NEWS AND VIEWS

BLOOD DISEASES IN CHINA

A delegation of six professors from the medical school of the University of Paris, officially invited by the Chinese Medical Association, went recently to China. For a month, we travelled across Oriental China, touring mostly Peking, Tientsin, Shanghai, Hang Tchow, Canton and Hankow. The visits consisted, on the one hand, in the study of the local conditions of medical practice and teaching, and on the other hand, in conferences and seminars directed by the French teachers. The attendance at the conferences was extremely large; e.g., more than 1500 listeners were present at the Canton Medical Faculty at a lecture on the new therapeutic agents against leukemia. The number of questions asked after the lectures indicated the interest of the Chinese audience. Thus, after one lecture given at the Institute of Hematology in Tientsin, 35 written questions were handed to the lecturer. From this trip of great interest, I will retain here only those data pertaining to personal character of blood pathology in China.

Perhaps the most important difference between Chinese and Occidental hematology lies in the field of the anemias. Pernicious anemia is almost unknown in China, and the other megaloblastic anemias are exceptional. The major Chinese anemia is aplastic anemia. It is so frequent that cases may be seen in almost every hospital. Of course, this condition is not exclusive to China, and is also found in other Asiatic countries like Japan. This aplastic condition appears at all ages, and is never familial. It is seen in the rural communities as well as in the cities. Its etiology, in spite of numerous works, remains unknown. Sometimes it comes as an acute disease, more often as a chronic one. It presents itself, then, with clinical, hematologic and marrow findings very similar to chronic idiopathic pancytopenia, studied recently in many countries, particularly in France. The bone marrow is usually not aplastic, and even a moderate or slight erythroblastosis is noted in many cases. Isotopic study of this anemia has not yet been undertaken. The evolution is held as fatal. The treatments used are inefficient; the use of drugs from the ancient Chinese pharmacopeia gives practically no result, in spite of occasional good results. And in each center visited, the question was asked of the foreign hematologist: "Do you know of any new treatment for aplastic anemia?"

Hypochromic anemias are moderately frequent, but the incidence is decreasing as progress is made in nutritional health and in the fight against parasitic infections. The most common causes were in fact the poor nutritional conditions and ankylostomiasis. The food situation, at least in the provinces visited, appeared good; the workers and the young children, who can be seen everywhere half naked and so numerous, appear in excellent health and well fed. The incidence of ankylostomiasis has been reduced in the northern part of the country, but is still present in the south.

Ninety-nine per cent of the Chinese belong to the Rhesus-positive group. Consequently, hemolytic disease of the newborn is quite exceptional. It is practically not seen, except in certain "national minorities" of a different ethnic origin. The accidents due to incompatibility in the ABO system do not seem to have been the subject of special studies. The acquired immuno-hemolytic states of the adult appear exceptional, but paroxysmal nocturnal hemoglobinuria (Marchiafava-Micheli) is not rare. Several patients were present in one of the wards of the hospital affiliated with the Medical Academy of Peking; they were treated and improved with transfusions of washed red cells.

Favism is responsible for severe hemolytic anemias with hemoglobinuria in many regions of China, mostly around Hang-Chow. The local doctors have observed that in an important number of cases the accidents follow the first ingestion of beans, the first inhalation of pollen. Repeated transfusions represent the best treatment. The prognosis in treated patients is good.

The hemolytic anemias of malaria, formerly so frequent, have become exceptional. The regression of malaria is in fact remarkable. The sanitary work undertaken during recent
years has resulted in a considerable reduction and often disappearance of the great epidemic diseases, infectious and parasitic, which so decimated the Chinese population. Flies, mosquitoes, rats have vanished. No case of cholera, plague, small pox has been reported in these last years. And malaria has become very rare.

Other parasitic diseases still present important problems; e.g., schistosomiasis (Sch. japonicum), responsible in its late stages for a portal obstruction syndrome, with hepatomegaly and splenomegaly. As many as 80,000 cases were numbered recently out of 38 million inhabitants in the province of Canton. The works of the Institute of Parasitology of Canton have thrown further light on the biology of the intermediary host and have elaborated, with the help of these new concepts and the collaboration of farmers in the rice fields, useful measures of destruction, the effects of which are beginning to be felt. But the hepatosplenoportal complications are late, and for many years yet the Chinese surgeons will continue to treat them by various shunt operations. In one hospital service in Hangkow visited, 60 operations of venous derivation for portal obstruction were performed during the last year.

The anemia of Minowski-Chauffard is very rare. Thalassemia (should this name be kept?) is rather prevalent in the south of China. A pediatrician in Canton had recently collected 10 cases of Cooley’s disease. The minor form and thalassemia minima have also been observed. It has not yet been possible to map with assurance the geographic and ethnic borders of the disease. Hemoglobinopathies have been little studied.

The chapter on the hemorrhagic states needs little comment. Hemophilia is known in its various aspects but seems less frequent than in the west, and we even saw a patient suffering from Rosenthal’s (PTA) syndrome. Thrombocytopenic purpuras, so-called idiopathic, are frequent, and present with the usual problems. Thrombocytethemia has been observed. Hemorrhagic accidents induced by drugs and in general the hematologic accidents due to chemical poisons are, in view of the limited development of chemotherapy, exceptional.

In a country where the danger from parasites and infectious organisms has been so great for so long, the problems of cancer and leukemia have become secondary. They have now moved back in first place with the disappearance of infectious diseases. The rarity of chronic lymphocytic leukemia is remarkable; in fact only very few observations are known. Chronic granulocytic leukemia is moderately frequent; acute leukemia appears to be in China the most prevalent type in children and adults. It has no relation to aplastic anemia. Chemotherapy has been, until now, little used. Chronic leukemias are usually treated with roentgen therapy, acute leukemias by transfusions and ACTH. A vigorous effort is made to draw useful information from traditional medicine. Traditional medicine, as everyone knows, an ancient discipline unchanged for 3000 years, based on the philosophic opposition of the male and female principle, uses two main methods: acupuncture and peculiar mixings of rare plants with the viscera of reptiles and batrachians. Acupuncture, curing only imaginary diseases, is totally inefficient when it comes to leukemia. But some mixtures from the classical pharmacopeia may contain certain substances endowed with antimitotic properties. Thus podophyllum has been used for over a thousand years as a drug against cancer by Chinese doctors. Experimental research is done in this field by the laboratory of the Academy of Medicine of Peking. Extracts from various plants having a reputed antitumoral action are tested on different animal tumors. This study is led with systematic method by teams of trained researchers. It has not yet given positive results.

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