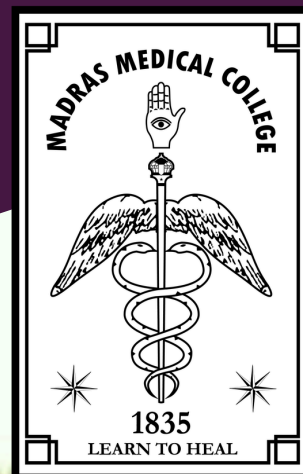


MADRAS MEDICAL
COLLEGE

18 MARCH
2026

THE CAMPUS CHRONICLES

THE ECHOES OF OUR JOURNEY



DREAM
DEFINE
DELIVER



THE CAMPUS CHRONICLES



INSTITUTIONAL INSIGHT



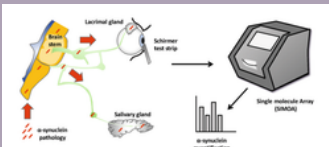
INTERVIEW



SHERLOCK HOUSE



SCIENTIFIC MINUTES



GENESIS



HISTORY SNAPSHOT



FROM THE DEPUTY EDITORS' DESK

Our journey of the past six months with Campus Chronicles is one that was filled with exhilarating memories, sleepless nights and rushed deadlines. Looking back, we would not change a single moment. Working as the Deputy Editors of Campus Chronicles has been an immense honour and a beloved memory forever etched in our minds.

As our tenure as the Literary Secretaries of the Student Council 2025 - 26 comes to a close so does our sojourn as Deputy Editors of this publication, that we hold very close to our hearts. We sincerely thank the Dean Dr. K. Shantaraman, our advisor Dr. R. Ragavendran, our editor Dr. K. Chandramouleeswari and our literary advisor

Dr. Kumar Caroline Priya. They have been our stoic pillars of support that we remain eternally grateful towards.

To everyone who thought, 'Maybe I should send in an entry to the newsletter' and then did, you are the glue which held this publication together. Without the active contribution of the student body none of this would have been possible.

With this message, we pass on the baton to the next set of student deputy editors of The Campus Chronicles, whom we are sure will create marvels to admire.

- NETHRA BABU & ROHAN D

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INSTITUTE OF CHILD HEALTH

The 12th anniversary celebration of the Comprehensive lactation management centre (Human Milk bank) was conducted in Institute of Child Health by the department of Neonatology on 14.2.2026.

Prof.Dr.Kumutha started the CLMC on 14.02.2014. She felicitated our Human Milk Donors, the volunteers and the CLMC staffs.

The annual report of the CLMC was presented and the agenda for improving mothers own milk and strengthening the extra mural milk donation and transportation were planned. The event ended with a elaborate lecture on the methods to improve the quality of the CLMC functioning by Prof.Dr.Kumutha.



INSTITUTE OF MICROBIOLOGY

National Program on Surveillance of Viral Hepatitis (NPSVH) for Surveillance of Acute Viral Hepatitis was started by Government of India in the year 2020. Institute of Microbiology, MMC was selected as a Pilot site following which we were recognized as the sentinel site for conducting Acute Viral Hepatitis Surveillance from 2021 to 2026.

On 17.02.2026 the Stake holders meeting was conducted at seminar hall in Hepatology Block , RGGGH .

- Medical officers from General medicine, Medical Gastroenterology, Hepatology, Community medicine, Biochemistry, Institute of Child Health & KGH attended the meeting.
- Acute viral Hepatitis Surveillance Data was shared and proportional distribution of virus -type specific hepatitis (Viral hepatitis A to E) was presented by the Director & Nodal officer, Dr.Thasneem Banu.S.
- Dr.S.Vinotha Assistant Professor thanked the medical officers for timely referral of suspected Acute Hepatitis cases with relevant demographic & clinical details.



1



MEDICAL ONCOLOGY

- The Department of Medical Oncology recieved Lt Col Bardfield Dean's Rolling Shield for Best Clinical performance on 26th January 2026.
- Dr Snigdha Das and Dr. Lakshmi Chitra secured third position in the Indian Myeloma Congress 2026 Quiz.
- Dr Anand Kumar and Dr. Snigdha Das secured second place in WBMT Cell Therapy Quiz.
- Dr Rajalakshmi secured third prize in the quiz conducted at the 11th Breast Cancer Review in Mumbai

2



3



INFOGRAPHICS

INSTITUTIONAL INSIGHTS

INSTITUTE OF CARDIOTHORACIC AND VASCULAR SURGERY

A 54 year old hairdresser hailing from Chidambaram with complaints of Tearing chest pain and uncontrolled hypertension was admitted in CVTS dept , RGGGH . Evaluation revealed Dissection of Aorta extending from the distal part of Ascending aorta , involving entire arch into the descending aorta. He was stabilized in our CT ICU and it was decided to proceed with Aortic arch replacement. Under the leadership of our beloved Dean , all necessary grafts and other items were procured under CMCHIS scheme . He underwent successful Aortic arch replacement on 6/1/2025 by team of doctors and technicians lead by Director Prof Mariappan . Team members were Dr Jayaprakash Asst professor CVTS, Dr Sumathi Anaesthesiologist, Dr Asha anaesthesiologist, postgraduates , Mrs Jamuna OT Scrub nurse, Perfusionists Mrs Lavanya and Mrs Sumathi. This procedure was technically demanding and took around 10 hrs from wheeling the patient into CTOT. During the surgery, since we were operating on major blood vessels supplying brain, there were chances for jeopardizing Cerebral circulation which can lead to irreversible neurological deficit. Vessels involving peripheral organs were also involved in the surgery, which in the wake of any complications can cause irreversible end organ dysfunctions and irreversible limb loss. We took extreme care, meticulous techniques and necessary caution while proceeding with the surgery. Now the patient is recovering well in our CTPO1WARD without any neurovascular deficit and organ dysfunction. This was the first of its kind successful procedure being done in TN Govt hospital.

It may cost around rupees 25 lakhs if the same procedure was done in a private hospital. We have done the procedure completely free of cost ,under CMCHIS in our institution. We express would heartfelt thanks to the Respected Chief minister, Minister of Health, Health Secretary, Dean and team of doctors, post graduates, Nurses, Technicians and all hospital workers at this gratifying moment.

4



▲ ராஜீவ்காந்தி அரசு பொது மருத்துவமனையில் பெருந்தமனி வளைவு மாற்று அறுவை சிகிச்சை செய்து கொண்ட தொழிலாளியுடன் இதய அறுவை சிகிச்சைத் துறை இயக்குநர் மாரியப்பன் தலைமையிலான மருத்துவக் குழுவினர்.

A blend of physiology and pathology - a OBGYN deep dive

Interview with - Prof. Dr. C. Sumathi, Director Institute of Obstetrics and Gynaecology

Obstetrics and gynaecology is a diverse field, nothing short of the vessel which guides the miracle of life. Other specialties protect existence, but OBGYN is the ultimate creator. The blooming of new life is a strenuous process, something painful to give rise to something wonderful. But when two lives are at stake it is not just the joy that doubles it is the risk and responsibility as well. Team CC sat down with Prof.Dr.C. Sumathi, the Director of Institute of Obstetrics and Gynaecology, to learn more about this vital field and the history behind it.

When asked about what first drew the Director to Obstetrics and Gynaecology, her brow wrinkled in confusion. *“It was fate”* she said.

“In the 1980s, there was a need for women doctors. After completing my undergraduate MBBS course, I started my own clinical practise. Something I found startling was that most of the people who came to the clinic were with women’s health problems. I would not get male patients with heart disease or cirrhosis. Most men did not prefer to come to our clinic. That was when I realised that the need of the hour was women’s health. I wanted to get specialised in the subject, so I joined as a trainee in OBGYN. Moreover, we only had three months of clinical postings in our UG days which was not sufficient to get full exposure in OBGYN. Once I identified the need in the real world, I wanted to pursue the course that would help me help the community.”

The Institute of Obstetrics and Gynaecology has a richly decorated history. The Director was more than happy to share a few of its laurels.

“This institute is the oldest institute in Tamil Nadu exclusively for women and children. It was started in the year 1844, that is 182 years back. It was primarily started by the Britishers for their own people. In the pre independence era, Indian people relied mostly on home deliveries. But after the Institute opened its doors to Indians, they started approaching hospitals more.”

Another key fact is that apart from its exclusivity for women and children, the Institute also boasts an exclusive oncology department. It was one of the first hospitals to start using Radium for therapy in India.

“One of the first female Indian doctors, Dr.Muthulakshmi Reddy, studied here. Mary Ann Dacomb Scharlieb, the woman who started Kasturba Gandhi Hospital for women and children was also a notable alumnus of IOG. Other unique features of IOG, include Giffords museum which gives us a peek into the history of Obstetrics in India.

In the past IOG had 15,000 to 17,000 deliveries per year. The current number ranges from 12,000 to 13,000. Another recent update is the establishment of an IVF facility under the government sector which provides completely free services.

When it comes to gynaecology, a comprehensive treatment approach with medical, surgical, and gynaecological oncology under the same roof is happening. Supportive departments like microbiology and pathology are also present in the campus. We are also planning to establish a fetal medicine unit.”

Next Team CC learnt about IOG’s recent accomplishments.

“We are planning to start a reproductive endocrinology department. We have an obstetric medicine unit, where we handle all the high-risk obstetric patients, together in a comprehensive way, with consultation with all the specialists of the Madras Medical College, starting from cardiology, general medicine, neurology, and nephrology, and other departments. That is how we have had a marked reduction in the number of maternal deaths, which used to be around 20 to 30 deaths per year, in the institute, which has now drastically reduced to about 8 to 12. So that has been a 50% or 60% reduction in the deaths because of working together in an integrated manner, with the help of the administrators. Our red alert Obstetric group is thus a major accomplishment which is now serving as a model for the entire state.

We also have a diabetology clinic and a cardiac obstetric unit as part of the MPAG study. We have registered around 700 cardiac patients in the past 18 months during the study and 400 have delivered. We have had 2 or 3 maternal deaths with heart disease and most of the other people survived with the combined effort.”

Next Team CC asked the Director about advice for students interested in OBGYN.

“As an undergraduate student you should be a person who comes to the department as you cannot simply imagine certain things in this field of medicine. You will have to come and witness and visualize because this is the place where you have the mother and the fetus together in one single concept. Plus, there is an emotional aspect to this. mixed. People who are coming into this department are not sick patients; they are all physiologically normal people. You should know how we help a physiologically normal person avoid a pathological situation.

So, for undergraduates unless you come and step into the department it is not possible to learn obstetrics and gynaecology with pleasure or passion for the subject. So get into the department, enjoy every moment which you are spend inside the hospital because you can never get these things done outside.

In an outside setting you will be the sole person caring for the mother and fetus. Our department will give you the confidence and knowledge to deal with that situation.”

To wrap things up, Team CC asked the Director for a rulebook on how to make the most of clinical postings.

“O.G. is a very pleasant subject because most of it is physiology with a little bit of pathology. It is the easiest subject of all the subjects in your medical field because you need to come into the department. That is all that is needed. And if you really want to read about the subject, 70 percent can be read within three to four days. If you have just been into the department for 10 days, day and night and then if you read for three to four days, you can read the whole of the subject.

Just ask one of your seniors or assistant professors to talk about a topic for five minutes. Then attempt to read the topic. This will definitely help you in the long run for easy understanding. “

A subject with physiology and pathology intertwined and an institute which bridges the past and future. With this take home message Team CC concluded the interview.

THE ELUSIVE MAXILLARY SWELLING: A DIAGNOSTIC CHALLENGE

Abstract

Granulomatous invasive fungal sinusitis is an uncommon, indolent form of fungal sinus disease seen predominantly in immunocompetent individuals. We report a diagnostically challenging case of chronic unilateral maxillary swelling with orbital involvement, highlighting the importance of clinico-radiological suspicion and histopathological confirmation.

Case Report:

A 45-year-old male presented with left-sided cheek swelling for 1.5 years, with a rapid increase in size over the preceding 20 days. This was associated with fever, headache, nasal obstruction (left > right), blurring of vision, and loosening of teeth. The patient had no immunocompromising conditions but was a known hypertensive on amlodipine and had bronchial asthma for 10 years.

The patient had undergone endoscopic sinus surgery with polypectomy in 2024 for similar complaints; histopathology revealed an inflammatory sinonasal polyp. In 2025, due to recurrent swelling, a Caldwell–Luc procedure was performed which showed pus and granulation tissue. Histopathology demonstrated chronic inflammation with giant cell reaction.

Clinical Examination

Local examination revealed a diffuse left maxillary swelling extending superiorly into the orbit, medially obliterating the nasolabial fold and inferiorly involving the gingivobuccal sulcus. The overlying skin was stretched, shiny, erythematous, with pustular points. Palpation showed variable consistency. Ocular examination revealed enophthalmos with full extraocular movements.

Investigations

Contrast-enhanced CT of the facial bones revealed a $3.4 \times 3.5 \times 4.8$ cm soft tissue lesion arising from the left maxillary sinus mucosa, with destruction of the anterior maxillary wall and orbital floor, causing superior displacement of the globe.

Management

The patient was started on intravenous ceftriaxone and metronidazole, resulting in partial reduction of swelling. A combined Caldwell–Luc approach with endoscopic assistance was performed. Necrotic bone and granulation tissue were debrided and sent for fungal stain, culture, histopathology, CBNAAT, and bacterial studies.

KOH mount showed sparse broad aseptate hyphae. Histopathology revealed granulomatous inflammation with multinucleated giant cells. PAS and GMS stains highlighted scattered fungal hyphae. Other investigations including ANCA panel, fungal cultures, AFB, and CBNAAT were negative.

Based on cumulative findings, a diagnosis of chronic granulomatous invasive fungal sinusitis was made. The patient was treated with intravenous amphotericin B (5 mg/kg/day) to a cumulative dose of 2.5 g, followed by oral itraconazole 200 mg daily for four weeks.

Discussion

Granulomatous invasive fungal sinusitis, also known as indolent fungal sinusitis, is typically seen in immunocompetent individuals from tropical regions such as India and East Africa. *Aspergillus flavus* is the most commonly implicated organism. The disease follows a chronic course and may involve the orbit and skull base. Radiologically, it presents as a unilateral homogeneous soft tissue mass with bony erosion.

Histopathology is diagnostic, demonstrating granulomas with multinucleated giant cells containing fungal hyphae. Management requires aggressive surgical debridement followed by prolonged antifungal therapy.

Conclusion

This case underscores the importance of considering granulomatous invasive fungal sinusitis in chronic unilateral maxillary swellings with bony destruction, even in immunocompetent patients. Early diagnosis with combined surgical and antifungal therapy results in favorable outcomes.

Prof. Dr. R. Thalapathy Ramkumar Dr. Kamaleshwaran
(Resident) Dr. Soundharyanarayanan
Department of Otorhinolaryngology – Head and Neck Surgery
Madras Medical College, Chennai, Tamil Nadu, India

VERSECRAFT



The Golden Cage

We met by chance in a room of borrowed time,
Two passing names that learned to rhyme.

An accidental road to Mylapore's glow,
And suddenly I had a world to know.

A quiet bird in a golden cage,
Who chose to stay despite a chance to fly.

Rule-bound wings, yet eyes that roam,
Carrying storms that feel like home.
Cute and clever — a fatal art,

She speaks her heart and taught me too,
To stand unmasked, to live in truth

A gentle mind with a fearless heart,
She named my difference is my brightest part."

Now every meeting rewrites my day,
In the simplest and brightest way.

— Rohan D
Final Year MBBS

They Rise Through Storms

Not every throne is cast in steel,
Some are formed by love we feel.

In a court where justice turned away,
Draupadi stood alone that day.

No sword in hand, no army in sight—
Yet truth in her voice refused to lose its fight.

When whispers of doubt filled every space,
Sita walked through flame with calm and grace.

The fire was fierce, the world unsure—
Yet her dignity stood steady and pure.

Queen Victoria ruled lands where the sun never set,
An empire vast the world won't forget.

We praise their courage, their brilliant mind,
The strength that history left enshrined.

Yet a woman's true power is, quiet and deep,
Lives in promises she choose to keep.

In kindness patient, warm and true,
In gentle hands that carry us through.

Her greatest power was always known—
The timeless gift of building a loving home.

They rise through storms, through loss and pain,
And bloom each time more strong again.

And now is the time for the greatest truth
The world has virtue,
Because of women like you.

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unscripted1835.wordpress.com

GENESIS 2026 - The National Level Inter-Collegiate Academic Conference



GENESIS 2026, held from February 12th to 15th in our Madras Medical College, was a vibrant and intellectually stimulating academic fest that brought students from across the country and beyond and experienced professors together. This year witnessed an impressive participation of over 3000 MBBS students, representing 10 states across India, along with International delegates from across 4 countries making it a truly global platform for academic exchange and collaboration.



A major highlight of GENESIS 2026 was its 33 diverse workshops, spanning all fields of medicine. These workshops provided valuable hands-on exposure and practical insights, enabling participants to strengthen both their conceptual understanding and clinical skills. Designed to cater to learners at different levels, the sessions ensured active engagement and meaningful learning for all.



The fest also featured a series of competitions that emphasized critical thinking, teamwork, and application-based knowledge. The Junior and Senior Quizzes were among the most anticipated events, challenging participants with thought-provoking questions and fostering a healthy competitive spirit.

REVELATION - the research quiz, was conducted offline for the first time, adding a new level of excitement and engagement while testing participants' research aptitude and analytical skills in a dynamic setting. The Case Presentation, Symposium, and Research Presentation events collectively received an overwhelming response of 800 abstracts, highlighting the strong academic enthusiasm and research orientation among participants.

These sessions provided a platform for students to showcase their clinical reasoning, innovative ideas, and research capabilities, while also promoting scholarly discussion. The event also featured Hackathon, bringing together engineering and medical students to innovate and develop solutions to real-world healthcare challenges, encouraging creativity and problem-solving skills





The event culminated in a grand one-day conference, featuring prominent speakers who shared their expertise and insights on contemporary and emerging topics. Their sessions were both inspiring and informative, leaving participants motivated and enriched with new perspectives.

A notable addition to this year's GENESIS was the inclusion of a one-day Model United Nations (MUN), which expanded the scope of the fest beyond medicine. This platform encouraged participants to engage in global issues, policy discussions, and diplomacy, enhancing their analytical and leadership skills.



GENESIS 2026 stood as a comprehensive academic experience that seamlessly blended learning, competition, and collaboration. With its wide-ranging activities, national and international participation, and impactful sessions, it set a high benchmark and left a lasting impression on everyone involved.



La Litteratie: Sherlock House Library Legends



The library truly came alive with curiosity and quiet excitement. This was our very first event there, built on a simple idea — to make learning feel alive, engaging, and a little adventurous.

Students were given clinical cases disguised as riddles, and the only way to solve them was to explore the library itself — searching through shelves, finding the right books, and uncovering answers hidden in plain sight.

For a while, the library wasn't just a place to study — it became a space of discovery.



February Fictiverse



February Fictiverse was something you had to be there to truly feel. It was meant to celebrate love and friendship, but it turned into something much more real than that. The open mic was the heart of it all—people just walked up, no pretence, no filters, and shared pieces of themselves. Some sang, some read poems, some just spoke... and somehow, every single one of them made the room quieter, softer.

There were moments we argued, debated things we didn't fully agree on, laughed it off, and then went right back to enjoying each other's company. It never felt heavy—it felt honest.

In between all that, there were stories. Random, personal, funny, sometimes a little painful—but all of them made you understand the person behind them just a little better.

By the end of it, it didn't feel like an "event" anymore. It felt like we had all, in some small way, seen each other more clearly than before.

The Club Archives

Eco-Club



Butterfly Garden

A splash of color and a flutter of wings are on their way to our campus!

This month, the members of eco club, planted six marigold plants to create a tiny butterfly garden. Marigolds are loved by butterflies and pollinators, making them the perfect flowers to invite a little more life and color into our green spaces.

What started as a simple planting activity is a step toward making our campus more eco-friendly and vibrant. We hope that in the coming weeks, these bright blooms will welcome many butterflies and remind us how small actions can help nurture nature



Scientific Society

February 27th 2026

Intro to Research and ICMR STS session - Conducted for 2025 batch to familiarise them with process of framing a protocol and submitting a project under ICMR STS

History SNAPSHOTS

18.03.2026

@mmc.campus.chronicles

Wednesday

THE MEDICAL CHRONICLES

The XX Factor: Matilda Effect in Medicine



In the early 1950s, scientists were locked in a fierce race to uncover the structure of DNA, the molecule that carries the blueprint of life. Among them was Rosalind Franklin, whose painstaking X-ray diffraction image, later known as Photo 51, provided one of the clearest clues to DNA's double helical structure. Yet when the discovery was celebrated with the Nobel Prize in 1962, the honor went to James Watson, Francis Crick, and Maurice Wilkins. Franklin, whose work had been central to the breakthrough, was not there to share in the recognition. This is one of the best known examples of the Matilda Effect.

The Matilda Effect

The Matilda Effect describes a recurring bias in the history of science. The tendency for the achievements of women scientists to be overlooked or credited to their male colleagues. The idea was first articulated in the nineteenth century by suffragist and abolitionist Matilda Joselyn Gage, who observed that many inventions and discoveries made by women were often attributed to men. More than a century later, historian Margaret W. Rossiter formally coined the term "Matilda Effect" in 1993 to describe this pattern of erasure in scientific recognition.

Erased from the Record

Long before the Matilda Effect was formally described, similar patterns could already be seen in the history of medicine. One early example is a physician associated with the medieval medical school of Salerno. Her writings on women's health and obstetrics were widely circulated in Europe, yet over time many of these works were attributed to male authors, and her role as their original author was largely forgotten.

The Invisible Contributors

Scientific history is often told through a few celebrated names, yet many discoveries were shaped by people whose contributions remained less visible. Nettie Stevens, through careful microscopic studies, showed that biological sex is determined by chromosomes and identified the XY system at a time when genetics was still emerging. Years later, Barbara McClintock revealed that genes could move within the genome, an idea far ahead of its time that was only fully appreciated decades later.

Similar stories appear across the history of medicine. Martha Gautier's cell cultures revealed the extra chromosome responsible for Down syndrome, yet the discovery soon became associated with Jérôme Lejeune who presented the findings. Esther Lederberg discovered the lambda bacteriophage and developed replica plating, techniques that became essential for studying bacterial genetics, while recognition often focused on her husband Joshua Lederberg. Frieda Robschtein Robbins worked closely with George Whipple on experiments that helped establish liver therapy for anemia, though the Nobel recognition largely honored others. Alice Ball's method that made chaulmoogra oil injectable transformed the treatment of leprosy, though the technique was later promoted under another name.

Even when recognition eventually arrived, as in the case of Dorothy Crowfoot Hodgkin's crystallographic work on penicillin and vitamin B12, it often followed years of quiet perseverance.

The Story is Not Over

Recognizing these stories is not about rewriting history but about giving due credit. 'The Matthew Effect', described by Robert K. Merton, reminds us that scientists in senior positions often receive greater recognition while those lower in the hierarchy remain overlooked. For many young researchers, especially women, the absence of visible role models in academia can make that path seem distant. By acknowledging these contributions today, we not only restore forgotten voices but also help inspire the next generation of scientists to imagine their place in the story of discovery.

~ By: M.V. Harshavardhan
2023 Batch

SCALPEL SCRIPTS

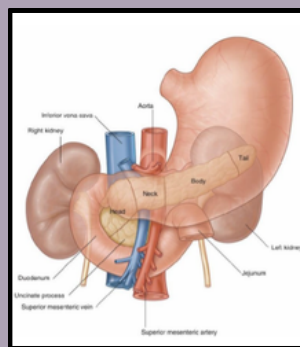
Decoding the Tunnel of Love

The "Tunnel of Love" (TOL) in a Whipple procedure is the delicate cleavage plane developed between the posterior surface of the pancreatic neck and the superior mesenteric-portal vein confluence. It is a small space with enormous consequences. Curiously, although the term appears in several surgical discussions and operative teachings, very few sources explain why it is called the "Tunnel of Love." A thorough search of medical literature does not clearly identify who coined the term or the precise reason behind it. Like much of surgical folklore, it seems to have emerged from the culture of the operating theatre rather than from formal academic writing.

Several theories circulate:

First, the obvious anatomical one. The posterior pancreas lies in intimate relation to the portal vein and superior mesenteric vein. The dissection requires finesse, gentleness, and almost reverential handling. Perhaps the "love" lies in the tenderness demanded by this high-risk anatomical relationship. Second, the pedagogical theory. After Allen Oldfather Whipple standardized pancreaticoduodenectomy in the mid-20th century, surgical training relied heavily on vivid nicknames to make critical steps memorable. "Tunnel of Love" is certainly not a phrase a trainee forgets easily.

Interestingly, anatomy itself has long inspired romance metaphors. Gray's Anatomy for Students notes that William Osler once described the head of the pancreas as the "abdominal organ of romance," cradled within the curve of the duodenum. Perhaps the pancreas has always carried a certain dramatic flair.



Positioning of Pancreas in the curve of duodenum Tunnel of love in Klevan, Ukraine

In truth, the exact origin of the name remains uncertain. What is certain, however, is its meaning to surgeons: it marks one of the most decisive moments of the operation – a space where judgment, anatomy, and nerve converge. And perhaps that is why the name endures. Because in this narrow retro-pancreatic corridor, confidence meets anatomy – and anatomy humbles everyone.

~ VS Adithyan Chellaram, 2024 Batch

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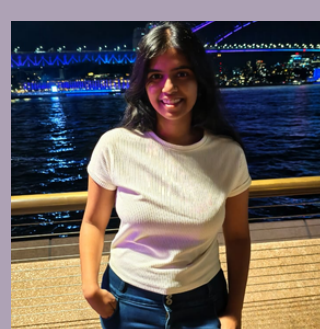
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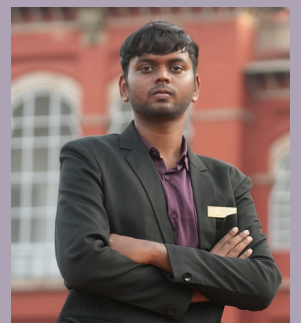
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THE CAMPUS CHRONICLES

THE ECHOES OF OUR JOURNEY