

Obituaries

HAN HUIKESHOVEN

1937–1986

The death of Han Huikeshoven was a shock to everyone who knew him. It is tragic that he, who was so much opposed to any form of violence, had to die from complications of a shotwound inflicted in a robbery in broad daylight.

It happened only 4 months after he had taken up the position of Leprosy Control Officer in Kaduna State, Nigeria. He had just started a new phase in his life for which he had prepared himself a long time. At last he could devote himself directly to the needs of the leprosy patients and not at a distance from behind a desk.

His first encounter with leprosy was when he worked as a missionary in Ghana in the sixties. In 1968 he returned to The Netherlands to take up a study of microbiology at the Catholic University in Nijmegen. As part of his studies he did an investigation of dapsone compliance in the Mwanza region, Tanzania, using the newly introduced D/C method. This investigation turned out to be the start for his later work on patient compliance.

In 1976 he joined the Royal Tropical Institute in Amsterdam and initiated work on the development of immunochemical techniques for the demonstration of dapsone in urine, resulting in a series of publications on this subject in *Leprosy Review*. Introduced by an extensive review of the early history of dapsone (*Int J Lepr*, 1981), these formed the basis of his PhD Dissertation (Amsterdam 1980): '*Patient compliance with dapsone administration*' dedicated to 'More than 10 million leprosy patients'.

Although he had developed very specific and sensitive tests for dapsone and used these in field situations in Nigeria and Cameroon, he was still not satisfied as these tests required much experience.

He focused his attention on an old test, which is, although less specific and sensitive, extremely simple to perform and can be used when handing out the medication to patients. In cooperation with many people in leprosy control centres all over the world, he developed the DDS spot test into a standardized and reliable method.

Together with the subject of 'patient compliance in leprosy control: a necessity in old and new regimens' (*Int J Lepr*, 1985) it formed part of his MSc Dissertation (London School of Hygiene and Tropical Medicine).

He followed the course on 'Community health in developing countries' as he thought it would be the way to get into leprosy control work. He was by this time restless to get back to Africa to work with leprosy patients and he therefore accepted the position of Leprosy Control Officer in Nigeria. He took this offer over others as he regarded it as a challenge. Meanwhile he had followed the leprosy course at ALERT and worked on the introduction of MDT programmes in Ethiopia.

It is a pity that the people in Zaria, Nigeria, could profit for such a short time from his organizational talents and his ability to motivate people.

Our deepest sympathies go to his wife Lisa, with whom he shared everything. Together they went on field trips and followed the course at ALERT and together they would have devoted their attention to the needs of the leprosy patients in Kaduna State.

T A EGGELTE

DR A McKELVIE
OBE, MBBS

After working as a Pharmacist in Sierra Leone from 1926, Dr McKelvie decided to study medicine in 1930 at Edinburgh. After qualifying in 1937 he joined the Church Missionary Society and went to Nigeria. Whilst with the Society he was posted to the Oji River Leprosarium and there began his life-long concern for the leprosy patient. He transferred to the Gold Coast in 1947 to assume the direction of the Gold Coast Leprosy Service. Through his determination the Ankaful Leprosarium was built and one of the first fully mobile treatment services, on a national basis, in Africa was established. He left Ghana in 1957 and after a brief period in Scotland became the WHO adviser on leprosy to Pakistan before the country divided. Following his work there he was appointed, by the Malawi Government, as Leprologist and worked there for two years.

For his work in Ghana Dr McKelvie was awarded an OBE. He died suddenly in 17 April 1986. A dedicated, sincere doctor, he will be greatly missed by those who knew and worked with him.

J ELDON