

CORRESPONDENCE

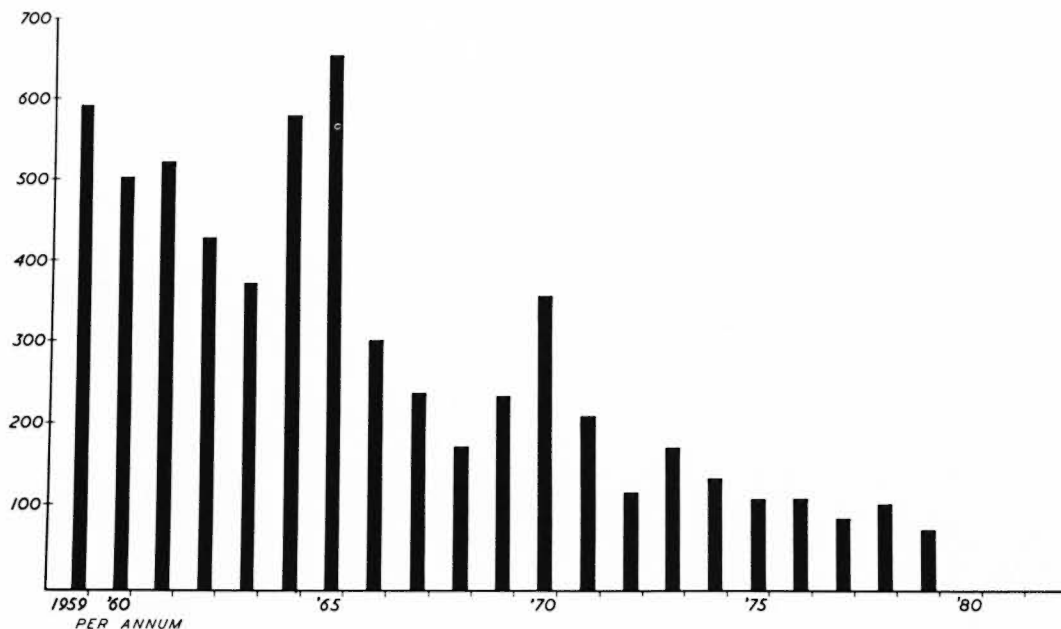
This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters. The mandate of this JOURNAL is to disseminate information relating to leprosy in particular and also other mycobacterial diseases. Dissident comment or interpretation on published research is of course valid, but personality attacks on individuals would seem unnecessary. Political comments, valid or not, also are unwelcome. They might result in interference with the distribution of the JOURNAL and thus interfere with its prime purpose.

Decline of Leprosy in Mainland China

TO THE EDITOR:

On a visit to Mainland China in June of 1980, the following facts, which supplement the account previously given (Int. J. Lepr. 48 [1980] 71-73), became available. They were obtained during a week involving the presentation of six lectures and seminars to 150-200 medical school staff and leprosy workers, including a briefing by those chiefly responsible for the Kwangtung Leprosy Control program in South China. Addition-

al information was presented to me in subsequent discussions with leprosy control personnel on a four-day invitational visit to Beijing with the Chinese Academy of Medical Sciences (Chinese Journal of Dermatology). As was to be expected, leprosy work was not of primary concern when the new government was established in 1949. Acute diseases, notably smallpox, plague, and cholera, received prime attention. Prior leprosy work was, however, continued and

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by the 1960's received increased attention and effort.

In a recent report on leprosy in China (Lepr. Rev. 51 [1980] 29-33), the late Dr. James Maxwell is credited with having estimated that there were two million cases of leprosy in China. However, in his textbook (*Leprosy, A Practical Textbook for use in China*, Shanghai, 1937, Chapter 1), he noted that if attention was directed to clearly evident leprosy, a reasonable estimate was probably about 300,000 cases. If one considered all cases, including early, not readily diagnosed instances, then the estimate might be one million cases. The estimate of one million cases was then, and continued to be, the usually given prevalent figure. Present workers in China say this was too high, perhaps thinking in terms of readily evident cases.

Pre-1950, it was generally held that Kwangtung Province, in the extreme south, had approximately 100,000 cases. The Kwangtung authorities agree that this was a reasonably correct estimate. Their estimate in 1980 was that there are now 40,000 instances. This is a significant decrease which is supported by the chart of the sequential annual incidence figures for 21 years. This decline in incidence is compatible with charts previously presented in this journal for other areas (Int. J. Lepr. 43

[1975] 145-148; 48 [1980] 71-73). It was indicated that a similar decline in leprosy has taken place in other provinces, notably Shantung, Kiangsi, and Fukien. In West China, leprosy work, which in China is generally the responsibility of the Provincial Health Services, has perhaps not been as effective as in these provinces. Attention is being paid to improve the overall efforts. It seems evident that persistent efforts are being made to control this disease and that there is, on the whole, a significant decline in incidence resulting from treatment abetted by improved and more uniform standards of living.

During the "Cultural Revolution" (1966-1976), there was much disruption in the medical work of the country but the leprosy workers managed to continue their efforts and the decline in leprosy incidence was unbroken. Perhaps the fear of leprosy and the opprobrium associated with the disease played a role in protecting the leprosy services.

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