Jacob Chandy
(1910–23 June 2007)

THE VELLORE YEARS
1949–1970

Dr Jacob Chandy, who died at the age of 97, was the father of neurosurgery in India. He blazed a pioneering trail over uncharted medical territory by setting up India’s first Department of Neurosurgery in 1949 at Christian Medical College (CMC), Vellore. At that time a brain problem was a death sentence. In the very first year, Dr Chandy operated on 130 patients. By the time the department celebrated its silver jubilee, 3010 patients with intracranial space-occupying lesions had been treated. At the time of his retirement about 25 neurologists and neurosurgeons trained by his department were operating all over India in little pockets of excellence.

Jacob Chandy came from a Christian background and imbued from his parents a strong faith and an instinctive desire to serve that he carried through his entire life. Dr Chandy graduated from the Madras Medical College in 1936, spent two-and-a-half years at the General Hospital in Madras, and then joined an oil company in Bahrain. A year later he left this lucrative position to join the American Mission Hospital in Bahrain. Dr Paul Harrison, a famous American medical missionary, was in charge of this hospital. Three years later, Dr Harrison made this assessment: ‘Chandy just “takes on” anything I give him and learns so fast. It is such a pleasure to work with a young man like that. His quick wit and friendly attitude has won him many friends among all classes of people.’ He sponsored Dr Chandy for admission to the Harrison Department of Surgical Research, School of Medicine, at the University of Pennsylvania. Dr Jonathan Rhoads of the University of Pennsylvania then recommended Dr Chandy to Dr Penfield of the Montreal Neurological Institute saying, ‘I like Jacob Chandy even better than I did before—I think he has a really fine mind and character and will carry high standards of thought and practice to an area where there is very real need.’

A year later Dr Cochran, Director of CMC Vellore, invited Dr Chandy to start the department of neurosurgery at CMC Vellore. Thus, in April 1949 started his long journey to establish Neurology and Neurosurgery as specialties in India. His colleagues in General Surgery, Internal Medicine, Obstetrics/Gynaecology and Paediatrics loaned him the use of a few beds in their wards for his inpatients. A Neurology outpatient clinic was held 2 afternoons a week. Operations were done on 3 days a week and the residents in general surgery, thoracic surgery and orthopaedics took turns in assisting Dr Chandy.

Around that time, Dr Baldev Singh—later considered to be the father of Neurology in India—wound up his lucrative practice in Amritsar, went to train in EEG with Dr Gibbs at Illinois and came to Vellore. An EEG laboratory was started in 1952. In 1954, a separate Neurology and Neurosurgery ward for men came into being. Another floor for women and children was added in 1963 and declared open by the then Health Minister of India, Dr Sushila Nayar.

‘A team approach’ was the underlying philosophy of the department and the focus was ‘The patient is the most important person’. At that time no one realized the tremendous goodwill and gratitude that such ordinary deeds generated among the patient’s relatives who happened to be around.

In 1955—6 years after the department started—Dr R. N. Roy from Calcutta was admitted as the first neurosurgical trainee. He was followed in a year’s time by Dr Gajendra Sinh from Bombay and 6 months later by Dr R. S. Dharkar from Gwalior.

By the eighth year of the department’s existence, the Madras University approved CMC Vellore for a higher specialty training course leading to an MS in Neurosurgery. Dr K. V. Mathai, a graduate of CMC Vellore, was the first candidate to be enrolled. This was the first training in neurosurgery recognized by a university in India. In 1958, Dr Bachhawat joined the team and started his neurochemistry laboratory in a corner of the basement of the Neurology block. From this beginning he developed it into one of the finest neurochemistry laboratories in the world and the first of its kind in India. Dr Chandy’s dream of a united department, a department of Neurological Sciences, excellent in clinical work and research, was fulfilled. Neuropathology and Neurophysiology were added later. International collaboration in research and visitors from India and abroad had increased.

Free-hand chemopallidectomy was started in 1956. In 1960, the use of a Claude Bertrand pneumotaxic guide for pallidectomy and thalamotomy was started. In 1958, Pudenz–Heyer ventriculo–atrial (VA) shunt for congenital hydrocephalus was started. VA shunts were also introduced as a preliminary step for the management of posterior fossa tumours and large midline masses with cerebrospinal fluid obstruction. This manoeuvre immediately brought down the morbidity and mortality associated with surgery of these tumours. Surgery for epilepsy was started in the 1950s with Dr Singh (Neurologist) and George (EEG technician) at the controls.

As a teacher, Dr Chandy was not ordained to be a smooth conjuror of the Queen’s English. He was direct, decisive and gifted with an uncanny ability for clinical diagnosis. He also had a remarkable degree of patience. CMC, which made him Medical Superintendent and then Principal, was not the only institution to benefit from the knowledge and leadership qualities of Dr Chandy; the Ministry of Health and the Indian Council of Medical Research also recognized his zeal. His contribution to the specialty and to the nation was acknowledged when he was conferred the Padma Bhushan in 1964. His stature as a leader in Neurosurgery was recognized by the World Federation of Neurosurgical Societies and he was awarded their ‘Medal of Honour’. The highest accolade came from Dr Penfield: ‘Chandy has been a real leader in Neurosurgery and education in India. … He is a good friend and I have deep affection for him. He is an excellent clinician and has a searching mind when it comes to the basic sciences.’

The post-Chandy years will continue the dynamism in academic excellence as well as the ethos of service that he stressed. It seems that the ideals cherished by the pioneers become a part of their character, which continue to grow and promote excellence.

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for a hernia operation. Many of the procedures he undertook were a queue in Dr Coyajee's clinics and how he was chastised for excess by carefree years in England to start work as a surgeon in the Jehangir also those of India. Achieved with very little money and facilities without compromising in his childhood, the years in post-War England (and also Europe to therefore picked up not just the technique but an attitude as well. As aspersions on his surgery. Young and impressionable, Dr Antia surgical genius with an awesome reputation of 11,000 surgeries in the accolades, was kindled by Sir Gillies, an unorthodox multidimensional interest and expertise in plastic surgery, which was to bring him great humaneness and wit, their doggedness and of course the surgical persisting childhood memories never let him be alienated from either running around with other children in the fields or enjoying his first ever ride in the then technological marvel—an airplane—much to the trepidation of his mother. An incidence of perceived injustice over marks made young Noshir change from a convent school to the Anglo-Urdu High school where he mixed with underprivileged boys and their families and learnt Persian while picking fleas off the maulvi's coat. Holidays were spent at his maternal grandfather's house in Thane where the patriarch Rustomji presided over a large family benignly but with a sense of justice. It was undoubtedly he and his strong capable mother who influenced young Noshir profoundly. These persisting childhood memories never let him be alienated from the grassroots realities of his country despite strong influences from the West in subsequent years.

After completing his education in Bombay and Fergusson College, Pune, he graduated from the Grant Medical College, Bombay in 1945 after a foiled attempt to join the Royal Air Force during World War II. He might have ended up as a forest officer but chose to become a doctor in the British Indian Army under the influence of his paternal uncle, Col. Antia. In 1947, he was lucky to get a quick discharge from the Army and sailed to the UK with a group of Indian migrants to qualify in surgery, a specialization with a high profile and even some drama. By responding to advertisements for house posts, he worked in over 11 hospitals over a 9-year stint absorbing the British humaneness and wit, their doggedness and of course the surgical skills under great stalwarts such as Sir Harold Gillies, the father of modern plastic surgery, and A. B. Wallace who pioneered through his enquiring mind radically new treatments for burns. Dr Antia's interest and expertise in plastic surgery, which was to bring him great accolades, was kindled by Sir Gillies, an unorthodox multidimensional surgical genius with an awesome reputation of 11,000 surgeries in the field of Flanders. When Bevan offered to build 2 new operating theatres for Gillies, he grumbled that the government had cast aspersions on his surgery. Young and impressionable, Dr Antia therefore picked up not just the technique but an attitude as well. As in his childhood, the years in post-War England (and also Europe to which he travelled frequently) convinced him how much could be achieved with very little money and facilities without compromising on quality. What he learnt there suited not only his requirements but also those of India.

Filial obligations made Dr Antia return to India after 9 happy and carefree years in England to start work as a surgeon in the Jehangir Nursing Home in Pune under Dr E. H. Coyajee whose sterling qualities of kindness, service and integrity he admired and imbibed. He would narrate with delight how rich and poor stood in the same queue in Dr Coyajee’s clinics and how he was chastised for excess by the good doctor when he charged what was a reasonable fee of Rs 150 for a hernia operation. Many of the procedures he undertook were a simplification of what he had learned abroad and were new to India, such as porto-caval anastomosis or bone marrow biopsies from the sternum. He also had the freedom to choose his own assistants. He opted, over the matron, for the 16-year-old Kitty Merchant with her basic intelligence and keenness. He always claimed that she was one of the most efficient theatre assistants he ever had, independently undertaking simple skin grafts and suturing of minor wounds. Kitty remembers him as a fantastic teacher patiently explaining the procedures to her in a simple, uncomplicated manner. Such choices, sometimes looked upon as unethical or unwise by some, were made throughout his life. I suspect that it was the virtues of his mother and those like Kitty rolled up in his mind which re-emerged in later life as the boundless potential that he tapped in marginally literate rural women.

The opportunity for practising his newly gained skills in plastic surgery came in the form of stigmatized leprosy patients living behind barbed wires at Kondhwa on the outskirts of Pune. Actively encouraged by Dr Coyajee who even allowed him to undertake a few procedures at the Jehangir, the primitive conditions of work at Kondhwa merely stoked his creative genius. With no assistant, anaesthetist or antibiotics and with patients providing illumination through torchlight, many procedures for correction of facial deformities were undertaken using innovative methods, e.g. a loop of wire obtained from the nearby chicken coop was used to fix a mould to the teeth for a post-nasal epiphelial inlay. A negative face mask of a leprosy patient, sent to The Wellcome Trust Museum in London became instrumental in him being selected for the prestigious Hunterian Oration. He allowed a physiotherapist, with no formal surgical training, to undertake an entire tendon transplant operation on the hand because he knew more about the tension requirements of the tendon grafts, and the results were better. The accolades of admiration and love came naturally both from the Royal College of Surgeons and the patients at Kondhwa. It was at this time in his life that he chanced to meet the charming Arnie Batliwala at a dance. They were married after a short courtship on 6 October 1957 at her ancestral home in Pune. Thus started a 50-year partnership of unstinting devotion, support, soothing and encouragement through success as well as turmoil which he attracted invariably because of his mercurial temperament and openly expressed lateral views.

The chief reason to leave Pune was a visit by Sir Gillies in 1957. It instilled in Dr Antia a desire to pioneer plastic surgery in India as Sir Gillies had done worldwide. A timely offer by his former teacher, Dr Shantilal Mehta, then dean of the J.J. Hospital in Bombay, to start and head the department of plastic surgery at his alma mater was too attractive to refuse. Laying general surgery to the side in Pune, destiny in the form of a gambler’s streak devoted him entirely to the speciality of plastic surgery for the coming decades. It was not long before the Tata Trusts under the distinguished Professor Rustom Choksi recognized his genius and supported him through the establishment of The Tata Department of Plastic Surgery (TDPS), which he headed from 1958 to 1980. Though the department was involved in general reconstructive surgery, his interest in several aspects of leprosy led to contacts with eminent leprologists in India and abroad. A close rapport developed between him and the missionary scientist, Dr Bob Cochrane who also possessed an extremely lively mind and attitude besides a scientific temper. The first conference on leprosy was held at Bombay University in 1965 during Cochrane’s visit. It was to him that Dr Antia poured his frustration in trying to get things done in a bureaucratic set-up as also his hurt at the envy shown regarding the generous funding that his department received. It was also a difficult time for him personally, with a pitance of an honorarium, the struggle to locate a house and the starting of a family. At the hospital, with an allotment of 8 scattered beds, no house surgeons or registrars were allotted to him. Nevertheless within a few years, with his intrinsic ability to build good teams, the department
rose to international fame attracting large PL-480 funds of the Health, Education and Welfare Departments of the USA.

It is now widely acknowledged that the first microvascular surgical flap which revolutionized reconstructive surgical procedures was undertaken by him in this department. The soap and water treatment and the 'jhoola' beds for treatment of burns were espoused by him despite being considered retrogressive by his contemporaries. He boldly suggested the amputation of lower limbs for paraplegics and the removal of pituitary tumours through the mouth. From the beginning the department adopted a holistic approach to the patient. It was not just the correction of a deformity; rehabilitation and employment following surgery were considered equally important. The space for rehabilitation activities at J.J. was acquired by him by breaking open the locks to an open space when the powers-that-be covertly refused to give him the keys. Electromyography (EMG), a tool for the study of nerve conduction was also first established in India at the TDPS with the first EMG Conference chaired there by the eminent neurologist from the All India Institute of Medical Sciences (AIIMS), Dr Baldev Singh.

His choice for his greatest contribution to leprosy was the opening of the general wards of a non-missionary government hospital to leprosy patients—his greatest joy being the breaking of medical and in this case even the social myths of infectivity and stigma.

Those who passed through the portals of TDPS will remember its vital atmosphere enlivened by the vast numbers of young plastic surgeons who came from all over the world to learn from the vast clinical material at their disposal. Dr and Mrs Antia keenly maintained contact with many of them over the years. He considered the institutional development of TDPS for 21 years his greatest contribution to his specialty. Immensely moved and gratified while inaugurating the Annual Conference of the Association of Plastic Surgeons of India in December 2006, he remembered its 5 strong origins in 1959 that had currently swelled to a membership of over a 1000. It must have pleased him to mould and inspire several generations.

In the stimulating environment of a teaching hospital, Dr Antia came in touch with eminent personalities such as the famed pathologist, Dr Darab Dastur, the neurologist, Dr Noshir Wadia and others who kindled in him the love for clinical research in leprosy. The funds under the PL-480 scheme helped him in the early 1960s to start laboratory research in both leprosy and burns at the postgraduate research laboratories of the TDPS. Fruitful interdepartmental collaboration of over 2 decades provided a unique understanding of nerve damage in leprosy, which he would pursue for the next 25 years with the help of a shy young science graduate who had joined him in the laboratories as a technician. It modified the concept of leprosy from being a dermatological disease to a neurological one. The immunological basis of pathology in both burns and leprosy was another area in which seminal contributions were made. Knowing his limitation as a surgeon and undaunted by the seeming insanity of such a radical departure, he at the height of his surgical career, sat on a laboratory bench at the National Institute in Mill Hill in 1968 under the famed Sir Peter Medawar learning how to unravel the secrets of host–parasite relationships through a scholarship from The Wellcome Trust. The best advice he received from the Nobel Laureate was to start using his hands as fast as possible and not be glued to textbooks.

Much of his free time in England was spent with Arnie, son Rustom and daughter Avan at the Science Museum or The Natural History Museum in London. Looking back, he often mused whether these precious outings had whetted his children's appetite to pursue careers in biology. Today Rustom (a physicist turned biologist at Emory University, Atlanta) is a leader in mathematical modelling in biology whereas Avan works at Kiel University discovering new marine species and developing budding marine scientists.

This was the forerunner to the establishment of the Foundation for Medical Research (FMR) at Worli, Mumbai in 1974 with the help of two industrialists, Naval Godrej and Vasant Sheth who had initially desired that he open a hospital for leprosy patients, but deferred to his courageous vision of a research institute that would encourage and promote indigenous thought and solutions. Serendipity provided him at the PG labs in 1974 three young girls who wanted a guide for their research towards a Master's degree, just as he wanted students to work in the PG labs. It was a mutually convenient but remarkably successful deal. It got him his long term followers for 33 years and the 2 of us who stayed on (Tannaz Birdi and I) got a friend and mentor par excellence. As students we had no didactic teaching; the classroom comprised generally of students seated around him at a microscope peering at cells, listening to the guru marvelling at nature and linking to larger issues of philosophy and evolution. On the other hand there was the famous temper to contend with though we soon realized its success in stoking the fires in our bellies. There was no overwhelming presence of senior scientists: just a bunch of youngsters developing our hypothesis with full freedom to explore even opposing sides to an issue provided it had some meaning or goal. There was as always however a watchful eye on quality and an overriding emphasis for researchers to participate in the clinical observation of patients. He made us so tough that within a short period of time this private institution with fledging scientists could attract and survive on research grants from national and international sources. The pioneering work of the Foundation in the neurobiology and the immunology of leprosy as well as the life cycle of the leprosy bacillus won international acclaim but far from routine continuity he provided the goad to develop viable long term research programmes in multi-drug resistant tuberculosis and preclinical evaluation of medicinal plants that are so topical and relevant today. The recent award to the FMR as a Centre of Excellence for TB research owes as much to his development of science and the scientists at the institute as it does to the technical objectives. The line of work in medicinal plants for primary healthcare has opened a new avenue for understanding between the ancient and modern sciences and is a compliment to India’s scientific and cultural heritage.

In line with his experience in England and during his surgical forays, good quality work at the FMR was undertaken with modest sums of money but with plenty of confidence, motivation and purpose. To him small was beautiful. He prizes and appreciated the efficacy of personal interaction that encouraged motivation which was often lost in large impersonal organizations. To him this was a strength of the Eastern way of life.

He also continuously cautioned us not to be pressurized by unethical considerations however lucrative they might be. When the Indo–US vaccine programme was thrust on India in the 1980s without an epidemiological basis, he, along with other prominent scientists opposed it in an editorial in the Times of India. The US Consul General visited the Foundation to persuade us to relent from our stand. When that failed, the PL-480 funds due to FMR were withdrawn. As always his views were resolute and uncompromising backed by an incisive questioning that was sincere and forthright without awe or pomp.

In the past decade he constantly outlined unique research programmes that could be undertaken between the laboratory and the field where all meaningful questions should originate. It was his dream of over 30 years that social and medical sciences should forge ahead together. This merger he felt would help in the generation of not only excellent science but a useful and compassionate science. The uniqueness and the value of this concept which he enunciated was far ahead of his times, in tune with the thoughts of Claude Bernard who had the conviction that when physiology was far advanced, ‘the poet, philosopher and the physiologist would all understand one another’.

His interest in the social aspects of medicine paradoxically began
after his return from Mill Hill in 1970 when he perceived a burning problem of reaching medical and healthcare services to marginalized rural populations across the harbour of even an affluent metropolis such as Bombay. Though he continued with biomedical research and surgery, this became thereafter his life’s mission which he graced with his exemplary contributions. This shift of passion from the rigour of scientific thought to softer social aspects occurred in the late 1970s and early 1980s as his experience of rural realities grew. The sahib in him changed completely to a native and was forcefully expressed by a change in his garb. Gone was the anglicized attire; it was replaced with elegant kurta and churidars. Though he remained at ease in both societies and counted many old and dear friends from abroad, his view of world politics, always Fabian, leaned more and more to the liberal left. It was a common household joke to refer to him as Chairman Noshir which he accepted with a twinkle in his eyes.

He served the cause of rural India through the establishment of a second independent organization in Bombay, also in 1974: The Foundation for Research in Community Health (FRCH). The FRCH operated as a small cell in the J.J. Hospital and later shifted to the garage on the premises of the FMR at Worli. Besides undertaking original research in a variety of health issues with again a group of young but enthusiastic researchers, the FRCH under his direction served as the research secretariat for the path-breaking ICSSR–ICMR report Health for all published in 1981. The report provided vision, shape and substance to primary healthcare for India based on its cultural precepts and the vast potential of its rural women which he had experienced in his first rural project at Mandarda supported generously by his industrialist friend Naval Godrej. Subsequently this potential was repeatedly demonstrated in the later projects near Pune. The project at Parinche where he formalized the primary health concept to a large extent was undeniably his flagship. Since it was J. P. Naik who taught the difference between health and medicine to the Indian medical profession, he always referred to it as the J. P. Naik report based on the vision of this great educationist whom he admired and adulated. Though Naik authored the report, Dr Antia distilled in it all his childhood memories, the lessons learnt in England, the brilliance of his surgical and scientific innovations and his pride at being an Indian. Until the end he always differed with the conventional activist who critiqued and broke down. His dynamic positivism made him talk of solutions and alternatives after a situational diagnosis was made.

The work of the FRCH represented one of the first ventures into the academics of public health in India and also perhaps was one of the first to place the training of community health workers on a firm modules of the health worker and to those who listened to him with their minds could sense the presence of another change that would be coming. On 26 June 2007, the moment for departing arrived. He passed away in Pune in the presence of his wife Arnie, a close nurse colleague from FRCH, Seema Deodhar and me, after a brief illness which remained almost undiagnosed.

Surgeon extraordinaire, renowned public health activist, a noted biomedical researcher, an inspiring teacher and founder of over 15 national associations, he had to his credit over 350 multidimensional publications and 5 books. This year’s end will see the publication of his autobiography which he completed but whose release he will perceive from a different domain. Many honours came his way—for surgery it was the Hunterian, the Malinac and the Fellowship of the American College of Surgeons. He was elected to the highest scientific bodies in India and the nation bestowed on him the Padma Shri in 1980 and the Birla International Award for Humanism in 1994. He was also nominated twice for the Ramon Magsaysay award. But the award Dr Antia treasured most was the one given to him by a leprosy patient who boldly threw a prosthetic footwear designed by him at his face. That he said was the mark of truly successful rehabilitation of a cowered leprosy patient.

In the solemnity and awe of his work and achievements it is easy to forget the man that he was. No one whose life he touched will deny his attractive charm, the sharp wit, the smile that moved a thousand hearts as well as the impatience, anger and irritation when things did not go his way. Repentant for a wrong and always grateful for whatever received, his resolute and unwavering focus impressed but also unnerved many with its intensity and there sometimes peeping through was the caring and tenderness that would melt your heart. It was precisely this mixed bag of characteristics that got him a large following during his life with both admiration and love. Above all, whether right or wrong, there was absolute sincerity which threw in the ingredient of inspiration.

I thank whatever powers that be for his strength and vitality that enabled him to do so much… I thank for all the good and wise people who guided his life so that their wisdom, thoughts and skills became his to transmit…. I thank for all those people who joined their lives with his however briefly…. A part of many of us has died with him but it is also true that much of him will live in those of us who continue to live his dreams and his work.

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A PERSONAL NOTE
I was privileged to know Dr Antia while I was a medical student, house surgeon and later a junior colleague.

Intolerant of any evidence of sloppiness, disinterest in patients or the least hint of rudeness towards the poor and downtrodden, Dr Antia could intimidate students and residents. If, however, the student or resident doctor could show that he was right and could stand his ground, he soon gained an ally in Dr Antia who would then do all he could to help.

During his visit to Bombay at Dr Antia’s invitation, Sir Harold Gillies rightly emphasized the need for using plastic surgery to benefit such individuals as those deformed by leprosy. Dr Antia took this lesson to heart and the rest is history. He was soon able to enrol the help of those in India working for these patients, Dr Robert Cochrane and Dr Paul Brand being but two examples. He also invited world-renowned experts such as Dr Arthur Barsky (pioneer American hand surgeon), Group Captain C. B. Wynn Parry (author of...
Rehabilitation of the hand and one of the first to use electromyography to detect early disease in peripheral nerves) and Dr James Smith (plastic surgeon who studied the blood supply to peripheral nerves in leprosy with Dr Antia making arrangements for this research at the J.J. Hospital).

By itself, the Tata Department of Plastic Surgery—a magnet that drew eminent plastic surgeons and experts on burns from all over the world—set up by Dr Antia and his colleagues at J.J. Hospital would have been an outstanding monument to his creativity and labour but there was much more to come.

Dr Antia gave up his very lucrative private practice and embarked on work for the rural poor in their milieu. He was soon part of the pioneering group made up of Baba Amte, Drs Mabel and Rajnikant Arole, Dr P. K. Sethi, Mr J. P. Naik and others. Working in their respective spheres, they served as mutual catalysts, each stimulating the others. Their cumulative contributions have provided impetus to continue efforts at enlightening and empowering those dwelling and labouring in villages. Dr Antia’s firm belief in the relevance of true Panchayati Raj and on women power as the best way to transform rural lives did not waver to the end.

Brimming with ideas that were far removed from conventional thought, passionate in his beliefs and giving fully of himself to improve the lot of all those less fortunate than himself, Dr Antia did not fail any individual or group seeking his help.

Apart from the rural health network and groups he set up, Dr Antia was a key founding member of the Association of Rural Surgeons, Foundation for Research in Community Health and Foundation for Medical Research.

He has inspired many and in doing so has left behind an inestimable legacy. He was working on his autobiography when the end came. Many, like me, will eagerly await its publication.

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A HERO
Dr Antia was one of my heroes. He embodied and achieved in his lifetime what many idealistic young Indians of the generation after Independence set out to accomplish but, unfortunately were, more often than not, seduced by the attractions of academic recognition or financial reward.

Not only was Dr Antia active in community health, he found time to think and publish on a wide variety of subjects. I looked up his publications on PubMed and found it included 182 of his articles from indexed journals ranging from ‘Medical education primarily a subject of the humanities’ in The National Medical Journal of India (NMJI) as recently as 2006 and ‘Clinical, histopathological and bacteriological study of 52 referral MB cases relapsing after MDT’ in the Leprosy Review in 2005 to ‘A shoddy town named Batley’ in The Lancet in 2004.

I remember that in one of the very interesting sections of NMJI called ‘Eminent Indians in Medicine’ there was an interview with him in 1998 from which I quote.

He was asked whether he was a bit anti ‘Hi-tech’ and anti-western to which he replied:

‘That is not true. I am very much a student of western science and technology and continue to use it effectively for solving many of the problems our people face. I am just as comfortable using the electron microscope at the Foundation for Medical Research as I am teaching village women with a hand lens under a tree in Foundation for Research in Community Health. Both serve a common purpose, namely, improving health. I feel that appropriate science and technology in every form and of every system should be utilized to solve our country’s and its peoples’ problems; not to glorify western technology for its own sake while denigrating our own. …Elegance is trying to find simple solutions to complicated problems, not the reverse.’

I first met Dr Antia in 1969 when, after passing the FRCS, I was sent by my chief Professor Roy Calne in Cambridge to work with Sir Peter Medawar who had recently been awarded a Nobel Prize. Dr Antia was already there doing complex research into immunology at the highest level. Little did I realize that, instead of choosing an illustrious career in western science, he would return to India and devote his time to the care of people with leprosy and the furtherance of the health of poor communities. Since then I have followed his progress and achievements with great interest and the little personal contact with him was mostly through the NMJI which he served as an active member of the Editorial Board since 1991. He wrote many general articles for us and sent us research papers for consideration many of which we were glad to publish.

We are sadly in need of heroes today so it is important to keep alive the memory of Dr Antia’s great achievements and the way he lived. His life should always remain a lodestone of the heights that an Indian doctor can reach.

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