

What's Up? @St John's Hospital

Issue 12, November 21st, 2018



Banyan Tree – one of the oldest trees on the campus in the Zen Garden.

PC: Dr. Rakesh Ramesh

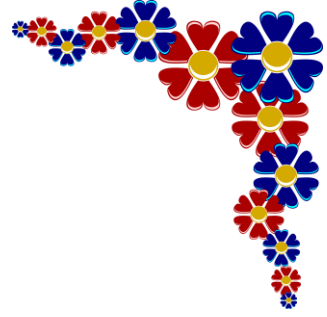
EDITORIAL TEAM:

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*Names are in Alphabetical Order

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





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MESSAGE FROM THE EDITORIAL TEAM

Yellarigu Namaskara!!!

“What’s Up? @ St John’s Hospital” magazine’s twelfth issue is out today. We successfully complete 3 months of continuous publications. We started our first issue on 16th August 2018. We thank you all for the overwhelming response.

The cover page design in this issue is inspired by the logo of World diabetes awareness day which was observed on 14th November 2018. To mark this day, we sincerely thank Dr. Vageesh Ayyar (Prof and Head, Department of Endocrinology) for providing us with a short write up on Diabetes Mellitus.

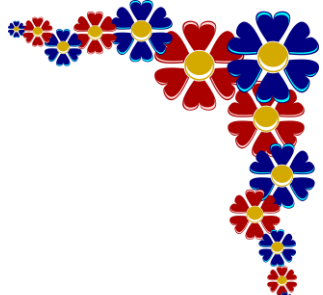

This time in the ‘know your hospital!’ section, we introduce Department of Audiology and Speech-Language pathology of St John’s Hospital.

We welcome Rev. Fr. Vimal Francis (Manager – HR) and Dr. Winston Padua (Senior Resident, Ophthalmology) to our family.

Feel free to communicate with us for publishing your achievements and events.

Regards

Editorial Team



UPDATES THIS WEEK

WORLD DIABETES DAY

14TH NOVEMBER 2018

- *Dr. Nandhini Perumal, Assistant Professor,
Department of Endocrinology*

Diabetes Mellitus is a leading contributor of mortality and morbidity due to cardiovascular disease, chronic kidney disease and blindness. Globally it affects 1 in every 11 adults, and 50% of those remain undiagnosed. Undoubtedly, it is a global problem of great magnitude which has to be addressed.

World Diabetes Day (WDD) was launched in 1991 by the IDF (International Diabetes Federation) and the World Health Organization (WHO) in response to the rapid rise of diabetes around the world. It is marked every year on 14th November, the birthday of Sir Frederick Banting, who co-discovered insulin along with Charles Best in 1922.

WDD is the world's largest diabetes awareness campaign reaching a global audience of over 1 billion people in more than 160 countries. The campaign draws attention to issues of paramount importance to the diabetes world and keeps diabetes firmly in the public and political spotlight.

The World Diabetes Day campaign aims to:

- a) Be the platform to promote IDF advocacy efforts throughout the year.
- b) Be the global driver to promote the importance of taking coordinated and concerted actions to confront diabetes as a critical global health issue.

The campaign is represented by a blue circle logo that was adopted in 2007 after the passage of the UN Resolution on diabetes. The blue circle is the global symbol for diabetes awareness. It signifies the unity of the global diabetes community in response to the diabetes epidemic.

UPDATES THIS WEEK

WORLD DIABETES DAY

14TH NOVEMBER 2018

The theme for WDD 2018 is “Family and diabetes”. Diabetes concerns every family. The IDF is urging families to learn more about the warning signs of diabetes. New research from IDF has discovered that parents would struggle to spot this serious life-long disease in their own children. Despite the majority of people surveyed having a family member with diabetes, an alarming four-in-five parents would have trouble recognising the warning signs. One-in-three wouldn’t spot them at all.

The findings underline the need for education and awareness to help people spot the diabetes warning signs early.

The warning signs can include: excessive thirst, frequent urination, a lack of energy, blurred vision, slow healing wounds, and numbness in the feet and/or hands.

A two-year time-frame has been chosen to best facilitate planning, development, promotion and participation. Materials and actions that IDF will develop over the two years of the campaign will aim to:

- a) Raise awareness of the impact that diabetes has on the family and support network of those affected.
- b) Promote the role of the family in the management, care, prevention and education of diabetes.

To mark WDD 2018, students from St.John’s College of Nursing held a small program to educate the public on 14th November 2018 at OPD premises.



UPDATES THIS WEEK

The Patient Treatment care and Support Centre for Tuberculosis was inaugurated on November 12th, 2018.



It is located in Room No.71 (next to the ART centre) and will sub serve the following functions:

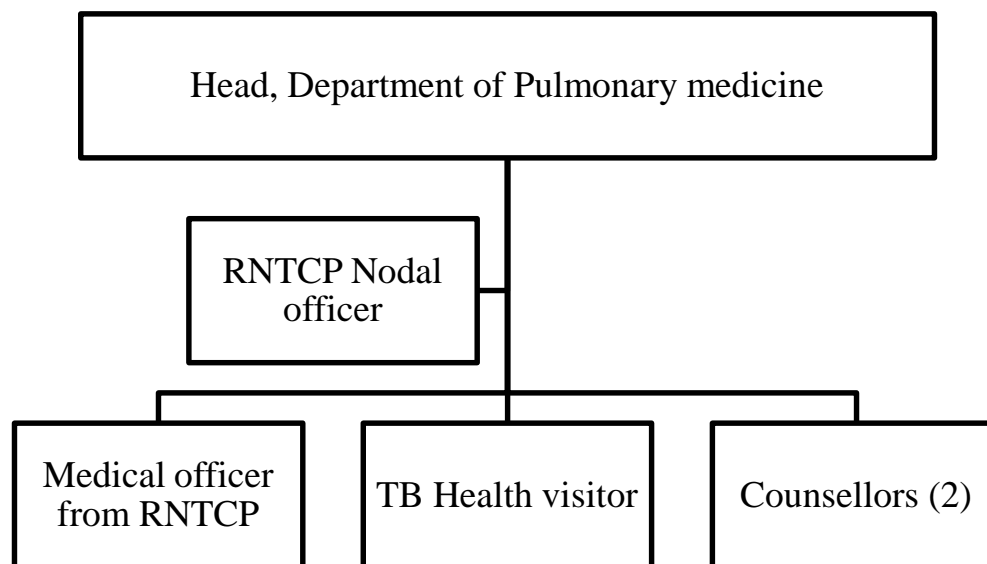
1. Early detection of all forms of TB presenting to SJMCH.
2. Notification of all patients diagnosed and treated at SJMCH
3. Initiating appropriate treatment through RNTCP
4. Counselling at treatment initiation and monthly intervals including:
 - a) General awareness counselling
 - b) Treatment and side-effects counselling
 - c) Nutrition counselling
 - d) Smoking cessation counselling
 - e) Adherence counselling
5. Identify barriers to treatment adherence at treatment initiation and followup, referring patients with behavioural barriers to adherence (alcohol dependence, smoking)
6. Clinical follow-up and referral of patients at monthly intervals including necessary lab investigations.



UPDATES THIS WEEK

The Patient Treatment care and Support Centre for Tuberculosis

ORGANOGRAM:

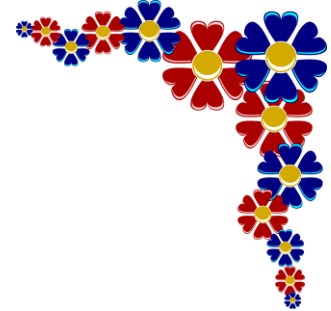


CORE COMMITTEE

Lead Coordinator: HOD of Pulmonary Medicine, Dr Uma Maheshwari

Members:

1. TB Nodal Officer, Dr Baijyanthi Mishra, Professor Microbiology
2. The Dean: Dr George D'souza, Professor Pulmonary Medicine
3. The CMS: Dr Sanjiv Lewin, Professor of Paediatrics
4. Head of Molecular Diagnostics, Dr Mary Dias, Associate Professor, Microbiology
5. HOD Medicine, Dr Jyothi Idiculla, Professor Medicine
6. ART Nodal Officer, Dr Savitha, Assistant Professor Medicine
7. Lead for paediatric TB, Dr Indumathi C K, Professor of Paediatrics
8. Dr Rashmi Rodrigues, Associate Professor, Community Health, Wellcome Trust/ DBT
9. Dr John Stephen S, PI THALI Project, Professor – Dermatology



IG NOBEL



1991 - LITERATURE

Erich von Daniken

Erich von Daniken, visionary raconteur and author of "Chariots of the Gods," for explaining how human civilization was influenced by ancient astronauts from outer space.

Daniken is a Swiss author of several books which make claims about extraterrestrial influences on early human culture, including the best-selling *Chariots of the Gods?*, published in 1968. Von Däniken is one of the main figures responsible for popularizing the "paleo-contact" and ancient astronauts hypotheses. The ideas put forth in his books are rejected by a majority of scientists and academics, who categorize his work as pseudohistory, pseudoarchaeology, and pseudoscience. Early in his career, he was convicted and served time for several counts of fraud or embezzlement, and even wrote one of his books in prison.



Erich von Daniken

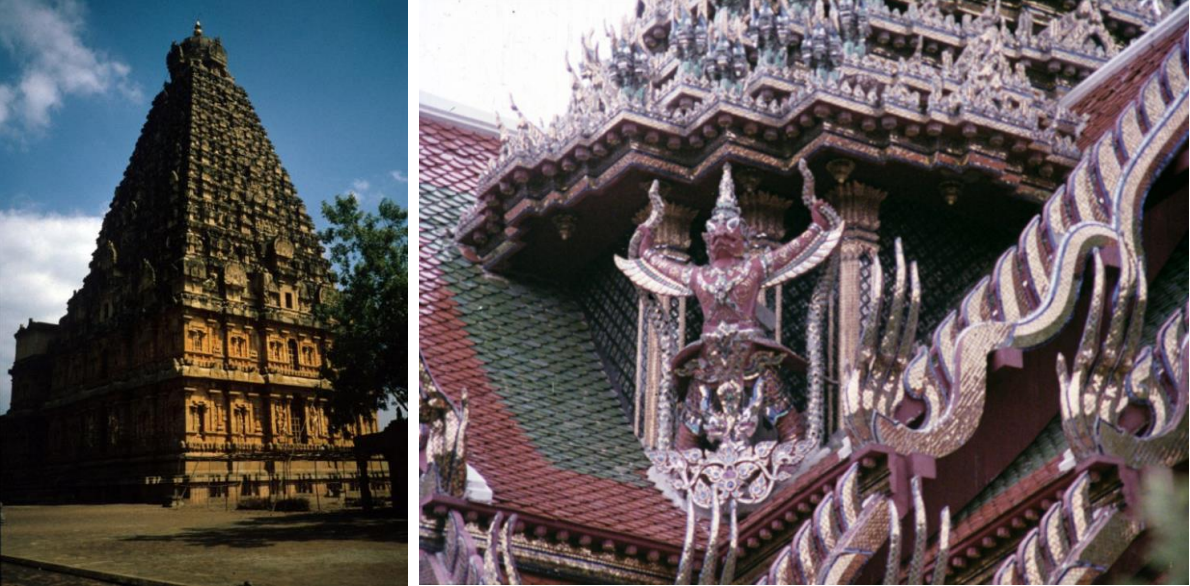
This is what happened according to Daniken: Extraterrestrials visited our Earth many millennia ago. They behaved similar to how current ethnologists behave today. They studied a few languages, visited different tribes, gave suggestions and disappeared sometime - however, with the promise to return in the distant future. Our Stone Age ancestors could not grasp what happened back then. They wrongfully believed that the extraterrestrials were gods. The supposed then wandered into our mythology and became the founders of many religions.



IG NOBEL





SOME OF THE TOP CLAIMS MADE BY DANIKEN OF ALIEN INFLUENCE ON EARTH



Garuda or Vimana is present on every Hindu temple. This represents the Extraterrestrials with unusual capabilities having landed on earth and helped in building the temples.

Von Däniken brought the Nazca Lines, Peru to public prominence in *Chariots of the Gods?* with his proposal that the lines were built on instructions from extraterrestrial beings as airfields for their spaceships.



Von Däniken claimed that the Sarcophagus of Palenque depicted a spaceman sitting on a rocket-powered spaceship, wearing a spacesuit.



Däniken puts forward many beliefs about the Great Pyramid of Giza in his 1968 book *Chariots of the Gods?*, saying that the ancient Egyptians did not have the most advanced tools to actually build the Pyramid.

KNOW YOUR HOSPITAL!

Department of Audiology and Speech-Language Pathology



From left to right: Ms. Diya and Mrs. Sangeetha from PMR Dept., Mrs. Sowmya Nayak, Mrs. Nagapournima M, Ms.Omera Niyaz Zeenath from ENT Dept, Ms. Binitha N and Ms. Littina from Unit of Hope.

The Government of India established the All India Institute of Speech and Hearing in Mysore in 1966 and, with that formal education in audiology, an independent stream, began in India. St. John's Medical College and Hospital being a pioneer in the medical field, soon started Audiology services in the Hospital. Audiology & Speech Pathology (ASLP) services started under part of the ENT OPD services in 1984 in St. John's Hospital, and by the year 1990 it started functioning as an Audiology unit.



Department of Audiology and Speech-Language Pathology

Currently, there are 7 speech-language pathologists & audiologists spread across 3 departments, viz., ENT, Unit of Hope & PMR.

Audiology unit under ENT department working in 'ENT OPD' and "Unit of Hope" and is headed by Ms. Nagapoornima. The unit has been offering all manners of investigations, management and therapy in Audiology and Speech Language Pathology

PMR department being into the core Neuro rehabilitation services felt the need of including a Speech Language Pathologist in their multidisciplinary team and thus a new Speech Language Pathology section under the Department of Physical Medicine and Rehabilitation (PMR) was established in the year 2015. This unit is currently led by Mrs Sangeetha M, under the leadership of Dr. Kurian Zachariah head of PMR and Dr .Rajalakshmi Hariharan Professor – PMR

ASLP Unit in ENT:

This unit is well equipped to conduct audiological evaluation such as pure tone audiogram, Immittance audiometry, brainstem evoked response audiometry and otoacoustic emissions. The expertise helps in management of tinnitus, pre fitting counselling for hearing aids, hearing aid fitting and dispensing. Speech evaluation and therapy services are offered to patients with voice, fluency and articulation issues, including vocal cord nodules, polyps, stammering, cleft lip and palate, to name a few. The services cater for both adult and paediatric patients.

The unit started "Universal Neonatal Hearing Screening Program" which focuses on early detection and intervention of hearing loss in neonates/infants, to facilitate age appropriate speech-language development, and more than 33,000 new born babies have been tested in last 16 years.

In the year 1998, this unit became part of a community based project along with Preventive and Social medicine department in planning and training health care workers in Rural Audiology Rehabilitation services. Digital Hearing Aids dispensing program commenced in May 2018, with the support of the ENT department headed by Dr. Ophelia D'Souza.



Department of Audiology and Speech-Language Pathology

In a short span of time, 40 hearing aids have been successfully dispensed till date. Approximately 3000 patients per year uses the services of Audiology Assessment in this unit

LOCATION: ENT OPD department no 27 room no 8, 10, 11

SLP (Speech Language Pathology) IN THE UNIT OF HOPE:

Two dedicated speech language pathologists conduct regular speech-language evaluations and therapy in children with communication disorders. Autism, cerebral palsy, intellectual disability, hearing loss, global developmental delay are a few conditions where children may need intensive and regular therapy programmes. Demonstration therapy and home training programs are provided for families who are not in the hospital's proximity.

Approximately 1500 children (special needs) per year uses the services of audiology and other related assessments in the unit

LOCATION: UNIT OF HOPE BUILDING, 1ST FLOOR

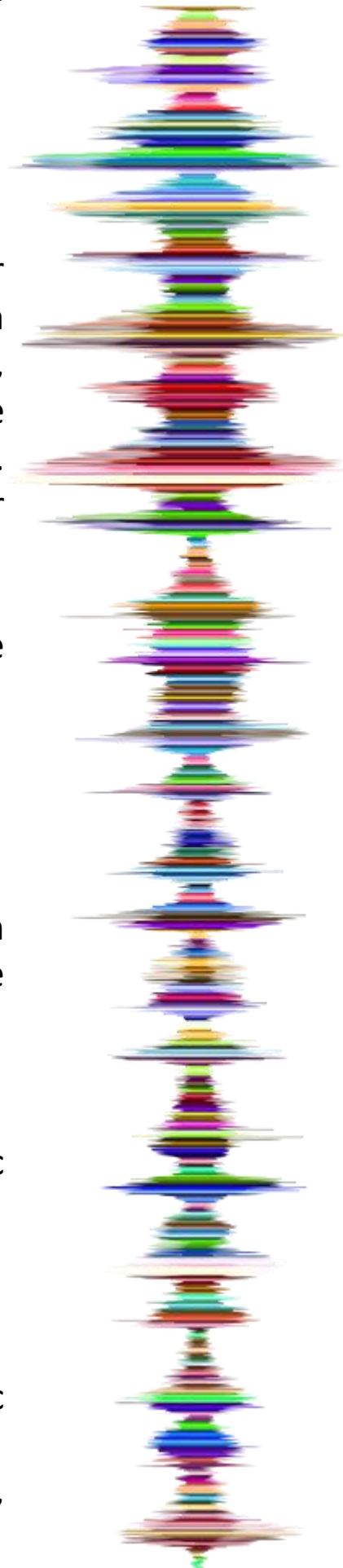
SLP Unit in PMR Department:

In this unit the area of focus are swallowing intervention, speech language and communication rehabilitation. Key services handled by the speech language pathology section are:

- a) Adult Neuro Rehabilitation
- b) Adult Oncology Rehabilitation
- c) Management of Chest medicine patients who require therapeutic intervention with respect to dysphagia
- d) Dysphagia management of otorhinolaryngology
- e) Geriatric medicine
- f) Psychiatry
- g) Speech swallowing assessment and intervention of paediatric population.

* Since the induction of the speech language pathology section, more than 4000 patients have been successfully rehabilitated.

LOCATION: PMR DEPARTMENT NO. 66





LAUGHTER IS THE BEST MEDICINE...



A husband texts his wife on a frosty winter morning: "Window's frozen!"

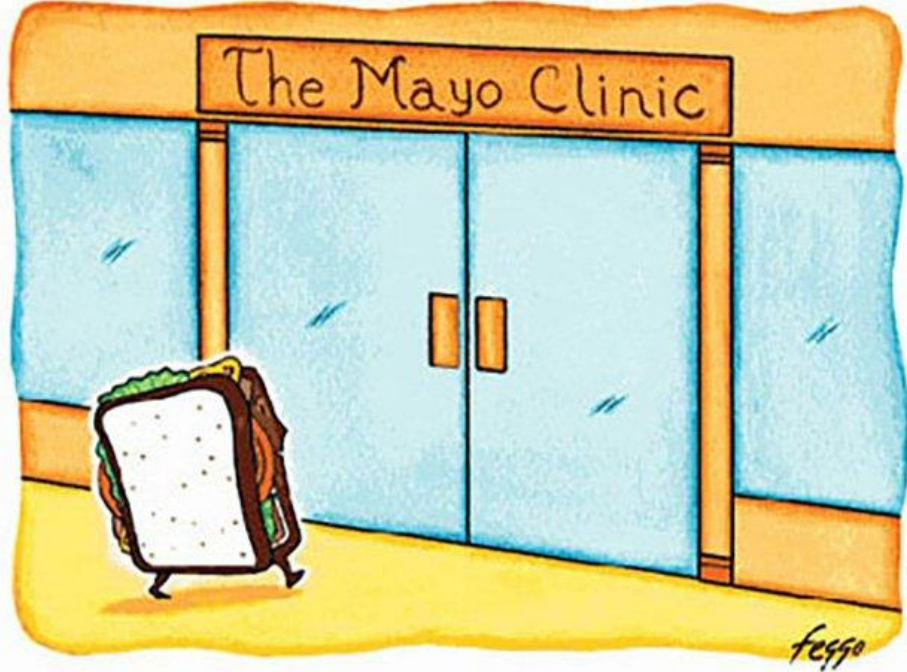


His wife texts back, "Pour lukewarm water over it."

Five minutes later he replies: "Computer completely messed up now."



Going in for a ketchup check-up!!



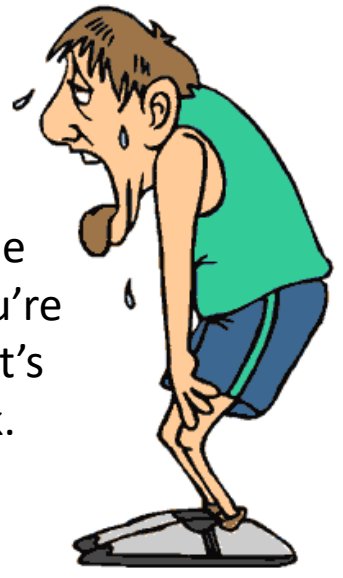
He mustered the strength to go because he relished his health.

Q: What did the green grape say to the purple grape?

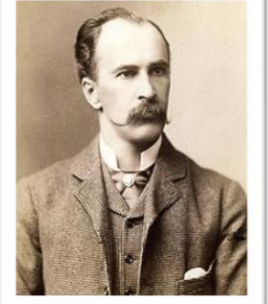


A: Breathe! Breathe!

The trouble with jogging is that by the time you realize you're not in shape for it, it's too far to walk back.



THE QUOTABLE OSLER



SIR WILLIAM OSLER

Do not be too sensitive

We all belong to one or the other of two groups, the *leiodermic*, with nice, soft woolly skins, on which the pinpricks of life, though felt, make no serious impression: and the *algedermic*, with raw painful skins, which every rough contact irritates. Unfortunately, it is very much a matter of temperament or inheritance, but from the start it makes a great difference if you are not too sensitive, not too ready to react to the irritations of life.



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



MEDICINE DIS WEEK

A Bird's Eye View.....

Timing of Renal Replacement Therapy in Acute Kidney Injury and Sepsis.

Acute kidney injury is the most frequent complication in patients with septic shock and is an independent risk factor for death. Although renal-replacement therapy is the standard of care for severe acute kidney injury, the ideal time for initiation remains controversial. 488 were randomised to receive renal-replacement therapy either within 12 hours after documentation of failure-stage (RIFLE Classification) acute kidney injury (early strategy) or after a delay of 48 hours if renal recovery had not occurred (delayed strategy). There was no significant difference in overall mortality at 90 days. The trial was in fact stopped early due to futility after second interim analysis.

- Barbar ST et al., N Engl J Med. 2018 Oct 11;379(15):1431-1442.

Male Infertility after Inguinal Hernia Mesh Repair.

The effect of inguinal hernia repair on male fertility has not been studied directly. A large prospective study of 32,621 male patients between the ages of 18 and 55 years who received 1 or more inguinal hernia repairs during the years 1998 to 2012 were evaluated for the final measure of male fertility, which is the number of children fathered by patients. They were matched with 97,805 controls. Patients who underwent inguinal hernia repair using Lichtenstein technique or laparoscopic approach did not father fewer children than expected.

-Kohl AP et al., Ann Surg. 2018 Aug;268(2):374-378.

ORIGINAL ARTICLE

Timing of Renal-Replacement Therapy in Patients with Acute Kidney Injury and Sepsis

S.D. Barbar, R. Clere-Jehl, A. Bourredjem, R. Hernu, F. Montini, R. Bruyère, C. Lebert, J. Bohé, J. Badie, J.-P. Eraldi, J.-P. Rigaud, B. Levy, S. Siami, G. Louis, L. Bouadma, J.-M. Constantin, E. Mercier, K. Klouche, D. du Cheyron, G. Piton, D. Annane, S. Jaber, T. van der Linden, G. Blasco, J.-P. Mira, C. Schwebel, L. Chimot, P. Guiot, M.-A. Nay, F. Meziani, J. Helms, C. Roger, B. Louart, R. Trusson, A. Dargent, C. Biquet, and J.-P. Quenot, for the IDEAL-ICU Trial Investigators and the CRICS TRIGGERSEP Network*

ABSTRACT

BACKGROUND

Acute kidney injury is the most frequent complication in patients with septic shock and is an independent risk factor for death. Although renal-replacement therapy is the standard of care for severe acute kidney injury, the ideal time for initiation remains controversial.

METHODS

In a multicenter, randomized, controlled trial, we assigned patients with early-stage septic shock who had severe acute kidney injury at the failure stage of the risk, injury, failure, loss, and end-stage kidney disease (RIFLE) classification system but without life-threatening complications related to acute kidney injury to receive renal-replacement therapy either within 12 hours after documentation of failure-stage acute kidney injury (early strategy) or after a delay of 48 hours if renal recovery had not occurred (delayed strategy). The failure stage of the RIFLE classification system is characterized by a serum creatinine level 3 times the baseline level (or ≥ 4 mg per deciliter with a rapid increase of ≥ 0.5 mg per deciliter), urine output less than 0.3 ml per kilogram of body weight per hour for 24 hours or longer, or anuria for at least 12 hours. The primary outcome was death at 90 days.

RESULTS

The trial was stopped early for futility after the second planned interim analysis. A total of 488 patients underwent randomization; there were no significant between-group differences in the characteristics at baseline. Among the 477 patients for whom follow-up data at 90 days were available, 58% of the patients in the early-strategy group (138 of 239 patients) and 54% in the delayed-strategy group (128 of 238 patients) had died ($P=0.38$). In the delayed-strategy group, 38% (93 patients) did not receive renal-replacement therapy. Criteria for emergency renal-replacement therapy were met in 17% of the patients in the delayed-strategy group (41 patients).

CONCLUSIONS

Among patients with septic shock who had severe acute kidney injury, there was no significant difference in overall mortality at 90 days between patients who were assigned to an early strategy for the initiation of renal-replacement therapy and those who were assigned to a delayed strategy. (Funded by the French Ministry of Health; IDEAL-ICU ClinicalTrials.gov number, NCT01682590.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Quenot at the Critical Care Department, University Hospital François Mitterrand, 14 rue Paul Gaffarel, 21079 Dijon, France.

*A complete list of the IDEAL-ICU Trial Investigators is provided in the Supplementary Appendix, available at NEJM.org.

N Engl J Med 2018;379:1431-42.

DOI: 10.1056/NEJMoa1803213

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Male Fertility After Inguinal Hernia Mesh Repair

A National Register Study

Andreas Pagh Kohl, MS,*† Kristoffer Andresen, MD,*† and Jacob Rosenberg, MD, DMSc*†

Objective: To determine whether patients who receive an inguinal hernia repair father the same number of children as the background population.

Background: Although the effect of inguinal hernia repair on male fertility has previously been investigated through indirect measures, no previous studies have evaluated the final measure of male fertility, which is the number of children fathered by patients.

Methods: Prospectively collected data on 32,621 male patients between the ages of 18 and 55 years who received 1 or more inguinal hernia repairs during the years 1998 to 2012 were found in 5 comprehensive Danish linked registers. Patients were matched with 97,805 controls, and the number of fathered children was recorded as the primary outcome.

Results: Patients who were operated unilaterally fathered more children than controls (156 vs 147 children per 1000 individuals, $P = 0.02$), whereas patients who were operated bilaterally fathered the same number of children as controls. Unilateral Lichtenstein operation resulted in an increase in number of children fathered by patients (161 vs 151 children per 1000 patients, $P = 0.009$). No difference in the number of children fathered was found for any year following operation. Meanwhile, time between operation and first child was longer among controls than patients (log-rank $P = 0.003$). The youngest (18–30 years of age) bilaterally operated patients fathered the same number of children as controls.

Conclusions: Patients who underwent inguinal hernia repair using Lichtenstein technique or laparoscopic approach did not father fewer children than expected. Thus, inguinal hernia repair using Lichtenstein or laparoscopic approach did not impair male fertility.

Keywords: Danish Hernia Database, fertility, inguinal hernia, Lichtenstein procedure, transabdominal preperitoneal procedure

(*Ann Surg* 2017;xx:xxx–xxx)

Inguinal hernia is one of the most common surgical conditions in men, and the lifetime risk of receiving an inguinal hernia repair is 27%.¹ Each year more than 9000 inguinal hernia repairs are performed in Denmark, and worldwide the total number of repairs is estimated to be more than 20 million.^{2,3} Whether or not inguinal hernia repair affects male fertility has been discussed for decades.^{4,5} Both the traditional sutured repairs and the now more widely used mesh repairs have been the subject of studies investigating a possible effect on fertility,^{4,6–8} but the available data have focused on indirect parameters such as sperm motility and concentration, testicular blood

flow and size, and antisperm antibodies.^{5,9–11} However, it is still uncertain whether patients who receive an inguinal hernia repair can expect to father fewer children than the background population. Furthermore, very few studies have investigated a large number of patients who received bilateral hernia repair.⁴

The aim of the present study was to investigate the effect of inguinal hernia repair on male fertility by determining whether the number of children fathered differed between patients who received inguinal hernia mesh repair and matched controls.

METHODS

The present study was reported in accordance with the RECORD statement, which supplements the STROBE statement, for the reporting of observational studies.^{12,13} Data from 5 Danish registers were used: The Danish Fertility Database, the Danish Hernia Database (DHDB), the Danish Civil Registration System, the Danish National Patient Register (DNPR), and the Cause of Death Register. The databases were linked through the personal identification number, which is unique to each Danish citizen. Patients had to have been operated using either Lichtenstein or the laparoscopic TAPP (transabdominal preperitoneal) approach as they cover 95% of Danish hernia operations and are both mesh-based techniques.^{2,14} A detailed statistical analysis plan was determined before data access.

The primary outcome was the number of children fathered after inguinal hernia repair by men belonging to the 3 groups: unilaterally operated patients, bilaterally operated patients, and a matched control group. The secondary outcomes were number of children fathered by year 1 to 14 from time of operation, and the number of children fathered by patients in different age groups at operation. The age groups were defined as the following age intervals 18 to 25, 26 to 35, 36 to 45, and 46 to 55 years. Exposure of the patient population was defined as unilateral or bilateral operation by either Lichtenstein or laparoscopic surgery. The outcome measure was every registered live- and stillbirth fathered from 38 weeks after primary operation until December 2012 or the date at which the individual was no longer followed in the study. The delay of 38 weeks was chosen because children born before this point in time would likely have been conceived before operation.¹⁵

Patients who fulfilled the following criteria were included: male sex, recipient of primary inguinal hernia repair between January 1998 and April 2012, age between 18 and 55 at the time of operation, and operated by either Lichtenstein or laparoscopic procedure. A potential control population consisted of 1,851,393 persons that were picked as a random 2% of the Danish population per year from 1998 to 2014. From the potential controls, a control group was matched 3:1 with the patient population on the following variables: year of birth, marital status at the year of operation, in which of the 5 Danish regions they lived at the year of operation, and number of children at the year of operation. Some patients were excluded due to faulty registration, meaning registrations in which different sides were registered in the DHDB and DNPR. Missing

From the *Department of Surgery, Centre for Perioperative Optimization, Herlev Hospital, Herlev, Denmark; and †Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark.

This study was supported by a grant from the A.P. Møller Foundation for the Advancement of Medical Science. The funding source had no role in designing, conducting, or reporting this study.

The authors report no conflicts of interest.

Reprints: Andreas Pagh Kohl, MS, Department of Surgery, Centre for Perioperative Optimization, Herlev Hospital, Herlev Ringvej 75, DK-2730 Herlev, Denmark. E-mail: andreas.pagh.kohl@regionh.dk.

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ISSN: 0003-4932/16/XXXX-0001

DOI: 10.1097/SLA.0000000000002423

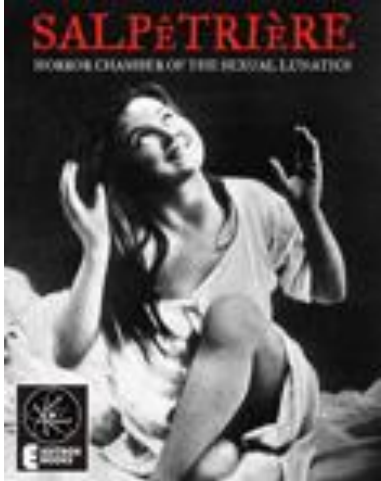
FATHER OF MODERN NEUROLOGY

Jean Martin Charcot (1825 – 1893), student of Claud Bernard, was appointed to the post of Senior Physician at Salpêtrière in 1862. It was merely a house of refuge for old women with 4000 beds. In a short time span he could generate enormous clinical material especially in the field of neurology.

His style of delivering lectures was most dramatic. He used to be a great mimic in his classes in order to stress a clinical point. A number of students who studied under Charcot include - Babinski, Freud, Potain, C Bouchard, Hanot, Pierre Marie and Bechterew. Each one of them became highly reputed physicians.

Charcot's greatest contribution to neurology, included studies of multiple sclerosis (Charcot's disease), amyotrophic lateral sclerosis, tabes arthropathy (Charcot's joint), cerebral localization, spastic paralysis, aphasia, neurosis and hysteria. He noted the frequency with which the lenticulo striate branch of MCA was involved in stroke (Charcot's artery of cerebral hemorrhage). He also described phosphate crystals found in bronchial asthma (Charcot Leyden crystals) and Charcot's intermittent hepatic fever in suppurative cholangitis.

A bronze statue in his memory was installed in front of Salpêtrière but the Nazis melted it during the Second World War.



PEARLS OF WISDOM

The supreme happiness of life is the conviction that we loved.

-Victor Hugo



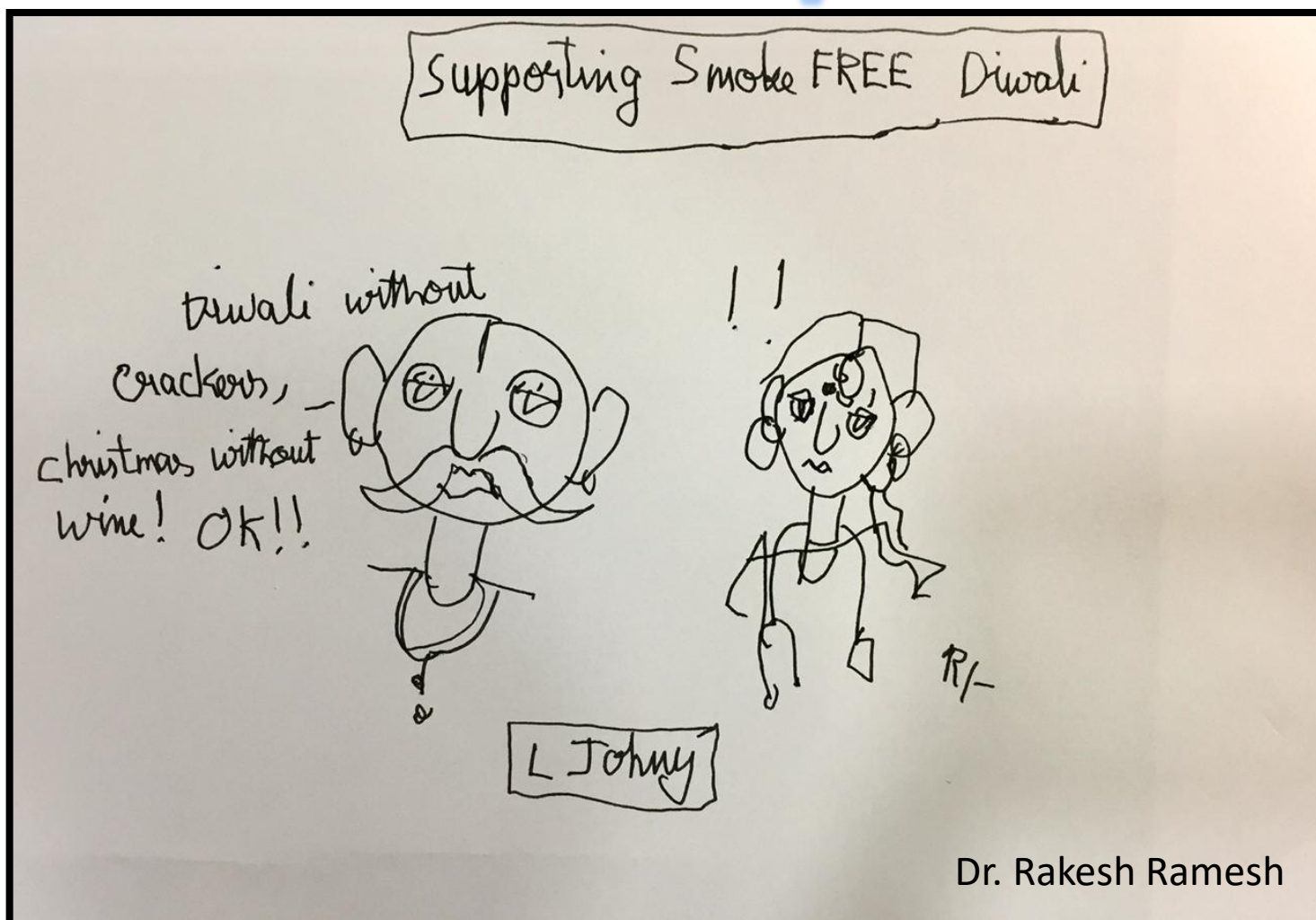
Love a little more each day
-Madison

Give me a firm place to stand, and I will move the earth.

-Archimedes



L Johnny



Did You Know?

Hortus Malabaricus ("Garden of Malabar") is a compendium comprising 12 volumes, around 200 pages each describing the flora of the Western Ghats in the Malabar area, with an emphasis on the medicinal properties of the plants. The compendium was published between 1678 - 1693. The authors of the book were Indian physicians (1 Malayali and 3 Konkani) and the book was translated into Latin by Dutch scholars for dissemination in Europe. The book served as a guide for the Dutch scientist and botanist, Linnaeus (father of botany) who made extensive references to this work in his work Species Plantarum, which utilised classification systems used in Hortus Malabaricus. (Picture in electronic version)

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DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: avinash.hu@stjohns.in