

Editorial

THE FIRST CHINA INTERNATIONAL LEPROSY SYMPOSIUM: BASIC ERADICATION BY THE YEAR 2000

A Symposium of very great importance has just taken place in the People's Republic of China. The First International Leprosy Symposium took place in Guangzhou in the Province of Guangdong from 26-29 November 1985 and was attended by 220 Chinese and 140 overseas delegates. Doctors and scientists came from all parts of China and the overseas guests represented virtually all parts of the leprosy-endemic world and many countries in Europe and the Americas. Perhaps the most important point of this event centred on the stated intention of the Chinese health authorities to basically eradicate leprosy from the entire country before the year 2000. But there were other important developments to report at the same time, namely the inauguration of the China Leprosy Association and the opening of the China Leprosy Control and Research Centre in the town of Pingzhou about 15 kilometers south of Guangdong. We were also delighted to receive a first, inauguration copy of the *China Leprosy Journal**.

The first day was devoted to opening ceremonies, with speeches from the Minister of Public Health, the Governor of Guangdong Province and representatives of various national and international organizations. Shortly before lunch, Dr Ma Haide (George Hatem) gave a keynote speech of unforgettable quality in which he described the historical development of public health services in China from the 1930s to the present time. He drew attention to the fact that 30 years of effort had reduced the number of cases from about half a million at the time of the founding of the People's Republic to less than 100,000 in 1983. But he had a word of warning: 'In spite of the fact that we have made changes in our methods of control, replacing institutional care and treatment by out-patient department and home treatment, and changing monotherapy to a more effective multidrug therapy, and in spite of having trained more than 10,000 medical leprosy personnel, we still must deal with a deep-rooted fear among the population and strong social discrimination, even though over the years we have managed to decrease this through education and publicity. However we still have a

* For further details see p. 3.

tremendous amount of work to do to reach our goal of eradication of leprosy by the end of the century.'

In the afternoon all delegates attended the official opening of the China Leprosy Control and Research Centre in Pingzhou, followed by conducted tours of the extensive buildings and grounds. Within the framework of eradication, the aim of this Centre is 'To promote leprosy control and research work and strengthen international scientific exchanges in leprosy'. The total area is 28 acres and the buildings cover over 16,000 square metres, with ample space for patient accommodation, research laboratories, rooms for clinical examination, physiotherapy and surgery. The specific tasks which this centre intends to address include the following

- 1 To guide and co-ordinate the national leprosy control and research work;
- 2 To work out nationwide plans for leprosy control and organize their implementation;
- 3 To train scientific and technical personnel for the cities and province;
- 4 To monitor and prepare bulletins on the trends of leprosy epidemiology in each city and province;
- 5 To carry out clinical and basic scientific research on leprosy;
- 6 To study and standardize the techniques, methods and standards in leprosy control;
- 7 To collect and exchange scientific and technical information, popularize scientific public health education relating to leprosy and issue various publications;
- 8 To convene regularly nationwide and regional leprosy scientific meetings;
- 9 To participate in mutual international exchanges and scientific meetings;
- 10 To advise the Ministry of Public Health on policies of leprosy control.

The second and third days were devoted to national and international contributions, beginning with 'Current Global Strategy for Leprosy Control' by S K Noordeen, Chief Medical Officer, Leprosy Unit, World Health Organization, then proceeding to chemotherapy, epidemiology, leprosy in South East Asia, the role of voluntary agencies, training, surgery/physiotherapy, leprosy in Africa, rehabilitation/social aspects, immunology and vaccine, animal use in leprosy, leprosy in India and future strategies. All these important papers, presented by experts in their own subject, will soon be published in the proceedings of this symposium. Contributions from our Chinese colleagues were of particular interest and these included: 1, 'Thirty-five Years of Leprosy Control in China and the Future Prospects' (Dr Yang Lihe); 2, 'The Feasibility and Effect of Treatment with Dapsone, Rifampicin and Clofazimine for Multibacillary Leprosy in Field Work; the Results of the First Year'; 3, 'A Long-term Follow-up in the Surgical Treatment of Deformities in Leprosy' (Dr Zhen Tishen); 4, 'Investigation of 1080 Cases of Leprosy Eye Disease in Guangdong' (Professor Zhang and Dr Lu

Binxin); and 5, 'The Use of Hidden Nylon Thread Operation for Lagophthalmos Paralyticum' (Dr Lu Bingxin and Professor Zhang).

On the day following the Symposium proper, our Chinese hosts organized a field trip to Shunde Chronic Disease Station, about 2 hours' journey from Guandong, and we had the pleasure of meeting doctors and supporting staff on their home-ground and of hearing at first-hand about the truly extraordinary changes which have taken place in the incidence and prevalence of leprosy in recent years. In many parts of China which were previously heavily affected, no new cases are now occurring; in many others the yearly incidence is already at extremely low levels and declining.

Can it be done? Can this enormous country, with somewhat limited financial resources, really eradicate a disease which has taken such a toll of the Chinese people over so many centuries? Most of those who had the honour to attend this remarkable occasion came away with the impression that Dr Ma Haide's optimism and enthusiasm are soundly based. No fewer than 10,000 people have been trained for the task of controlling leprosy; many special centres and institutions are available; the necessary drugs (including, incidentally, thalidomide) are available in China—and above all, there is no shortage of experience, clinical and scientific ability and determination. If anyone can do it, the Chinese will.

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No doubt the *China Leprosy Journal* will soon be in circulation to many leprosy-endemic countries, but we take this opportunity to list the *Contents* of the first issue and to wish it every possible success in the future. It is published jointly by the China Leprosy Association and the China Leprosy Control and Research Centre. Enquiries about subscription should be addressed to No 2, Huifuxi Road, Guangzhou, People's Republic of China.

Articles

Preliminary study on serological activity of phenolic glycolipid and its application in diagnosis of leprosy Wu Qin-Xue <i>et al.</i>	1
Survey of primary dapsone resistance in leprosy Wang He-Ying <i>et al.</i>	6
Investigation of leprosy eye diseases in 1080 leprosy cases in Guangdong Province Zhang Wo <i>et al.</i>	9
A study of prophylactic effects of DDS against leprosy during 16 years Deng Yen-Shan <i>et al.</i>	15
Modification of multidrug therapy regimen for leprosy: decreasing the side effect of the treatment Chen Jun-Luan <i>et al.</i>	18

Study on cell culture of <i>Mycobacterium leprae</i> : (1) Multiplication of <i>M. lepaemurium</i> in mouse peritoneal macrophages <i>in vitro</i> Ye Shun-Zhang <i>et al.</i>	21
Observation of skin lesions of leprosy with DIF technique Shi Yuan-Fu <i>et al.</i>	26
The methods of examining swelling of the peripheral nerves in leprosy Zhao Xi-Ding	29
Study on the immunopathomorphology of lymph nodes in leprosy: light and electron microscopic observations Chen Zhao-An <i>et al.</i>	33
A practical observation of spectral classification for leprosy in dermatohistopathology Luo Jiu-Si <i>et al.</i>	37
Eyebrow implantation by single hairs for 27 cases Zhang Xue-De <i>et al.</i>	42

Studies on Prevention and Treatment

Brief report on leprosy in Guangxi Skin Disease Institute, Guangxi Zhuang Autonomous Region Leprosy and its control in Liaoning Province Dalian Dermatological Hospital	44
Leprosy Control in 42 counties and cities of Guizhou Province Xue Fa-Gui <i>et al.</i>	48
Report on multidrug therapy of leprosy in field in Xichang County of Sichuan Province Hu Lu-Fang <i>et al.</i>	51
Ten years of leprosy control in Luchi Township of Luongmen County, Guangdong Province Zhong Jing-Zeng <i>et al.</i>	53
	55

Short Reports

Histo-pathology of swollen nerves in clinically cured leprosy patients Liu Mu-Zhi <i>et al.</i>	56
Clinical and pathological survey of 71 cases of leprosy Chen Lian-Fen <i>et al.</i>	57
Leukocyte migration inhibition test in leprosy patients and their household contacts Zhou Qi-Gui <i>et al.</i>	60
Preliminary observations on the chromosome of leprosy patients Shao Kang-Wei <i>et al.</i>	61
Surgical treatment of leprosy plantar ulcer using skin graft with arterionervous pedicle Dong Li-Wen <i>et al.</i>	63
Long-term effects of skin graft with vascular pedicle for 10 cases of leprosy plantar ulcer Jiang Zhi-Lin <i>et al.</i>	64
Investigation on lagophthalmos of leprosy patients Chen Qi-Ling <i>et al.</i>	65
Primary dapsone resistance in 2 cases of leprosy Lin Guang-Shan <i>et al.</i>	66
Chronic peripheral hypertrophic neuritis in Kaschin-Beck disease: report of 2 cases Li Zhi-Wen <i>et al.</i>	68
On misdiagnoses in leprosy Lin Yu-Zhi <i>et al.</i>	69