

Thomas Frank Davey, M.Sc., M.D., CBE
1908–1983



With the passing of Dr. Frank Davey on 23 March 1983, at the age of 75, Britain lost one of its most dedicated and distinguished leprologists. In a notable career, his experience derived from

an intimate knowledge of leprosy control services in Africa and India, and included a range of research interests, particularly in the fields of epidemiology and chemotherapy. He was a valued Councillor of the International Leprosy Association from 1953 through 1966.

Frank Davey was born and educated in London. He prepared for a career as an industrial chemist, gaining successively the B.Sc. and the M.Sc. (1930) at London University. Before actually embarking on such a career, he felt the call to the mission field and turning to medicine, graduated from Manchester University Medical School in 1935. Following ministerial training at Hartley Victoria College, he was ordained by the Methodist Church for service overseas. He proceeded to Eastern Nigeria in 1936, and almost immediately assumed the post of medical superintendent of the Uzuakoli Leprosy Settlement in Owerri Province, an institution which had been founded three years earlier by Dr. J. Kinneer Brown.

Owerri Province was a densely populated area with an exceptionally high endemicity for leprosy. Village leprosy surveys revealed that no single settlement could meet the vast need, and plans were made for the establishment of local clan settlements and out-patient clinics throughout the province. Over the ensuing ten years, in cooperation with the various native authorities, a network of simple out-patient clinics and hamlets was built for the voluntary segregation of infectious cases. These hamlets represented a remarkable cooperative effort with village elders, since the rejection of leprosy

patients by the community was very harsh. The proximity of the special hamlets to the patients' own homes and farms made segregation feasible and acceptable yet preserved family links and economic support. It was an effective pattern of control which was to be adopted widely in Southern Nigeria under the circumstances of the time. A cadre of specially trained leprosy inspectors and assistants was made responsible for the local services with regular and frequent visits by senior staff from the central settlement. The success of the work at Uzuakoli and in neighboring provinces made it a venue for a succession of visitors and observers from Africa and Southeast Asia seeking information and guidance in the initiation of leprosy campaigns or in the strengthening of existing ones in the 1950s.

Despite a demanding program, Dr. Davey found opportunities for research into the clinical, epidemiological, and immunological aspects of the disease. In 1948 Uzuakoli became a recognized research center, and Dr. Davey was closely associated with the important trials conducted by Dr. J. Lowe in the use of diaminodiphenylsulfone (DDS) for oral therapy for leprosy patients. Over the period 1952–1959, during which Dr. Davey was Leprosy Adviser and Senior Specialist (Leprosy) to the government of Nigeria, he conducted a series of chemotherapeutic trials on promising new compounds, notably diaminodiphenylsulfoxide, diphenylthiourea, and diethyldithioisophthalate (ETIP or Etisul). The last two proved to be useful alternatives to DDS for short periods of time.

In 1959, Dr. Davey returned to Britain to become the medical secretary of the Methodist Missionary Society and was founder/member of the Christian Medical Commission, an expert section of the World Council of Churches. He resumed leprosy field work in 1968 as Director of the Victoria Leprosy Hospital at Dichpalli in the Medak Diocese of the Church of South India, and during the subsequent five years not only strengthened the hospital services and expanded the district work, but found

much scope for his research interests in the clinical and epidemiological aspects of leprosy. In particular, he followed up the work of Dr. J. C. Pedley (Nepal) on the role of the nasal mucus in early and untreated lepromatous cases in the transmission of the disease. He fostered renewed interest in long-neglected findings and, with associates in India and London, showed the important epidemiological significance of a better understanding of the bacteriology and pathology of the nose in leprosy. During this period his advice was frequently sought by the Indian government, and he served as chairman of the leprosy work undertaken by the Vellore Christian Medical College.

While leading a busy life as medical secretary to the Methodist Missionary Society, he still found time to serve as co-editor with Dr. Robert Cochrane of the second edition (1964) of *Leprosy in Theory and Practice*. After his retirement, he served as editor of

the *Leprosy Review* for five years beginning in 1974, contributing many valuable editorials relating to the practical aspects of teaching, health education, and leprosy control.

He was honored with the OBE in 1944 and again in 1960 with the CBE. Dr. Davey was a most gifted person and his interests were wide and enthusiastic, but his paramount interest and concern was for the patients he had come to serve. He had a compassion and sensitivity that comprehended better than most the nature and intensity of the feeling of rejection felt by leprosy patients, and his endeavors to ensure their rehabilitation in body, mind, and spirit was very evident in the happy community spirit which he engendered and fostered. Universally esteemed and greatly beloved by patients and staff, his life was a shining example of his Christian faith.

—K. S. Seal