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## Obituary

## BISHOP THOMAS McGETTRICK DD 1905–1988

After 50 years of dedicated service to the people of Ogoja, Nigeria, Bishop Thomas McGettrick died aged 83. He first came to Nigeria in 1930 and in 1939 was appointed to Ogoja. In Ogoja Province at that time there was an estimated 42,000 leprosy patients. As there was only one doctor the Government was unable to deal with the then large scale problem of leprosy. Bishop McGettrick's compassion for these leprosy patients and his desire to do something for them, prompted him to begin fund raising in Ireland, his native country. He ran a raffle for the 'Leprosy Scheme' and raised £12,000. He invited Dr Joe Barnes to initiate the care of the leprosy patients and the control of the disease in Ogoja. He invited the congregation of Medical Missionaries of Mary, Ireland, to provide the necessary medical and nursing care under Dr Barnes' direction and supervision. They came to Ogoja in 1946 and the Central Hospital, at Moniaya Ogoja, was opened with wards in which the very ill could be cared for. As segregation of leprosy patients was the order of the day, a village to provide homes for them was started at Moniaya. As a result of negotiations with the Clan Heads similar villages with treatment centres were set up in every clan area and local staff were trained to care for the patients. In 1947, the leprosy treatment centre and hospital were opened at Mile 4, Abakaliki. Since those days leprosy patients in the area have received constant treatment, and now we see the fruit of those labours in the effective control of leprosy in the area.

Bishop McGettrick held in high esteem the leprosy patients, the work and the workers, and throughout his administration made adequate financial provision for the continuous treatment and care of the patients. His care and concern for the sick and suffering did not end with the leprosy patients. He opened general hospitals and maternity hospitals supporting and providing for the establishment of clinics and maternity homes in the rural areas.

Although initially the maternity hospitals were opened to provide for the pregnant leprosy patients, more and more women availed themselves of the facilities both in the hospitals and the rural clinics—so began the long slow struggle for integration of leprosy control into the basic health services and the breakdown of the stigma attached to the disease.

After the trauma of the Civil War, 1966–71, he spear-headed the relief for the war victims and established throughout the Diocese feeding centres and clinics to provide for their needs.

Bishop McGettrick lived through the years of development of leprosy control from the days of Chaulmoogra oil injections to the present use of effective MDT therapy. Throughout, he gave encouragement and support.

May we be inspired by his great qualities of compassion, dedication and zeal to continue the work which he began.

C BOURDILLON