
To the Editors:

Neonatal jaundice due to maternal ingestion of “veniwelgata”?

CN was born after an emergency caesarean section at term and weighed 3.5 kg. There were no problems at birth. She was the second child in the family. On the fourth day she was noticed to be jaundiced and had a serum bilirubin level of 292 $\mu\text{mol/L}$ with an indirect component of 216 $\mu\text{mol/L}$. The jaundice persisted for about 5 weeks and reached a peak level of 432 $\mu\text{mol/L}$ (indirect 414 $\mu\text{mol/L}$) on the 30th day. The jaundice was managed conservatively with minimal intervention. The baby was breast-fed and continued to thrive well.

The haemoglobin ranged from 16.5 g/dL to 11.8g/dL during this period. The baby’s blood group was O+ve and the mother was B+ve. The Coomb test was negative,

serum TSH level was normal and urine culture sterile. The blood film was reported as normal. G6PD enzyme assay was in the normal range. Ultrasound examination of the abdomen was reported as normal.

As there was no apparent cause for the jaundice, some searching questions were asked from the parents. The mother had ingested a decoction of veniwelgata (*Coscinium fenestratum*) prepared by boiling 50 g of the herb and ingesting 250 ml of the decoction, twice or thrice daily, throughout pregnancy and for 1 month after delivery. Veniwelgata is a bitter tonic and its decoction is used as a remedy for, or to prevent tetanus. The root has antiseptic properties and is often used for dressing wounds and ulcers [1].

A literature search did not reveal any adverse effects of veniwelgata. It is speculated that ingestion of veniwelgata during pregnancy and after delivery contributed to the baby's jaundice.

Reference

1. Jayaweera DMA. *Medicinal Plants used in Sri Lanka*. 1st edn. Sri Lanka: National Science Council of Sri Lanka, 1984.

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Michealangelo's obsession with anatomy

The fully exposed throat of God as portrayed in the first act of Genesis is painted in such detail that the nodular goitre cannot be just an accidental feature. Michelangelo was a perfectionist in his art, he was obsessed by anatomy, and he was no doubt familiar with the appearance of goitre: a native Tuscan, he spent his youth where goitre was a common sight. Furthermore, there is good reason to believe that he saw goitre not only on the exterior of people, but also in a deeper, anatomical context. Contemporary biographers explicitly mention that he had his very own dissecting room at the Church of Santo Spirito in Florence, where a friendly prior provided him with corpses for secluded studies of anatomy.

Lennart *Bondeson*, Michealangelo's divine goitre. *Journal of the Royal Society of Medicine* 2003; **96**: 609–611

Video of Saddam Hussein being television examined was telecast over nearly all television channels

There are even more profound observations that we can draw from the video and that are no less relevant for us as members of societies frequently forced into conflicts and wars that we have not chosen. What was the main message behind this painstakingly well prepared and theatrical production, televised more than 19 hours after the capture of Saddam? The obvious answer is to display the determination and might of the occupying forces. The less obvious answer lies in a practice first described by the late Palestinian - American scholar Edward Said: Orientalism. The video was a classic Orientalist display, portraying the oriental barbarian-appearing man, with long, uncombed, and dirty hair and beard, being cared for in a civilised manner by a white, clean doctor.

Samer *Jabbour*. Fall of a dictator, failure of ethics. *British Medical Journal* 2003; **328**: 115.