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OBITUARY
GORDON A. ELLARD, Ph.D.
1936–2002

The sudden death of Gordon Ellard in May 2002 has deprived the scientific world of tuberculosis and leprosy of one of its most talented and productive members. From a background of chemistry and biochemistry, and based mainly in units of the British Medical Research Council dealing with tuberculosis and leprosy, he developed into a research pharmacologist of international repute and a major contributor to the development of chemotherapy for mycobacterial diseases.

He was born in 1936 into a family with dedicated Christian ideals. His parents were devout Methodists and his younger brother entered the mission field and has worked in Thailand for the past 35 years. Gordon did well at the local grammar school and obtained a state scholarship to study chemistry at University College, London, following in his mother's footsteps. He graduated in 1957 with a first class B.Sc. And stayed on for a further year to do an M.Sc. in biochemistry. Even at this early stage, his goals and main interests were becoming clear. He applied to the Christian Medical College and Hospital in Vellore, South India, for a position as lecturer in biochemistry, but was disappointed to learn that they had no vacancies at that time. He wrote to Dr. S. G. Browne, Secretary of the Leprosy Mission, who passed his application to James Ross-Innes in BELRA (later LEPRA) and in due course arrangements were made for him to visit the laboratories of CIBA in Basle, Switzerland, to discuss studies on their anti-leprosy drug DPT/thiambutosine/p-butoxydiphenylthiourea. At the same time he visited Dr. R. J. W. Rees at the National Institute for Medical Research, Mill Hill, London, in whose unit he later worked. He also contacted Dr. Mungavin at the ICI laboratories in Macclesfield (Cheshire, UK), with regard to work he had in mind on their new anti-leprosy drug Etisul (ditophal), an ester of ethylmercaptan.

After two and a half years at the East African Leprosy Research Centre at Alupe/Busia on the border of Uganda and Kenya under Dr. John Garrod, he returned to London to work on a Ph.D. in University College, awarded in 1964 and entitled 'A biochemical study of the diphenyl thioureas used in the treatment of leprosy in man.' Gordon's transformation from biochemist to research pharmacologist was complete.

Dick Rees was an examiner for this thesis and after the interview Gordon asked if there was any chance of his working in the leprosy group at Mill Hill. There was, however, no position vacant and he was referred to Professor D. A. Mitchison in the British Medical Research Council Unit for the Laboratory Studies of Tuberculosis at the Royal Postgraduate Medical School, Hammersmith, London. He worked there from 1964–1980 as a Scientific Officer, his prime area of work at the outset being on the pharmacology of the anti-tuberculosis drug isoniazid. In fact, he developed methods for measuring the pharmacological properties of most of the drugs used at that time in the treatment of tuberculosis and leprosy and their metabolites, including a complete description of the metabolic pathways of isoniazid. His studies included the geographical distribution of the polymorphic rate of the acetylation of isoniazid, the development of a highly sensitive urine test, its use in assessing compliance to prescribed medication, its application as a measure of tobacco smoking and its activity in fixed drug combinations.

During his 14 years in the Hammersmith Hospital unit, he maintained a keen interest in leprosy, which eventually became domi-

nant, and in 1980 he moved across to Dr. Rees's unit in the National Institute for Medical Research in Mill Hill. An examination of his publication list of 104 articles appearing in medical and scientific journals from 1959 to 2001 reveals the remarkable extent of his contribution to the pharmacology of mycobacterial disease. Directly or indirectly, his work had a highly significant impact on the combinations used for the treatment of tuberculosis and on the development of multidrug therapy (MDT) for leprosy by the World Health Organization in 1981–1982. Not surprisingly, he was a member of the WHO Study Group on Chemotherapy of Leprosy for Control Programmes, convened in Geneva in October 1981, the recommendations of which were published in a Technical Report Series (675) of historic importance in 1982. The regimens recommended have been widely applied, resulting in the successful treatment of 11 million leprosy patients worldwide.

Gordon's life was not without its ups and downs and there were times when his enthusiasm, determination and dedication to a cause had adverse effects on his personal and professional life, but he overcame these obstacles and continued, over a period of four decades, to contribute to our knowledge of tuberculosis and leprosy at a quality level which is rarely seen. Following his funeral, a celebration of his life was held at the Quaker Meeting Place in Ealing, London. It was packed to capacity and included tributes to his high intelligence, sustained contribution to research, musical talents, participation in peace movements and his cheerful persistence in overcoming problems. Our sympathy goes to his family and a very wide range of personal friends.

—A. Colin McDougall

Department of Dermatology
The Churchill Hospital
Oxford, OX3 7LJ, United Kingdom

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