

# What's Up? @St John's Hospital

Issue 51, September 1<sup>st</sup>, 2021



***Thank you so much Rev Fr Paul Parathazham (The Director, St. John's National Academy of Health Sciences) for your leadership of St. John's these seven years!***

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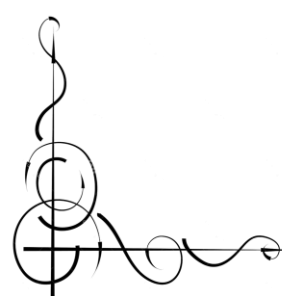
St John's National Academy of Health Sciences  
St John's Medical College Hospital, Bengaluru



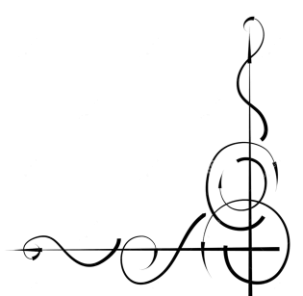
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\* We now present a fully interactive menu. It works best with Adobe reader application (on computers, mobile phones, and tablets)





## MESSAGE FROM THE EDITORIAL TEAM

**Dear All!**

Today, we are pleased to release fifty first issue of “What’s Up? @ St John’s Hospital” magazine today. It is our pleasure to welcome Ms. Dhvani Ravi (MBBS batch 2018, present literary secretary of the Student executive committee) and Ms. Ananya. R. Sharma (Neuroclinical division, Department of Physiotherapy) to our editorial team.

The Editorial board and the St. John’s family take this opportunity to sincerely thank Rev. Fr. Paul Parathazham (The Director of St. John’s National Academy of Health Sciences) for his tireless work and leadership of seven years.

The present issue commemorates World Breastfeeding week 2021. The theme for this year is “Protecting breastfeeding: A shared responsibility”. Thanks to Dr. Chandrakala (Professor and Head, Department of Neonatology) for providing us a detailed report on all the activities done to celebrate World Breastfeeding week.

Meanwhile, the present issue highlights various observances on health-related days which took place in the hospital. Do not miss the first successful elbow joint replacement surgery by the Department of Orthopaedics in the section of survivor’s corner. And the Embalming team is the team of month.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. We are happy to evolve to meet the needs of our beloved readers. Happy Reading!!

**Editorial Team**

# World Breast Feeding Week

1<sup>st</sup> to 7<sup>th</sup> August 2021



Like every year we, at St John's hospital celebrated World Breast feeding Week (WBW) from 1-7 August. We organized this year (WBW-21) as well with the theme "Protecting breastfeeding: A shared responsibility", to fulfill the objective of creating the awareness to health care workers, mothers, various government organizations, and community outreach centers

Despite knowing the importance of breastfeeding practices, NFHS-5 data suggests only 88% women deliver in hospitals, only 51% can begin breastfeeding within an hour and 61.9% exclusively breastfeed for 0-6 months. Keeping this information in the background, we targeted to create awareness to reach as many people as possible. Faculty and nurses of different departments came forward to organize various health education activities, quiz, drawing, video competitions, targeting mothers, senior citizens of the family, health care workers, students, adolescents, at various outreach communities, medical, nursing students and parents of our hospital and government health centers in and outside the city.

I thank the management, faculty of Neonatology, Community health, OBG, Pediatrics, Lactation department, College of Nursing, who supported us to take these activities to reach the maximum beneficiaries and encouraged students to take part in various competitions.

## Day 1- Inauguration and Exhibition

The week started with an inauguration ceremony at the Paediatric OPD premises. The celebration began with a symbolic inauguration ceremony. The event was graced by the Associate Directors of Medical College and Finance, Chief of Medical services, and Chief of Nursing services.



The event included exhibition regarding breast feeding education for parents and display of posters and slogan on WBW21. Representatives from the hospital administration, nursing in-charge, heads and consultants of various departments and nurses were present. Slogan and poster competitions was held on the theme of WBW21. This included handwritten and digitally designed posters and slogans from 23 participants from SJNHS. The judging of the competition was done on the same day.



The CNS inaugurating the exhibition. Posters and slogans displayed in the Exhibition.

## Day 1- Community activity

Department of Community Health kicked off WBW21 celebrations at two sites. Dr. Avita Rose J coordinated the event at Austin town government maternity hospital. There was an awareness program attended by 30 antenatal mothers. This was followed by quiz competition. The prizes were sponsored by Biocon foundation.

Drawing and essay competitions for school children on importance of breast milk were conducted at three venues namely Mugalur, Handenahalli, and Kuthaganahalli by the health workers, assisted by interns and RMOs. The event was coordinated by Dr. Deepthi S of Community Health

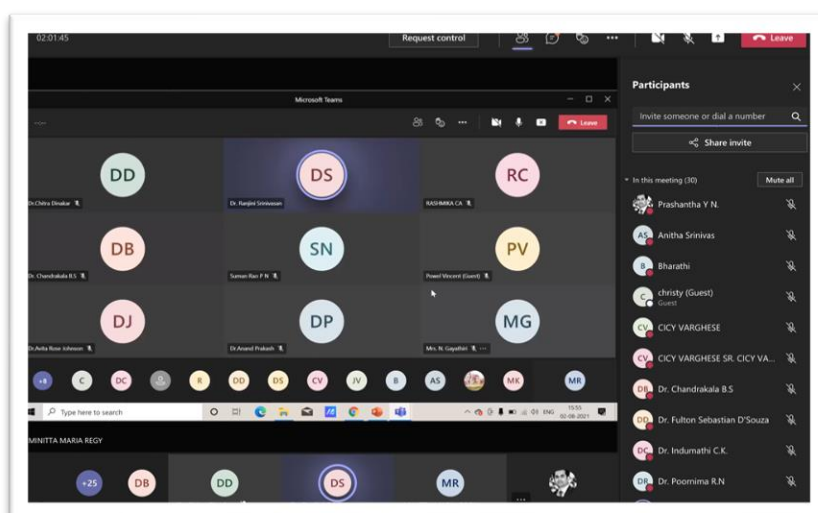
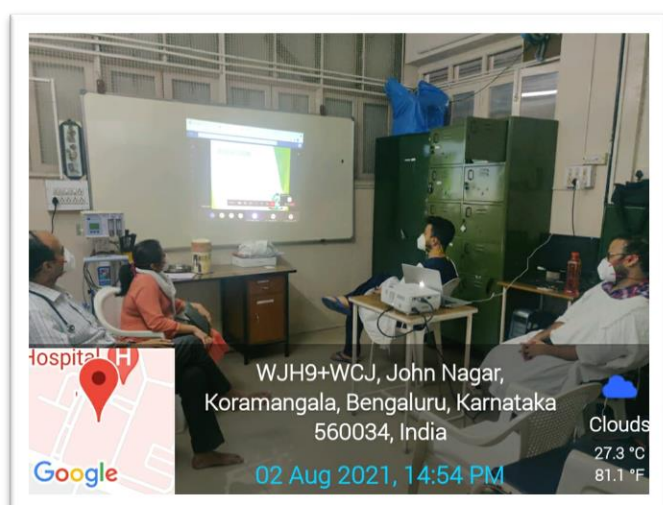


## Day 1- Postgraduate student activity

In the afternoon, as a part of postgraduate student activity, PG seminar was held. The event was coordinated by Dr. Saudamini from Neonatology and Dr. Ranjini from Pediatrics. Postgraduate students of departments of Pediatrics, OBG, Neonatology, College of Nursing and Community health participated in this enriching session on recent evidence to promote breast feeding. The program invited healthy discussions and knowledge sharing of the advances in the respective fields.

### Participant list:

- Pediatrics – Dr. Sr. Sunita and Dr.Chaitra
- OBG: Dr. Christy and Dr. Ann maria
- Neonatology: Dr. Rashmika and Dr. Rashmi
- College of Nursing: Sr. Jacqueline amd Mrs. Mary
- Community Health: Dr. Minita Rejy and Dr. Avita Rose Johnson



## Day 2 - Lactation workshop

A full day lactation workshop was organized on 3rd August 2021 in the mini auditorium of the hospital from 9.00 am to 4 p.m. The workshop focused on imparting practical knowledge and enhancing the participants' skills by hands on training regarding breastfeeding and tackling the problems associated with it. The workshop was attended by 32 participants, which was a mix of postgraduate students, interns, and nursing staff.



The event was coordinated by Dr. Shashidhar and Dr. Anjali from the Neonatology department with faculty from Community health, SJRI, and Neonatology.



### Day 3- activities in the postnatal wards

Day 3 events was held in the post natal wards (PNW) of the hospital, coordinated by Ms. Leelamma, Ms. Anitha, and Ms. Gayathri. The events consisted of role play by nurses and inters on this years' WBW theme. Followed by education of importance of Breastfeeding by Neonatology doctors. The program was well received by the mothers and the attenders. There was also quiz competition held for the mothers in the PNW. Mothers enthusiastically participated in the competition and winners were suitably rewarded.







### Day 3- Community Outreach

As a part of community outreach, various competitions and health education sessions were held at Mugalur involving elderly and expectant and postnatal mothers. It was aimed on facilitating family support for breastfeeding mothers.





*Health education by health worker Mrs Krishna Kumari*

#### **Day 4- Community Health Training Centre, Mugalur.**

On 5th August, the Maternal and Child Health Clinic Day, the awareness program in view of World Breast Feeding Week 2021, was conducted at Community Health Training Centre, Mugalur. The program was presided by the faculty of the Department of Community Health. The program was attended by Health Committee Members, Panchayathi members of Mugalur, Antenatal and Postnatal mothers of our MCH Clinic, Patients of Well-Women clinic, Parents of children who came for routine immunization, GHK members of Mugalur, people from Mugalur and other subcentre villages, Health-workers of CHTC, Physiotherapy postgraduate, Interns, all staff and RMOs. In addition, the MBBS, nursing, and physiotherapy interns performed a skit on “Importance of breastfeeding and the taboos associated with breastfeeding.”





#### Day 4- Online Quiz.

Online quiz competition regarding breast feeding was held online for UG, Interns, Postgraduate students from the medical stream and UG PG students from the nursing stream. The response was overwhelming, with 85 participants participating in the event

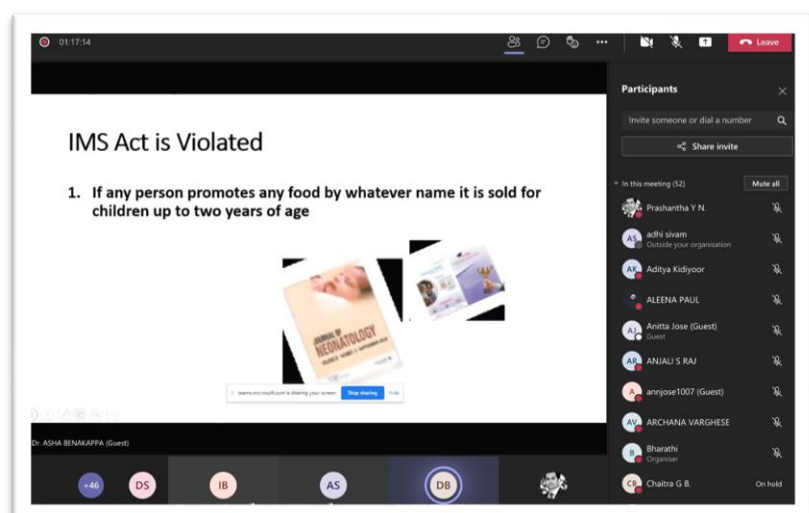
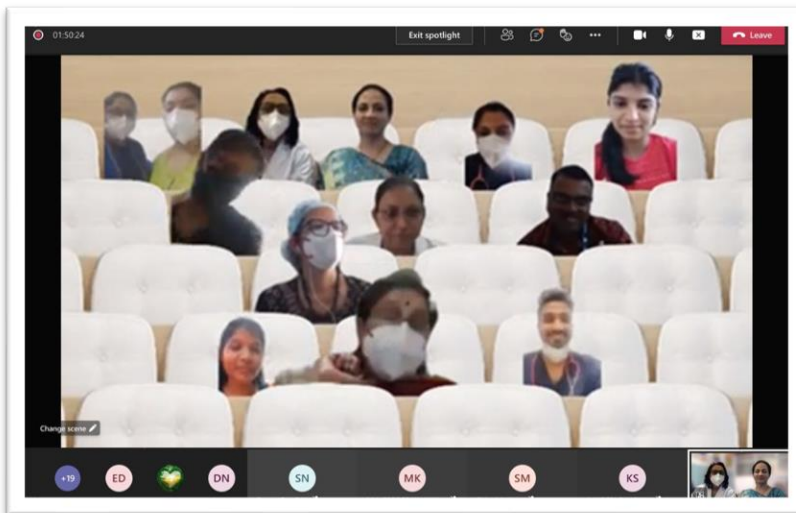
#### Day 5- Community Outreach.

Community awareness program on Breast feeding was held at Maya Bazaar, Austin Town, Bengaluru. The activity also included various competitions involving breastfeeding mothers



## Day 5- Webinar.

Guest lectures from eminent experts in the field were held as a part of Friday Clinical meeting. Dr. Asha Benakappa, spoke about IMS violations and the need for stringent measures to promote and protect breast feeding. Dr. B. Adhisivam spoke on human milk banking in the context of protecting breast feeding. The meeting was attended by over 55 participants online. This was followed by announcement of prizes for winners in different competitions held as a part of WBW celebrations.



# Prize announcement



## Day 6

A focused group discussion (FGD) during the last day of the breastfeeding week was conducted in the postnatal ward. Four mothers and their grandmothers participated in the discussion. The discussion was led by two doctors, one social worker and one nurse from the research institute. Below is the summary of the FGD.

- All mothers felt breastfeeding is advantageous
- 50% said it was difficult
- 25% felt that there was fear along with happiness while holding the baby.
- Antenatal awareness on breastfeeding helps in mitigating postnatal problems.
- Conflicting advice from different members and healthcare personnel is a barrier to breastfeeding which may be addressed by discussion.
- Most mothers agreed that breastfeeding is acceptable in public and would continue to breastfeed while going to work.

## Online Campaign

Online campaign on the breastfeeding promotion by the institution was carried out during the WBW 21. This included information on the various activities being conducted as a part of the celebrations



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Acknowledgement: Dr. Chandrakala B.S.  
Professor & HOD, Dept. Of Neonatology

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# The 38th Jayashree Memorial Oration

*“The future depends on what we do today”*

14<sup>th</sup> August 2021

The 38th Jayashree memorial oration was delivered on 14<sup>th</sup> August 2021 by Professor Priya Abraham Director National Institute of Virology Pune. This was the first oration to be held on an online platform and was well attended by alumni from India and abroad. The topic of the oration was “The future depends on what we do today”.



The oration was initiated by a welcome note by the President of the Alumni Association Dr Maya Mascarenhas followed by a prayer by Dr Sr Dayana. Professor Usha Kini previous head of the department of Pathology gave the oration background and commemorated the life of Dr Jayashree. Dr Kini shared wonderful photos and threw light on the persona of Dr Jayashree. Professor Ragini Macaden introduced the orator Dr Priya Abraham. She outlined Dr Priya’s remarkable journey from a MBBS student in Christian Medical College, Vellore to an exemplary academician and researcher.

She fondly spoke of her interactions with Dr Priya and of the many roles she has successfully essayed from an outstanding virologist, teacher and mother. Dr Priya Abraham who took over as the Director of NIV at the beginning of the pandemic and has been at the helm of affairs elegantly spoke to the audience about the many challenges the world has gone through during the pandemic.

She took us from virology to the medical, environmental, economic, and social implications of the pandemic. She spoke about the climate and ecological changes that have led to the emergence of various viruses and the subsequent pandemic of SARSCoV2. She shared her deep understanding and insight of not just the virological aspects of Covid-19 but also several other aspects including the digital divide and mental health issues. She also outlined the several positives including the response of the healthcare community. She highlighted the inequalities in education, healthcare, digital access and vaccine distribution that the pandemic has laid bare and need to be sorted going forward because in our interdependent world nobody is safe till everyone is safe.

Dr. Priya's oration was indeed a wake up call on what needs to be urgently done to secure the future. The oration ended with a vote of thanks by Dr. Priya Pais, the vice president of Alumni Association.

Acknowledgement: Dr. Benzeeta Pinto,  
Department of Immunology and Rheumatology

# 75<sup>th</sup> INDEPENDENCE DAY

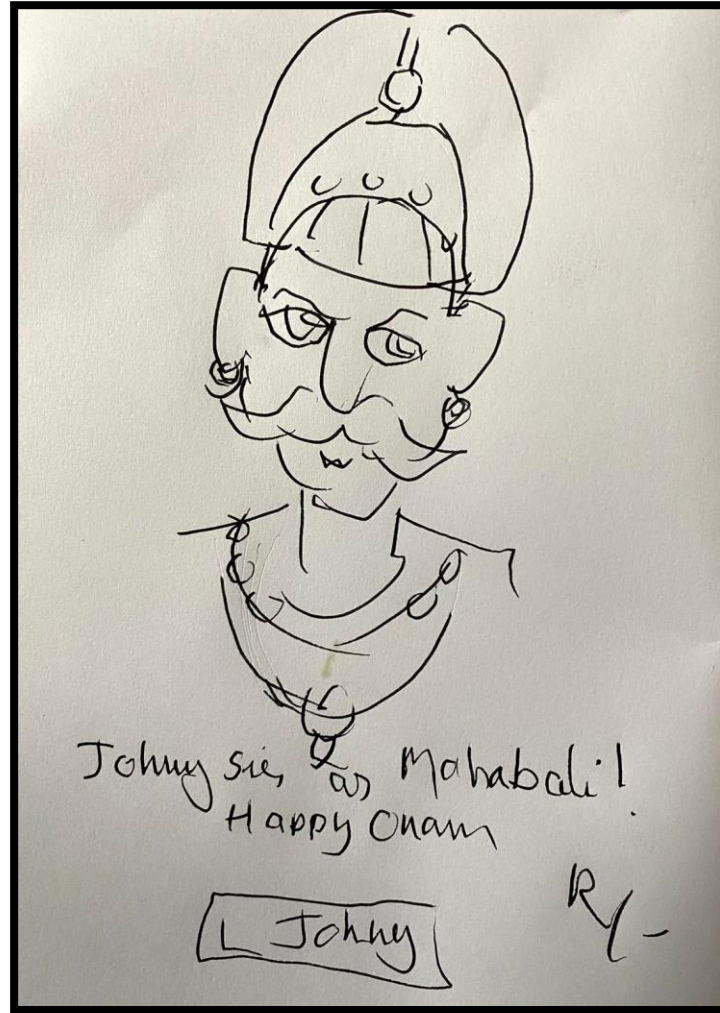
14<sup>th</sup> August 2021

Independence day celebrations were conducted in the Medical college lawn. Prof Reena Menon (Principal college of nursing) was the chief guest. Here are a few pictures of the occasion.



Acknowledgement & PC: Mrs. Noella, Secretary  
ADH

# L Johny



Art by: Dr. Rakesh Ramesh

## Dr. Pretesh Kiran was felicitated by BBMP



15<sup>th</sup> August 2021 - Dr. Pretesh Kiran (Department of Community Health) was felicitated by Bruhat Bengaluru Mahanagara Palike (BBMP) at their Headquarters for work at BBMP, COVID19 War room during this COVID19 Pandemic times.



# Disaster drill

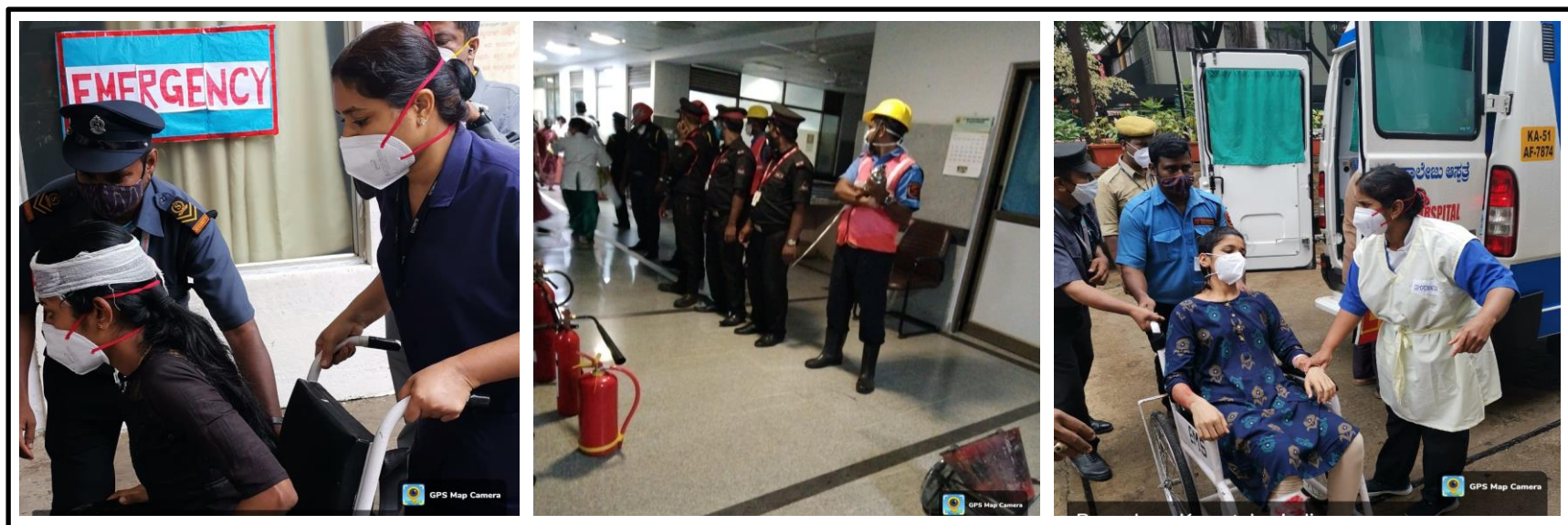
13<sup>th</sup> July 2021

As part of the academic requirement, 2nd year M.Sc nursing students conducted a disaster drill in collaboration with Quality Department, Fire Safety and Disaster Management Team of SJMCH on 13th July 2021. It was a collaborative effort by Dr. Pretesh (Prof. Community Medicine Department) Mrs. Beenamma (Quality Manager), Mrs. Deepa.S.Nair (H.O.D of Community Health Nursing), Mr.Vincent Shanthakumar (General Manager security), Mr.Biswas (Fire and safety officer) and Mr.Rajarao (security officer).

Code red was initiated in the oncology block, followed by code orange in the emergency when the casualties were brought to the old emergency department. There was a violence which was staged, and code white was also activated.

Different techniques were used to carry the patients such as pick a back & human crutch. There were 18 patients affected by code red, 4 patients with severe injury (code red), 5 patients with moderate injury (code yellow), others were with minor injury (code green).

There was debriefing session after the drill, chaired by the Chief of Medical Services, Dr. Sanjiv Lewin. Representatives from the hospital, college of nursing, other personnel from the supportive services and M.Sc. 2nd year students were present. Suggestions and constructive feedback on the event was given by several heads of the departments. The drill was a successful venture - a learning experience for students & staff alike.



Acknowledgement: Prof. Reena Menon,  
Principal, College of Nursing

# In-Service Education Program

15<sup>th</sup> July 2021

The 2nd year MSc 2019 batch conducted an In service education program for the security personnel of SJMCH and for the non-teaching staff of SJCON. The Topic was on “**Basic Life support**” (BLS) & the theme was “**You can save lives**”. The inaugural ceremony was at 9.15 am, the dignitaries for the ceremony included Fr. John Varghese (Associate Director of Hospital and College of nursing), Rev.Sr.Ria Emmanuel (Chief of Nursing Services), Professor Reena Menon (Principal College of Nursing).

Rev. Fr. John Varghese gave an inspiring message on importance of basic life support, emphasizing the need for training non-medical persons in basic life support which enables them to act in an emergency. Rev. Sr. Ria Emmanuel also stressed about the need to be trained in basic life support.

The morning sessions included lectures and discussions. The post noon included hands on training on BLS. The participants were reoriented in each station by the instructor and were given opportunity to re demonstrate individually. The hands-on training enriched them and made them feel confident in BLS. The day came to an end at 4.30 pm with a valedictory ceremony



Acknowledgement: Prof. Reena Menon,  
Principal, College of Nursing

# Tour De Mugalur 2021 Edition

22<sup>nd</sup> August 2021

Department of Community Medicine conducted Cyclathon Tour De Mugalur with the theme of “**Cycling To Combat Chronic Diseases**”. Cyclathon was flagged off by Rev. Fr. Charles Davis (Associate Director College), Rev. Fr. Jesudoss (Associate Director Finance) and Dr. George D’Souza (Dean, St. John’s Medical College) from St. John’s National Academy of Health Sciences, & cyclists (including students, faculty & others) pedaled a distance of 28 kms to Mugalur. T- Shirts were released as a part of the program on 21<sup>st</sup> August.



## ***Mrs. Sumathi*** ***(Nurse, COVID Ward)***

Not all heroes wear capes - some are decked in a pink uniform, hands gloved, hair tied up, complete with the SJMCH logo etched next to their collars. Mrs. Sumathi, a nurse at the hospital takes quick strides across the corridors of the ward and greets me merrily.

This wasn't the first time I was speaking to Mrs. Sumathi; I'd spoken to her several times on call, trying to schedule the interview. It had been a vibrant back and forth as we tried to meander around her tightly stretched schedule - as she was a busy nurse at the hospital and a busy mother to a 2-year-old toddler at home.

So, like most days, Wednesday had been a busy day for her - she'd worked at the general surgery ward for hours on end and had still been kind enough to take some time out to talk to me.

Mrs. Sumathi has worked at Johns since 2012, and she says she holds every moment of working here close to her heart. She methodically goes over the facets of her work on a typical day - this includes her usual duties as a nurse - like assisting the doctor, taking care of medical procedures and instruments like injections, vials etc. The pandemic, however, has added a bunch of new tasks to her list of duties.

Mrs. Sumathi spent 4 months working in the COVID ward - during which, she had to fill in the role of a nurse and a caretaker to the patients. She had taken it upon herself to attend to all of the patient's needs - like feeding the patient, helping them walk around or go to the washroom, listening to their concerns and several other things. She tirelessly worked through all of it, despite the sheer quanta of work and number of patients she was in charge of.

I ask her if the workload or the enormous trauma she was exposed to ever got too much to handle, and she promptly shakes her head with a gentle smile. She even goes ahead to say she'd be more than happy to be posted at the COVID ward again!



In response to this, I ask her if she's ever been hesitant of signing up for covid duty in fear of contracting the virus herself, to which she replies "***No I wasn't hesitant, I've never thought of it like that. To me these patients suffering are also like me - someone's parents, someone's siblings, someone's children. I just wanted to do as much as I can so they could get back to their family***". Humans are pretty limited in their physical powers, but on this mundane Wednesday - I see a rare glimpse of something supernatural in Mrs. Sumathi's unfaltering and fearless dedication to her patients.

There is a certain assurance and awe that comes with knowing that our very own hospitals have such committed frontliners, who are willing to throw caution and fear of their health to the wind and rise to the unprecedented and immensely dehumanizing pandemic.

While Mrs. Sumathi's words echo as a reminder of her tenacity and devotion to the sick - It is important to remember her sacrifices and that she too is human. It takes a monumental amount of courage to leave your 2-year-old toddler at home, and report to the COVID ward to tend to your patients despite seeing first-hand what the virus can do to your body. This conversation with Sister Sumathi helps me realize that we may pay our frontliners for their trouble - but for their kindness, we remain in their debt.

Interviewed and written by Zainab  
Fathima, MBBS 2020

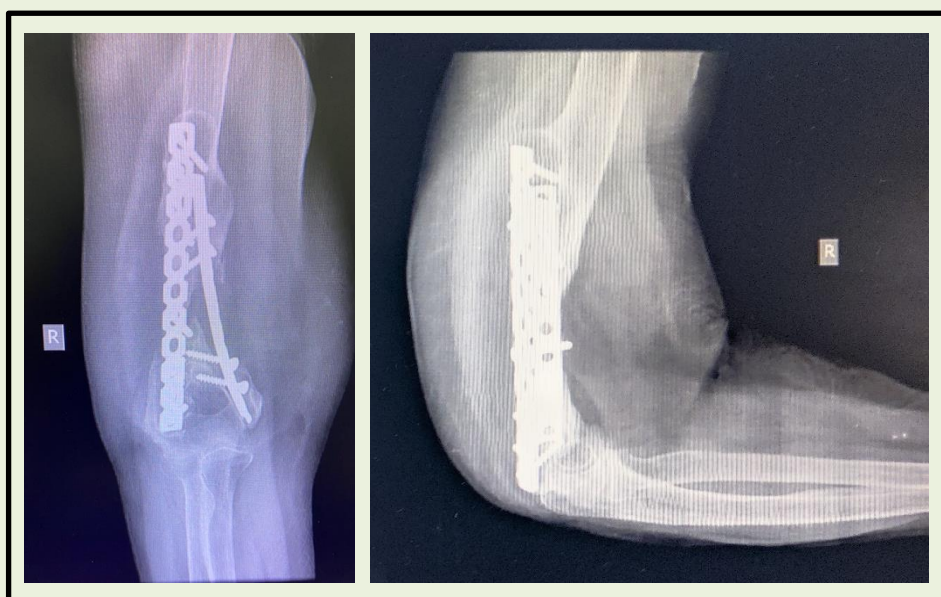




# SURVIVOR'S CORNER

## ***Total Elbow Arthroplasty for Distal Humerus Non-Union.***

A right-handed 69-year-old female who had a fall and sustained right distal humerus fracture underwent open reduction and internal fixation in West Bengal 4 years ago. She presented to us with pain, stiffness, and restricted range of movements of the right elbow and shoulder. Patient also had multiple co-morbid conditions like Hypertension, Hypothyroidism, Ischemic heart disease, Cerebrovascular accident, Diabetes mellitus, and Obstructive Sleep Apnoea. Investigations done at St. John's medical college Hospital demonstrated gap non-union of about 2 cm with lysis of bone around the implants. Clinically and radiologically, we did not find any evidence of infection.



**Figure 1:** showing Right elbow AP and Lateral view with Gap Non-union, osteoporotic bone with old implants with loosening and lysis around it.

The challenges in this case were gap non-union of the Distal Humerus with osteoporotic bones, restricted Range of movements at elbow and the shoulder, with multiple comorbidities.

2

One option to tackle all these issues was exploration, looking for any evidence of infection and osteosynthesis with fibular strut and iliac crest bone grafting.

However, disadvantages included immobilization causing stiffness, risk of persistent non-union and chances of fracture elsewhere due to manipulation of osteoporotic bone. Hence, we decided to perform Total Elbow Arthroplasty with tumor prosthesis which would mitigate these challenges. Various departments in our institution thoroughly evaluated her and fitness for surgery was obtained.

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# SURVIVOR'S CORNER

The Orthopaedic Unit 3 team, had done adequate pre-operative planning for the case and covered all bases. On the day of the surgery, this high-risk Grade 4 ASA patient was given general anaesthesia with brachial plexus block by Dr Vikram, Dr. Satya & the team from the Department of Anaesthesiology.

Intraoperatively, we performed a meticulous and methodical dissection as any revision surgery poses certain difficulties like distorted anatomy and fibrous tissue. The Ulnar and Radial nerves were isolated, old implants were removed, bone was prepared, and a Total Elbow Arthroplasty was performed as planned. Post-operative period was uneventful. Early rehabilitation was started by under supervision by Physiotherapy department. The patient was elated and emotional as after 4 long years, she was finally able to eat using her right hand and easily perform her activities of daily living.

Total Elbow Arthroplasty (TEA) is an increasingly used motion-preserving modality for the treatment of many debilitating pathologies. Primary indications include rheumatoid arthritis, post-traumatic arthritis, and intra-articular distal humerus fractures in the elderly with poor bony quality. TEA is a rapidly growing indication for complicated non-union in osteoporotic distal humerus fracture with excellent outcome and good patient satisfaction.



Post-operative radiographs showing Total Elbow tumour Prosthesis in-situ

**Congratulations to  
Teams of Department of  
Orthopaedics (Unit 3)  
Anaesthesiology and  
Nursing for this success**

Acknowledgement: Dr. Sandesh Rao, Assistant Professor, Department of Orthopaedics (Unit 3)

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# Rhyme Chime...

## IDENTITY

- Dr Srilakshmi Adhyapak

Man's quest eternal for an identity,  
To identify, to be slotted into an entity.

Through a cycle whirling kaleidoscopic,  
Phases of life judged by a yardstick myopic,

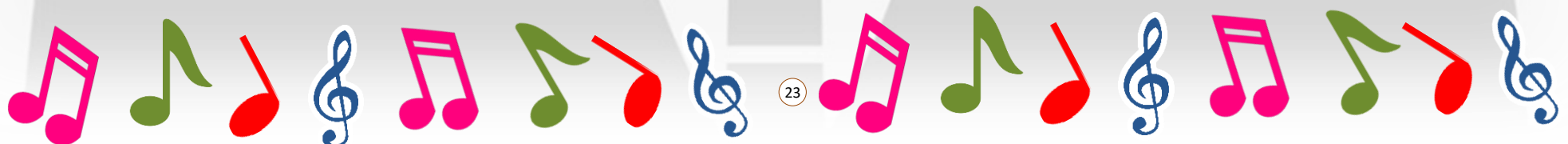
The starting point and ending point startlingly clear,  
Clinging to stratified egos so dear.

Pondering over a quagmire infinite,  
Defined by bonds filial or vocations finite.

A drop in an ocean stretching vast,  
Encompassing lives in a chequered past.

The Lord's breath, the soul imperishable,  
Taking on identities through lives lived ephemeral.

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# Team of The Month

## EMBALMING TEAM

Embalming is a procedure done to preserve the body and present in life like form. The service provided by the department of Anatomy are funeral embalming, cadaveric embalming, body dressing and body retaining. Funeral embalming is open to public by demand; cadaveric embalming done for voluntary donor bodies for teaching, training, and research. Embalming is advised if for any reason the last rites of the deceased are to be performed later than 24 hours after death.

A team of Anatomy attenders provide the above service, Mr. Sagay Raj A, Mr. Jude Pradeep, Mr. Boregowda, Mr. Albert, Mr. Krishnappa M and senior technicians, Mr. Sathish T S and Mr. Job K. Mr. Sathish and Mr. Jude Pradeep work round the clock 24/7.



**THE TEAM: Standing L-R: Mr Job, Mr SagayRaj, Mr Albert, Mr Jude Pradeep, Mr Krishnappa, Mr Sathish, Mr Boregowda**

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# Team of The Month

Embalming team provides meaningful farewells by gently acknowledging feeling of loss, sadness, and confusion among the relatives of the deceased. The team members have honed the skill over the decades and always focused on the respect and dignity of the deceased.

Any inpatients of SJMCH who have expired in the hospital will be considered for embalming services, if the attendants of the patients so wish, except in case that death was due to the conditions such as HIV, Hepatitis, Fulminant Tuberculosis and COVID 19.

The request can be made by a call from the treating doctor, attending nurse or an attender of donor with the doctor in charge of embalming. The procedure is carried out after charging a nominal amount at the emergency cash counter in the hospital. The senior lab technician will keep the documents ready and make the necessary entries in the register. Once all the above are completed, the doctor in-charge will verify and sign the documents. The procedure is explained to the attendant(s) in detail and are kept informed about the waiting time (minimum 45 minutes). The doctor-in-charge will then examine the body and give the go-ahead for embalming to be performed.

The yeomen priceless service is rendered wholeheartedly with dedication and commitment by our unsung heroes, the non-teaching staff in the true spirit of the motto that the St John's family strives for - ***'He Shall Live Because Of Me'***.

***"We think too much and feel too little. More than machinery, we need humanity. More than cleverness, we need kindness and gentleness"***

**- Charlie Chaplin**

***"The best way to find yourself is to lose yourself in the service of others"***

**- Mahatma Gandhi**

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# IG NOBEL



## 1997 – COMMUNICATIONS

### Sanford Wallace

Sanford Wallace, president of Cyber Promotions of Philadelphia — neither rain nor sleet nor dark of night have stayed this self-appointed courier from delivering electronic junk mail to all the world.

Wallace had been organized enough to become a massive spammer. Born in 1968, he attended high school in Maplewood, New Jersey, but realized the academic world wasn't for him. He tried attending college twice, first at SUNY-Buffalo and then at New Jersey's



Ramapo College; he didn't last a semester at either. He later described himself as “not a good student.”

That didn't stop him from finding monetary success—and public notoriety—during the mid-1990s with his Pennsylvania company Cyber Promotions. As a heavysset twenty something with close-cropped hair and glasses, Wallace first spammed fax machines and then moved on to e-mail, believing that he had a legal right to market his wares as he saw fit. Dubbed “Spamford” by opponents, he eventually embraced the nickname and even registered the domain spamford dot com. (In 1997, Hormel sent him a letter objecting to the name on the grounds that it used the company's potted meat SPAM trademark). Unlike other spammers who hid their identities, Wallace regularly tangled in public with antispam crusaders.





# GREY *Matters!*



## Medical Trivia!

1. Which English physician duo carried out the first xenotransfusion [sheep blood into a human] and what was the indication?
2. Which physician first used a battlefield tourniquet to stop bleeding?
3. Who was the author of Al-Qanun fi al-tibib, a textbook used in medical schools until late 17<sup>th</sup> Century? What does Al-Qanun fi al-tibib mean?
4. Which high ranking official in Pharaoh Djoser's reign is considered the first dentist and physician?
5. Name the Father of Modern Psychosurgery and the surgery that he pioneered in.



[CLICK HERE FOR ANSWERS](#)

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# PEARLS OF WISDOM

You're like a bird, spread your wings and soar above the clouds.

Mairead



©Pexels



©Steemit

The sun does not shine for a few trees and flowers, but for the wide world's joy.

- Henry ward Beecher

All our dreams can come true- if we have the courage to pursue them.

- Walt Disney



© dreamstime

REF: 365 Days of Wonder: R.J.Palacio.

## Did You Know?

### Trees can communicate?

Trees talk. Their roots are connected through an underground network of fungi, nicknamed the "Wood Wide Web," that allows them to share resources with each other. They "talk" by transmitting nutrients to one another through the fungi. For instance, a mother tree, or oldest and strongest tree in the forest, will share some of her sugars with smaller, nearby trees. (Ref: Readers Digest)

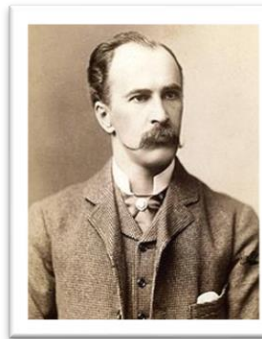


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# THE QUOTABLE OSLER



SIR WILLIAM OSLER

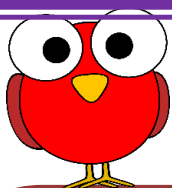
## Never Listen to tales or slander a colleague.

No sin will so easily beset you as uncharitableness towards your brother practitioner. So Strong is the personal element in the practice of medicine, and so many are wagging tongues in every parish, that evil speaking, lying, and slandering find a shining mark in the lapses and mistakes which are inevitable in our work.



© shutterstock

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



## MEDICINE THIS MONTH

*A Bird's Eye View.....*

### Approaches to reduce recurrent Clostridioides difficile infection (CDI).

New guidelines on the management of CDI were issued by the Infectious Disease Society of America (IDSA) and the American College of Gastroenterology (ACG). For patients with non-fulminant CDI, the IDSA guidelines favor use of fidaxomicin over vancomycin; in addition, for patients with recurrent CDI and prior episodes in the last six months, the IDSA guidelines favor the use of adjunctive bezlotoxumab (with a standard antibiotic regimen). For patients with recurrent CDI who are not fecal microbiota transplantation candidates, the ACG guidelines suggest use of suppressive oral vancomycin following completion of treatment. This is associated with a modest reduction in risk for recurrent CDI.

- Dutch GBS Study Group. Lancet Neurol. 2021

### Prophylactic Tranexamic acid for reducing postpartum hemorrhage.

Use of prophylactic tranexamic acid for reducing postpartum hemorrhage after caesarean section was controversial and had limited evidence. In a recent large multicentric double blind, randomized, placebo-controlled trial in France on 4551 women who underwent caesarean section, blood loss of more than 1000mL requiring red cell transfusion was significantly lower in the tranexamic acid arm compared to placebo (26.7% versus 31.6%,  $p = 0.003$ ). This benefit of Tranexamic acid was in addition to standard uterotonic agents such as Oxytocin. Hence prophylactic Tranexamic acid is now recommended in high-risk patients who are undergoing caesarean section.

- Sentilhes L et al, N Engl J Med 2021; 384:1623-1634



CME

# ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of *Clostridioides difficile* Infections

Colleen R. Kelly, MD, AGAF, FACG<sup>1</sup>, Monika Fischer, MD, MSc, AGAF, FACG<sup>2</sup>, Jessica R. Allegretti, MD, MPH, FACG<sup>3</sup>, Kerry LaPlante, PharmD, FCCP, FIDSA<sup>4</sup>, David B. Stewart, MD, FACS, FASCRS<sup>5</sup>, Berkeley N. Limketkai, MD, PhD, FACG (GRADE Methodologist)<sup>6</sup> and Neil H. Stollman, MD, FACG<sup>7</sup>

***Clostridioides difficile* infection occurs when the bacterium produces toxin that causes diarrhea and inflammation of the colon. These guidelines indicate the preferred approach to the management of adults with *C. difficile* infection and represent the official practice recommendations of the American College of Gastroenterology. The scientific evidence for these guidelines was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation process. In instances where the evidence was not appropriate for Grading of Recommendations Assessment, Development, and Evaluation but there was consensus of significant clinical merit, key concept statements were developed using expert consensus. These guidelines are meant to be broadly applicable and should be viewed as the preferred, but not the only, approach to clinical scenarios.**

*Am J Gastroenterol* 2021;116:1124–1147. <https://doi.org/10.14309/ajg.0000000000001278>; published online May 18, 2021

## INTRODUCTION

The American College of Gastroenterology last published guidelines on the diagnosis, treatment, and prevention of *Clostridium difficile* infection in 2013 (1). Since that publication, there was a change in the taxonomic classification in 2016, with the organism assigned to a new genus and now called *Clostridioides difficile* (2). The US Centers for Disease Control and Prevention has adopted the new nomenclature, which has become standard throughout the scientific literature. Other developments include the increased recognition of diagnostic challenges in the era of nucleic acid amplification–based testing, new therapeutic options for treatment and prevention of recurrence, and increasing evidence to support fecal microbiota transplantation (FMT) in recurrent and severe infection.

These guidelines are intended to be complementary to the recently updated Infectious Disease Society of America (IDSA) and Society of Healthcare Epidemiologists of America (SHEA) guidelines (3–5). The goal of the authors was to provide an evidence-based, clinically useful guideline for the diagnosis, management, and prevention of *C. difficile* infection (CDI). We chose to expand on areas of particular interest to gastroenterologists, including diagnostic issues around diarrhea and distinguishing *C. difficile* colonization from active infection, and the evaluation and management of CDI in the setting of inflammatory bowel disease (IBD). We also addressed the current evidence and best practices around FMT.

Each section presents recommendations followed by a summary of the evidence. The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system was used to grade the strength of the recommendations and the quality of the evidence (Table 1) (6). The strength of a recommendation is graded as strong, when the evidence shows the benefit of the intervention or treatment clearly outweighs any risk, and as conditional, when uncertainty exists about the risk-benefit ratio. The quality of the evidence is graded as follows: high if further research is unlikely to change our confidence in the estimate of the effects; moderate if further research is likely to have an important impact and may change the estimate; and low if further research is very likely to change the estimate. Key concepts are statements that are not amenable to the GRADE process because of either the structure of the statement or the available evidence. In most instances, key concepts are based on extrapolation of the evidence and/or expert opinion. Tables 2 and 3 summarize the GRADED recommendations and key concepts in this guideline.

## EPIDEMIOLOGY AND RISK FACTORS

Between 2001 and 2012, there was an increase in the annual CDI incidence of 43%; however, cases of multiply recurrent CDI (rCDI) increased 188% over that same period (7). Surveillance data from 2011 estimated the number of CDI in the United States to be 453,000 annually, with nearly 14,000 deaths directly

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**Received August 30, 2020; accepted March 25, 2021**

RESEARCH SUMMARY

# Tranexamic Acid for the Prevention of Blood Loss after Cesarean Delivery

Sentilhes L et al. DOI: 10.1056/NEJMoa2028788

**CLINICAL PROBLEM**

Postpartum hemorrhage is a major cause of maternal morbidity and mortality worldwide. Small trials have suggested that prophylactic tranexamic acid may reduce the risk of hemorrhage after elective cesarean delivery, potentially because of its antifibrinolytic effects.

**CLINICAL TRIAL**

**Design:** A multicenter, randomized, controlled trial of tranexamic acid to reduce the incidence of postpartum hemorrhage after planned cesarean delivery at  $\geq 34$  weeks' gestation.

**Intervention:** 4431 women were randomly assigned to receive an intravenous infusion of a uterotonic agent and either tranexamic acid or saline placebo within 3 minutes after cesarean delivery. The primary outcome was postpartum hemorrhage (calculated estimated blood loss  $>1000$  ml or red-cell transfusion within 2 days after delivery).

**RESULTS**

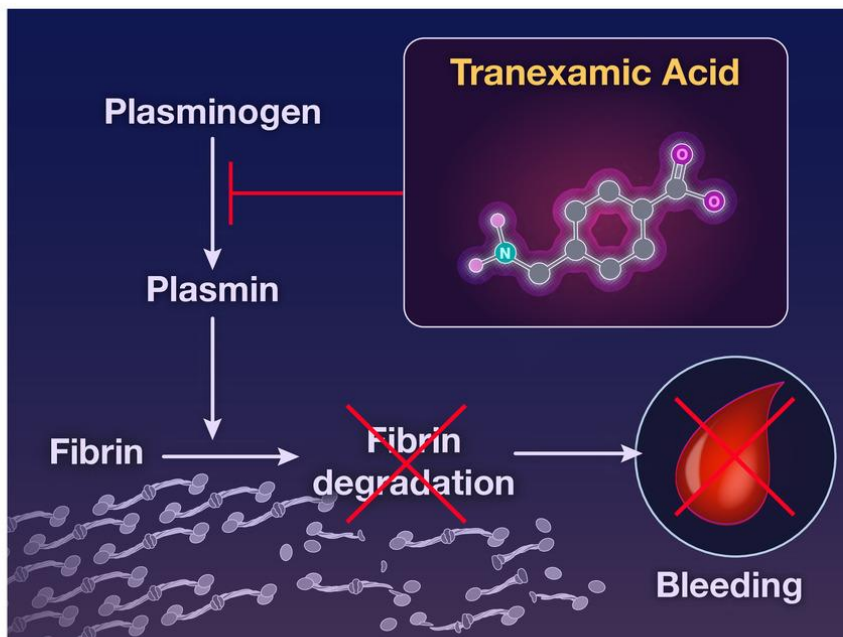
**Efficacy:** Postpartum hemorrhage occurred in fewer women in the tranexamic acid group than in the placebo group (26.7% vs. 31.6%). Secondary outcomes (rates of mean gravimetrically estimated blood loss, provider-assessed clinically significant postpartum hemorrhage, use of additional uterotonic agents, and postpartum blood transfusion) did not differ between the two groups.

**Safety:** In the 3 months after delivery, thromboembolic events occurred in 0.4% of women in the tranexamic acid group and 0.1% of those in the placebo group.

**LIMITATIONS AND REMAINING QUESTIONS**

- The incidence of postpartum hemorrhage was twice as high as expected, possibly because patients who underwent cesarean delivery during labor were included.
- One quarter of participants did not received treatment within 3 minutes.
- The point-estimate confidence interval for thromboembolic events during follow-up was large and included the possibility of a substantially increased risk with tranexamic acid.

Links: [Full article](#) | [NEJM Quick Take](#)



| Outcome   | Tranexamic Acid Group (N = 2222) | Placebo Group (N = 2209) |
|---|----------------------------------|--------------------------|
| Postpartum hemorrhage — no./total no. (%)   | 556/2086 (26.7)                  | 653/2067 (31.6)          |
| Gravimetrically estimated blood loss — ml   | 689±887                          | 719±920                  |
| Clinically significant postpartum hemorrhage according to health care providers — no./total no. (%) | 303/2220 (13.6)                  | 327/2208 (14.8)          |
| Additional uterotonic agents for excessive bleeding — no./total no. (%)                             | 130/2217 (5.9)                   | 159/2206 (7.2)           |
| Blood transfusion — no./total no. (%)   | 42/2221 (1.9)                    | 39/2208 (1.8)            |
| Calculated estimated blood loss — ml  | 680±748                          | 787±750                  |
| Hemoglobin $\ddagger$   |                                  |                          |
| Peripartum change — g/dl  | -1.2±1.2                         | -1.4±1.2                 |
| Peripartum decrease $>2$ g/dl — no./total no. (%)   | 397/2088 (19.0)                  | 497/2071 (24.0)          |
| Hematocrit  |                                  |                          |
| Peripartum change — percentage points   | -3.5±3.7                         | -4.0±3.7                 |
| Peripartum decrease $>10$ percentage points — no./total no. (%)                                     | 66/2086 (3.2)                    | 93/2071 (4.5)            |

**CONCLUSIONS**

In women with planned cesarean delivery, tranexamic acid resulted in a significantly lower incidence of hemorrhage than placebo but not a significantly lower incidence of secondary outcomes related to hemorrhage.



# RESEARCH SNIPPETS

## Measure of Linear association

The name of the correlation coefficient reflects the two men who were responsible for bringing correlation into the mainstream of statistical practice. Francis Galton introduced the concept of correlation in 1888; Karl Pearson subsequently made precise many of Galton's ideas. Hence this is called the Galton-Pearson correlation coefficient or Pearson correlation coefficient or product moment correlation coefficient. A Pearson's correlation coefficient measures the linear association between two measured variables. The linear association is measured by covariance between two measured variables. The covariance is nothing but a mean of the product of the deviations from means of those variables.

$$\text{cov}(X, Y) = \frac{1}{n} \sum_{i=1}^n (x_i - \bar{x})(y_i - \bar{y})$$

### How does covariance measure the linear association?

If Y increases with the increase of X, then if  $(x_i - \bar{x})$  is positive,  $(y_i - \bar{y})$  will also be positive in most of the cases. If both are in perfect agreement the deviation of y will be positive wherever the deviation of x is positive and will be negative wherever deviations of x are negative. But in case of perfect disagreement, the deviation of y will always be negative when the deviation of x is positive. It can be shown that for a perfect agreement or disagreement, the absolute value of covariance is equivalent to the product of the standard deviations of x and y. Hence, the covariance was scaled by product of the standard deviations of x and y and named as correlation coefficient.

$$\text{corr}(X, Y) = \frac{\text{cov}(x, y)}{\text{sd}(x) \times \text{sd}(y)}$$

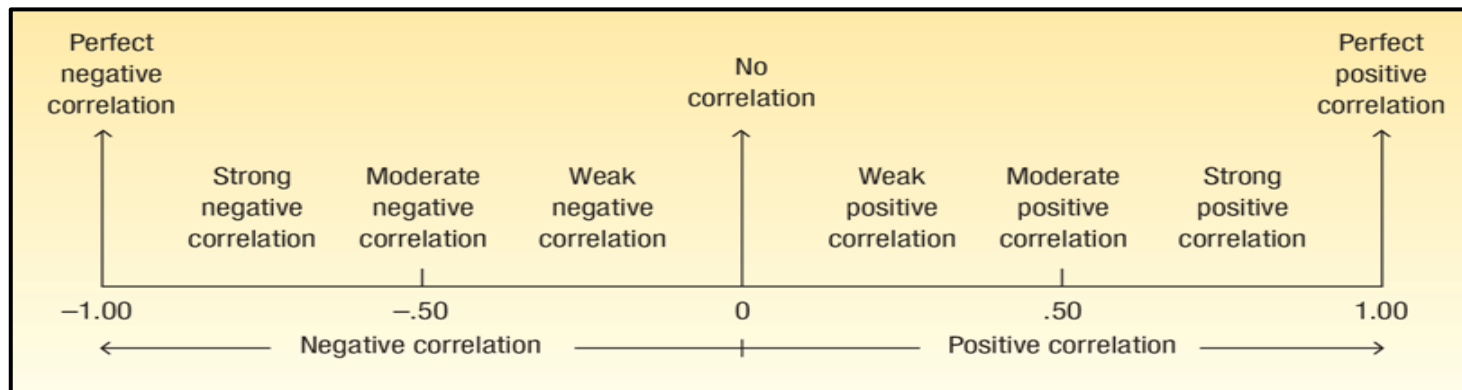
The advantages of this structure of the measures are (a) the absolute values of the correlation will be within (0,1), (b) the measure becomes free of any unit.

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# RESEARCH SNIPPETS

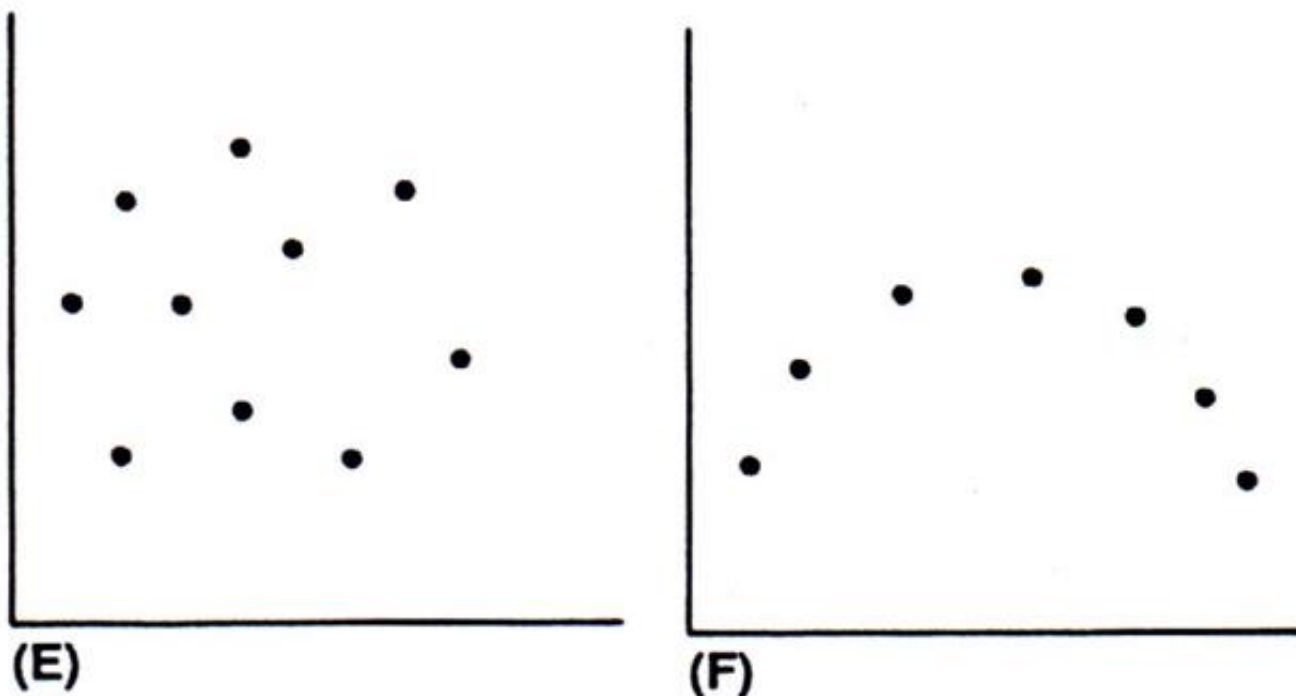
## Measure of Linear association

How do you interpret the correlation coefficient?



Does no correlation mean no association?

The left panel figure shows there is no association literally. However, the right panel doesn't say so. The right panel shows some association but not monotonic, and measure of the correlation is still '0'. Therefore, a correlation coefficient only measured the magnitude of linear association. The zero correlation interprets no linear association but cannot rule out the possibility of nonlinear association.



Correlation is an association, but all associations are not correlation!

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## **JAPANESE MEDICINE**

European medicine was introduced into Japan in the 16th Century by Jesuit missionaries and Dutch physicians in the 17th Century. Translations of European books on anatomy and internal medicine were made in the 18th century, and in 1836 an influential Japanese work on physiology was . In 1857 a group of Dutch-trained Japanese physicians founded a medical school in Edo (later Tokyo) that is regarded as the beginning of the medical faculty of the Imperial University of Tokyo.

During the last third of the 18th century, it became government policy to Westernize Japanese medicine, and great progress was made in the foundation of medical schools and the encouragement of research. Critical medical breakthroughs by the Japanese followed, among them the discovery of the plague bacillus in 1894, the discovery of a dysentery bacillus in 1897, the isolation of adrenaline (epinephrine) in crystalline form in 1901, and the first experimental production of a tar-induced cancer in 1918.



Edo



Logo of Japan  
Medical  
Association





# GREY Matters!



## Medical Trivia! ANSWERS

1. Richard Lower and Edmund King to cure mental illness!
2. Etienne J Morel
3. Avicenna, The Canon of Medicine
4. Hesy-Ra
5. Antonio Egas Moniz, Pre-frontal Leucotomy



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