracycline. Azithromycin is preferred because it can be used as a single oral dose. After scarring of the eyelid has occurred, surgery may be required to correct the position of the eyelashes and prevent blindness.

The disease is one of the earliest known eye afflictions, having been identified in Egypt as early as 15 B.C. Its presence was also recorded in ancient China and Mesopotamia. Trachoma became a problem as people moved into crowded settlements or towns where hygiene was poor. It became a particular problem in Europe in the 19th century. Stringent control measures were introduced and by the early 20th century, trachoma was essentially controlled in Europe, although cases were reported up until the 1950s.



Hong Kong 1952 – An Anti-Trachoma Clinic was operated by the Hong Kong Rotary Club in providing free treatment to the local patients. The twin-brother-Rotarians Dr. Goh Kok-Chuan and Dr. Goh Kok Aun offered their voluntary vocational service.

Shanghai Rotary Club's Anti-Trachoma Project

Shanghai Rotary Club had taken up the matter of improving the eye health of the nation. In 1947, the Club earmarked 12 million Chinese National Dollars (中華民國法幣 1,200 萬元) to start and support an anti-trachoma clinic.

Anti-trachoma work had had a top priority among Rotarians of Shanghai, China, for some time, during a ten-month period the Club's clinic on the grounds of a local factory treated 2,000 to 3,000 persons a month, or a total of 30,000 treatments. Another clinic saw 1,312 cases examined; and a third clinic -- a mobile unit -- was operated on a regular schedule and provided such treatment to 2,100 youngsters living in Boys' Town, a settlement of former street urchins in an old jail which the Japanese used as a stable.

During the 4th Plenary Session convened at the 39th Annual Convention of Rotary International on 19 May 1948, in Rio de Janeiro, Brazil, Wei Tsen-Fu (韋增復) (*Shanghai Rotary Club President 1946-1947*) (*Classification - Coal Distribution*) told the congregation:

“In the Shanghai Club during the past years, we have tackled many short projects for one year, a maternity hospital, tuberculosis, Salvation Army, orphanages, and things like that. But at the beginning of last year, we thought we would tackle something on the longer term.

You know, China has two deadly enemies: one is tuberculosis and the other is trachoma, which you people from America are not familiar with because you do not have that disease. But in China we have over 30 percent of the population afflicted with trachoma.

So, the Board of Directors and the Community Service Committee got together, and formed an Anti-Trachoma Committee. I was made Chairman of that Committee this year.

I want to tell the Rotarians here what we are doing. We started to ask for voluntary contributions from members, and we got the equivalent of about \$2,000. So, we started a clinic in a congested section. After that clinic got going, we sold the idea to the hospital agency, and we started clinics elsewhere. We also started a mobile unit so that the unit could visit the schools and factories. We plan to extend that project all over the country so that in a few years' time we hope that Rotary will have made some contribution toward Community Service in China.”



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1st May 1948.

Mr. P. Y. Tang,
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Dear Rotarian :

The Anti - Trachoma Campaign Committee has the pleasure of offering you the free services of the Mobile Clinic Unit to give aid to any of your employees suffering from eye-diseases. Our Mobile Clinic is especially equipped to attend to Trachoma cases.

This Committee wishes to draw your attention to the fact that we operate this service on a basis of first come first served. However - as a fellow Rotarian we have pleasure in contacting you before we offer this much needed medical aid to the general public.

Will you kindly contact the undersigned immediately in order to arrange for a visiting date to have your employees examined and treated if necessary.


Rotarily yours,

P. L. Marcel Moo
Chairman, Anti-Trachoma Campaign
Committee.

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After the establishment of the People's Republic of China (中華人民共和國) on 1 October 1949, the Rotary Anti-trachoma Clinic (上海扶輪社砂眼防治所) located at No.442, An Yuan Road, Putuo District (普陀區安遠路 442 號) carried on functioning (with 1 doctor, 2 nurses and 1 assistant) until 12 September 1951 when it was handed over by the Club to the Shanghai Municipal People's Government, and became a clinic of the Shanghai Municipal No.1 Workers' Hospital (上海市市立第一勞工醫院). Reprinted below are part of the handover documents of The Rotary Anti-Trachoma Clinic between Shanghai Rotary Club and Shanghai Municipal No.1 Workers Hospital. The original papers are being kept by the Shanghai Municipal Archives at the Bund (上海市檔案館 -- 上海市黃浦區中山東二路 9 號).

ROTARY INTERNATIONAL

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	掛號員	護士	護士	醫師	名職
	六六元	七〇元	九〇元	一六二元	務底新額
				折實單位加四百五十九元 乘底新額為實支數	計標方式


上海扶輪社主辦砂眼防治所員工新給表

接收人

移交人

扶輪社代表

張福星



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(函公)府政民人區陀普市海上

受文者	衛生局		有關文件	普府衛 一九五	上海市普 陀區人民 政府之印	1004
提要			附件			
批示			擬辦			

一、本區中遠路442號扶輪社設立砂眼防治所一所，有兼職醫師一人，護士二人（均工作半天），事務員一人（全天工作）每日下午門診，就診者大半是工人和其他勞動人民，全部免費，有時多至二百人，該所設立迄今已有三年，向未是接受外資津貼，設備簡陋，曾向本府登記申請診所許可証。

二、該所因津貼斷絕，自七月份起將無法維持，曾向軍

地址：江寧路一〇四號
電話：二九一四

官會接受外資津貼醫齒療機構登記處登記。

三、經本府了解，該所房屋由中國化學工業社製造廠免費借用空地建築，水電亦由該廠供給，目前每月開支約三四百萬元。

四、本府意見，可得該所接管，由本府衛生科管理，續辦並加以必要的整理與充實其工作人員等，暫時維持現狀，每月所需上項經費開支由你局撥發。

五、即請你局決定。

局長

張應舉

校對方之明

監印宋榮秀

醫管處

上海市立第一勞工醫院

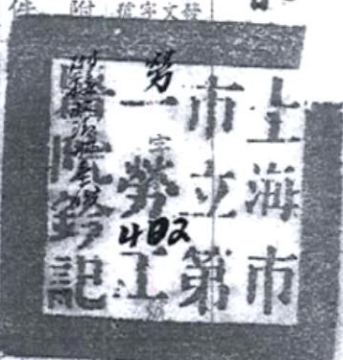
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九 十二

一九五一年九月廿二日

受文者事由呈報事由

上海市人民政府衛生局
衛生局
文
者
第一
醫
院
立



一、查本院奉命接收扶輪社砂眼防治所遺存八月廿日派員前往接收指撥該社代表人張酒星所
移交活冊在財產方面無收據
二、財務方面本院僅接收指撥及結餘支票壹張計人民幣拾玖元零拾玖元
三、人員方面接收物形業經本院派員分科另呈報該核備
四、檢送本院接收扶輪社砂眼防治所遺存活冊一份收訖核備
五、租約等件及遺留物等件張酒星同志是院派員在扶輪社卷內查尋找到無不轉送

扶輪社砂眼防治所已由第一勞工醫院接收
各項接收物形業經本院派員分科另呈報該核備
行政科 早核
人事科 早核

一九五一年九月十二日

院長 徐瑞和
副院長 蔣克和



批 由
稿



檔案第300號第9件

醫管處收文
51年9月12日
12766
3/49
11409