

REVIEWS

Do goliwaale daaktar

SUNIL K PANDYA

Mukherjee Nita, *Healing the body: touching the heart. The life and times of Dr L M Sanghvi.* Mumbai: Mukherjee Knowledgeware Association. 2014. ISBN 978-93-5174-211. Hard cover. 192 + iii pages. Price not stated*.

Before commencing the review, I must point out that the author, Dr Nita Mukherjee (PhD), and her husband, Achintya, are good friends of mine. I was permitted a reading of the entire text of this book before it was published. My wife, Shubhada, and I were able to help Nita in a small way when she was carrying out research on Dr Sanghvi's years at the Grant Medical College and Sir Jamsetjee Jeebhoy Hospital in Bombay.

I strongly advise the reader to go through the introduction, "The bliss of being blessed", carefully as it tells one what one can and cannot expect from the book. It also gives one a glimpse of the punctilious approach adopted by Nita throughout the text. As she points out, the book is not only about Dr Sanghvi, but also about the lady who was his wife and her mother.

Born in Ahmedabad on November 29, 1914, Dr Sanghvi passed away in Jaipur on February 2, 2005. It is fitting that this account of his life and work was published in his centennial year.

Nita tells us of how the young man from a Jain *sangha* in an Ahmedabad *pol* came to occupy the position of Dean of the Faculty of Medicine at Rajasthan University and became the Emeritus Professor of Medicine at the Sawai Man Singh (SMS) Medical College and Hospital in Jaipur.

She gives us a brief description of the years when he was studying in Bombay, and of his work at the London School of Hygiene and Tropical Medicine (where he was awarded the Duncan Medal), London Hospital Medical School and the Postgraduate Medical School at Hammersmith Hospital. He returned to India with the prestigious MRCP (London) diploma, having completed the course for this diploma in less than a year.

On his return to Bombay, Dr Sanghvi was appointed consultant physician at the Gokuldas Tejpal Hospital, which was attached to his *alma mater*, Grant Medical College.

The move to Bikaner in 1942 was prompted by his teacher, Dr SR Moolgavkar, as at this time, Bombay feared bombing by the Japanese. His work at the Prince Bijay Singh Memorial Hospital in Bikaner is described on pages 98–135.

In 1953, Dr Sanghvi was called to join the staff of the then fledgling SMS Hospital in Jaipur as Reader in Medicine. In April 1954, he was selected for training in cardiology at Duke University, Durham in North Carolina and subsequently, in New York. The chapter "Karmabhoomi Jaipur" describes how he went on to become Professor of Medicine and then Dean of the institution.

The rest of the book dwells on his life after retirement from a career in teaching medicine and treating patients in public hospitals. It describes the close interactions he had with his children and his philosophy of life.

Those interested in the history of medicine in India will gain much from Nita's studies on the development of medical education and practice in Bombay, Bikaner and Jaipur. The difficulty that she faced while trying to obtain data from the centres in India where Dr Sanghvi had laboured over several years are in sharp contrast to the prompt help and information she received from such institutions as the London School of Tropical Medicine and Hygiene. This is a sad testament to the fact that we have almost no sense of history, care little for the maintenance of records, and are even less bothered about those who request help for research studies.

Of special interest to the readers of this journal would be Nita's descriptions of the manner in which Dr Sanghvi treated his patients, especially the poorest amongst them, and quotations from his associates and students on how he taught medicine – by example and through well-prepared talks. To whet your appetite, I offer some extracts from her book.

In a letter to his wife, Dr Sanghvi had written: "I have come to Bikaner to stay here for good, to serve people... *I don't care much about private practice...*" (original emphasis).

"Even more than his professional knowledge, it was his approach to dealing with patients – of treating someone from the palace with as much concern and sensitivity as he would treat a villager from the outskirts of Bikaner – that won him a place in their hearts. To this day, one comes across some of his patients from Bikaner who remember him for his bedside manner."

"His own clinical judgment was spot on, because of the kind of training he had received at the Grant Medical College and the London School of Hygiene and Tropical Medicine. For him, the

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stethoscope was enough as a precision instrument! He was one who actually examined every patient – looking into the eyes, the pupils, the nails and asked all of them to open their mouth and show their tongue. Not for him a mere ticking off, on a pre-printed letterhead, of the number of tests that a patient was to go in for.”

“After he retired from government service and started private consultations, he would never **ask** his patients for any fees – if they paid, it was well and good; if they didn’t, he would say he chose his profession to serve humanity, not to make money!”

“Dad was known all over Rajasthan as the ‘do goliwaale daaktar sahib’. His prescriptions were brief. Practically all his students remember him for it. One of them said that if he saw a page-long prescription of anyone else, he would say that it reflected the *dimagi diwaaliyaapan* (bankruptcy of intelligence) of that doctor.”

“He never sent his patients for unnecessary investigation. He was horrified when one of the many diagnostic centres, which had proliferated in Jaipur by the 1980s, sent him an envelope containing cash for referral commission. My brother remembers the tongue-lashing Dad gave to the sender.”

“No medical representative dared to give him the kind of gifts that many doctors were plied with.”

“To the end, he cherished and followed the advice given by Dr Charles Morehead, the founder of his alma mater – Grant Medical College: ‘Medicine is both an art and a science but, above all, it is a form of social service, which nothing else can equal. Uphold, to the best of your ability, the noble traditions and good name of your alma mater and of your profession, and seek your highest reward in the duty well performed.’”

The final section of the book carries tributes paid to him by his students, Dr CP Dalvi and Dr Abdul Hakim. A bibliography of his research publications is provided on pages 186–189.

The book is a pleasure to read, not only on account of the free-flowing narrative and its lucidity, but also the illustrations and drawings and the designing of the book, all of which were the responsibility of Ms Rachita Dalal.

When re-reading the book to prepare this review, I felt that the book would have been better off with an index and also, if “Milestones” (pages 190–191) had referred not only to his academic and professional achievements, but to his marriage and the growth of his family as well.

***Note:** The book is available only through the publisher on a donation of Rs 500/- plus postal charges

Exploring the economic effects of HIV

SHYAMALA NATRAJ

Economic impact of HIV/AIDS on households. Savio P Falleiro, 2014, Sage Publications India Pvt Ltd., New Delhi, India. Pp 230, Rs 845.

Introduction

The social, psychological, medical, and economic impact of the HIV/AIDS epidemic has been globally acknowledged and widely documented in many countries, especially those in sub-Saharan Africa, where prevalence rates of over 30% have been documented. Although the prevalence rates in India have rarely exceeded 1% in most regions, except in the North-East among people at high risk and in specific districts across the country, there is a vast body of literature documenting the impact of HIV/AIDS on an individual’s health, and social and psychological well-being. However, few studies have explored the economic impact of the disease on individuals and households, despite its critical role in the quality of life. Economic impact is considered at three levels: individual and

household (HH), sectoral, and national. This book focuses on individuals and HHs, especially those that are poor/marginalised; the associations of the disease with gender; and the coping mechanisms people employ under these circumstances. A comparison with non-HIV HHs lends the book an unusual and unique perspective. Other new findings pertain to the dependence of HHs affected by HIV on food sponsored by NGOs, and to unrequited/unaccounted income (UUI) as a source of revenue.

The book relies on quantitative and qualitative data collected in 2009 from 200 HIV+ individuals and HH members, and which were matched with a similar number of persons from non-HIV HHs. For the most part, the sample comprises members of low-income HHs who were visiting counselling and testing centres (ICTCs), care and support centres (C&S), and NGOs involved in HIV/AIDS work.

Findings

The findings highlight the dismal life led by HIV-infected people, who are increasingly pushed to live on the brink after the diagnosis. On an average, HHs affected by HIV report a drop in income of almost 50% due to loss of/decrease in employment, absenteeism due to illness and the compulsions of caregiving, and the death of infected individuals. Simultaneously, there is a dramatic increase in expenditure

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