# The Therapeutic and Economic Value of Work for Lepers.

By Sir LEONARD ROGERS, M.D., F.R.S., C.I.E.

The importance of exercise in the treatment of leprosy has been repeatedly emphasized by Dr. Muir, who insists on the necessity for daily walks or other exercises if the best results are to be obtained from the modern treatment by chaulmoogra and hydnocarpus oil derivatives. The increased activity of the circulation doubtless carries the drug to the affected tissues, and this is also shown by the frequency of slight and beneficial reactions. The amount of exercise must be carefully regulated in the case of patients who easily suffer reactions.

The provision of regular work for lepers living in colonies under medical supervision has a three-fold value. Firstly, it provides the exercise required in the efficient treatment of the disease ; secondly, it supplies useful occupation to prevent the patient brooding over his troubles, and thirdly, it is of the utmost economic importance in enabling large numbers of lepers to be voluntarily isolated and treated efficiently at the lowest possible cost. This last factor is not yet sufficiently recognised and practised, but without the closest and most continuous attention to this essential point it will be impossible to deal effectively with a tithe of the vast leper population of our tropical possessions, especially in Africa.

The possibilities in this direction under able administration are well shown by the remarkable work of Dr. R. M. Wilson in Korea, who has recently transferred his large leper colony to a new site. In an article in the China Medical Journal of January, 1929, he describes, with illustrations, the neat cottages for the lepers, and elegant two-storied stone administrative buildings, constructed entirely by leper labour, greatly to the benefit of both the patients themselves and of the financial interests of the colony. It is true that Dr. Wilson had the advantage of a more industrious race than those of some tropical countries, but his example should stimulate others to make strenuous efforts to emulate his success.

I have previously pointed out that most of our African tropical possessions have the great advantage of ample fertile land on which leper colonies can be placed for the accommodation of the more infective types of the disease. Such cases, whenever possible, should be isolated in voluntary camps with good treatment, as is being done at Itu in Southern Nigeria under the enthusiastic care of Dr. A. B. Macdonald. I have been informed by Dr. Mayer, the whole-time leprosy officer of Nigeria, that an effort is being made in this colony to cultivate

crops with which to feed the population. The Nigerian Government has spent as much as £5,000 in one year on the 1,000 odd lepers segregated here. When we remember that there are not less than 90,000 lepers in the whole country, it is obvious that unless this cost is reduced by the lepers growing their own food supplies, the problem of tackling leprosy as a whole in Nigeria and elsewhere will be extremely difficult. If leprosy is to be combated seriously within the next few decades, then, wherever possible, the earlier and less infectious cases should be treated in out-patient clinics, and the more infectious should be voluntarily isolated in colonies where leper labour is employed for building the huts, and the food supplied mainly from the colony's own crops.