

MADRAS MEDICAL
COLLEGE

21 JANUARY
2026

THE CAMPUS CHRONICLES

THE ECHOES OF OUR JOURNEY



DREAM
DEFINE
DELIVER



THE CAMPUS CHRONICLES



INSTITUTIONAL INSIGHT



INTERVIEW



RANADHEERA



SCIENTIFIC MINUTES



MMC THROUGH AGES



HISTORY SNAPSHOT



FROM THE DEPUTY EDITORS DESK

Campus Chronicles is more than a newsletter to us—it is a space where the everyday life of our college is recorded, to be remembered long after we have moved on. We are deeply grateful and indebted to our Dean Dr.K.Shantaraman for introducing this endeavour, our Editor in Chief Dr.Chandramouleeswari K for helping us shape our ideas and our Advisor Dr.Ragavendran R for being our infinite pillar of support and for trusting us with the responsibility of shaping this publication.

Being part of a platform that preserves stories which will one day become our shared history is truly an honour. I would like to place on record my sincere appreciation for my co-Deputy Editor, Nethra Babu—a colleague whose intellect, creativity, and relentless drive have been a constant source of motivation and support. Her commitment to pushing boundaries and broadening our horizons has strengthened every endeavour we have undertaken together. Above all, this newsletter belongs to the students of our college—our seniors, juniors, and batchmates. Your hard work, aspirations, and achievements give Campus Chronicles its voice and purpose.

It has been an immense honour and privilege to be one of the Deputy Editors of Campus Chronicles this year. Through this opportunity I was able to observe and understand the magnitude of our Institution and appreciate the monumental achievements of our students. This newsletter was a labour of love and I truly hope that the spirit of MMC is evident in every page. There were numerous ups and downs in the process of creating this newsletter but the journey was just as exciting as the destination. I would also like to acknowledge the sheer willpower and unique perspectives of my co deputy editor Rohan, the true backbone of this newsletter, from whom I continue to learn something new, everyday. In the future when I look back at my undergraduate years I am sure that Campus Chronicles will be engraved as a core memory.

— Rohan D & Nethra Babu
Deputy Editors, Campus Chronicle

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NEUROSURGERY

The Prof. Dr.S.Kalyanaraman Oration was held on 22.11.2025 presided by the Dean Prof. K. Shantaraman with Prof. Vernon Leo Velho as the orator on the topic Management of Pineal Tumours.

1



PATHOLOGY

The Association of Cytopathologists and Histologists First International Conference on malignant lesions of GIT, Liver and Pancreas was held on 13.12.2025 with over 150 delegates and guest lectures by Dr.Deyali Chatterjee (Chief of GI Pathology, Vanderbilt University Medical centre, Nashville, Tennessee, USA) on Gastric tumours and Pancreatic tumours followed by an excellent session on Extraintestinal GIST by Prof. Mondal, an update on Malignant tumours of Liver by Dr. Mukul Vij and Tumors of Esophagus by Dr. K. Swaminathan.

2



RADIATION ONCOLOGY

The Department of Radiation Oncology, Barnard Institute of Radiology & Oncology delivered an outstanding performance at the Association of Radiation Oncologists of India [AROI] - Tamil Nadu & Puducherry Conference held in Courtallam on 09 August 2025, securing multiple State-level awards and was honoured with the *Overall Championship* for achieving the *maximum number of awards* as well as the *highest number of research presentations*, contributing more than 20 scientific papers and posters at the conference.

3



PEDIATRIC SURGERY

In the year 2025, the Department of Pediatric Surgery at the Institute of Child Health and Hospital for Children, Egmore has once again reaffirmed its position as a premier referral centre for children requiring surgical care. During the year, the department attended to an impressive 30,056 pediatric outpatients and successfully performed 6,133 surgical procedures, including operations on a large number of newborns with complex congenital conditions.

4



MICROBIOLOGY

Institute of Microbiology, State Laboratory under National Viral Hepatitis Control Programme conducted a 2 days hands on training workshop on 16th and 17th December 2025 with financial assistance from the state NHM unit. Medical officers and lab technicians from 20 Government Medical colleges of our state were trained on biosafety, extraction of nucleic acid and quantitative real time PCR for HBV and HCV.

5



INFOGRAPHICS

INSTITUTIONAL INSIGHTS

THORACIC MEDICINE

1. Dr. Rithu Baskaran, Final Year Resident in the Department of Respiratory Medicine, Medical College, secured Second Prize at the National Level in the Indian Chest Society Talent Search Competition.
2. World COPD Day - Public Awareness Programme
The Department of Respiratory Medicine, Institute of Thoracic Medicine / Madras Medical College, conducted a Public Awareness Programme on respiratory health at both ITM and MMC premises. The programme focused on educating the public on prevention, early recognition, and management of common respiratory diseases, as part of the department's ongoing commitment to community health and awareness.



INSTITUTE OF CHILD HEALTH

1. Dr. Subash final year postgraduate won the Jury special appreciation award for best poster in South zone Pedicon in Trivandrum on 29. 11. 2025.
2. Dr Sivaganga, Dr Keerthana and Dr Vidula won First prize in the quiz competition in the Pediatric Hematology Oncology CME conducted on 22.11.2025 at Rela hospitals.

6



7

PLASTIC SURGERY

The Plastic Surgery team at Rajiv Gandhi Government General Hospital (RGGGH), Chennai, successfully performed a cross-hand replantation, one of the rarest procedures in reconstructive microsurgery. This is the first such procedure performed in a government hospital, the second reported in India, and among only four cases documented worldwide. Under the guidance of the Dean, Dr. Shantharaman, and Leadership of the HOD Prof. B. Rajeshwari, the Plastic Surgery team comprising of Dr. U. Rasheedha Begum, Dr. V. S. Valarmathy, Dr. V. Swetha, and residents Dr. Shonu, Dr. Annapoorani and Dr. Santhoshini—in collaboration with the Anaesthesia team led by Dr. G. Shanmugapriya, elected to perform a cross-hand replantation, replanting the amputated left hand onto the right forearm stump to restore a single functional upper limb. This achievement received state-level recognition, with the team being honoured by the Hon'ble Deputy Chief Minister of Tamil Nadu and subsequently invited to the "Vellum Tamil Pengal" programme, conducted by the Hon'ble Chief Minister of Tamil Nadu.

8



Campus Voice

MESSAGE TO THE FUTURE

Keep the heart beat on: Interview with Dr. Kumaresan Kannan, The Director, Institute of Cardiology, RGGGH

The heart both in literature and the human body serves as an interesting field of study that has attracted students for generations. Keeping this in mind, Team Campus Chronicles approached Dr. Kannan, the Director of Institute of Cardiology, RGGGH for an engaging conversation on the expertise of our cardiology department, advice for students interested in the subject and a few tips for heart health at the grassroots level.

The Institute of Cardiology in RGGGH, a crown jewel in the landscape of heart health in Tamil Nadu is a pioneer in a vast array of interventional cardiology procedures, with interventions for coronary heart disease being the most common. Patients with structural diseases like congenital defects are also treated on the daily. Pacemakers and valvular interventions have also become staples.

“Our department ranks among the top Institutions of the country. Approximately we handle about 15,000 to 18,000 outpatients, about 350 to 400 interventions and 10,000 echoes a month.”

This simple statistic is very telling about the sheer volume of change the department is responsible for in society. But this is merely the tip of the iceberg when we consider the department’s achievements.

“In addition to the patient load, we have publications in almost every major cardiac journal. We are the principal investigators in the MPAG study which looks into heart disease in pregnancy. And we also have contributions in teaching areas because many of the faculties hold positions of responsibility in national societies as presidents and secretaries. And we also conduct periodic programs at the state level.”

Next Team CC probed the Director on advice for students interested in pursuing a future in cardiology.

“We should understand that the field of cardiology ranges from prevention to intervention. So, a cardiologist today should be trained in all these aspects. So, what we would advise students is during the period of study they should master basic concepts about all aspects in prevention and intervention. And then once they are in the journey, they will know which is their core area of interest. For example, one cardiologist may be interested in non-intervention, one cardiologist may be in intervention.

“Then they should pursue that career and get trained in the best centres in the early part of their practice. So, they can contribute for 3 to 4 decades after that.”

When asked about how to maintain a healthy work life balance in such a high stakes field, the Director had one answer: TEAMWORK – a concept essential in healthcare yet often difficult to attain in a culture of competitiveness.

“We strongly encourage team work. For example, in practice, the concept of individual practices leads to a lot of stress and burnout. This must be replaced by group practices so that you have time for work and time for family. And when you use the group practice the input increases because we have the contribution of all members. And you can get free time to yourself as well.”

And for any undergraduate students looking to pursue research in cardiology, the Director had plenty of ideas.

“One main field is cardiac genetics – a core area they can look at. And they can also look for complex interventions like devices coated with drugs. The UGs can analyse the long-term effects of this type of medication. Cardiologists focus on the clinical aspects while, undergraduates can collaborate with their basic science departments like pharmacology.”

Prevention is always better than cure and true to this statement, the Director had a few words regarding the improvement of the students’ own heart health.

“A healthy diet is the major component of prevention. And you also maintain a level of physical activity and exercise which can help in both endurance as well as in prevention. They can also participate in public awareness programs and focus on high-risk populations like diabetics, hypertensives, people with family history, etc. Identifying high-risk populations and developing a dedicated prevention program is an avenue they can contribute along with their professors and other faculty.”

Every little change starts from within whether it is caring for your own heart or someone else’s. A small attitude shift can go a long way.

Extensive cerebral mucormycosis presenting with facial eschar: A rare and lethal manifestation



Background

Mucormycosis is an aggressive, angioinvasive fungal infection caused by Mucorales species (most commonly *Rhizopus*, *Mucor* and *Lictheimia*). It invades blood vessels, leading to tissue death and mortality rates over 50% in advanced cases. Common risk factors include uncontrolled diabetes with ketoacidosis, long-term corticosteroid use, low white blood cell counts, and trauma. Characterized by tissue necrosis and black eschar, most often involving nasal cavity, paranasal sinuses, orbit and brain. Cerebral involvement occurs via vascular invasion and direct extension, leading to stroke, abscess or cavernous sinus thrombosis and have high mortality rate

Case History

A 31-year-old male with a 14-year history of poorly controlled diabetes mellitus presented to the emergency room with 200 mL spontaneous bleeding from the left facial surgical site after prior left orbital exenteration for cutaneous mucormycosis.

Patient was apparently normal one month back after which he had a road traffic accident and sustained trauma to left side of his face for which he was conservatively managed elsewhere, he was later on admitted in Rajiv Gandhi Government General Hospital for diabetic ketoacidosis, within 5 days of admission, patient developed rapidly progressing left sided facial swelling, proptosis and black eschar over left maxillary and periorbital swelling. Extensive wound debridement and left orbital exenteration was done and patient started on tab voriconazole based on wound culture and sensitivity. Dermatology evaluation confirmed cutaneous mucormycosis and recommended switching to intravenous Amphotericin B. Under ENT management, Vascular Surgery ligated the left external carotid artery to control bleeding. Right upper limb paresis developed, linked to MRI showing intracranial extension and infarct; managed with aspirin 75 mg daily, antifungals, and antibiotics.

Investigations

Examination revealed a 10 × 6 cm raw area on the left face, exposing subcutaneous tissue and anterior maxillary wall, with unhealthy slough and active ooze. Nasolabial, nasomaxillary, and nasoalveolar folds were exposed, along with roots and ala. The left oral cavity had erosion of gums, teeth, hard palate, and cheek mucosa.

CT BRAIN: K/C/O- (L) facial cutaneous mucormycosis S/P wound debridement and Left Orbital Exenteration

P/S/S- Hypodensity in Left Temporal region with p/o – Intra cranial extension suggested MRI brain for further evaluation

MRI BRAIN : K/C/O- Cutaneous mucormycosis S/P orbital exenteration with T2/FLAIR hyperintense soft tissue thickening in bilateral frontal, ethmoid, left maxillary sinus and nasal cavity extending potentially into the left orbital apex and left cavernous sinus with cortical erosions in left greater wing of sphenoid with intracranial extension into left temporal lobe

T2/STIR hyperintensity in left masticator, left temporalis, medial and lateral pterygoid and left parotid gland- Residual disease
Features of Cerebral Fungal Abscesses

By: Varshitha Kk and V. Nivetha, prefinal year, MBBS, MMC
Dr Nanditha Sreekala, PREM, Junior resident, UIORL
Under the guidance of Prof, Dr. R. Thalapaty Ramkumar, MS. DNB

Multiple tiny discrete foci of T2/FLAIR hyperintensity in Left Centrum Semiovale, Left Precentral Gyrus showing diffusion restriction with low ADC - ACUTE INFARCT

The provisional diagnosis of invasive mucormycosis post-orbital exenteration was determined.

Diagnosis was made based on classic clinicopathological hallmarks—necrotic eschar with broad, ribbon-like, aseptate hyphae branching at right angles. Voriconazole was ineffective due to Mucorales resistance, thus Amphotericin B was initiated as first-line therapy.

Post Op - After 4 week



Management and Prognosis

Given the extensive involvement, an urgent multidisciplinary surgical approach was done

Emergency left subtotal maxillectomy and debridement were performed under general anesthesia. Plastic Surgery used pectoralis major flap for reconstruction. Left external carotid artery ligation was done

. Treatment included IV Amphotericin B, broad-spectrum antibiotics, and aspirin.

Multidisciplinary orchestration across ENT, Plastic Surgery, Vascular Surgery, Neurology, Dermatology, and Medicine propelled the patient to stable discharge.

Post op HPE

1. Broad, Ribbon like hyphae,
2. Aseptate, irregular, twisted and branching, at right angles (90)
3. Visible on H&E, better highlighted with PAS (periodic acid-Schiff) and GMS (Gomori methenamine silver) stains.

Impression: Mucormycosis with angioinvasion with necrosis.

This case highlights the aggressive nature of ROCM in the setting of DKA and underscores facial eschar as a vital clinical clue for early diagnosis. While intracranial extension is usually associated with poor outcomes, this case demonstrates that survival is possible with timely, aggressive, and multidisciplinary management. After Subtotal Maxillectomy with emergency debridement - we gave adequate amount of amphotericin B (5gm). In diabetic cohorts, ketoacidosis reversal remains paramount, as does interspecialty collaboration to defy this fungal scourge. Although cerebral mucormycosis typically carries a poor prognosis, early recognition, prompt surgical intervention, intensive antifungal therapy, intravenous antibiotics, with good glycemic control, adequate nutritional support can significantly improve survival. This case underscores the importance of a proactive and comprehensive treatment approach in altering disease outcomes.

Treating Obesity to Save the Heart: Lessons from a Landmark NEJM Trial

Original Article: Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes (SELECT Trial)

Introduction

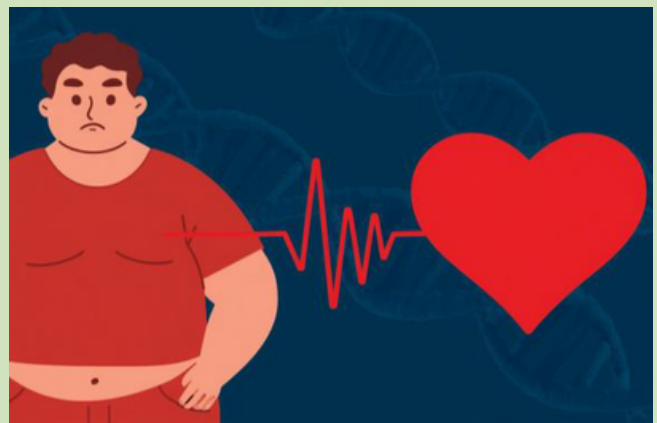
Walk into the medicine OP on a busy Monday morning, and you'll see the burden of metabolic syndrome everywhere. As students, we recite 'lifestyle modification' like a mantra - telling patients to cut down on rice and start walking. Obesity is a well-established risk factor for cardiovascular disease (*Framingham Heart Study*; *INTERHEART*), yet for decades it has remained uncertain whether treating obesity itself can reduce major cardiovascular events. Medical advice has largely focused on lifestyle changes such as diet and exercise, while medications for obesity were often viewed as cosmetic. But deep down, there has always been a lingering question: *Are we actually preventing heart attacks and strokes, or just improving the numbers?*

Study Overview

The SELECT trial was a large, randomized, double-blind, placebo-controlled study involving approximately 17,600 adults across multiple countries. Eligible participants had a BMI of 27 kg/m² or higher and established cardiovascular disease but did not have diabetes mellitus. Participants were randomly assigned to receive weekly subcutaneous semaglutide at a dose of 2.4 mg or placebo, in addition to standard guideline-directed cardiovascular care. The primary outcome assessed was a composite of major adverse cardiovascular events, including cardiovascular death, nonfatal myocardial infarction, and nonfatal stroke. The median follow-up duration was about 40 months, allowing for meaningful assessment of long-term cardiovascular outcomes.

Key Results

Treatment with semaglutide resulted in a significant reduction of approximately 20% in the risk of major adverse cardiovascular events compared with placebo. This benefit was consistent across most prespecified subgroups. Participants receiving semaglutide also achieved substantial and sustained weight loss, averaging nearly 9-10% of baseline body weight, corresponding to a mean reduction in body mass index of approximately 3-4 kg/m² by the end of the study. The cardiovascular benefit was observed in individuals without diabetes, indicating that the effect was independent of glycaemic control and likely mediated through weight reduction, improved metabolic parameters, including modest reductions in blood pressure and atherogenic lipid fractions, along with reduced systemic inflammation as reflected by lower C-reactive protein levels.



Safety and Adverse Effects

The most reported adverse effects were gastrointestinal, including nausea, vomiting, and diarrhoea. These adverse effects contributed to higher treatment discontinuation rates in the semaglutide group (16%) compared with placebo group (8%), largely due to gastrointestinal adverse effects. However, no major safety concerns such as severe hypoglycaemia or increased cardiovascular harm were identified during the study period.

Clinical Significance

The SELECT trial represents a paradigm shift in cardiometabolic medicine. It challenges the traditional perception of obesity as merely a risk factor and provides evidence that pharmacologic treatment of obesity can directly reduce cardiovascular morbidity and mortality. The findings suggest that weight-loss therapies may play a role alongside established cardiovascular preventive strategies.

Why This Matters to India

India faces a rapidly rising burden of obesity and premature cardiovascular disease, often occurring at lower BMI thresholds than in Western populations. The SELECT trial highlights the potential of targeted obesity treatment to reduce cardiovascular risk beyond lifestyle modification alone. However, the high cost of GLP-1 receptor agonists, issues of long-term patient compliance, and limited accessibility within public health systems pose significant challenges. These findings emphasize the need for population-specific guidelines, cost-effectiveness analyses, and preventive strategies tailored to the Indian healthcare context.

CRITICAL APPRAISAL OF THE SELECT TRIAL

Validity

The SELECT trial demonstrates strong internal validity owing to its randomized, double-blind, placebo-controlled design. Double blinding of participants and investigators minimize selection and detection bias. Baseline characteristics were comparable between the intervention and placebo groups, and the use of intention-to-treat analysis preserved the benefits of randomization. A limitation was the relatively high discontinuation rate in the semaglutide group due to gastrointestinal adverse effects, which may influence real-world effectiveness.

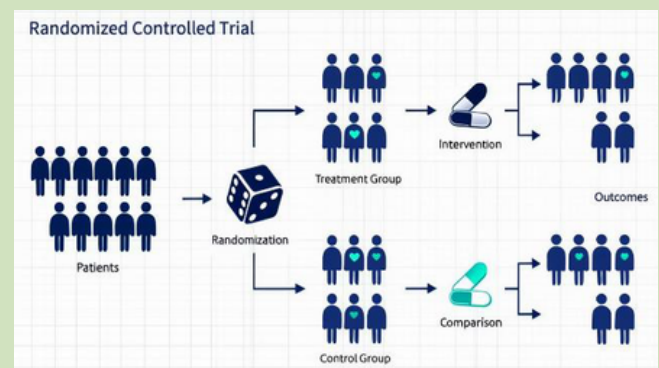
Results

The trial evaluated clinically meaningful outcomes rather than surrogate endpoints. The composite of cardiovascular death, nonfatal myocardial infarction, and nonfatal stroke represents outcomes of direct relevance to patients and clinicians. The approximately 20% relative reduction in major adverse cardiovascular events is comparable to benefits seen with established cardiovascular preventive therapies. While the relative risk reduction was substantial, the absolute risk reduction was only 1.5%, primarily because the study population had a low baseline event rate due to optimal background cardiovascular therapy, resulting in a modest absolute difference despite a meaningful relative risk reduction, underscoring the importance of cautious interpretation. This means we need to treat about 67 patients with Semaglutide for 40 months to prevent one single cardiovascular event.

Applicability

The study population primarily consisted of older adults from high-income countries with established cardiovascular disease and access to comprehensive healthcare. Applicability to younger individuals, primary prevention populations, and regions with different BMI thresholds, such as India, remains uncertain. Cost, long-term adherence, and feasibility within resource-limited health systems further limit widespread implementation.

The SELECT trial is a well-conducted randomized controlled trial providing high-quality evidence that pharmacologic treatment of obesity can reduce major cardiovascular events in non-diabetic patients. While its methodological strengths and clinically relevant outcomes are notable, issues related to discontinuation, cost, and generalizability must be addressed before broad application in diverse populations.

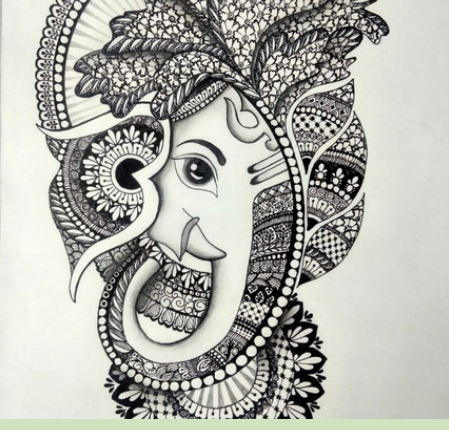


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VISHAL RAJKUMAR
SCIENTIFIC RESEARCH SECRETARY
FINAL YEAR MBBS 2022 BATCH

VERSECRAFT



ஒரு நாளைக்குள்

by Thanishkaa M
First year '2025

"ஞாயிற்றுக் கதிரொளியில் விடிந்தது என்
காலை.
சற்றே பயணித்தேன், முடிவிலா எல்லையில்
வானும் கடலும் உரசிக் கொண்டிருந்தது.

குறு நகைத்துக் கடந்தேன். எனைத் தடுக்கப்
பாய்ந்தது
ஆழியின் செல்ல அலைகள். உதாசீனம் செய்து
கடந்தேன்.

கோபத்தின் கனலாக பகலவன் எனை
சுட்டெரித்தான்
நிழல் தேடியவனை அரவணைத்தது கானகம்
கானின் புதிரில் தொலைந்ததில் இருள்
படர்வதை எதிர்பாரேன்.

சந்திர உதயம் அவனுடன் இணைந்தே 'வான்
முகத்தின் பருக்களோ, மேனியின் மச்சங்களோ,
பட்டுக்கம்பலத்தில் பதித்த வைரங்களோ,
சிதறிய முத்தக்களோ, சிந்திய பனித்துளிகளோ? '

என விண்மீன்களைப் பற்றி முடிவுக்கு
வருவதற்குள்
வாடைக்காற்று வருட கண் அயர்ந்தேன். "

விடிந்ததும் புரிந்தது, இயற்கையோடு இயைந்த
கனவு என்று!

அம்மா

முன்னூற்றுப்பத்துநைந்து நாட்கள்
இருபத்து நான்கு மணி நேரம்
எண்பத்தாறாயிரத்து நானூறு
நொடிகள் என் மனம் உச்சரித்துக்
கொண்டிருக்கும் ஒரு ஓசை
"அம்மா"

முப்பது நாட்கள் இருப்பினும்
அவற்றுள் இருக்கும் அந்த
இரண்டு நாட்களை மனம் ஏங்கித்
தவிப்பதேன்?

ஆயிரம் வலிகள் இருப்பினும் உன்
முகம் காணும் அக்கணம் நெஞ்சம்

அனைத்தையும் மறப்பதேன்?
அன்பையும் அறிவையும் ஊட்டிய
உன்
வளர்ப்பில் நீ சிறிது தைரியத்தை
சேர்க்க மறந்ததேன்?

Deshna D
Final year MBBS 2022

READ MORE @ unscripted1835.wordpress.com

Madras Medical College: The Heritage Quiz



On 10 December 2025, Madras Medical College hosted its Heritage Quiz, an event that transcended the conventional boundaries of competition and evolved into a living dialogue with history. Attended by a vibrant mix of alumni and students—most notably the 2025 batch, new custodians of the MMC legacy—the programme was as much about experience as it was about excellence.

While the quiz tested knowledge, its true value lay in institutional memory transfer. Alumni shared their journeys with candour—golden moments and hard-earned lessons alike—offering an unfiltered narrative of life within and beyond these historic walls. Their stories forged an intergenerational bridge, transforming nostalgia into insight and legacy into responsibility.

The interaction provided students a rare opportunity to contextualize their present within a continuum of achievement. Listening to alumni who once walked the same corridors and went on to shape medicine, academia, and public service expanded our perspectives and recalibrated our ambitions.

The Literary Club presents Model United Nations in MMC

This December, the Literary Club hosted a series of meetings introducing Model United Nations to our students. Model United Nations or MUN is an arena where students discuss geopolitical issues that are currently ravaging the world. Each student is given a country they have to represent and speak on behalf of as a delegate. An agenda is decided upon and all the delegates discuss and debate with the purpose of passing a resolution to tackle the problem. MUNs are a captivating way to enhance students' interest in the global climate and understand the intricacies of the system necessary to bring out actual change in our policies in but not limited to healthcare.



Scientific Society

1. Workshop on Intellectual Property Rights (IPR) Awareness – “Patent on Medical Inventions” (26/11/25)

An introductory workshop explaining the fundamentals of IPR, focusing on how medical innovations can be patented and how students can protect and translate their ideas into viable innovations.

2. Inauguration of Bailey’s Loves – Surgical Society of Madras Medical College (04/12/25)

The surgical society was launched to build interest in surgical sciences through research activities, skill-based sessions, and student-led initiatives.



3. Inauguration of Bioethics Society (09/12/25)

A platform was established to encourage ethical thinking, professionalism, and responsible clinical behaviour among medical students.

4. Inaugural Session of Bioethics Society – “Embracing Ethics in Everyday Choices” by

Dr. Surapaneni Krishna Mohan (09/12/25)



The session focused on ethical decision-making in everyday clinical practice, emphasizing empathy, accountability, and the role of bioethics in shaping patient-centred care.

5. Inaugural Session of Bailey’s Loves – “Pathway to United Kingdom” (11/12/25)

The first session outlined the UK surgical training pathway, covering exams, application steps, and long-term opportunities for aspiring surgeons.



Academic Achievements of MMC

M.V. HARSHAVARDHAN (2023)
QUIZ MEDZ NATIONAL PEDIATRICS QUIZ
TOP PERFORMER

M. V. HARSHAVARDHAN (2023), ADHITYA SAI VITTAL
(2023), HARISH S (2023)
PHARMACOLOGY QUIZ - SAVEETHA MEDICAL
COLLEGE
3RD

M.V. HARSHAVARDHAN (2023), NITHIKA M P (2023)
OPHTHALMOLOGY QUIZ - CHENGALPATTU MEDICAL
COLLEGE
2ND

DURGA (2022), GOPIKA (2022), NANTHAKUMAR T (2023)
QUIZ - SAVEETHA MEDICAL COLLEGE
3RD

M.V. HARSHAVARDHAN (2023), ADHITYA SAI VITTAL
(2023), NIVETHA V (2023)
MADRAS MEDICAL COLLEGE SENIOR ONLINE QUIZ
3RD



UG Research Achievements of MMC

ICMR STS SELECTIONS 2024

2021 Batch

1. Abinaya
2. Balahariharan
3. Prabhakar
4. Samyuktha
5. Prakash Raj

2022 Batch

1. Vishal Rajkumar
2. Anisha Sivakumar
3. Bharadwaj D
4. Hiranmahi Gandhi K
5. Dharunasri S
6. Karanyesh K V
7. Shriya Shivani M R
8. Thuvaarakesh A

ICMR STS SELECTIONS 2025

2023 Batch

1. Sanjay Kumar S
2. Varshitha K K
3. Nithyashree S

2024 Batch

1. Balavishnu Paneerselvam
2. Gokul S
3. Adithyan Chellaram V S
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MMC History SNAPSHOTS

21.01.2026

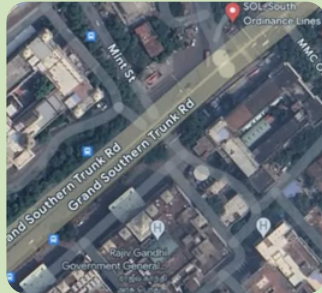
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Wednesday

THE ALUMINI CHRONICLES

Grave Discoveries:

The Bulkley Tomb and its GH connection



When I first read about the Bulkley Tomb in an old newspaper article, I was pretty sure it had an interesting story behind it. Questions followed naturally—who was Sir Bulkley, and how was he related to GH kept running in my mind.

Dr Edward Bulkley was an East India Company surgeon posted in Madras in the late 17th century. Among several British surgeons of that era, Bulkley stands apart for a singular reason:

He conducted the first recorded medico-legal autopsy and forensic examination in India, and that too at our GH. His name still appears in the introductory chapters of Indian forensic medicine textbooks.

The case dates back to 28 August 1693, following the death of James Wheeler, Chief Justice and Council member at Fort St George. Wheeler's death was a consequence of the servants grinding the medication that had been prescribed for Wheeler, without cleaning the mortar, which was used previously for grinding arsenic. On the instructions of Nathaniel Higginson, then Mayor of Madras, Dr Bulkley performed an autopsy and submitted a formal report, marking a landmark moment in Indian medical jurisprudence.

Bulkley's grave was difficult to find until 2012. The key reference was Henry Davidson Love's *Vestiges of Old Madras* (1913), (page 146) which precisely described the tomb—

"A substantial monument of gneiss, approached by steps and surrounded by an iron railing, the edge of the present western esplanade of Fort St George, opposite to the entrance of the Medical College Grounds."

Here's an excerpt from a 2012 Article from *The Hindu* about the grave's current whereabouts:

"He (Love) had stated that the tomb was opposite Madras Medical College and sure enough there it was. Only it was now safely behind a wall that cordoned off a defense area housing the Shaurya Army School, which stands opposite MMC, at the intersection of Poonamallee High Road and Evening Bazaar Road. The wall would not have existed in Love's time."

Let's hope that the tomb remains in good shape for the coming years - after all as an MMCians, it is the duty of each and every one of us to ensure that our legacy is preserved.

There are many such stories about MMC and GH, some are easy to find, some involve digging up. There are many such stories about MMC and GH, some are easy to find, some involve digging up the archives - But in the end it's all worth it. Because it's OUR institution.

References:

"Lost and Found - The Bulkley Tomb" Sriram V, 2012

"Iconic doctor's tomb a picture of neglect" Aditi R, 2016

"Vestiges of Old Madras" Hendry Davidson Love, 1913



(A copy of this book from 1913, is available online if you're interested in checking it out)

<https://archive.org/stream/VestigesOfOldMadras2/Vestiges%20of%20Old%20Madras%202#page/n161/mode/1up>

By.Akshvitha R S

Pre Final MBBS 2023 Batch



TEXTBOOK OF HUMAN PHYSIOLOGY BY DR. SARADA SUBRAHMANYAM

The book offers a refreshing approach to physiology, a subject often regarded as dense and concept-heavy. One of the striking features of the book is its ability to blend physiological principles with historical context. It anchors concepts in stories of the scientists behind them, lending the text depth and continuity.

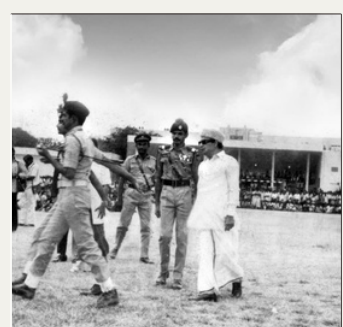
This narrative strength is particularly evident in select sections where physiological concepts are given alongside their developmental milestones. For example, the story of the early development of cardiac catheterization traces Werner Forssmann's bold self-experiment and the criticism it initially faced, demonstrating how scientific progress often emerges from curiosity. Such historical insights enrich the learning experience for the students.

Individual physiological phenomena are explained neatly through concise, example-driven discussions. Mechanisms such as the effects of vagotomy are described in a stepwise manner, linking neural control to changes in cardiac and respiratory function. Reflexes are similarly simplified, as seen in the explanation of the oculocardiac reflex, where gentle pressure on the eyeball leads to vagally mediated cardiac slowing in cases of tachycardia. These principles are further extended to applied scenarios such as negative G forces, explaining transient visual changes and altered cerebral perfusion.

This book's clear explanations, historical perspective, and engaging narrative style makes it a valuable and enjoyable resource for the students.

~ A review by Dharunasri S, 2022 batch

MMC'S NATIONAL CADET CORPS THROUGH THE AGES



Dr.G.Gopalaswamy graduated from Madras Medical College in the year 1978. During his college days he excelled in NCC where NCC. He had the honor of leading Tamilnadu & Pondichery Contingent at RD Parade New Delhi and got the Prime Minister award at Garrison Parade Ground, New Delhi. He was the first medical student to go for parachute training camp and completed 5 mandatory jumps to qualify himself as a Paratrooper in the Indian Army.

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