Book Reviews


This book has been very well planned and has a balanced presentation. The preface by the editors is a good summary of what to expect. It is a rare book in which the outcome of a long-time community survey is analysed in a prospective manner. The chapters have been arranged so that the initial emphasis is on the virtues of the Cretan dietary habit and its effects on coronary heart disease (CHD). These chapters emphasize the point that in several countries the dietary habit has been preserved with minimal changes. They highlight the importance of a more agrarian-based (cereals, vegetables including greens, vegetable oil) diet.

The next few chapters emphasize the importance of consumption of olives and olive oil in Mediterranean diets. The presence of n-3 fatty acids and tocophenols in olive oil is shown as a major factor in reducing coronary risk. This is further substantiated by the fact that in southern Mediterranean countries where olive oil consumption is higher, the incidence of CHD is less. At the same time, the book informs us that olive oil alone cannot ensure protection against CHD as the incidence of the disease is higher in other parts of Greece as well as Spain. It is very important to note that the overall dietary pattern plays a vital role. The chapter on wine consumption and its composition in offering antioxidants to protect tissues is encouraging. However, one has to be careful about drawing any conclusions from it.

As a whole, the book is well illustrated and the text is supported by an adequate number of tables and figures which are self-explanatory. I would consider this book an asset to nutrition, medical and public health libraries.

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This book is intended as course material for the School of Health and Social Welfare of the Open University, Milton Keynes, UK. The target readers include practitioners and frontline managers of health and social care, particularly those belonging to the so-called 'professions allied to medicine' including nurses and social workers.

The objective of the book is to make professionals of the above-mentioned categories aware of the developments/changes in health and social care policies and structure in the UK since World War II; to get them to reflect on how they would impinge on their respective work situations; and if possible, to bring about changes in the way things are decided or executed. It is this aspect of 'reflection' which is considered to be 'critical' for the practice of health and social care in the present context and the future.

The authors contributing to the book are all professionals drawn from the 'professions allied to medicine', with expertise in policy-related matters.

The book is divided into three main parts—Part I: Professional development: Contexts and processes; Part II: Challenging practice; and Part III: Working with changing structures.

In Part I, the changes that took place in the UK in the 1980s and 1990s in the health and social care structure have been described. The implications of the market economy for health and social care, the changes introduced by the Conservative governments of the 1970s and 1980s, and the policy shifts brought about more recently by the Labour government since 1997 have all been described in an engaging analysis. The concept of 'critical prac-
tice’ has been introduced in this context, calling for the need for ‘analysis, action and reflexivity’ on the part of practitioners of the art of health and social care, irrespective of their personal position in the hierarchy. The concept espoused is the need for understanding political ideologies and their role in policy formulation, the impact that the changes in policies in the UK have had at grassroots levels; the need for greater user involvement in decision-making, as well as an open mind to take into account different perspectives, experiences and assumptions. The concept also calls for individuals involved ‘to be continually aware of the relative and contextual basis of their work’. Part I contains lessons not only for health and social care planning and policy in India, but also in a larger context as well (given the social changes, moves towards privatization, reduction in the role of the State, etc.).

Part II is directed more towards the nitty-gritty of delivering services and facing the challenges that one is likely to come across. This part would be more pertinent for individuals actually engaged in the delivery of health and social care. Various concepts relating to professional development, values, ethics, relationships arising out of work situations, working in teams and accountability (from social, ethical, legal and professional perspectives) have been described with appropriate examples. The concept of the ‘new professional’ has been put forward in the following terms: (a) neither distant nor involved but engaged; (b) neither autonomous nor passive/dependent but interdependent; (c) neither self-oriented nor self-effacing but accepting of an embodied use of self as part of the therapeutic encounter; (d) neither instrumental nor passive but a creator of an active community in which a solution can be negotiated; and (e) neither the master/possessor of knowledge nor the user of experience but a reflective user of experience and expertise. What would we not give for such professionals in India?

Part III discusses how one could work best with the changing structures, particularly through an increased understanding of the way policies are made; the relative merits of the top-down and bottom-up approaches, the practical issues which affect rational decision-making processes, the role of politics, etc.

The chapter on ‘Counting the costs’ has the message that one should be able to work with the basic concepts of costs and budgets at the frontline, looking at these as the key but not the only requirements for critical practice.

Chapter 12 on ‘Inter-agency collaboration’ highlights the fact that public policies/statements on this issue are essentially theoretical and are prescriptions based on assumption and not facts. The paradox of “collaboration” being seen both as a problem and solution—failure to work together is the problem, therefore the solution is to work together better’ (p. 253) could not have been worded better.

The chapter on improvement in the quality of services suggests that too many quality initiatives on a wide range of topics, may in fact have led to the decline in enthusiasm at the grassroots level for these concepts. The authors wish to place the consumers at the centre of quality services, but suggest that it remains to be seen how far recent labour initiatives in this direction are effective.

The last chapter on ‘The frameworks for regulation and accountability’ looks at various regulatory models (particularly the public administration model); the changing role of the voluntary sector amidst demands for its accountability; functioning in an accountable manner upwards ‘to the authorities’, downwards ‘to users’, and horizontally ‘to peers’. The changes in concepts and perceptions relating to professional self-regulation, the newer mechanisms of local accountability, etc. all have direct relevance to the Indian situation where organizations such as the Medical Council of India have much introspection to do.

The book has certainly achieved its stated aim of making a person think about a wide range of issues affecting health and social care. The context is British, and the issues have immediate relevance to the UK. However, it is easy to see parallels between the situations described in the UK and those prevailing in India. This book is, therefore, relevant to Indian students and practitioners of health care, including policy-makers. Bureaucrats involved in health care policy-making and implementation would do particularly well to read this book with care. This would also make excellent course material for probationers in the Indian Administrative Services, as the messages are not necessarily for health and social care alone, but for governance at large.

The book is well presented, makes for easy reading and understanding, and is reasonably priced.

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D. P. Chattopadhyay of the Centre for Studies in Civilizations, New Delhi, provides a general introduction to the series of which this volume forms a part. ’It is understandable that man, shaped by Nature, would like to know Nature.’ This series appears to be an attempt in that direction, the focus being on Indian science, philosophy and culture. Opposite the title page is the list of 31 works that form the 10 volumes comprising the entire series.

It is unfortunate that the general introduction contains several statements that only serve to befuddle the reader. Here are two examples: ‘Spiritual network or theoretical orientation makes historical details not only meaningful but interesting and enjoyable’ (p. xx). ‘In a manner of speaking one might rightly affirm that our psychosomatic structure is a functional connector between what we are and what we could be, between the physical and the beyond’ (p. xxii). It also appears that the general editor has a very high opinion of the project headed by him: ‘Our Project is going to be unique, unrivalled and discursive in its attempt to integrate different forms of science, technology, philosophy and culture.’ It is implied that this series will rival and may excel the works of such authors as P. C. Ray and B. N. Seal in India and George Sarton and Joseph Needham in the West. While ambition is laudable, some may interpret Section IV of the introduction as being egotistical.

V. Ramalingaswami’s Foreword is, in contrast, refreshingh
brief and to the point. It summarizes the contents of this book admirably. The prospective buyer would do well to read these three pages.

O. P. Jaggi needs no introduction to students-of the history of medicine in India. The dust jacket refers briefly to his fifteen-volume work entitled *History of Science, Technology and Medicine in India*. It is fitting that he was asked to write this book.

He starts with a consideration of the colonial period, which dawned when the East India Company was established in London in 1599. Brief surveys are provided to the introduction of education in India along the lines then in vogue in Britain, with some details on education in the sciences in general and medicine in particular. Whilst we are provided with a fair amount of information on the developments in Calcutta, those in Madras and Bombay are dealt with in a skimpy manner.

In Chapter 3, the author traces medical education in India from the glorious schools in Taxila, Kasi and Nalanda onwards. It is sad that in a text on Indian science and culture, there are four and a half pages on medical education in ancient India, and five pages on medical education in Britain! The Portuguese schools in Calcutta, Madras and Bombay are referred to briefly. As an alumnus of the Grant Medical College, Mumbai, I looked for references to the pioneering contributions of Charles Morehead, and his small, dedicated band of teachers that inspired the *Lancer* to devote a full page to the initial achievements of the college and its brilliant alumnus from the first batch of students—Bhau Daji Lad. There was also no mention of the fact that Morehead was later asked to advise the University of London on how it could improve its programme on medical education. Although the author fails to highlight Charles Morehead’s contributions to medical education, he makes partial amends when he quotes, on at least three occasions, from Morehead’s classic work *Clinical Researches on Diseases in India*.

Chapter 3 also provides details on the development of medical schools in the rest of India and medical education for women. It ends with a reference to the Bhore Committee Report (1946).

A few more details on the hospitals attached to these medical training institutions are provided in ‘Hospitals in India’ (Chapter 4).

Chapters 5–7 deal with sanitation, hygiene and communicable diseases in different parts of India. This is the strongest section of the book. The lack of awareness of the elementary principles of sanitation and hygiene in India is vividly brought into focus by Leonard Rogers’ observation of a water tank with a notice board: ‘This end of the tank is reserved for drinking purposes.’ And, at the other end: ‘This end of the tank is reserved for bathing purposes’ (quoted by Ramalingaswami in his Foreword.) There is much in these chapters to inspire the young reader—the uncovering of the mystery of the ‘million-murdering Death’ (pp. 154–161) being but one example. The reader is forced to salute workers such as Ronald Ross, Waldemar Haffkine, William Leishman, Charles Donovan, U. N. Brahmachari, Leonard Rogers, Robert Koch in India and the indomitable Patrick Manson in England for their far-sightedness, doggedness and hard work in the face of bureaucratic hurdles and lack of recognition by the local government.

Chapter 8 (Vital statistics about disease and death) is disappointingly brief and highlights only the deficiencies in the collection of data. However, despite these drawbacks, much can be learnt of the prevalence and natural history of a variety of diseases in India. It is a pity that the book lacks some of the tables and charts built up so painstakingly by pioneering researchers in India.

Chapter 9 deals with maternal and child health and it is, indeed, a shame that Kipling’s ‘A song of the women’ (p. 195) continues to find consonant echoes even today. (See Chandrolekh’s *Rainbow on the roadside—montages of Madras*, Earthworm Books, Chennai, 2001 for an example). The section on infanticide (pp. 196–197) makes no mention of Bhau Daji’s prize-winning essay on the subject or of recent practices such as foeticide based on prenatal determination of sex. Likewise, in the book with the subtitle implying a consideration of modern practices as well, there is no mention of the pros and cons of the legalization of abortion in India. (The Medical Termination of Pregnancy Act is briefly referred to on p. 300.)

Subsequent chapters on indigenous midwives (dais), the development of the nursing profession, goodwill earned by European doctors, the influence of foreign doctors on native royalty, the development of surgery, studies on drugs, organization of medical research and medical research institutes are disappointingly cursory. The lack of critical analysis of research in medicine in India since 1947 is especially to be deplored in a work that is intended to be ‘unrivalled and discursive’. (The dictionary defines ‘discursive’ as proceeding by reasoning or argument rather than intuition.)

Chapter 19 deals with the early history of the Indian Medical Service. Once again, the author concentrates on developments in Calcutta, excluding noteworthy developments elsewhere. In Bombay, for example, the exclusive appointment of the British Indian Medical Service (IMS) officers to the post of professor in any department at the Grant Medical College, eliminating Indians who were equally or better qualified, led to the formation of the Seth Gordhandas Sunderdas Medical College with the sole intent of only appointing suitably qualified Indian doctors to professorial posts. (The author refers to this in passing on pp. 54–55.)

Chapter 29 (Creation of the Indian Medical Council) ends with the sentence: ‘With the coming into being of the Indian Medical Council, the teaching and practice of medicine gained a uniformity in standard. The council exercised widespread vigil to see that medical standards were maintained in a uniform manner all over India.’ While this was true once upon a time, anyone who has any acquaintance with the system of medical education and practice in India over the past two decades will find this statement unacceptable. Medical education is in shambles all over the country. Likewise, Chapter 30 (Medical ethics in India through the ages) is disappointing, as it fails to review and analyse the wide gap between what was taught by Charaka and Sushruta thousands of years ago and what is practiced today. The twin evils of malpractice and a lack of ethics are evident when reviewing the care of patients by doctors. The author neglects to take notice of these or of the failure of national and state statutory agencies intended to improve matters.

The closing chapters deal with ayurveda (and its perception by foreign observers), unani medicine, homoeopathy, nature cure and faith healing, yoga, and why indigenous systems failed to develop over the ages. It is naive to state that indigenous systems failed due to the lack of support by the state and the establishment of western systems. The truth lies elsewhere. Slavish dependence on ancient works of medicine, passed unchanged from generation to generation; a disappearance of the spirit of holy curiosity and the urge to experiment; and haughty indifference to developments in western medical sciences are the root causes for the failure.

Each chapter is followed by references well worth perusing. The index is satisfactory. The book leaves one with mixed feelings. The author has attempted a mammoth task but has succeeded only partly, as much more could have been achieved. However, what he
has accomplished makes interesting reading and will serve as an introductory text for the student of modern Indian medical history.

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Of late, the history of cultural encounters is being written from different standpoints and hence has become richer. It is no longer a simple narrative of the victors over the vanquished. The imperial expansion is not depicted as if it were a swift surge, a victory march, in which the superior sword of one dazzled the other. Encounters are more complex affairs and in this light the British imperial/civilizing mission was also a disputed one. Many new thematic elements inform the debates around imperialism, not undermining necessarily the earlier focus on its economic dimension. Body, health, climate and environment are the new thematic elements, which have been used to probe further the complexities of expansion and consolidation. This book is an effort in this direction of enquiry.

Harrison tries to locate British attitudes and experiences towards the Indian environment with the general trends in European thought from around 1600 AD to the mid-nineteenth century. Arguing against the triumphant mode in which important features of the imperial expansion are delineated, the author’s project is to unmask the fragilities, insecurities and anxieties of the imperialists.

The vagaries of the Indian climate on the European body, as it ventured into the hinterland in the wake of expansion and consolidation, are used to unmask the anxiety of the imperialists. This is done by tapping the rich literature which European travellers and medical men bequeathed to posterity. As was natural with these sources, so is natural with Harrison to focus on the ‘Indian climate’ and ‘British body constitution’. It is in this sense that the title ‘Climate and constitutions’ is somewhat misleading and a more appropriate title could have been ‘Indian climate and British/European constitutions’. In the entire book, European bodies are negotiating with the Indian climate. This negotiation was the central theme of the medical discourse generated by European medical men who came to India. In scanning and scrutinizing this discourse, Harrison seeks to underline the ups and downs to plot the trajectory of climatic determinism and its culmination into the crystallization of ‘race’ within the medical discourse. It is within this shift of focus from climatic determinism to biological essentialism that the fragilities of imperial expansion are delineated. This is done by indirectly offering an apology for both imperial expansion and racism.

Racism as a trope is negated and its continuous existence informing the entire imperial project is questioned by stating its late arrival within the medical discourse. This delayed arrival in the wake of a failure of acclimatization as was seen possible within the climatic paradigm is so construed and narrated by the author that it deoids racial cosiderations of its tinge and thus much of its negativities are dissolved. ‘Indeed it was as an essay on the “making” of race that this book was conceived’ (p. v).

The pessimism generated by the failure of acclimatization and the rising influence of biologically rooted ‘pathological anatomy’ marked a shift from climatic paradigm to a biological essentialism. This gave a racist turn to the understanding of the body. The failure of acclimatization informed the debates of colonization and made it a perennially tension-ridden enterprise. This tension remained unresolved and this, according to the author, accentuated the racial turn, which seen from the British standpoint, was responsible for their alienation and thereby made them an ‘embattled minority’ surrounded by the vast native population. Therefore, Harrison’s contention is that the colonial state functioned in its managerial capacity. It is by this formulation that Harrison has amplified the tensions of the colonial rule on the one hand and its vulnerability on the other.

Since Harrison is not interested in providing ‘an account of the demographic consequences of imperialism for the subject people’ (p. 2), racial turn is seen as equally detrimental to the British colonizing endeavour. By dismissing demographic consequences of imperialism in one sentence, Harrison inflates the vulnerability of the British Raj and consequently underplays the notion of biological imperialism, so admirably demonstrated by Alfred Crosby. Harrison’s purpose is to consciously push the body of the colonized out of sight. The dismissal of demographic consequences of imperialism makes ‘climates and constitutions’ a creative work of European medical discourse analysis. But can such analysis suffice for history?

Harrison exhibits considerable audacity to talk profusely about the ideology of improvement, which informed the sanitary critique of the English medical men towards the natives they encountered. Was there a sanitary movement as early as the 1830s? Can we characterize the wishful, ideal and noble articulation of medical men (representative of the so-called ‘managerial state’) as a sanitary movement? It might have occurred in the European medical discourse authored by medical men who had served in India. However, it was to appear much later on the ground.

Were European medical men at the helm of affairs in India so unmindful of their own epidemiological history? If not, then why does Harrison project them in such a forgetful state of mind? The probing of diseases in India as in England would have had a multicausal framework, but the fact remains that the dominant and official way of expressing disease flattened out this multicausality so as to pass the onus onto natives and their natiivities, thereby implicating the Indian landscape as diverse disease-causing zones.

Thus, the truth remains that in spite of the expression of the multicausality of diseases by ‘men at the spots’, in order to forge an official policy the administrators reduced ‘aetiology to a simple equation between dirt and disease’ (p. 170), even without producing a colonial version of an Edwin Chadwick. The ‘managerial colonial state’ could not and did not have a Chadwick to lead a massive intervention towards sanitation.

Luckily for us, in glossing over and indirectly justifying the ‘gradualist’ and ‘enclavist’ nature of sanitary intervention, Harrison is not unmindful of the lack of economic backing to sanitary reforms. Municipal lotteries and some amount of private subscription remained the sole mechanism to sustain the rhetoric of sanitary improvement. Cognition of conservancy without the much-needed economic backing inevitably yielded a rich harvest of death.
Harrison has highlighted the sharing of medical knowledge and therapeutic techniques between indigenous and British medical men. Sharing was no doubt present but the rate and intensity varied over time. As the colonizing state entrenched itself, it could by its own volition rupture the channels of sharing and could place the universalist claim of western medicine more persuasively and pervasively. For instance, the nature and dialogue between Indian and European medical traditions were not the same in the eighteenth and nineteenth centuries. When the Britishers were seeking a foothold and groping in the dark, initiation of this dialogue on their part was necessary and it 'jelled' well with their larger orientalist endeavour, but as political hegemony was established, this dialogue became feeble. On the shared basis of colonial knowledge, despite the mass of contrary evidence he himself presents, Harrison argues that the term orientalism is unable to encapsulate the complexities of ideas and knowledge generated in the medical discourse in tropical colonies. Extending his argument about European indigenous medical knowledge, he perceives problems not in the conceptualization of colonial science in general and colonial medicine in particular, but medical historians who have used this conceptual tool to claim very different assumptions. They have used it for the Victorian age (latter half of the nineteenth century), whereas Harrison has consciously projected it back to the eighteenth century and conveniently proved the unworthiness of this conceptual tool.

Harrison's narrative strategy is mesmerizing and elegant. It also has the capacity to gloss over the methodological weaknesses present due to the use of Eurocentric and metropolitan sources, where 'native' opinion has no place. Yet, precisely for this reason, the book deserves a serious reading.

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**Post-gastric surgery: Is a closer follow up required?**

There is now overwhelming evidence that gastroduodenal surgery for benign conditions confers an increased risk of gastric stump carcinoma after a period of 20 years or more. Stuel von Holstein summarized 13 studies that followed up cohorts who were operated between 1956 and 1995. These cohorts had previous partial gastric resection or gastrojejunal anastomosis and vagotomy. Six of these studies had shown significantly higher standardized mortality ratios from death due to gastric cancer. Safatle-Riberio et al.'s review of the risk of gastric stump cancer includes 10 studies where the risk could be estimated. More than 20 years post-surgery, the relative risk was 2 or more. With time, at 40 to 45 years post-surgery, it was 7.3. A meta-analysis of studies that followed up distal partial gastrectomy with Billroth II gastrojejunostomy showed a relative risk (RR) of 1.6 (95% CI: 1.15–2.18) of developing stomach cancer and with Billroth I gastrectomy, a RR of 1.2 (95% CI: 1.01–1.42).

Interestingly, the risk for the post 'vagotomy with drainage procedure' stomach is different. Watt et al. investigated such patients and found a median interval between ulcer surgery and death due to gastric cancer to be only 13 years. A Canadian study showed that the mean interval between vagotomy and pyloroplasty and subsequent gastric cancer was only 12.5 years after excluding gastro-oesophageal cancers in both groups.

The most common operation performed in India for ulcer is vagotomy with a drainage procedure. A large number of these operations have been performed in the past few decades on relatively young patients. This would mean that there is a large population of post 'vagotomy with drainage procedure' patients in India who are at risk for developing gastric cancer. With the advent of H$_2$ antagonists, proton pump inhibitors and the discovery of *Helicobacter pylori*, there has been a drastic reduction in the number of such operations being performed. In our hospital, over a 17-year period (1980–1997), 10.8 patients per 10,000 admissions underwent gastrojejunostomy with vagotomy. This had reduced to 5 per 10,000 admissions in 1998–99, presumably due to improvements in the medical management of these conditions. The numbers at risk would, therefore, decline over the next few decades.

The prognosis of post-gastrojejunostomy-vagotomy carcinoma/stump carcinoma depends on the stage at diagnosis. Resectability and survival depend on the stage of the tumour; stage I having a better 5-year survival (74.4%) than stages II (33.3%) and III (22.3%). Stage IV had no survivors at 5 years. It is thus important that in order to have a curative resection, screening with upper gastrointestinal endoscopy should be repeated at periodic intervals in those who have had a gastrectomy or gastrojejunostomy at least 10 years after surgery. Those with dysplasia on endoscopic biopsy will require a closer follow up. However, multiple biopsies would be needed, not only from the anastomotic area, but also from other sites in the remnant/stomach.

We, especially gastroenterologists and surgeons, have an advocacy role as individuals (professionals), medical institutions/hospitals, societies or associations in this matter. It is incumbent on us to call back all patients who have had such procedures in the past few decades for regular endoscopy. Well thought out messages in appropriate languages should target those at risk individually, or through the mass media. Adequate counselling facilities, endoscopy and histopathology services will be required to meet the demand that could be expected. Long term follow up plans should be in place. Professional bodies should produce guidelines for performing endoscopy, biopsy, histopathology and surgery, including minimum standards and quality issues that should be the subject of internal, professionally led, audits.

In the next two decades, we would perhaps see the last of these carcinomas disappear, if the medical management of peptic ulcers does not have any long term consequences like its surgical counter-