

Book Reviews

From population control to reproductive health: Malthusian arithmetic, Mohan Rao (SAGE Publications, New Delhi) 2004. 288 pages. Price: Rs.380/- (PB), Rs. 575/- (HB) ISBN 0-7619-3285-2 (PB); 0-7619-3269-0 (HB)

This is a scholarly contribution to population studies and highlights the need for a theoretical understanding of population issues in the context of the continuing debate which is still centered around Malthus and Marx. The author, a medical doctor turned social scientist and public health activist, rejects in so many words Malthus and advocates the Marxian stand on population issues. Two conclusions emerge from his comprehensive study of India's family planning programme: first, the Malthusian and Neo-Malthusian approach to link population growth to poverty was theoretically unsound and that explains why the family planning programme did not achieve the objectives, and second, the programme has been techno-centric and failed to take adequate note of basic public health issues like high maternal and infant mortality, increasing incidence of TB, malaria and above all, the impact of the over-riding cause of ill-health, namely hunger.

To quote Rao: "Issues of health have not received the central attention they ought to have. Not only has the health of the population not been of central concern, but also the vision of health has been severely diminished by a sort of technological hubris. The result is that the entire public health

infrastructure, neglected, starved of funds, almost dysfunctional, has been suborned for family planning" (p 14-15).

Rao has rightly criticized the World Bank for misleading us on issues of public health. To quote him: "Health has become divorced from levels of living, of conditions of work, of access to food, of striving for equality and justice; it has come to be equated with doctors, hospitals, and technical interventions" (p 14).

The undercurrent of Marxism is clear throughout the book though the reference to Marx is confined to only three pages (p 88-90). In fact, the sub-title of the book could have been: Malthusian Arithmetic and Marxian Logic.

Rao's sub-title is also the title of chapter 3 which concludes as follows:

"Perhaps we need to explore the idea that births and deaths - and changes in their rates - are linked intimately and determined by structures of production and distribution in society. In other words, that these are not merely natural, but distributed as unevenly as resources. Indeed that there are possible structural constraints to demographic transition in different groups in societies such as India and that this is a social rather than a demographic issue" (p 155).

Chapter 4 titled 'Reifying Reproduction' should be of particular interest to medical practitioners. To quote Rao at length:

"The family planning programme, on its part, lurched from the extension education approach, to the IUCD approach, to the vasectomy camp

approach, and finally to female sterilisation, increasingly contouring health sector development in the country” (p 163).

In his colourful English, Rao criticises the “magic bullet” approach to public health, the bullet being contraceptives like IUCD. He does not mince words when he finds fault with international agencies which launched programmes which were not always guided by epidemiological considerations. “It is thus not surprising that these programmes not only failed to meet their goals, but also restricted the development of general health services” as was pointed out by Banerji. Rao maintains that “What they did, however, do was to provide a global market for the pharmaceutical industry, which was now a transnational one” (p 163).

In chapter 5, the author critically reviews India’s population control programme, and refers to several population policy documents and concludes:

“The conclusion is inescapable: we cannot have so-called gender-friendly and poor-friendly population policies and health policies in the face of macroeconomic changes that are eroding the lives and livelihoods of the poor. The failure to initiate structural changes is also one reason for the stagnation in birth rates” (p 251).

We are back to Marx again. The author has not discussed the role of management in India’s family planning programme. It is believed that pending structural changes in the Indian economy our family planning programme would have done much better if our policy makers had thought of innovations in the field of management in running such a massive programme in a democratic set up.

Rao convincingly argues in chapter 5 how USAID, IMF and other agencies misled our policy

makers. He quotes approvingly Hartmann who said in 1993:

“In India, the government’s recent capitulation to the IMF and consequent intensification of population control efforts are being accompanied by what activists call a ‘buying-up’ of NGOs by USAID. In the state of Uttar Pradesh alone, USAID is planning to spend 325 million dollars to reduce population growth in a scheme which includes the involvement of over a hundred NGOs” (p 246).

As of 2006, one cannot help observing that Uttar Pradesh remains a pre-eminently BIMARU State. Incidentally, BIMARU stands for Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh, an acronym which is coined to describe the dismal demographic scene in these States. This has evoked a short comment from Rao when he refers to BIMARU as “evocatively christened” (p 214). However, he does not mention the author.

The concluding chapter (6) is somewhat repetitive and talks of the “many avatars of Malthus”. In fact, the introductory chapter could be a good concluding chapter.

Altogether, this book is outstanding for the depth of scholarship and insights of the author and has important policy implications. Will our Planning Commission take note of Mohan Rao’s contribution while working all the Eleventh Five Year Plan? We have now adequate foreign exchange reserves and there is no need to go for fancy foreign ideas with alluring price tags in the name of funding.

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Cervical cancer screening in developing countries (World Health Organization, Geneva) 2002. 75 pages. Price: Sw.fr. 23.00/US \$ 20.70; in developing countries: Sw.fr. 16.10
ISBN 92-4-154572-0

It is a timely document that reviews all the existing screening modalities for cervical cancer. The terms of reference of this consultations were to (i) develop a position paper on cytology screening in middle income countries; (ii) develop a status report on visual inspection with acetic acid (VIA) and human papillome virus (HPV) screening for cervical cancer with level of evidence of their efficacy and effectiveness in different resource setting; and (iii) identify priority areas to be addressed by the WHO with its partners.

The report is quite comprehensive in relation to the terms of the reference. It analyses the objectives in a methodical fashion. However, it lacks in some very important aspects of screening programmes. Any screening programme need to be integrated into the existing health infrastructure, no appraisal has been made for adequacies or otherwise of health infrastructure at various levels. Several modifications could have been suggested to adjust system to absorb new activities. There have been reports that in several developing countries primary health care system is awfully inadequate and cannot support any screening activities. Thus, till such time that the existing health care infrastructure is strengthened case detection activities could be initiated instead of screening as was done in Sweden during early part of the last century before the advent of Pap smear screening. Likewise, existing weaknesses and modifications thereof are not discussed for the referral system. It is common knowledge that in many developing countries much of the population in the remote areas is not covered by any health system.

The most crucial aspect is to strengthen the health infrastructure and their step-wise referral system from periphery to the apex using trained manpower, facilities, infrastructure with modern

management techniques to make their optimal use. Most of the details of cytology screening are given from developed countries and those given from developing (middle-income) countries are from the research settings. VIA remains a research tool till date and enough data are available from developing countries in research setting. The report adequately covers all these details. Again important issues especially pertaining to training have not been addressed. It is mentioned that workers from diverse background (doctors, nurses, paramedicals graduates students) can be trained in 1-2 wk time. This type of training may be adequate in a research setting using highly motivated personnel committed to project work only and not for regular workers in the existing health infrastructure where screening would only be a part of their duty. This issues is not discussed. In developing countries where screening is likely to be once in a lifetime (or not so frequently as in developed countries) serious attention need to be paid to the training aspects. Similarly, most of the details of HPV screening come from developed countries and some crucial aspects like availability of technological capabilities for detection of HPV in laboratories from developing countries, quality control, easy collection and transportation of cervical samples, use of urine samples by pap smear (unbiased collection by patient themselves) are completely missed.

Although the title of this report is cervical cancer screening in developing countries, it does not refer to single report/or work on biological behaviours/ natural history of the disease prevalent in developing countries. Thus it serves very poorly the very purpose of the report. This is clearly admitted by the authors in the last para of page 39, "inspite of the fact that cervical cancer is the major public health problem of resource-poor developing countries including India where prevalence of cervical cancer and high risk HPV infection is one of the highest in the world it is also not reasonable to assume that studies conducted in developed countries can be applied to middle or low income countries".

Thus, it would have been better if the research work published from India and elsewhere from the developing countries had been reviewed, in order to make this document more relevant.

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History of medicine: prehistoric to present,

D. Samarender Reddy (Paras Medical Publisher, Hyderabad) 2006. 321 pages. Rs.110.00

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The author has provided himself a broad canvas for this work on medical history. In doing so, he reminds one of Douglas Guthrie, who, several decades ago, published his slim volume with a title similar to that used by Dr Reddy. On the shelves of many libraries, by the side of Dr Guthrie's book, in glaring contrast, lay the massive tome by Dr Fielding Garrison entitled 'An introduction to the history of medicine'. To do full justice to this subject, Dr Reddy would require several volumes. In this volume, of necessity, he has provided the readers a bird's eye view, with a few detailed accounts here and there.

Dr Reddy narrates his tale in 25 chapters. Prehistoric medicine occupies 4 pages and ancient Indian medicine 17 pages. Chinese medicine is dismissed in 5 pages, Egyptian medicine in 3 pages and Mesopotamian medicine in 2.

Dr Reddy's admiration for some personalities is evident by the space devoted to them. Claudius Galen is termed 'The Master' and has chapter 7 devoted to him. Chapter 12 describes the work of Edward Jenner and the conquest of the small-pox virus. Chapter 14 is devoted to Laënnec's work on auscultation using the stethoscope. Chapter 19 is dedicated to Röntgen and the discovery of X-rays.

Each chapter is divided into sections. Most chapters carry a box entitled 'Did you know?' highlighting an interesting detail or providing a thought-provoking quotation. The largest of these boxes occupies a little less than two pages and deals with 'The birth and times of stethoscope'. Barring the final chapter (Future trends) there are no references following individual chapters. There are five references appended to 'Future trends', the latest reference being dated May 2003.

Several chapters dismiss key personalities who made major contributions to the development of the medical sciences in two or three sentences. An example is to be found on pages 149-151 where Pierre Louis, Guillame (sic) Duchenne, Jean Charcot, Pierre Piorry, Pierre Broca, Dominique Larry (sic), Guillame (sic) Dupuytren, Robert Graves, William Stokes, Dominic Corrigan and Abraham Colles are thus treated.

Even so, Dr Reddy provides many interesting nuggets and usually gets his facts right. To provide just one example, he points out that though many organizations use two snakes intertwined around a winged staff to depict the medical profession, the original - based on the Aesculapian model - has just one snake around a rough-hewn knotty tree limb without wings. The faulty usage stems from mistaking the magic wand of the Greek God Hermes (Mercury) for that of Aesculapius. Ironically, the use of the caduceus or staff of Mercury may be more appropriate to modern Indian medicine. As a commentator notes: '... The magic staff of Hermes (Mercury), the god of commerce, eloquence, invention, travel and theft ... was a symbol of heralds and commerce, not medicine. The words caduity and caducous imply temporality, perishableness and senility...' (<http://drblayney.com/Asclepius.html> accessed on May 16, 2006).

At places the reader may wish the author had provided information to substantiate some tantalising data provided by him. Whilst Dr Reddy provides three of the aphorisms of Isaac Judaeus on page 66,

he tells us nothing of the man or where one may read more of his life, work and thoughts. One such site is <http://www.issuesinmedicalethics.org/031ed016.html>.

The bibliography lists just 13 references, 11 to books and 2 to papers in journals. Of the latter, one reference is to a paper in Journal of Association of Physicians of India (JAPI) describing developments over the past 100 years in cardiology. There are no references to papers in any of the many journals on the history of medicine and allied sciences. It is possible that Dr Reddy has referred to many other books and journals but has not provided details or, indeed, the sources on the basis of which many definitive statements are made in this volume.

The index occupies 14 pages. Once again, there is evidence of considerable selectivity on the author's part. For example, there are 6 entries under

'Bloodletting' in the index but just one each under 'Vedic medicine' and 'Women in medicine'.

If one does not have access to any of the standard works on the history of medicine, one will benefit by a study of this book. It is a passable introduction to the wonders of medical history. Be prepared, though, for frustration - again and again - when you need to learn more of the life and work of a medical giant or classic texts referred to by the author. He does not guide towards further sources where one may quench the thirst to his/her satisfaction.

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