

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

Issue 10, October 22<sup>nd</sup>, 2018



Stonehenge at St John's, In front of Old Mortuary.

PC: Dr. Rakesh Ramesh

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Jensine



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## MESSAGE FROM THE EDITORIAL TEAM

**Sej alle!!!**

“Whatsup? @ St John’s Hospital” magazine’s tenth issue is out today. We hope all of you will enjoy reading all the recent new sections.

From this issue on, we plan to have space dedicated for updates on **Friday Clinical meetings**. We will have a short write up on the subject presented, for the benefit of those who are unable to attend the meetings.

Another new addition this time is called "**St John's Watchdog**". It attempts to clarify Medical myths that circulate on social media like WhatsApp, that spread falsehoods like wildfire among general public and Medical professionals alike.

To mark the occasion of World Psoriasis Awareness Day, our magazine is in blue and red (colours of psoriasis awareness ribbon), we thank Dr. Vijay Aithal (Professor, Department of Dermatology) and Dr. Diana E James (Department of Dermatology) for providing us a short write up on Psoriasis awareness.

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

Regards

**Editorial Team**



# UPDATES THIS WEEK

## WORLD PSORIASIS AWARENESS DAY

### 29th OCTOBER 2018

**PSORIASIS- THE DISEASE IS NOT CONTAGIOUS,  
BUT THE MYTHS SURROUNDING IT ARE....**

***Dr.Diana E. James, Dr. Vijay Aithal,  
Dept. of Dermatology, SJMCH***

#### **HISTORY OF PSORIASIS**

The Greeks coined the term '*psora*' which means 'to itch'. In the early days Leprosy and Psoriasis were grouped together as one disease. It was only in the 18<sup>th</sup> century that Robert Willan and Thomas Bateman categorised them as separate entities. In the 1960s, it was found that psoriasis had an autoimmune basis to it and over the next few decades phenomenal improvements have been attained in the understanding and treatment of the disease.



#### **ETIOPATHOGENESIS:**

Psoriasis is a complex multifactorial disease with genetic and immune mediated components. Possible triggers include an infectious episode, traumatic insult, cold weather, certain drugs and stressful life events which incite an inflammatory response, recruiting leukocytes and activated T-cells to the dermis and epidermis. These induce keratinocyte proliferation. Ultimately, a ramped up, deregulated inflammatory process ensues with large production of various cytokines (TNF- $\alpha$ , IFN- $\gamma$ , IL-12). Epidermal hyperplasia leads to accelerated cell turnover rate( 24 days shortened to 3-4 days) which results in increased scaling , flaking and improper maturation of skin.

# UPDATES THIS WEEK

## World Psoriasis Awareness Day

### 29th October 2018

#### CLINICAL FEATURES OF PSORIASIS

Skin is usually the first site to be affected. Plaque psoriasis is characterised by raised erythematous lesions with silvery white scaling. They are itchy, bleed on scratching and are noted over the extensor surfaces like elbows, knees, lumbosacral region and shin of the legs.

The other variants include Guttate or small papulo-plaque raindrop like eruptions over trunk, commonly associated with infection. The inverse type has a glazed erythematous look without scaling over flexures like groin and infra-mammary region. Severe variants include Erythrodermic type, where more than 90% of the body becomes erythematous and scaly, and Pustular type where crops of pustules develop associated with fever and systemic symptoms. Scalp, nails and joints are other sites where psoriasis can affect.



Picture Credit: Dr. John Stephen, Professor of Dermatology, SJMCH

#### DIAGNOSIS

Diagnosis is usually made by clinical examination, however when in doubt a skin biopsy can be done.



# UPDATES THIS WEEK

## World Psoriasis Awareness Day

### TREATMENT

Psoriasis can be treated by topical medicines, phototherapy and/or systemic drugs depending upon the severity of the disease. Regular use of moisturizers and managing the aggravating factors play an important role. Topical moisturizers, steroids, keratolytic agents, Vitamin-D analogues and immuno-modulators are the chief treatment options in limited diseases. Tar based, Ketoconazole and keratolytic based shampoos are helpful in scalp involvement. Phototherapy with PUVA, Narrow-band UVB or targeted therapies with excimer light or phototherapy are effective options. Systemic drugs such as Methotrexate, Acitretin and Cyclosporin are recommended in severe cases and extensive disease. Biological agents such as Etanercept, Infliximab, Adalimumab and Secukinumab can be used in cases which are unresponsive or difficult to treat. All medications should be taken under the supervision of a dermatologist and proper follow up with maintenance treatment is mandatory.

### ACTIVITIES ORGANISED BY THE DEPARTMENT OF DERMATOLOGY:

The department had poster competition and display of these posters to the public on World Psoriasis Day (29<sup>th</sup> October). They also distributed pamphlets to the public regarding the disease and awareness education.

### WORDS OF AWARENESS:

Let us keep in mind and also educate whom we can, that psoriasis is controllable, though not curable. Even though genetic factors play a role in its pathogenesis, it is not a hereditary disorder, neither is it a contagious disease. Improper or wrong treatments may render the disease unstable leading to severe complications. Newer treatments like biologics have enabled us to control the disease and greatly improve the quality of life of patients.



# **UPDATES THIS WEEK**

## **FRIDAY CLINICAL MEETING 26<sup>th</sup> October 2018**

### **DIVISION OF GERIATRICS**

### **DEPARTMENT OF MEDICINE**

#### **THE GERIATRIC GIANTS - Are we prepared to face them?**

PRESENTED BY:

*Dr.Alok Shetty K – Senior Resident*

*Dr.Jonita Evett Fernandes- Senior Resident*

*Dr.Leslie Pinheiro- Assistant Professor*

The elderly population in the world is increasing in number with every passing day, because of which it becomes imperative to be sensitized to the problems and needs of the elderly. Some of the most common problems faced by the elderly include the Geriatric Giants viz., Falls; Delirium; Dementia; Incontinence and iatrogenic problems like polypharmacy. Identification of these conditions and their causative factors is of prime importance in medical care of the elderly. As the nation gears up to face the challenges of the elderly, we too as an institution need to be prepared.

# UPDATES THIS WEEK

## WORLD ANAESTHESIA DAY

### 16<sup>TH</sup> OCTOBER 2018

## DEPARTMENT OF ANAESTHESIOLOGY

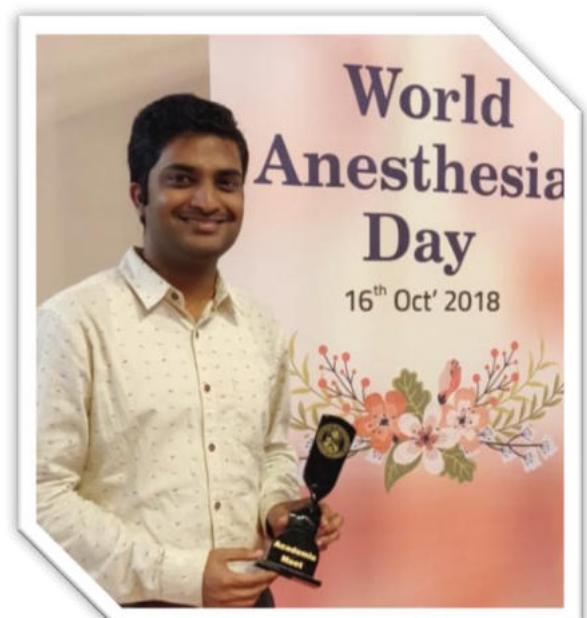


PC: Dr. Manjula, (Anaesthesiology)



16<sup>th</sup> October 2018,  
SJMCH, Department  
of Anaesthesiology  
celebrated World  
Anaesthesia Day.

**Dr. Pramod** (Final Year Junior Resident, Anaesthesiology) was awarded BARFI (Bangalore Anaesthesia Research Fostering Initiative) on World Anaesthesia Day at Indian Society of Anaesthesiology Meet, Bangalore.



# IG NOBEL

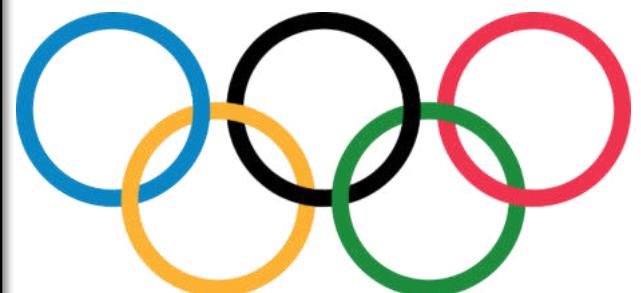
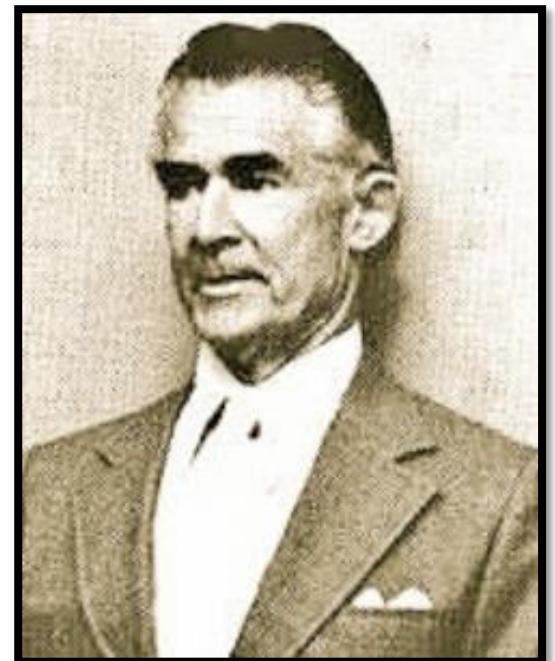


## 1991 - BIOLOGY

### Robert Klark Graham

Robert Klark Graham, selector of seeds and prophet of propagation, for his pioneering development of the Repository for Germinal Choice, a sperm bank that accepts donations only from Nobellians and Olympians.

R K Graham, (June 9, 1906 – February 13, 1997) was an American eugenicist and businessman who made millions by developing shatterproof plastic eyeglass lenses and who later founded the Repository for Germinal Choice, a sperm bank for geniuses, in the hope of implementing a eugenics program.





# St John's WATCHDOG



WhatsApp

The FOLOWING MESSAGE was circulating on Whatsapp in 2016 and 2017 regarding cholesterol and its link with heart disease :

**Cholesterol** is finally officially removed from Naughty List. The US government has finally accepted that cholesterol is not a nutrient of concern, doing a U-turn on their warnings to us to stay away from high-cholesterol foods since the 1970s to avoid heart disease and clogged arteries. This means eggs, butter, full-fat dairy products, nuts, coconut oil and meat have now been classified as \*safe\* and have been officially removed from the nutrients of concern list. The US Department of Agriculture, which is responsible for updating the guidelines every five years, stated in its findings for 2015: "Previously, the dietary guidelines for Americans recommended that cholesterol intake be limited to no more than 300 mg/day. "The 2015 DGAC will not bring forward this recommendation because available evidence **shows no appreciable relationship between consumption of dietary cholesterol and serum (blood) cholesterol, consistent with the AHA/ACC (American Heart Association / American College of Cardiology.** The Real Truth about Cholesterol - The majority of the cholesterol in you is produced by your liver. Your brain is primarily made up from cholesterol. It is essential for nerve cells to function. Cholesterol is the basis for the creation of all the steroid hormones, including estrogen, testosterone, and corticosteroids. High cholesterol in the body is a clear indication which shows the liver of the individual is in good health. **Cholesterol is the biggest medical scam of all time. There is no such thing as bad Cholesterol. So you can stop trying to change your Cholesterol level. Studies prove beyond a doubt, cholesterol doesn't cause heart disease and it won't stop a heart attack.** The majority of people that have heart attacks have normal cholesterol levels. Our body needs 950 mg of cholesterol daily for metabolism and the liver is the main organ. Only 15% of cholesterol is donated by the food we eat. If the fat content is less in our food we eat, our liver Got to work more to maintain the level at 950 mg. If the cholesterol level is high in our body, it shows the liver is working perfect. Experts say that there is nothing like LDL or HDL. \*Cholesterol is not found to create block any where in human body\*. Please share the recent facts about CHOLESTEROL.





# St John's WATCHDOG



WhatsApp



**FACT** : In 2015, the United States Dietary Guidelines Advisory Committee (DGAC), specified that dietary cholesterol is no longer a 'nutrient of concern', implying that the evidence for the association between dietary cholesterol and blood (serum) cholesterol is weak. This simply meant that moderate consumption of foods containing cholesterol such as egg yolk is permissible. However, the recommendation does not imply that serum cholesterol is no longer a risk factor for coronary artery disease (heart attacks) and strokes. High serum LDL cholesterol and low HDL cholesterol are still powerful risk factors for developing heart attacks and strokes. There is reliable evidence that lowering serum cholesterol through medications such as statins reduce the risk of heart attacks and strokes.

**MYTH** : The first part of the message conveys the actual message of the DGAC recommendation (accurate message - **highlighted in green**). However, the message goes on to falsely claim that there are no such things as LDL (bad cholesterol) and HDL (good cholesterol) (false claims - **highlighted in red**). Further the message makes false sensational claims like 'Cholesterol is the biggest medical scam of all time'.





# LAUGHTER IS THE BEST MEDICINE...



A police officer jumps into his squad car and calls the station.

“I have an interesting case here,” he says. “A woman shot her husband for stepping on the floor she just mopped”.

“Have you arrested her?” asks the sergeant.

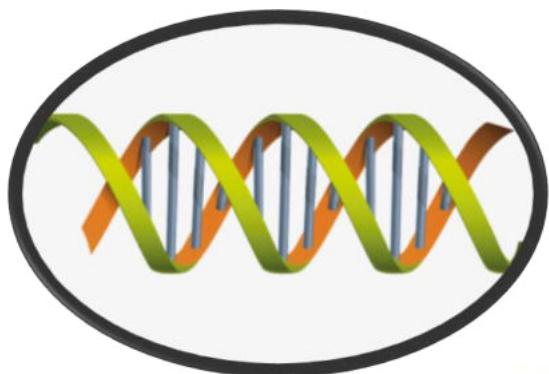
“No, not yet. The floor’s still wet”



“ I would like vitamins for my son,” a mother said. “Vitamin A, B or C?” the pharmacist asked. “It doesn’t matter,” the mother replied. “He can’t read yet.”

Q. What do you call someone who can’t stick with a diet?

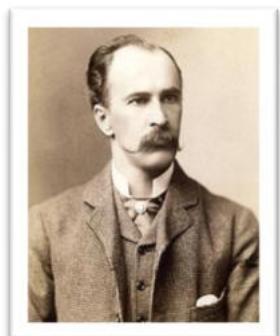
A: A deserter



They’ve just found a gene for shyness. They would have found it earlier, but it was hiding behind a couple of other genes.



# THE QUOTABLE OSLER



SIR WILLIAM OSLER

**Common sense is rare before forty!**

Common sense nerve fibers are seldom medullated before forty - they are never seen even with a microscope before twenty.



**We are at the mercy of our wills:**

We are at the mercy of our wills much more than our intellect in the formation of beliefs, which we adopt in a lazy, haphazard way without taking much trouble to enquire into their foundation.

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



## MEDICINE DIS WEEK

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

### **Mean HbA1C, HbA1C Variability and Mortality in Elderly diabetics.**

Glycaemic targets for older people is revised in recent years because of concern that more stringent targets are associated with increased mortality. A large retrospective cohort study on 54,803 people with type 1 or type 2 diabetes (age > 70years), primary outcome of all-cause mortality was measured. There was J-shaped distribution for mortality risk in both sexes, with significant increases in mortality with HbA1C >8% as well as <6%. Both high and low levels of glycaemic control were associated with increased mortality risk, and the level of variability also seems to be an important factor, suggesting that a stable glycaemic level in the mid range is associated with lower risk.

- Forbes A et al., Lancet Diabetes & Endocrinology, 2018; 6(6): 476-486.

### **Obesity Surgery and risk of Cancer**

In a large population based cohort study of 716960 obese patients, 8794 patients underwent bariatric surgery. Compared to no-surgery group, patients who had bariatric surgery demonstrated decreased risk of hormone related cancers (OR 0.23, 95% CI, 0.18-0.30). The decreased risk was consistent for breast, endometrial and prostate cancers. Gastric bypass resulted in largest risk reduction. But there was increased risk of colorectal cancers (OR 2.63, 1.17-5.95).

-Mackenzie H et al., Br J Surg. 2018 Nov;105(12):1650-1657.

# Mean HbA<sub>1c</sub>, HbA<sub>1c</sub> variability, and mortality in people with diabetes aged 70 years and older: a retrospective cohort study



Angus Forbes, Trevor Murrells, Henrietta Mulnier, Alan J Sinclair

## Summary

**Background** Glycaemic targets for older people have been revised in recent years because of concern that more stringent targets are associated with increased mortality. We aimed to investigate the association between glycaemic control (mean HbA<sub>1c</sub>) and variability (variability of HbA<sub>1c</sub> over time) and mortality in older people with diabetes.

**Methods** We did a 5-year retrospective cohort study using The Health Improvement Network database, which includes data from 587 UK primary care practices. We included patients of either sex who were aged 70 years and older with type 1 or type 2 diabetes. The primary outcome was time to all-cause mortality. Our primary exposure variables were mean HbA<sub>1c</sub> and variability of HbA<sub>1c</sub> over time. The observation included a 4-year run-in period (from 2003) as a baseline, with a 5-year follow-up (from 2007 to 2012). We assessed mean HbA<sub>1c</sub> in three models: a baseline mean HbA<sub>1c</sub> for 2003–06 (model 1), the mean across the whole follow-up period (model 2), and a time-varying yearly updated mean (model 3). A variability score (from 0 [low] to 100 [high]) was calculated on the basis of number of changes in HbA<sub>1c</sub> of 0·5% (5·5 mmol/mol) or more from 2003 to 2012 or to the point of mortality, based on changes in the annual mean as per each model with a minimum of six readings.

**Findings** The cohort consisted of 54 803 people, of whom 17 680 (8614 [30·7%] of 28 017 women and 9066 [33·8%] of 26 786 men) died during the observation period. The overall mortality rate was 77 per 1000 person-years (73 per 1000 person-years for women and 80 per 1000 person-years for men). The data showed a J-shaped distribution for mortality risk in both sexes, with significant increases with HbA<sub>1c</sub> values greater than 8% (64 mmol/mol) and less than 6% (42 mmol/mol), although excess mortality risk was non-significant in model 1 for men at HbA<sub>1c</sub> values of 8% (64 mmol/mol) to less than 8·5% (<69 mmol/mol) and in models 1 and 3 for both sexes assessed individually at HbA<sub>1c</sub> values less than 6% (42 mmol/mol). Mortality increased substantially with increasing HbA<sub>1c</sub> variability in all models (overall and for both sexes). For the model 2 HbA<sub>1c</sub> measure, the adjusted hazard ratios comparing patients with a glycaemic variability score of more than 80 to 100 with those with a score of 0 to 20 were 2·47 (95% CI 2·08–2·93) for women and 2·21 (1·87–2·61) for men. Fitting the mean HbA<sub>1c</sub> models with the glycaemic variability score altered the risk distribution; this observation was most marked in the model 2 analysis, in which a significant increased risk was only apparent with HbA<sub>1c</sub> values greater than 9·5% (80 mmol/mol) in women and 9% (75 mmol/mol) in men.

**Interpretation** Both low and high levels of glycaemic control were associated with an increased mortality risk, and the level of variability also seems to be an important factor, suggesting that a stable glycaemic level in the middle range is associated with lower risk. Glycaemic variability, as assessed by variability over time in HbA<sub>1c</sub>, might be an important factor in understanding mortality risk in older people with diabetes.

**Funding** King's College London and Diabetes Frail.

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## Introduction

A key challenge for clinicians to enhance diabetes care in older people (ie, ≥70 years) is the uncertainty about glycaemic thresholds in terms of benefits and risks.<sup>1</sup> Data from observational studies<sup>2–4</sup> have shown J-shaped distributions for mortality and glycaemic control, with not only high HbA<sub>1c</sub>, but also low HbA<sub>1c</sub> (≤7% [≤53 mmol/mol]) associated with mortality risk. These data, together with the varied outcomes of recent trials assessing intensive glucose lowering in patients with type 2 diabetes,<sup>5–8</sup> have led to an emphasis on individualised and less stringent glycaemic targets for older people in current guidelines.<sup>9,10</sup> However, although the move towards a more individualised approach is a positive development, a better understanding of the

risks conferred by glycaemic exposure is needed to direct clinical decisions and prevent either excess or inadequate use of antihyperglycaemic drug treatments in this population.

In addition to level of glycaemia, in recent years researchers have identified glycaemic variability as a potential risk factor for adverse outcomes in people with diabetes. For example, in a meta-analysis<sup>11</sup> reported in 2015, variability of HbA<sub>1c</sub> was associated with both microvascular and macrovascular complications and mortality. However, to our knowledge, the link between glycaemic variability and mortality has not previously been specifically investigated in older people with diabetes.

*Lancet Diabetes Endocrinol* 2018

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# Obesity surgery and risk of cancer

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**Background:** Obesity increases the risk of several types of cancer. Whether bariatric surgery influences the risk of obesity-related cancer is not clear. This study aimed to uncover the risk of hormone-related (breast, endometrial and prostate), colorectal and oesophageal cancers following obesity surgery.

**Methods:** This national population-based cohort study used data from the Hospital Episode Statistics database in England collected between 1997 and 2012. Propensity matching on sex, age, co-morbidity and duration of follow-up was used to compare cancer risk among obese individuals undergoing bariatric surgery (gastric bypass, gastric banding or sleeve gastrectomy) and obese individuals not undergoing such surgery. Conditional logistic regression provided odds ratios (ORs) with 95 per cent confidence intervals.

**Results:** In the study period, from a cohort of 716 960 patients diagnosed with obesity, 8794 patients who underwent bariatric surgery were matched exactly with 8794 obese patients who did not have surgery. Compared with the no-surgery group, patients who had bariatric surgery exhibited a decreased risk of hormone-related cancers (OR 0.23, 95 per cent c.i. 0.18 to 0.30). This decrease was consistent for breast (OR 0.25, 0.19 to 0.33), endometrium (OR 0.21, 0.13 to 0.35) and prostate (OR 0.37, 0.17 to 0.76) cancer. Gastric bypass resulted in the largest risk reduction for hormone-related cancers (OR 0.16, 0.11 to 0.24). Gastric bypass, but not gastric banding or sleeve gastrectomy, was associated with an increased risk of colorectal cancer (OR 2.63, 1.17 to 5.95). Longer follow-up after bariatric surgery strengthened these diverging associations.

**Conclusion:** Bariatric surgery is associated with decreased risk of hormone-related cancers, whereas gastric bypass might increase the risk of colorectal cancer.

Paper accepted 17 May 2018

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## Introduction

Obesity, defined as a BMI over 30 kg/m<sup>2</sup>, is an increasing global health problem<sup>1</sup>. Since 1980 the prevalence of obesity has nearly doubled, and currently more than half a billion of the world's adult population are obese<sup>2</sup>. Obesity increases the risk of overall mortality and of certain cancer types, as well as cardiovascular, respiratory and liver diseases<sup>3</sup>. Hormone-related cancer (breast, endometrium and prostate), colorectal cancer and oesophageal cancer have all been associated with obesity<sup>4</sup>. Obesity (bariatric) surgery is the only evidence-based treatment that offers substantial and long-lasting weight reduction in severely obese individuals<sup>5</sup>. The use of bariatric surgery has increased in England and elsewhere during the past

three decades<sup>6</sup>, and is presently among the most commonly performed gastrointestinal operations globally, with approximately 468 609 laparoscopic operations a year<sup>7</sup>.

Bariatric surgery has gained support from studies<sup>5,8,9</sup> showing improved long-term survival and improvements in diabetes and cardiovascular conditions compared with rates in unoperated obese individuals. However, there is limited knowledge on how bariatric surgery influences cancer risk, and the existing studies<sup>10–14</sup> show conflicting results.

Three dominating bariatric surgery procedures – gastric bypass, gastric banding and sleeve gastrectomy – have different mechanisms. Gastric bypass is restrictive (reduced gastric reservoir), malabsorptive (as the small gastric reservoir drains into the small bowel so that the nutrient stream is diverted away from the gastric fundus and antrum, the

## BILHARZIASIS

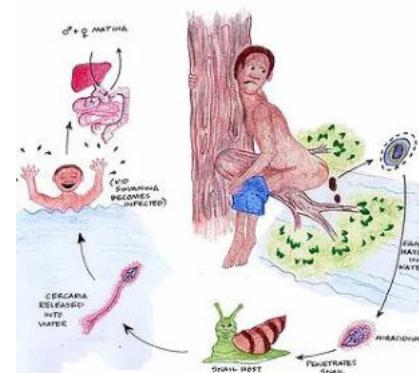


Theodor Maximillian Bilharz was a German anatomist and helminthologist. At the age of 25 years he went to Egypt where his former professor was personal physician to the Khedive of Egypt.

Ancient papyri portrayed men with enlarged abdomens and scrotal swelling. Historical vignettes described the “menstruating males of Egypt”, which is now attributed to the complications of schistosomiasis. Unfortunately, without understanding the aetiology, all efforts to treat the disease were in vain. In 1851 or 52, Bilharz discovered that the causative parasite of schistosomiasis was hitherto unknown trematode from the mesenteric vein of a native in Cairo. Bilharz published the description of adult schistosomes and two kinds of lateral spined eggs the following year.

Affecting >200million rural people worldwide, Schistosomiasis is the second most common parasitic cause of death, after malaria. Infestation can cause itchy papular rashes called ‘swimmer’s itch’ or fever with hepatosplenomegaly also known as ‘Katayama fever’.

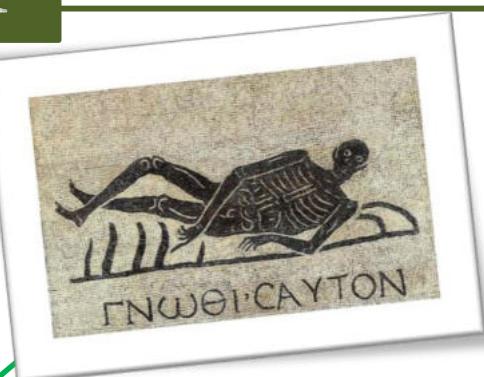
Bilharz remained in Cairo University for the rest of his life and is also credited for the discovery of the tapeworm *Hymenolepis nana*. During one of the expedition to the upper Nile, Bilharz contracted typhoid fever and died at a young age of 37 years.



## PEARLS OF WISDOM

Know **THYSELF**

- Inscription at the Oracle of Delphi



Laughter is sunshine; it chases winter from the human face.

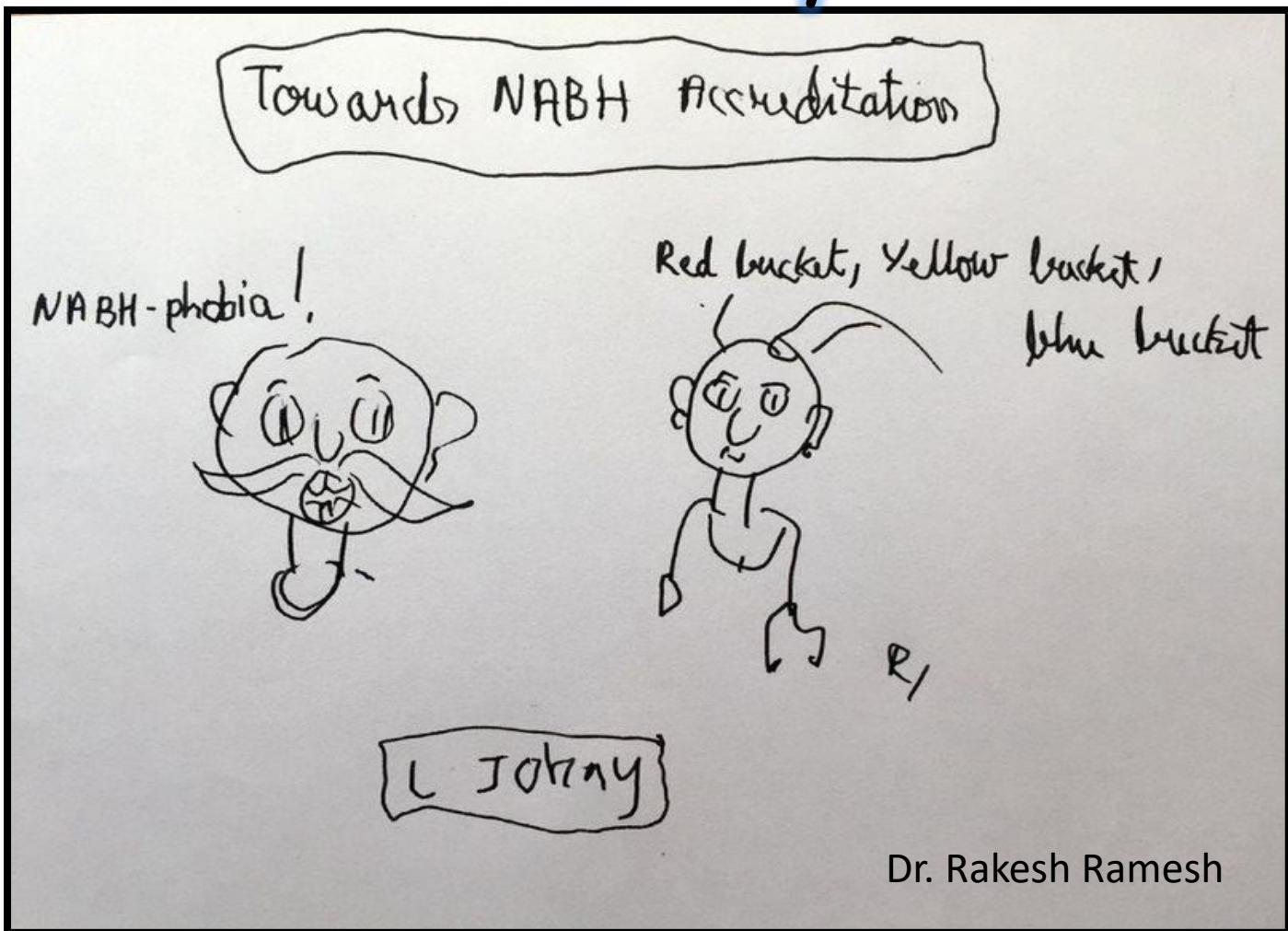
-Victor Hugo

The future belongs to those who believe in the beauty of their dreams.

- Eleanor Roosevelt



# L Johnny



## Did You Know?

The place with the world's shortest name is a little known village in north western Norway called Å. Pronounced Aw, it's a fishing hamlet with only 150 inhabitants!!



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**DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?**

Write to Dr. Avinash. H. U: [avinash.hu@stjohns.in](mailto:avinash.hu@stjohns.in)