

Leprosy and Art in South China

TO THE EDITOR:

Since limited information concerning the status of leprosy in China has been available in recent decades, the following notes, as a follow-up to the editorial by Dr. Y. T. Chang (*Int. J. Lepr.* 47 [1979] 56-58), could be of interest.

For the past 30 years, first as a resident in Hong Kong for a decade, and subsequently on at least yearly visits, I have spent more than a month on the average in the Hong Kong leprosy clinics. In addition to following old patients and seeing new cases, there has been frequent opportunity to see and evaluate cases which have come across the border from mainland China during this period. At times, notably in 1962, this influx of leprosy patients was relatively intense. The hump in the accompanying bar graph of the incidence of new leprosy cases for that year indicates the leprosy clinics' reflection of the 100,000 persons who swarmed across the border just as the 1979 figures will probably reflect the heavy influx of Vietnamese refugees.

Until about 10 to 12 years ago, among the mainland cases appearing in the Hong Kong clinics, there were many fairly severe, nodular lepromatous cases in need of full leprosy treatment. They often delayed three to four months after coming to Hong Kong before venturing to appear in the clinics; it apparently takes them that long to establish their status as residents.

In the past 10 to 12 years the status of leprosy patients arriving from mainland China has changed significantly. In general, patients now coming are well-nourished and have low or negative bacillary counts. Some have had effective reconstructive surgical procedures. The changes seen led to the conclusion that leprosy in neighboring Kwangtung Province probably is being brought under control as a result of control measures and rising standards of living (*Int. J. Lepr.* 43 [1975] 145-148).

Many of the mainland patients were interviewed informally relative to their own leprosy treatment and their knowledge (usually limited) of leprosy control in general. In the 1960s we did hear of visits to the leprosaria by a foreign doctor named Ma Hai-teh. It was determined that this was

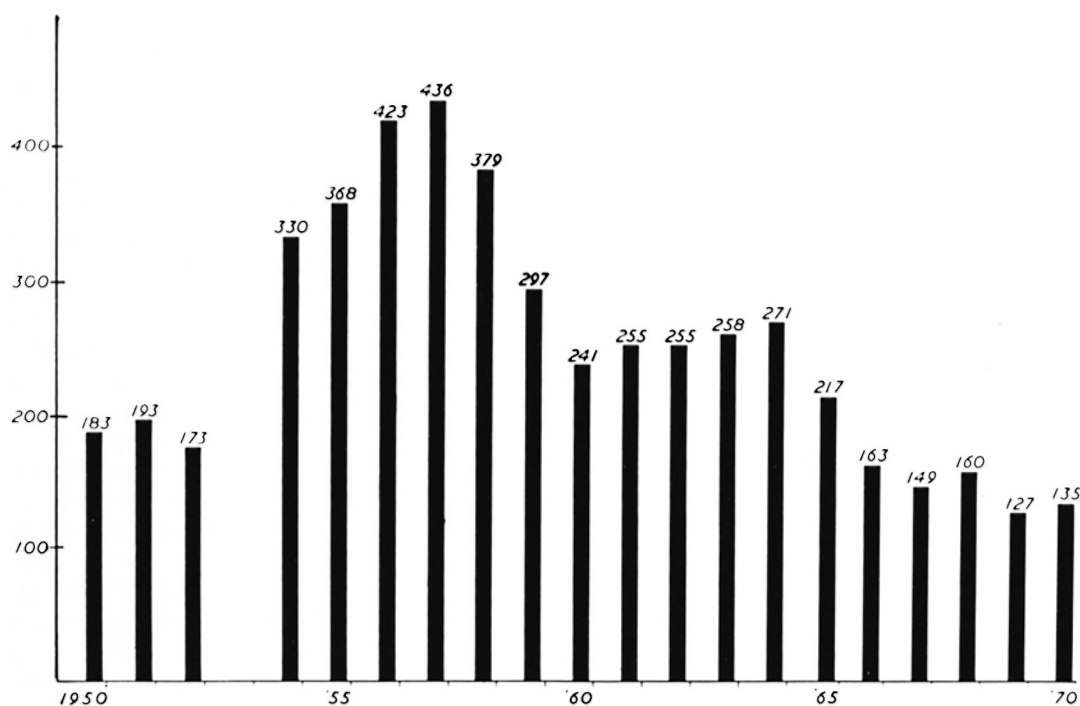
Dr. George Hatem (*Parade Magazine*, August 12, 1973), who was reputedly in charge of the venereal disease and leprosy control programs. We established contact with Dr. Ma several years ago and have had repeated personal correspondence, and the ALM Leprosy Atelier (not the IJL) has been providing an ongoing subscription to the IJL for Dr. Ma. It seemed that this might be helpful since we learned elsewhere that while China does receive a very broad range of medical journals from around the world, only a very limited number of copies are obtained. These are photocopied or otherwise reproduced in a large printing center in Sian. The reproductions are then provided for the centers that need them. A loss in the quality of illustrations is virtually inevitable. Therefore, original copies sent to the center of leprosy control would seem useful. Dr. Ma visited in the U.S.A. in 1978 and, though unfortunately not in good health, is currently back in Peking.

As has been noted in these pages (*Int. J. Lepr.* 47 [1979] 59-60), during our decade in Hong Kong as well as subsequently, we have been fortunate in achieving a sizeable collection of Oriental art, chiefly Chinese in origin. Within this collection there is a 450 piece segment of lively ceramic folk art from the Shekwan kilns of Kwangtung Province. This is apparently the largest such collection outside of Kwangtung Province. Two years ago we shipped it on loan to the University of Hong Kong where selected portions of it now form the basis for a major exhibition of this art which is scheduled to go on display October 4, 1979 in the Fung Ping Shan Museum. The exhibit has become "international" in that several local Hong Kong collectors have contributed to it and, most significantly, the government of the People's Republic of China approved participation by the Canton museums. Over 100 pieces from these sources arrived in Hong Kong in July 1979, accompanied by museum curators.

Our daughter, Mrs. Fredrikke M. Scollard (Rikki), formerly "assistant to the editor of the IJL," is completing her studies of these Shekwan wares as part of a Ph.D. study program.

On the basis of these studies, Rikki pre-

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viously traveled in China, made favorable contacts for the cooperative exhibit, and 18 months ago was one of the first Americans to be permitted a private study trip of three weeks into the Canton-Fushan-Shekwan area. Friendly contacts made at that time and continued subsequently resulted in Rikki and me being permitted a two-week private study trip from June 3 to 17, 1979. Rikki reads and writes Chinese, speaks Mandarin fluently, and Cantonese with some competence. I speak Mandarin and in contrast to my visits to these areas in 1949, it was surprisingly easy to communicate in Mandarin even in the rural areas and communes. We had essentially no communication problems and even managed to present three one-hour illustrated color slide lectures. We were permitted to visit any place we wished and had an automobile available at any time. A motor launch was provided for a visit to a leprosarium.

Four counties were visited, Hua-hsien (Canton) for ceramics and leprosy, Non-hai for ceramics, Shun-to for silkworm raising industry, and Tungkun for ceramics and leprosy.

In 1949, I had my first real opportunity

to study leprosy on a three week visit to the Rhenish Mission Hospital and their leprosarium, both in Tungkun City. They had about 340 leprosy patients. Not far from Tungkun, in Sheklung, there was a larger leprosarium with up to 900 patients. The Rhenish Mission Leprosarium was closed some time ago. The Sheklung Leprosarium was closed four years ago and its patients moved to the Tungkun District Leprosarium (the one we visited), which is now the chief of three leprosaria in the province. Another leprosarium, Tai Man, near Chu Shan, is said to have 200 to 300 patients. There are now 83 leprosy treatment centers in the province, one of which at least has four staff members and only three patients.

The Tungkun County Leprosarium covers an area of 850 square meters in the Pearl River delta and is agricultural with orchards and vegetable and other similar projects. It was reached by a 2½ hour motor launch trip from the city of Tungkun. Though in the past it has had up to 900 patients, there now are only about 400 with three major buildings for males and one for females. While not seeing all the patients, we walked through the main buildings, where the

doors to the patients' rooms were left open, and saw quite a few. In general their condition appeared quite good.

The leprosarium has a small operating room and a laboratory where acid-fast smears and histopathologic sections (good quality) were made as well as other laboratory procedures performed. The pharmacy had "Western medicine" but was heavy on "Chinese type" preparations. The chief therapeutic drugs for leprosy were dapsone (DDS) and rifampin. Clofazimine (B663) was not in stock though the staff was familiar with it and noted that it was used in Shanghai. They seemed to rely heavily on Shanghai for guidance in treatment procedures.

The staff and their families, with about 20 school children evident, live at one end of the leprosarial grounds while the patients' quarters are at the other end; agricultural land lies between. While working in the patient area, the staff don operating room type caps, masks, gowns with sleeves tied snugly at the wrists, rubber gloves, and calf-high rubber boots. On seeing this I was reminded that when Dr. Robert Koch (of tuberculosis fame) visited the leprosarium on Molokai, Hawaii in the 1920s, Dr. Brinkerhoff offered him some similar regalia. It is recorded that Dr. Koch looked scornfully at him and said, "I am *past* the kindergarten stage."

On the final day of our trip we had requested a visit to the pathology department of Chung Shan University. This university's medical school is an amalgamation, created in 1953, of the Kuanghua, Chungshan, and Lingnan schools. It has 1600 students, with representatives from 13 foreign countries, chiefly South Asian. There are five associated hospitals (3 general, one eye, and one cancer) with a combined capacity of 2100 inpatients and 5000 to 6000 outpatients per day.

The pathology department has more than 20 teachers and, following the cultural revolution, has been heavily engaged in post-graduate training.

The department, we were told, is the chief leprosy research center in China. We understood this to mean chiefly pathology rather than therapeutic research. They are concerned with the classification of leprosy, pathology of nerve involvement, histochemistry, and early diagnosis of leprosy.

Electron microscope facilities are available and used. They have published more than ten papers on leprosy, all in Chinese journals. Chiefly involved in this research are: Dr. Liu Ze-Jun, pathologist; Dr. Lo Ting-Sia, pathologist, and Dr. Chin Chu-hsieh, electron microscopist.

In about 1951, a study group of five physicians from the mainland were engaged in formulating an approach to leprosy control. They visited us in Hong Kong specifically for discussions on this subject and indicated their educational intentions. They spoke of Professor Yu Cha-tsun of what was previously designated the Cheeloo University Medical School as a resource person. This gentleman subsequently traveled to many medical schools, giving lectures and demonstrations, and wrote a textbook of leprosy which has been widely used. He is now over 75 years old but at last report is well.

Also, in 1957-1958, Dr. Salomon Schujman (ILA member) from Argentina was a resident guest for the purpose of organizing a course in leprosy. He gave a four month course to 30 doctors from various provinces. Quite possibly his interest in the neuropathology of leprosy was influential in the continuing research interest in this subject at Chung Shan University.

Currently the provinces of Shantung (est. pop.: 65 million), Kwangsi (est. pop.: 25 million), and Kwangtung (est. pop.: 48 million) have the highest leprosy prevalence. It is still agreed that pre-1949 Kwangtung had an estimated 100,000 cases. The current estimate is 40,000 with 1000 new cases per year. The Tungkun District Leprosarium discharges about 25% of its patients each year as being bacilli negative and suitable for outpatient treatment.

It is reasonable to conclude that leprosy in South China is currently on the decline and that control measures are playing a significant role in this decline. These control measures are largely under the direction of provincial medical authorities.

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