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### Cardio Respiratory failure cited as — The cause of death, is it a misnomer ?

SIR, — Two types : (1) Heart and Lungs are in intimacy a SINGLE ORGAN for supply of oxygenated blood to tissues and organs. They may have pre-existing diseases singly or severally like Valvular defects, Septal defects, IHD, Cardiomyopathy, Endocarditis and then Bronchitis, Bronchiectasis, Pneumonia, Pleural effusion, Pneumothorax and so on. Death may ensue primarily from these diseases.

(2) Heart and Lungs are healthy.

Separate disease conditions bring the patient to terminal stage leading to death.

The core crisis created behind death is metabolic derangement of Acid Base Balance with dysfunction of the K pump regulating expulsion of Na from the cell to extracellular space and transfer of K into the cell.

Thus metabolic acidosis is created. Liver Kidneys try to control the situation but when these vital organs are in compromised condition acidosis becomes irreversible. Cardiac and Cerebral cortex are vulnerable to such irregularities. They succumb.

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### JIMA September 2021

SIR, — The original article entitled "Perception of undergraduate medical students about the current medical curriculum in India" Vol 119, No 9, September 2021, Page No 27. This study is a need of the hour for new Competency Based Medical Education (CBME) which was implemented in 2019 by a National Medical Council (NMC). Such study we need to encourage to as whole in a different part of India.

The author has mentioned all three professional year students and interns as study participants. But this new curriculum was started 2019 batch. So interns were not being part of this CBME study. The study was conducted in 2021 (Feb-March). Similarly in 3<sup>rd</sup> professional CBME students have not entered. The Study would be better if only focused on the first professional year. And compare with traditional (Previous curriculum) method of curriculum and CBME curriculum of first-year students. The Second professional year is also not completed when data was collected but they were taught some of the competencies of final year subjects.

The Author also has mentioned the involvement of Government and Private colleges in the student ratio, but no comparison was mentioned between them. Because many of the colleges as mentioned by author infrastructure facilities like skill lab not established. Therefore the implementation of the CBME curriculum is challenging for medical faculty unless until all the colleges are following implementation as per NMC. Till one batch of students will come out with this curriculum. It is very difficult to give an opinion regarding this CBME curriculum. The Author has not mentioned which parts of India, students were enrolled so that in the future remaining part of the students can be covered. It is very important to take the perception of students and faculty regarding the CBME curriculum.

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### Beard Folliculitis due to Klebsiella pneumoniae

SIR, — Topical steroid damaged/dependent face (TSD) can be described as temporary or persistent facial skin damage brought about by the unreasonable, non-selective, unsupervised, or protracted use of Topical Corticosteroids (TC) causing numerous skin pathologies and psychological dependence on TC<sup>1</sup>. TC has anti-inflammatory and immunomodulatory effects. TCs have formidable antipruritic, atrophogenic (dermal and/or epidermal), hypopigmentary effects on the corium and can lead to remarkable undesirable effects if used immethodically<sup>2</sup>. Another facet of TCs squandering is its beautifying application specifically in amalgamation with bleaching creams to make the skin light coloured. Absurd use of TCs induces numerous skin changes chaperoned by psychological dependence<sup>3</sup>. Since the facial skin is comparatively thinner and there is an sebaceous glands as well, it leads to an escalated percutaneous absorption of drugs . As face is the most uncovered part of the human body it is most blameworthy