

Editorial

1. OBITUARY—Dr P. Glyn Griffiths, M.C., B.Sc., M.B., CH.B., M.R.C.P., F.R.F.P.S.G.

Dr Peter Glyn Griffiths, leprologist to the Republic of Zambia, died on 14 May 1966, aged 48. He was educated at William Hulmes' Grammar School and Victoria University, Manchester, where he graduated B.Sc. in 1938 and M.B., Ch.B. in 1941. He served in the R.A.M.C. with distinction and was awarded the M.C. during the Normandy campaign. After demobilisation he entered the Colonial Medical Service and served in Fiji where he became particularly interested in the problem of tuberculosis and leprosy. From 1952 to 1957 he was a consultant physician with the Malay Medical Service and from 1958 to 1960 administered a campaign against tuberculosis in Brunei. In 1961 he was a consultant chest physician in the National Health Service in Britain and in 1962 joined the Federal Ministry of Health as Leprologist for Northern Rhodesia continuing in this post under the Government of the Republic of Zambia until his death.

Mr James J. MacPherson, F.R.C.S., writes that he knew and respected Glyn Griffiths as a friend, colleague and outstanding physician for 13 years having first met him in the Malay Medical Service. By his enthusiasm and unflagging efforts he transformed Liteta Leprosarium, with the help of both Federal and Zambian Governments who were much impressed by his selfless work, from a settlement with minimal facilities to a modern leprosarium with over 700 patients whose cheerfulness is sufficient indication of his loving care for them. He was very insistent that his leprosy patients should never be referred to as 'lepers' as this term bore a stigma from Biblical times, again showing his compassionate feeling for his patients. He started a school, a scout troop, physiotherapy and other projects to improve treatment and amenities at Liteta and in these he was ably and enthusiastically helped by his wife. He was engaged in extensive drugs trials at the time of his death. He toured the country extensively and founded a leprosy register insisting on regular attendance at out-

station clinics by all persons on the register. He also managed to maintain an extensive correspondence relating to leprosy. All this was achieved in the face of uncertain health and complete disregard for his own well-being. This greathearted physician was loved by both patients and staff and with truth it can be said that he sacrificed his own life for his patients and his profession.

He is survived by his wife, a son who recently graduated in medicine, and a daughter, and to all of them goes the sympathy of all who knew him.

Dr S. L. Gauntlett, Chikankata Hospital, Mazabuka, Zambia, writes: 'Glyn Griffiths' enthusiasm for and devotion to the cause of leprosy was infectious and our first meeting soon after his appointment as government leprologist in the then Northern Rhodesia made me at once a disciple and friend. I saw all too little of him during the ensuing years but my respect for him grew and even a brief visit was a stimulus to greater efforts and higher standards. When he first came to Africa he had extensive experience in leprosy and in general medicine and he had given up good prospects as a consultant in Britain to come to primitive and frustrating conditions when he established headquarters at Liteta. Liteta was intended to be the government's central leprosarium but accommodation for both staff and patients was poor – even primitive – with nowhere to examine patients properly and no running water. From this he helped to build up a fine modern leprosarium which stands today as a model for other treatment centres. Glyn Griffiths was a perfectionist and made the greatest demands upon himself. He was a fighter in the cause of his main love and his long-fought battle against indifference and incompetence in some quarters, and staff and money shortages was aided by his fiery Welsh personality. These fighting qualities which, with his tenacity and drive, endeared him to me and many others in this and other countries also made enemies although I think most of these respected him. He was a good friend, sharing eagerly his successes and

hopes and also his defeats and frustrations, and ready to share in and understand yours. Glyn Griffiths hated insincerity and denounced what seemed to him to be the second rate, although this was not a destructive denunciation as he gave all the help and encouragement and challenge he could to treatment centres which he felt lagged behind the standard he accepted. He could be scathing in disagreement but he was eager and generous to a degree in his praise and he was ready to accept new ideas and give credit for them. His approach to his subject was not purely academic but he had a deep concern for the spiritual and moral as well as physical welfare of leprosy patients and this concern led him to fiercely oppose anything that conferred a stigma upon them. When I saw him recently after a gap of several months I was shocked at how ill he looked. It was obvious that he was driving himself well beyond his powers but all the pleading of friends and medical advisers to ease up were of no avail. To the end he was travelling widely along bad roads and under difficult conditions, working into the early hours of the morning in a vain effort to keep up with correspondence, and giving attention to his drug trials. He set us all a high standard in the meticulous care with which he conducted his investigations and the thoroughness of administration of the leprosy service, but all this proved more than one man could possibly do – even Glyn Griffiths. His sudden passing came as a great shock to his friends and colleagues but not as a surprise. He had “burnt out” and had left us with a great debt to pay and a challenge to carry on where he left off. Nevertheless in this country and in international leprosy investigation his place will be difficult to fill. To his wife who has shared so fully in his devotion to his work and who is still helping in leprosy organisation here in Zambia, we pay tribute and offer sincere sympathy, as well as to his two children.’

2. We draw attention to a very interesting and valuable report appearing in this issue of *Leprosy Review* (p. 255). This is the report by Dr S. G. Browne, O.B.E., on the Lepra Conference held at Farnham, Surrey, England, in May 1966. There is a great deal of detail about the progress of the project instituted in Malawi aimed at the control of leprosy. It is gratifying to us to note the considerable progress of this project from what seemed a ‘pipe dream’ in

1961 when, as Medical Secretary of Lepra, we mooted the project. It was due to the enthusiasm and support of the Medical Committee of Lepra that the idea was taken up and thoroughly discussed at a series of medical committees, and guidance given in various practical problems. We remember discussing the possibility of the project in January 1962 with Dr Ernest Muir, C.M.G., C.I.E., F.R.C.S., who at that time was Chairman of the Medical Committee and Medical Adviser to Lepra, and we recall the meeting of the Medical Committee at which the project was eagerly discussed. We emphasize that a debt of gratitude is owed to the Medical Committee for their wisdom and guidance on the Malawi Project and their various meetings under the chairmanship of Dr R. J. W. Rees, M.R.C.S., F.R.C.P., F.C.PATH., who succeeded Dr Muir in the position in 1962.

3. Dr Ernest Muir who was born in Banffshire, Scotland, in 1880, has recently retired as Honorary Medical Adviser to Lepra. He has had a long and wonderful career and is loved and revered over the whole world wherever leprosy is actively under attack. He has given us a summary of his career starting with his work as a medical missionary of the United Free Church of Scotland in Kalna, Bengal, where he treated many leprosy patients; then to the Calcutta School of Tropical Medicine to start work on leprosy when the School first opened in 1920, and eventually to become an examiner in Tropical Medicine and act as Professor of Tropical Medicine for two years. On retirement he became first ‘Secretary’ and later ‘Medical Secretary’ of the British Leprosy Relief Association. He is one of the founder members of the International Leprosy Association, was for many years its Secretary-Treasurer and is now its Honorary Vice President. He has travelled the whole world acting as adviser in leprosy to many governments and institutions and even after retirement has returned to the field several times to help out in staffing difficulties. We remember in particular travelling to India in the same ship as Dr Muir in 1928 and his eloquent insistence that in our forthcoming career in India we should take an interest in leprosy. It happened that the very first hospital of which we had charge had an accessory leprosarium of 300 patients and it was possible to

hearken to Dr Muir in practical issues from the start. Furthermore it was very useful to have his encouragement at the next stage when we ventured into active leprosy survey work in the Solomon Islands in 1937, and later when we went to Africa as leprologist to the East Africa High Commission.

We wish Dr Muir every health and happiness for the time of his retirement.

4. The STAR was 25 years old in September 1966. For this happy occasion we wish to send our hearty congratulations to Stanley Stein and his staff and best wishes for the future. The STAR began as a small mimeograph sheet with a circulation of a few hundred and today is a

printed publication of 25,000 going to about 70 countries. It has always been a stout supporter of the interests of the patient.

5. The attention of subscribers to *Leprosy Review* is drawn to the Renewal of Subscription form which is enclosed in this issue. In order that our records should be accurate all subscribers are asked to complete Section A, Nos. 1 or 2 or 3, whichever is applicable. All subscribers must complete Section B of the form showing the exact name and address to which the journal is to be sent. This is to avoid delay and the many reports of lost journals which we receive. Comments would be welcomed about the condition of the journal and its container on arrival at destination.