

# Report From a Visit

## Snapshots from China

In July 2001 we had the opportunity to visit several university departments in the People's Republic of China as part of a lecture tour on "Retinoids in Dermatology".

We went to Beijing, Xian (the old Imperial capital), Chong Qing (an "unknown" city with 13 million inhabitants!), and Guiyang (a "small" university town in the Southwest - population: 3 million). Our general impression was that the major cities in China are developing at an incredible speed and so, apparently, are the health facilities for dermatology and venereology. However, there are major differences in the medical standards between different parts of China, which is perhaps not surprising in view of the size of this country (population 1.300.000.000) and the rather recent shift in government policy from training "barefoot" doc-

tors to training more western-oriented specialists. We were told that in the whole of China there are now about 9 000 dermatologists.

After sightseeing at the Great Wall (Fig. 1) we visited the First Hospital of Peking University and the famous Skin Department, headed by Professor Zhu Xue-Jun (Fig. 2).

We also visited the Peking Union Medical College Hospital, which was founded by the Americans in the 1920s and was later taken over by the Chinese government. The facilities we saw in these departments were largely similar in standard to those in the West although the wards and outpatient clinics were rather crowded. The patients' medical care appeared up-to-date and professional. The research facilities were of good European standard and it is very probable that Chinese dermatological research



Fig. 2. Examining an unusual type of rash together with Professor Zhu at the First Hospital, Peking University.

will soon attract increasing attention world-wide. Unfortunately, the language barrier is still a major obstacle to research communication. This was obvious in many ways: our formal talks had to be interpreted into Chinese, because only 1/3 of the doctors in the audience were said to speak English, and conversation, especially with elderly colleagues, was sometimes problematic, even if rewarding from other aspects (Fig. 3).

The dermatological disease spectrum in China is mostly similar to that in Europe, but there are some notable differences. For example, skin cancer and leg ulcers are rare in China, which can probably be explained both by a different genetic background and by a different lifestyle compared to western countries. Thus people in China tend to protect themselves from the sun rather than to tan, because the



Fig. 1. The Great Wall at Dawling 70 km north of Beijing. Air temperature: 38°C. Number of visitors per day: approximately 50 000.



Fig. 3. After the lecture in Beijing. To the right: Dr Wang Jiabi, the first female dermatologist to become Professor at Peking University. To the left: Professor Yuan, who was the personal physician of Chairman Mao.

summer climate is very hot. The risk of skin cancer is further reduced by a predominance of skin types 3-4 in the Chinese population. The low prevalence of leg ulcers is probably also lifestyle-related. Rather than sitting still, elderly people seem constantly on the move; they are keen on walking, biking and performing gentle gymnastics (Qi Gong). Added to this, obesity is presently rare in China, although this may not be the case in the future when younger generations start feeding on hamburgers and Coca Cola!

Skin infections are a major problem: various fungal infections are prevalent and more exotic infections like leprosy and skin tuberculosis still occur in remote areas. Pigmentation disorders, especially vitiligo, is a big problem, often requiring therapy. In fact, pigment-cell transplantation is already practised in some departments and

laser technology for skin depigmentation seems to be widely available.

Unfortunately, we had only a few opportunities to discuss venereology with our Chinese colleagues. However, STD seemed to be on the rise, and although official figures for HIV/AIDS are still very low, we were told that the real figures are probably at least 3-5 times higher. AIDS is particularly prevalent among drug addicts in southern China where opioid derivatives are easily available. Especially upsetting is the recent

reports in western news media about the Chinese Government's attempts to silence an iatrogenic AIDS epidemic among poor peasants who were recruited as plasma donors and given pooled erythrocyte transfusions without prior HIV testing.

While continuing our travels to Guiyang in the mountain district in the southwest of China, we noticed that the dermatological services there were less advanced than in Beijing. Nevertheless, the first thing we saw on arriving at the University Hospital was a quite impressive laser clinic and the doctors seemed very enthusiastic and diligent.

Although the similarities between Chinese and Scandinavian therapeutic traditions predominate, some important differences exist. The combination of Chinese traditional medicine with more western-oriented medicine is one such intriguing difference. For example, intravenous administration



Fig. 4. Dermatologic patients at the First Hospital, Beijing, receiving intravenous herbal medicines for eczema.



Fig. 5. On the podium during the Dermatology Congress held in the People's Hall in Guiyang.

of herbal medicines is frequently prescribed for eczema and psoriasis, both in the wards and in the out-patient clinics (Fig. 4). Our Chinese colleagues assured us that double-blind controlled studies had verified the efficacy of this treatment. Some skin patients were referred for acupuncture treatment, but this was done in separate clinics. It was usually the patient who decided whether he/she preferred to go first to an acupuncturist or to a dermatologist.

Upon leaving China we were overwhelmed by many new impressions. Old traditions are rapidly being replaced by new ones. This can be exemplified by the People's Hall in Guiyang (Fig. 5), which is now used more often for scientific meetings than for mass meetings of the Communist Party, as in the past. One thing looks the same however, namely the many

scenic spots all around China which are increasingly exploited for tourism (Fig. 6). On the whole, though, our most long-lasting memory of this trip to China will no doubt be the friendliness and hospitality of our Chinese colleagues, which was as great as their eagerness to learn more about the way we look at things. Yet, with justified pride, they always seem to keep in mind their own long history of culture and medicine, and its importance for today's dermatological care of patients.

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Photos by the authors.



Fig. 6. China's largest waterfall (78 m high) on the outskirts of Guiyang. The small white spot to the left in the falls shows a person walking on a path behind the falls.