

What's Zip? @St John's Hospital

Issue 21, April 1st, 2019



Yellow flowers paint the trees in the campus.

World Sleep Day
HOSTED BY WORLD SLEEP SOCIETY
MARCH 15, 2019 • HEALTHY SLEEP, HEALTHY AGING

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St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru



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MESSAGE FROM THE EDITORIAL TEAM

Bonjour à tous!!!

We are pleased to share the twenty first issue of “What’s Up? @ St John’s Hospital” magazine today. It gives us immense pleasure to introduce two new talented members to our team of editorial board Dr. Jyothi Idiculla (Professor and Head, Department of General Medicine) and Dr. Srilakshmi Adhyapak (Associate Professor, Department of Cardiology) into our ever growing team.

We are also happy to announce debut of two new sections from this issue. Section ‘Rhyme Chime’ will entertain you all with beautiful poetry and Section ‘Research snippets’ would clarify research methodology and biostatistics, pinch by pinch. Don’t miss these new sections.

We plan to start publishing, published research done by the staff of St. John’s National Academy of Health Sciences. The articles will be selected based on a set criteria laid down. To begin with we request you to submit the articles which have been published in the year 2018 (January to December).

The present issue is themed to observe ‘World Sleep Day’ (predominantly stars, moon and black!). We thank Dr. Uma Maheshwari (Professor and Head, Department of Pulmonary Medicine) for providing a write up on the Sleep and its benefits.

We are also sending a survey form which we request you to kindly fill, so that we can modify the magazine to best suit your interests. The link can be accessed by the URL provided in the mail or by clicking the link provided in the next page.

Please feel free to communicate with us to publish your achievements, events and any feedbacks are welcome. Happy Reading!!

Editorial Team





TAKE A SURVEY

PLEASE GIVE YOUR FEEDBACK.....

It Just Takes



[CLICK HERE](#)



UPDATES THIS WEEK

WORLD SLEEP DAY EVENT

15th March 2019

Department of Pulmonary Medicine

On the occasion of WORLD SLEEP DAY, the Department of Pulmonary Medicine held an awareness program on healthy sleep and common sleep disorders for consultants, nurses and hospital staff. The activities included the following:

1. A talk on Normal sleep, sleep hygiene, common sleep disorders and referral guidelines to a sleep disorders unit
2. Dissemination of information on sleep hygiene from the World Sleep Day toolkit.
3. Online survey on knowledge and beliefs in sleep.
4. Display of information on snoring and sleep, sleep hygiene and showcasing of research posters on the following topics: OSA (Obstructive Sleep Apnoea) and cognition, RLS (Restless Leg Syndrome) in pregnancy and CPAP (Continuous Positive Airway Pressure) compliance in OSA.

SOME FACTS ABOUT NORMAL SLEEP

- a) We spend a third of our lives sleeping
- b) Sleep 'need' varies from person to person and ranges between 5 -11 hours.
- c) It takes 2 weeks of starvation but only 10 days of sleep deprivation to die!!
- d) The 3 elements of good quality sleep are depth, continuity and duration of sleep
- e) Just one night of poor quality sleep impairs memory, learning ability and attention.

UPDATES THIS WEEK

WORLD SLEEP DAY EVENT

15th March 2019

RED FLAGS FOR REFERRAL TO SLEEP MEDICINE

1. Excessive daytime sleepiness
2. Intrusive snoring
3. Insomnia
4. Abnormal behaviours in sleep
5. Shift workers with multiple somatic problems
6. Obese patients with Unexplained cor pulmonale / difficult weaning,
7. Pre-op assessment especially for obese patients and those with intrusive snoring

World Sleep Day
HOSTED BY WORLD SLEEP SOCIETY
MARCH 15, 2019 · HEALTHY SLEEP, HEALTHY AGING

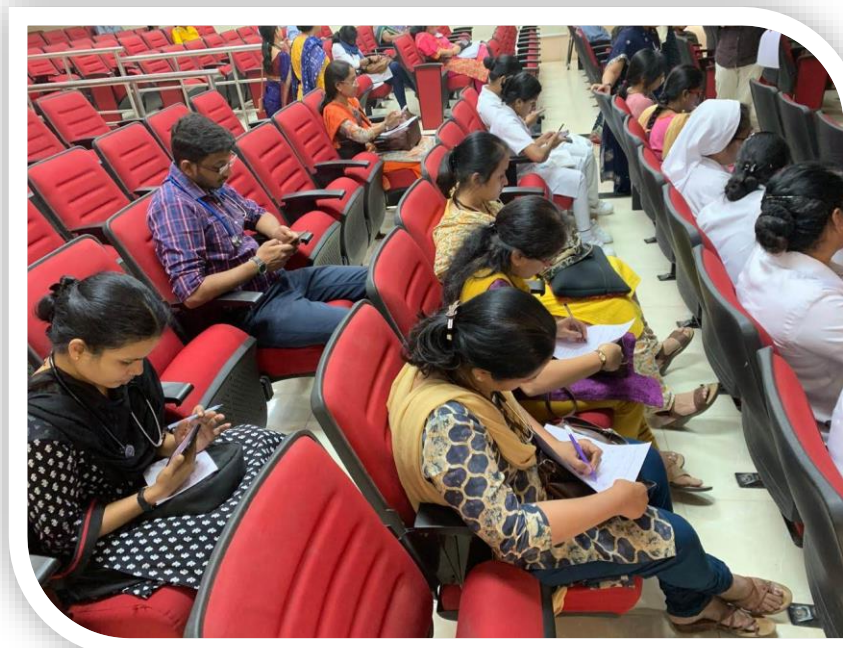


UPDATES THIS WEEK

WORLD SLEEP DAY EVENT

The 10 commandments of sleep hygiene in Adults (Courtesy: World Sleep Society)

1. Establish a regular bedtime and waking time.
2. Do not exceed 45 minutes of daytime sleep.
3. Avoid excessive alcohol ingestion and smoking 4 hours before bedtime.
4. Avoid caffeine 6 hours before bedtime. (coffee, tea, sodas, chocolate)
5. Avoid heavy/spicy/sugary foods 4 hours before bedtime.
6. Exercise regularly, but not right before bed.
7. Use comfortable, inviting bedding.
8. Find a comfortable temperature setting and keep the room well ventilated.
9. Block out all distracting noise and eliminate as much light as possible.
10. Reserve your bed for sleep and avoid its use for work/ general recreation.



Few Pictures from the Event: The audience taking part in the online sleep survey, Posters displayed during the event, Dr. Uma Maheshwari (Professor and Head, Department of Pulmonary Medicine, delivering the talk on Sleep)

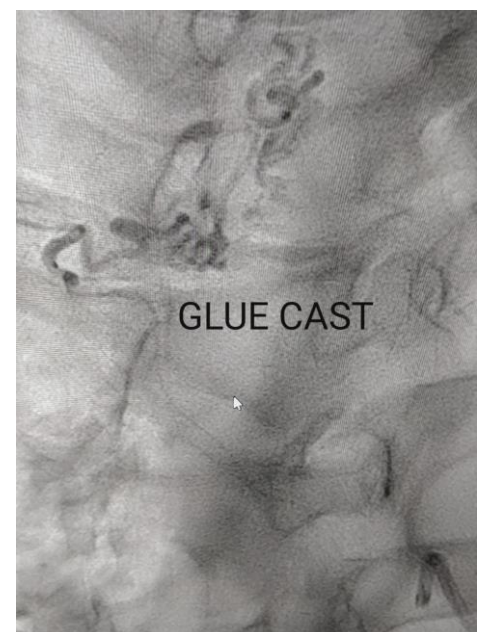
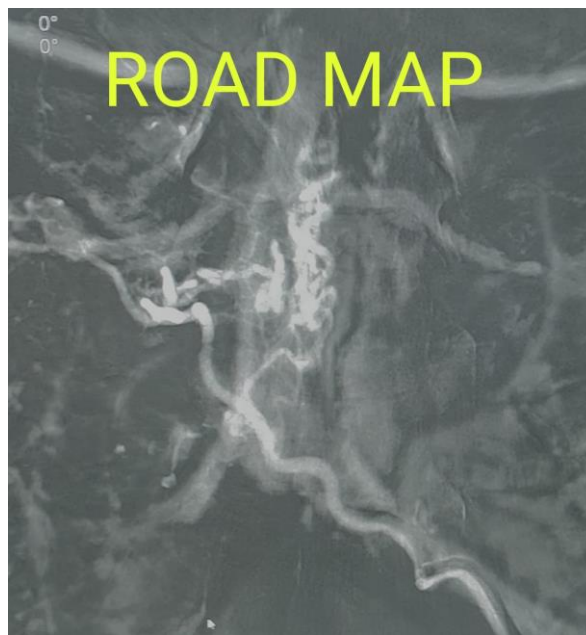
UPDATES THIS WEEK

INTERVENTIONAL NEURO-RADIOLOGY

Spinal Dural Arterio-venous Fistula Closure

16th March 2019

First Case of Spinal Dural Arteriovenous fistula closure was done successfully in St. John's Medical College Hospital, by Interventional Neuro-Radiology Team.



Congratulations to Dr. Sharath, Dr. Mithun and Dr. Sai from the Interventional Neuro-Radiology Team

UPDATES THIS WEEK

DECODING HYPERTENSION - CME

22nd March 2019

Department of Medicine

The hypertension CME was held on the 22nd March 2019 in the mini auditorium by the Department of Medicine with the participants from St. John's Medical College as well as various other medical colleges across Karnataka.

The inauguration was done by our beloved Rev. Fr. Pradeep Kumar Samad (Associate Director Hospital) and Dr. George D' Souza (Dean, SJMC), along with the Dr. Jyothi Idiculla (Professor and Head, Department of Medicine), serenaded by our in house choir.



The speakers were from the Departments of Medicine, Nephrology, Neurology, Endocrinology, Community Medicine and Pharmacology with a guest speaker from the Department of Cardiology at Sri Jayadeva Institute of Cardiology. The topics covered every aspect of hypertension, from measurement of Blood pressure (BP) to target goals to lifestyle modifications with special focus on secondary hypertension, approach to endocrine and renal hypertension and management of blood pressure in acute stroke.

The CME was well accepted and the delegates were left with a 360 degree overview of all nuances of hypertension.

UPDATES THIS WEEK

WORLD TUBERCULOSIS DAY

24th March 2019



World Tuberculosis day was observed on Robert Koch's Birthday., March 24th of every year. The day was celebrated on 24th March 2019 in St. John's Medical College Hospital. St. John's College of Nursing Organised a educative skit and an exhibition for public awareness in the outpatient area. The program was graced by Rev. Fr. Pradeep Kumar Samad (Associate Director Hospital), Rev. Fr. Duming Dias (Associate Director College), Rev. Fr. Jesudoss Rajamanickam (Associate Director Finance), Rev. Fr. Vimal Francis (General Manager, HR), Sr. Fatima Puthenthoppil (Chief of Nursing Services), Dr. Sr. Celcy Mary (Principal, College of Nursing), Dr. Baijyanthi (Professor, Department of Microbiology) and Dr. Priya V. Raman (Associate Professor, Department of Pulmonary Medicine).

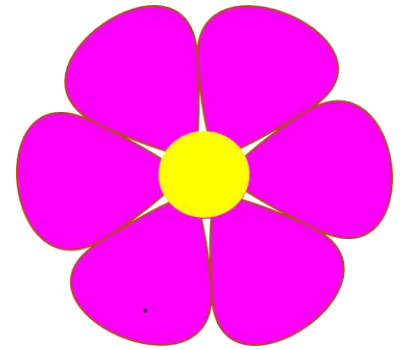
🎵 🎵 🎵 🎵 🎵 🎵 🎵 *Rhyme Chime...*

Sights of Springtime Sprinkle at St John's

- Dr. Jyothi Idiculla

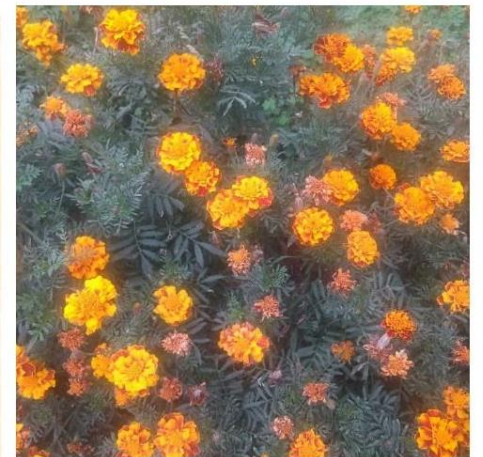
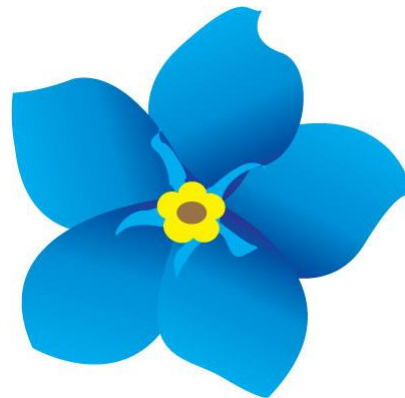
Auguring the joyful season of spring
Blossoms have opened up with a zing
Colouring the vast campus terrain
With bounty hues of every strain

The pink tabebuias hearken the joy
Of this festival of flowers, Ahoy!
The flame of the forest boldly towers
Showing its canopy of red flowers



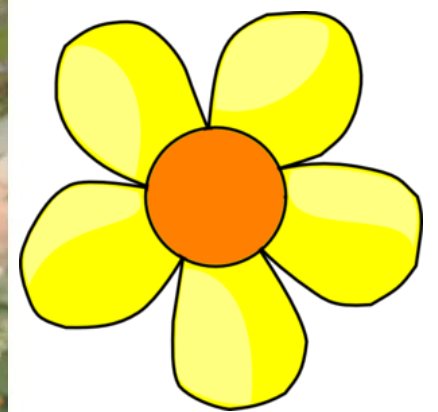
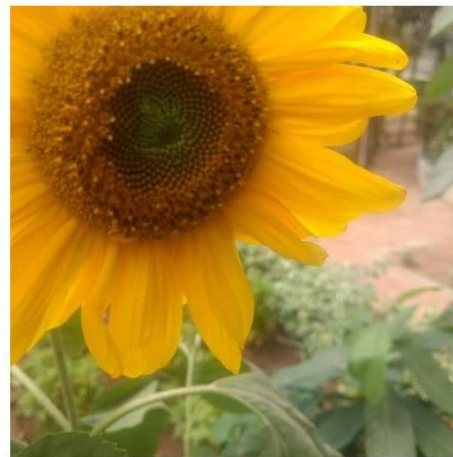
Helianthus with its head toward
The sun on its journey, westward
Each sunflower is a majestic queen
Her blazing petals in yellow sheen

The bougain villa, all snowy white
Posing as a full bouquet, is a sight
The marigolds are a treat to behold
Orange or yellow, in counts manifold



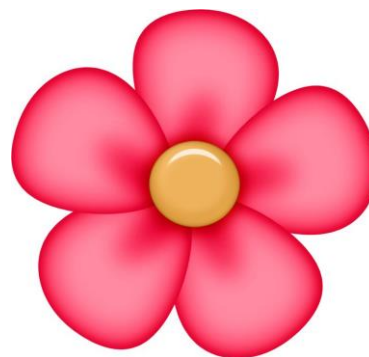
Hibiscus flowers in many a shade
With petals so symmetrically made
These beauties with sheer variety
Are by no means or measure a minority

Sprays of bachelor buttons in violet
Is a lasting treasure for all to collect
Geraniums and vinca roseas in corners
Royal roses receiving full honours

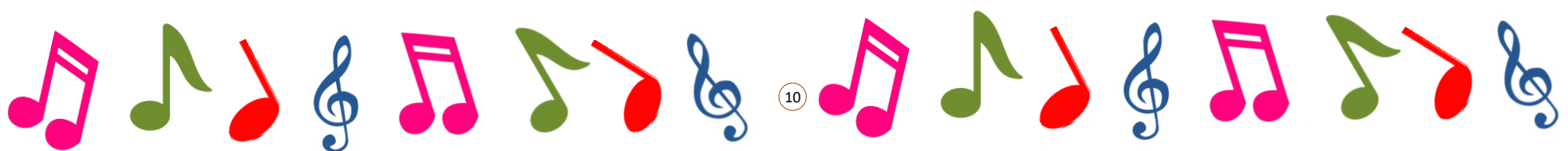


The shy temple tree emits its fragrance
While the large lilies gaze in innocence
Seenias and euphorias peeping about
And jacarandas racing to come out

The lavender florets of purple wreath
And the ixora on the ground beneath
The orange trumpet falling in bunches
And many other blossoms on branches



They all allure with a heavenly charm
All who see these can doubtless, affirm
This quarter has myriad colours vibrant
For each one whose glance is pliant!



RESEARCH SNIPPETS

Research, they say is the bedrock of science. But most of us would rather wish it away from the curriculum given the abstract nature & complexity of the subject.

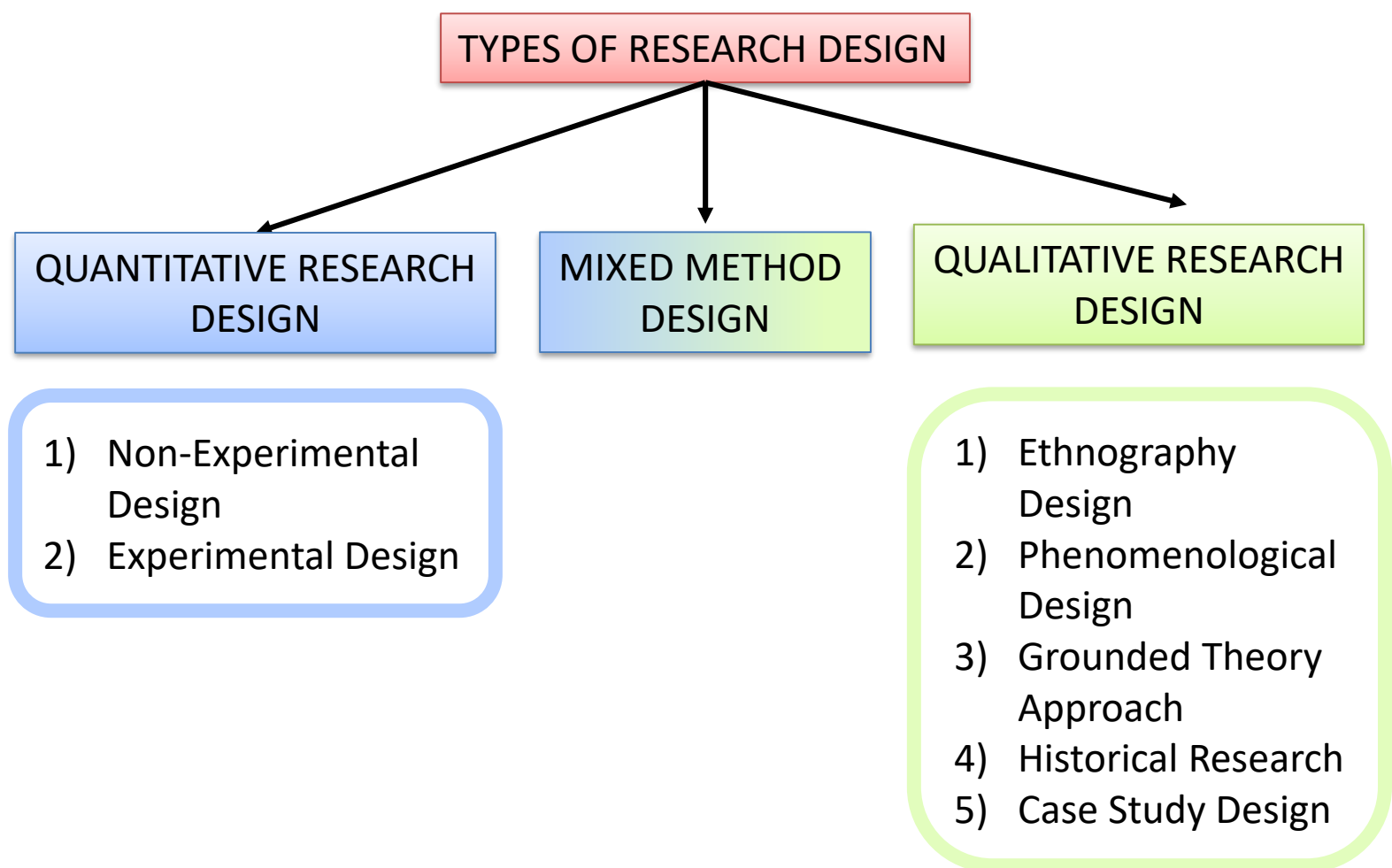
This column attempts to give you a simple perspective of concepts that may seem too colloquial. As you follow this space we sincerely hope your comfort with the research parlance would soon see higher levels.

Our first snippet is on Research Design. Just as the sartorial Design worn determines one's final look, so also the success of any research depends on choosing the appropriate design.

Research Designs are broadly classified into Quantitative, Qualitative & Mixed (which uses both quantitative and qualitative).

Quantitative research uses data in numeric form, while qualitative involves collection of narrative descriptions through observation, focus group discussions or one-to-one interview. Each of these involves different sub designs.

A simple schematic diagram is presented depicting the various research designs.



IG NOBEL



1994 - PEACE

John Hagelin

Meditators in Reducing Violence

John Hagelin of Maharishi University and The Institute of Science, Technology and Public Policy, promulgator of peaceful thoughts, for his experimental conclusion that 4,000 trained meditators caused an 18 percent decrease in violent crime in Washington, D.C.

This National Demonstration Project to Reduce Violent Crime and Improve Governmental Effectiveness brought approximately 4,000 participants in the Transcendental Meditation and TM-Sidhi programs (These programs were registered meditation programs from Maharishi University of Management, United States) to the United States national capital from June 7 to July 30, 1993.



This study was a two-month prospective experiment to reduce violent crime in Washington, DC. On the basis of previous research it was hypothesized that the level of violent crime in the District of Columbia would drop significantly with the creation of a large group of participants in the Transcendental Meditation® and TM-Sidhi® programs to increase coherence and reduce stress in the District.

Analysis of 1993 data, controlling for temperature, revealed that there was a highly significant decrease in HRA (Human Rights Act) crimes associated with increases in the size of the group during the Demonstration Project. The maximum decrease was 23.3% when the size of the group was largest during the final week of the project. The statistical probability that this result could reflect chance variation in crime levels was less than 2 in 1 billion ($p < .000000002$).

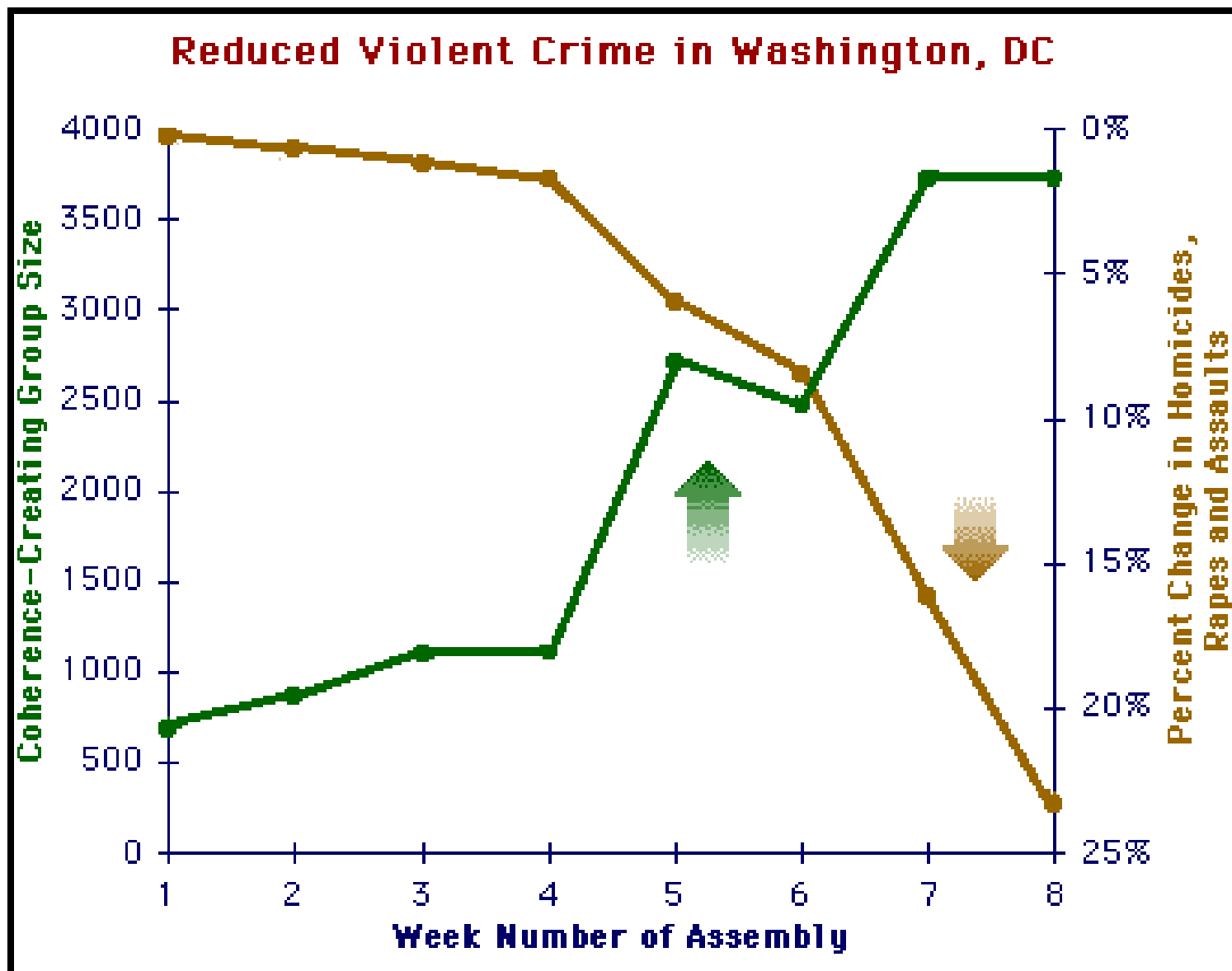
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1994 - PEACE

John Hagelin

Meditators in Reducing Violence



Reference: Hagelin, J.S., Rainforth, M.V., Orme-Johnson, D.W., Cavanaugh, K. L., Alexander, C.N., Shatkin, S.F., Davies, J.L, Hughes, A.O, and Ross, E. 1999. Effects of group practice of the Transcendental Meditation program on preventing violent crime in Washington D.C.: Results of the National Demonstration Project, June-July, 1993. *Social Indicators Research*, 47(2): 153-201.



SURVIVOR'S CORNER

A 19 year old male allegedly fell from the 6th floor at a construction site and was impaled on 4 TMT rods which pierced his torso. The fact, the presence of mind of laypersons around, who only cut rods to transport the patient rather than pulling them out at the site of accident, must be appreciated. He was shifted to the hospital with the rods in situ. Removal of the rods at the site of accident could have resulted in uncontrollable haemorrhage.

He was evaluated, resuscitated and stabilised in the Emergency Medicine department of SJMCH and rushed to the Operation room for immediate surgery. Personnel from engineering and facility management department helped in cutting off the rods close to skin. A team of General and Cardiothoracic Surgeons performed the procedure which lasted about 6 hours. The patient had bilateral lung injuries as well as diaphragmatic tears, gastric, small bowel retroperitoneal and mesenteric injuries. After repair of all the injuries the patient was transferred to the ICU for further care. He had a stormy post op course and required a second laparotomy to relieve intestinal obstruction 10 days later. The patient subsequently recovered gradually and was discharged, after nearly a month of hospitalization.

Survival after such multiple impalement injuries has almost never been reported in medical literature. Anecdotal reports of survival after single object impalement injuries are available.



The picture showing the impaled TMT rods in the patient, at the time of presentation to the emergency department of SJMCH.

SURVIVOR's CORNER contd..

CHALLENGES FACED IN THE MANAGEMENT OF THIS CASE ARE:

1. Difficulty in intubation; the patient had to be intubated in the lateral position.
2. Difficulty in putting the patient in the supine position prior to surgery; the rods had to be cut close to the patient's back on the OT table so that he could be positioned for the subsequent surgery.
3. Danger of exsanguinating haemorrhage during surgical removal of the rods; adequate exposure and careful removal was performed -under vision.
4. Prolonged ventilatory support because of bilateral lung injuries.



The picture showing the patient at the time of discharge after complete recovery from St. John's Medical College Hospital

This case highlights the power of team work - Surgeons (Departments of Surgery Unit 3 and Cardiothoracic Surgery), Anaesthetists, ICU doctors (EICU, MICU and SICU), nurses in the OT, ICU and wards, maintenance personnel, OT technicians, Blood bank, etc. were involved in the management of this patient. Support from the hospital administration should also be acknowledged.

Write up and Pictures: Dr. L. N. Mohan
(Professor and Head of Unit 3, Dept of Surgery)



St John's WATCHDOG



WhatsApp

COUGH SYRUP IN MILK – POISONOUS?

Today we check the veracity of the following message that has been widely circulating on WhatsApp since the last few days :

*“Important message! Must Read Carefully! Warning: A mother killed her 4 children, accidentally. The children refused to drink cough syrup. So she mixed the syrup in milk. The children Went to sleep after drinking the milk and never got up. After examining the clinical trials, all 4 of them were found dead in the bed, The mixture of cough syrup and milk proved to be poisonous! She is psychologically disturbed now. **Please avoid taking ANY medicine with milk.. Not only cough syrup...do not take any chemical additives with milk, it will become poisonous!!**”*

Fact : It is immediately obvious that the above message does not have any scientific basis. Physicians may advice not taking medicines with milk since the absorption of those medicines may be retarded by the milk (combining with calcium in milk), thus reducing the effectiveness of the medication. However, the combination will not turn poisonous. There are no reports in the scientific literature where taking syrups or other medicinal formulations with milk have led to deaths in humans. This is plainly a hoax designed to scare people.

FACT





LAUGHTER IS THE BEST MEDICINE...



Knock! Knock!
Who's there?
Voodoo.
Voodoo who?



Voodoo you think you are, asking all these questions?

© www.pinterest.com



Q: When do you go at red and stop at green?
A: When you're eating a watermelon.

Did you hear the one about the guy
who invented Tic Tacs?
They say he made a mint.

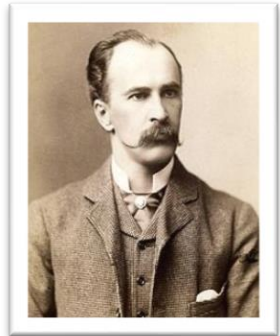


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A salesman talked my uncle into buying 10,000 personalized pens for his business with the promise that he would be eligible to win a 32-foot yacht. A born gambler, my uncle agreed. Well, he won, and a few weeks after the pens arrived, his prize showed up: a 12-inch plastic yacht with 32 plastic feet glued to the bottom.



THE QUOTABLE OSLER



SIR WILLIAM OSLER

Don't complain unnecessarily:

You may learn to consume your own smoke. The atmosphere is darkened by the murmurings and whimperings of men and women over the non-essentials, the tritles that are inevitably incident to the hurly burly of the day's routine. Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints.



© Wrike



© Gary Vaynerchuk

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



MEDICINE DIS WEEK

A Bird's Eye View....

MRSA Decolonisation in reducing Antibiotic Resistance.

Colonization with methicillin-resistant *Staphylococcus aureus* (MRSA) increases the risk of a subsequent MRSA infection. In a multicenter, randomized, controlled trial of postdischarge hygiene education, as compared with education plus decolonization, in patients colonized with MRSA(carriers). Decolonization involved chlorhexidine mouthwash, baths or showers with chlorhexidine, and nasal mupirocin for 5 days twice per month for 6 months. The hazard of MRSA infection was significantly lower in the decolonization group than in the education group (hazard ratio, 0.70; 95% CI, 0.52 to 0.96; P = 0.03; number needed to treat to prevent one infection was 30). Postdischarge MRSA decolonization with chlorhexidine and mupirocin led to a 30% lower risk of MRSA infection than education alone.

- Huang SS et al., N Engl J Med. 2019 Feb 14;380(7):638-650.

Ondansetron in First Trimester and Congenital Anamolies

Evidence for safety of use of Ondansetron in pregnancy induced nausea and vomiting is lacking. In a large retrospective cohort study of 18,16,414 pregnancies. 88 467 (4.9%) were exposed to ondansetron during the first trimester. Among offspring of mothers enrolled in Medicaid, first-trimester exposure to ondansetron was not associated with cardiac malformations or congenital malformations overall after accounting for measured confounders but was associated with a small increased risk of oral clefts.

-Huybrechts KF et al., JAMA. 2018 Dec 18;320(23):2429-2437.

ORIGINAL ARTICLE

Decolonization to Reduce Postdischarge Infection Risk among MRSA Carriers

S.S. Huang, R. Singh, J.A. McKinnell, S. Park, A. Gombosev, S.J. Eells, D.L. Gillen, D. Kim, S. Rashid, R. Macias-Gil, M.A. Bolaris, T. Tjoa, C. Cao, S.S. Hong, J. Lequieu, E. Cui, J. Chang, J. He, K. Evans, E. Peterson, G. Simpson, P. Robinson, C. Choi, C.C. Bailey, Jr., J.D. Leo, A. Amin, D. Goldmann, J.A. Jernigan, R. Platt, E. Septimus, R.A. Weinstein, M.K. Hayden, and L.G. Miller, for the Project CLEAR Trial

ABSTRACT

BACKGROUND

Hospitalized patients who are colonized with methicillin-resistant *Staphylococcus aureus* (MRSA) are at high risk for infection after discharge.

METHODS

We conducted a multicenter, randomized, controlled trial of postdischarge hygiene education, as compared with education plus decolonization, in patients colonized with MRSA (carriers). Decolonization involved chlorhexidine mouthwash, baths or showers with chlorhexidine, and nasal mupirocin for 5 days twice per month for 6 months. Participants were followed for 1 year. The primary outcome was MRSA infection as defined according to Centers for Disease Control and Prevention (CDC) criteria. Secondary outcomes included MRSA infection determined on the basis of clinical judgment, infection from any cause, and infection-related hospitalization. All analyses were performed with the use of proportional-hazards models in the per-protocol population (all participants who underwent randomization, met the inclusion criteria, and survived beyond the recruitment hospitalization) and as-treated population (participants stratified according to adherence).

RESULTS

In the per-protocol population, MRSA infection occurred in 98 of 1063 participants (9.2%) in the education group and in 67 of 1058 (6.3%) in the decolonization group; 84.8% of the MRSA infections led to hospitalization. Infection from any cause occurred in 23.7% of the participants in the education group and 19.6% of those in the decolonization group; 85.8% of the infections led to hospitalization. The hazard of MRSA infection was significantly lower in the decolonization group than in the education group (hazard ratio, 0.70; 95% confidence interval [CI], 0.52 to 0.96; $P=0.03$; number needed to treat to prevent one infection, 30; 95% CI, 18 to 230); this lower hazard led to a lower risk of hospitalization due to MRSA infection (hazard ratio, 0.71; 95% CI, 0.51 to 0.99). The decolonization group had lower likelihoods of clinically judged infection from any cause (hazard ratio, 0.83; 95% CI, 0.70 to 0.99) and infection-related hospitalization (hazard ratio, 0.76; 95% CI, 0.62 to 0.93); treatment effects for secondary outcomes should be interpreted with caution owing to a lack of prespecified adjustment for multiple comparisons. In as-treated analyses, participants in the decolonization group who adhered fully to the regimen had 44% fewer MRSA infections than the education group (hazard ratio, 0.56; 95% CI, 0.36 to 0.86) and had 40% fewer infections from any cause (hazard ratio, 0.60; 95% CI, 0.46 to 0.78). Side effects (all mild) occurred in 4.2% of the participants.

CONCLUSIONS

Postdischarge MRSA decolonization with chlorhexidine and mupirocin led to a 30% lower risk of MRSA infection than education alone. (Funded by the AHRQ Healthcare-Associated Infections Program and others; ClinicalTrials.gov number, NCT01209234.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Huang at the University of California Irvine School of Medicine, Division of Infectious Diseases, 100 Theory, Suite 120, Irvine, CA 92617, or at sshuang@uci.edu.

N Engl J Med 2019;380:638-50.

DOI: 10.1056/NEJMoa1716771

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JAMA | Original Investigation

Association of Maternal First-Trimester Ondansetron Use With Cardiac Malformations and Oral Clefts in Offspring

Krista F. Huybrechts, MS, PhD; Sonia Hernández-Díaz, MD, DrPH; Loreen Straub, MD, MS; Kathryn J. Gray, MD, PhD; Yanmin Zhu, MS, PhD; Elisabetta Patorno, MD, DrPH; Rishi J. Desai, PhD; Helen Mogun, MS; Brian T. Bateman, MD, MS

IMPORTANCE Evidence for the fetal safety of ondansetron, a 5-HT₃ receptor antagonist that is commonly prescribed for nausea and vomiting during pregnancy, is limited and conflicting.

OBJECTIVE To evaluate the association between ondansetron exposure during pregnancy and risk of congenital malformations.

DESIGN, SETTING, AND PARTICIPANTS A retrospective cohort study nested in the 2000-2013 nationwide Medicaid Analytic eXtract. The cohort consisted of 1 816 414 pregnancies contributed by 1 502 895 women enrolled in Medicaid from 3 months before the last menstrual period through 1 month or longer after delivery; infants were enrolled in Medicaid for at least 3 months after birth. The final date of follow-up was December 31, 2013. Analyses were conducted between November 1, 2017, and June 30, 2018. Propensity score stratification was used to control for treatment indication and other confounders.

EXPOSURES Ondansetron dispensing during the first trimester, the period of organogenesis.

MAIN OUTCOMES AND MEASURES Primary outcomes were cardiac malformations and oral clefts diagnosed during the first 90 days after delivery. Secondary outcomes included congenital malformations overall and subgroups of cardiac malformations and oral clefts.

RESULTS Among 1 816 414 pregnancies (mean age of mothers, 24.3 [5.8] years), 88 467 (4.9%) were exposed to ondansetron during the first trimester. Overall, 14 577 of 1 727 947 unexposed and 835 of 88 467 exposed infants were diagnosed with a cardiac malformation, for an absolute risk of 84.4 (95% CI, 83.0 to 85.7) and 94.4 (95% CI, 88.0 to 100.8) per 10 000 births respectively. The absolute risk of oral clefts was 11.1 per 10 000 births (95% CI, 10.6 to 11.6; 1921 unexposed infants) and was 14.0 per 10 000 births (95% CI, 11.6 to 16.5; 124 exposed infants). The risk of any congenital malformation was 313.5 per 10 000 births (95% CI, 310.9 to 316.1; 54 174 unexposed infants) and was 370.4 (95% CI, 358.0 to 382.9; 3277 exposed infants). The adjusted relative risk (RR) for cardiac malformations was 0.99 (95% CI, 0.93 to 1.06) and the adjusted risk difference (RD) was -0.8 (95% CI, -7.3 to 5.7 per 10 000 births). For oral clefts, the adjusted RR was 1.24 (95% CI, 1.03 to 1.48) and the RD was 2.7 (95% CI, 0.2 to 5.2 per 10 000 births). The adjusted estimate for congenital malformations overall was an RR of 1.01 (95% CI, 0.98 to 1.05) and an RD of 5.4 (95% CI, -7.3 to 18.2 per 10 000 births).

CONCLUSIONS AND RELEVANCE Among offspring of mothers enrolled in Medicaid, first-trimester exposure to ondansetron was not associated with cardiac malformations or congenital malformations overall after accounting for measured confounders but was associated with a small increased risk of oral clefts.

JAMA. 2018;320(23):2429-2437. doi:10.1001/jama.2018.18307

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+ Supplemental content

+ CME Quiz at jamanetwork.com/learning and CME Questions page 2478

Author Affiliations: Author affiliations are listed at the end of this article.

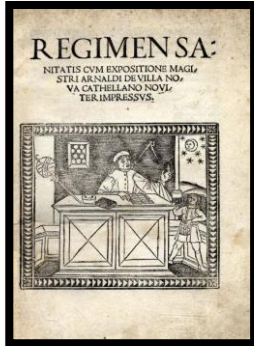
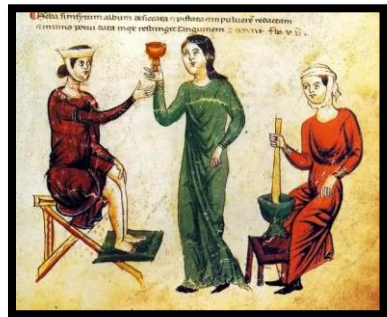
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SALERNO: The First European Medical School

By the 10th century, the Italian city of Salerno was already famous as a centre of medical healing, and two centuries later it had developed into the first medical school. Legend has it that Salerno's medical school was begun by a Jew, an Arab, a Greek and a Roman, but although there is no evidence for this.

At first, Salerno carried on the tradition of practical healing rather than bookish learning. It was also co educational in the mid- 11th century, one of its finest practitioners being a woman, Trotula, who became immortalized in folk tales as 'Dame Trot'.

Salerno was at its peak in the 12th and 13th centuries — the title 'doctor', meaning physician, was first used legally there in 1180. For the first time, a curriculum based on medical textbooks was established. The Salerno medical school continued to train doctors until early 19th century, when it was closed by Napoleons order.



PEARLS OF WISDOM

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.

- Margaret Mead



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To me, every hour of the light and dark is a miracle, Every inch of space is a miracle

- Walt Whitman

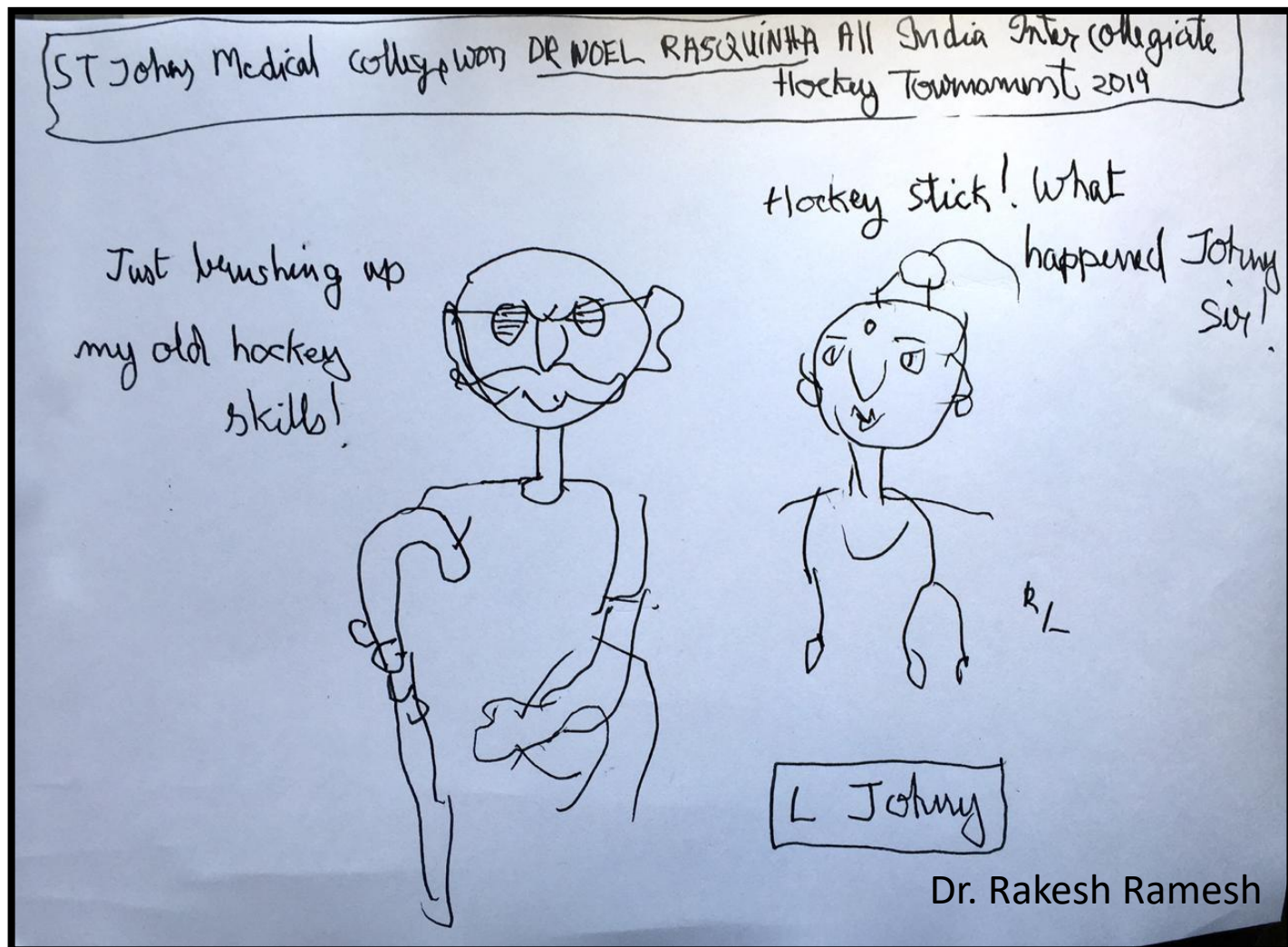
How like an Angel came I down !

- Thonmas Traherne



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L Johnny



Did You Know?

The Brahmaputra river hosts both the world's largest and smallest river islands by geographic area. These are the Majuli and Umananda river islands respectively in Assam. The Majuli island currently has an area of 350 sq.kms. The island has many villages and even educational institutions. The island boasts diverse flora and fauna, thus is a biodiversity hotspot and is a potential UNESCO World Heritage Site. However, since decades, climate change has resulted in the shrinking of the island.



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