

REV DR T FRANK DAVEY CBE

The Rev Dr Frank Davey, CBE, a world expert on leprosy and a former medical secretary of the Methodist Missionary Society, died on 24 March 1983. He was 75.

Davey qualified in medicine at Manchester University before training for the Methodist ministry at Hartley Victoria College. Following his ordination in 1935 he became a medical missionary in Nigeria and in 1939 he was appointed Director of the Methodist Leprosy Settlement at Uzuakoli.

Under Davey's leadership the settlement became one of the foremost centres for leprosy research in West Africa. It was there that Davey, with Dr John Lowe, pioneered the use of the drug dapsone in the treatment of leprosy, he also initiated leprosy surveys and control measures throughout what was then known as Iboland.

He was appointed senior leprosy officer by the Nigerian government in 1944, a post he held while remaining at Uzuakoli, and was appointed OBE in 1945.

In 1959 he returned to Britain to become medical secretary of the Methodist Missionary Society, but in 1968 he returned to field work as director of the Victoria Leprosy Hospital at Dichpalli in the Medak Diocese of the Church of South India, a post which he held for 5 years. During this period he advised the Indian Medical Service on its leprosy programme and served as chairman of the leprosy work associated with Vellore Christian Medical College.

On his return to this country Davey became Chairman of the Friends of Vellore. During his retirement he was editor of *Leprosy Review*, the international journal of leprosy medicine. He was the joint author with R G Cochrane of *Leprosy in Theory and Practice*, a standard work on the disease, and of numerous papers and articles.

He wrote also *A Medical Te Deum*, and a collection of prayers he wrote in the Ibo language became the basis of prayer books for several other language groups.

During his service as medical secretary to the MMS he became a founder member of the Christian Medical Commission, the medical wing of the World Council of Churches. He was advanced to CBE in 1960.

Davey is survived by his wife, Kay, a fellow missionary.

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Frank Davey's entire active medical career was devoted to leprosy, commencing in 1936 when he was appointed to the Leprosy Settlement at Uzuakoli, Nigeria. From the humble beginning he became recognized as one of the leading world authorities on leprosy. Frank was one of the few remaining leprologists whose knowledge of and continuing work in leprosy span the eras preceding and following the use of dapsone in the treatment of leprosy. With the availability of dapsone, by the late 1940s Frank pioneered its use in the treatment of leprosy based on the knowledge and detailed observations he had recorded by then on the clinical and epidemiological aspects of leprosy at Uzuakoli. In retrospect it is clear that Frank's eminence and that of Uzuakoli as a leprosy research centre stemmed from the management and critical assessments of his clinical trials on dapsone. Throughout the 1950s Uzuakoli was considered the centre of choice for leprosy drug trials and with Frank's boundless energy he pioneered trials on thiourea derivatives, particularly thiambutosine; mercaptan derivatives, particularly Etisul and a sulphone derivative, diphenyl sulphoxide. Throughout this period Frank attempted to standardize the design of leprosy trials to ensure comparability throughout the world and introduced for the first time a group of patients on dapsone in order to rate the activity of the new drug with that of dapsone. Many of his procedures for standardizing such trials have been adopted.

In fact I first met Frank in 1958 at the time of the International Leprosy Congress in Tokyo when we were attempting to determine by electron microscopy the possible biological significance relating the variable staining properties of *Mycobacterium leprae* by carbol fuchsin. Our hypothesis was that the irregularly stained bacteria represented degenerate forms and were therefore dead. To my delight Frank presented a paper supporting our hypothesis, based already on extensive data on stained smears from patients in his various drug trials which indicated a shift from uniformly stained to irregularly stained bacteria in patients clinically responding to treatment!

For me the importance of the Tokyo Conference was my meeting Frank, who for the past 25 years has been my tireless teacher and advisor on all the clinical intricacies of leprosy. This has enabled our more laboratory orientated researches to also be applied or directed to current clinical problems.

DICK REES

Frank Davey has filled a warm and honoured niche in my affections for upwards of 40 years. His career as a Christian medical missionary began in the same year as mine—1936. He was based at Uzuakoli in Eastern Nigeria. With Kinnear Brown, who had just founded that Methodist medical centre, and then John Lowe, fresh from Bankura and Calcutta, Davey soon set about learning leprosy the hard way—by painstaking clinical observation and thorough objective investigation. While still a general physician and surgeon in the former Belgian Congo, I learned of his seminal work on the demonstration of the parent sulphone in the post-hepatic blood of patients taking the expensive sulphone derivatives. At the time, I was about to harvest the first fruits of the plantation of chaulmoogra seeds I had planted in the early 1940s. The sulphone derivatives were soon discarded, and we embarked on a general administration of the parent sulphone (dapsone) in oily suspension and of injectable solapsone. Frank Davey was our guide and inspiration.

When I was appointed to replace him as Director of the prestigious Leprosy Research Unit at Uzuakoli in 1959, I inherited from him a tradition of remarkable cooperation that he had created and fostered—cooperation between missions and government, between the academics of Ibadan University Medical School and medical officers in the whole country, between researchers and field workers, between leprosy patients and investigators. There was a bond of mutual trust and confidence between Frank Davey and the patients, who acutally vied with each other for the privilege of being included in drug trials and immunological investigations.

The 'segregation villages' which he and Kinnear Brown developed in Eastern Nigeria bore eloquent testimony to the excellent rapport between Davey and the traditional chiefs of Iboland. The prevalence of leprosy was already declining before the widespread use of dapsone.

Davey was an excellent linguist and a musician of no mean attainment. He created a Literary Society for the patients at Uzuakoli, and became 'guide, philosopher and friend' to leprosy sufferers of all ages from far and near. As Consultant Leprologist to the government of Eastern Nigeria, he was constantly in demand for advice and counsel.

Our friendship continued when, as Medical Secretary of the Methodist Missionary Society based at London (1959–68), he asked me to serve on a Medical Advisory Committee he was organizing. He was a valued member of the Leprosy Study Centre when I was appointed Director in 1966, and rejoined the Committee when he returned from India in 1973. With Dr Robert Cochrane, he was responsible for seeing through the press the second edition of *Leprosy in Theory and Practice*. As Councillor of the International Leprosy Association, he played a prominent role in several of its quinquennial congresses.

As Medical Secretary of the Methodist Missionary Society, he enjoyed the contacts with patients that his frequent overseas journeys afforded, and grasped the opportunity to resume his clinical leanings when in 1968 he was appointed to the staff of the Methodist Hospital at Dichpalli (India). Here he worked in close cooperation with Dr L M Hogerzeil, who had been his colleague in Nigeria. Here he saw a more serious side to leprosy than that to which he had been accustomed in Africa. The social overtones of the disease in the individual, the family and the community made a deep impression on him, and he entered wholeheartedly into an integrated community health programme, not neglecting his research interests. The Government of India, the Christian Medical College of Vellore and the Karigiri Leprosy Research Centre claimed his interest and expertise.

Returning to England in 1973, Frank Davey soon immersed himself in numerous professional and church activities. He was in great demand as a preacher and as an eloquent advocate of medical missions. He was indefatigable, tireless in his willingness to help.

He replaced me as Editor of *Leprosy Review*, and left his imprint in the prestige of this Journal, enhancing its reputation.

During the past 3 years, Frank Davey had been busily engaged (as co-editor with Dr William A R Thomson and myself) in amassing material for his brain-child—a multi-author account of the initiatives taken by Christian doctors in medicine. In tropical medicine particularly, the contribution of many unsung heroes deserves recognition and recording for contemporary opinion-formers and for posterity. Davey's vision and enthusiasm combined to stimulate and encourage co-editors and contributors alike.

In all his work over the years (since 1939), Frank Davey has been wonderfully helped by his wife Kay, a most loyal helpmeet and true colleague. She will miss him in a special way.

I shall miss him too. His whole life has been an inspiration of genuine outgoing Christian service. Blessed with a fine intellect and abundant energy, Frank Davey has made a unique contribution to the treatment and the well-being of sufferers from leprosy throughout the world.

STANLEY BROWNE

The Rev Dr Frank Davey, the distinguished leprologist, editor emeritus of this Journal and former medical secretary of the Methodist Missionary Society, died on 24 March 1983 at the age of 75.

Thomas Frank Davey trained initially as an industrial chemist, being awarded the MSc of London University in 1930. He then felt the call to serve as a medical missionary and qualified in medicine at Manchester University in 1935. He was ordained in the same year following ministerial training at Hartley Victoria College and proceeded to Nigeria in 1936. He assumed almost immediately the post of Director of the Methodist Leprosy Settlement at Uzuakoli in what was then known as Eastern Nigeria. In the subsequent 10 years he developed a unique system of voluntary segregation villages for leprosy patients in the southern part of Iboland. This was an admirable and timely answer to the problem of social rejection of leprosy sufferers by the community. It enabled the patients to be directly supported by the family and to retain the family link; facilitated the provision of local treatment and enabled regular supervision to be undertaken by senior staff from the Settlement and the organization of a hospital referral system. This was a pattern of care which was to be widely adopted in Nigeria. Frank Davey initiated leprosy surveys in certain of the highly endemic districts which were to prove of immense value in later assessments of leprosy prevalence. This increasing interest of HM Government in leprosy control after the Second World War and the allocation of funds under the Colonial Welfare and Development Programme led to the formation of a Nigeria Leprosy Service in which the services of senior medical and nursing staff of the pioneering mission bodies were retained and a training programme for locally recruited health workers developed. Under Frank Davey's leadership Uzuakoli Settlement became also an acknowledged research centre, particularly for drug trials, and it was here that Dr John Lowe proved the value and suitability of the drug dapsone for use in the treatment of leprosy.

During the 1950s Uzuakoli Settlement became the venue for a stream of expatriate trainees, WHO Fellows and observers, and the organization and structure of leprosy services in a number of other countries, both in Africa and SE Asia were modelled on the Nigerian pattern.

During the period 1952–59 Frank Davey was Leprosy Adviser and Senior Specialist (Leprosy) to the Government of Nigeria and the initial involvement of UNICEF in the supply of drugs and of various forms of transport to facilitate leprosy control owes much to his advocacy. In 1959 he returned to the United Kingdom to serve as medical secretary to the Methodist Missionary Society but returned to field work in 1968, serving for 5 years as Director of the Victoria Leprosy Hospital at Dichpalli in the Medak Diocese of the Church of South India. Here his organizing abilities and enthusiasm reactivated and extended the services of an institution which is now well recognized for its rural health work and research activities. During this time his advice was eagerly sought by the Indian Government Leprosy Services, and by the Vellore Christian Medical College. His interest in the latter institution was to be maintained after his return to the UK as Chairman of the Friends of Vellore.

Besides being the author of many papers and articles, particularly on the epidemiology of the disease and on chemotherapy, he was joint author with Dr R G Cochrane of the second edition of *Leprosy in Theory and Practice* (1964).

He took pride in the contribution made by Christian Missions in the field of medicine in the developing countries and was a founder member of the Christian Medical Commission of the World Council of Churches.

Awarded the OBE in 1945 he was further honoured with the CBE in 1960.

To those who had the privilege of working with Frank Davey whether in the field or in committee, the abiding memory will be of one who devoted fully his rich and diverse gifts to the service of His Master. A natural leader who needed to use no assertion of authority, he inspired a deep loyalty and love in both staff and patients. He was a man of vision who expected things to happen and who was prepared to devote all his energies and resources in the pursuit of the physical, social and spiritual welfare of his patients. He generated an atmosphere of purpose and dedication and the writer, as with many other colleagues, recall their periods of association with him as the most significant and purposeful of their lives.

A man of true humility, he had a natural gaiety and a great appreciation of the beautiful things

in the world. His lifelong interests included music and gardening and he was a lepidopterist of repute. In later years he found much joy in exercising a new skill in painting in water-colours.

Our sympathy for his wife Kay who survives him is the deeper because of the perfect partnership that Frank and Kay showed in their service and home.

KENNETH SEAL

Like everyone else working in leprosy, I knew of Frank Davey many years ago, but it was really only in the mid-1970s that I came to meet and get to know him, in the Leprosy Study Centre in Wimpole Street in London, where he came to work as the Editor of *Leprosy Review* while I was looking at slides in the room next door with Douglas Harman and Rena Waudby, analysing data from the immense collection of leprosy and other conditions.

I soon became more interested in the Journal and eventually took over his chair as Editor in late 1978, far from confident that I would be able to maintain his high standards, but fortified by his clear advice, wise counsel and a set of practical guidelines concerning the whole process of editing and publication with Academic Press. I was tremendously impressed then, and will in fact never forget, his breadth of vision, professional knowledge, kindness, optimism, and above all his unerring ability to grasp the main point of any scientific or clinical project, manuscript or discussion. He was not a man to be diverted from what he believed to be of prime importance and it is, in retrospect, not surprising that he devoted much thought in his later years to the paramount significance of the excretion of leprosy bacilli into the environment from patients with lepomatous leprosy. We have lost a former Editor of great quality and the world of leprosy has lost one of the most distinguished leprologists of this century.

A COLIN McDOUGALL, EDITOR