

## **Leprosy in China**

R GARRIGUE

*L'Hermitage, B.P.1, Autreches, 60350 Cuise la Motte, France*

Received for publication 16 December 1978

*Summary* An account is given of a personal visit to China in early 1978. A list of 14 questions concerning the extent, classification and treatment of leprosy was submitted and the answers are recorded in this article, concluding with some recommendations for the promotion of Franco-Chinese exchanges in leprosy.

### **Motives for making the journey**

When the Organization 'Visage du Monde' ('Face of the World') asked me what subjects would particularly interest me in the course of a journey in China, I immediately said that my desiderata would include obtaining information on the state of the struggle against leprosy in China.

### **Itinerary**

The journey ran from 29 April to 16 May 1978:

29–30 April; journey from Paris to Peking

30 April–5 May: stay in Peking and its neighbourhood

5–8 May: stay in Aniang and its neighbourhood (Lien Sing)

9–11 May: stay in Cheng-Tchou and its neighbourhood (Kaiphong)

12–14 May: stay in Canton and its neighbourhood (Foshan)

15–16 May: journey from Canton to Paris via Hong Kong

Throughout the journey, in every clinical establishment I visited and in every interview with medical personnel, the subject of leprosy came up. Health officials from Peking and Canton were able to give only concise replies, but in Canton an official Government representative was able to reply at length to the list of written questions that I had previously submitted to the authorities, at their request.

The official was Dr Yang Si Kuang, who had been a Medical Specialist in Leprosy for 15 years in charge of a Hansenian hospital with 200 beds situated near Canton, and Member of the Association of Dermatologists of the Province of Canton. As he only spoke Chinese, it was necessary to employ an interpreter for the three hour long interview. I was fortunate in having the opportunity to brief the interpreter assigned to us in the medical terminology involved in Hansen's Disease, before the interview.

### **Results obtained**

The list of written questions was as follows:

1. Number of registered leprosy patients treated in China?
2. Approximate number of leprosy sufferers not yet officially recognized as such?
3. The provinces most affected?
4. Do statistics exist for each province?
5. Various clinical forms met with?
6. Where are the patients treated?
  - at home?
  - in general care centres?
  - in specialist centres?
  - in classified villages?
7. Forms of treatment in use?
8. Forms of prevention?
9. Are acupuncture and traditional medicine used in treating leprosy in China?
10. State of research into leprosy in China?
11. Is preventative surgery ('neurolysis') as well as reparatory surgery used in treating leprosy in China?
12. Are there any problems in reintegrating non-contagious leprosy patients into Chinese society?
13. Would Chinese doctors be interested in taking part in the International Congresses in Leprology?
14. Are there any ways in which France and China could cooperate in the realm of leprosy? (exchange of information, scholarships, exchange of personnel, courses etc . . .)

The replies to these questions were as follows:

1. The number of patients is under 500,000. In the province of Canton which is one of the most affected, it does not exceed 100,000.
2. Dr. Maxwell's estimates which pre-dated the revolution and which were of

the order of 2 million leprosy sufferers in China are unfounded. Dr Yang considers that this figure was based on an estimate in a deprived region and extrapolated (wrongly) to the whole of China.

3. The provinces on the sea borders are the most affected, as well as Yunnam and Szechuan.

The other inland regions seem to be practically free from the disease. Inland in Canton there are some areas where the prevalence is of the order of 0.4 to 0.5%.

4. Statistics for individual provinces do not exist. However, a start has been made in seeking out leprosy sufferers in China as a whole and this should be complete in 2 years' time.
5. The clinical forms of leprosy met with in China are:
  - type T = 70–80%
  - type L = 15–25%
  - type I = 5–8%
  - type BL = 1%

6. Patients are treated in different ways according to the clinical form of their leprosy:

- carriers of type T are looked after at home.
- carriers of other types are looked after in specialized centres:

- (a) Hansenian hospitals of different capacity:

- large units (200 beds) for the province;
- medium-sized units (40–60 beds) for the districts (sometimes one hospital for 2 or 3 districts)
- small units (10–20 beds) for the communes.

These hospitals are only for working people who qualify for free treatment.

- (b) Hansenian villages reserved for peasants who receive free treatment in these villages where they work according to their capabilities. It would seem that a valley where there are several segregated patients, treated by doctors and nurses who voluntarily exclude themselves from the regional community, does not exist in Yunan as the author was informed, but does exist in Szechuan. Similarly, an island off Shanghai would seem to harbour several hundred leprosy patients in its centre.

7. Treatment of leprosy combines:

- (a) Western medicine:

DDS: 2 mg/kg of body weight per day

DADDs: IM every two months for patients who live very far from treatment centres.

RIFAMPICIN: for those seriously affected and relapsing.

THALIDOMIDE: for reactive states.

CORTISONE: for reactive states (less commonly used)

LAMPRENE: for reactive states (even less commonly used). On the other hand, the use of sulfonamides, including long-acting forms was unknown.

(b) Traditional medicine included:

roots	} of various plants still being studied, either in simple or combined form. Some of these plants are also used in the treatment of tuberculosis.
stems	
flowers	
leaves	
fruits	

8. A prevention of leprosy campaign was inaugurated by ex-President Mao Tsetung in his National Programme for the development of agriculture in 1956. Article 20 of this programme stipulates that every means should be taken to prevent and actively treat leprosy.

All the bare-foot doctors in the regions where leprosy is prevalent receive specific training in leprosy treatment in courses ranging from 15–20 days to 3 months in duration.

34,000 bare-foot doctors have been initiated into the treatment of leprosy in the province of Canton, as well as 300 dermatologists. There is constant liaison between these two sorts of doctors. The bare-foot doctors do a preliminary searching out of leprosy sufferers. After bacteriological and anatomo-pathological examination, diagnosis is confirmed by the second category of doctors. As the bare-foot doctors are of both sexes, entire sections of the population can be screened without difficulty. Also, the socialist regime makes mass examination easy. On the other hand, mass campaigns are synchronized with anti-tuberculosis campaigns. Thus in Canton 7 million intradermal BCGs have been performed in 2 years, with success rate ranging from 40 to 60% positive skin-tests. Chemo-prophylaxis was not mentioned.

9. Acupuncture is used in the treatment of leprosy alongside traditional medicine, especially in the case of neuritic pains. There are no special points – the needle is placed at the site of the pain.
10. In China, research is primarily concentrated on the combination of Western treatment with traditional treatment of leprosy. It is carried out chiefly in the specialized hospitals and the villages for the sick, in the Dermatology Departments of ordinary hospitals, under the aegis of the Association of Dermatologists on the one hand and the Association of Chinese Doctors on the other.
11. Finally, in Canton there is an Institute of Traditional Medicine whose main objective is research into the potentialities of associating Western therapy with traditional therapy.
12. 'Neurolyses' are only very rarely used in preventive surgery: they are used in the case of painful neuritis and gross oedema in the main nerve trunks. The subject of the place of surgical repair was not brought up in the interview.

13. Social reintegration of arrested leprosy patients ('malades blanchis') does not present any problems, either as regards returning to a former job in the town or country. The same job is always kept open. If the 'malade blanchi' comes across any opposition from neighbours or colleagues there is political inducement for the latter to change their behaviour or, failing that, a seance of self-criticism is arranged to win them round. I myself witnessed a lady who had a 'saddle-nose' working at a lathe in a workshop, and her presence did not seem to worry anyone in the least.
14. Dr Yang showed much interest in an invitation to attend an International Leprosy Congress, and it would be of the greatest value if the organizing body for the next Congress in India could issue such an invitation formally to the Minister of Health.
15. Finally, Franco-Chinese exchanges on leprosy would be useful to both parties. Dr Yang has left his address so that the latest Western literature can be sent to him on the treatment of leprosy. The question of grants and exchanges of personnel could profitably be discussed further with the Ministry of Health as well as the French Embassy in Peking.

A request for a Chinese-speaking French doctor to spend some time in the Institute of Traditional Medicine in Canton could also go through the Ministry of Health of the People's Republic of China. The authorities in the Institute of Traditional Medicine in Canton, for their part, would be happy to grant this request and recommend it to their country's Ministry.