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# El Hadi Ahmed El Sheikh

His life and work

Milestones in Sudanese Ophthalmology, Research in Blindness, Onchocerciasis & Trachoma

> By Professor Ahmad Al Safi

Sudan Medical Heritage Foundation Publications

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Prof. El Hadi Ahmed El Sheikh himslef helped me a lot in the making this work, though I was not lucky to have his final comments. He gave me his résumé a few months before his tragic death, which I made full use of, and of the verbal and written contributions, and those of his colleagues, students, and coworkers. His daughter, Mariyam supplied several documents and directed my attention to a wealth of material still kept at home.

I am equally thankful to Professor Mona Hussain, Professor Suad Mohamed Sulaiman, Dr Khalil Ibrahim Badi for going carefully over the first draft of this book.

Although this author strives for accuracy in his publications, any such work may contain inaccuracies or typographical errors. Changes, corrections, and improvements need to be made and will be incorporated in new editions of this work.

The Photo Gallery annexed to this book is selected from a rich collection of photographs carefully kept by Prof. El Sheikh and supplied to me by his family.

Abbreviations & Acronyms		
FOM, UK	Faculty of Medicine, University of Khartoum	
IAPB	International Agency for Prevention of Blindness	
JSPS	Japan Society for the Promotion of Science	
KCH	Khartoum Civil Hospital	
KEH	Khartoum Eye Hospital	
KTH	Khartoum Teaching Hospital	
MD	Doctor of Medicine	
MOH	Ministry of Health	
MOSM	Postgraduate Master of Ophthalmology Surgery and	
	Medicine	
MRC	Medical Research Council	
NCR	National Council for Research	
PHC	Primary Health Care	
PHD	Doctor of Philosophy	
PHD	Doctor of Philosophy	
UK	United Kingdom	
UOL	University of London	
WHO	World Health Organization	
TDR	Tropical Disease Research	
SSTMH	Sudanese Society of Tropical Medicine and Hygiene	

### Preface

The idea for compiling this series of monographs originated after I finished collecting the scattered works of the late Prof. Tigani El-Mahi (1911-1970). In two volumes, I edited and published his articles, which he wrote in Arabic in 1981<sup>1</sup> and those, which he wrote in English in 1984.<sup>2</sup> The warm reception those two volumes had encouraged me to continue similar work on more pioneers albeit in a different way.

Work started during my fruitful expatriate period in Saudi Arabia (1989-2004), and took fresh momentum after I came back to Sudan, when I realized that this type of work could have more far-reaching value than mere documentation. I realized that allusion to several pioneers of the medical profession is anecdotal and reflected misinformation and superficial impressions at best. Given this dismal situation, health care providers, researchers and students are faced with a dearth of reliable sources on the bookshelves. Resource books are alarmingly few and historical writings notably deficient. Sources rest mainly in grey literature, which by definition is not readily available.

For sure, we are not doing enough in the field of documentation. Although we say that health care providers, researchers, and students should be informed about the history of this profession, sources of information are few. History is not written or taught systematically in all health institutions. The few medical schools that started courses in this field still lack authentic sources to help them in their job.

Personal contributions and outstanding achievements of the pioneers of Sudanese medicine were not documented or highlighted. An approach that is more positive should be taken to correct this deficiency. There are lessons to be learnt by posterity from the legacy of their predecessors, how they lived, behaved, and worked. In a fresh look at the lives of the pioneers, there will be an opportunity, I presume, for re-enacting the merits of these great men and women, and emulating their successful stories and bringing those stories back to life in one way or another.

Medical history should be documented. This should be a priority, not only because it is something worthy of our immediate attention; but also because it is the one part of our medical culture, which has been totally neglected.

Now, after so much work by several generations, so much experience and big sacrifices, it is high time for this profession to substantiate what it has gained thus far and put it on record, for surely one good document is worth a billion spoken words.

I took this matter seriously by launching a major documentation project entitled "*Sudan Health Trilogy*" for which I solicited the help of teams of co-workers, co-authors, fieldworkers, and editors.

In addition to performing its chief function, that of recording faithfully the lives and work of the main actors in the medical scene, the *Trilogy* also hopes to provide authentic information. Often we find ourselves uncertain as to whether or not a particular act or technique has been widely accepted or related to a certain person. How can we be sure? This *Trilogy* should help us here. By consulting the appropriate part of this work, we can obtain the information we need on the milestones of different disciplines of Sudanese health care delivery. The danger in thinking that history starts with us, that nothing has been said or done before about the issue in question, or lay hands on what is not ours are obvious caveats. This is the *raison d'être* for launching the project of this *Trilogy*.

There has always been coexisting generations working together, and there has always been a generation gap in the medical profession, and for that matter, in every other profession. The younger generations have grumbled about the way their elders behaved, and the way they treated them, and have repeatedly deviated from the set norms, sometimes in obstinate and intentional rebellion. Traditions, culture, and moral definitions change, and generations interact. Wise interaction and even frictions narrow the generation gap and reproduce yet another generation hopefully wiser and more mature.

In Sudanese medicine, the elders wanted the young generations to excel. The young generations deserve this and are worthy of access to the highest echelons of the profession if they are well educated and coached in the skills of their trade.

The patrons who were brought up in classical biomedicine and lived the agonies of the birth of the current medical system in the country would not tolerate deviations from the set norms easily. At one time, there were few notable figureheads in each discipline in Sudan. That was understandable and natural, because those were the formative years, the age new medical disciplines emerged, newer sub-specialties born, and foundation of Sudanese medical practice laid down. With the proliferation of sub-specialties, tens of new comers from all over the world joined the service carrying with them new skills, knowledge, and vision. The patrons had to accommodate and surrender some of their monopoly, sometimes reluctantly. Conflicts and professional jealousies reigned for a time. However, life went on and so did the profession.

The wide generation gap that has been enforced over the last two decades

was unfortunate and should be bridged. The apprenticeship tradition, the hallmark of medical practice, teaching and training, has suffered badly and the professional unit is breaking up due to a multitude of social, economic, and political factors. Hundreds of resourceful medical scholars were forced into exile or unnecessarily alienated, and as 'nature abhors vacuum', the young filled the void, with inevitable loss of proper professional control and proper management.

If the younger generations are to be the natural heirs of the profession, they have to educate themselves better, they have to explore and analyze the medical past thoroughly before setting new norms and standards. They must speak the language of modern medicine and embrace all its goodness.

We cannot bring the past back and we should not, but we ought to learn from the incidents in its trail. In this instance, the epigrammatic phrase of Sir Winston Churchill '*the longer you can look backward, the further you can see forward*' may be appropriate. The young generations should explore the past and learn from it before they take their decisions. They should be tolerant and reverential towards the old generations. This will assure that some wisdom is shared, and harmonious living replaces discord and grumbling. I thought this series of works would help to bridge this gap, salvage lost wisdom, and obviate eminent dangers.

Health services in Sudan faced enormous challenges aggravated by poverty, food scarcity, poor infrastructure, significant geographic and socio-economic disparities in access to and utilization of health services over the last hundred years. No effort was spared by the different generations to cover basic health needs, control infectious and noncommunicable diseases, manage the sick, and deliver acceptable health services. There was constant and persistent endeavour to strengthen basic health services not only to address the main causes of morbidity and mortality; but also to maintain a healthy productive workforce. The story of this profession with its difficulties, achievements and failures needs to be recollected and consolidated.

Our past is long gone; but our history continues, it cannot be ignored; it is alive, it is continuous, it is active, and needs to be recorded and preserved. This current work is one chapter in the Sudan medical story. It is a reminder of the excellent work that has been done so far to build the health system of the country.

Conservation and development of the medical system and heritage needs to be written down in social history as well as stories of achievements. We need to build a sound health care system, maintain modern medical schools, research laboratories, libraries, and museums. These institutions, which were once intact and functioning, are endangered, mal-functioning or lost. We should take pride in our time-honoured institutions. In this context the story of the Khartoum Eye Hospital is worthy of note.

We need to record the history of this profession more thoroughly before it is too late. We might wake up soon to find out that we have no recollection of our past. Details of this degenerative process have been listed in an earlier monograph.<sup>3</sup> We reiterate this story once more with a more vivid illustration, a sad story in the making.

The last three decades of the twentieth century witnessed systematic erosion, downgrading, demolition or liguidation of well-established medical institutions. Indeed, it also witnessed downgrading of moral integrity of the medical practitioners as well.

We might wake up soon to find out that we have no recollection of our past. Our medical archives (Stack Library & Ministry of Health (MOH) Library are in danger. We lost the museums of the Wellcome Tropical Research Laboratories in Khartoum (WTRLK). The Medical Research Council (MRC) was liquidated when the National Council for Research (NCR) was downgraded to a 'Centre' over the last two decades. This devaluation had been unfortunate. It was the worst blow to scientific medical research in Sudan.

The pathology museum, which was established with the start of the Department of Pathology in the Faculty of Medicine, University of Khartoum, grew steadily in time, and all specimens were professionally kept and displayed. In 1964, recognizing the importance of preserving these specimens, Prof. Ahmed Mohamed El-Hassan upgraded this museum and did his best in maintaining it. He trained the Museum personnel and established a workshop dedicated to this work.

This museum was envisaged as a repository and historical record for the interesting and rare specimens that he and other pathologists in Sudan received every day. The museum provided teaching material for undergraduate and postgraduate students, and students of health sciences. Currently, this museum is showing signs of decay, and instead of maturing, its growth is arrested and it is in need of immediate rehabilitation.

Professional jealousies and rivalries in Sudanese medicine were seen in several disciplines: orthopaedics, surgery, paediatrics, anaesthesia, ENT, chest, cardiology; but they were less raging than those of ophthalmology.

More than hundred years ago, the BMJ wrote:

"It is to be feared that in a profession in which men are necessarily brought into such close personal rivalry as is the case in medicine, jealousy, with its unhappy and often degrading consequences, is inevitable. There is no reason, however, why it should be so rampant. The remedy is that each of us should, by self-discipline and the pursuit of a high ideal of life, as far as possible subdue sordid commercial instincts, and look to the cultivation of a noble science and the practice of a beneficent art as in themselves our best reward. A man who is devoted to his profession for its own sake, and whose first consideration is not his own profit but the good of his patient, is not likely to be jealous of any one, and cannot be hurt by the envy, hatred, and uncharitableness of others."<sup>4</sup>

Professional jealousy instigated government machinery to abort some of Professor El Sheikh dreams; but never stopped him or slowed him down. It certainly drained some of his enormous energy and distracted his attention for a time.

Professional jealousy had been behind the cancellation of the Raja trip, a trip to a place in the middle of nowhere in search for cures for onchocerciasis, in a place never been visited by a foot of a medical practitioner since 1962. An aeroplane full of equipment was forced to unload and all medical passengers including expatriate staff were asked to step down. Professor Satti, then a senior pathologist, advised Professor El Sheikh to change destingation to eastern Sudan.

The entemologist who worked with him and senior researcher who was researching the effects of suramin were sacked and thrown out of job. He was interrogated by the Intelligence police being accused of complicence with foreigners. His ship-shaped Eye Services Complex, which he had all permissions to build on the west bank of the River Nile at the Morada had been aborted.

The KEH, which he fought his guts out and campaigned against selling it out, was sold before his mourning days were over; the mobile clinics were fought and eventually celeberated; the institute, which Khalil Badi proposed had been fought to the last minute and when it was an obvious success, taken over; postgraduate degree fought and candidates provoked to boycot it until it was upgraded to an MD,

Because of its scenic site at the bank of the Blue Nile, the KEH has been recently a target for liquidation under different guises, including sale of the whole hospital, moving the hospital somewhere else, selling part of space around it, etc. Efforts in this direction started with changing the name of this hospital with a typical historical misnomer.<sup>5</sup>

Several Sudanese and Arab business men offered to buy the KEH including government bodies.

Khartoum Eye Hospital is the main eye hospital in Sudan. In this hospital, undergarduate, postgraduate, and paramedical personnel are taught and trained in ophthalmology.

The KEH itself is pioneering in several aspects. It is old, and for the first time in tropical Africa, Orthoptic department and a school for Eye Medical Assistants school were established.

Undergarduate students included those from UOK, Islamic Uinversity, Juba University, Nilain University and University for Science and Technology. Postgraduate education and training was also provided for UOK and the Postgraduate Board for Medical Specialties. Postgraduate students who train in KEH are exempt from sitting the first part of FRCS in England and Ireland. Nurses also join the nursing profession in UK with no barriers.

KEH works around the clock, and attracts patients form all over the country. Clinics in this hospital include: Glaucoma, cornea, retina, paediatrics and squint, contact lens, orthoptics, and the orbital clinic, which is presumably one of its kind the world over according to some visiting ophthalmologists. In one session a patient is examined by a consortium of doctors including ophthalmologist, ENT, plastic surgeon, facio-maxillary surgeon, radiologist and a dentist.

KEH is an edifice of scientific excellence. Its name is synonymous with Sudanese ophthalmology, fighting blindness caused by trachoma, and the distinctive field expeditions on onchocerciasis. We failed to understand how greediness, lack of immagination and ingratitute could blind the eyes of the most enlightened people and lead them to such miserable actions.

The site is historical and should be preserved. The institution has evolved over the years and should be consolidated, promoted and rebuilt. The mobile eye clinics are akin to the Wellcome Floating Laboratory on the Nile.

Professional jealousies and rivalries in Sudanese medicine were seen in several disciplines: orthopaedics, surgery, paediatrics, anaesthesia, ENT, chest, cardiology; and certainly not a local phenomenon.

More than hundred years ago, the BMJ wrote:

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Professional medical jealousies in Sudan were less raging than those of ophthalmology; these instigated government machinery to abort some of Professor El Sheikh dreams; but never stopped him or slowed him down. It certainly drained some of his enormous energy and distracted his attention for a time.

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This series of monographs, however, is written specifically to raise the awareness of readers in the academic community in the health profession about the milestones and important stations in Sudanese health care development, and help them to be better health care providers. They would be, I am sure, if they were better educated about the contribution of their predecessors.

History of medicine is the history of men and women's lives. It is but the biographies of great men and women. No great man or woman lives in vain. There is probably no history, only biographies. This series of monographs is a humble attempt towards documenting the lives and work of some notable Sudanese scientists. It aims to provide concise documentation of the lives and work of the men and women who have shaped the health care services in Sudan. It focuses on individual contributions and through them sheds light on the milestones of health care services in Sudan.

The individuals featured in this series, fulfilled the criteria I set to identify a pioneer. The pioneers in the context of this work are Sudanese men and women, who have established new institutions, founded new disciplines, researched the field, or made new discoveries and techniques, those who laid down new traditions and models of admirable behaviour. They taught, trained, and mentored, and more importantly, provided guidance and encouragement to several generations of young and aspiring physicians and scientists.

They are without exception, meticulous clinicians, arduous teachers, imaginative trainers, and hard-working researchers. They maintained unimpeachable professional integrity, upheld strict medical ethics, and consolidated sound medical traditions in a rich service career. They all worked with purpose, with principles, with culture building, and strengthening people. In every situation, they looked for better management, efficiency, perfecting techniques, practices, and processes.

Their contribution as scientists or physicians to science and life has been exemplary. They searched for continuous improvement in their lives and in the institutions in which they worked. They have been constantly involved in the pursuit of fact and truth about everything in life. That is why they were also notable social workers, sportsmen, poets, musicians, political and social leaders, writers, and competent administrators.

Studying the lives of these individuals clearly shows that the path to success and distinction requires hard work, confident persistent toil, and professional zeal. Nothing happens arbitrarily through luck, or due to quick fixes.

This volume profiles the life and work of Prof. El Hadi Ahmed El Sheikh, the ophthalmologist, researcher, teacher and mentor. Among the Sudanese pioneers of medicine, Prof. El Sheikh did his job as expected in terms of quality. His performance has been solid, fully proficient in all aspects of job content and expectations. That is why he won the admiration and respect of his peers, colleagues and associates. However admirable his qualities as a man, it is his contributions as scientist that have been the chief concern in this monograph.<sup>7</sup>

While I was collecting material for this book, I understood from Professor El Sheikh daughter, Maryiam that he had a huge amount of slides and photographs for the cases he studied. This is well-kept in addition to drafts of the hundreds of lectures and talks that he delivered inland and abroad. This material should be taken care of. I would propose that the Sudan Society of Ophthalmologists with the help of interested ophthalmologisits should be assigned in a funded project the taks of compiling, colating and editing these works and publishing them.

When I started researching for this work, I discovered the magnitude of my ignorance about the basic landmarks of this profession, and in the process, that of many others. This work is an attempt towards understanding what happened, our role in it and what should be done. I hope this series proves to be useful and fulfils its goals.

# Introduction

# El Hadi Ahmed El Sheikh

His life and work

#### Early years

Professor El Hadi Ahmed El Sheikh was born on 28 June 1933 in Shendi. He had four sisters and four brothers, Mansour, Mukhtar, and El Shafie; he was the youngest. His father was an accountant in the Department of Agriculture. Their house in Shendi faced the railway station, and because Shendi and until recently had no hotels, the house had been a guest home and a destination for homeless travellers where they spend the night free and get fed as well.

The house was divided into several sections, one for women but served as a haven for the poor who had no lodging or means of living. The men's section was open for all male guests day and night, and a hostel for elementary and intermediate school pupils who came from neighbouring villages. A third section was assigned to the elderly. The main meal in the house had been lunch, which was shared by a group of no less than 20 or more persons at every meal.

Another section in that house was reserved for the Tiganiya sufi sect, where the followers recite their prayers and praise God. Ahmed El Sheikh though religious, yet he was part of the secret cadre of the 1924 revolutionaries.

Dr El Sheikh and his brothers lived in this unique house and helped guests. They used to fetch drinking water from the river on leather sacks on a donkey's back.

Dr El Sheikh had his elementary and intermediate education in Shendi and the secondary in Wadi Sayidna secondary school. He and many contemporaries were educated in the system that was founded in Bakht Er-Ruda.<sup>8</sup> In that system pupils were encouraged to read and were exposed to a a variety of real life experiences. For example, they would be taken for camping in the wilderness for a month or more. They use mosquito nets and were instructed on how to be always on the look for scorpions and other poisonous creatures.

Students then were acquainted with several sports. They had the best gymnastic apparatus. Possibly many intermediate and every secondary school including Wadi Saiydna had a vaulting horse with its auxiliary springboard and landing mat, hurdles and high jump apparatus, javelin and iron balls. By the time a boy is approaching university or high institute, he would have been acquainted with and properly trained in basketball, football, volleyball, and table tennis, the most popular sports of the time.

Children were exposed to all types of art media. They were taught pottery, moulding earth, and tried using crayon, oil colours, watercolours,

and etching.

Dr El Sheikh spent only seven months in the University of Khartoum before he was instructed by his elder brother, Mansour, to leave and join the Egyptian Universities. He thought, and possibly rightly, that this institution spoils youngesters. It provides easy life, free lodging, and first calss meals and gives bursuries; this isolates the young from their socieity, and alienate them from their humble roots.

Dr El Sheikh joined Ain Shams University, Cairo, Egypt and graduated on December 1959. In February 1964, he acquired the Diploma in Ophthalmology from the Royal College of Physicians of London and the Royal College of Surgeons of England. From 1973 to 1978, he held the post of honourary senior registrar to the Professorial Unit and Clinc of External Eye Diseases, Moorfields Eye Hospital, London, UK. At the same time he did laboratory and experimental reserch training in the Institute of Ophthalmology, London University, UK. From September 1975 to March 1976, he attended regularly and satisfactorily a combined course of study in medical statistics and epidemiology at the London School of Hygiene and Tropical Medicine, University of London, UK.

Under the supervision of Professor Barrie Jones of the Institute of Ophthalmology, London, UK, he did field work on "prevention of blindness and trachoma' in southern Iran.

In 16 August 1978, he completed the course of study approved by the University of London and passed the prescribed examinations and was granted the degree of Doctor of Philosophy (PHD) from London, UK on the subject of "Feline Chlamydial Kerato-conjunctivitis as an analogue of Trachoma". In 13 June 1989, the President and Council of the College of Ophthalmologists admitted Dr El Sheikh as a Fellow-FRCOphth (UK).

Dr El Hadi Ahmed El Sheikh died on 23 2009, and is survived by his wife Amna Mohamed Mukhtar, two sons El Shafie (engineer) and Taha (student), and two daughters Sawsan (medical doctor) and Maryam (dentist).

#### Career

After graduation, Dr El Sheikh did his housemanship in Ein Shams University Hospital, Cairo, Egypt (1960-61) and worked as medical officer (1961-62) in Atbara Hospital, Sudan. In 1962, he shouldered the responsibility of establishing a new hospital in Abu Hamad town.

In 1962-1963, he held the post of registrar in Khartoum Eye Hospital. During the period 1963 to 1964, he attended Ophthalmology course at the Institute of Ophthalmology and the Moorfields Eye Hospitals, London University. On qualification on February 1964, he was attached to the Orthoptic Department of the Institute of Ophthalmology, University of London and attended all outpatient clinics and operations of Mr. Keith Lyle for six weeks.

During 1964-1965, he worked as junior specialist in Khartoum Eye Hospital (KEH) and relief ophthalmologist for Medani Hospital. During 1965-67, he was assigned as Col medical corps and Ophthalmologist to be in charge of the three southern provinces based at Juba and Wau and Malakal. During that time, he was responsible for public health problems in Equatoria Province.

He was appointed lecturer in Ophthalmology, Department of Surgery, UOK and consultant ophthalmologist, KEH in September 1967.

He was WHO Research Fellow at the Institute of Ophthalmology, University of London, UK (March 1973-1978).

He worked as honourary senior lecturer to the Professorial Unit and External Eye Diseases, Moorfields Eye Hospital, UOL, UK (June 1973-1978).

In July 1973, he was promoted to senior lecturer (Associate Professor) in the unit of Ophthalmology, UOK. From 1978 up to his death in 2009, he was covenor for Postgraduate Master of Ophthalmology Surgery and Medicine (MOSM).

Eversince he joined KEH in 1962 to shoulder considerable medical and surgical load of work. Besides contributing to the improvement of general Ophthalmic surgery, he developed special interest in plastic lacrimal and orbital surgery.

In 1969, together with the general plastic surgeon Professor Abdel Aal Abdalla Osman established an Orbital Clinic, which was attended by ENT, neurosurgeons, dental and radiology specialists. The unit eventually developed into a head and neck clinic receiving cases from all over Sudan. The clinic generated many scientific publications. Dr El Sheikh was promoted to the status of professor in 1988.

#### **Professional Activities**

In March 1977, he was invited as a division by WHO to attend a task working force on Onchocerciasis in Ibadan, Nigeria. During July 1977 and April 1981, he was appointed by WHO as member of a steering committee of Filariasis Diseases (Onchocerciasis), Geneva, Special Programme for Training and Research in Tropical Diseases (TDR).

During 1977 to 1986, he was invited by WHO on several occasions to act as a member of the expert committee on Onchocerciasis.

In February 1979, he chaired a symposium on "Training for Paramedical Staff for Eye Care" at the National Institute of Health, Bethesda, Washington, USA.

In February 1980, he was invited by the Eye Foundation to chair a symposium on Training of Paramedical Staff in Bamaku, Mali.

In October 1980, he was invited as a WHO advisor to attend a task force on training of primary health workers for eye care in Geneva. In this occasion, he prepared the necessary working paper.

In November 1980, he was invited by Dr Mahler, Director General of WHO to represent the Middle East as a member of a 12-member programme advisory group for the prevention of blindness. The objectives of this programme were:

- 1. Promote worldwide interest and support for the WHO Programme for the prevention of blindness.
- 2. Advise the WHO secretariat in regard to the priorities of the programme and its coordination with other related activities.of the WHO.

During their appointment, members were invitied to attend the annual meeting of the programme advisory group, to comment upon issues of programme concern and if possible participate in vrrious training activities, evaluations or conultanships releveant to the programme.

In 1982, he was awarded Fellowship of Japan Society for the Promotion of Science (JSPS) and visited several Japanese Ophthalmologic Institutes.

During 1983-1990, he worked as member of the Executive Board of International Agency for Prevention of Blindness (IAPB) representing Africa.

In January 1987, he was invited to join the selection committee of King Faisal International Prize in Medicine' to assess applicants for the prize on prevention of blindness.

In 1994-1996, he was invited by the Arab Board of Meical Specialties to put the framework for training and examination for Ophthalmology. He acted as external examiner to Tanzanya (1974) and Sanaa University in Yemen (1995 & 2002).

### Initiation and supervision of research

Professor El Sheikh helped over 67 postgraduate students in their studies suggesting relevant subjects for study and supervising their work. The theses supervised included MD, PHD, MOSM, and Masters in Ophthalmology. The suggested subjects, which were all completed included couching, glaucoma, onchocerciasis, conjunctivitis, vernal conjunctivitis (spring cattarh), cataract, eye inuries, refractive errors, petergium, tumours of the eyelid, prsbyopia, retinoplastoma, chalazion, proptosis, blindness, entropion, epiphor, vitamine deficiency, hisotry of ophthalmology services, IOP, congenital anomalies of the eye, trachoma, corneal ulcers, manifestations of leprosy, management of entropion, retinitis pigmentosa, kerato conus, and impact of ORBIS visit and evaluation of mobile eye units, etc.<sup>9</sup>

### Talks & demonstrations

The surgical presentations and talks Professor El Sheikh delivered in conferences and scientific meetings were many. The following list include some of the uncountable subjects he lectured on with mastery:

- 1. Surgical correction of entropion triciasis.
- 2. Pattern of eye disease in Wad El Bakhiet village.
- 3. Causes of blindness.
- 4. Causes of enucleation in Khartoum Eye Hospital
- 5. The cat: an animal model for Chlamydial infection
- 6. Onchocerciasis in Sudan, in Southern Darfur, in Eastern Sudan (treatment and visual loss during oral treatment, clinical and epidemiological profiles, foci of infection, epidemiological and immunological studies, ocular lesions)
- 7. Adverse reaction to cutaneous DEC therapy
- 8. Therapeutic trial of rate-specified oral DEC therapy in the treatment of onchocerciasis
- 9. Double-blind therapeutic trial for the study of Mazzotti reaction and antihistamine prophylaxis of this reaction
- 10.Cryopreservation of human onchocerciasis microflaria
- 11.Carcinoma of the conjunctiva in the Sudan
- 12. Meibomian gland carcinoma
- 13.Proptosis in the Sudan
- 14. Tumours of the eye and adnexa in the Sudan
- 15.Clinical study of Sudanese patients with spring cattarrh
- 16.Study of bacterial conjunctivities in KEH
- 17.Study of cataract surgery in KEH
- 18.Paramedical training in KEH

- 19.Posterior segment lesions
- 20.Trachoma
- 21.Clinical study in Sudanese patients with primary infantile glaucoma
- 22.Eye trauma in KEH and the Military Hospital
- 23.Non-surgical treatment of chalazion
- 24. Proptosis due to paranasal asparagilosis
- 25.Refractive errors in school age children
- 26.Presbyopia in Sudanese patients
- 27.Ptergium in Sudanese patients
- 28. Causes of blindness in El Nur and KEY hospitals
- 29.Pattern of eye diseases in eastern Sudan
- 30. The experience of surgical mobile units in Sudan
- 31.Cataract extraction as outpatient operations
- 32. Vitamin A deficiency and the eye
- 33.Study of corneal ulcers presenting in KEH
- 34.A study of trachoma in a displaced community
- 35. Manifestations of leprosy in Khartoum
- 36.Blindness and how to fight avoidable blindness in Sudan
- 37. Headache of ophthalmic origin
- 38.Post-kala azar anterior uveitis
- 39.Diarrhoea and respiratory tract infection in malnourished zerophthalmic children
- 40.Xerophthalmic and malnourished Sudanese children
- 41.Congenital ocular anomalies
- 42. The pattern of eye diseases in rural eastern Sudan
- 43.Surgical mobile units
- 44.Comparative clinical study between intraocular pressure in Sudanese patients with pseudo-exfoliation and normal subjects
- 45.Causes of blindness in KEH
- 46.Eye diseases in old age
- 47.Personal experience in organizing eye camps

48.Tumors of the orbit of adnexa

#### **Collaborative Research Programmes**

In 1979, Professor El Sheikh initiated and organized research work on chemotherapy of onchocerciasis. In response to his invitation, a team of scientists of world repute visited Wau in southern Sudan. The scientists included Professor Barrie Jones of the Institute of Ophthalmology, University of London, Professor Alan Bird of Moorfields Eye Hospital, London, Dr David Hutchinson of Wellcome Laboratories, UK, Dr John Anderson and Dr Harold Fuguisang of WHO, and Dr Charles Mackenzie of London School of Hygiene and Tropical Medicine.

He initiated and ran several projects funded by the WHO Tropical Disease Research (TDR). The projects included:

- 1. Controlled assessment of the safety and efficacy of Sudanese regimen of Suramin therapy of onchocerciasis in comparison with regimen of weekly and hour continuous infusions of Suramin (\$ 175,968)
- 2. Research into the effectiveness of localised onchocerciasis vector control in Bahr El Ghazal Province (\$ 138,595)
- 3. Anti-inflammatory therapy of adverse reaction in the skin of tropical diethycarbamazine treatment of onchocerciasis (\$ 137,554).
- 4. Research capability strengthening capital grant for teaching and training in onchocerciasis-equipments and teaching aids (\$ 119,000)
- 5. Maintenance tools for the above equipments donated by the Institute of Ophthalmology, London (LS 583)
- 6. Cryopreservation of human onchocerciasis micro-filaria (\$ 5,000).
- 7. A detailed epidemiological investigation of the relationship between onchocerciasis transmission and intensity in selected communities of Bahr El Ghazal Province-Sudan (\$ 86,000). Work on this project was not carried out due to lack of security then.
- 8. An open study of the safety and tolerance of Inermectin in male Sudanese infected with onchocerca volvulus supported by WHO TDR and the National Institute of Health, USA (\$ 30,000).

### **Outreach Eye Care**

In collaboration with 'HelpAged',<sup>10</sup> Professor El Sheikh started in 1986 a mobile eye unit in the Eastern Province, which became fully operational in 1988. The unit was established to provide surgical and outpatient

ophthalmic care to the Sudanese and refugee populations in remote areas and isolated villages. Treatment was offered free of charge.

To consolidate the work of this unit, two Sudanese ophthalmologists were trained in the Institute of Ophthalmology, London. On-the-job training was given to both Sudanese and refugee nurse, and primary health workers by Helpage expatriate nurse/trainers. The mobile units provided a suitable place for community health education.

Vehicles and drugs were provided by HelpAged, as well as office and storage space and accommodation. Ophthalmic registrars in the field were trained in field work for a period of three months rotatory shifts. This rotation was compulsory.

The information gained in these units helped in future planning of ophthalmic services, and a good meeting place for expatriate staff to exchange and share experience in this field.

The innovative idea of establishing these mobile units was not accepted easily by his peers. The opposition was not acaedmic neither friendly. Students were prevented rom joining those units. He was accused of performing surgical operations outside hospital premises, and was even taken to court.

The project succeeded and provided much-needed services to needy people. The experiment was replicated in other regions of Sudan and became a source of pride for those who opposed it.

#### **Field research**

Dr El Sheikh rightly thought that in a country like Sudan, the greatest input of ophthalmic research should be concentrated on the endemic eye diseases and should encourage ophthalmologist to do field research aiming at providing rural community eye care. He conducted field work in more than 22 remote areas of Sudan and abroad. His input concentrated on two major problems: onchocerciasis and trachoma.





#### **Onchocerciasis research**

In collaboration with Professors Barrie R. Jones and AC Bird from the Institute of Ophthalmology, London, Dr C. Mackenzie from the London School of Tropical Medicine and Hygiene, and Dr D Hutchinson from the Wellcome Foundation, Beckenham, Drs J. Amderson and R. Baker WHO short term consultants, Drs Izz El Din Galal, and Osman Abd El Nur, Dr El Sheikh carried out field work in several regions of Sudan.

In these studies, it was found that DEC, which had been used for over 30 years caused loss of vision, and that small non-pulsatile 4-hourly dose did decrease the damage, and the administration of an anti-histamine before starting DEC therapy did not decrease the damage. Using Sherif small doses of suramin also affected the retina, and high doses killed the adult worm but could kill the patient. Suramin skin lotion was not helpful and it caused a severe skin reaction. This severe skin reaction was used in developing "SPOT Diagnostic" instead of skin smp, which had been stopped because of fear of spreading HIV.

The areas surveyed included:

- 1. Population survey of onchocerciasis was carried out in Bussari area south of Wau;
- 2. Population survey of onchocerciasis of forestry settlement at Ngo-HALIMA near Wau;
- 3. Population survey of Tin Factory settlement;
- 4. Adverse inflammatory reactions including acute vasculitis with severe suppurative perivasculitis in the cornea following topical administration of DEC eye drops;
- 5. Preliminary investigations in which various anti-inflammatory substances were administered topically to the eye, either singly or in certain combinations were made to determine whether the inflammatory effects induced by DEC could be inhibited. These trials wre carried out with double blind randomised left eye/right eye placebo controls. The following substances were tested by intensive daytime (7 a.m-6 p.m.). Administration starting 1 or 2 days before DEC application: Corticosteriod (prednisolone), Antihistamine (ketotifen), Anti-serotonin (prezotifen), Anti-(oxyphenbutazone), prostaglandin synthetase Anti-allergic compounds that block release or mediators (ketotifen 2-Deoxyglucose). No inhibition could be demonstrated.
- 6. No other topical anti-microflarial drugs wre tried which showed no

action and no adverse effects. Drugs included: thiabendazole, clotrimazole, miconazole, econazole, dibromopropamidine isethionate, and trifluorothymidine.

- 7. Photographs at various magnifications and biopsies were collected from various superficial lesions for immuno-phathological study by Dr Charles Mackenzie.
- 8. Oral DEC by standard oral therapeutic regimen given to moderately or heavily parasitised persons caused optic neuritis field/loss in (5/21), new disck leakage (12/12) or disturbances of retinal pigment epithelium (9/21). Treatment was discontinued in those affected. One year follow-up of those patients showed that the lesions were transient.
- 9. Preliminary investigations of the efficiency and adverse effects of the DEC skin lotion described by Langham and others. By second day the lotion caused severe Mazzotti reactions and did not achieve clearance of microfilariae from the skin in 7 days as claimed by Langham.
- 10.To study pharmacokinetics of both oral and cutaneous administration of DEC serial sera were collected from 8 patients in the lotion trial and from 3 unaffected volunteers who received an equivalent oral dose of DEC.
- 11.Double blind therapeutic trial of anti-inflammatory prophylaxis of mazzotti reaction induced by DEC skin lotion. One week course of either of three anti-inflammatory reagents including HI & H2 blockers could not prevent or reduce the mazzotti reaction.
- 12.Rate specified oral DEC therapy trial to avoid peak drug loading 4 hourly doses werer given for 3 weeks starting with 0.5 mg DEC tablets. Dermal and ocular changes occurred and microflarial loads werer not effectively lowered.
- 13.Study of the safety and efficacy of the Sudan (Sherif Daoud Regimen) of Suramin therapy in the treatment of orchocerciasis proved effective in reducing microfilarial load, immediate and systemeic toxic effects. But ocular complications do occur and some are sight-threatening.
- 14.Cryopreservation of human onchocerciasis microfilaria. Microfilaria could be preserved for some years.
- 15.Localised onchocerciasis vector control in Bahr El Ghazal Province. This three years research programme showed substantial reductions in the number of biting vectors and the transmission of onchocerciasis, providing a suitable strategy to use in the campaign

against blindness caused by onhocerciasisis in Sudan. In collaboration with Professor J. Williams of MSU, USA and co-workers the following work was performed.

- 16.Onchocerciasis is southern Darfur. Population surveys in the viallages of Radoum, Titripi, and Kafia Kangi along Bahr El Arab river along the boarders of Central Africa for onchocercisis and other parasitic diseases. Gratifying results were obtained but not without sacrifice. Mr Mustafa Beshir, the entomologists and Dr Izz El Din Galal who followed the complications and side effects of suramin in Bongo Nuer, a village outside Wau in which he lived in the harshest of conditions for three months, both were sacked and their service terminated for weak reasons.
- 17.An open study of the safety and tolerance of ivermectin in male Sudanese infected with onchocerciasis. Principal investigator of this project was Dr Mamoun Homeida and co-invsetigators were Drs El Hadi El Sheikh, Hashim Warsama Ghalib, Suad Sulaiman and James L. Bennett.

#### The aborted Raja trip

#### Satti de tour

Professor Mohamed Hamad Satti was aware of the Raja fiasco. He advised Professor El Sheikh and his team to change route to Atbara river near the Ethiopean boarders. The group did just that and carried out good work on onchocerciasi in Sundus and Al Hugar El Zurug.

#### Trachoma research

In 1979, as preparation for collaborative work with Professor Barrie R. Jones of the Institute of Ophthalmology, London, UK, Professor El Sheikh single handed surveyed 11 viallages around Khartoum for the incidence and severity of trachoma as well as recording the pattern of eye disease in those communities.

Together with Professor Barrie Jones, he worked for three weeks in Habiba village near Khartoum studying the retention and effect of rifampcin ocusert in the treatment of active trachoma. The Ocuserts were not well retained by children, the age group which is badly affected by active trachoma.

#### **Community eye care**

Ophthalmic surveys to know the pattern of eye diseases and causes of low vision and blindness were carried out.

Medical and surgical treatment were done, and training of ophthalmic registrars and paramedical staff was carried out in collaboration with HelpAged.

# Leprosy

Ocular manifestations of leprosy in El Roseris area.

# Nour El Oyoun Hospital

Great men have great frustrations, speially if their innovative projects are fought out of professional joealousy and sometimes out of ignorance or sheer malice. He had to keep going several of his research and clinical projects against numerous difficulties and constraints. Indeed, it would be difficult to think of a man so dedicated to his patients not having a vision of a monumenal eye hospital in a scenic site. Indeed, this particular venture, which could not be started without official approval and not without unwaivering peers support he made his frustration evident.

This is because for no good or understandable reasons, he is blocked from reaching his obviously noble goals. He is blocked not due to lack of ability or confidence on his side and that of his collegues; the block was external. It involved blocked roads, and denied approvals to achieve goals.

This frustration verged into anger. It was not that things were wrong; but that things were not being as perfect as he wanted them to be; it was not that the world had let him and his co-workers down; on the contrary, the world had given them so much that they would have hoped to give everybody what everybody deserved of goodness. Prof. El-Sheikh and his colleagues were frustrated and worried, because though they were in the forefront of the leadership of all major research and educational institutions in the country, they found themselves incapable of doing the ultimate good their specialty deserved. He and his colleaques had good reasons to be worried, frustrated, and even angry.

This was what Prof. El Sheikh had to write in his private diaries concerning this hospital:

"After ORBIS visit to Sudan we were reminded of the huge gaps in our practice. Dr Khalil Badi met his friends and Victoria College graduates and decided to do something that would make a pridigmal shift in clinical practice. Dr Khalil flew at his expense to Alexandria to meet his colleagues in their annual meeting, then to Kuwait and Bahrain. He toured the region for two months and returned with all necessary equipments and instruments. He collected the money needed to build this hospital. The authorities refused several sites suggested beside or near the current Eye hospital. We had to accept the Erkawit site. The hospital wa built, equipped and started work. American ophthalmologists were asked to train the Sudanese staff on how to use this equipment."

Professor El Sheikh added with bitterness, that several doctors boycotted the inauguration of this public facility and even complained that the project was obstructive. When the hospital was up and running, it was sappotaged with no word of thanks to the founders or acknowledgement.

#### National Centre for Eye Diseases

Dr Abdel Gadir Hassan Ishag proposed on 2 January 1969 and 1973 the establishment of a National Centre for Eye Diseases. When he repeated his proposal for the third time in 1979, The General Secretariat of the Scientific Council of Higher Education approved the idea and assigned a government house as a start base for this project. A promise to help in establishing and furnish this Centre with equipment and training was offered by MSU, USA. The project was brought to a halt after a group of senior ophthalmologists wrongly suggested to the authorities that the project would be affiliated to the University of Khartoum. Twenty six years later, the General Secretariat looked into the project once more and contacted Professor El Sheikh his opinion. A detailed historical assessment was given.<sup>11</sup>

### **Ophthalmic education**

#### Undergraduate teaching

In Septmber 1967, Professor El Sheikh was the first fulltime lecturer to be appointed by the UOK to teach ophthalmology. He had for an uknown time shouldered the responsibility of teaching undergarduate students of the FOM, UOK. Although the undergarduate syllabus remained meagre, it consisted of formal lecturs, clincal sessions and surgical demonstrations. A department of ophthalmology was established, and the syllabus was revised and improved.

#### **Postgraduate teaching**

Since the early days in the Institute of Ophthalmology in London, Dr El Sheikh had been actively involved in teaching the DO and FRCS students refresher courses on external eye diseases. In Sudan, since the start of the Mastership in Ophthalmic Surgery and Medicine (MOSM) in 1977, he had been working as a convenor for the programme doing a lot of work in organising teaching, training and examination up until his untimely death in 2009.

Graduates of this mastership are efficiently running ophthalmic services in different districts of Sudan and in some Arab countries.

He was also regularly involved in teaching tropical ophthalmology in the

yearly courses organised by Professor Mohamed Hamad Satti and the Institute of Tropical Diseases for Medical for medical officers.

He had been regularly invited to teach community ophthalmology to undergraduate and postgraduate students.

He organised weekly continuing education lectures to all ophthalmologists and postgraduate students on topics relevant to ophthalmology.

On several occasions, he had organised refresher ophthalmology courses for general practitioners.

The inception of Postgraduate Master of Ophthalmology Surgery and Medicine (MOSM) in 1976-1980 and its evolution into an MD in Sudan hadn't been a smooth process. It had been fought for several years, and the first batch had been so much provoked and intimidated that of our of five candidates only one dared to sit for the examinations.<sup>12</sup>The experiment succeeded and

#### Fieldwork training

Professor El Sheikh noted that working in the field is a very tough job, and was very much different from practicing within the walls of a hospital. In a country like Sudan doctors should be motivated towards rural eye care. He, therefore made a point to take ophthalmologists to the field. For example, very few ophthalmologists in the world were trained to deal with onchocerciasis. Six ophthalmologists, two medical officers, three graduate entomologists, two public health officers and four laboratory technicians were trained in this respect. Training of these personnel and more junior ones namely vector collectors had concentrated on refining skills learnt and applying them to field conditions.

Mobile units in eastern Sudan were provided by HelpAged. These units offered training to medical and paramedical staff from the level of the primary health worker to that of the ophthalmologist.

#### Contribution to the promotion of teaching

In 1977, MOSM was a two-year course: first year was dedicated to basic sciences, and the second for clinical ophthalmology. Due to his unfailing efforts, the course was extended to three years and eventually four years. The MOSM had been upgraded to an MD.

During these courses, problem oriented research and submission of a thesis had become compulsory. This excercise proved very useful. Besides teaching candidates scientific investigative thinking, looking up libraries and writing scientific papers, it provided basic information about eye porblems in Sudan, and helped responsible bodies to set up plans for solving identified problems. Postgraduate students were trained to present the results of their research projects in ophthalmic conferences.

#### Foreign support

Professor El Sheikh solicited a lot of help from international and local communities in support of ophthalmology project. It is difficult to identify and describe all the projects in question. Few examples are sufficient.

Professor El Sheikh could solicit the help of WHO for the amount of \$ 573,117 in support of research projects on onchocerciasis.

In grants, he could secure around \$ 119,000 from the WOH in equipments for teaching and training. Other help was also received from the Institute of Ophthalmology, London, UK, Oslo University, Norway and the Medical Faculty of Medicine, Finland.

Making use of his international links, Professor El Sheikh made available scholarships abroad in ophthalmology for several students in Moorfields Eye Hospital in London, UK, in the International Centre of Eye Health, Institute of Ophthalmology, University of London. Different agencies helped in funding these scholarships including HelpAged, UK, and WHO TDR, the German Agency for the Blind 'Christoffel Blinden Mission', British Agency for the Blinds,

He also mobilised local funding from the government of Darfur Province in support of onchocerciasis surveys along Bahr El Arab river (LS 7000), and secured furnished and equipped premises for ophthalmic education and training.

### Recognition

In November 1994, the executive committee of the National Sudanese Benevolent Society for Eye Treatment resolved that a prize shall be allocated and shall be know as Professor El Hadi Ahmed El Sheikh Prize in recognition of his excellence and achievement. The prize shall be on annual basis as from 1995.

In 2003, the State bestowed on him the Golden The Gold Medal for Arts and Literature, and granted El Zubair Mohamed Saleh Prize for Innovation and Scientific Excellence in 2003.

Professor El Sheikh was invited as lecturer in Ophthalmology in many universities, and sat as a member of several WHO meetings and expert panels. He was examiner in the Arab Board of Medical Specialists in Ophthalmology in Damascus, Syria, several universities. He probably did not miss attending or participating with a paper in any congress or symposium concerning eye diseases worldwide since 1974. He was memer of the advisory group on prevention of blindness.

The Sudanese Society of Tropical Medicine and Hygiene (SSTMH) paid a special tribute to Prof. El Hadi Ahmed El Sheikh for his out-standing work in tropical ophthalmology in general and onchocerciasis in particular over the past 30 years.

SSTMH noted that Professor El Sheikh single handedly and with financial help from his many friends and his own private resources, he assembled the Ophthalmology Centre for the University of Khartoum. He crowned his efforts to his speciality by establishing a Department of Ophthalmology in the University of Khartoum in 1994.<sup>13</sup>

SSTMH commented briefly on Prof. El Hadi's notable contributions in the various fields of ophthalmology and onchocerciasis, a major cause of blindness Sudan. In recognition of his work, he was appointed member of the Steering Committee of Filarial Diseases, TDR/WHO Geneva and on several occasions he worked as a temporary advisor for WHO. He was President of the Sudanese Ophthalmological Society, 1979 - 1981. Since 1983, he was a member of the Executive Board of the International Agency for Prevention of Blindness. In 1990 he initiated the mobile surgical clinics with assistance of HelpAged of the UK. More than 23,000 surgical operations were performed in eastern Sudan. This gave the workers in this field the opportunity to identify the major eye problems in the area.

#### Character

Prof. El Sheikh was a dedicated and motivated scientist, and a superb teacher and clinician. His friends and close associates say that he was a remarkable human being, generous, benevolent, and caring. Like a typical good scientist, he was meticulous, punctual and hardworking.

He had been extremely helpful to others. His ability and willingness to share what he had with others is most probably inherited from the customs and traditions that were ingrained in him as a young boy in the house he was brought up in in Shendi. He provided his expertise and wisdom to less experienced individuals in order to help them advance their careers, enhance their education, build their capabilities, or simply assist them perform the job at hand efficiently.

His charitable character led him to work with and help the needy and marginalized throughtout Sudan. His field work concenterated on rural and poor localities; few surveys were done on urban settings.

## **Hobbies and pastimes**

Professor El Sheikh was a keen photographer and more so a lover of gardening. He documented all his fieldwork, and the interesting eye cases he came across in his rich research life in slides and photographs. He was also a man of good taste for fine art and for calligraphy in particular. His relation with the late Sudanese artist and calligrapher Osman Wagie Allah had been proverbial.<sup>14</sup> When Wagie Allah died in 2004, Professor El Shiekh was the trusted custodian of all his work, which he transferred to his heirs in Rufaa city.

### Notable predecessors & contemporaries

In his rich and sociable life, Professor El Sheikh befrineded every one he came to work with namely his own professional colleagues. His had sincere friendship and mutual respect with Drs Khalil Ibrahim Badi, Abdel Gadir Hassan Ishag, Abdel Azim Al Hassan, to mention the few I know. He never failed to mention with a lot of respect and gratitude the late Drs Hussain Ahmed Hussain, El Baghir Ibrahim and Mohamed Sherif Daoud. He kept their memories and resumes close to his heart. The narratives below were communications from the notes he handed down to me earlier.

#### Hussain Ahmed Hussain

Dr Hussain Ahmed Hussain (1904-1987) was born on 14 November 1904 in Berber and died in Khartoum on 3 May 1987. Dr Hussain was among the third batch of KSM graduates who graduated on 14 January 1931. After graduation, he worked for two and a half years in Kassala and for a year in Gedaref before he was transferred to Khartoum to establish Eye services.

In 1928, Dr AR McKelvie, a Glasgo University graduate arrived in Khartoum as the first eye surgeon in Sudan. Dr McKelvie immediately established an eye clinic in the Egyptian Army hospital, which became later the (River Hospital). Before the Second World War, the SMS started sending Sudanese doctors abroad for postgraduate courses. The first two doctors to be sent for three months to UK in 1937 were Dr Ali Bedri who was sent to Hammersmith and Hussain Ahmed Hussain to Moorfields. Both lived in the international hostel in Andsley Gardens in London.

In 1946, postgraduate scholarships became regular and this time Dr Hussain and Dr Mansour Ali Haseeb were the lucky ones to be sent to London, UK under the sponsorship of the British Council. Dr Hussain specialized in Ophthalmology and Dr Haseeb in microbiology. In 1948, Dr AR McKelvie retired to be replaced by Dr Hussain as the first Sudanese Ophthalmologist. In April 11, 1963, the Royal College of Surgeons in London bestowed on Dr Hussain an honourary Fellowship in recognition of his pioneering efforts in establishing and developing Ophthalmology in Sudan. In November 11, 1968, the University of Khartoum granted him an honourary PHD, and in 24 February 1971, the State granted him the Golden Medal for Science and Arts. In 8 August 1972, he was also granted the Republic First Class Medal in recognition of a long distinguished service. In 1971, the family of the Eye Hospital celebrated the 40<sup>th</sup> anniversary of the establishment of Ophthalmology and in that occasion Dr Hussain was given a gold medal.

Professor El Sheikh contributed and collected the necessary money to establish the Dr Hussain Ahmed Hussain Prize. The prize was to be awarded to the best student in the MOSM. The prize had been approved by the University of Khartoum Senate.

#### El Baghir Ibrahim

Dr El Baghir Ibrahim Abdel Magid was born on 1914 in Berber. He graduated rom KSM in 1936.

In 1950, Dr El Baghir was the first Sudanese to obtain the Diploma of Ophthalmology (DO) from London University and the third Sudanese doctor to join this specialty in SMS. Dr El Baghir became later the Senior Ophthalmologist in Ministry of Health and Director of the Eye Hospital from 1962-1965).

With the help of the Lions Club, he established the first Institute for Teaching of the Blind (معهد النور) in Sudan. The buildings of this institute are situated east of the Naitonal Cinema in Khartoum North. Dr Baghir was the first director for this institute and chairperson of the national committee for care of the blind in Sudan.

Dr Baghir died in 1978

### Mohamed Sherif Daoud Sulaiman

Dr Mohamed Sherif Daoud Sulaiman was born in Wadi Halfa in 1914. He received his elementary and intermmediate education in Halfa and secondary in Gordon Memorial College, Khartoum, and medicine in KSM, where he graduated with DKSM in February 1939. He immediately joined SMS and worked as houseofficer in the 'River Eye Hospital' for eye in Khartoum. He was sent to fight yellow fever in the Nuba Mountains in 1941, and he was the first Sudanese doctor to be vaccinated against this disease. He worked as medical officer in several regions of Sudan starting with El Obeid, Diling, Youbo River Hospital, Meridi, Juba, Yambio, Nimolig, Torit, Rumbaik, Yarol, Shambi, Lado, Berber, Wadi Halfa. In the southern region he was assigned the task of fighting sleeping sickness and leprosy.

He was sent for postgraduate training in Ophthalmology in London, UK in 1955. He returned to the Eye Hospital, Khartoum in 1959.

He was known for his pioneering work in fighting endemic diseases and blindness, which he started with the help of the WHO.

Dr Daoud started survey of the 'River Blindness' in Bahr El Ghazal (Wau) and the work extende east up to Yai. In 1960, he started an experimental trial of treatment of this disease with a modified dose of Suramin, which had several side effects and complications including death. This made Suramin acceptable and the new modification became known as 'Sherif Regiment or Sudan Regiment'.

The Sherif team was later joined by an entemologist who was expected to fight the 'black fly'in the South and Abu Hamad. In 1960, he started surveying blindness in the northern province and starting at the same time surveying aetiology of blindness in that area, and then started a project for fighting trachoma, which including awareness raising and eye cleansing and house-to-house treatment. Up until recently this survey was extended to include all Sudan. The Nilain University granted Dr Daoud an honourary PHD. Dr Daoud died on 16 October 2005.

#### Abdel Gadir Hassan Ishag

Dr Abdel Gadir Hassan Ishag was sent for postgraduate training in UK in 1954 where he acquired his DO. On coming back to Sudan, he worked as ophthalmologist in Omduram Civil Hospital where he established an emergency department for eye diseases which was functioning until recently. When he was appointed Senior Consultant Ophthalmologist for MOH, he gave special attention to spreading eye services over the country. He established centres in Wau, El Fashir, El Dueim, Sennar, Shendi, Gedareg, and Dongola. At the same time he started upgrading services in the Eye Hospital. He introduced the Orbit Clinic, Orthoptic Clinic, and Clinic for Contact Lens.

He started a diabetes clinic with the help of Professor Nasr El Din Ahmed Mahoumd, which did not survive for long. He also gave special attention to training paramedical cadres and sent refractionists to UK for training. He gave a lot of support to postgraduate training, which started in 1978. He was particularly keep about medical ophthalmology, and sent registrar to work with Professor Daoud Mustafa for some time.

Dr Abdel Gadir was known as the person who gave special support and established classes to fight adult functional illiteracy among hospital staff irrespective of their site of work. Illiterate workers were taught reading and writing and given some vocational training

#### **Barrie R. Jones**

In a letter to the Under Secretary, Ministry of Health, Kharoum, Professor Jones wrote:

"During my experience of working in Sudan during January through March, first on onchocerciasis in Wau and more recently on trachoma in Dongola, I have been greatly impressed by the opportunities for mutually reqarding development of on-going cooperation. I would propose a linkage between the Department of Preventive Ophthalmology, University of London and the Department of Ophthalmology, University of Khartoum, with appropriate interdisciplinary associations in each centre and within the context of the activities of yuour section of Communicable Eye Diseases and Filariasis, and for problem-oriented research, theeby to maintain an adequate professional and technical staffing in the field. This should offer attractive experience for sponsored trainees from other countries."<sup>15</sup>

Professor Jones<sup>16</sup> maintained his relations with Professor El Sheikh and Sudan from the late seventies of last century until his retirement.

#### **Charles Mackenzie**

#### Peers testimonial

No better praise for anybody than that of his peers. Drs Abdul Gadir Hassan Ishag, Abdel Azim Al Hassan and Khalil Ibrahim Badi were just and fair when they described Professor El Sheikh as an oasis in a barren desert. In a spontaneous written statement of gratitute, which they said was 'a certificate of appreciation and gratitude by a group of his fellow colleagues who had been observing his great activities, vast achievements throughout the years and being honoured to have someone as him", they wrote:

"When we think about those pioneers who established the Eye Medicine in Sudan, we should put Professor El Hadi Ahmed El Sheikh in the lead. He was a man of distinctive accomplishments. Professor El Sheikh has solely established the Eye Clinic of the University of Khartoum using his good office, relations and determination that know no hurdle.

It is s superb unit that contains specialized rooms, clinics, library and a lecture hall. Its evergreen garden is an oasis for the students.

His managemt of the unit stands on knowldege and capability using his exceptional intelligence, limitless imagination, long experience and hid deep-rooted local and foreign relations. Infinite flow of journals and reference, lectures, symposia and debates that are almost never ending.

The unit has a rich and diverse record of eye medicine diseaseas and problems. Through the years, many researches were carried out by young doctors under his direct supervision. Following up researches, traveling across the Sudan investigating trachoma, Jur blindness, catartact, leprosy and vitamin A deficiency.

In the eye hopsital, he offers consultancy to the sick, make surgery operations,, teach students of medicine and young doctors, keep close contacts with fellow eye doctors both inside and outside Sudan teaching and learning from them. The clinic that he established 15 years ago in collaboration with relevant specializations has been successfully contnuing to work yielding original researches. Professor El Sheikh is not matched by any other eye doctor in terms of researches, nor any could iaaise with interantional institutions, governmental or otherwise, the way he did.

More and abov, Professor El Sheikh would never fail a responsibility or let down help seekers, offering his time, ideas and money. Any cause that he believes right, he would stand by no matter what harm might befell him."<sup>17</sup>

#### List of publications

- 1. A.R. Salim and El Sheik, Hadi. Trachoma in the Sudan: a laboratory study. *Brit. J. Ophthalmology*. 1975; 59(8):435.
- 2. ---. Trachoma in the Sudan: an epidemiological study. Brit. J. Ophthalmology. 1975; 59(10):600.
- Abdel Gadir Hassan and El Sheik, Hadi. Paramedical training in Khartoum Eye Hospital. Acta Tunis. 1980:897. Note: Presented at the 7th Afro-Asian Congress in Tunis 28-29 October 1980.
- 4. ---. Tumours of the eye and adnexa in the Sudan. *Cancer*. 1979 Jul; 44(1).
- AC Bird; El Sheik, Hadi; J Anderson, and H. Fuglsang. Changes in visual function in the posterior segment of the eye during treatment of onchocerciasis with diethlcarbamazine citrate. *Brit. J. of Ophthalmology*. 1980; 64:191-200.
- 6. AC Bird; El Sheik, Hadi; J. Anderson, and H. Fuglsang. Visual loss during oral diethylcrbamazin treatment for onchocerciasis.

The Lancel. 1979 Jul.

- 7. ASH Rahi; El Sheik, Hadi, and G. Morgan. Histology of the camel eye. *Acta Anat.* 1980; 160:345-350.
- 8. Atif Babiker Mohamed Ali; El Sheikh, Hadi, and Mohamed Elhassan Ali Elawad. Causes of low vision in Sudan: a study among the attendees of blind centres in Khartoum . *Sud J Ophthalmol.* 2009; 1(1).
- BM Sislley; CD Mackenzie; MW Steward; JF Williams; JO Day; AJF Luty; M Brage, and El Sheik, Hadi. Associations between clinical disease, circulating antibodies and CIq-binding immune complexes in human onchocerciasis. *Parasite Immunology*. 1987; 9:447-463.
- DBA Hutchinson; El Sheik, Hadi; BR Jones; J Anderson; H. Fuglsang, and CD Mackenzie. Adverse reactions to cutaneous diethylcarbamazine in onchocerciasis. *The Lancet*. 1979 Jul.
- 11. EA Mahmoud; El Sheikh, Hadi; MA Domerka, and PA Mardh. Prevalance of trachoma among displaced persons in Sudan: a clinical and sero-epidemiological study. *Eye Science Journal of the Royal College of Ophthalmologists*. 1994; 8(1).
- El Hassan, AM; EAG Khalid; El Shiekh, Hadi; Zijlstra, EE; Amna Osman, and ME Ibrahim. Post Kala-azar ocular leishmaniasis. Trans. *Roy. Soc. Trop. Med. Hyg.* 1998; 92:177-179.
- El Hassan, AM; El Sheik, Hadi; Isam A El Tom; Hashim W. Ghalib; Mohamed S. Ali; Edward Zijlstra, and Maria Satti. Post-Kalaazar anterior uvetis: demonstration of leishmanias parasites in the lesion. *Transactions of the Royal Society of Tropical Medicine & Hygiene*. 1991; 85:471-473.
- El-Hassan, AM; El Sheikh, EA; El Toum, IA; Ghalib, HW; Ali, MS; Zijlstra, EE, and Satti, M. Post-kala-azar anteriour uveitis: demonstration of leishmania parasites in the lesion. *Trans. Roy. Soc. Trop. Med. & Hyg.* 1991; (85):471-473.
- El-Hassan, AM; Khalil, EAG; El Sheikh, EA; Zijlstra, EE; Osman, A, and Ibrahim, ME. Post-kala-azar ocular leishmaniasis. *Trans. Roy. Soc. Trop. Med. Hyg.* 1998; (92):177-179.
- 16. El Sheik, Hadi. Amyloidosis of the eylid. Sudan Medical Journal.

1976.

- 17. ---. Attempts at the treatment of lignoeous conjunctivitis. Sudan Medical Journal. 1976; 14(4).
- 18. ---. Chemotherapy trials in onchocerciasis in Southern Sudan: A Review. *Sudan Medical Journal*. 1985; 21:83-88.
- 19. ---. Meibomian gland carcinoma in the Sudan. Sudan Medical Journal. 1971; 9(2).
- 20. ---. Unilateral Proptosis due to Fontal Mucocele. Sudan Medical Journal. 1971; 9(2).
- 21. El Sheik, Hadi and Abd El Gadir Ismail. A case of cystic ocular spasm in a Sudanese patient. *Orthoptic Journal*. 1972; 2976.
- 22. El Sheik, Hadi; Hashim Ghalib; Samir Mohamed Amin Hussein; Victor Barbiero; Mustafa Bashier, and JF Williams. Onchocerciasis in Sudan: the Southern Darfur focus. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 1986; 80:902-905.
- 23. El Sheik, Hadi; I. Galal; J. O'Day, and CD Mackenzie. Ocular onchocerciasis in the Sudan. *Sudan Medical Journal*. 1985; 21:33-40.
- 24. El Sheik, Hadi and MA Ruduwan. Aspergilloma of paranasal sinuses, a common cause of unilateral proptosis in the Sudan. *Clinical Radiology*. 1976; 27:497.
- 25. El Sheik, Hadi and PJ Ham. Human onchocerciasis: cryopreservation of isolated microflariae. *The Lancet*. 1982 Feb; 1(8269).
- 26. El Sheik, Hadi; Sheikh Mahgoub, and Khalil Badi. Postoperative endophthalmitis due to Trichosporon cutaneum. *Brit. J. Ophthalmology*. 1974; 58:591.
- 27. H. Yagi; AM El Hindi; A Diab, and El Sheikh, Hadi. Paraphenylenediamine induced optic atrophy following hair dye poisoning. *Human & Experimental Toxicology*. 1996; 15:617-618.
- 28. Hashim Erwa and El Sheik, Hadi. Bacteriological investigation of chronic dacrocystitis. *Sudan Medical Journal*. 1971; 2.

- 29. HW Ghalib; CD Mackenzie; JF Williams; El Sheikh, Hadi; M Khalifa, and MA Kron. Severe onchocerciasis dermatitis in the Ethiopean border region of Sudan. *Ann Trop Med Parasitol.* 1987; 81(4).
- 30. M.A. M. Hassein; SM Ahmed, and El Sheikh, Hadi. Xerophthalmia in Malnourished Sudanese children. *Tropical Doctor*. 1991; 21:139-141.
- 31. Mamoun M. A. Hummaida; Isam A Bagi; Hashim W. Ghalib; El Sheikh, Hadi; Abdulla Ismail; Mahgoub A Yousif; Suad Sulaiman; Hassan M. Ali; JL Bennet, and W Williams. Prolongation of prothrompin time with invermection. *The Lancet*. 1988 Jun(2).
- 32. Mutwali AM Hussein; Salma M Ahmed, and El Sheikh, Hadi. Diarrhoea and Respriratory infection in xerophthalmia in malnouished children. *ERM Health Serv. J.* 1991 Sep(2).
- 33. MW Steward; Barbara Sisley; CD Mackenzie, and El Sheik, Hadi. Cirulating Antigin-Antibody complexes in onchocerciasis. *Clin. Exp. Immunol.* 1982; 48:17-24.
- 34. Omer Z. Baraka; Babiker M. Mahmoud; Magda MM Ali; Mahmoud H Ali; El Sheikh, Hadi; Mamoun MA Humeida; Charles, D Mackenzie, and Jeffery F Williams. Ivermectin treatment in severe asymmetric onchodermatitis (sowda) in Sudan. *Trans. Roy. Soc. Trop. Med. Hyg.* 1995; 89.
- 35. Paula Smmanen and El Sheikh, Hadi. Health and Disease in Developing Countries. in. Eye Disease & Blindness. London & Basingstoke: Macmillan Press Ltd; Chapter 36: p. 341.
- 36. RM Woodland; El Sheik, Hadi; S. Darougar, and S. Squires. Sensitivity of immuniprexidase and immunofuoreseence staining for detecting Ghalmydia in conjunctivval scraping and in cell culture. *Journal of Clinical Pathology*. 1978; 31:1073-77.
- S. Darougar; JD Treharne; M. Minassian; El Sheik, Hadi; RJ Dines, and BR, Jones. Rapid serological test for diagnosis of ocular infections. Brit. J. Ophthalmology. 1978; 62(8):503-508.
- 38. S. Darougar; MA Monnickendam; El Sheik, Hadi; JD Treharne; RM Woodland, and BR, Jones. Animal models for the study of

chamydial infection of the eye and genital tract. Americal Society for Microbiology. 1977.

S. Darougar; N. Viswalingam; El Sheik, Hadi; P. Hunter, and P. Yearsley. A double-blind comparison of tropical therapy of chalmydial ocular infections (Tric infection) with rigampicin or chlortetracycline. Brit. J. Ophthalmology. 1981; 65:549-552.

# **Photo Gallery**



Figure 1: Barrie Jones





Figure 2: Wife



Figure 3: Ishag



Figure 4: Daoud

![](_page_51_Picture_0.jpeg)

Figure 5: Badi & I

![](_page_52_Picture_0.jpeg)

Dr. Hussein Ahmed Hussein

### **Biographer's Profile**

![](_page_53_Picture_1.jpeg)

Professor Ahmad Al Safi

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Professor Ahmad Al Safi is an anesthesiologist, researcher, editor, and administrator. He is currently Professor of Anesthesiology, Khartoum College of Medical Sciences, & Executive Director, Sudan Medical Heritage Foundation. He is member of several standing committees in Sudan Medical Council.

Prof. Safi graduated in 1971 from the Faculty of Medicine, University of Khartoum, Sudan, worked and trained in the prestigious Royal Infirmary, Edinburgh, United Kingdom (1973-77). He achieved academic distinction by attaining the DA (RCP RCS) in 1976, Fellowship of the Faculty of Anaesthetists of the Royal College of Surgeons (FFARCS) of England in 1977, and Fellowship of the Royal College of Anaesthesia (FRCA), England. In 1982, he had orthodox training in traditional Chinese medicine and acupuncture as applied to Anaesthesia, analgesia and therapy in Nanjing (China).

He had strong foundation and experience in almost all subspecialties of Anaesthesia and intensive care. In thirty-six years of medical career, in addition to hands-on clinical practice, he managed departments of Anaesthesia, research institutions and hospitals. He had been consultant Anesthesiologist and Intensivist for the last twenty-seven (27) years in different hospitals around the world including the 1200-bed Khartoum Teaching Hospital in Sudan. He was one of the founding anesthesiologists of open-heart surgery with the late Mr. Ibrahim Mustafa and neurosurgery with Mr. Hussain Sulaiman Abu Salih in Shaab Hospital, Khartoum in 1980 and beyond.

In the period 1978-88, he carried out important studies for Sudan Medical Council, Sudan Medical Association, and Ministry of Health. In 1982, the Sudan Medical Council asked him to study (Postgraduate Medical Qualifications: Recognition and Equivalence). The study became the preamble for the *Specialist Register Ordinance* of 1985. In 1984, the Sudan Medical Association and Ministry of Health asked him to study (Teaching Hospitals Organization and Management in Sudan). The study became the preamble for the *Teaching Hospitals Organization and Management Ordinance* and the *High Council for Teaching Hospitals Ordinance* in 1985.

In the years 1989-2004, he occupied key posts in the medical services in ARAMCO Khafji Joint Operations (KJO) in Saudi Arabia. During this period, he contributed significantly to the promotion of health care management in the northeastern region of Saudi Arabia. In 1999, he was appointed Chairperson for the KJO Healthcare Quality Improvement Programme.

Prof. Safi was a student and disciple of the late Prof. Tigani El Mahi (1911-1970). Due to this memorable relation, Prof. Safi developed a love for the study of sociology, anthropology and history of Sudanese health culture. He dedicated the last thirty-five years in studies in these fields. To perpetuate Tigani's legacy, Prof. Safi spent ten years (1970-1980) collecting Tigani El Mahi's scattered works, which he edited with the late Prof. Taha Baasher (1922-2008) and published in two volumes, the English essays in a volume entitled *Tigani El Mahi Selected Essays* in 1981, and the Arabic essays in a book entitled ( الماحي، مقالات مختارة ) in 1984.

Prof. Safi wrote extensively on health issues in both Arabic and English. His voluminous book *Traditional Sudanese Medicine* (2006) is a wide-ranging 740-page account of traditional Sudanese medicine targeting health care providers, students of medicine, pharmacy, veterinary, agriculture, medical sociology, medical anthropology, and folklore. The book contains a 2500reference bibliography of traditional medicine and history of medicine, and a 600-item Sudanese *materia medica*. In 1981, he founded the Traditional Medicine Research Institute in Medical Research Council (National Council for Research). This institute was designated a World Health Organization Collaborating Centre in Traditional Medicine in 1984. He was founding director for this institute for ten years, and was a member of the WHO Expert Advisory Panel for traditional medicine in the Eastern Mediterranean Region (1982 for over ten years).

In 2005, he founded the Sudan Medical Heritage Foundation as a non-profit, non-governmental organization, and the Health Heritage Studies Centre as a charitable company. Both organizations are dedicated to health systems research, development, & conservation of Sudanese health care heritage and resources.

Prof. Safi has an extensive record of accomplishments in working with and in groups for four decades. He founded or cofounded several organizations-governmental and nongovernmental-and held executive offices in many, and memberships in many more.

His Arabic book (المرشد إلى قواعد وإجراءات الهيئات التداولية) A Manual on Rules and Procedure of Deliberative Assemblies (first edition 1999: 630 pages, second edition 2006: 580 pages) puts him in the forefront of Sudanese and Arab writers who have drawn attention to the field of parliamentary procedure. Critics have noted that this book is probably the only one of its kind in Arabic, and that it provided an invaluable toolbox for modern organizations in a country undergoing democratic transformation.

Prof. Safi was Editor of *Al Hakeem Medical Journal* (1968-1970), Editor-in-Chief, *Sudan Medical Journal* (1984-1988), Editor, *Sudan Studies Bulletin* (1984-1988), and Advisory Editor and referee, *Social Science and Medicine*, Aberdeen (19841994). He is currently running a service called *Sudan Editors* (SE) aiming at improving Sudanese academic writing tools. The SE service is run by a team of professionals, ex-editors, postgraduate supervisors, and authors specialized in producing and editing corporate communications and academic and postgraduate manuscripts.

He is currently launching a major documentation project called the *Sudan Health Trilogy* including:

- A Biographical Dictionary of Health Care Professionals in Sudan documenting the lives and work of the men and women who have served in health care institutions or contributed to health and medicine in service and research in Sudan in the period 1903-1978. This work will be a 'Who's Who' of Sudanese health care professionals, Britons, and other expatriate staff.
- *Pioneers of Sudanese Medicine series* documenting the lives and work of the men and women who have shaped health care services in Sudan. This series will profile the individuals whose work has contributed significantly to the establishment and development of the medical profession.
- A *Bibliography of Biomedical Literature in Sudan* (1900-2000) a compilation of medical literature on Sudan by Sudanese scholars and expatriate staff produced during the 20th century.

His current fields of concern and study include health delivery systems with emphasis on anaesthetic safety and medical emergency preparedness, health culture, traditional medicine, history of medicine, and capacity building of civic society institutions.

#### **References & notes**

- <sup>1</sup> Ahmad Al-Safi; Taha Baasher, Editors. *Tigani Al-Mahi: Selected Essays*. First ed. (with an introduction by Taha Baasher). Khartoum: Khartoum University Press; 1981; University of Khartoum, Silver Jubilee-1956-1981. 187 pages.
- <sup>2</sup> Ahmad Al-Safi; Taha Baasher, Editors. *Tigani Al-Mahi: Selected Essays*. [Arabic] First ed. (with an introduction by Dr Ahmad Al Safi). Khartoum: Khartoum University Press; 1984; University of Khartoum, 180 pages.
- <sup>3</sup> Ahmad Al Safi. Abdel Hamid Ibrahim Suleiman, his life and work. Sudan Currency Printing Press, Khartoum, 2008. 96 pages.
- <sup>4</sup> BMJ 1904;i: 151.
- <sup>5</sup> It is renamed Abdel Fadil El Mazz ... after one of the 1924 revolt leaders who was killed in front of the River Hospital. The River Hospital was in the site of the current FMOH and not the Khartoum Eye Hospital.
- <sup>6</sup> BMJ 1904;i: 151.
- <sup>7</sup> This monograph is based on El Hadi Ahmed El Sheikh resume, list of publications, grey documents, written statements, and personal communications with him and his associates.
- <sup>8</sup> Bakht Er-Ruda Institute of Education was founded in 1934 as a training college for primary-school teachers. Mr. VL Griffiths, the first principal of the college, selected this countryside, not far from the small market town of Ed-Dueim. The college started with a modest collection of huts and houses made from clay plastered over with mud and

dung. The idea was to live just one stage ahead of the ordinary Sudan village and no more. In that isolated place, staff and students generated a sense of community and purpose, which has become a legend in the Sudan. Griffiths was principal from 1934 to 1950. Abdel Rahman Ali Taha was vice-principal from 1935 to1948 and later Minister of Education. The experiment of this institute has been documented in two important books written by Griffiths: *An Experiment in Education: An Account of the Attempts to improve the Lower Stages of Boys' Education in the Moslem Anglo-Egyptian Sudan, 1930-1950*, Longmans, 1953, and *Teacher-Centred: Quality in Sudan Primary Education 1930 to 1970*, Longman, 1975.

- <sup>9</sup> ORBIS is a nonprofit, global development organization whose mission is to eliminate avoidable blindness in developing countries by strengthening the capacity of local eye health partners to prevent and treat avoidable blindness.
- <sup>10</sup> Help the Aged, UK is a national charity dedicated to improving the quality of life of elderly people in need of help in the UK and oversees. This aim is persued by raising granting funds towards community based projects, housing and oversees aid.
- <sup>11</sup> El Sheikh, El Hadi. Handwritten message to Mohamed Abdeen. 7 January 1955.
- <sup>12</sup> Dr Mona Bakri
- <sup>13</sup> SSTMH Newsletter. Volume 1, No. 3, December 1995.
- <sup>14</sup> Osman Wagie Alla (1925-2007) was a Sudanese calligrapher of note. He had been a close friend of Professor El Sheikh and several paintings decorated El Sheikh beautiful house in Hai El Safa, Khartoum.

- <sup>15</sup> Barrie R. Jones. Letter to Under-Secretary, Ministry of Health on 19 March 1979 (Draft of letter in El Sheikh's correspondence file).
- <sup>16</sup> Prof. Barrie Russel Jones (Jan 4th 1921-August 19 2009) came to London from New Zealand in 1951 as a postgraduate student at the Institute of Ophthalmology and Moorfields Eye Hospital. By 1963 he had become the first professor in the newly established Chair of Clinical Ophthalmology in the University of London and Honorary Consultant at Moorfields. His greatest contributions were in trachoma and other blindness-causing diseases. He carried out field-work in Iran, Nigeria and Sudan. His relations with Professor El Hadi Ahmed El Sheikh and Sudan started as early as 1979. He was a visionary with genuine compassion for people, and ophthalmology that academic had recognised social responsibilities. In 1981 he established and lead The International Centre for Eye Health (ICEH) based at the London School of Hygiene & Tropical Medicine. ICEH education carried out research and on preventive ophthalmology to improve eye health and eliminate avoidable blindness, with a focus on low income populations.
- <sup>17</sup> Abdul Gadir Hassan Ishag, Dr Abdel Aziz Al Hassan, Dr Khalil Ibrahim Badi. Statement of Gratitude for Professor El Hadi Ahmed El Sheikh (undated).