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## Immunological Control of Schistosomiasis

Sir,—Drs. R. B. Stott and H. J. N. Bethell (7 October, p. 49) refer to your leading article on immunological control of schistosomiasis (12 August, p. 366) and suggest that the elimination of this disease "is possible if doctors all over the world have the breadth of vision, courage, and determination to take medicine to the people and allow them to effect their own cures rather than awaiting miracles from the boffins."

As one who tried this approach for 13 years in East Africa and failed I would like to defend the boffins who are scorned by your correspondents for their "restrictive thinking" and "unjustified pessimism." Unjustified, or so they claim, because the doctors of the People's Republic of China have already demonstrated that all you have to do is educate everyone on the "life style of the snail and nature of the disease" and with the necessary enthusiasm of the people you will get rid of the problem. I suspect that Drs. Stott and Bethell have been reading reports that came out of China before the Cultural Revolution in 1966.

In a careful review of the Chinese literature from 1949 to 1970 Tien-Hsi Cheng,<sup>1</sup> who is enthusiastic in his praise for the achievements of China, notes that a great deal of the Chinese literature before 1966 is "premature, politically orientated and symbolic of propaganda for domestic and foreign consumption." He also reports that in the three years after 1966 the control programme was in disarray and "the disease was raging again in some localities where previously it had been brought under control." Even before 1966 there are very few

convincing accounts of anything more than limited local control of schistosomiasis in China. One of these accounts which is frequently quoted is by Mao and Huang,<sup>2</sup> who claimed that the snail hosts had been eradicated from 300,000 acres of farmland. This was a considerable achievement but it involved a minute part of the endemic area of China, and it was very much smaller than the Gezira scheme in the Sudan, where "boffins" from the London School of Hygiene and Tropical Medicine are collaborating with the Sudanese authorities in an attempt to eliminate the disease from two million acres of irrigated land.

Drs. Stott and Bethell are apparently unaware that the problem of controlling the *Biomphalaria* and *Bulinus* aquatic hosts of *Schistosoma mansoni* and *S.haematobium* is incomparably more difficult than getting rid of the amphibian *Oncomelania* snail hosts of *S.japonicum*. Indeed many of the techniques used in China would make the problem in Africa much worse. I have always been an optimist and I can see prospects for the successful control of snails and the disease in irrigated areas, but the most highly educated and highly motivated community is unlikely to have any impact on the snails in the vast swamps and rivers and lakes of Africa (even with the help of your correspondents' "snail spotters").

There are no prospects of totally eliminating the snail hosts of schistosomiasis from any of the main endemic areas and mass treatment without snail control is usually ineffective, especially in countries like China where more than 31 species of wild and

domestic animals are known to be reservoir hosts. That is why the boffins should be encouraged to pursue their studies in the hope of finding a more effective means of immunological control.—I am, etc.,

G. S. NELSON

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- 1 Tien-Hsi Cheng, *American Journal of Tropical Medicine and Hygiene*, 1971, 20, 26.
- 2 Mao, S. P., and Huang, M. S., *Kexue Tonbao (Scientia)*, 1964, 11, 963.

## Vocational Training in General Practice

Sir,—It was stated at the Annual Representative Meeting (*Supplement*, 29 July, p. 80) and in your leading article (30 September, p. 781) that there is a wide gap between the places available for vocational training and the number of doctors entering general practice each year. No doubt there is never enough training of the highest quality. However, the existing supply of training facilities still exceeds current demand, and there is evidence that even the potential gap is not as great as has been suggested.

Thus the average age of becoming a principal in general practice is over 29 years. Clearly, therefore, the main fault is the relevance of the training rather than the time spent over it. Some of the courses especially arranged for vocational training in general practice are still undersubscribed. The number of teaching practices likewise exceeds the supply of willing trainees. In Warwickshire, for example, there are several