I feel very privileged to inform you that Kurnool Medical College, the premier medical educational institution of Rayalaseema region, would be celebrating its diamond jubilee in the most befitting manner. The celebrations would showcase the 60 glorious years of the college’s service to the society through imparting of quality medical education.

The college is an institution of excellence and has brought a paradigm shift in the medical education in the state of Andhra Pradesh. It has also significantly contributed to the health improvement in several families and its alumni have carved a niche for themselves through their hard work, innovation and excellence not just in the state and national levels, but also at the international level.

Brand KMC is synonymous with exceptional skills and thorough professionalism. Our students and alumni are known for their work with a smile and quality of education.

I earnestly appeal to you, our esteemed colleague/esteemed former colleague/benefactor/supporter/patron, to partner the organising of these memorable and historic celebrations. We assure you that the diamond jubilee celebrations will highlight the achievements of the college and further its avowed aim of providing quality medical education to the students - from the Telugu-speaking areas and other areas.

We earnestly request our alumni to help us sustain this momentum and help improve this college of excellence. The Government of Andhra Pradesh has always been continuously funding us to help us improve infrastructure. Thanks to the munificent help from the Government of AP, several infrastructural facilities like new buildings and equipment have come up. It is highly appreciable that the Government has so far allocated more than Rs 20 crore on the campus.

The medical education in the country is rapidly changing and the importance of research and technological innovations cannot be undermined. Imparting quality medical education is one of the most challenging tasks. We are happy that the Government is rising to the occasion to help KMC impart quality Medicare. We need to develop infrastructure and develop it on par with institutions of higher excellence such as AIIMS.

We would like to use the opportunity provided by the diamond jubilee celebrations and improve the existing facilities and putting in place new facilities. I along with the members of the organizing committee request you to support this cause. There are many proposal in the pipeline and have already been displayed out or website along with their estimated costs. The alumni and the students can support us in our various endeavours and help us develop this into one of the best institutes in this part of the world. I humbly request you to become part of the endeavour and support the noble cause.
Consumption, or Tuberculosis as we now know it, killed more people in Georgian England than any other disease. Spread by contact with an infected person, tuberculosis thrived in the crowded streets and homes of rapidly growing cities. By 1800 it may have taken the lives of up to one in four Londoners each year. There was no cure and doctors were at a loss how to prevent infection. One of the biggest unknowns was how people contracted the disease.

Across the Channel, in Paris, a 35 year old French doctor was making the study of tuberculosis his life work. In 1816, René Laennec had just been appointed chief physician at Hôpital Necker, where he regularly encountered patients exhibiting symptoms of consumption.

Physicians had long understood that listening to the body could help them understand a patient’s condition - a technique known as auscultation. Putting an ear to the chest was common practice. An alternative method involved percussion, which meant tapping or striking the body and using the sound to assess what was going on within. Laennec had been schooled to use percussion.

Soon after taking up his post at Hôpital Necker,}

Evolution of the Stethoscope

By Dr. S. Chandrasekhar, M.D.

Year 2016, is the 200th anniversary of the invention of the stethoscope. As with so many innovations, the stethoscope was not immediately welcomed by many Regency physicians. But then, so much of the medical knowledge we now take for granted was a mystery to doctors in the early nineteenth century.

The Georgian killer disease: consumption

Consumption, or Tuberculosis as we now know it, killed more people in Georgian England than any other disease. Spread by contact with an infected person, tuberculosis thrived in the crowded streets and homes of rapidly growing cities.

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The fat young lady inspires an idea

Soon after taking up his post at Hôpital Necker,
Laennec encountered a tricky situation. "In 1816," he wrote later, "I was consulted by a young woman labouring under general symptoms of diseased heart, and in whose case percussion and the application of the hand were of little avail on account of the great degree of fatness."

The only other option was to put his ear to her chest, which he felt was "rendered inadmissible by the age and sex of the patient". At that moment he remembered a simple acoustic principle and, grabbing a piece of paper and rolling it into a tube, he placed one end on the patient's chest and put his ear to the other. Laennec had created the first stethoscope.

Amazed by the quality of the sound, Laennec dedicated himself to perfecting the instrument. What became of the young lady is not recorded, but within months, Laennec had decided on the ideal form for his new device. It was a hollow wooden tube about 30cm long, funnel-shaped on the inside. He also gave it the name it's been known by ever since.

The stethoscope as a symbol of forward thinking

Throughout the late Georgian period, the stethoscope remained a single wooden tube. Variations in design included some that were bell-shaped, and smaller models intended for use with children.

It would not be until 1851 when the stethoscope had its next major improvement, which was to make the device bi-aural. Invented by Irish physician Arthur Leared, it was refined in 1852 by George Cammann for commercialization. Cammann also wrote a major treatise on diagnosis by auscultation, which the refined binaural stethoscope made possible. Initially there was some concern that the bi-aural stethoscope could create hearing imbalances which might be problematic during examinations, but by the early 1900's these concerns had largely subsided and the bi-aural stethoscope was a commonly used diagnostic instrument.

The application of electronic amplifiers to the stethoscope provided the next major modification in throughout the 20th century. These stethoscopes amplified the sound heard by the physician and were capable of filtering high pitched tones in order to make faint tones louder. Some electronic models could provide visual or audio recordings that could be used in training or consultation as well.

Despite all of the improvements and changes, the basic principle behind the stethoscope continues to remain the same; to provide physicians with the means to perform auscultation and identify specific sounds within the body. The stethoscope as a symbol of forward thinking

Laennec announced his creation of the stethoscope in front of an audience of medical and scientific specialists at the Academy of Sciences in Paris in 1818. Perhaps unsurprisingly, not everyone thought it was a good idea - hadn't putting the ear to the chest worked well for hundreds of years?

In 1819, Laennec published a book about his work on chest diseases, including the designs for the stethoscope. In 1821 he returned to Paris and his work at Hôpital Necker. From then until his death in 1826, he regularly entertained medical visitors wanting to see him and learn about his invention.

In 1826, the authors of The Medico-chirurgical Review and Journal of Medical Science claimed to be "the first in this country to introduce the subject of auscultation, (January, 1820) through the medium of an extensive review of Laennec's work."

Laennec's achievement

René Laennec, inventor of the stethoscope, is remembered as one of France's greatest doctors. He knew that his discovery was a significant step forward for medicine, allowing a better understanding of the body while the patient still lived.

Sadly, his work in close proximity to tuberculosis sufferers meant that he too became a victim of the disease and he died in 1826, ten years after inventing the stethoscope. For the next sixty years, doctors would continue to be mystified as to how tuberculosis spread. It wasn't until a hundred years after Laennec's death that effective vaccinations were made available.
The first antibiotic Penicillin was discovered by Alexander Fleming in 1928 and more than 100 compounds have been found since, but no new class has been found since 1987. The lack of new drugs coupled with over-prescribing has led to bacteria becoming increasingly resistant to modern medicines.

The first new antibiotic to be discovered in nearly 30 years has been hailed as a 'paradigm shift' in the fight against the growing resistance to drugs.

But more importantly it could pave the way for a new generation of antibiotics because of the way it was discovered.

Dame Sally Davies, the government’s Chief Medical Officer, said antibiotic resistant was 'as big a risk of terrorism; and warned that Britain faced returning to a 19th century world where the smallest infection or operation could kill.

The World Health Organization has also classified antimicrobial resistance as a "serious threat" to every region of the world which 'has the potential to affect anyone, of any age, in any country’.

However the new discovery offers hope that many new antibiotics could be found to fight bacterial infections.

Scientists have always believed that the soil was teeming with new and potent antibiotics because bacteria have developed novel ways to fight off other microbes.

But 99 per cent of microbes will not grow in laboratory conditions leaving researchers frustrated that they could not get to the life-saving natural drugs.

Now a team from North eastern University in Boston, Massachusetts, have discovered a way of using an electronic chip to grow the microbes in the soil and then isolate their antibiotic
chemical compounds. They discovered that one compound, Teixobactin, is highly effective against common bacterial infections Clostridium difficile, Mycobacterium tuberculosus and Staphylococcus aureus & and could be available within five years.

"Teixobactin shows how we can adopt an alternative strategy and develop compounds to which bacteria are not resistant."

Crucially, the scientists believe that bacteria will not become resistant to Teixobactin for at least 30 years because of its multiple methods of attack.

One of it is it is a cell wall synthesis inhibitor hence bactericidal not by inhibiting protein synthesis but by targeting lipid molecules with which bacteria use them to build cell walls.

Testing on mice has already shown that the antibiotic works well at clearing infections, without side-effects. The team is now concentrating on up scaling production so that it could be tested in humans.

"Right now we can deliver a dose that cures mice and a variety of models of infection and we can deliver 10 mg per kg so it correlates well with human usage," added Professor Lewis.

The breakthrough was heralded by scientists who said it could prove a ‘game-changer’ in the struggle against antimicrobial resistance.

Prof Laura Piddock, Professor of Microbiology at the University of Birmingham, said: "The screening tool developed by these researchers could be a ‘game changer’ for discovering new antibiotics as it allows compounds to be isolated from soil producing micro-organisms that do not grow under normal laboratory conditions."

Prof Mark Woolhouse, Professor of Infectious Disease Epidemiology, from the University of Edinburgh added: "Any report of a new antibiotic is auspicious, but what most excites me about the paper is the tantalising prospect that this discovery is just the tip of the iceberg."

"Most antibiotics are natural products derived from microbes in the soil. The ones we have discovered so far come from a tiny subset of the rich diversity of microbes that live there.

"The great hope is now that many more new antibiotics can be uncovered in a similar manner."
The US Food and Drug Administration (FDA) issued a final rule banning powdered medical gloves beginning on 19 January 2017.

FDA proposed the ban in March, citing mounting evidence that such gloves posed serious risks to patients, including airway and wound inflammation, post-surgical adhesions and allergic reactions.

This is only the second time FDA has banned a medical device since banning prosthetic hair fibers in 1983. In April, FDA proposed banning a third type of device, electrical stimulation devices when used to treat self-injurious or aggressive behavior, though a final ban is still pending.

"This ban is about protecting patients and health care professionals from a danger they might not even be aware of," said Jeffrey Shuren, director of the Center for Devices and Radiological Health, after the ban was proposed.

The proposed rule would also prohibit the sale of other powdered gloves. The literature indicates that this action would further reduce the adverse reactions associated with exposure to glove powders (e.g., a post-operation wound infection, such as starch peritonitis). These events primarily occur in patients receiving surgeries involving the abdomen. In rare instances, enough aerosol powders enter the patient's abdomen to trigger a post-operative wound infection. One paper tested several methods to prevent these events, which included sterilizing the glove powders, washing the gloves prior to surgery, and using powder-free gloves. The results indicated that using powder-free gloves was the most effective method to prevent powder-related adverse events.

Specifically, FDA says it will ban the sale, distribution and manufacturing of all powdered surgeon's gloves, powdered patient examination gloves and absorbable powder used to lubricate surgeon's gloves, though it notes the ban will not apply to powdered radiographic protection gloves.

Additionally, the ban will not apply to powder used during the manufacturing process for non-powdered gloves, so long as only trace amounts (no more than 2mg of powder per glove) make it into the finished product.

"Based on a careful evaluation of the risks and benefits of powdered gloves and the risks and benefits of the current state of the art, which includes readily available alternatives that carry none of the risks posed by powdered gloves, FDA has determined that the standard to ban powdered gloves has been met," the agency writes.

According to FDA, the majority of the roughly 100 comments submitted to the proposed rule favored banning powdered gloves.

Most of the comments that opposed banning powdered gloves claimed that non-powdered gloves were more difficult to put on and are less comfortable. However, FDA rejected these claims, citing studies supporting the performance characteristics and ease of donning non-powdered gloves.

FDA also rejected claims that powdered gloves should not be banned as newer reduced-powder gloves are safer than gloves with a higher powder content. "Several studies indicate that gloves with reduced powder levels continue to present unreasonable and substantial risks to patients and health care workers," the agency writes.

To facilitate the ban, FDA says it is also amending the classification regulations for medical gloves in order to distinguish between powdered and non-powdered gloves, as the current classifications do not differentiate between the two.

See more at: http://www.raps.org/Regulatory-Focus/News/2016/12/16/26391/FDA-Bans-Powdered-Gloves/#sthash.adf3VU2s.dpuf
1. Worrisome apple?

2. Bad berry?

3. Painful Berry?

4. Stinky bunch of Grapes?

5. Hard Strawberry
FRUITS IN MEDICINE

6. Blind cherry??

7. Spotted Muffin

8. Lemon in womb

9. Banana in womb

10. Deadly Orange
FRUITS IN MEDICINE

ANSWERS:

1. Apple core lesion - Barium enema radiographic appearance in Carcinoma descending colon.
2. Berry aneurysm of circle of willis
3. Strawberry Gall bladder - Cholesterolosis of gall bladder: Excess cholesterol within the Gall bladder causing deposition of cholesterol crystals within the wall of gall bladder giving stippled appearance as the pips in strawberry.

Other places where bunch of grapes seen are
a) USG: molar pregnancy
b) IPMN (Intra ductal Pappillary Mucinous Neoplasm)
5. Edward Syndrome (Trisomy 18): Due to flattening of Occiput (hypoplasia of occiput) and pointing of Frontal Bones (Due to Vascular abnormality in 1&2 branchial Arches.) resembles a berry.
6. Cherry Red spot of fundus Mnemonic:
   Cherry Trees Never Grow Tall in Summer
   CRAO
   Tay -Sachs Disease
   Niemann Picks disease
   Gauchers Disease
   Trauma (Berlins Edema)
   Shandoff’s Disease
7. Blue Berry Muffin Rash: Originally described for Congenital Rubella Syndrome, when an infant is born with multiple blue/purple marks or nodules in the skin. These may be due to the presence of clusters of blood-producing cells in the skin (extramedullary erythropoiesis), or bleeding into the skin (purpura) or spreading cancer (metastases).
8. Lemon sign in antenatal scan: Scalloping of frontal bones seen on axial view at the BPD seen in spina bifida before 24 wks
9. Banana Sign: It is seen on axial imaging through the posterior fossa of fetus and is associated with the Chiari II malformation. The cisterna magna gets obliterated and the shape of the cerebellum has the appearance of a banana. Lemon + Banana detected antenatally indicates an underlying Neural Tube defect.
10. Peau ' D Orange appearance: An ominous sign of advanced Breast malignancy that had infiltrated the overlying skin lymphatics resulted in puckered appearance similar to orange peel.
I surely remember it was in the middle of pharmacology paper-I exam, which was easily going, situation changed in a moment as soon as examiner issued Hall tickets for all of us. In my hall ticket there was ROUNDED RED CIRCLE around microbiology and with letter "D". I asked examiner what it meant. Examiner told me that "YOU ARE DETAINED" suddenly I was panicked; my cortex stunned & stopped working. I was in shock, with rolling tears on my cheeks. My answer sheet, exam paper sanked in my tears. Within half an hour I realised, that I am in the midst of Pharma exam, I consoled myself by saying - "Right now I am writing the final exam, I have only one hour left, and is very precious, none can snatch this hour from me. I need to do THIS EXAM BEST later I have time to get rid of this hardship". I did well in the exam and immediately rushed to microbiology department. There I came to know somehow my attendance was misplaced. Along with me my other classmate was also detained. Our Principal sir, Dr.G.S.RamaPrasad,MD., called an emergency meeting with the microbiology HOD Dr.Swarnalatha,MD., and other faculty members. Till evening 6.00 PM. I stayed in administrative block, then pharmacology paper-II phobia started in me. I did night out for paper-II and done well with the exam.

As soon as I finished exam, I rushed to office, their I came to know that Dr.NTRUHS requested to represent official papers concerned with my attendance with any of the faculty member of Microbiology. But unfortunately it was the Saturday afternoon; to reach university it will take 9 hours and again the next day was Sunday office will be closed. My Microbiology exam was on Monday. I hated my fate. But our generous, student encouraging, friendly Principal Sir Dr.G.S. RamaPrasad sir contacted the higher officials in university and granted me "Permission Orally" to write exam. Till then my breath was held in anxiety. Dr.Surekha Madam,MD., Professor, contacted the officers and made open the office on Sunday, to complete the official paper work to grant me permission. At last, finally on the Monday morning the day of my microbiology exam, I got an official letter stating that "I was eligible for exam....".

I am greatly indebted to our beloved, dynamic, Principal Dr.G.S.RamaPrasad sir and the Microbiology department Dr.Swarnalatha Madam, Dr.Surekha madam and Dr.Sardar Sulthana Madam who made this horrible situation just as "Tragic Nightmare" in my life. Our Principal sir and our professors worked against the clock to get this done on time. I attended the exam and cleared all. Thank you Principal sir and Microbiology HOD Madam and everyone without whom effort I’m not like this.

S.Sameena Tabassum
2K11 Batch
Internee
Having not tasted hostel life I always doubted if I could last there even a day. Hostel is definitely different from home. The food, the people and the perks one should face in hostel always frightened me and the most important thing was not having your mum and dad to watch your back. My near and dears started placing bets on me (on the number of days I would last in the hostel to be clear). With all these doubts in mind I entered the KMC women’s hostel.

Two years later here I am denying all the bets and doubts the people had on me.

The most important thing you get to learn in hostel is independency. Having never caught an auto on my own previously, I was paying bills in bank here I mean common that’s an improvement duh !!!!

Hostel is not definitely like home but it does take the title of second home. Meeting new people, making new friends, always being surrounded by them, making fun, having fun, gossips, timepass, enjoying yourself and creating memories is what that matters now. Even though we might face some problems like losing belongings (I have lost like a lot of my belongings and still counting), misunderstandings, missing family and many more we will definitely get out of them. Hostel will help us fetch that independent form of ours. And a day will come when we have to leave the hostel. So to all my hostler buddies cherish each and every moment of this hostel life, have fun and create innumerable memories.

Stay strong.

HOSTEL LIFE ROCKS...

BY,
S.SADIYA AMEEN,
2K15
The profession of medicine is second to none. It is unique in its own ways.

Let’s consider the scenario of our state, just a couple of thousands of medical seats but more than a lakh of aspirants taking the entrance test, itself signifies the importance of medicine.

Everything in this world is dependent on three opinions,
1. One’s opinion about their work
2. Peoples reception of the work
3. The factor called GOD.

We never know what god has for us, so let us view medicine in the following ways,

a. MEDICINE
b. MEDI(SIN)

Medicine is not just a collection of diseases, a record of treatments and efforts to abate disease, it is lot more than that.

My perspective of medicine is different, it is more than just the science of healing.

A profession named medicine, which ages a lot of centuries, has come to the government medical college, Kurnool, with a tremendous history and awaits a lot of advancements.

So medicine has a lot of history, let us know how medicine has changed through times.

In a country like India, a majority of people view the
disease as a punishment to one’s sins. Times have changed but this ideology didn’t. The only good thing that has changed from ancient to modern era of medicine is that people’s approach towards a disease. In the ancient era people used to approach a priest or a tantric to let go off their sins, to recover from a disease, of course in the modern day too it is followed but the primary approach is to consult a doctor. That has helped in curtailing diseases to a very large extent. The modern day medicine is evidence based medicine, each and every effort we put in is based on a clinical and laboratory confirmation, it there by helped in specifying the treatment.

In the ancient era the art of medicine was limited to just a family and their set of procedures were hidden, but in the modern day era medicine is globalised, it follows a set of protocols and there by raised the standards of health and life expectancy.

**MEDIC SIN**

When most of the people respect the profession as next to gods, the thing called medicine is sometimes turning into a sin.

**WHY SO?**

1. We consider evidence based medicine as a key to specifying treatment but gross majority of people view these tests as the doctor’s means to make money. We can’t deny the fact that some corporate establishments are following that attitude but it is masking the benefits of evidence based medicine.

2. Each and every person associated with the field of medicine strives for saving the life of a person but everything doesn’t go as expected, at times when something goes wrong everyone is ready to blame the doctor and staff, as if they wanted the individual to die.

3. The thing called negligence is most responsible for this sin thing as most of the catastrophes associated with treatment might have been prevented if negligence had been taken off the table.

4. Corruption, which actually is a disease that even a doctor can’t prevent and which is spoiling the big picture called medicine.

**WHAT IS THE REMEDY FOR THIS SIN**

The most effective way for treatment of a disease is having a good patient-doctor relationship as

A) The patient knows the pros and cons of treatment and accepts the treatment

B) The patient considers that the doctor is treating him properly and relieves himself of agony.

C) The factors like anxiety, postoperative psychosis can be prevented by proper patient doctor relationship.

2. Treatment should focus on what is important to patient as it is the patient’s compliance that decides the fate of a disease. So shortening the course of treatment and minimising the cost of treatment will be handy enough as a remedy.

3. Identifying the establishments following money based medicine that is spoiling the sacred garden called medicine and punishing them.

4. Many diseases in this modern day era are because of mentality problems, which can be effectively curtailed by having a moment with the patient as that one moment may heal the mental agony they are going through.

If people consider their sufferings can be healed by gods alone, then let’s be the gods to heal people from sufferings. Because in my perspective, god made doctors to take care of peoples sufferings.

Yours

Hareeth reddy,
2k13,
7th semester.
The Right way of making Choices

"Life is a choice, every entry made by one, either be waking in the morning or deciding a career option. Nothing passes by, without us not deciding upon. There is always a choice, and always an alternative to choose from. Life is just a bunch of choices, thrown across your face all the time."

Indecision becomes decision with time. We anticipate having our choices finalized in a blink of an eyelid and if possible even faster than being struck by a lightning. In that haste to get things done, most of us fail miserably to take the right turn where our road forks.

Situations put us in a tight spot, and it becomes harder than it should really be. Pressures from various directions don’t help either. Finally, coming down to a point, where it is either forced upon or for.

How does one know for sure that the choice made is the right one?

There isn’t a way. There never is as it so happens that there isn’t a right choice or a wrong one.

A choice is a choice and every choice has two faces, one with its positives and the other with its negatives. Who decides what is right and what is wrong? There isn’t a rule book such as Indian Penal Code to redefine the outcomes of our actions. Personal life decisions don’t work in that way. Many psychological studies on human behavior show that every individual react differently to the same problem presented to them. It falls on us to choose that one option which works out the best with our interests as a whole, and sometimes, choices are made keeping in mind the best interests of others! For this one single reason itself one can find different solutions for a single problem.

It is never about the problem; it is never about the solution. It isn’t about making the right choice either.

It all comes down to making a choice in the right manner.

This is where most of us go wrong; instead of trying to figure out the right way to make a decision, we go in circles trying to figure out which choice would be right and which wrong. Our main focus should be on how we get to our conclusion, because that is what decides how happy we will later on be with the consequences of the choice made.

The end results of choices are directly related to our priorities. It depends on what we give priority to.

Think KG, I tell everyone.
K for Know your priorities
G for Grade your priorities

Know your Priorities

Unless you know what you want and what you don’t want, you can’t make a choice. Far from it, you don’t have a need to make a choice! If at all your priorities are scrambled as a badly cooked omelet, you wouldn’t enjoy the completeness, not me at least. I like my omelet perfectly made. And, to get that perfectly made omelet, I first learn what goes where.

Be a student. Learn what you want out of a situation.

For better understanding, your alarm rings every morning at 5 AM and you have a choice to make. You can either wake up or continue sleeping. To help you make the choice, you should know what your priorities are.

Why do you wake up?
Why do you want to sleep?

If you can answer the why, you know what your priority is for that specific choice.

Grade your Priorities

Knowing what your priorities are won’t get you anywhere. You should go a step farther and mark them! Yeah, cheer folks, you get to be teachers. You get the epic chance to fail others! It is true that, all our life we are students,
After a Tapasya of 2 years (intermediate), I was made through into anatomy at the age of 17. It was always an eager to enter the dissection hall. The same was going through my mind before it was the time to go. Whenever I go to my village, everyone was so anxious to ask me "have you ever been to see dead body in college?" Woah!! It was horrible to explain them what really happens in dissection hall.

Well, I remember it was in the month of August 2012, we were 200 in number first time in the history of our college brought altogether in front of the "dissection hall". Very much tensed, I was 30th in queue. As it was new to everyone, we were estimating about all the things inside. The students in the line started to go into the hall, when I came inside I felt it like a cinematic-graphic entry into gunashekar’s sets in movies. I was not allowed into the hall because I didn’t carry Cunningham’s in my left and dissection kit in my right hands. Finally I was excused for that day.

It was a long hall with distance of 100m sprint in Olympics all around where I was standing in my jersey of white apron and uniform. There were 6 cadavers in number and we were divided in 34 each. Alas! I was allotted with first one in the hall. Already girls have rounded up the table. Me and my buddies looked into each other and whispered what shall we do here? Already Dr. Manoj has stated with dissecting the hand of the cadaver on one side and we guys were asked to do the same on other side. We excited as if we were called to hold a worldcup 2011.

My buddies were really so curious and finally they handed over the scalpel to my hand. I was the guy who don’t even know the words like lateral, medial, anterior, posterior, etc. I started with the midline incision in palm extending from midpoint in the wrist upto the tip of the middle finger. I took 3 days to complete it successfully where else on other side it was just 1 hour. After a week, my buddies peeped into the art excel what I made. We altogether looking for Palmar aponeurosis, later we realised I was directly entered into deep muscles of hand. We chuckled among ourselves. Everything was like a fleshy pieces what we have seen in slaughter houses earlier in our life. I was really disappointed then as I felt it like a surgeon with a failure operation in my conduct. But one of my buddy looked so interesting saying that “buddy!! You did it, I could able to see Abductor pollicis here” I was pathetic to listen him because I still haven’t open up lateral side of thumb. Probably it was 2nd lumbar what we seen. I took almost 1 month to explore that hand entirely but I was in wane to understand it. Later I left it feeling that I might be not an apt to do. I made a mistake, probably I would have tried it again but I never did it. I kept myself away from dissecting further. It paid me a lot of damage later. Really it was very difficult for me to get through anatomy examination with a just small hesitance I had. Hope I had overcome it, I may love the dissection hall and it’s memories forever in my life. I just passed 4 years to express myself without hesitancy to share it with you.

Yours

C.Sai Kiran
9th semester.
Set up in 1956, the Kurnool Medical College has for the past 60 years sent forth qualified medical experts that the country is immensely proud of. KMC alumni today are known worldwide as experts, specialists, ace researchers and high-calibre faculty in prestigious institutions world over.

The faculty and alumni have decided to celebrate the Diamond Jubilee of this hallowed institution in 2017.

These celebrations will surpass the Golden Jubilee Celebrations of 2006 and we are making every effort to involve every student and faculty members through a slew of programmes.
As part of the Diamond Jubilee Celebrations, the KMC will organise an exhibition for the people of Kurnool and its neighbourhood. The exhibition would be as entertaining as it is educating.

Every department of the college will set up stalls that inform the general public about human body and health awareness. There will also be a video presentation of the developments in the medical sciences from the time of hoary Sushrutha down to the robotic surgeries of the present day.

As part of the celebrations, there will be a three-day free medical camp from 10 am to 4 pm. Those needing surgical procedures would be admitted into the hospital.

We extend our heartfelt invitation to every member of the alumni and past faculty. The Alumni Association will contact and inform every alumni from the debut batch of 1956 till the last year. The Alumni Association has already taken up lot of developmental works in the college and we appeal to the alumni to further extend their support to new initiatives.

We will also invite nationally and internationally reputed medical experts to give lectures as part of the Talks by Eminent Speakers initiative. This is intended to enable the students to update their knowledge.

We will also extend invitations to the President of India and the Prime Minister and the Chief Minister requesting them to grace the occasion.

We will also felicitate experts and achievers from different streams and felicitate them.

Besides academic sessions, equal emphasis would be laid on cultural programmes, which would be presented by the students.

A plaque would be unveiled to begin the works on the Diamond Jubilee Celebrations Monument.

On the last day of the Diamond Jubilee Celebrations, a special convention would be held on the milestones in the history of the venerable institution.

Special committees would be constituted within a week to organise this mammoth event.

We are planning to raise the funds through membership fee of the Diamond Jubilee Celebrations Committee, donations and advertisements for the souvenir.

The alumni will extend its full support to all endeavours, including development of the college and improvement of teaching standards.

The responsibility of establishing Brand KMC lies on the shoulders of the alumni.

The logo of the diamond jubilee celebrations would be unveiled in four days time.