Book Review


Diarrhoea is an unpleasant word but a stark reality. A third of all children who die in the developing world die of diarrhoea and it continues to be a major killer of infants and young children in India and poses a formidable challenge to the health system. This despite the fact that the Indian system of medicine knew for at least 3,500 years how to deal with acute loss of fluids. Sushruta Samhita had prescribed that cholera victims should “be given to drink profuse quantity of tepid water in which rock salt and molasses have been dissolved; or clarified water combined with rice gruel”. So oral rehydration therapy (ORT) is not all that new. Why then is so little priority given to ORT by rural mothers and health care workers including practitioners in the treatment of diarrhoea? Why then are the efforts of both the government and the non-governmental organisations in India to provide improved diarrhoea case management services through widespread availability of ORT in the public health system not as effective as we would want them to be? How can we reach this message that simple and inexpensive ORT can save lives to millions of Indian households?

In these five volumes, a specialist in marketing with a particular flair for applying the principles and techniques of marketing to issues relevant to socioeconomic development and a Harvard-trained doctor with special interest in community medicine and paediatrics have provided the much needed data without which it would be impossible to answer these seemingly simple but formidable questions. The data pertain to knowledge, attitudes (and beliefs) and practices relating to diarrhoea prevalent among parents and health workers in different parts of India.

There are three partners in this major study on home management of diarrhoea. First, the Ministry of Health and Family Welfare, Government of India, which realised the problem and was ready to seek the help of professional researchers. Second, the UNICEF office in New Delhi and in particular Dr. Jon Eliot Rohde who have considerable experience in dealing with the management of children’s diseases in the developing world and who were more than willing to cooperate with the Ministry and organise a massive study; and third, the Indian Market Research Bureau, a very large market research organisation with considerable strength in social marketing research, which was commissioned to carry out the actual field work, collection and analysis of data. The entire study was funded by USAID through UNICEF.

The study that took about three years of hard work is very well designed and executed equally well. It was designed in two stages. An exploratory qualitative stage aimed to seek out, understand, enumerate and record the knowledge, attitudes and practices (KAP), followed by a quantitative stage aiming to measure, count and estimate the extent to which KAP found in the first stage held true in different regions.

Both the methodology and the findings of this survey – perhaps the largest of its kind ever undertaken anywhere – are described in these volumes. About a hundred trained interviewers were used to administer the questionnaires designed with great care. Considering the magnitude of the problem and the diverse sociocultural settings obtaining in India, this reviewer is impressed by the vast amount of reliable data on diverse aspects of diarrhoea – its incidence, home remedies, treatment by various categories of health care professionals, awareness and use of sugar and salt solution, oral rehydration salts and other fluid supplements, etc. – collected for this study. Such data could not have been collected by simple questionnaire techniques alone. Hence the IMRB-UNICEF study used methods of anthropology and representative sampling. The data were processed by IMRB experts mostly on a computer and partly manually.

It is heartening – and at the same time least surprising – to note that the results of this study have already helped change the National Diarrhoea Management Plan. The study can very well serve as a
model for other countries grappling with similar problems where persuasive communication holds the key to development.

On the whole, the book provides an understanding of the management of diarrhoea in rural India that is both detailed and exhaustive. The authors and the countless others but for whose assistance this study could not have been carried out so well deserve to be congratulated.

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"Cholera" in the "India Collection"

Bengal is widely known as the home of cholera. And much of the early work on cholera - its incidence, epidemiology and treatment - was carried out by British doctors serving in colonial India. These doctors - some were medical officers in His Majesty's Bengal Army and others as highly placed as the surgeon general of a whole province or his Majesty's Indian Army - have recorded their findings, analysis and experience in dealing with this deadly epidemic in lucid prose. For obvious reasons, these works were published by British publishers. Copies of some of these excellent source materials that should be of great interest to students of the history of cholera are even now available, in the 'India Collection' housed in the India International Centre in New Delhi. We must thank the British Council for the effort they have taken in collecting these valuable books and making them available to scholars despite the passage of more than a century. Some relevant titles are:

1. A Treatise on Asiatic Cholera by C Macnamara (then Surgeon to the Calcutta Ophthalmic Hospital), John Churchill and Sons, New Burlington Street, London, 1870, pp. 557.
3. The History of Cholera in India from 1862 to 1881 being a descriptive and statistical account of the disease by H E Bellow, Trübner & Co., Ludgate Hill, London, 1885, pp. xii + 839.

A contemporary reviewer had commented that "both Macnamara and Macpherson have had unrivalled opportunities of studying the disease, not in books only, but at the bedside in the hospitals of Calcutta", the city referred to by Dr Macpherson as the 'home of cholera'.

Subbiah Arunachalam