Dr. Paul W. Brand, one of the greatest physicians of all time, well known to all leprologists of his generation, passed away on 8th of July, 2003, at the age of 89. He was a pioneering surgeon, an excellent teacher, a compassionate leprologist, and a dedicated missionary.

He was born in South India in July, 1914 of British parents, studied medicine in the University College Hospital, London, and later qualified for the FRCS diploma. His father Jessi Brand died of malaria while serving as a missionary to the tribal people in Kolli Hills, situated in the mountain ranges of South India. His mother took over the work of her husband and served the tribal folk until her death at the ripe old age of 96. Service to the suffering, underprivileged, and the poor was his inheritance.

The call to serve as a medical missionary in India came to him in 1946 from Dr. Robert G. Cochrane, the then principal of the Christian Medical College, Vellore, who was desperately searching for a surgeon to satisfy the university requirements for recognition of the MBBS degree offered by the college. Dr. Brand was a born teacher. His graphic descriptions of disease presentations were brilliant and were long remembered by many of his students; I was fortunate to be one of them. His deep concern and care for patients touched and moved each one of his students to whom he was a role model.

It seems to me that it was God’s plan that brought together the world famous leprologist, Dr. Robert Cochrane and Dr. Brand, the young enthusiastic, ingenious and compassionate surgeon. In 1947 when, at the leprosy hospital at Chinglepet, Dr. Cochrane showed him the useless, deformed and disabled hands of leprosy patients that no surgeon had ever cared to touch and to repair, Dr. Brand saw the challenge before him. He started his careful research into the pathology and pathogenesis of deformities in leprosy and into methods to reconstruct their paralyzed hands and feet. His pioneering work in the correction of deformities caused by leprosy changed the lives of thousands of grateful patients. He also trained many surgeons from different parts of the world using the facilities at Schieffelin Leprosy Research Center, Karigiri, and at Christian Medical College, Vellore.

Another area of research he was engaged in was the pathogenesis of plantar ulcers. He established that the main course of these ulcers was loss of sensation due to nerve damage and not just leprosy. This finding led to the adoption of measures to heal, to protect, and to prevent the damage to insensitive hands and feet. Specialized sandals, made out of microcellular rubber, were found suitable to prevent the formation of plantar ulcers and to stop their recurrence. A rubber mill to manufacture microcellular rubber was established at Schieffelin Leprosy Research and Training Center, Karigiri because it was not profitable for any commercial rubber company to manufacture this product.
Dr. Brand was the first one to demonstrate that nerve damage was localized to subcutaneously placed nerves and to suggest that *M. leprae* multiplied at the cooler regions of the body. This finding led to the path breaking experimental studies by Charles Shepard who succeeded in growing *M. leprae* in the footpads of mice.

At various periods during his tenure in Christian Medical College, Vellore, Dr. Brand held the posts of Professor of Orthopedic surgery, Associate Director and Principal. He was also consultant surgeon at Schieffelin Leprosy Research Center at Karigiri. He established the New Life Center, Vellore, as a model rehabilitation center for leprosy patients. This Center simulated a village environment and was located at the residential area of the Christian Medical College campus, in an effort to dispel the stigma that was so prevalent even among medical professionals. Correcting deformities to restore the self-respect of patients and to integrate them into society was his cherished goal.

In 1966, after 19 years of service in India he moved to the U.S.A. on invitation to take up the position of Chief of Rehabilitation Branch at the National Hansen’s Disease Center at Carville. He worked there for 20 years and established a well-equipped and well-staffed research unit to study the complications of insensitive hands and feet, their prevention and management. His methods for prevention and management of plantar ulcers are now extensively used for treatment of patients with diabetes mellitus who have similar problems. His contribution to the understanding of pain is monumental. He emphasized the role of pain, which protects and preserves and is a blessing. When he retired in 1986 from the U.S. Public Health Service, he moved to Seattle and continued his teaching work as emeritus professor of Orthopedics in the University of Washington.

During his career, Dr. Brand received many awards and honors. He was awarded the Hunterian professorship of the Royal College of Surgeons in 1952, and the Albert Laskar award in 1960. Queen Elizabeth honored him with a title of the Commander of the Order of the British Empire in 1961. He served as President of the Leprosy Mission International based in London and was on the Panel of Experts on leprosy of the World Health Organization. He was one of the main architects of the All Africa Leprosy Rehabilitation and Training Center in Addis Ababa, Ethiopia, and the Schieffelin Leprosy Research and Training Center at Karigiri, India. A biography was written on him entitled, “Ten fingers for God,” by Dorothy Clarke Wilson. He authored several books that were best sellers among Christian literature. They are “Fearfully and Wonderfully made,” 1981, “In His Image,” 1984, and “Gift of Pain,” 1993. He also wrote a standard reference book for hand surgeons entitled “Clinical Mechanics of the Hand.”

Dr. Paul W. Brand, with all the honors he received and with all his greatness, remained a simple and humble Christian leprosy worker. He was a man of integrity and witnessed for his convictions forcefully and effectively with gentleness and respect. He exemplified in his life that excellence in medicine was not just knowledge and skills but the application of them to serve and to give one’s best to the cause of the poor, needy and the neglected. His many contributions to the care of leprosy patients will be long remembered.

He leaves behind his loving wife, Dr./Mrs. Margaret Brand, six children and twelve grandchildren. Mrs. Brand is also a leprologist who has received international acclaim in the study and management of eye complications in leprosy. We, his students, friends, colleagues and patients, share with the family the sadness and the loss. Nonetheless, we celebrate his great contributions and the privilege of having known him, having had him as a teacher, friend, colleague, and caregiver. We thank and praise God for his wonderful and blessed life that has been a blessing to many.

—Dr. C. K. Job
My first meeting with Paul Brand was at the Proctor House Mission in Bombay when I had gone to enquire of him the danger of contracting leprosy during surgery. He assured me that this was a mere myth as he and his staff had kept a record of needle pricks during surgery for over a decade with no untoward consequences.

We next met when I advertized for a physiotherapist for our hospital resulting in an interview visit by Furness, Brand’s senior physiotherapist and the husband of Brand’s secretary (also an old leprosy patient). This resulted in obtaining his brother-in-law, Walter Jennings, as our physiotherapist, who served our hospital for almost two decades, a former leprosy patient who had both his hands operated on by Brand. The excellence of Brand’s surgery not only permitted him to undertake excellent physiotherapy, but also to keep typed records of patients and their surgeries. As a result of our discussions, he eventually performed “many tail” operations on paralyzed hands with excellent results, for he could judge the tensions of the graft better than most surgeons.

Another outcome of Furness’ visit was the visit of Ernest Fritschi to Pune in order to observe our plastic surgery approach to deformities of the face in this disease, undertaken under primitive conditions with patients as the only assistants.

This led to several decades of interaction between Dr. Brand, myself, and his colleagues in Vellore and Karigiri. Paul visited Kondhwa and observed Sir Harold Gillies undertaking surgery during his visit in 1958.

My first visit to Karigiri was in 1959, to attend the First International WHO conference on Rehabilitation on Leprosy Deformities, where I was familiarized with the care of the ulcerated foot in leprosy. At this meeting, Ernest Price also demonstrated his interesting observations on the footprints of leprosy patients. This meeting provided due recognition to the pioneering work of Brand in this field. It also led to support from the U.S. Department of Health, Education, and Welfare for several of our leprosy and burn activities including surgery, research, and rehabilitation.

This was followed by a series of exchanges between our institutions and my personal interaction, not only with Paul and Margaret, but aslo with the Karats, Selvapandian and Anthony Samy at Katpadi—a fruitful exchange.

During a six week visit to our department at the J. J. Hospital in Bombay, Dr. Robert Cochrane provided interesting information as to how he had inveigled a new orthopedic surgeon of Vellore into undertaking the correction of deformities of patients sent to him from the Victoria Hospital in Chengeput. Thanks to Paul, Vellore became a mecca of surgery for leprosy. Many of the surgeons from various countries of the world while visiting Vellore also visited us in Bombay and Kondhwa.

The contributions of Cochrane and Brand will always remain as landmarks in leprosy with Vellore as their “home.”

It is heartening for me to see that leprosy is one of the few diseases of poverty that has shown a definite decrease. This is also reflected in the decrease of its deformities, even though eradication will remain a distant dream till necessary poverty is banished by concerted political action at all levels and in all countries.

—Dr. N. H. Antia