

C. G. S. Iyer, M.D., M.R.C. (Path.), F.C.P.S.
1921–1984



C. Ganapati Subramani Iyer was born at Arkonam, a small railway town in South India, of a middle-class family. He had his schooling and higher education in Bombay, graduating from G.

S. Medical College, Bombay, in 1944. By 1947 he had acquired the post-graduate degree of Doctor of Medicine from Bombay University and had also become a Fellow of the College of Physicians and Surgeons (Bombay), with internal medicine as his specialty. He was admitted to membership in the Royal College of Pathologists (London) in 1966 on the basis of his published work.

Dr. Iyer started his professional career in 1947 as an assistant pathologist at the Tata Memorial Hospital, Bombay. He was then appointed as Research Officer in the Neuropathology Unit of the Indian Council of Medical Research (ICMR) in Bombay, and trained in pathology and neuropathology under Dr. Krainer at the Armed Forces Medical College, Poona. He was then posted to the Polio Research Unit (ICMR) at Grant Medical College, Bombay. Soon after he was awarded a fellowship by the Rockefeller Foundation and spent one year in the United States, mainly for further training in neurology and neuropathology under Professor Denny Brown.

On his return to India, he continued to work in the Polio Research Unit until 1954, when he was posted to the Neuropathology Unit at Tata Memorial Hospital, Bombay. In 1961 he was invited by the Government of India to set up and head the Division of Laboratories at the Central Leprosy Teaching and Research Institute (CLTRI) at Chengalpattu in South India. He was associated with CLTRI for a long period; first as Head of the Division of Laboratories (five years), then as Director of the Institute (13 years), and then as Emeritus Scientist

(ICMR) until 1982, when he fell ill. He was recovering satisfactorily until complications set in in September of 1983. He succumbed in January 1984.

Dr. Iyer was the first Indian to be trained as a neuropathologist, and the first part of his career (1947–1961) was spent in that discipline. During this period, he was successful in isolating strains of the polio virus, and his investigations covered a variety of subjects such as the epidemiology of poliomyelitis in Bombay and Dohad, neuropathological changes in malnutrition and cerebral malaria, experimental lathyrism and Kaysanur Forest disease, and other encephalitic disorders.

The second part of Dr. Iyer's career (1961–1982) was devoted to leprosy at the CLTRI. It will not be an exaggeration to state that the CLTRI owes its present position of eminence to Dr. Iyer.

Probably because of his background as a physician and a pathologist, he was greatly interested in elucidating clinicopathological correlations. He carried out a monumental prospective clinicopathological study involving about 700 patients, over 400 of whom had been followed up clinically and histopathologically for from two to over six years. In that study he showed that the total borderline spectrum represented, in miniature, the pattern of the type of distribution of leprosy in South India (where this study was carried out), viz., the majority of cases being towards the tuberculoid side. Further, he showed that borderline leprosy under proper and careful dapsone therapy usually regressed; this occurring in about 55% of patients irrespective of the subtypes BT, BB, or BL. In another 10–20% of patients the disease shifted towards the tuberculoid side during healing. About 15% remained stationary in type, while another 15% worsened, i.e., moved toward lepromatous disease; he related the latter event to insufficient treatment due to irregular patient attendance or drug intolerance. He had also studied "lepra reactions" extensively and showed that irrespective of the site and clinical expression (ENL in the skin, subcutaneous

nodules, and acute exacerbations) the histopathological appearance was the same: an acute inflammation—with vasculitis—superimposed upon a background of lepromatous leprosy. He was interested very much in histoid lepromatous leprosy, and had studied its histopathology and natural history under treatment.

His other contribution was the elucidation of nerve involvement in the different types of leprosy wherein he traced the histopathological appearances from the very early stage of silent infection to the end state of total collagenization of the nerve. In this study he brought out clearly the differences in tissue reaction between tuberculoid and lepromatous leprosy, its focal and destructive nature in the former, and the diffuse and collagen proliferative quality in the latter type.

During the last few years, he was engaged in planning and carrying out the first THELEP chemotherapy trial to evaluate the efficacy of three different multidrug regimens in preventing the emergence of drug-resistant organisms and in eliminating persisting organisms. This trial was started at the CLTRI in 1978, and it is a pity that Dr. Iyer will not be there to see the results.

Dr. Iyer had served as a member of numerous expert committees of the Indian Council of Medical Research, the Government of India, and the World Health Organization (WHO). Notable among them were the ICMR expert committee on leprosy, Leprosy Advisory Committee of the Government of India, the fourth Expert Committee of WHO on Leprosy, and the Steering Committee of the THELEP/TDR

Program of WHO. Lastly, he was nominated by the Government of India as a member of a high-powered Working Group on Leprosy headed by Dr. M. S. Swaminathan, then member of the Planning Commission of India, to work out a strategy for the eradication of leprosy in India by 2000 A.D. Dr. Iyer headed the task force group set up by the Working Group to recommend the strategy for drug delivery. This was his last major professional undertaking which he carried out with his characteristic flair for perceiving the problem as a whole, enunciating a rational and scientific approach, and attending at the same time to all essential studies.

Dr. Iyer was a scientist of high order with a knack for spotting spurious and shoddy work. These qualities earned him the respect of all and the life-long friendship of the discerning few. As a person, Dr. Iyer was a shy man who embarrassingly hid his compassionate nature under a stern exterior. He led a simple, almost austere, life of fierce integrity, shunning pomp and publicity. Although during his later years he was drawn to the philosophic thoughts of Hinduism, he had always lived and worked as a true Hindu—simply, unceasingly, and with concentration, but without attachment to the fruits of his labor. In his death Indian leprologists have lost an able and authoritative spokesman; India has lost an excellent scientist; the international scientific community has lost a wise and conscientious worker, and leprosy patients have lost a friend.

—H. Srinivasan