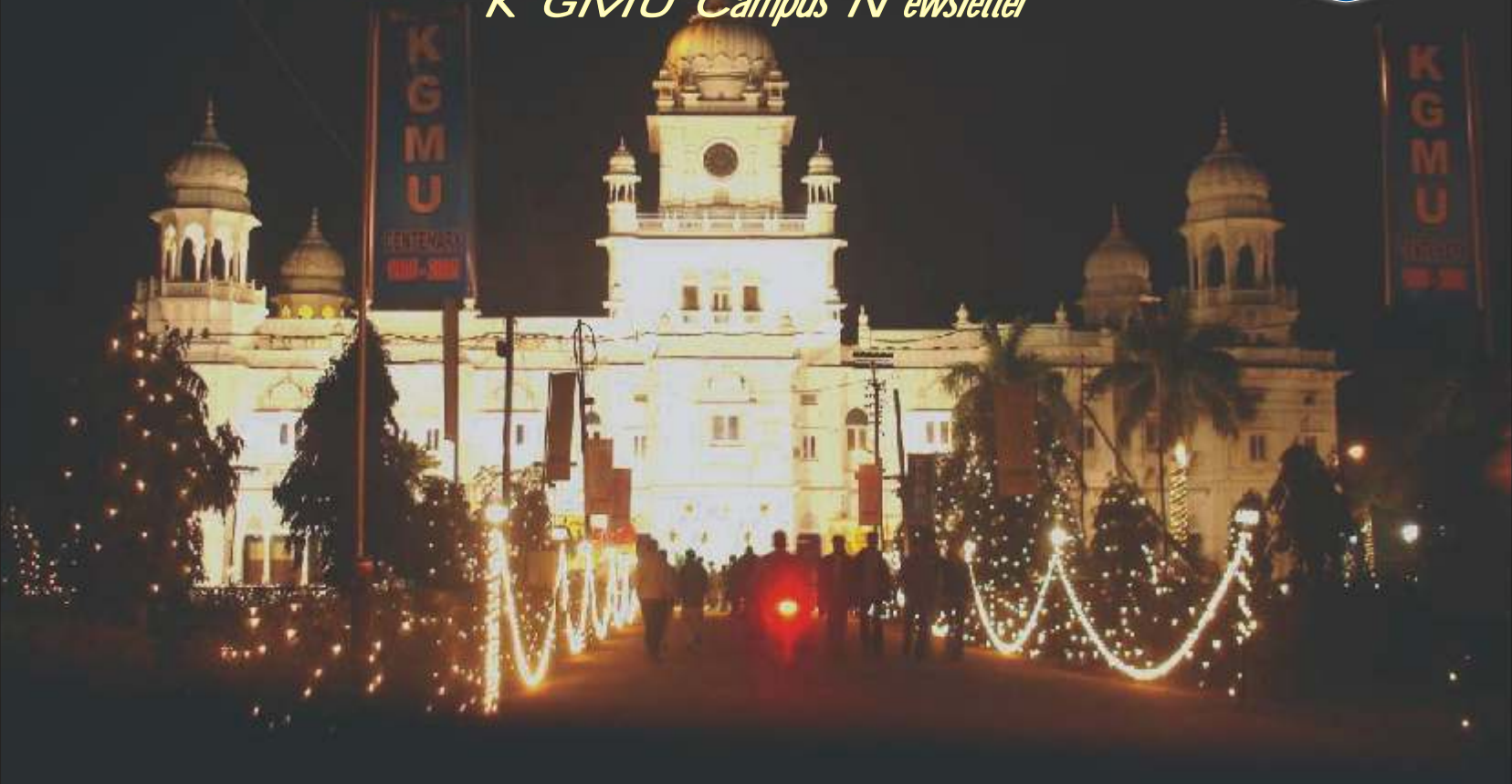


The Georgian

K GMU Campus Newsletter



A publication of the Website Cell of King George Medical University, Lucknow

January 2006

Centenary Issue

Vol 3 No1

Message from the Vice Chancellor

The year just gone by has had its ups and downs. We have celebrated one full century of existence of our institution and we have seen our university through one of her darkest hours. Yet, just as every cloud has a silver lining, I firmly believe that the institution will emerge stronger and cleansed through the ordeal.

Certainly, these events should not deter us from our pursuit of all round excellence which will only come from renewed allegiance to our mandates of teaching and training with dedication, provision of quality patient care with compassion and perseverance with cutting edge research to serve medical science and humanity.

Mahendra Bhandari

Editors' Note

Dear Friends,

With the beginning of the new year 2006, our institution crosses a milestone - that of having lived, survived and grown for a full hundred years since its inception. The second convocation of the University on 10th January 2006 marked the end of the year long foundation centenary celebrations.

A lot was planned for these celebrations and a lot has happened on the campus - good, bad and downright painful. By recalling the good, we hope to help heal some wounds and so we bring out this issue of 'The Georgian' with all that was good and upbeat over the last few months.

Rashmi Kumar

Apul Goel

Centenary Celebrations

The year 2005 had a special significance for our institution because it marked the 100th year since the inception of this medical college (now university) i.e. it was the year of the foundation centenary. It was on 26th December 1905 that the foundation stone of this great institution was laid by the Prince of Wales. The centenary celebrations were flagged off with the first convocation of the university, held on 14th January 2005. A total of 42 scientific programs were held during the year. On 26th December 2005, there was a grand display of fireworks and the administrative block was lit up. Sweets were distributed among staff, students, patients and their attendants. A cricket match between senior and junior doctors was also held.

Second Convocation of KGMU

The second convocation of our university was held on 10th January 2006 in the Scientific Convention Centre. Like the 1st convocation, this too was a joint convocation of KGMU and UP King George's University of Dental Sciences. Preparations for this very special function were going on for weeks. The Chief Guest at the convocation was His Excellency, Governor of Uttar Pradesh, Shri TV Rajeshwar, who is also the Chancellor. The other distinguished guest was Padma Bhushan Prof PN Tandon, a truly prolific Georgian, who was conferred 'Causa Honoris' of the University at the convocation. As befits such an occasion, the ceremony was replete with protocol, with many solemn pledges and speeches, yet glittering and colourful. The Convention Centre's central open amphitheatre was utilized for the convocation. The stage was beautifully decorated with flowers and a huge picture of the KGMU building in the background.



Dignitaries at the convocation

By 3 pm most of the guests and students had assembled and with the arrival of the Chief Guest, the academic procession walked down to the beat of drums. Vice Chancellor KGMU Prof Mahendra Bhandari in his address welcomed all the guests and read out the Annual Report. He exhorted the new graduates of the year to excel in their chosen disciplines, while refining and utilizing their knowledge to alleviate human suffering. The Vice Chancellor then introduced Prof PN Tandon, citing his achievements and contributions for conferral of the Honoris Causa.



Prof PN Tandon

This was followed by the bestowal of MBBS, MD, MS, DM and MCh degrees. Then came the much awaited award ceremony. Kum Shalini Maheshwari, having topped the final MBBS examination was declared the year's Hewett medallist. She won a total of 15 awards and certificates. As tradition goes, the young lady got a standing ovation. The award ceremony was followed by the Convocation Address by Prof PN Tandon and address by His Excellency, the Chancellor. The convocation was followed by high tea on the Convention Centre lawns.



Some lady members of the Academic Procession



Kum Shalini Maheshwari receiving the Hewett medal

Centenary Alumni Meet

This historic event was held on the 11th January 2006 close on the heels of the 2nd Convocation of the university. The organizing committee had left no stone unturned to contact as many Georgians as possible from across the globe and bring them to their alma mater for a truly memorable homecoming. The invitation letter as well as registration form and program were posted on the KGMU website well in advance and countless letters were sent out. As many as 850 Georgians from 52 batches made it to the meet, including 80 from overseas. This was the first ever conclave in which alumni of so many batches came together.

The program started on 10th January morning with a scientific program in the Brown Hall in which eminent Georgians delivered lectures. Dr Ramji Gupta spoke on 'Pulse therapy in autoimmune disorders', Dr Om Kumari from Kanpur on "How to win over Geriatrics" and Dr SK Verma from Texas on "Advancements in Medicine since 1905 : Back to the Future". These presentations were followed at noon by the 4th Dr NN Gupta - CG Agarwal Oration delivered by Prof Rakesh Tandon - a Georgian and ex Head of Gastroenterology at AIIMS and presently Professor & Head, Gastroenterology at Pushpawati Singhania Research Institute, New Delhi. The topic of his oration was "Chronic Pancreatitis in India : an overview".



Georgians at the Centenary Meet

On 11th January, the day began with registrations for the centenary meet. In the morning, batch meets were organized. Tables and chairs had been arranged in the tennis lawns outside the Administrative Block. Very soon the entire area was full of Georgians meeting and greeting one another. Shrieks and guffaws of laughter

were heard as many a class fellow recognized another after years. A documentary film depicting recent developments in the university was screened in the White Hall. At 12.30 pm, the Minimally Invasive Surgery Endoscopic Training Centre at Queen Mary's Hospital was inaugurated by Dr Leela Tandon. Lunch was served on the Convention Centre lawns.

The actual program of the centenary meet started in the Convention Centre at 3 pm. Master of ceremonies Dr Varun Narain regaled the audience in his inimitable style. Prof SD Pandey, President of International Association of KGMU & KGUDS Alumni gave the welcome address. Dr MC Pant read the Secretary's report. A souvenir tracing the history of the institution was released. Vice Chancellors of both the universities gave their addresses. Senior Georgians on the dias also addressed the gathering, the most notable being the message of Dr RL Shah, a 96 year old Georgian of 1933 batch who braved the cold winter to travel from Haldwani to Lucknow for the occasion. Award winning Georgians were felicitated. Finally, a 2 minute silence was observed and prayer was offered in the memory of Georgians who had passed away. The entire program was a great success owing to the unstinting efforts of Prof SD Pandey, Prof MC Pant and Prof AM Kar. It was decided to hold the next international meet in Mauritius in 2007 and the one after in Australia.



Dignitaries on the dais at the Centenary Alumni Meet

New Departments

The university is in the process of adding new superspecialty departments. The Department of Geriatric Mental Health is already functional since August 2005. A new Department of Surgical Gastroenterology has been formed in January 2006. The Departments of Rheumatology and Sports Medicine are also in the final stages of becoming operational.

Stem Cell Research

KGMU and IIT Kanpur are partners in the 'Stem Cell Bank Project'. Stem cells are undifferentiated cells that can be stored and later developed into any other cell or organ. These 'pleuripotent' cells can be manipulated with the help of growth factors to get the desired results. For example, in the case of stroke, the cells could be injected into the brain to develop into normal healthy brain cells or neurons. Stem cell research thus offers immense potential in the treatment of a wide range of diseases. As a first step, a stem cell bank will be established at KGMU. The university is finalizing the procurement of equipments and infrastructure for the bank. Faculty involved from KGMU is Dr Tulika Chandra and Dr Ashutosh Kumar from Pathology and Dr Uma Singh from Obstetrics & Gynecology.

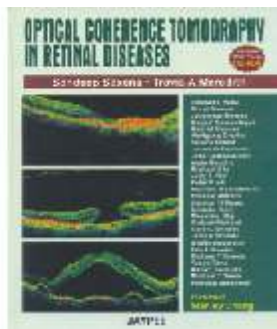
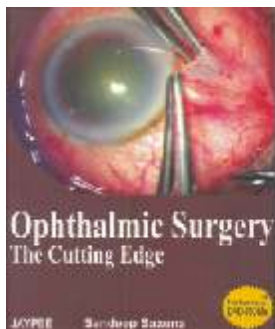
Books released



Dr Sandeep Saxena

Dr. Sandeep Saxena MS, MAMS, Associate Professor, Department of Ophthalmology edited and compiled 2 textbooks that went on sale at the American Academy of Ophthalmology in Chicago in October 2005. Both the books are available in print and electronic versions.

1. Ophthalmic Surgery : The Cutting Edge. This book has global authorship, 23 chapters, 675 pages, 1525 color and black and white figures and 2 DVD ROMS featuring 80 surgical videos. A complete ophthalmic surgery textbook for practising ophthalmologists as well as those in training.



2. Optical Coherence Tomography in Retinal Diseases: This book again with 23 chapters, 394 pages, 1100 color and black and white figures, 1CD and global authorship, is an up to date text on optical coherence tomography. A highlight is in vivo live histology, where 10 micron cross sections of the macula are analysed.

Showcase KGMU 2005

This annual event hosted by the Research Cell was held on 27th October this year. Faculty members of the university were invited to submit their published research work of the last year for competitive review and presentation at the function. The program started at 10.30 am with a talk by the Vice Chancellor entitled "Vision for Research at KGMU". This was followed by release of the souvenir by the Dean, Prof SK Agarwal and address by the Chief Guest, Prof CP Govila, Vice Chancellor, UPKGUDS. Prof S Awasthi, Faculty in Charge, Research Cell presented a review of activities of the Research Cell over the last year. A total of 19 Intramural Student Fellowships were awarded this year, of which 13 were to undergraduate students. Five Intramural Research grants were awarded to younger faculty members. A total of 12 new PhD registrations were made this year. Ongoing extramurally funded projects 2005-06 numbered 112, of which 55 were sponsored by government agencies, 48 by pharmaceuticals and 9 by international agencies. The maximum number of projects was under the Department of Psychiatry, followed by Departments of Pathology, Obstetrics & Gynecology, Pediatrics, Microbiology and Medicine.

The plenary session at Showcase KGMU consisted of a presentation on "Stem Cell Transplantation and its Future Applications" by Col Velu Nair, Professor & Head, Department of Bone Marrow Transplantation and Hematology, Army Hospital, Delhi. Following this were faculty presentations of published research by Prof Vinita Das, Prof Rajendra Prasad, Prof AK Tripathi, Prof Shally Awasthi, Dr Sandeep Saxena and Dr Ashish Wakhlu. Faculty publications were also displayed.

Future Plans

- ? The MD-PhD program - a super specialty course to be initiated with financial support from ICMR. Five seats have been approved
- ? A proposal for an Advanced Centre for Biostatistics was put up and has been approved by the Executive Council of the university.
- ? A new Centre of Excellence in Molecular Epidemiology and Life Style Diseases, with central research instrument facility is also proposed.

Research & Academics

Intramural Faculty Seed Grants 2006

1. Dr Swati Agarwal , Ophthalmology: Control of progression of diabetic retinopathy using Benofotiamine -A pilot study.
2. Dr Sanjeev Kumar Gupta, Ophthalmology: Proliferative retinopathy due to Eale's disease: Role of growth factors.
3. Dr Rajiv Agarwal, Plastic Surgery: Device development and clinical application for craniofacial distraction.
4. Dr Apul Goel, Urology: Expression of 'Hepsin' in human prostatic carcinoma and benign prostatic hyperplasia.
5. Dr Pushplata Sankhwar, Obstetrics & Gynecology: Testing the feasibility and efficacy of the device - female meatus visualizing CIC canula in patients of obstructive voiding - A pilot study.
6. Dr Nisha, Obstetrics & Gynecology: Serum inhibin as a diagnostic marker of ovarian tumour.
7. Dr Amita Pandey, Obstetrics & Gynecology: Chlorhexidine vaginal washing: Saving neonatal & maternal lives.



A meeting in progress at the Research Cell

Intramural Student Research Grant presentations were made recently. The following undergraduate students who were awarded the grant in 2005, presented their research results

S. No.	Name of Proponent	Name of Mentor	Title of Proposal
1.	Ms. Juhi Kumari, Ms. Perna Kumari MBBS-04	Dr. Manish Banpai, Physiology	Assessment of Flow Mediated Dilatation (FMD) or reactive hyperemia in forearm in different phases of menstrual cycle by non-invasive technique
2.	Ms. Prarthna Saxena, Ms. Mili Jain, Mr. Ayush Shukla, MBBS-03	Dr. Manish Bajpai, Physiology	Effect of static exercise on cardiac output measured by Impedance Cardiovasograph
3.	Ms. Deepti Verma, Ms. Garima Sharma, MBBS-04	Dr. N.S. Verma, Physiology	Respiratory functions in different phases of menstruation in asthmatics
4.	Mr. Mudit Kumar Agarwal, Ms. Namita Choudhary, MBBS-04	Dr. Neena Srivastava, Physiology	Effect of exercise on memory, concentration and mental fatigue
5.	Mr. Ashok Kumar Rawat, Mr. Bhupendra Kumar, MBBS-04	Dr. Pradeep Kumar, Physiology	Effect of short term exercise on cardiovascular performance in male medical students
6.	Mr. Rahul Bamal, Ms. Princy, MBBS-04	Dr. Sandeep Bhattacharya, Physiology	Quantification of caffeine induced autonomic nerve activity changes in healthy subjects
7.	Ms. Alka Gupta, Ms. Surabhi Rohtagi MBBS-04	Dr. S. Bhattacharya, Physiology	Effects of menstrual cycle on autonomic functions
8.	Mr. Akshay Batra, Mr. Ambukeshwar Singh, MBBS-04	Dr. Shraddha Singh, Physiology	Plasma fibrinogen level in smokers - a complimentary predictor of cardiovascular disease
9.	Mr. Ankit Kumar Sahu, Mr. Dheerendra Patel, MBBS-04	Dr. Vani Gupta, Physiology	A comparative study to investigate the effect of consumption of lemon tea and milk tea on insulin resistance and total serum lipid profile
10.	Ms. Azka Zuberi, Mr. Mudit Kumar Agarwal, Mr. Abhishek Goel, MBBS-04	Prof. Sunita Tewari, Physiology	Effect of computers on intellect and reaction time in young healthy adults
11.	Mr. Akshay Anand, Mr. Abhinav Tewari, MBBS-04	Dr. Sandeep Saxena, Ophthalmology	Role of lutein and zeaxanthin in diabetic retinopathy
12.	Ms. Anju Verma, Ms. Indu Maurya, MBBS-04	Dr. Surya Kant, Pulmonary Medicine	Effect of yoga on asthma symptoms, pulmonary functions and free radical status in patients of bronchial asthma
13.	Mr. Abhishek Goel, MBBS-04, Mr. Arun Goel, JR-III (Physiology)	Prof. D. Dalela, Urology	Uric acid abnormalities in patients of upper urinary tract urolithiasis- a biochemical evaluation

Scientific Events July to December 2005

Workshop on Essential Medicines, Adverse Drug Reactions & Therapeutic Drug Monitoring : This event was organized on 22nd & 23rd August 2005 by the Department of Pharmacology. Objectives were to chart out a state policy for selection of essential drugs and focus on cause, effects and monitoring methods for adverse drug reactions. Organising Secretary was Dr KK Pant.

Public Lectures on Japanese encephalitis : With the state in the grip of a raging epidemic of Japanese encephalitis, KGMU Creative League organized a public information session on the disease on 30th August 2005. Speakers on the occasion were Prof Rashmi Kumar, Prof SK Das, Prof MZ Idris and Dr Vimla Venkatesh. Chief Guest was Dr SC Rai, Mayor of Lucknow. Information about the disease, its clinical features, diagnosis and management was imparted in lay language for the convenience of the public and media.

8th Foundation Day Function Department of Surgical Oncology : This program was held on 20th September 2005 in the Scientific Convention Centre. Dr SC Rai was the Chief Guest. Dr NC Misra Oration was delivered by Prof Irving Taylor from University College, London and Dr DN Sharma Oration by Dr DD Patel, Director, Gujarat Cancer Research Institute, Ahmedabad.

CME on Hemophilia : This event was held on 23rd & 24th September 2005 in the White Hall of the University. It was jointly organized by the Departments of Pathology & Medicine, KGMU and the Hemophilia Federation of India. The objectives of the CME were to familiarize the doctors working in this field with recent advances in management of such disorders. A 'wet' workshop and a physiotherapy workshop were also held. The Organising Secretary was Dr Ashutosh Kumar, Department of Pathology. The program was inaugurated by the Vice Chancellor.

The 27th Annual Conference of UP Chapter of Indian Society of Anesthesiologists was held in the Scientific Convention Centre on 1st and 2nd October 2005. The 2 day conference was inaugurated by our Vice Chancellor. Lt Gen HK Maini VSM was the Guest of Honour.

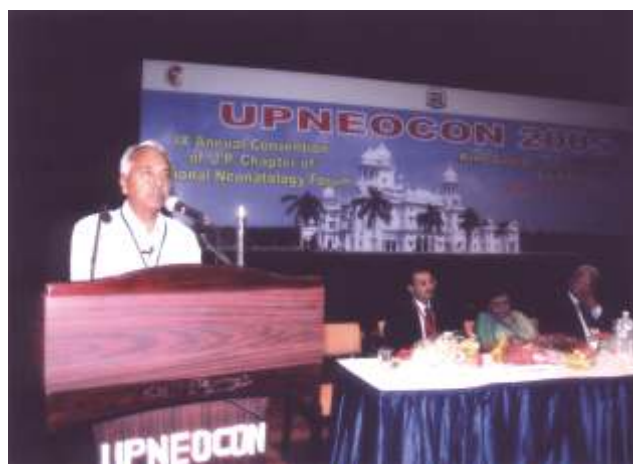
A Workshop on Nonsurgical Facial Rejuvenation was organized by the Postgraduate Department of Plastic Surgery on 8th & 9th October 2005.

Nonsurgical facial rejuvenation is becoming popular in the west, since these methods give a more youthful look to the person without surgery or with minimal surgery. The techniques are known as 'non-ablative laser' (NAL) and 'microderm abrasion'. Most of them are minor OPD procedures that can be completed within a half hour visit to a beauty parlour, and therefore don't carry the risks associated with surgery.



At the inauguration of Facial Rejuvenation Workshop

The IXth UP Chapter Convention of National Neonatology Forum was held on 15th October 2005 in the Scientific Convention Centre, KGMU. The Chief Guest on the occasion was Dr Nimal Hettiarachy, State Representative, UNICEF and the Guest of Honour was Dr LB Prasad, Director General Family Welfare, Uttar Pradesh. In his speech, Dr Hettiarachy stressed on the need to bring down neonatal mortality in the state as the country's profile depended on it. The conference was inaugurated by the Vice Chancellor, Dr Mahendra Bhandari. The packed program included continuing medical education (CME), award paper and free paper sessions, panel discussion and general body meet. The Organising Secretary was Prof GK Malik



UP Neocon in progress

Scientific Events July to December 2005

First Convocation of Lucknow College of Surgeons & Instructional Course Symposium on Colorectal Cancer : Organized jointly by the Lucknow College of Surgeons and Department of Surgery, KGMU on 21st October 2005 at the Scientific Convention Centre, the convocation was a glittering affair in which senior surgeons of the city were awarded fellowships of the college. Padmashri Prof Mahendra Bhandari, Vice Chancellor, KGMU gave the convocation address. Prof SS Agarwal, Former Director SGPGI, Lucknow and ACTREC, Mumbai delivered the 1st Prof Naseem Ansari Memorial Oration on “Molecular genetics of colorectal cancer - a model for carcinogenesis”. The Annual Oration of Lucknow College of Surgeons was delivered by Prof Ajay Kakkar of University College, London on “Cancer Associated Thrombosis”. The Organising Secretary was Prof Sandeep Kumar. The scientific program was followed by a musical evening and dance.



Participants at the Surgery Function

XVIIIth UP Chapter Conference of Association of Radiation Oncologists of India : This conference was organized on 22nd & 23rd October 2005 by the Department of Radiotherapy. The Chief Guest at the Inaugural Ceremony was Padmashri Dr SC Rai, Mayor of Lucknow, while Guests of Honour were Shri RK Mittal, Commissioner, Lucknow and Dr Kamal Sahani, Director, Medical Education, Uttar Pradesh. The program was presided over by the Vice Chancellor.

Mock Exam in Urology : In order to familiarize students with the examination pattern, the Department of Urology organized a mock exam for examinees taking the DNB and MCh in Urology. Students were shown slides, digital films, photos, Xrays, pathological specimen etc in accordance with MCI guidelines. A complete feedback of both the theory and practical parts including a video recording of their own performance was given to them.

First Foundation Day Function, Queen Mary's Hospital : This celebration was held on 31st October 2005 to mark the 73rd year of establishment of Queen Mary's Hospital. The Vice Chancellor Prof Mahendra Bhandari inaugurated the function. A scientific session on 'Heart Disease in Pregnancy' was held to mark the occasion.

11th National Conference of Indian Society for Parenteral & Enteral Nutrition (ISPEN) was held in the Scientific Convention Centre from 5-7th November 2005. Organising Secretary was Prof Ramakant, Department of Surgery. The conference was inaugurated by Sri SC Mishra, Member Rajya Sabha and Ex Advocate General of UP. Padmashri Dr SC Rai, Mayor of Lucknow was the Chief Guest. Sri Brijesh Pathak, MP was the Guest of Honour and the function was presided over by the Vice Chancellor.

Urology Quiz for MBBS Students : With the objective of generating interest in the subject of urology, the Department of Urology conducted a Urology Quiz on 11th November 2005. The quiz was conducted by Dr Apul Goel and consisted of MCQs, Xray films, clinical photographs and videos of surgical procedures. The winners were: 1st Amit Kumar, 2nd Ashish Kumar and Amit Chaudhary and 3rd Somil



Jaiswal Lighting the lamp at ISPENCON

Practical Training Course in Pediatric Oncology : This 2 day course was organized in the Department of Pediatrics on 12th & 13th November 2005. Organising Secretary was Prof Archana Kumar. The purpose of the course was to apprise doctors working in district and other hospitals about management of pediatric malignancies so that they could make an early diagnosis and engage in 'shared care' of these patients. Course faculty included renowned pediatric oncologists from Mumbai and Delhi.

IAP-UNICEF Workshop on Strengthening of Routine Immunizations : This one day event was held on Childrens' Day i.e. 14th November 2005 in the administrative block of the university. Organising Secretary was Prof Rashmi Kumar. Objectives of the conference were to stress the importance of routine immunization, have a brainstorming session on how to improve immunization coverage in the state and encourage practising pediatricians to play a role. The Chief Guest at the inaugural ceremony was the Hon'ble Minister of Family Welfare, Uttar Pradesh, Shri Ahmed Hasan ji, while Dr Nimal Hettiaratchy, State Representative UNICEF was Guest of Honour. Experts from Delhi and representatives of various NGOs and government bodies deliberated on the subject.



Inaugural Ceremony of the Immunization Workshop

Workshop on Neonatal Ventilation : This was an intensive 4 day workshop on neonatal ventilation. It was organized in the Department of Pediatrics from 17th to 20th November 2005. Many experts in neonatology came from AIIMS and PGI Chandigarh to teach participants the basics and nuances of neonatal ventilation. Organising Secretary was Prof GK Malik.

VIII Biennial Conference of the Indian Association of Child & Adolescent Psychiatry (IACAMCON 2005) : This 3 day conference was held in the Scientific Convention Centre from 24th to 26th November 2005. Organising Secretary was Prof P Sitholey, Head, Department of Psychiatry.

Epilepsy Awareness Day : Organised by Department of Neurology on 20th November 2005

World AIDS Day celebrated : On the occasion of World AIDS Day on 1st December 2005 , an awareness camp was organized in the Medicine OPD. This was accompanied by formal inauguration of the Antiretroviral Therapy Centre. Lectures on HIV/ AIDS were held. A highlight of the event was a quiz for the general public and people afflicted with HIV. Chief Guest was Special Secretary Medical Education. Organising Secretary was Prof AK Tripathi.

Gujral Bhargava Oration 2005 was organized by the Department of Pharmacology & Therapeutics in the Brown Hall of the University on 3rd December 2005. Chief Guest was Prof CP Govila, Vice Chancellor, UP KGUDS. The lecture this year was delivered by Director, Central Drug Research Institute, Dr CM Gupta, and the topic was “ Resurgence of Natural Products in Drug Discovery: Current International Status and Positioning of CDRI”.

A State level CME in Pathology & Workshop on Automation in Chemical Pathology was organized on 2nd & 3rd December 2005 by the Department of Pathology. Organizers were Prof AN Srivastava and Prof S M Natu. Speakers included Prof Jean Michel Coindre from France, Prof S Nag from Canada, and Dr N Tuteja and Dr Dinesh Gupta from New Delhi. About fifty delegates participated from all over UP.

Seminar on Public Health : A seminar on “Strengthening Health Systems to ensure Accessibility, Equity and Quality: A view through the economic lens” was held in the White Hall on 2nd & 3rd December 2005. Dr Peter Berman, Lead Economist, World Bank, New Delhi was the Chief Guest and delivered his address on “Transforming the Indian Health System: an evidence based approach”. Other speakers included Prof S Chakraborty, Director, Jaipuria Institute of Management, Lucknow, Prof DCS Reddy and Dr Sunil Nandraj from SEARO, New Delhi, Dr Kent Ranson from London School of Tropical Medicine & Hygiene and Dr Arvind Mohan from Lucknow University. Organising Secretary was Prof S Awasthi.

Foundation Day Celebration Department of Radiodiagnosis : This annual event was held on 17th December 2005 in the White Hall of the university. The inaugural program started at 12 noon with vandana. Head of Department, Prof S Bhadury gave the welcome address and read out the annual report of the department. Eminent radiologists from New Delhi, SGPGI Lucknow, and IMS Varanasi participated as resource persons.



At the Radiodiagnosis Foundation Day Function

Scientific & Social Events July to December 2005

58th National Conference of Association of Otolaryngologists of India :

This was a mega event organized by the Department of ENT from 5th to 7th January 2006 in the Scientific Convention Centre. The conference was inaugurated by the Chief Minister. A satellite meeting of the Federation of Head & Neck Oncology was held from 3rd to 5th January. A galaxy of national and international experts in the field participated as resource persons.



At the inauguration of the ENT conference

Social Events

Hasya Kavi Sammelan : On the occasion of Diwali, a get together in the form of 'Hasya Kavi Sammelan' was organized on 27th October 2005 by the KGMU Creative League and coordinated by Prof S Bhadury, Head, Department of Radiodiagnosis.

Silver Jubilee Reunion 1980 batch : Held on 24th December 2005 in the Brown Hall of the University.

Golden Jubilee Reunion 1958 Batch was held on 9th January 2006 in the Scientific Convention Centre. As usual, this was a rollicking affair with introductions, titles, music and dance, not to mention 'sheyr & shayri' in true 'Lakhnavi' style

Future Event

UP Chapter Conference of Indian Academy of Pediatrics, 14th & 15th October 2006. Organising Secretary: Prof KL Srivastava, Head, Department of Pediatrics.



Mr Rajiv Saran

'Georgian Raag' on the way

A chance conversation between a writer and his wife's surgeon paved the way for a unique literary creation to be called 'Georgian Raag'. The idea of collecting and compiling actual memoirs of teachers of the college as transcripts and publishing them in the form of a book came from Prof Sandeep Kumar. Giving shape to the idea is Mr Rajiv Saran a noted Hindi writer who has done yeoman work in interviewing, recording, and transcribing these memoirs over the last 2 years. The work is going through final editing, with inputs and support from Prof Sandeep Kumar. The book will have chapters by eminent teachers of the college including Prof Mansoor Hasan, Prof M Bhandari, Prof SS Agarwal, Prof PK Misra, Prof NN Mahendra, Prof TC Goel and many others.

OBITUARIES



Prof RML Mehrotra

Dr RML Mehrotra was born on 27th July 1923. He graduated from KGMC in the year 1945, standing 1st in his class. Subsequently he completed his MD Pathology in 1948 and PhD from London University in 1952. He joined his parent institution as Lecturer in Pathology in 1948 and headed the department from 1965 to 1983.

Prof Mehrotra had more than 150 research publications and edited 5 textbooks. He was decorated with many honours and awards including Rockefeller Foundation and Nuffield Research Fellowships, Khanolkar Prize for Research in Pathology (1957) and Dr BC Roy Award (1981). He was Fellow of the Royal College of Pathologists and President Indian Association of Pathologists & Microbiologists. After retirement, he set up the premier pathology laboratory in the city. Dr Mehrotra passed away on 24-11-05.



Prof KM Wahal

Prof KM Wahal was born on 24.3.23. Having completed his graduation and post graduation in Pathology from KGMC, he joined his parent department as Lecturer in 1946. Subsequently, he served his Department as Reader and Professor. He was conferred DSc from University of Pennsylvania in Neuropathology. Prof Wahal passed away on 24th December 2005.



Prof DN Khanna

Born on 18.11.33, Dr DN Khanna did his graduation and post graduation in physiology from KGMC. Subsequently, he served his alma mater as Lecturer, Reader, Professor and Head of Department of Physiology. He passed away on 23rd January 2006.

As you prepare for a Herculean task



As candidates for an advanced degree from KGMC, you new students join an academic community whose interests span almost the full spectrum of medical endeavor - surgery, medicine, pediatrics, geriatrics and what not! You've come to KGMC to study because you have a talent and a curiosity that drives you to seek specialized learning in one of these fields. And you've come, I trust, with some appreciation of the blood, sweat and tears that must be expended, figuratively or literally, for success in this pursuit. Each one of you will be devoting years, and years, and in some cases, yet more years to a dedicated and tightly defined task. You will be required to master highly specialized forms of scholarly craftsmanship and technique, unique uses of language and symbolism, and modes of thought and discourse peculiar to your chosen discipline. As your command of your specialty advances, you will find yourself moving apart intellectually, often decidedly so, from others who labour in different fields. This is good, and necessary, and you would be ill advised not to make such progression your goal.

However, essential as this may be, the mastery of specialized knowledge and technique should not be all that defines your experience at KGMC. Such mastery should be viewed as necessary, but not sufficient. It is all too easy to allow the demands of advanced scholarly achievement to make you insular, to isolate you from the remarkable scope and breadth of what goes on within this University in particular and this city of Lucknow in general.

When one is educated in a particular discipline, you also acquire a set of prejudices and ways of looking at the world. Along with those perspectives comes a specialized language that's often ineffective in communicating with people in distant - and even not so distant- disciplines. Distinctive academic cultures clearly do exist within our different schools and departments, creating barriers or even provoking mistrust or disrespect. If this is happening between departments imagine the chiasm between us and the patients, their relatives and us! If after spending 25 years in the profession I, a Plastic Surgeon, know virtually nothing about say Psychiatry or very little about Biochemistry, then how will a patient or a relative understand my treatment protocol if I don't spend time to tell him so? If we are not being trained in this discipline of communication then our training is grossly incomplete. Cured unhappy patients are far more harmful to our profession than well-trying but not cured, and happy ones!

The Page 3 of our Newspapers have a tendency of characterizing the literary intellectuals of our society as "natural Luddites" and scientists as "ignorant specialists." But a breakdown of communication between these two cultures threatens the progress of our civilization. Events like 'Meet the Press' and 'Public Forum' on College Day or

Alumni Functions will help in neutralizing these powerful centrifugal forces that constantly work to divide different components of a University in particular, and a society in general, into fragments, often indifferent to each other, and occasionally hostile. It will give us an opportunity to present a happier and friendlier face to the society, failing which this print space will be taken up by the scums and urchins and hooligans aping us.

I sometimes observe cultural divisiveness at work. I hear references to unbecoming stereotypes applied by medical college faculty to those from other colleges, by clinicians to basic scientists, or vice versa. Echoing the previous description of "ignorant specialists" and "natural Luddites", different groups of faculty may be perceived by others as advanced but narrow technocrats (surgeons), or conversely as intellectual but impractical snobs (physicians). Such invective may sometimes grow more colorful, and one can even have some fun at this: "hyperactive megalomaniacs", "bombastic philistines" and "dithering esthetes" come to mind. For the most part, such talk, though disrespectful, is not malicious, but reflects merely a gross exaggeration of underlying cultural differences, with humorous intent. However, conditioning of expectations by means of such stereotypes can halt or delay potential collaborations, and opportunities for meaningful achievements may be lost.

Teachers of our University have a responsibility of encouraging a propensity for "outrageous ambition." This should be a distinctive feature of every Georgian. However we should be very careful with these legacies, if we are not to allow our very real underlying cultural differences to twist our catch phrase from "outrageous ambition" into "outrageous arrogance" and "thwarted ambition". We can do better, and we must, if KGMC is to gain the competitive advantage against peer institutions that the splendidly beautiful and compact geography of our campus should afford.

My message to my fellow Georgians today is that we help ourselves as individuals and as a community if we strive to create countervailing centripetal forces to draw divergent parts of the University community together. Happily, I believe that many within our faculty and administration are working with a will to create forces of unity rather than schism. We should remember that the ultimate purpose of the pursuit of knowledge, in science, humanities, and the arts is the attempt to explain the universe and our place in it. This goal supercedes all others, even those that appear to have more immediate or practical value. To do this we have to make connections; we have to show that knowledge has a context. It is the linking of facts and the threads that run between disciplines that provide that context.

Dr Surajit Bhattacharya, Georgian 1975 Batch

Evidence Based Medicine: The How and Why

Evidence Based Medicine (EBM) has become something of a buzz word in medical circles today. But what exactly does it mean, and how can we practice it?

What is EBM? : EBM is defined as 'the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients'. In simpler words, EBM is the integration of best research evidence with clinical expertise and patient values.

By best research evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centered clinical research into the causal factors of disease, accuracy of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic regimens. Of the various research designs, the randomized controlled trials are considered the highest level of evidence, followed by cohort and case control studies and then by cross sectional studies, case series and case reports.

By clinical expertise we mean the ability to use our clinical skills and past experience to rapidly identify each patient's unique health state and diagnosis and their individual risks and benefits of health interventions.

By patient values we mean the unique preferences, concerns and expectations of each patient, which must be integrated into clinical decisions if they are to serve the patient. In developing countries this also includes affordability of the treatment.

When these three elements are integrated, clinical outcomes and quality of life are optimized.

Origin of EBM: It is believed that these ideas were around even in ancient Chinese medicine. In post-revolutionary Paris clinicians like Pierre Louis rejected the pronouncements of authorities and sought the truth in systematic observation of patients. In the current era, they were consolidated and named EBM in 1992 by a group led by Gordon Guyatt at McMaster University in Canada. Since then, international interest has led to enormous number of articles and as many as 6 evidence-based journals (published in up to 6 languages). In fact, EBM is nothing short of a 'movement'

How do we actually practice EBM?

The full-blown practice of EBM comprises 4 steps: Step 1: **Asking** i.e. converting the need for information (about prevention, diagnosis, prognosis, therapy, causation, etc) into an answerable question; Step 2 : **Accessing** or tracking down the best evidence with which to answer that question Step 3: Critically **appraising** that evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our clinical practice) Step 4: **Applying** or integrating the critical appraisal with our clinical expertise and with our patient's unique biology, values and circumstances Practice of EBM therefore requires that first we develop new skills in digging out literature and critical appraisal, second, we have the time to

apply these skills and third, we have the resources needed for instant access to information. These difficulties can be overcome to some extent by being selective in our approach. For the conditions we encounter every day (e.g., diarrhea) we need to be "up-to-the-minute" and very sure about what we are doing. Accordingly, we invest the time and effort necessary to carry out both steps 2 (searching) and 3 (critically appraising). But for conditions we encounter less often we conserve our time by seeking out systematic reviews and critical appraisals already performed by others (Cochrane Reviews, Best Evidence, and the like), who define and stick to explicit criteria for selecting the evidence and deciding whether it was valid. That is, we leave out the time-consuming Step 3 (critically appraising) and carry out just Step 2 (searching) and restrict the latter to sources that have already undergone rigorous critical appraisal.

Does providing evidence based care improve outcomes of patients? The paradox about EBM is that there is to date no real evidence available from randomized trials that it works. No investigative team has yet overcome the problems of sample-size, contamination, blinding, and long-term follow-up which such a trial requires. Moreover, there are ethical concerns because it means withholding access to evidence from the control clinicians. On the other hand, population-based "outcomes research" has repeatedly documented that those patients who do receive evidence-based therapies have better outcomes than those who don't.

What are the limitations of EBM? The concepts and practice of EBM by clinicians and academicians has evoked both negative and positive reactions, leading to protracted discussion and debate. Critics of the concept point out that it denigrates clinical expertise, is limited to arm chair academicians, holds true only for clinical research in high income countries, ignores patients' values and preferences, and promotes a 'cookbook approach' to medicine. However, if one examines just the definition of EBM, many of these doubts are dispelled. Moreover, it is already being practiced by a large number of GPs in developed countries who regularly access and appraise studies and reviews and this dismisses the contention that EBM is an ivory tower concept.

However, the basic limitations which still apply are the frequent shortage of coherent, consistent scientific evidence and difficulties in applying any evidence to the care of individual patients

Suggested Reading : David L Sackett, William M C Rosenberg, J A Muir Gray, R Brian Haynes, W Scott Richardson. Evidence based medicine: what it is and what it isn't. BMJ, 1996; 312: 71

2. Evidence Based Medicine Working Group at McMaster University, Canada. Postgraduate Medical Journal 1996; 72(843):1.

Dr Rashmi Kumar, Department of Pediatrics, KGMU

From the Departments.....

New Department of Geriatric Mental Health

A Government Order dated August 18, 2005 separating the Geriatric Mental Health Unit functioning in the Department of Psychiatry, KGMU and converting it into a statutory Department of Geriatric Mental Health within the medical university, marked the beginning of an era in the treatment and care of geriatric psychiatric patients in the state. First of its kind in the country, the department was inaugurated by Hon'ble Chief Minister of the State, Sri Mulayam Singh Yadav on August 20th 2005 in the presence of the Vice Chancellor and faculty members of the University and a number of dignitaries invited to witness the event. Dr. S. C. Tewari, Professor in Neuropsychiatry was appointed Head of the newly created department.

India has a proportion of nearly 8% senior citizens in the population and this proportion is expected to escalate to 11.8% by 2015 and to 18.4% by the year 2025. In view of the increase in high risk elderly population and mental health problems of elderly being different from those of the general adult population, there is a need to develop facilities for clinical, academic and research activities exclusively dedicated to the elderly.

Highlights of the new department are its OPD facility, 20 bedded hospital equipped with 3 intensive care units, emergency care and state-of-art diagnostic services. Posts of 3 Assistant Professors, 3 senior residents, 3 non-PG residents and 3 duty medical officers have been sanctioned for round the clock services in the hospital. PhD, fellowships, DM and diploma courses are expected to start within a year after getting clearance from Medical Council of India



Department of Geriatric Mental Health

New Department of Surgical Gastroenterology

Upgradation of the Gastrointestinal Surgery Unit in the Department of Surgery as a new Department of Surgical Gastroenterology was approved by the Executive Council on 8th December 2005 and the G.O. for the same was issued in January 2006. Three teachers from the parent Department of Surgery have been appointed in the newly created department and 3 more posts are yet to be filled.

Clinical Pharmacology Unit

Establishment of a Clinical Pharmacology Unit in the Department of Pharmacology is on the cards. The government has already sanctioned Rs 2.65 crores for the building and Rs 2 crores for equipment. The unit shall monitor adverse drug reactions (ADR) and develop facilities for therapeutic monitoring of drug levels besides providing information to practitioners about essential medicines and ADR.

A **CT Scan Gallery** was inaugurated in the Department of Anatomy on 22nd September 2005. The Gallery, which was assembled by Prof PK Sharma, was inaugurated by the Vice Chancellor while Prof CP Govila, Vice Chancellor UPKGUDS was Guest of Honour. This new addition of CT scan gallery is expected to impart knowledge of cross sectional imaging anatomy to students.



Inaugurating and viewing the CT Scan Gallery

Students' Section

Physiology Picnic

“All fun and all play,
Makes Jack happy and gay”

This was the basic principle applying in the annual Physiology Picnic, which this year was held on 15th November 2005 at Kukrail Park. It was the first outing of the entire 2005 batch and provided ample opportunities for breaking the ice and mixing and 'gelling' together. The Physiology Society ensured active participation by one and all by arranging tambola, antakshari, musical chairs, dumb charades and lots of music and dance at the end. The occasion was brightened by the presence of faculty members of the department and the Vice Chancellor and Mrs Bhandari. Winners of the various games were awarded prizes by the VC. Breakfast and lunch were served by the students themselves. Trapping the delightful moments in our cameras, we bade reluctant farewell to the venue at around 5 pm but this did not deter us from continuing the music and 'masti' in our buses on the way back. The vivid memories of this event shall remain etched in our minds for many a day.

Neha Manaduli, MBBS 2005 Batch



Glimpses of the Physiology Picnic

Intermedical Chess Competition

The 3rd Intermedical Chess Tournament was organized by the Physiology Society from 2nd to 4th December 2005. There were 57 participants in all with active participation from KGMU, KGDU and Era's Medical College. Mr AK Raizada was the Chief Arbitrator. The competition was inaugurated by the Chief Guest Mrs Bhandari. In all there were 5 rounds, winners of each round playing one another in the next one. The final round between Dr Akhilesh and Chandra Bhushan (MBBS 1st year) moved at lightening speed and had some nerve racking moments but finally the cool head won and Dr Akhilesh emerged the champion. The prize distribution was held in the Physiology Department on 5th December. Mrs Bhandari and Dr US Pandey gave away the prizes.

Benevolent Book Fund

A corpus fund set up through donations from citizens for distribution of books to economically weak but meritorious students of the university was started in 2004. Books worth Rs 75,000 were given out at two functions held in 2004. At a third function held on 7th December 2005, 11 more MBBS students (8 from 1st semester and 3 from 3rd semester) were given books worth Rs. 45,000. The Chief Guest on this occasion was Shri Anand Swarup of Dainik Swarup daily. The function was presided over by the Vice Chancellor and Prof Govila of UPKGUDS was Guest of Honour. It is proposed to extend such help to needy post graduate students also in future.

Condolence



The beginning of 2006 witnessed a terrible tragedy in which a bright young student of MBBS 2004 batch Deepak Agarwal accidentally fell to his death while rehearsing for a performance. Deepak was a good all rounder student with a keen interest in cultural activities.

His demise is deeply mourned by students and faculty alike.



At the Benevolent Book Fund Function

Students' Section

On being a doctor.....

What is it that you should do when you hear that that friend of yours with whom you shared 'ghobhi gajar ka achar' in recess during school is earning 25000 a month and that Levis might just use her idea to design their new pair of jeans? Be happy, isn't it? And maybe worry a bitwhat about me? Still studying! With even more years of study ahead! No I am not jealous, but I convince myself..... I console myselfI tell myself.....this shouldn't be a big deal for me, after all I'm going to be a DOCTOR!

I tell my (non medico) friends I've dissected every possible layer of a cadaver (ok that could be an exaggeration)..... they squirm with a wretched look on their face. I don't understand it! Why is there so much enigma associated with this profession? Is it because we can fix broken bones? Is it because we have the knives to cut open abdomens and threads to stitch them back?

Maybe its because we have the power to bring a smile on peoples facebut certainly I think people overrate us.

We treat.... But its God who cures! We can do all this stuff simply because we are trained to do so. Just as an engineer can play with a wires and chips and buttons to bring back a computer into its functional status.....so can we get rid of the viruses in live people's systems! One difference... they sympathize if it's an irreversible shut down. We must learn to empathize. But how? No one teaches us how to!

Just a few days back we were in the wards studying a patient of cancer! The lady cooperated. Two groups of budding doctors examined her. Next day another bunch of students was there examining her. She still cooperated. The torture was still not over for her. That poor lady who couldn't even take her 'ghunghat' off if men were around was examined a fourth time and then presented as a case study to some senior authority. She underwent all this emotional torture simply because she thought we would hurry up with her management. But did we ? We simply used her.....we fooled her..... for our own academic benefit.

When I mentioned this to a fellow batchmate, she said "Latika, this is how the system works. We don't have any other way to learn. There is no need to get emotionally attached to these patients!" Maybe I am emotional fool. Just because we are absolutely healthy and the patients are at our mercy doesn't mean that we treat them as specimens stored in formalin! They too have feelings. God forbid but we could be sick one day. But then again this is the only way to learn. In this process of training as 'life givers' we take away so much from so many people, leaving an emotional void in their lives. But we have no cause for remorse, we save lives, we are DOCTORS after all.

And the next time if I can't make it to a cousin's marriage, all I'll have to say is 'I was busy, busy studying, after all we have so much to learn!!

Latika Chawla, MBBS 2003 Batch

The idiosyncrasies of English

Let us face it - English is a crazy language. There is no egg in eggplant, neither apple nor pine in pineapple and no ham in hamburger. English muffins weren't invented in England, nor French fries in France. Sweetmeats are candies while sweetbreads that aren't sweet are meat.

We take English for granted, but if we explore its paradoxes, we find that quicksand can work slowly, boxing rings are squares and a guinea pig is neither from Guinea nor is it a pig.

And why is it that writers write but fingers don't fing, grocers don't groce and hammers don't ham? If the plural of tooth is teeth, why isn't the plural of booth beeth? One goose, two geese, one moose, two meese?

If you have a bunch of odds and ends and get rid of all but one of them, what do we call it? Odd or end? If teachers taught, why didn't preachers praught? If a vegetarian eats vegetables, what does a humanitarian eat?

Sometimes I think all the English speakers should be committed to an asylum for the verbally insane, ship by truck and send cargo by ship? Have noses that run and feet that smell? Park on driveways and drive on parkways?

How can a slim chance and a fat chance be the same, while a wise man and a wise guy are opposites? How can overlook and oversee be opposites while quite a lot and quite a few are alike?

Have you noticed that we talk about certain things only when they are absent? Have you seen a horseful carriage as compared to a horseless one or a strapful gown as opposed to a strapless one, met a sung hero (unsung) or experienced requited love (unrequited)? Have you ever run into someone who was grunted, ruly or peccable? And, where are all those people who are spring chickens or would actually hurt a fly?

You have to marvel at the unique lunacy of a language in which your house can burn up as it burns down, in which you fill in a form by filling it out and in which an alarm clock goes off by going on. English was invented by people, not computers and it reflects the creativity of the human race (which, of course, is not a race at all)!

That is why, when the stars are out, they are visible, but when the lights are out they are invisible. And why when I wind up my watch, I start it, but when I wind up this essay, I end it!

Neha Manaduli MBBS 2005 Batch

Students' Section

Food for thought..... but sports for fitness ?

'Those who think they have no time for bodily exercise will sooner or later have to find time for illness'.

- Edward Stanley

Sports are inevitable for the all round development of an individual. However, they have been quite the object of neglect in our university.

Who doesn't know the advantages of sports? They help maintain mental and physical fitness, inculcate a team spirit and develop a sense of discipline and mutual tolerance. Apart from relaxing the mind, they help fight stress. In fact, who should better understand and appreciate the essence of sports than the medical fraternity.

But what do we have here? Instead of measures to improve sports facilities in the college there has been a gradual deterioration, which is evident from the fact that the area earlier occupied by two tennis courts has been used up for making a stage, which comes in use just once in a while. Other grounds have been occupied by the highly noticeable Convention Center and the like. In the girls hostel, we have a TT room.....well, the name has been retained though not the table!!!

My father, an ex student of this elite institution often tells me about the good old days. The following information I am going to share with you is from his memories.

Well, at that time they enjoyed the facilities for a variety of sports, football, hockey, cricket, lawn tennis, table tennis, athletics etc. The teachers played a vital role in the development of extracurricular activities. Late Prof PC Dubey, an eminent professor of surgery took keen interest in promoting sports, always encouraging students to actively participate. The annual sports day, a gala event was regularly organized with much enthusiasm and exuberance. Inter-college tournaments were conducted in various sports. The college Athletics Association, presided over by Prof PC Dubey was very active. Awards were given out for the best sportsperson and all the different events.

I joined this prestigious institution with a lot of enthusiasm and expectation but I am a bit disenchanted. Leave aside the authorities, even we students don't make enough efforts towards a healthy sports environment. We have a huge campus; we can do much to exploit this to our benefit, boys and girls alike.

Recently, we had a cricket tournament, a good initiative. But, just these 'once in a blue moon' events are not the exact idea. We must inculcate these in our daily activities to reap their true advantages.

I do hope, some effort will soon be made in this direction.

Harleen Uppal, MBBS-2004 batch

Blood boosting by athletes

Blood boosting is a form of doping in sports that is particularly difficult to detect. Intravenous infusion of blood is performed to increase red blood cell mass by about 10% as compared to natural training which may take months to increase it by just upto 5%. Increased RBC mass leads to increased oxygen carrying capacity of blood. The blood infused could be either from a matching donor (homologous) or reinfusion of one's own blood (autologous).

The first alleged use of blood boosting in sports was in the 1960s when French four times winner (1961-64) was named as one of the first cyclists to use the technique. Widespread use among endurance athletes like runners, cyclists and skiers started after the 1968 Olympic games. The technique became more common in the 1970s and 80s. The International Olympic Committee forbade blood boosting after the 1984 Olympics games. After 1987, blood boosting became less common due to invention of recombinant human erythropoietin.

Autologous transfusion involves withdrawal of 1-4 units (450-1800 ml) of blood 8-12 weeks before the event as it takes this long for the body to re-establish RBC mass. The RBCs are placed in cold storage and reinfused 1-4 days before the competition. Disadvantages are that the induced anemia leads to decreased exercise tolerance during the training period and RBC hemolysis during storage at the rate of 1% per day. These problems can be overcome by glycerol freezing of RBC at 80 C which almost halts lysis and blood withdrawal 16 weeks ahead with reinfusion about 8 weeks ahead of the competition, so that hemoglobin mass increases well ahead of the practice period.

Side Effects: 1. Hyperviscosity. A raised viscosity decreases peripheral blood flow and cardiac output.
2. Phlebitis, septicemia, air embolism etc.
3. In case of homologous blood, blood borne infections like hepatitis B & C.

Detection: Homologous transfusion can be detected by a technique called Fluorescent Activated Cell Sorting which detects whether blood from more than one person is present in the athlete's circulation. Autologous RBC transfusion is notoriously difficult to detect. Recent attempts at blood doping detection rely on upper limit for hemoglobin concentration and packed cell volume but this may unfairly disqualify some athletes.

Hematological passport: This involves regular blood testing so that a trend for the individual's hematological values are established. Any unexpected deviation from the norm would lead to further investigations and ban.

Far from being consigned to history books, blood boosting may still be a current topic worthy of a physician's attention.

Geetanjali Bora, MBBS 2005 Batch

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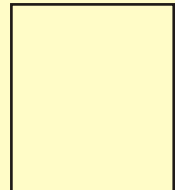
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Dr Rashmi Kumar, Department of Pediatrics, KGMU, Lucknow Ph: 0522-2257377 (O); Email: rashmik2005@gmail.com
Dr Apul Goel, Department of Urology, KGMU, Lucknow. Ph: 98391-81465; Email: goelapull1@rediffmail.com