LICHEN SIMPLEX CHRONICUS IN CHINESE

BY
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WHILST serving in Hong Kong from 1950 to 1953, I was appointed to a part-time lectureship in dermatology in the University of Hong Kong. While engaged in this work, it quickly became apparent that lichen simplex chronicus (neurodermatitis) was much commoner in Chinese than in Europeans. In 1952 we had the pleasure of a visit from Dr. C. R. Rein, who told us that the condition is also very common among Chinese and other Orientals in America; and kindly provided us with a copy of an article—then in the press—which he had just completed on the subject (Rein and Snider, 1952). In this article, the authors quote Cleveland (1936), who concluded that “the disease occurs more than twice as frequently in Orientals (Chinese and Japanese) as it does in members of the white race.” Apart from these writers, and what is little more than passing reference by Keim (1928) and Fasal (1945), there is scant mention in the literature of what is one of the most striking features of dermatological practice amongst Chinese.

Arnold* found an incidence of 3.9 per cent in Caucasians as compared with 11 per cent, in a group composed mainly of Orientals. Rees* found 12.5 per cent, in a group of 750 Chinese dermatological patients.

In the present series, lichen simplex chronicus formed 8.59 per cent. of 1,526 Chinese dermatological cases seen at two out-patient clinics, viz., at Sai Ying Pun Government Hospital, Hong Kong (from December, 1950, to December, 1952), and at a skin clinic financed by the Rotary Club of Kowloon, held in Mongkok, one of the poorer districts of Kowloon, from December, 1951, to June 1952) (see Table I).

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<td>Lichen simplex chronicus</td>
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<td>Superficial bacterial infections</td>
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<td>Scabies</td>
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<td>Leprosy</td>
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<td>Fungal infections</td>
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<td>Syphilis</td>
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<td>All other skin diseases</td>
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* Quoted by Rein and Snider (1952).
The first clinic was roughly comparable to a similar clinic in this country, in that all cases had been referred by a doctor, but the figures are weighted by 165 cases of leprosy. (This figure gives a false impression of the incidence of leprosy, and arose because, during the period under review, this clinic was one of the only two places in Hong Kong through which practitioners could dispose of cases of leprosy.) The second clinic was a "charity" clinic, patients being seen directly—as it were "off the street"—and it will be noted that half of the total number of cases is made up by scabies and septic skin conditions. It would therefore appear that neither of these sets of figures is directly comparable with those from skin clinics in Britain or America, and that the true incidence of lichen simplex chronicus among Chinese is probably even higher than these figures, at first sight, might suggest.

The neck was the commonest site, being affected either alone or along with other areas in 49.17 per cent. of cases, and the lower limbs the next most frequent. On the neck, friction by the high collar worn by Chinese women often acts as the "trigger." Also in some cases an allergic contact-type dermatitis arises from the plastic stiffening sometimes inserted into these collars, or from dye or other material used in the manufacture of clothing; and through scratching, a lichenified neurodermatitis becomes superimposed.

In Caucasians, lichen simplex is usually considered to be commoner in females than in males. Ormsby and Montgomery (1948) give the proportion as 2 to 1. In contrast, Rein and Snider (1952) found that most workers agreed that, in Orientals, the disease was either equally distributed between the sexes or only slightly commoner in females. In the present series, the figures from one clinic showed the disease to be only slightly commoner in women (males 43.67 per cent., females 56.32 per cent.), while in the other there was a preponderance of female cases (males 18.18 per cent., females 81.81 per cent.).

The incidence of lichen simplex chronicus in Hong Kong, and that reported by Rein and Snider (1952) and others for Chinese in the United States, differs markedly from that found by workers in China. Tyau (1924), in an analysis of 5,000 skin cases in Shanghai, does not mention the condition. Hu and Yang* found an incidence of 3.3 per cent. and 4 per cent. respectively, which in no way differs from that in the white population of the United States, namely, 3 to 4 per cent. As Rein and Snider (1952) state, "this is important factual evidence against the theory of any hereditary or constitutional tendency on the part of the Chinese toward development of this disease." In spite of this, however, I believe strongly, for the following reasons, that there is a constitutional tendency for the Chinese to develop this condition.

1. The Chinese, by tradition and upbringing, does not commonly show his feelings, and normally preserves an inscrutable countenance and calm exterior, though within he may be seething with emotion. It therefore may well be that scratching forms an outlet for this emotion.

2. I have observed that Chinese seem to have a lower "threshold" for itching than have Europeans. In a great many cases itching is the principal...
symptom complained of—to the exclusion of all others. This occurs often in dermatoses, in which in Europeans, itching, though it might be complained of, would not dominate the whole clinical picture. I have also noted that, in many conditions, e.g., contact dermatitis, itching seems to persist longer in Chinese, or at any rate is complained of more volubly. The Chinese have long regarded itching and its relief as sensations to be enjoyed. Chin Sheng’tan, writing in the seventeenth century, enumerates thirty-three happy moments, among which he includes: “To keep three or four spots of eczema in a private part of my body and now and then to scald or bathe it with hot water behind closed doors. Ah, is not this happiness?”

3. Maxwell (1929) states: “Perhaps one is struck, on reviewing the whole question of skin diseases in China, with the greater prevalence of the drier skin diseases as compared with the moist”; and this also has been one of my own outstanding impressions. The Chinese seem to develop exudative dermatoses less readily than do Europeans, and intractable weeping eczema is not nearly such a common problem as it is in the white races. A weeping eczema, when it does occur, as a rule dries up quickly with treatment; but lichenification—usually due to scratching—develops readily and frequently. It is therefore usual to find a lichenified neurodermatitis becoming superimposed upon any itching condition, especially the eczemas, scabies, and ringworm; so much so that one comes to regard it as almost the normal outcome. Therefore, taking the broad view of skin disease among Chinese, one cannotfail to be impressed by the fact that the Chinese skin appears to lichenify more readily than the European.

4. Kocsard (1953), commenting on Rein and Snider’s article, points out that statistical comparison between clinics in China and America is misleading owing to the much higher incidence of scabies, mycotic and pyogenic dermatoses, and syphilis in clinics frequented by the Chinese poor. (These diseases, he estimates, account for 60 per cent. of cases seen.) The Rotary Club Clinic in this series was comparable to a clinic such as is described by Kocsard, and yet the incidence of lichen simplex was still high. It would, however, be fair to say that the figures at present at our disposal are not really statistically comparable; and I am strongly in agreement with Kocsard when he states that he “would be hesitant to accept as a fact the higher incidence of lichen simplex chronicus in the Chinese living in the U.S.A. as compared with the Chinese living in China.”

If, on the other hand, we accept these figures, we must explain why the incidence of the condition in Hong Kong Chinese apparently accords more closely with that in overseas Chinese than with that among Chinese in China. It is of interest to speculate on possible reasons for this. Orens,* whilst agreeing in general that the disease probably resulted from emotional repression in individuals who, by training and upbringing had been taught always to preserve an impassive exterior, added a number of interesting observations. He gave it as his opinion that the majority of Chinese in America felt discriminated

* Quoted by Rein and Snider (1952).
against, and would therefore also, whether they admitted it or not, experience feelings of inferiority. To this he attributed, in part, the high incidence of the disease among Chinese in America. He also stated that, on the whole, Chinese women adjust better to the American way of life than do Chinese men, and that this, along with the fact that "the incidence of sexual difficulties is extremely high among Chinese males both in China and in this country" (America), would explain the equal sex incidence in Chinese, as compared with the female predominance in Caucasians. In Hong Kong, the instability of the political situation, and the presence of large numbers of refugees, with consequent overpopulation and unemployment, would undoubtedly predispose to psychosomatic ailments. Also, there is no doubt that many of the more educated Chinese feel discriminated against, though whether they are, in fact, is a matter of opinion. All of this would explain a high incidence of neurodermatitis among the upper and middle classes. But for the great masses of the working-class population of Hong Kong who, in common with the remainder of the patient toiling millions of China, are by tradition long inured to political instability, to war and famine, to poverty and unremitting toil, and who care little how they are governed, one would have thought that life goes on much as it has done since time immemorial. Some would argue that, while in the interior of China the poor have a miserable standard of living, by and large each man gets his daily rice and furthermore knows that he will get it, and, having known nothing better, he is content. In Hong Kong, though conditions are probably better, the working man, living alongside the higher standards of living of the western world, not unnaturally expects to have at least certain of these benefits for himself. Therefore, in striving to obtain these on a wage which will not support them, and under conditions where overcrowding and unemployment are prevalent, he finds life more difficult than does his brother in China. This argument, however, is not entirely convincing.

As regards a feeling of inferiority, this is the last thing the Chinese naturally possess, for no nation in the world—with the possible exception of the English—has a greater national conceit. The very name of China—Chung Kwok (the Central Country)—at once dispels any thought of racial inferiority. Orens* states that "most people who experience actual discrimination do show some feeling of inferiority"; and, as already stated, many Chinese in Hong Kong probably do feel discriminated against, and may therefore have feelings of inferiority, though they would be the last to admit to them.

In conclusion, I would record it as my opinion that, when sets of figures for lichen simplex chronicus, which are strictly comparable as between China and the West, are eventually obtained, the incidence in China will be shown to be significantly higher.

**SUMMARY**

1. A high incidence of lichen simplex chronicus (neurodermatitis) among Chinese is reported from Hong Kong.

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* Quoted by Rein and Snider (1952)
2. American writers have drawn attention to a similar high incidence among Chinese and other Orientals in the U.S.A.; but reports from China proper would suggest that the condition is no commoner there than in the white population of Britain and U.S.A.

3. The writer believes that there is an inherent constitutional tendency for the Chinese to develop this condition, and he suggests that the figures from the interior of China may be misleading owing to the fact that skin clinics in China are not directly comparable to those in the West. The reasons for these views are elaborated and discussed.

REFERENCES


