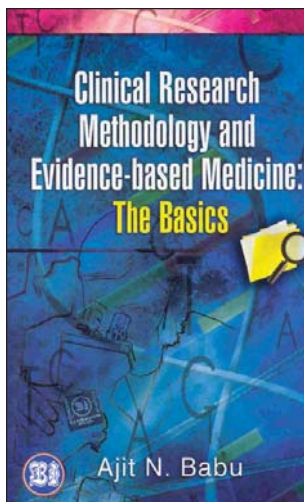


## Book Reviews

**Clinical Research Methodology and Evidence-based Medicine: The Basics.** Ajit N. Babu (ed). BI Publications, New Delhi, 2008. 182 pp, price not mentioned. ISBN 81-7225-308-7.



This soft cover, multi-author book, organized into 13 chapters, is meant to serve as a primer for investigators who are about to wet their feet in medical research. The principal author suggests that 'the chapters in the book are meant to be self-supporting and can be read out of sequence for a fair extent'. Organized in a fairly straightforward manner, the book opens by discussing why evidence-based medicine (EBM) is important. Ajit Babu next covers medical ethics, introduces biostatistics and explains research methodology. An overview of basic principles and

ethics of medical decision-making, and a short chapter on internet resources for medical professionals follow. The next section (chapters 7-11) provides the real meat of the book. It describes the tenets of EBM and takes the reader through a guided tour of therapy, diagnosis, prognosis and economic analysis. The authors extensively use the 3-question approach to teach how to discriminate the wheat from the chaff in medical publications (Are the results valid? What are the results? Can I apply these results to my patient?). The book concludes with the application of evidence-based strategies in real world settings.

The authors have done well in explaining the design options: the section on cohort, case-control, cross-sectional and diagnostic test studies is well written. The chapter which explains the stuff medical research is composed of is also easy to read. Researchers interested in the economic analysis of healthcare technology can benefit from the chapter that illustrates how to use economic analyses in research to evaluate medical outcomes of healthcare interventions.

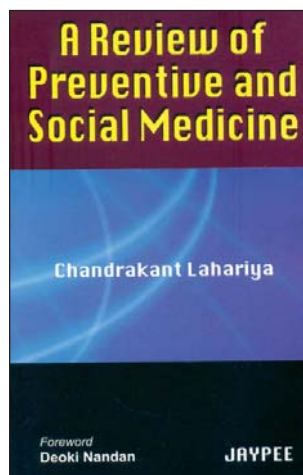
The main limitation of the book is that it fails to fulfil its stated objective: helping its target audience (medical students, residents and young researchers) acquire knowledge and skills to critically appraise medical literature or design and execute a sound study. The usefulness of the book is rather limited by its brevity. I feel that the author tried to squeeze a large amount of information in a thin book. The reader is left knowing a little about a lot of things. For example, the chapter on biostatistics includes measurement scales, statistical hypothesis, data collection and analysis, statistical distributions, inferential data analysis and Kaplan-Meier plot. Although the chapter covers everything that new researchers should know about biostatistics, it does not help them master these concepts or boost their confidence in handling statistical techniques in studies. In several places, the text—dry and terse—and bullet points fail to make clear the concepts of biostatistics. Variance and standard deviation are dismissed in a sentence each (p. 39); meta-analysis gets only a small paragraph.

The author says that there is a scarcity of material that provides

the novice a basic and affordable introduction to research methodology and EBM. I do not agree. Inexperienced investigators can easily find several practical guides in medical libraries that can help them get started in the world of medical research. These books are remarkably clear and concise, and present information in a style that not only educates and entertains research neophytes but also inculcates an interest in medical research in them. To name just a few, *User's guide to the medical literature* (Gordon Guyatt and Drummond Rennie, editors), *Evidence-based medicine* (David Sackett and colleagues), *Designing clinical research* (Stephen Hulley and colleagues), *Clinical epidemiology* (Fletcher and colleagues) and *How to read a paper* (Trisha Greenhalgh) are excellent resources to learn the basics of EBM. Compared to these reference standards, this book fails to engage its target audience. The book may not serve healthcare professionals who know a few things about EBM and want to learn a few more to design studies or implement clinical research in everyday practice.

S. P. KALANTRI  
Department of Medicine  
Mahatma Gandhi Institute of Medical Sciences  
Sevagram  
Maharashtra  
sp.kalantri@gmail.com

**A Review of Preventive and Social Medicine.** Chandrakant Lahariya. Jaypee Brothers Medical Publishers, New Delhi, 2008. 542 pp, Rs 295. ISBN 978-81-8448-350-5.



This book is an interesting addition to the selection of reading material already available on Social and Preventive Medicine. The author's objective is to provide 'comprehensive information on topics that are totally new to undergraduate and postgraduate students' and perhaps even to the faculty. The author feels that the student will not have to refer to any other sources on the topics he has covered.

While areas such as qualitative research methods, HIV, tuberculosis, poverty and the National Rural Health Mission (NRHM) do get fairly detailed descriptions, by and large, the book is a series of short notes/essays on subjects which are chosen at random and dealt with rather superficially. The book does contain much information on programmes and processes, often presented as bullet points. Take for instance, Unit IV titled 'Diseases'. The diseases chosen for special treatment are avian flu, chikungunya, Hanta virus, smallpox and yaws. 'Why these?' is probably an impertinent question.

Even though issues such as infant mortality are not touched upon, maternal mortality is dealt with in detail. However, the equation suggested for calculating 'life-time' risk of maternal death is quite strange:  $1-(1-MM \text{ rate}/100\ 000)$ .

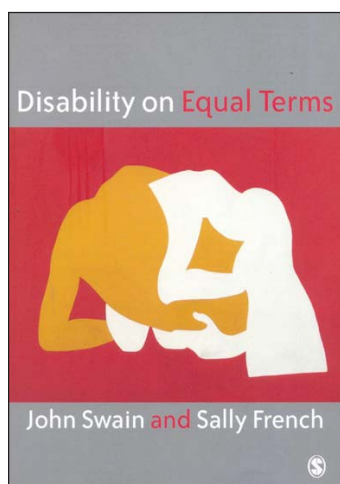
By and large, the author has made a conscious effort to be lucid by using simple language or bullet points. However, a bit more careful proof-reading should help. I quote verbatim from page 325 where the discussion is on global poverty.

'Limitations: It is not that these indicators are full proof. These have their own limitations. As monetary indicators do not make any distinction between rural and urban contents besides and not taking into account the widely nearing country parts in which poor people live.'

This book will be useful to someone who is about to appear for an oral examination in Social and Preventive Medicine. Even the peculiar order in which the materials appear may add to the fun of going through the book. One must admit that the book has a lot of information and examinations in India tend to test the memory of the candidate.

JAYAPRAKASH MULIYIL  
Community Health Department  
Christian Medical College  
Bagayam  
Vellore  
Tamil Nadu  
chad@cmcvellore.ac.in

**Disability on Equal Terms.** John Swain, Sally French (eds). Sage Publications, London, 2008. 208 pp, price not mentioned. ISBN 978-1-4129-1988-3.



This is an extraordinarily good book—lucid, user-friendly and comprehensive. It presents a resounding argument for a change in cultural–historical assumptions about disability and for the rejection of the medical model, where the problem is the person with impairment or disability. In the social model, on the other hand, it is the disabling society that needs to be addressed. The authors (mostly from the UK) of the various chapters challenge the tragedy model

of disability and impairment, using convincing personal testimonies of disabled people to strengthen their case. These instances of affirmation help us to see the resilience. There is a resistance by the disabled to being considered 'tragic'. Their views here serve as a critique of supposed tragedy.

The editors say at the start that their writing is an active engagement with ideas, a process of thinking and re-thinking. This openness on their part and the absence of a dogmatic approach adds to the readability of the book. They have brought

in the views of a wide range of persons—therapists, nurses and social workers, among others. Somewhat new to us in India is the Disability Arts movement, which takes up the issue of the depiction of disabled people in literature, the visual arts and the mass media. Attention is drawn to charity advertisements, where the disabled are like objects to be looked at, and are presented as helpless and pathetic. As long ago as 1986, the London Disability Arts Forum was established. It has grown and spread into a national network of disability arts organizations. Disabled artistes perform to disabled audiences; it is liberating for the performers and resonates well with the specific audience.

The visual and plastic arts, created and displayed by disabled people, serve as a form of defiance against an oppressive system, as they allow the anger and injustice they feel to be witnessed. Thus, a shared culture of disability is developing spontaneously out of the collective experience of disabled people. Disability art politicizes identity and challenges stigma and discrimination.

Here is an extract from the personal testimonies to give the reader the texture of their candid statements. On pages 120 and 121, Arlene says 'I was born prematurely and as a consequence of this I developed chronic lung disease. Although my condition first became apparent when I was seven years old I continued to lead a relatively active life until my late teens and early twenties. I ran for our local running club until I was 15. I was never a long distance athlete but was quite a good sprinter. I was a nurse before my condition got so bad I could not work in the field.

'I became a wheelchair user in 1989 after years of struggling to walk and breathe at the same time. At that time I felt liberated by the speed my power chair gave me. When I look back on the initial exhilaration, I now laugh: being a wheelchair user has been far from liberating. I now live within a world where there are physical and attitudinal barriers to my full participation in society.'

She concludes her piece saying: 'People with long term conditions should be shown that their lives may have changed, but life can still have joyous moments, some quality to it. They must never feel that they are out of "the circle", for a circle without diversity is not a whole, but a sham.'

I think she has made a strong case for treating disability as one of a set of factors, akin to gender, race and social class. Allowing for all types of people to work in a large spectrum of jobs and in a variety of social settings is to be genuinely inclusive and to value diversity.

The solutions offered to disabled people are often themselves the problem.

Cited in the book is a telling statement by Davis (1997), who says: 'People with disabilities have been isolated, incarcerated, observed, written about, operated on, instructed, treated, institutionalized and controlled to a degree probably unequal to that experienced by any other minority group.' Professionals use their status and power to cast doubts on people's belief in the reality of their bodily experiences. This is termed, by a feminist author cited in the book, as 'epistemic invalidation'. If there is no authorized medical description, it does not exist! The health professional is often seen as someone with very little concern for emotional issues. A woman is quoted as saying that there is no space for her to express grief. She says: 'There is pressure put on us to "cope" and if we fail to live up to the standard expected of us we are categorized as a problem.'

It is apparent that fundamental changes are needed in therapy, education and practice. Disabled people would like more input from them to be included in the training. They would prefer to be asked what help they would like to lead a full life in the context of their impairment, rather than being offered a completed blueprint.

At the end of every chapter, there is a section suggesting activities that the reader can undertake, as well as key questions addressed in the preceding part. These provide excellent capsules of the discourse in the text. They are also intended to promote critical thinking and discussion, which may lead to a challenge to existing charitable orientations. The book should be treated as required reading for the large number of professional and para-professionals working with disabled children or adults. Medical and nursing students will find this book thought-provoking. It goes beyond offering practical guidelines.

'Nothing about us without us' is the slogan of the disabled people's movement. The service users must be fully involved in the formulation of policy and the running of services. Only then can the phrase 'on equal terms' be ratified.

S. ANANDALAKSHMY

Advisor

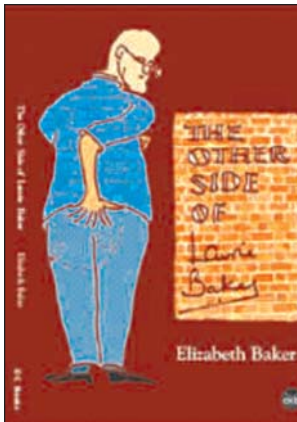
Child Development and Education

Chennai

Tamil Nadu

anandalakshmy@vsnl.net

**The Other Side of Laurie Baker.** Elizabeth Baker. D.C. Books, Kottayam, Kerala, 2007. 160 pp, Rs 90. ISBN 81-264-1552-5.



Mr Laurie Baker is rightly famed for his innovative architecture and construction of a wide variety of buildings in India using principles enunciated by Mahatma Gandhi. In his seventies, Mr Baker wrote: 'I would like to mention that I believe that Gandhiji is the only leader in our country who has talked consistently with common-sense about the building needs of our country. What he said many years ago is even more pertinent now. One of the things he said that impressed me and has

influenced my thinking more than anything else was that the ideal houses in the ideal village will be built of materials which are all found within a five-mile radius of the house. What clearer explanation is there of what appropriate building technology means than this advice by Gandhiji. I confess that as a young architect, born, brought up, educated and qualified in the West, I thought at first Gandhiji's ideal was a bit "far-fetched" and I used to argue to myself that of course he probably did not intend us to take this ideal too literally. But now, in my seventies and with forty years of building behind me, I have come to the conclusion that he was right, literally word for word, and that he did not mean that there could be exceptions. If only I had not been so proud and sure of my learning and my training as an architect, I could have seen clearly wonderful examples of Gandhiji's wisdom all round me throughout the entire period I lived in the Pithoragarh district.' (<http://lauriebaker.net/> accessed on 5 October 2008).

You might wonder what a review of a book on an architect is doing in this *Journal*. Let me explain.

A large segment of the book deals with Mr Baker's work for patients with leprosy, and poor patients and neglected tribals in China; Chandag and Pithoragarh in the Himalayan foothills; and in Kerala. Dr Elizabeth Baker, born and brought up in Kottayam, Kerala and a student of Dr Ida Scudder (founder of Christian Medical College and Hospital, Vellore) also writes of how her husband helped her run clinics such as that started in a teashop and stood steadfastly by her side to ensure that their combined efforts resulted in small but well-equipped hospitals when they left.

Mr Baker was born on 2 March 1917 in Birmingham, England into a staunch Methodist family. During World War II, his antipathy to violence of any kind led him to join the Society of Friends and become a Quaker. He remained faithful to their principles all his life.

He agreed to be conscripted when called up during the war and as a conscientious objector, was posted to the Friends' Ambulance Unit. Chosen to go to China to aid the government there to provide hospital facilities in remote areas, he willingly signed up. When he learnt of a colony of leprosy patients in Kweichow, cut off from even the rudimentary civilization in its environs, and was told that they had no access to any kind of help whatsoever, he volunteered to work in the colony. His descriptions of his work in Salachi Leper Home make salutary reading and occupy most of Chapters 3, 4, 5 and 6. He was cook, bottle-washer, dresser, doctor, farmer, store-keeper and general dogsbody in the Home. In his letters to his mother he provided the briefest of glimpses of the many difficulties he faced and we need to read between his lines to understand the significance of his contributions there. His understatements—remember, he was writing to his mother in England—make interesting reading. Describing the situation in a new room he had just built to keep the inmates of the home warm in freezing weather, he wrote: 'The snag is that when you get ten lepers (the term was generally acceptable in the 1940s) in a warm room for over an hour, the smell is not anything like a florist shop. However bad smells never gave anyone leprosy...' He served in this home from 1941 to 1944 and left only when his health failed.

In 1944, he had noted for his mother: 'In the month of September I made 114 lab tests, gave 454 injections, did 348 dressings and I made 67 examinations for various things such as neurological findings and sensory disturbance. Of course, there were all the other illnesses to treat—scabies, malaria, cholera, dysentery, worms, etc. and quite a lot of non-leprosy outpatients come every day from all over the district. So now you know why my letters ... are not very many or frequent...'

Not bad for an architect, wouldn't you say?

He returned to England for medical tests and treatment. To do so he had to travel through Bombay, where he met Gandhiji. 'Gandhiji's life and principles made a deep impression on Laurie. He left India on the next available boat with the firm determination to come back to India and learn more from this great man' (p. 90). During his convalescence in London he passed by the office of The Mission to Lepers and decided to join. He was asked to proceed to Chandag on the Indo-Nepal border and did so.

I will not deprive you of the pleasure of savouring for yourself the accounts of how he met Dr Elizabeth, their work in the Himalayan foothills and subsequent work in Kerala. Nor will I deprive you of the joy you will experience when you read of his humorous antics or the pensive mood that will envelop you when you read of the principles that governed his later work.

Mr Baker died on 1 April 2007, aged 90. Trust him to choose All Fool's Day for his departure!

Mr Baker's life and work—and, indeed, that of his better

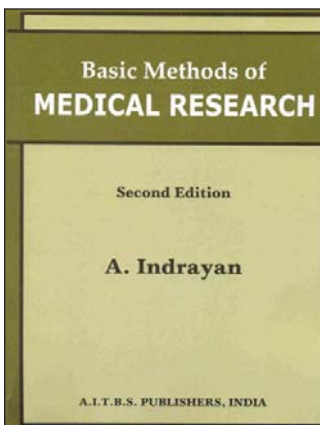


half—deserve wide recognition by all medical professionals. Neophytes in our field will gain inspiration from them. They serve as a much-needed corrective to the current dominant motives among doctors of amassing huge sums and power. The Bakers show us the fruits of humble, simple, persistent and dedicated service to our fellowmen, especially those who have been neglected, ostracised and humiliated by society at large.

I also warmly commend a study of his website, referred to above. You will find much there to inspire, inform and entertain you.

SUNIL PANDYA  
*Department of Neurosurgery  
 Jaslok Hospital  
 Mumbai  
 Maharashtra*

**Basic Methods of Medical Research.** A. Indrayan. 2nd edition. AITBS Publishers, New Delhi, 2008. 416 pp, Rs 299. ISBN 978–81–7473–335–3.



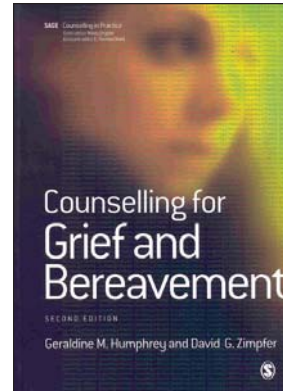
The second edition of this book is fairly comprehensive. It deals with medical research and various aspects of research methodology. Beginning with formulating a research question, the book moves at a steady pace to cover literature review, ethics, study designs, sample size calculation, investigational uncertainties, statistics including multivariate analysis as well as report writing. All chapters have both clarity and brevity in an easy-to-read style

with examples from the literature to illustrate key points. Every chapter ends with a summary and references; there are boxes which highlight key aspects. One advantage is that the reader does not need a background in research to be able to understand this book. Thus, apart from students of postgraduate degrees in medicine and allied sciences, those pursuing their doctorate or masters degree as well as those in clinical research in the health sector (pharmaceutical industry, contract research organizations) can also benefit by reading it.

The fact that the author has focused on methods used in primary research will restrict the book to being of value for beginners. The next edition would perhaps benefit from paragraphs/chapters on principles of evidence-based medicine and critical appraisal of the published literature, which would ensure that readers also understand how to apply the principles of research to the real world.

NITHYA GOGTAY  
*Department of Clinical Pharmacology  
 Seth G.S. Medical College and K.E.M. Hospital  
 Parel, Mumbai  
 Maharashtra  
 nigogtay@hotmail.com*

**Counselling for Grief and Bereavement.** Geraldine M. Humphrey, David G. Zimpfer. 2nd edition. Sage Publications. New Delhi, 2008. 170 pp, £20.99. ISBN 978–1–4129–3566–1.



Counselling is a challenging task and it takes great knowledge and skill of counsellors to help individuals going through distress. The book focuses on the specialized area of counselling for the bereaved. The second edition of this book reflects the authors' years of experience in the field. Hence, this book is a rich source of information for professionals engaged in counselling people going through loss and grief in their lives. No two individuals will experience

the same loss event in the same manner. Avoiding or denying grief does not help individuals. It is therefore the work of counsellors to help people experience pain and heal over time. The authors' rationale that 'loss and grief must be approached from a sound basis of theory' is laudable because of the lack of such an outlook in the present-day practice of counselling in some settings.

The first chapter of the book explores and explains well the evolution of models of bereavement and loss from the earlier theories of Freud, Lindermann, Kubler-Ross, Bowlby to the recent ones of Klass *et al.*<sup>1</sup>, Stroebe and Schut<sup>2</sup> and Neimeyer.<sup>3</sup> Moreover, we should remember that loss does not necessarily mean only through death. The authors have also covered other categories of loss such as the loss of relationship, loss of some aspects of the self, of treasured objects and developmental losses.

The different perspectives on loss (philosophical, spiritual, psychological, sociological/cultural and physical) explained by the authors makes the process of understanding grief interesting and informative. This sets the framework for counsellors to work with grieving individuals.

Counselling cannot be complete without assessments. Assessments are tools that enable counsellors to gain access into their clients' inner thoughts and emotions. The book defines assessment strategies and there are case examples about assessment strategies with the framework of different perspectives. The chapter on 'Grief counselling and resolution' elaborates strategies, processes and issues that counsellors should bear in mind during the initial, middle and later sessions.

Besides theories and assessment strategies for individuals, the book also has a chapter that effectively explains the family systems and how counsellors can address the process of grief that takes place within families. The chapter on 'Group counselling' is well written and includes structured sessions, objectives and home assignments of conducting group counselling. The authors have explained the therapeutic effects of being a part of a grieving group and how group behaviour influences coping. However, counsellors should keep in mind the preference of clients while deciding to engage them in group counselling. The authors have done a good job in the chapter on 'Children and grief', which comprehensively covers the developmental issues and grieving processes of children. The intervention models presented in this chapter are a must read for professionals dealing with grieving children. The chapter on anticipatory grief is written to help counsellors deal with individuals who would have to cope with death or loss that is eventually going to happen.

A book on grief counselling cannot be complete without discussing unresolved grief. The authors have stressed the importance of the counsellor's limitations and the importance of referrals in certain cases where it is beyond one's competence. With the current models and a chapter on special issues such as loss due to AIDS, natural calamities and war, this book is rich in content and theoretically sound for a comprehensive understanding of the process of grief and its counselling. It is a good resource for professionals in their practice and also an important asset to institutional libraries.

Though most of the case examples are from the West, the book should be a good resource for counsellors in the Indian setting, because the authors have mentioned the social/cultural perspectives that have to be taken into consideration while counselling a grieving person. This perspective, which is one of the frameworks on which counsellors will plan their intervention, will help them to consider family type, support systems, religion and other issues

that are important to one's culture and frame of reference. The interventions presented in the book could be adapted and used in our setting.

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RANI MOHANRAJ  
*Psychologist*  
 SAMARTH  
 Indira Nagar, Adyar  
 Chennai  
 Tamil Nadu  
 ranimohanraj@samarthngo.org

## Letter from Mumbai

### THE CENTRE FOR CELLULAR AND MOLECULAR BIOLOGY (CCMB) AND DR PUSHPA MITTRA BHARGAVA

CCMB is located at Habsiguda, Uppal Road, Hyderabad. It lies cheek-by-jowl with the older Indian Institute of Chemical Technology. It was while working in the latter institute—then named Regional Research Laboratory, Hyderabad (RRLH)—that Dr Bhargava proposed the setting up of CCMB using the Biochemistry Division of RRLH as its nucleus.

The current director of the institute, Dr Lalji Singh, himself a name to reckon with in Indian science, describes the early years of the centre on its website (<http://www.ccmb.res.in/reorgccmb/bharg3a.html>):

'Dr Pushpa Mittra Bhargava, widely regarded as the architect of modern biology in India... conceived the idea of establishing the Centre for Cellular and Molecular Biology (CCMB) and saw to it that it was built, equipped and staffed to uncompromising standards.

'It was his vision that *a centre for research in frontier areas of modern biology at par with those in Western countries can be built and maintained in India too* that led to what CCMB is today as acclaimed by many distinguished people. His vision of the establishment of CCMB fulfilled a long-felt need in the country for providing the necessary thrust in molecular and cellular biology. CCMB is the first institution in India devoted exclusively to research in frontier areas of modern biology and it has played a key role in the development of biotechnology programme in the country.

'The results of the care and attention to detail that Dr Bhargava evinced at every step are visible—in the laboratories as well as in the beautiful green surroundings. His experiment in forging a novel framework for the sharing of all facilities, equipment and chemicals amongst the scientific groups is unique in Indian set-

up. In effect, this means that the CCMB functions as one integrated laboratory; and so far this experiment has been successful. He is a firm believer in that science and art are the two facets of creative human activity and they go hand in hand. His penchant for aesthetics reflects at various places in the CCMB campus. Dr Bhargava's continued association and support to CCMB is a great help to maintain and improve these traditions.

'The Centre, formally set up as an autonomous organisation in 1977, moved to its own modern building complex and was dedicated to the nation by the then Prime Minister, Mr Rajiv Gandhi, on 26th November 1987. The inaugural function was attended by a galaxy of distinguished scientists including few Nobel Laureates such as Dr F H C Crick, Dr C D Gajdusek, Dr B S Blumberg, Dr J C Kendrew, Dr Georges Kohler and Dr S O Choa.'

I had the good fortune of being guided around parts of the institute by its founder. Let me share my experiences and amplify some details provided by Dr Singh.

There are no locks anywhere in the institute. All laboratories, offices and the library remain open all the time. Authorized research workers and students can work at all hours of the day and night. All equipment, howsoever expensive, belongs to the entire institution. Any research worker can use the equipment she or he needs without seeking any permission. After checking that the required instrument is not in use, all that is required is an entry into the book placed alongside each instrument, describing the person using it, the experiment and the duration of use. Likewise with chemicals, howsoever expensive they may be and whosoever be the person requisitioning it. There is one difference. Before using the chemical, it is necessary to take permission from the person who had ordered its purchase to ensure that the original experiment did not suffer. I found it interesting that equipment worth crores of rupees was available to any researcher on demand.