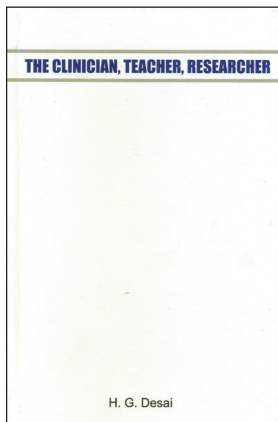


Book Reviews

The Clinician, Teacher, Researcher. H.G. Desai. Vakils, Feffer and Simons, Mumbai, 2013. 267 pp, price not mentioned. ISBN 978-81-8462-0641-1.



This book is a collection of the scientific works of a great thinking personality. I could have used the word 'compendium' to describe this compilation, but felt that such a term does not adequately describe what a collectors' item is.

A lot has been written about Dr H.G. Desai in the foreword to the book, as well as in the tributes paid to him in the book by his colleagues and students. However, it is a different experience, a privilege, to have personally interacted with him in various forums and to have known him so closely

professionally, in the same city. Some examples of this may seem trivial to the reader, but stand out in my mind. When Dr Desai was awarded the prestigious DSc by the University of Bombay in 1988, we sat awestruck in the audience, waiting to hear him unravel the thought processes that had led the university to confer this honour on him. A little later, Dr Desai, who was then the head of the Department of Gastroenterology at a sister institution in Mumbai, first reported a positive *Campylobacter*-like organism (CLO) test for *Helicobacter pylori* (*H. pylori*, then *C. pylori*) from dental plaque. We tried to replicate the finding in our department, unsuccessfully. Dr Desai drove down to our hospital and personally demonstrated the test to us. Always game for a healthy discussion, he is still actively involved in all the activities related to the teaching of gastroenterology and academic activities in the city. So often, he makes unconventional statements that make us wonder, but I think these are attempts to tease our minds into thinking. That is the teacher in him.

The reader may ask what all this has to do with the book, a collection of his original articles? The book gives us a glimpse of the clinician and researcher whose research activities have spanned over four decades. It should also prove valuable for the generations to follow, as it shows how bedside thinking, the art of asking the right questions and searching for an answer, and clinical research do not require huge funds and fancy equipment. All that is needed is a reasoning mind and the eagerness to follow it up. Dr Desai demonstrated this both when young and when leading batches of enthusiastic youngsters later.

A look at the 56 publications reproduced in the book (32 on the stomach and duodenum, 5 on the small intestine, 16 on the liver and gallbladder, 3 miscellaneous) reveals a few facts. His detailed experiments on gastric acid secretion, especially in terms of its relevance to nutrition and tropical conditions, and his thoughts on pernicious anaemia and gastritis were ahead of the times when we consider them today in the context of *H. pylori* infection. He also kept up with evolving thoughts and areas of interest, moving on to *H. pylori* infection itself, portal hypertension, viral hepatitis, chronic liver disease and organ donation in recent years. Any

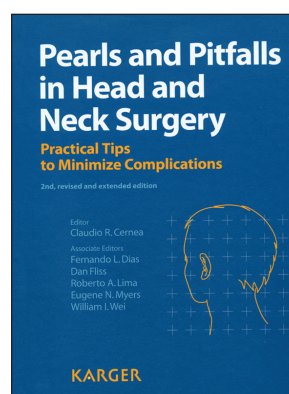
student of gastroenterology who does not take some time out to read this book will miss out on the benefits of learning about a valuable thinking process, and will be depriving himself of the pleasure of partaking of Dr Desai's inspiration. The articles in the book contain not only the results of experiments, but also suggestions that encourage reflection. What does not become apparent in the book is the fact that Dr Desai is still a prolific writer, who expresses his thoughts and opinions in the scientific and lay press as well. A thinking mind will always remain active.

Dr Desai often pays tribute to his mentor, the late Dr F.P. Antia. From his mentor, he inherited not only some old-world values, such as punctuality, honesty and integrity, but also the mantle of a clinician, teacher and researcher. Reading this book is not so much about learning about gastroenterology; a lot of water has flowed under the bridge since. It makes you realize that the search for answers need not be restricted to high-technology laboratories; it can start in daily clinical situations. If this simple message gets through to the reader, the book has served its purpose.

PHILIP ABRAHAM

Department of Gastroenterology
P.D. Hinduja National Hospital
Mumbai
Maharashtra

Pearls and Pitfalls in Head and Neck Surgery: Practical tips to minimize complications. Second revised and extended edition. Claudio R. Cernea (ed). S. Karger A.G., Basel, 2012. 212 pp. €82, US\$ 115.00. ISBN 978-3-8055-9972-6.



The complications of head and neck surgery are covered comprehensively in this edition of the book. The book is aimed at serving as a guide to surgeons who treat and operate head and neck neoplasms.

The authors have extensively covered every aspect of surgery not just in the management of head and neck cancers, but also for the treatment of neck space infections and vascular malformations. Pearls and pitfalls of head

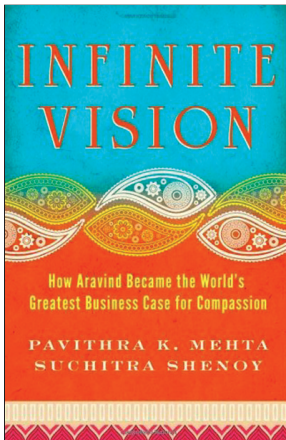
and neck surgery are well discussed in the book. The practical tips provide thorough step-by-step procedure paradigms that are very useful for conceptualizing planned procedures. The book not only addresses the well-known and important complications, but also highlights topics that have not been discussed so often. Two examples are how to save the greater auricular nerve in parotidectomy (chapter 7.8) and how to perform an appropriate neck biopsy (chapter 14.2).

The language of the book is straightforward and lucid, which makes for easy reading. The book is an excellent resource not only for surgical residents and others in training, but also for established practitioners. Pictorial diagrams or actual photographs of important landmarks would have added to the importance and value of the book.

Overall, this is a very well-written textbook on the treatment of head and neck pathology.

PANKAJ CHATURVEDI
Head and Neck Surgical Oncology
 Tata Memorial Centre
 Mumbai
 Maharashtra
 chaturvedi.pankaj@gmail.com

Infinite Vision: How Aravind became the world's greatest business case for compassion. Pavithra K. Mehta, Suchitra Shenoy. Harper Collins Business, NOIDA, 2012. 336 pp, ₹ 499, ISBN 935-0-2921-30.



If you should be inclined to consider the subtitle as hyperbole, a reading of the book and of the studies made at Harvard and other centres of the Aravind model will serve as a corrective.

The titles of the chapters provide clues to what you will find within. I reproduce a few: 'Of burgers and blindness', 'When free is not enough', 'Get less, do more', 'You don't find people, you create them', 'The question of the greedy doctor', 'Humankind is a work in progress', 'If we can do it, so can you' and 'A place to practise truth'.

Mehta and Shenoy tell the story of a man and his quest to free the world of the consequences of preventable blindness. The man had not started out with this grand objective. He had set out to serve his fellow villagers. Like Alice, his dream 'grew and... grew and... grew'. Fuelling this growth was the philosophy expounded by Sri Aurobindo Ghosh and Mirra Alfassa (The Mother) of Pondicherry (present Puducherry), in particular, Sri Aurobindo's book, *Savitri*. The 11-bed Aravind Eye Clinic initially set up by Dr V. in Madurai was named after Sri Aurobindo (Bengali for Aravind). The name has been retained by succeeding institutions.

This account of the life and work of Dr Govindappa Venkataswamy (1 October 1918 to 7 July 2006), popularly known as Dr V., is inspiring and humbling. After witnessing a neighbour's death for want of an obstetrician, he decided to become a doctor skilled in the management of difficult childbirth. He was the first in his village to become a doctor. However, Dr V. had to change direction when he developed psoriasis and rheumatoid arthritis, which made the practice of complex obstetrics and gynaecology impossible. As it was still possible for him to do operations such as that for the removal of cataract, he trained in ophthalmology.

He was bound inextricably to villages, including his own in Madras Presidency, and in these villages he witnessed the tragedy of blindness. Cataracts rendered the ageing farmer and his wife unable to perform the tasks that earned them their living. This led to impoverishment, indignity and eventual ostracization. Dr V. was struck by the injustice of the denial of a life of self-respect and comfort to these poor persons.

On retiring as Dean of the Madurai Medical College, he set up his first clinic, the Aravind Eye Clinic, where he could treat 11 inpatients at a time. From the day this clinic was started till date, no one has been refused treatment due to an inability to pay for the treatment. Dr V. made it clear that treatment of the poor was not an act of charity, but was merely a matter of giving them their due.

As the demand grew, so did the clinic. However, it was soon evident that a vast number of patients could not reach the clinic for want of funds to travel to and fro. To address this, it was decided to establish a system whereby doctors and nurses from Aravind could travel to the villages. The patients were examined and, where possible, treated then and there. Spectacles with lenses were dispensed at these village-level clinical sessions. Aravind organized buses for those requiring surgery so that they could travel to and from the hospital. It was now possible to help many more needy villagers. Over time, the 11-bed clinic gave way to a complex of Aravind hospitals in several cities in Tamil Nadu.

I found the analysis fascinating of the manner in which Dr V. put into practice his goal of high-volume and high-quality service at low cost. Much before the International Standards Organization was founded in 1947, Dr V. had already developed a blueprint of how every step of the interaction between the patient and the various hospital personnel and departments could be standardized and streamlined to ensure maximum efficiency. He also emphasized periodic reviews to eliminate unnecessary delays in attending to the patient and avoidable irregularities in functioning.

The clinics set up by Dr V. managed to overcome two major hurdles. These are in the areas of funds and staff. The Aravind hospitals have been organized in such a manner that they have never lacked funds. They have never sought funds from governments or funding agencies and have been wary of accepting official grants. Dr V. often told his colleagues, 'When you begin doing the work you are meant to do, unexpected resources will find you.' The book provides fascinating details of this aspect.

The Aravind clinics have never faced difficulty in obtaining staff to meet the growing requirements over the years. The hospitals have multiplied their staff by looking in villages and small towns where they seek to make recruitments from among the very persons they wish to help. Individuals with aptitude, compassion and sincerity are selected and trained by Dr V. and his colleagues. The book under review provides the details of this.

As the capabilities of the clinicians and staff at the several Aravind hospitals developed, so did the need for sophisticated techniques and equipment. The advent of intraocular lenses, delicate suture material and instruments posed new problems. It was patently unfair to offer these only to those who could afford to pay the high cost of imported materials and equipment, and to give the poor relatively outdated forms of treatment. Aravind solved this dilemma in the same way as it had faced the challenges that had confronted it earlier, i.e. by using its own ingenuity and assiduity. Aurolab was founded. It was soon making intraocular lenses, sutures, instruments and other items of high quality (tested and certified at internationally reputed centres) at a fraction of the

cost of imported items. In addition to meeting India's needs, Aurolab now exports its products to many countries. Aurolab's motto is 'maximizing service rather than maximizing profits'.

Unlike most institutions, Aravind has kept no trade secrets. On the contrary, it has served as a fount of information to others in the field, withholding nothing. The primary function of the Lions Aravind Institute of Community Ophthalmology is the development of other centres in India and abroad for the treatment of patients with eye disorders.

Excerpts from Dr V.'s personal journals are provided in relevant portions of the book, adding greatly to our understanding of his vision. The incident in which the visitor with floppy grey hair entered Aravind in the early 1990s and created a flutter in his security team is interesting (p. 14).

There is much, much more in the book than the bare bones provided above. You will meet the principal family members who forsake riches to spend their lives advancing Dr V.'s cause—his sister, Dr Natchiar; her husband, Dr Nam Ravilla Thulsi; his brother Dr Ravi, and others. A brief note on each of them is provided on pages 294–7. You will also read about how Dr V.'s philosophy regarding and methods for developing service to patients evolved. In addition, there are descriptions of the debates and discussions within the Aravind family. There is also a discussion of the changes made since Dr V.'s death and the prospects for the future, now that the institutions are in the hands of people whose outlook may differ from that of the founder.

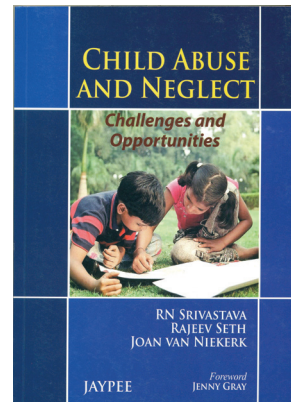
The authors provide details of those outside Dr V.'s family who have helped make Aravind what it is now. Special mention is made of Sir John Wilson, Dr Fred Munson, Dr Christine Melton, Mr Richard Alpert (better known as Ram Dass) and those at Seva Foundation. While there is a photograph of Wavy Gravy and a brief description of him in the text, there is no mention of him in the index. Readers may find it interesting that Hugh Nanton Romney renamed himself Wavy Gravy when he became an activist for peace and decided to promote himself as a clown. He is one of the founders of the Seva Foundation. There is a documentary film on him, entitled 'Saint Misbehavin'. Wikipedia informs us that as a child, he walked around New York with Albert Einstein. Historic and more recent photographs are provided on 16 un-numbered pages between pages 150 and 151.

A few words on the authors who have written this eminently readable book can be found on pages 320–1, after the index and at the very end of the volume. Pavithra Mehta's maiden name was Krishnan and she is the grand-niece of Dr V. Glimpses of her interactions with Dr V. may be found in the main text. I commend her website <http://pavithramehta.com> to the reader. Details on her husband, Viral Mehta, may also be of interest to the reader. Some of his essays may be found at <http://www.huffingtonpost.com/viral-mehta/>. Suchitra Shenoy is relatively reclusive and I could not learn much beyond what is provided in the note 'About the authors'.

If my description of the book is not enough to make you want to buy it, a line from the very last page (p. 322) might tip the balance: 'One hundred per cent of the authors' royalties for *Infinite Vision* are being gifted to the Aravind Eye Care System' (the umbrella organization of all Aravind institutions).

SUNIL PANDYA
Department of Neurosurgery
Jaslok Hospital
Mumbai

Child Abuse and Neglect: Challenges and opportunities. R.N. Srivastava, Rajeev Seth, Joan van Niekerk (eds). Jaypee Brothers Medical Publishers, New Delhi, 2013. 250 pp, ₹ 495. ISBN: 97–893–5090–4497.



There was a time when there reigned 'a conspiracy of silence' with regard to child abuse. Fortunately, over the past few decades, child abuse has received global attention and there has been recognition of the extent of the physical, emotional and sexual abuse of children. Having said that, there is an urgent need to understand the implications of child abuse and neglect and to take immediate, comprehensive and coordinated action for the protection of children. The

International Society for the Prevention of Child Abuse and Neglect (ISPCAN), founded in 1977, is a multidisciplinary international organization that brings together a cross-section of committed professionals from around the world to work towards the prevention and treatment of the abuse, neglect and exploitation of children. ISPCAN is committed to increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world. This book is drawn from the proceedings of the 9th ISPCAN Asia Pacific Conference on Child Abuse and Neglect, held in New Delhi in October 2011.

The book is divided into five sections. The first section introduces the subject and consists of two chapters, which give one an idea of the scope of child abuse. These chapters highlight that abuse is not limited to sexual abuse, but also includes physical abuse, emotional abuse, neglect and the consequences. A brief framework for intervention is also provided.

The spirit of the book is best represented in Section 2, which has 11 chapters that deal with the forms of child abuse and neglect. Chapter 3 provides guidance on the assessment of possible physical abuse, red-flag signs that raise suspicion of physical abuse and when to pursue further evaluation. Chapter 4 describes the several laws, Acts and constitutional guarantees that can be used to protect children in India from child abuse and neglect. It also draws attention to the lack of trained professionals to handle cases of child abuse, and emphasizes the need for the provision of support to and rehabilitation of child victims. Chapter 5 discusses how difficult it is to prohibit corporal punishment in all settings, focusing on the Middle East, North Africa and the Gulf countries, where the efforts made at reforming the laws have met with little success.

Chapter 6 perhaps captures the essence of the book. It provides a snapshot of high-level clinical and policy advice on sexual abuse of children. It calls for an emphasis on primary prevention, the development of a global, trans-cultural approach to prevention, and the use of multidisciplinary teams to identify and treat sexual abuse of children. It also stresses the importance of mandatory reporting, as well as research to formulate effective interventions which are in the local languages and are practically implementable.

Chapter 7 refers to sexual abuse of children in the Indian context. It provides some relevant statistics for the country and information on the risk factors, besides describing the effects of

such abuse using the 'traumagenic' model. It also highlights the role of teachers, schools and parents in imparting age-appropriate education on sexuality and sexual empowerment. Chapter 8 emphasizes the importance of medical examination of children who have been sexually abused, and the need to formulate a diagnosis that is clear, educative and defensible.

Chapter 9 discusses trends in child trafficking in the Asia Pacific region and the favourable and unfavourable aspects of the existing systems of response. It recommends an action plan based on human rights to bring about an improvement in the situation. What stands out in the chapter is the clinical profile it provides of the victim and the elaboration of the medical professional's role in controlling trafficking in children.

Chapters 10 and 12 focus on the areas of child labour and neglect that are often ignored or not given enough importance. The magnitude of the issues and plans for intervention are discussed. While mention is made of the labour laws in relation to children, the discrepancy between the goal of abolishing child labour and the provisions in the national policy that allow for the employment of children in 'non-hazardous' areas could have been brought out and discussed in detail.

Chapters 11 and 13, which deal with the violation of children's rights in disasters and the abuse of children with disability, respectively, are thought-provoking. Disaster management is viewed from the perspective of children's rights and methods to optimize disaster management are suggested. Chapter 11 also describes the efforts of a non-governmental organization, 'PAHCHAAN', to bring psychosocial relief to children during the internally displaced people crisis in Pakistan. Chapter 13 describes the causes of the abuse and neglect of disabled children from the perspective of ecological systems, and offers suggestions on how to address the silent suffering of these children.

While Section 4 is a brief one that specifically covers the judicial aspects of child abuse, Sections 3 and 5 are a mishmash of different elements. Section 3 deals with the protection of children. It stresses the right of children to freedom from all forms of violence, the importance of linking experience at the grassroots level to policy advocacy, and monitoring and evaluation of preventive methods through culturally sensitive tools.

Section 4 deals with various Indian laws related to child abuse.

The discussion on the Juvenile Justice Act calls for a change in our mindset with regard to children in conflict with the law and urges policy-makers to embrace the concept of restorative justice.

Section 5 explores the sociocultural issues that require attention in relation to child abuse. These include defining the maltreatment of children in the cross-cultural context and formulating a culturally competent response in such situations. The chapter on 'Involving children in policy-making—the Norwegian experience' enlightens us on how children can be used as experts to help the authorities make decisions that are relevant for them.

This effort is commendable, considering that there are very few books which discuss the important issue of child abuse in the Indian context. Not only is the coverage of the areas related to child abuse comprehensive, but each issue is viewed from a child rights perspective and with a mind to facilitating the participation of children in the areas that concern them. Thus, the book gives the empowerment of children due importance.

This book is a storehouse of information, but each chapter is isolated in itself although the chapters have been put together under sections. There is no general argument leading from one contribution to the next. Further, the book is intended to be a reference for healthcare professionals, but not many chapters are written from the perspective of a mental health professional. Due consideration has not been given to the challenge of interviewing a victim of child abuse, the psychological impact of abuse and the ways in which it manifests itself before a mental health professional. Nor is there much on individual intervention strategies to counter physical, emotional and sexual abuse.

There was an opportunity to come up with a book that truly captured the reality of child abuse in the Indian/Asia Pacific context; unfortunately, the book does not live up to that challenge. Thus, it leaves one with a sense of lost opportunities and unaddressed challenges.

SHEKHAR SESHADRI

SOWMYA BHASKARAN

*Department of Child and Adolescent Psychiatry
National Institute of Mental Health and Neurosciences
Bengaluru
Karnataka*

Erratum

The review of the book "*Transplantation Dermatology. Current problems in dermatology, Vol. 43*" published in Vol. 26, No. 6, pp. 358 was authored by Dr Kanika Sahni, Department of Dermatology and Venereology, AIIMS, New Delhi. We regret the error.

—Editor