

***Biomedical Innovation in India: With a comparison to China and others***, by Parthasarathi Banerjee, Har Anand. Delhi: 2007. Price: Rs. 495.

The book is an extremely interesting work with theoretical contributions in the areas of strategy, innovation, theories of consumption and production and value, especially in knowledge asset intensive industries. The author tries to understand the shift in the location of biomedical innovation over the last several decades to pharmaceutical firms, device firms and organized research laboratories from the point of doctor-patient interaction. Received literature celebrates this shift – but to those familiar with the literature on innovation, this poses a problem. How is it that increased distance from the user (the patients), did not lead to opportunism and declining research productivity?

Most of traditional literature offers few guides to this puzzle, the author argues, since it had concerned itself broadly with questions of innovation either in the firm or in the public sector (universities and public research bodies). The complex of biomedical enterprise, however, spans several firms in different industries (who often have competing-substituting relations), several types of research bodies ranging from corporate to the research university and hospital research units (where doctors participate in practice and research simultaneously) and the widely distributed assets of the doctors-in-practice. The innovation strategy of the pharma firm has to deal with several of these firms/organizations and must influence the doctor-in-practice who defines the consumption gateway. Since, the firms cannot own this important resource to accomplish an administrative fiat (i.e., enjoy all residual rights) or engage contractually to govern, resource based views also fail. The author argues that falling back on concepts of institutions as norms and/or rules as in North (North, D, *Institutions, Institutional change and economic performance*, Cambridge University Press, 1990) and contests between multiple institutions for power offer us a better possibility of understanding the problem at hand. The author, in fact, develops further on the concepts of North, using constructs such as ‘practice’ and ‘fields of practice’ (in a practitioner network where the practice gets socially valorized) as developed in Bourdieu (Bourdieu, P. *Outline of a theory of practice*, Cambridge University Press, 1997 and *The logic of practice*, Oxford, Polity, 1990).

In the proposed scheme, institutions, both on the consumption and production side differs in norms of practice. Contests between institutions, therefore, seek to influence practices of rival institutions. This is a contest for power, therefore, and the novel proposition of the book is that arranging for innovation or display of the potential of innovation is often a strategic ploy in this contest between institutions. The institutional innovation happens prior to the acts of creation of the actual artifacts. The winning

institution sets the agenda around which the actual solutions are devised. The winning institution is the one that can arrange for the maximum vote (as in the economics of fads and fashions). In biomedical the history of migration of the innovation to the distant labs of pharma/device firms and universities was accompanied (and in a sense accomplished) by taking away power from the site of the doctor-patient dyadic interaction. This migration of the turf on which innovation would occur was aided by the crucial vote from the State (in the US). So the history of drug based innovation is also a history of regulation (the FDA and the organization of the payment system) that arranged for guarantees on the value of the pieces of innovation. The weakening of the doctor was also accomplished by altering and influencing methods of enquiry that gave salience to large data-based research searching for standard solutions (such as through the discourse on evidence-based-medicine) over methods that value more the private case insights of doctor-physicians.

The book provides anecdotal glimpses of several such conflicts and then shifts to the empirical to look for support in traces of data in the public domain that can bear testimony to the story. The author then makes a very interesting comparison of research capabilities and assets that are held in India, China and USA. In spite of a liberal sprinkling of theory pieces in the book, which sometimes makes it heavy, the narrative is actually quite close to practice. Policy makers, practitioners and scholars would find it useful.

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*Industrial Marketing* by P. K. Ghosh, Oxford University Press. 2006. Rs. 275

Industrial marketing management, also known as business marketing, is an integral function of marketing and involves the planning, coordination, promotion and sale of industrial products and services, aimed at organizational buyers which include commercial establishments, factories, government and non-government agencies educational institutions, hospitals and similar agencies. Industrial products can be simple, standard items as nuts and bolts, electrical motors and office supplies or highly complex or technologically advanced products as high tech equipments, advanced computer systems, sophisticated medical equipments or machine tools and modern commercial aircrafts.

Traditionally, the key challenge for the marketer of industrial products and services was to increase the number of customers. The focus was so far on securing one time

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