

Leprosy in China—An Emigration Problem.

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In these days of rapid intercommunication parochial views, especially in regard to the prevalence of disease are quite out of date. This is particularly the case in leprosy, of which prevention and cure are now within the reach of possibility. The study of leprosy in China therefore assumes a special importance from two points of view. First because that country is one of the world reservoirs of the disease, and secondly, that with their innate business abilities, the Chinese are rapidly growing in numbers in the Malay Peninsula and the East Indian Islands. The menace, therefore, of a disease which easily escapes detection in its early stage and whose incubation period is so long that many imported lepers may have had no signs of it on their arrival, is serious.

That China is an important factor in the world census of lepers is undisputed, though no true estimate of the numbers affected by the disease is yet possible. Such information, however, as we possess suggests that, after India, China contains the largest number of lepers in the world, and it is possible that even India's huge total may be surmounted by that of this country. Further, the economic depression attendant on the continuous condition of civil war that has existed in China off and on for nearly two decades, culminating in the last two years, has reduced the bulk of the people to a state of poverty which renders the increased spread of leprosy almost inevitable.

The study, therefore, of this affection in China is one of great moment. Of its history we need say very little, it goes back into the traditional history of the country. All we know for certain is that it existed in China many centuries before the Christian era.

The prevalence and distribution of the disease is, however, of considerable importance. Roughly speaking, leprosy may be said to be common in the south, present in the central regions of China, and rare or absent in the north; but, as with other generalisations this is far from being the exact truth.

Of the prevalence of leprosy in the southern provinces of China there is no doubt whatever. Yunnan and Kwangsi and probably Kweichow, both the aboriginal and Chinese populations, Fukien, and to a lesser extent Chekiang, are all heavily infected. Kiangsu, Kiangsi, Anhwei, Hunan and Hupeh all contain considerable numbers of lepers but the distribution in these provinces is probably very uneven, some localities being heavily infected while others almost completely escape.

This leaves two of the central provinces still unaccounted for, Shantung and Szechuen. Shantung from time immemorial has been one of the main centres of leprosy and continues to be both an endemic area and an important distributing centre. Szechuen on the other hand, appears to have few indigenous cases, but receives quite a number both from Yunnan and Thibet.

The position of the northern provinces is interesting, as indigenous cases of leprosy are almost absent. Two of them suffer more or less severely, however, from the importation of the disease from outside. Of these the most important is the large province of Manchuria with its rapidly growing population. As a country of high fertility of soil and wide open spaces, Manchuria attracts a large number of emigrants; these come mainly from two sources. Shantung, with a soil of naturally low fertility and exposed to alternate drought and flood has further suffered in the last two years from a military oppression more severe and cruel than in any other part of China, and from all these causes emigration to Manchuria has occurred in an endless stream; probably one of the largest shiftings of population that has ever occurred. With the emigrants much leprosy has been carried. Manchuria's other large source of immigrants is Korea, in parts of which country leprosy is very prevalent.

Kansu, the great north-west province, is probably not a natural source of leprosy but the disease is quite common especially on its western border from the presence there of Thibetan immigrants among whom leprosy is frequent.

Reviewing the position then, it will be seen that the distribution of leprosy in China is very unfortunate from the point of view of outside countries. Apart from the emigration to Manchuria, the Shantungese in search of work, find their way to many countries. This was especially true during the Great War, when the labour battalions in France were largely recruited from this area. Business men go abroad in very large numbers from Kwangtung and Fukien, and enormous numbers of coolies for the East Indian islands and Malaya are recruited from these provinces. Further, the Cantonese are the Scots of China, having a peculiar aptitude for engineering work in all its forms, and their distribution along the coastal areas of the country is very wide. It is clear, therefore, that the problem of leprosy in China is not one confined to that country alone, but is of vital interest to the world outside.

What is being done for leprosy in China itself? It is unfortunately necessary to confess that scarcely the fringe of the problem has been touched. Splendid work has been done by The Mission to Lepers in several of the provinces for many years. This work began with the care of advanced cases of leprosy in homes supported in whole or in

part by the Mission. Later, the supply of drugs for modern methods of treatment was provided for the doctors working in Mission hospitals which are widely scattered through almost every province of China. In many of the endemic areas regular leper clinics are carried on by these hospitals, some of them having a hundred or more lepers in regular attendance for treatment. Of quite recent years the Mission has started in Shantung a properly organised centre for the curative treatment of early cases, the only such centre existing in China, and it is hoped that the fine work of this mission will be still further extended in that country.

The American Mission to Lepers, of much more recent origin, is doing some very good work in assisting leper colonies in Kwangtung and smaller efforts elsewhere. The Roman Catholics have a great leper colony between Canton and Hongkong. This is probably the largest single effort in China but suffers from the lack of any proper medical supervision or treatment. Recently, a Chinese Mission to Lepers has been formed, which, despite the problem of the financial situation in China, and other special difficulties, promises to add a considerable quota to the good work.

As regards Government action, no co-ordinated work has yet been accomplished. Kwangtung, with its more progressive ideas, has done more than all the rest of the country put together. Contributions have been made to the upkeep of the lepers in the colonies in that province, and an attempt has been made at Swatow in the way of segregation and removal of lepers to an isolated island. Unfortunately, the success attendant on this experiment has not been marked. The place provided is neither adequate nor properly equipped for the purpose, the expenses are inordinately high, and the methods adopted for gathering in the lepers seem to leave the most infective class of leper beggars almost untouched. In this and other provinces small contributions are made by the authorities to the upkeep of leper villages. As, however, there is no confinement of the afflicted to such villages and the pittance received only allows the occupants a home from which they can go out and beg, such places probably do more harm than good.

A Ministry of Health has recently been established in Nanking and possesses, as Vice-Minister, one of the most able and progressive doctors in China. There is some hope, therefore, that the situation in regard to leprosy in this country may gradually be improved and efforts for the lepers co-ordinated under government supervision. It must not be expected, however, that progress in this direction can be rapid. The country is suffering from extreme economic depression as a result of the prolonged wars and governmental control is none too stable even yet. A whole system of health legislation has to be enacted and, what is still more serious, carried through in the face of a terrible scarcity of

fully qualified physicians ; and it is certain that for many years the finances for such work will be scanty, while many other problems, such as those of medical education must be handled by the new Ministry.

Much depends also on the methods adopted. Except perhaps in Kwangtung, there has been an unwillingness to give assistance through voluntary organisations and this is especially serious in the case of work for lepers. Leprosy as a disease is greatly feared, and motives more deep and a love of humanity more profound than can be expected of a purely official organisation is required to make a real success of leper homes and colonies.

With regard to segregation it is not desirable to enter into the age-long dispute here. I am, myself, convinced that as far as China goes, any attempt at it on a large scale would be a complete failure. The advanced and deformed cases, many of them no longer infective, would be segregated with some ease ; the infective cases would largely escape ; and the very early cases, where concealment is easy and treatment most hopeful, would certainly hide their malady until the chance for their cure was largely diminished. What is, perhaps, needed more than anything is education ; education of the friends of the lepers, of the lepers themselves, and of the general public in China, that leprosy is a curable disease in its primary stages, and possibly at an even much later stage.

For the present, however, both in a campaign for education and for the treatment of leprosy in China, outside help is, and for some time will be, urgently required.

A Guide when Ordering Alepol.

In order to help those who are ordering "Alepol" from time to time, their calculations should be based on the following :—

100 Grammes of "Alepol" will make up 3,000 c.cs. (approx) of a 3 per cent. solution. Assuming, therefore, that on an average each leper receives 10 c.cs. of a 3 per cent. solution each week (some will receive more, others less), then this 3,000 c.cs. will last ten lepers 30 weeks.