Preparing the Ground for Research: Importance of Data

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1 Introduction

The problems of research in India, and, presumably, in the other developing countries, are very different from those obtaining in the West. The sort of conditions prevailing in India are so different that results obtained in other countries may be impossible to apply or irrelevant. This is particularly the case in the field of communicable diseases where there are differences in mode of spread, susceptibility of the population, attack rates and even, at times, in carriers. For this reason, anyone interested in research of relevance to our immediate environment must spend considerable time and effort in devising experimental methods or tools, which are practical and applicable to our circumstances. This may appear a routine and pedestrian activity. Yet without such initial spadework in designing our experimental methods, establishing their usefulness and feasibility, and testing the validity of the results obtained, it is frequently impossible to progress.

In the West, two requirements are taken for granted by the research worker in this field. The instruments and apparatus, which can be obtained from any reputable supplier, and the basic data on epidemiologic features of the disease, which are obtainable from the Public Health record of the community. India is lacking in both of these requirements. While the lack of apparatus can be overcome, for example by borrowing, sharing, or obtaining from international agencies, there is no way to overcome the lack of data. Such epidemiological data cannot be obtained from a W.H.O. grant, and the only way to get it is to collect it. Faced with the problem of such unrewarding preparatory work, many scientists are discouraged and turn to other fields which offer promise of more rapid results from work done in the laboratory. In consequence, communicable disease research has been poor and halting, showing very little progress over the past few decades, in the very countries which should be most concerned.

It is manifestly impossible to send all our research workers into the field, nor would it serve any useful purpose. By setting up sample studies, however, and showing that the results obtained are valid, we may be able to induce agencies working in the field to collaborate in further studies of this nature. A public health authority who would hesitate to devote energy towards a vague demand for vital statistics may thus nevertheless be persuaded to cooperate in a limited, specified study, to obtain necessary data about a particular disease.

2 Rabies

In 1967, VEERARAGHAVAN [5, 6] reported the first case of a laboratory proved canine carrier of rabies virus. The dog was a passive, non immune, intermittent carrier, showing, on random occasions, the presence of rabies virus in the saliva. There have been other reports of carrier dogs in the past, but without