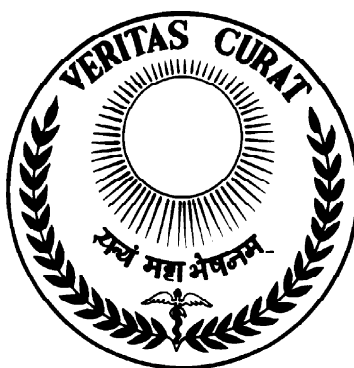


# JSS Bulletin

(JIPMER SCIENTIFIC SOCIETY BULLETIN)

YEAR 1999 -2000



**Jawaharlal Institute of Postgraduate  
Medical Education and Research,  
Pondicherry - 605 006.**



## **ANNUAL ALUMNI ORATION**

by

**Dr. GEORGE KURIAN**

Sitting with **President Dr. KAROON AGRAWAL**



## **ANNUAL FACULTY ORATION PRESENTATION OF CERTIFICATE**

to

**Dr. K.S.V.K.SUBBA RAO on 4.8.2000**

by **Director Dr. R. Sambasiva Rao.**

# **JIPMER, PONDICHERRY**

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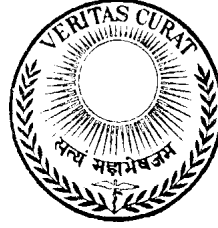
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3. **Dr. Abdoul Hamide** - Associate Prof. of Medicine
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Dr. R. Sambasiva Rao  
Director

**Jawaharlal Institute of Post Graduate  
Medical Education and Research**  
(Directorate General Of Health Services)  
Dhanvantari Nagar, Pondicherry - 605 006



Date the 12th August 2000

## MESSAGE

I am delighted to know that JIPMER Scientific Society is publishing second issue of the bulletin. I appreciate the efforts of the Executive Committee in bringing out the bulletin. Communication between members is vital in these days of information explosion. In this regard, the efforts of the JIPMER Scientific Society to Publish the bulletin is laudable.

I offer my best wishes and greetings on this occasion to the Society and its members.

Dr. R. Sambasiva Rao

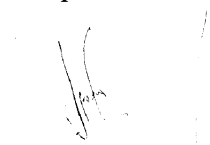
## **FROM THE PRESIDENT'S DESK**

Thanks to the millions of ongoing researches throughout the world, the trends in medical sciences are ever changing. To march ahead with the rest of the world quite a few research activities go on in our institute too. The JIPMER Scientific Society (JSS) provides the forum to disseminate information on the research and clinical work done by the various members. Very few Indian medical professionals have the instinct of writing, and hence a paucity of literature from our country despite the large number of patients and the large amount of clinical material. To put on record the members' scientific presentations during JSS meetings, this bulletin has been planned. The present executive of the JSS is very happy to present the 2nd bulletin of the year.

At this juncture I realise that our term in the office is coming to an end. There are many things in my mind regarding our 10 months tenure and the rich past of the JSS, which we have tried to explore in this bulletin. In spite of being quite low in the ladder of seniority it's a great honour to be in the list of presidents where the senior and high profile faculty of the institute figure. I do not know if we have lived up to the expectations of the members. We found the members to be very enthusiastic and supportive whenever something new was brought in.

I would like to mention here that the good attendance, the punctuality and enthusiasm of the members to present papers, healthy discussion after scientific presentations, introduction of poster presentation, ICMR project presentations by undergraduates and active participation of the ex-faculty of JIPMER were some of the highlights of the year. I thank everyone for their co-operation.

We are thankful to Mr. Balasubramanian, the press manager without whose co-operation publishing a bulletin of this magnitude would have been next to impossible. Finally the secretary, Dr. L.H. Ghotekar and the Joint secretary Dr. R. Kannan deserve applause for their organisational skills and the nominated Editor of the bulletin Dr. Shelly Chadha deserves all the praise for willingly accepting this herculean task.



Dr. Karoon Agrawal

## **FROM THE SECRETARY'S DESK**

Any scientific society is rated by the parameters like the activities it carries, the quality of literature, the discussions during the meetings and conferences, its ability to generate interest and to stimulate to the young scientists. I must say that this year, the contributions from residents were overwhelming. Even the undergraduates were enthusiastic. A new activity like poster competition got a tremendous response. The scientific discussions during the monthly meeting were very good and helpful to many young scientists. Over all, I think we have done our job to the best of our ability.

Advances are taking place in every field of medicine. We should bring JSS to a level which satisfies everyone in updating knowledge in Medicine and academic standards, and be able to draw national attention. What should be future for JSS? 1) I think JSS should start a departmental running trophy mainly for Residents. 2) The scientific research activities for undergraduates may be sponsored by JSS 3) More number of Guest Lectures should be planned. 4) Public awareness programme should be conducted. 5) JSS should have its own office with secretarial support.

In this Bulletin we are publishing besides abstracts of the articles, some additional features such as tips to prepare slides which will be worth reading and helpful to many.

I am indeed indebted to all my executives and contributors, readers and subscribers (Members) for their immense co-operation. I must thank Dr. Shelly Chadha and Mr. Balasubramanian for their help in bringing out this bulletin.

Thanking you.



Dr. L.H. Ghotekar

## HIPPOCRATIC OATH

I swear by Apollo the Physician, by Aesculapius, Hygiea and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment the following Oath :

"To consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; to look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise; to impart to my sons and the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction. I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor I will give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art. I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners (specialists in this art). In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. If I keep this oath faithfully, may I enjoy my life and practise my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot"

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# PRACTICAL TIPS FOR PREPARATION OF COMPUTER GENERATED SLIDES FOR SCIENTIFIC PRESENTATIONS

**Dr. Karoon Agrawal**

Professor and Head of Plastic Surgery

The popular use of computer generated slides for presentations during scientific meetings has opened a new area of training for people interested in paper presentations. Although the profusion of colours seen during presentations is a visual treat, the information imparted by these slides leaves much to be desired and raises the question of whether such attractive and apparently professionally made slides are visual aids during such presentations. Proper preparation of slides enhance and clarify information and stimulate interest amongst the audience.

## **General Points to remember :**

- ◆ Keep the slide as simple as possible.
- ◆ Use bold and clear type style.
- ◆ 6-8 even spaced lines per slide are acceptable.
- ◆ No more than 15-20 words should be placed in one slide.
- ◆ If you hold the slide in your hand it should be legible at a reading distance.
- ◆ The print type and colour combination significantly affect the amount of information retrieved by the audience in a visual presentation and hence they are described in more details below :

## **Guidelines for the use of Fonts in slide making**

Presentation of visual information using letters is highly systematic. When stimuli are regular i.e. the font is consistent, the efficiency of letter perception is significantly greater than when stimuli are irregular i.e. when a variety of fonts have been used. Uniformity of all the slides during any one slide presentation maximises information retrieval as the target search time is minimised.

- ◆ The same font should be used throughout the presentation
- ◆ Preferably same size font should be used in all the slides.
- ◆ All the slides in one presentation should be of the same style.
- ◆ Text should be in upper as well as lower case as is used in usual writing practice.
- ◆ Cursive fonts reduce data retrieval.

## **Colour combination :**

The key to shorten "data search time" for an individual, to enhance data retrieval is to promote visual separability of the background from the text.

- ◆ Black letters on white background cause easy fatigue to the eyes.
- ◆ Colour contrast can increase visual coding capability and decrease "visual search time". Hence effective separation of the foreground and the background is a significant factor.
- ◆ Background uniformity results in a rapid data retrieval.
- ◆ Multiple colour coding or shaded background make the slides very attractive but drastically reduce the acuity and readability. Under good viewing conditions only 5-8 colours are received well.
- ◆ Extreme colour combinations actually decrease their effectiveness.
- ◆ Presence of different colour targets would increase search time and therefore decrease information retrieval. Hence uniform colour combination should be used for one presentation as is mentioned above for font style and pattern of text arrangement.
- ◆ Bullets should preferably be in the same colour as the title.

**Scientifically the Best colour combinations are :**

1. Title : Dark green background with yellow text; Main- Plain dark purple background with white body text.
2. Title : Dark red background with yellow text; Main- Plain dark blue background with white body text
3. Title : Dark purple background with white text; Main- Plain dark green background with white body text.

**Worst recall percentage with :**

1. Plain black background with yellow or green text.
2. Plain dark blue background with green or red text.

**A Point to remember :**

There may be different formats and colour combinations required for rapid sequence slides used in scientific paper presentations and slow sequence slides used in lecture presentations.

**To Summarize :**

1. Use separate background for main slide and title.
2. Contrast colours should be used for background and the text.
3. Preferably dark purple, dark green, dark blue background and white or yellow text should be used.
4. Plain background is better.
5. Avoid shading or designs in the slide.
6. Use uniform slide style during one presentation
7. Use bold and simple font type.
8. Uniform font type and size should be used throughout the presentation.
9. Avoid use of cursive and italic fonts.
10. Use minimum text in each slide.
11. Avoid highly attractive slides during scientific presentation.

## ORIGIN OF JIPMER SCIENTIFIC SOCIETY

The Society is older than the Institute itself as it was first started in the 1950s. At that time it was located at Government hospital, Pondicherry where it was known as the Clinical Society. In the year 1964 it was shifted to JIPMER and renamed as JIPMER Clinical Society. Dr. D.J.Reddy, who was the then Principal was the first President and Dr. M. Balasubramaniam, the Vice Principal at the time was the editor. In 1981-82 the society was renamed as the JIPMER SCIENTIFIC SOCIETY.

### OFFICE BEARERS - JIPMER SCIENTIFIC SOCIETY

Year	President	Secretary
1964 - 65	Dr. D. J. Reddy	Dr. S.B. Sen
1965 - 66	Dr. V.M. Charnalia	Dr. S.B. Sen
1966 - 67	Dr. D.B. Bisht	Dr. A.K. Saha
1967 - 68	Dr. S. K. Lal	Dr. H.N. Madhavan
1968 - 69	Dr. S.P. Datta	Dr. N.P. Singh
1969 - 70	Dr. K. Krishnamoorthy	Dr. Mrs. N. Madhavan
1970 - 71	Dr. V.M. Bhat & Dr. A.K. Bhattacharya	Dr. S.N. Budharaja
1971 - 72	Dr. R. Rajan	Dr. B.K. Jha
1972 - 73	Dr. M.N. Ghosh	Dr. A. Chakravarthy
1973 - 74	Dr. M. Balasubramaniam	Dr. A. K. Gupta
1974 - 75	Dr. (Miss) P. N. Nayak	Dr. S.K. Barua
1975 - 76	Dr. S.C. Agarwal	Dr. S.S. Yadav
1976 - 77	Dr. Satya Parkash	Dr. R.K. Puri
1977 - 78	Dr. O.P. Bhargava & Dr. S.S. Yadav	Dr. H. Chatterjee
1978 - 79	Dr. K.S. Mehdiratta & Dr. R.B. Mehta	Dr. K.K. Srivastava
1979 - 80	Dr. K.L. Sawhney	Dr. S.Sharma
1980 - 81	Dr. H. Chatterjee	Dr. N. Ananthkrishnan
1981 - 82	Dr. P. Rajaram	Dr. R. Sambasiva Rao
1982 - 83	Dr. M. Bhandari	Dr. Venkatesh
1983 - 84	Dr. J.S. Bapna	Dr. P.R. Mohanty
1984 - 85	Dr. D.S. Dubey	Dr. Batmanabane
1985 - 86	Dr.D.K. Srinivasa	Dr. Balasoudarsanane
1986 - 87	Dr. V. Minocha	Dr. S.C. Parija
1987 - 88	Dr. N.K. Majumdar	Dr. S. B. Rotti
1988 - 89	Dr. D.P. Thombre	Dr. B. Vishnu Bhat
1989 - 90	Dr. K.S.V.K. Subba Rao	Dr. R.P. Swaminathan
1990 - 91	Dr. S. Sharma	Dr. Aparna Agarwal
1991 - 92	Dr.V.K. Arora	Dr. N.N. Mathur / Dr. Thumbanathan
1992 - 93	Dr.R.Sambasiva Rao	Dr. Satish Amarnath
1993 - 94	Dr. Asha Oumachigui	Dr. Soundararaghavan
1994 - 95	Dr. A.K. Das	Dr. A. Hamide
1995 - 96	Dr. N. Ananthkrishnan	Dr. D.R. Pai
1996 - 97	Dr. M. Danabalan	Dr. Anil Jacob Purty
1997 - 98	Dr. B. Mukherji	Dr. Gautam Roy
1998 - 99	Dr. S.C. Parija	Dr. Devinder Mohan th
1999 - 2000	Dr. Karoon Agrawal	Dr. L.H. Ghotekar

## HISTORY OF ANNUAL ALUMNI ORATION

Due to the ever active participation of the alumnus of JIPMER in all its scientific activity, it was decided in 1986 to include a lecture by one of the eminent members of the JIPMER Alumni Association as an annual feature of this society. Special efforts were made in this regard by Dr. S.Ramakrishnan, retired professor of Biochemistry. It was through his generous contribution that the oration was first started. Dr. K. Sankaran, a leading physician was chosen to deliver the first Annual Alumni Oration for the year 1986-87. In the ensuing years, the society was never short of illustrious speakers and members of the association have always been forthcoming, reiterating their commitment towards their alma mater - "JIPMER". The following is an year wise list of speakers :

1986 - 87	: Dr. K. Sankaran (Medicine)
1987 -88	: Dr. Muthu Jayaraman (Nephrology)
1988 - 89	: Dr. N.N. Asokan (Medicine)
1989 - 90	: Dr. Balasubramaniam (Obs. Gyn)
1990 - 91	: Dr. C.S. Muralidharan (CTV Surgery)
1991 - 92	: Dr. P. Venugopal (Urology)
1992 - 93	: Dr. P. Jagannath (Surgery)
1993 - 94	: Dr. S. Subramanian (Urology)
1994 - 95	: Dr. A.N. Subba Rao (Neurosurgery)
1995 - 96	: Dr. R.K. Bagdi (Paediatric Surgery)
1996 - 97	: Dr. Janardhanan (Urology)
1997 - 98	: Dr. M.B. Raghu (Paediatrics)
1998 - 99	: Dr. V. Sivaraman (Tuberculosis)
1999 - 2000	: Dr. George Kurian (Gastroenterologist)

## SUMMARY OF ALUMNI ORATION

The Annual Alumni Oration for the year 1999 - 2000 was held on 10th April 2000.

The speaker was : **Dr. George Kurian**

Prof. of Gastroenterology

CMC, Vellore.

Dr. George Kurian is one of the distinguished alumnus of JIPMER who has made a mark in the field of Gastro Intestinal diseases. Dr. Kurian was escorted to the dais by Dr. Shelly Chadha and was introduced by Dr. P.H. Ananthanarayanan, one of his old classmates.

He then delivered an extremely thought provoking and interesting talk on "GI Diseases that never existed". In this talk he went on to detail how over the years a number of gastroenterological terminologies have come up. A lot of talk goes on about a variety of diseases such as chronic intestinal amoebiasis, chronic pancreatitis and ulcerative colitis, to name a few. However mostly these are variable manifestations of the irritable bowel and ought to be treated as such.

## HISTORY OF ANNUAL FACULTY ORATION 1999-2000

The Annual Faculty oration or the Internal oration as it was earlier referred to was started in the year 1985 - 86. The first person to deliver this lecture was Professor S. Ramakrishnan, who was at the time the head of the department of Biochemistry at JIPMER. Since then it has become an annual routine to request one of the most senior faculty members to deliver this oration which shall benefit both their colleagues as well as their juniors. Eminent persons who have delivered this address over the years are:

1985 - 86	: Dr. S. Ramakrishnan
1986 - 87	: Dr. M. Bhandari
1987 - 88	: Dr. S.C. Mitra
1988 - 89	: Dr. (Mrs.) Mathew Krishnan
1989 - 90	: Dr. H. Chatterjee
1990 - 91	: Dr. S. Chandrashekhar
1991 - 92	: Dr. N.K. Majumdar
1992 - 93	: Dr. Thombre
1993 - 94	: Dr. Sambasivarao
1994 - 95	: Dr. D.S. Dubey
1995 - 96	: Dr. Srinivas
1996 - 97	: Dr. V.K. Arora
1997 - 98	: Dr. Asha Oumachigui
1998 - 99	: Dr. N. Ananthkrishnan
1999 - 2000	: Dr. K.S.V.K. SubbaRao

## SUMMARY OF ANNUAL FACULTY ORATION 1999-2000

Annual Faculty Oration of the JSS for this year was held on 4th August 2000.

Dr. K.S.V.K. Subba Rao, Director- Prof. and Head of Department of C.T. & V. Surgery was the speaker. He was introduced by Dr. Nachiappan.

Dr. Subba Rao delivered an interesting and eye opening speech on the "**Emergence of Cardiac Surgery at JIMPER over three decades - an overview:**

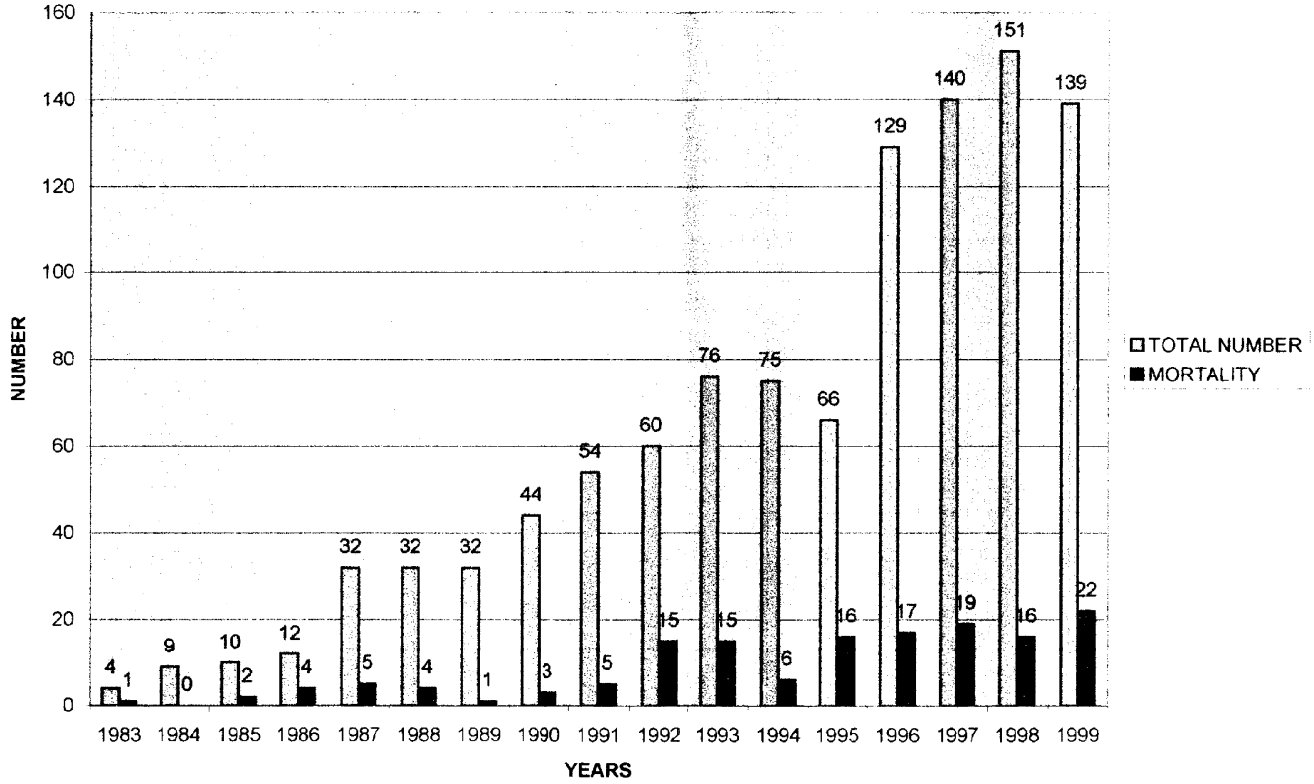
The department of Cardio thoracic surgery is the first superspeciality department to be started way back in 1966 by no less a person than Prof. P.S. Narayanan. He was well - qualified, very much experienced and a highly skilled surgeon. He was doing all major thoracic operations and also closed cardiac operations. He made earnest efforts to start open-heart surgery. He conducted several experiments on dogs to establish cardio pulmonary bypass. Finally he did the very first open-heart surgery at Jimper in the year 1974 though unsuccessfully. He lacked the team and equipment. Even then he produced quality angiograms in a primitive radiological set up. He got frustrated and finally suffered from acute myocardial infarction. He was transferred to G.B. Pant hospital New Delhi and the department here became an orphan.

Dr. S.B. Sen, the then Assistant professor of surgery volunteered to take over the department. Dr. Sen was an experienced general surgeon with special interest in esophageal surgery. He was doing lung resections and did some closed cardiac procedures.

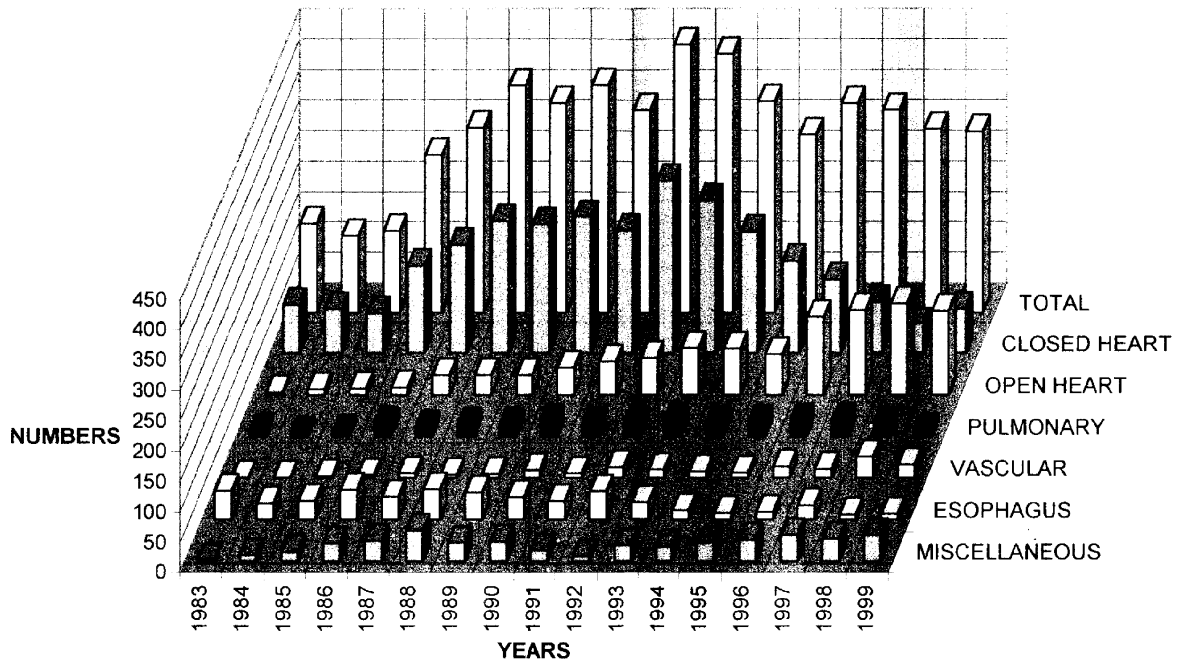
Dr. B.K. Gupta from G.B. Pant hospital joined the deptt. in 1975 . He made valiant efforts to revive open heart surgery programme, He could procure two modular pumps and a hypothermia machine but the lack of a working team forced him to take a transfer to Delhi.

Consequent to elevation of Dr. Subba Rao to the post of Assistant professor the lecturer post got filled up by Dr. Amit Banerjee . Young and enthusiastic , he assembled all the available equipment and finally succeeded in reviving the open-heart surgery program at JIPMER. In 1986 Dr. Subbarao joined the department after completing his M.Ch, at Sri Chitra Tirunal Institute of medical sciences and Technology Trivandrum. In 1987, Dr. Nachiappan joined the department after completing his M.Ch, at P.G.I. Chandigarh. With these three trained personnel in the department, the open heart surgical program could be stabilized. The M.Ch, training program could be started in 1992.

## OPEN HEART CASES



## OPERATION STATISTICS (1983-1999)



MISCELLANEOUS
  ESOPHAGUS
  VASCULAR
  PULMONARY
  OPEN HEART
  CLOSED HEART
  TOTAL

## **Milestones of the Department in the Last three decades.**

- 1973 - First open heart surgery
- 1984 - First successful open heart surgery
- 1986 - First valve replacement and posting of regular senior residents
- 1988 - Conduct of one day workshop on "FFB - UPDATE"
- 1990 - Multicentric trial of Chitra heart valve was undertaken under the guidance of Prof. M.S. Valiathan.
- 1991 - Acquired new state of the art heart lung machine
- 1992 - Post doctoral training program - M.Ch., C.V.T.S. started.
- 1993 - Dr. Subbarao went on W.H.O. Fellowship to Texas Heart Institute and Mayo clinic U.S.A.
- 1994 - Dr. Nachiappan went on common wealth fellow ship to Birmingham children's hospital U.K.
- 1996 - First Coronary artery bypass surgery.
- 1997 - First redo open-heart operation and first Arterial switch operation.
- 1999 - First emergency Coronary artery bypass grafting done after a crash in the cath lab following PTCA.

## **HIGHLIGHTS**

1. Pulmonary thrombo embolectomy
2. Repair of pulmonary artery - left atrial fistula
3. Coronary artery - cameral fistula
4. Senning's operation for transposition of great arteries
5. Repair of Ebstein's anomaly
6. Repair of ruptured sinus of valsalva aneurysm in to the septum with complete heart block
7. Cavo atrial bypass graft in Budd - Chiari syndrome
8. Protocol of mitral valvotomy during pregnancy
9. Pericardiectomy under cardio - pulmonary bypass
10. Multiple myxomas (Bi - atrial and right atrial myxomas)
11. Automatic implantable cardiovertar defibrillator insertion.

## **Future Goals of the Department :**

In future the department aims to increase the number of surgeries and to start beating heart and paediatric cardiac surgeries. Video assisted thoracic and finally transplant surgery are the future plans.

## HISTORY OF ANNUAL GUEST ORATION

The Annual Guest Oration was the first annual oration to be instituted in the JIMPER Scientific Society. The first Guest oration was held in January of 1965. None other than Professor A. Lakshmanasamy, the Vice chancellor of the Madras University was the first speaker. Since then many an illustrious speaker have delivered their speeches from this podium. However our efforts have enabled us to trace back the history till 1977. The yearwise list of the speakers is as such :

- 1977 - 78 : Col. R.D. Iyer  
Director General of Health services
- 1978 - 79 : Dr. Arcot Gajaraj  
Radiologist, Madras
- 1979 - 80 : Dr. M.S. Ramakrishnan  
Neurosurgeon, Madras
- 1980 - 81 : Dr. A. Mukherjee  
E.N.T. Surgeon, Madras
- 1981 - 82 : Dr. Somnath Roy  
Director, NIHF, Delhi
- 1982 - 83 : Dr. Surinder Mansingh,  
Urologist, Delhi.
- 1983 - 84 : Dr. C. Vellut,  
Leprologist, CMC, Vellore.
- 1984 - 85 : Dr. A.P. Pandey  
Urologist, Vellore
- 1985 - 86 : Dr. D. Anand  
Community medicine, Delhi
- 1986 - 87 : Dr. K.H. Krishnamoorthy  
Botanist, Pondicherry.
- 1987 - 88 : Dr. Ashok Mehta  
Oncologist, Bombay
- 1988 - 89 : Dr. P.N. Tandon,  
Neurosurgeon, Delhi.
- 1989 - 90 : Dr. Sam C. Bose  
Plastic Surgeon, Madurai
- 1990 - 91 : Dr. R. Venkataswamy  
Plastic Surgeon, Madras

- 1991 - 92 : Dr. C.N. Devinayagam  
Chest Physician, Madras
- 1992 - 93 : Dr. Jacob John  
H.O.D. Dept. of Microbiology, C.M.C., Vellore.
- 1993 - 94 : Dr. S. Suresh  
Sonologist, Madras
- 1994 - 95 : Dr. V. Santaram  
Medicine, Hyderabad
- 1995 - 96 : Dr. B. Krishnarao  
Gastroenterological Surgeon, Madras
- 1996 - 97 : Dr. M.G. Muthukumarasamy  
Vice-Chancellor, Annamalai University
- 1997 - 98 : Dr. Ravi Thomas  
Ophthalmologist, Vellore
- 1998 - 99 : Dr. N.K. Ganguly  
Director General, I.C.M.R.
- 1999 - 2000 : **Dr. Chandrashekhar Shetty**  
**Vice-Chancellor, Rajiv Gandhi University of Health Sciences, Bangalore.**

Among the other speakers whom we were unable to date, but who we know have delivered this prestigious oration are :

- ◆ Dr. B. Ramamoorthy, Neurosurgeon from Madras
- ◆ Dr. Hiranandani, eminent E.N.T. surgeon from Bombay.
- ◆ Dr. M.S. Valiathan, A cardiothoracic surgeon from Trivandrum.
- ◆ Dr. V. Balagopala Raju, Director of I.C.H. Madras.

**ANNUAL GUEST ORATION 1999 - 2000**  
**(To be delivered on 25th September 2000)**

**b y**

**Dr. S. CHANDRASHEKAR SHETTY**

Vice - Chancellor,  
Rajiv Gandhi University of Health Science, Karnataka

**SIGHT FIRST A DECADE OF ACHIEVEMENTS**

**ABSTRACT**

**ONE OF THE BASIC RIGHTS IS THE RIGHT TO SEE**

We have to ensure that no citizen goes blind needlessly, or being blind, does not remain so, if by reasonable deployment of skill and resources, his sight can be prevented from deterioration or if already lost can be restored.

**MISSION STATEMENT**

Lions Clubs international, sight first, lions conquering blindness, mobilizes lions resources, at all levels, in responding to worldwide needs for the prevention and cure of blindness.

**HISTORY IN BLINDNESS PREVENTION (LIONS)**

- 1925 - "Knights of the blind"
- 1930 - 60% of clubs involved in sight conservation
- Mid 1930's - White cane developed by Ohio lions
- Late 1940's - New York I.c. Established world's 1st eye bank
- 1950 - Lions pioneer guide dog programmes
- 1971 - Lions in U.S.A. petition Government to establish national eye institute.

**HISTORY IN BLINDNESS PREVENTION (LIONS)**

- 1960 to 1980 - Lions established thousands of local programs
- ◆ Operate majority of eye banks
- ◆ Dozens of research centers at world-class universities
- ◆ Screen 30,000 annually for Glaucoma & Diabetic Retinopathy
- ◆ Operate more than 500 eye hospitals & treatment programs
- ◆ Sponsor & perform more than 100,000 sight - restoring surgeries every year.

## **SIGHT FIRST A DECADE OF ACHIEVEMENTS : AT A GLANCE (AS OF MAY 2000)**

Grant approved	:	467
Amount Approved	:	96.6 Million US \$
Project Locations	:	75 Countries on 6 Continents
Cataract Surgeries	:	2.5 Million
Eye clinics and Hospitals	:	75
Persons treated annually for river blindness	:	5 Million
Cataract Surgery Financed	:	2,40,000 South India.

## **SIGHT FIRST A DECADE OF ACHIEVEMENTS: SOUTH INDIA**

1. Lions Aravind Institute of Community  
Ophthalmology
2. Manpower Management Training  
Programme (LAICO)
3. Management of Diabetic RETinopathy - A Pilot Project  
(Aravind Madurai, Coimbatore)
4. Cataract Surgery Programmes (09)
5. Capital Project (23)

## **PAST PRESIDENT'S ADDRESS 1999-2000**

For the first time this year, the society has introduced an address by the president of the previous year. This year this lecture is to be delivered by Dr.S.C.Parija, Professor and Head of Department of Microbiology, JIPMER. Summary of the proposed talk is as follows:

### **IMMUNOASSAYS IN PARASITIC DISEASE : AT WHAT COST**

Laboratory diagnosis plays an important role in establishing the specific diagnosis or supplementing the clinical diagnosis of parasitic diseases . During the last four decades or so , a wide range of immunoassays have been developed , which involve the use of electrophoresis , fluorescence , radioactivity , laser nephelometry , solid phase immunoabsorbents and enzyme conjugates for use in the diagnosis of parasitic diseases . Many of these tests such as RIA , ELISA , IFA , EITB and TRFIA are expensive , or require sophisticated and expensive equipments , reagents or high technical expertise . Therefore , there is need for immunodiagnostic tests , which can be carried out in the field or rural health centers catering to the needs of the rural population in the developing countries like India . Because it is these people living in rural areas who suffer most from a large number of parasitic diseases . The test for use in such conditions ideally should be simple and economical so that people in these areas can afford to use these tests .

## **SUMMARY OF GUEST LECTURE BY DR. V. VEDNARAYANAN**

To keep us upto date with the newer trends in molecular biology , a guest lecture was organized on the 12<sup>th</sup> of August 2000 . The speaker was Dr. Venkataraman Vednarayanan , Associate professor of Neurology & Paediatrics at the University of Mississippi Medical Center , Jackson , U.S.A. . He was introduced by Dr. Sundarraman and he then delivered an interesting talk , the summary of which is as below .

### **MOLECULAR BIOLOGY OF NEUROMUSCULAR DISORDERS :What it means to practicing clinicians ?**

Twentieth century has seen major advances in various sciences including the biological sciences . The major achievements of the past decade has been in the field of molecular biology and computer technology ; the new findings are rapidly altering the way we clinicians have to practice medicine in the new millenium . The human genome has been nearly fully cloned and progress is being made in the understanding as to how the genes control health and impact response to disease and impact the way we respond to medications and various therapies .

Diagnostic accuracy in inherited disorders is a major impact of new developments in molecular biology . The genes responsible for several neuromuscular disorders have been cloned and the allelic variation have been discovered . This allows for an accurate diagnosis and limits the use of several and unnecessary diagnostic tests . The diagnosis of Duchenne muscular dystrophy , Werdnig Hoffman disease , myotonic dystrophy , facioscapulohumeral dystrophy , Charcot Marie Tooth disease type 1 and several other neuromuscular diseases can be made with 100% specificity by currently available technology . Several of these tests are currently available commercially . The genetic analysis can be done rapidly with a short turn around time and can be performed on a variety of biological samples : blood , muscles , fibroblasts , amniotic fluid and chorionic villus sampling . These tests have vastly improved the prenatal diagnostic testing and can be performed at a very early stage of pregnancy on chorionic villi or cells obtained from amniocentesis .

Till the 90's our understanding of mechanism of genetic disease was elementary . The genetic basis for several neuromuscular disorders have been found and the proteins encoded by these genes

have been isolated . For example mutations of the dystrophin gene responsible for Duchenne muscular dystrophy , Becker muscular dystrophy codes for a cytoskeletal protein dystrophin , which is associated with the sarcolemma and provides structural strength to the membrane . The peripheral myelin protein (PMP) coded by the PMP gene (most common cause of hereditary sensori motor polyneuropathy type 1) acts as a glue in binding the lamellae of myelin layers . The protein Frataxin , whose deficiency causes Freidrich's Ataxia , is a mitochondrial iron associated protein . the diseases associated with expansion of trinucleotide repeats such as SCA 2 , myotonic dystrophy are associated with the expansion of a polyglutamine tail and it may interfere with the normal mechanisms of RNA transfer from the nucleus to the cytoplasm . A variety of mutations of the voltage gated ion channels involving the calcium , sodium and chloride channels cause a variety of myotonic disorders and periodic paralysis by altering the kinetic properties of the cell membrane associated ion channels .

The advances in molecular biology have helped us understand the puzzles of phenotypic and genotypic heterogeneity . Multiple clinical presentations occur with mutations in a single gene and is known as phenotypic heterogeneity . Mutations in dystrophin gene can present as Duchenne muscular dystrophy , the milder Becker muscular dystrophy , cramp myoglobinuria syndrome and isolated quadriceps myopathy . The variation in clinical presentation results from the nature of mutations ; out of frame mutation causes total absence of protein whereas in frame mutation results in truncated protein or deficiency in quantity thereby resulting in milder clinical phenotype . Similar phenotypic variation is seen in PMP gene mutations . Genetic heterogeneity of same phenotype is seen in several neuromuscular disorders . Progressive muscular dystrophy can result from mutations of Dystrophin gene , alpha and beta sarcoglycans .

New treatment approaches of genetic diseases are currently being explored . Besides attempting to replace the missing gene other strategies being explored are increasing expression of other surrogate proteins to substitute the missing protein , removal of conglutinating proteins and strategies to slow the progression of disease . All of these have occurred as a result of the astronomical increase in the knowledge base of molecular biology and computer technology.

## **SUMMARY OF GUEST LECTURE BY SWAMI MITRANANDJI**

A Guest lecture was held on 18th July 2000. In this instance the speaker was not a medical scientist, but a researcher into the philosophies of the Vedanta and the Bhagwad Gita. - Swami Mitranandji. He was introduced by Dr. Karoon Agrawal.

He is a young and dynamic monk, and is a follower of Swami Chinmayananda. He believes in imparting education through travel and entertainment. He travels throughout India and the Far East Asia unravelling the secrets of dynamic living and organising seminars and workshops on contemporary management techniques.

His visit to Pondicherry was a 4 day revelation on the glorious qualities of a "Man of Perfection". The foremost of these is "Positive Thinking", an aspect on which he spoke with great enthusiasm, at JIPMER. He illustrated the art of positive thinking with the example of an Indian who emigrated to Indonesia 30 - 40 years back. He settled there and established a vast business empire. He was considered one of the most affluent people in the country. However after 30 years a natural calamity destroyed all his assets & the family suffered a great setback. When swamiji, talked to him, instead of being dejected at this twist of fate, he was full of enthusiasm & plans to rebuild all that he had lost.

With this illustrious example and his down to earth approach towards the vagaries of our day-to-day life, Swamiji has surely benefited all those who attended the talk.

The talk ended with a vote of thanks by Dr. L.H. Gotekar.

# PRESENTATION OF RESEARCH PAPERS BY UNDERGRADUATES

## SUMMARY OF PAPERS PRESENTED ON 18.4.2000

### 1. DETECTION OF EXTENDED SPECTRUM BETA LACTAMASE PRODUCERS AMONG SURGICAL WOUND INFECTIONS AND BURNS PATIENTS IN JIPMER.

By Ashwin N. Ananthakrishnan, Reba Kanungo, A. Kumar, S. Badrinath, Department of Microbiology

100 Consecutive patients admitted to the surgical wards with wound infections (pre and post-operative) and burns between May-July 1999 were studied. A total of 156 isolates were collected from these patients. 32 organisms (20.5% of the total isolates) were found to be Extended spectrum beta-lactamase (ESBL) producers; the commonest were Escherichia coli (18 isolates) and Klebsilla pneumoniae (7 isolates). Among the different clinical samples, ESBL, producers were found most commonly in cases of diabetic fasciitis (27% of isolates), and post-operative wound infections (22.4% of isolates) 18.75%, 9.38% and 28.13% of the ESBL strains were found to be sensitive to Gentamicin, Cilprofloxacin and Chloramphenicol respectively. 53% of the ESBL strains showed intermediate or sensitive zones to Cefotaxime by the disk-diffusion method.

### 2. CLINICAL EVALUATION OF PATIENTS WITH ENDOSCOPICALLY PROVED ESOPHAGITIS

By Karuna Bobba, Final year Student and Dr. Aparna Agrawal, Department of Medicine.

Esophagitis is a common clinical problem that accounts for a significant morbidity. We analysed in detail the symptoms of patients with endoscopically proved esophagitis - present alone - present with gastritis present with gastritis and duodenitis. We also assessed occurrence of H.Pylori infection in the above patients. A total of 33 patients with endoscopically proved esophagitis were taken up for the study after an informed consent for inclusion in the study. Results will be discussed during the meeting.

### 3. COMPARISON OF ANTIBIOTIC PRESCRIPTIONS WITH THAT OF SUSCEPTIBILITY PATTERNS OR RESIDENT BACTERIAL FLORA IN INTENSIVE CARE UNITS

By C. Shanmuganathan, Reba Kanungo, A. Kumar and S. Badrinath Department of Microbiology

Hospital acquired infections in intensive care units (ICU) are of emerging importance due to increasing morbidity, mortality and high cost of medical care. To correlate antibiotic prescriptions with susceptibility of organisms, 36 patients were screened. Most frequently isolated organisms from clinical isolates were Klebsiella pneumoniae (28.9%) and Acinetobacter anitratus (28.9%). Among these, highest resistance was recorded against ampicillin (97%) and lowest resistance against ciprofloxacin (60%). Acinetobacter anitratus and Klebsiella pneumoniae accounted for 47.8% and 26.1% respectively of environmental samples. Increased resistance to ampicillin (93.5%) was also recorded among the environmental isolates. Least resistance was seen against cefotaxime (63.4%). Common antibiotics used in empiric therapy in the ICU were gentamicin, ampicillin, penicillin, cefotaxime and ciprofloxacin. Most often these did not correlate with that of resistance pattern of the clinical and environmental isolates. Isolation of highly resistant strains from clinical and environmental samples calls for monitoring the susceptibility pattern of resident bacterial flora in ICUs and re-evaluating policy for empiric antibiotic therapy.

# **SUMMARY OF PAPERS PRESENTED ON 15.9.2000**

## **1. DETERMINATION OF ANTIFUNGAL SUSCEPTIBILITY PATTERN OF CANDIDA ISOLATES FROM CLINICAL SAMPLES.**

By R. Srinivas, S. Sujatha and S. Badrinath, Department of Microbiology

Twenty five strains of Candida isolated from different clinical samples were tested for their susceptibility to the two commonly used antifungal agents, amphotericin B and fluconazole by the agar dilution method. Resistance was observed to both amphotericin B (7/25) and fluconazole (11/25). Resistance was more commonly observed with the non albicans species than Candida albicans. Three strains (2 from HIV positive patients with oropharyngeal candidiasis) showed resistance to both the antifungal agents tested.

## **2. INCIDENCE OF DIARRHOEA IN CHILDREN AND COMMON BELIEFS AND PRACTICES IN THE COMMUNITY.**

By Karuna Bobba and Sima Biswas, Department of P. & S.M.

300 Children under the age of 3 years were followed up over a span of 10 days. The incidence of diarrhoea was 1.21 episode/child year. Of the 10 children who had diarrhoea during the study period 3 were males and 7 were females. 3 children were infants and 7 were aged 1-2 years. Breast feeding during infancy and early childhood is a common practice in the area. People ascribed various reasons for an attack of diarrhoea-including packet milk, improperly cooked rice, unclean water, improper hygiene bananas, worms in food, summer season, oily food, drumstick leaves, food poisoning, breast feeding mother receiving septran or ampicillin, child seeing a green tree. While a few reasons are scientifically acceptable, there are certain mis conceptions which need to be corrected. Besides household treatment of diarrhoea private practitioners prescribed metroidazole and multivitamin drops, government doctors prescribed bactomet, septran and ampicillin with oral rehydration solution (ORS). The greater role of ORS in diarrhoea needs to be emphasised to both public and practising doctors. Children are not deprived of food during diarrhoea but the caretaker needs advice regarding the nature and type of food that a child should be given. The knowledge of the people regarding prevention of diarrhoea was poor. The general attitudes among the people is to take a child with diarrhoea to a doctor for its cure.

## **3. HYPERTENSION IN ELDERLY**

By M. Ulaganathan, Dr. R.P. Swaminathan, Department of Medicine

Among the 262 patients, 60 years or more of age screened in Medicine OPD, JIPMER, 66 patients had hypertension. 11 recently diagnosed patients with SBP 160mm Hg and or DBP 100 mm Hg and satisfying the criteria were studied in detail. 6 patients had evidence of target organ damage at presentation with five cardiac, 2 retinopathy and 1 renal involvement. It was also observed that QT dispersion can be used as a simple investigation to screen for evidence of target organ damage.

# **ABSTRACTS OF PAPERS PRESENTED IN MONTHLY MEETING ON 24.04.2000**

## **1. A COMPARISON OF CLINICAL EXAMINATION AND ULTRASONOGRAPHY IN ASSESSING EXTENT OF LOCAL TUMOR INVOLVEMENT IN CARCINOMA OF THE PENIS.**

By Pai D. , Agrawal A., Ananthakrishnan N., Smile S.R., Ratnakar C.\* Department of Surgery and Pathology\*

### **Purpose**

Penile amputation is disfiguring and is associated with cosmetic and functional compromise. This study was performed to assess the accuracy of determination of local extension of the lesion by high resolution ultrasonography in order to minimize unnecessary sacrifice of normal proximal shaft.

### **Methods**

USG. was performed in 50 patients with a 7.5 MHz linear array probe to determine the sonographic extent of tumor. This was compared to clinical extent. The extent of growth measured on cut section of the fresh penectomy specimen was the gold standard. Sonographic echogenicity was also correlated with tumor morphology (exophytic and endophytic and with tumor grade).

### **Results**

The mean error of clinical estimation was 3.9 mm (+ 5.3 mm, range 1-9 mm and that of USG estimation was 1.2 mm + 1.7 mm, range 1-7mm) with reference to gross pathological extent, error on clinical examination was significantly more compared to ultrasonography ( P 0.001). Glanular lesions were significantly under estimated compared to lesions on the shaft by clinical examination. However, error in measuring extent by USG was not related to site of growth. There was no significant association between echogenicity and tumor morphology or grade.

### **Conclusion**

Ultrasonography gives a fairly accurate estimate of tumor extent and enables one to decide an appropriate level of amputation more accurately than clinical examination. This may lead to a greater salvageable functional penile length.

## **2. AN INTERESTING CASE OF SUB-CUTANEOUS NODULES WITH ARTHRITIS**

By M.Haneef, Olithselvan, Vir. S. Negi, RP Swaminathan, Department of Medicine

A 40 Year old male patient, postman by occupation presented with both the knee joint swelling and pain of one month duration. He gave the history of morning stiffness.

Clinical examination revealed : Multiple Nodular swellings over feet on both the sides. They pit on pressure. The great toes also had the nodular swelling. Ear lobe was normal. Aspiration of the sub-cutaneous nodule was diagnostic.

Patient was given Intra-articular steroid and the patient improved dramatically.

### **3. HISTOLOGICAL EXTENT OF LOCAL SPREAD OF CARCINOMA OF THE PENIS AND ITS THERAPEUTIC IMPLICATIONS**

By Pai D., Agrawal A., Ananthakrishnan N., Smile S.R., Ratnakar C., \*Department of Surgery and Pathology\*

#### **Objective**

The aim of this study was to explore the possibility of reducing the margin of clearance at surgery for carcinoma of the penis without leading to increase in incidence of local tumor recurrence so that the functional and aesthetic compromise associated with penectomy could be minimized.

#### **Patients and methods**

Sixty - four patients underwent partial or total penectomy based on tumor extent. The specimens were evaluated histologically for grade and for proximal microscopic extensions beyond grossly visible tumor margin by examination of serial proximal 5 mm sections. Histological grade of the lesion was correlated with clinical site of lesion, morphology and proximal microscopic spread. Statistical significance was calculated using the Chi-Square test.

#### **Results**

Of 64 tumors, 31.3% were grade 1. 50.0% were grade 2 and the remaining 18.7% were grade 3. Higher grade lesions were more likely to involve the shaft. Maximum proximal histological extent was 5 mm for grades 1 and 2, and 10 mm for grade 3. There was no discontinuous spread.

#### **Conclusions**

Histological grading is mandatory in the management of carcinoma of the penis. A 10mm clearance is adequate for grade 1 and 2 lesions and 15 mm for grade 3 tumors. This approach would make more patients suitable for partial amputation as compared to total. The residual length of penis would be cosmetically and functionally more acceptable.

# **ABSTRACTS OF PAPERS PRESENTED IN MONTHLY MEETING ON 28.07.2000**

## **1. NUCLEAR GRADING OF BREAST CARCINOMA ON FINE NEEDLE ASPIRATION CYTOLOGY - AN ASSESSMENT**

By Suचेeta Mutha, R. Krishnan., Department of Pathology

In most hospitals nowadays, fine needle aspiration cytology diagnosis of breast cancer is the basis for definitive therapy. Tumor grade is a well recognised marker of prognosis and if such a grading can be done preoperatively prognostication and more appropriate therapy may be offered. The present study was undertaken to assess how cytologic nuclear grading compares with histopathologic grading of breast cancers. A retrospective study of forty consecutive patients who had preoperative FNAC followed by mastectomy at JIPMER hospital over a 18 months period was conducted.

Cytologic nuclear grading with appropriate scoring was done on papanicolaou stained smears by two observers independently, without bias about histopathological appearance. Slides from mastectomy specimens were graded according to Nottingham's modification of Bloom Richardson grading system.

Cytology grading into low or high, by the two observers matched in 34 cases with an interobserver variation of 15%. There was, in addition good correlation between the gradings of the two observers (r-value - 0.72). The cytologic grading showed good agreement with histopathologic grading (0.98) using grading on papenicollou stained FNAC slides compares with histopathology grading and can be a useful preoperative prognostic indicator.

## **2. FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) OF NERVES IN LEPROSY**

By Vijay Kumar.M, Mariette D'Souza, Surendra Kumar\*, Bhavana Badhe\*, C. Ratnakar\*,  
Departments of Dermatology and Pathology\*

Leprosy is primarily a disease of the peripheral nerves and several studies have shown that nerve histology is better than skin histology in the classification of leprosy. A technique which is simpler than nerve biopsy is required to evaluate nerve involvement, especially in pure neuritic (PN) leprosy. Hence this study was designed to evaluate the role of FNAC of the nerve in the diagnosis and classification of leprosy.

A prospective study was carried out on 25 patients with clinically active leprosy and atleast one thickened peripheral sensory nerve. On clinical evaluation they were classified as BT (12), BB (1), BL (2), LL (2), PN (8). Nerve aspirates were evaluated by May-Grunwald Giemsa and Fite's staining. Lepromin test, Slit skin Smears (SSS), skin biopsy (except PN cases) and nerve biopsy were performed and compared with FNAC.

Based on the results, cytological criteria were evolved for interpreting nerve aspirates and the cases were classified as Tuberculoid (18), BB (2), BL (2), LL (1), non-diagnostic (2). All PN cases showed diagnostic Tuberculoid cytology.

### **Conclusions**

1. FNAC of the nerve yields diagnostic aspirates in leprosy comparable with nerve histopathology
2. The proposed cytological criteria may be used in classification.
3. Cases may be paucibacillary by slit skin smear (SSS) and multibacillary by FNAC of nerve.
4. A positive nerve cytology is diagnostic and may be attempted before nerve biopsy, especially in pure cases.

### **3. A CASE OF ACUTE DYSAUTONOMIA**

By K.R. Sethuraman, T.R. Sundararaman, Sunil K. Narayan, Josy Mathew, R. Kannan, Thomas Mathew, Elangovan!, Puran Singh!, Jayaraman!, Robinson Smile!, Ashok Shankar Badhe\*, Departments of Medicine, Radiodiagnosis!, Surgery' and Anaesthesia\*

### **Case Report**

A 41 year old man was referred to our emergency department as a case of renal failure, hypertension and pulmonary oedema. His main symptoms were sudden onset of dyspnoea, chest discomfort, abdominal pain and vomiting of one day duration. On examination he was profusely sweating, with cold clammy extremities. Pulse and blood pressure was not recordable. He was immediately transferred to the intensive care unit for the management of hypotensive shock. In the intensive care unit he was noted to have supine hypertension and postural hypotension and a diagnosis of acute dysautonomia was made. Among the different causes of acute dysautonomia we considered the possibility of pheochromocytoma first. A computed tomography of abdomen showed a left supra adrenal mass. Urine VMA estimation confirmed the diagnosis of pheochromocytoma. Patient was operated after a preoperative 1week course of phenoxybenzamine. The biopsy report confirmed the diagnosis of pheochromocytoma. This case is interesting in that hypotensive crisis and acute dysautonomia are one of the atypical presentations of pheochromocytoma, a curable disease. If misdiagnosed or mismanaged, it will result in a fatal outcome.

# **ABSTRACTS OF PAPERS PRESENTED IN MONTHLY MEETING ON 25.08.2000**

## **1. CLINICO-HEMATOLOGICAL PROFILE OF CHRONIC LYMPHOCYTIC LEUKEMIA**

By Gangadhara D.S., Basu D., Sucheeta M., Badhe B.A., Dutta T.K.\* Department of Pathology and Medicine\*

Chronic Lymphocytic Leukemia (CLL) though very common in the west, is rather uncommon in our country. 15 cases of CLL were diagnosed over a period of 5 years from 1995 to 1999 in the department of Pathology, JIPMER, Pondicherry. Elderly males were most commonly affected. Majority of the patients presented with complaints of generalized weakness. Lymphadenopathy was a common clinical finding. 66.7% of the cases were in stage C of the Binet staging system. Bone marrow aspiration and biopsy done showed diffuse patterns of infiltration. Bone marrow studies along with peripheral blood examination are not only necessary to diagnose the disease, but the pattern of infiltration in the marrow is also a useful prognostic indicator.

## **2. COBINED EXTERNAL BEAM AND HIGH DOSE RATE AFTERLOADING BRACHYTHERAPY IN CARCINOMA OF THE UTERINE CERVIX**

By Reddy K.S.N., Vivekanandam S., Velavan K., Balasundaram V., Ranga Rao S., Department of Radiotherapy

A retrospective analysis of first 122 patients with invasive uterine cervix cancer treated by newly inducted High dose rate Brachytherapy - microselectron in 1997 was performed. Previously cancer cervix patients were treated by external beam radio-therapy and a single session of low dose rate brachytherapy for 36 to 72 hours. From 1997 all cancer cervix patients were treated by EBRT 45 Gy in 20 nos. followed by 2 sessions of HDR Brachytherapy one week apart to deliver a total dose of 1800 cGV to point A. In this study we found no difference in terms of disease free survival, long term complications and pelvic control when HDR Brachytherapy and LDR Brachytherapy were compared. HDR Brachytherapy offers substantial advantage in terms of short duration of radiation delivery, no hospital admission required, more accurate positioning of applicators and absolutely no radiation exposure to personnel.

### 3. A CASE OF RECURRENT HYPONATREMIA

By K.R. Sethuraman, T.R. Sundararaman, R. Kannan, Josy Mathew, Thomas Mathew, Department of Medicine

A 48 year old man presented to us in casualty in a comatose state. He had non specific abdominal pain, 3 episodes of vomiting, drowsiness of 2 days duration preceding the worsening of sensorium. Physical examination was unremarkable. On initial laboratory evaluation it was found that his serum sodium was 98 meq/l. Chest X-ray, lumbar puncture and CT brain were normal. He regained complete consciousness after the correction of his sodium deficit. He was apparently alright for the next few days but again went back to a drowsy state in the hospital. Repeat sodium estimation showed a value of 100 meq/l. Sodium was replaced and he recovered. His plasma osmolality was 245 mosm/l and urine osmolality was more than 100 mosm, with a urine sodium excretion of 69 mosm/l. Patient was diagnosed to have SIAD (Syndrome of inappropriate antidiuresis). But what was perplexing was what caused SIAD. His adrenal function and thyroid function were normal. There was no evidence of nervous system or respiratory system dysfunction. There was no history of any drug intake which can cause SI/D.

A reevaluation of the patient revealed that he was a painter by profession for the past 25 years. Because of this clue a serum lead estimation was done which showed a value of 87.5 microgram/ dl. A final diagnosis of lead poisoning was made and the patient was put on d-penicillamine. He was asked not to do painting any more. Patient improved with above treatment and never had any further episode of hyponatremia.

## AWARD WINNERS DURING 1999 - 2000

Category A : Short Communications like case reports(exclusively for residents only)

***Neuroblastoma in an Adolescent Girl: A case report and review***

By Surendra Kumar, **Kannan R.**, Ram B., Nadarajan S., Elangovan S.  
Departments of Pathology, Medicine and Radiology

Category B : Papers based on research in clinical basic sciences

***A Comparison of Clinical Examination and Ultrasonography in Assessing extent of local tumour involvement in Carcinoma of the Penis.***

By **Pai D.**, Agrawal A., Ananthakrishnan N., Smile S.R., Ratnakar C.  
Departments of Surgery and Pathology

Category C : Papers based on innovations of new techniques in clinical or laboratory practice

***Role of Dominant Hand Position in External Cardiac Compression***

By **Kundra P.**, Dey S., Ravishankar M.  
Department of Anaesthesiology and Critical Care

# ANNUAL REPORT

The last general Body meeting of JSS was held on 15.10.1999. The minutes of the General Body meeting have already been published in the first JSS Bulletin.

This year the membership strength has gone up as below : Anatomy - 15, Physiology - 12, Bio-chemistry - 14, Microbiology - 15, Pathology - 19, Forensic Medicine - 2, Pharmacology - 11, Psychiatry - 14, Medicine - 48, Surgery - 47, C.T.V.S. - 6, Plastic Surgery - 5, Dentistry - 3, D.T.C.D. - 7, Ophthalmology - 17, Radio-therapy - 4, Paediatrics - 25, Urology - 6, Obstt. & Gynae. - 43, E.N.T. - 13, Radiology - 4, Anaesthesiology - 11, Cardiology - 4, Associate members - 6, Medical Officers - 3.

During the year, 6 - monthly meetings were conducted, 21 papers were presented (Under Group A - 9, Group B - 9, Group C - 3).

Department of Medicine tops the list by presenting 7 papers (all case reports) followed by Surgery and Pathology 3 each; Dentistry 2; Cardiology, E.N.T., Dermatology, Plastic Surgery, Radiotherapy and Obst.& Gynae, each one.

Besides this, poster competition was arranged on 16.03.2000. Totally 17 papers were presented out of which 14 were under competition and 3 under non-competitive category. 2 best posters were awarded the prizes. The first best paper was from the Department of Pharmacology, 2nd paper from the Deptt of Pl. Surgery, 3rd paper from the Deptt of C.T.V.S., consolation prize was given to the poster from Deptt of CTVS.

2 special meetings or papers from undergraduates were arranged on 18.4.2000 and other on 15.9.2000. There was tremendous response from the Undergraduates. There were 4 Guest lectures during the year.

<b>Date</b>	<b>Topic</b>	<b>Name of Speaker</b>
02.02.2000	Newer Horizons in Curing Cardiac arrythmias	Prof. Mohan Nair, GB Pant Hosptial, New Delhi.
25.02.2000	Somatic Pathology of Psychiatric Patinets. A clinical profile/pathology due to HIV infections in Psychiatric patients	Dr. Djea Saravane, Chief of Services, Service of specialist Public Health Est, Hospital of Ville Evrand, France
18.07.2000	Positive thinking in life	Swami Mitrananda, Chennai.
12.08.2000	Clinical implications of recent advances in Molecuar Biology	Dr. Ved Narayan, University of Mississippi, USA

The Annual Alumni Oration was delivered by Prof. George Kurian, Gastroenterologist, CMC, Vellore, on GI Disorders that never existed on 10.04.2000.

The Annual Faculty Oration was delivered by Prof. K.S.V.K. Subba Rao, Director - Professor & Head of CTVS, JIPMER, on 04.08.2000 on Emergence of cardiothoracic Surgery at JIPMER, over 3 decades - an overview". He talked about his personal experience.

The Past President's address is planned to be delivered by Dr. SC Parija, Professor and Head of Microbiology shortly on "Lab diagnosis of parasitic infection. At what cost?"

The Annual Guest Oration is to be delivered by Prof. S. Chandra Sekhar Reddy, Vice Chancellor, RGUHS, Karnataka on "Sight first - decade of achievements" on 25.09.2000.

We also published JSS Bulletin 6 monthly, the first bulletin was published in the month of April, 2000. It was appreciated by many.

I must express my sincere gratitude to the President, Dr. Karoon Agrawal and Executive Members, who have shown active interest in guiding me for the smooth shipping of JSS throughout the tenure.

I thank all the Executive Members for the smooth functioning of the Society.

Our Director, Dean and Medical superintendent have always been supportive. I am expressing my thanks to them for their active contribution and help.

I thank all the judges who have evaluated paper presentation and full text of the same.

I would especially like to mention the name of Dr. R. Kannan, Dr. Shelly, Chadha and my wife Dr. Anu Goswami who have helped me from time to time.

Mr. C. Singara Velane, Ms. Ganga, Mr. Arnoldass, Ms. Sundarambal, Mr. Sundar, Mr. Menon also deserve a mention and I am thankful to them.

All this would not be possible without the help of all the members of the Society and I thank one and all.

