



CoMSAA NEWS

Official Newsletter of the Colombo Medical School Alumni Association

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COLOMBO MEDICAL SCHOOL ALUMNI ASSOCIATION

(CoMSAA)

FACULTY OF MEDICINE

UNIVERSITY OF COLOMBO

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THE FIRST SCIENTIFIC CONGRESS & REUNION OF COMSAA

09th September 2012 – Bentota Beach Hotel 9.00 am to 5.00 pm

Come with your family and friends to this historic event and spend a memorable day

Tickets @ Rs 2000/- per person

Optional transport by luxury bus from the Colombo Medical Faculty to the hotel and back Rs 500/- per person

For tickets and further details, please contact

Dr. Shalika Nagasinghe 077-5179862 or Dr. Hasitha Gunasekera 071-8329428

Tickets are also available at NHSL(Consultant's Lounge), SLMA and with Committee Members

Editorial musings

This is the second Newsletter released by CoMSAA. It has several articles of interest. The President's Column provides details of progress since the inception of the Association.

We need to recruit more and more members to CoMSAA. This is an appeal to all graduates of the Colombo Medical School to join CoMSAA. Each of us is perhaps just a drop but collectively we are an ocean. Together we can do wonders for our very own Medical School.

Dr. B.J.C.Perera - Editor

Dr. Chandra Jayasuriya – Assistant Editor

Colombo Medical School Alumni Association (CoMSAA)

PRESIDENT'S COLUMN

Dear Alumni,

It is indeed a pleasure to say “hello” to all alumni of our great Medical School. This is the second and final newsletter from the current General Committee, it would be appropriate to recount what we have done so far.

Constitution:

We have finalized the Constitution and would be placing it before the membership at the Annual General Meeting scheduled for the 28th September 2012, Please do mark this date on your diary and join us to discuss further issues related to CoMSAA. Although the Constitution stipulates that the Committee meets quarterly, I am proud to say that we have met at least once a month over very productive meetings.

Membership drive:

Almost three thousand application forms have been posted by surface mail in addition to others being emailed the forms and our addresses. These names and addresses have been obtained from the Sri Lanka Medical Council, scanned and rearranged to get the sorting out correct. The current list of “Founder members” stands at a little over 300.

Logo:

A beautiful logo carrying in its graphics the message of CoMSAA has been designed by a medical student Mr.B.Kaluarachchi. Our heartiest congratulations go to him with best wishes for a bright medical career, as bright if not brighter than his father's.

Website:

Our website is now active. Please visit www.comsaa.org and the blog maintained by Dr. Philip Veerasingam on comsaa.blogspot.org
Our email address is [comsaa@rocket mail.com](mailto:comsaa@rocketmail.com)

Please feel free to communicate with us as we welcome queries as well as suggestions!

Scientific Congress and Fellowship:

And now for the **big news**. Some of you may be aware that a steering committee has been

working very hard to organize the first Scientific Congress and Reunion at the Bentota Beach Hotel, Bentota on Sunday the 9th September 2012.

An attractive programme has been drawn up for the day and arrangements are being made to organize activities for accompanying persons and children to keep them entertained.

The Scientific Congress in the morning is in two sections. The first is a series of presentations by academic staff of the Faculty on some seminal research and work done by them. The second is a seminar on “Rational use of antibiotics” discussed by specialists in different fields. This would be followed by a sumptuous lunch, and the reunion. Your Committee is organizing a series of interesting activities to keep everyone very very happy.

For those of you who wish to spend a leisurely weekend in a Beachfront Hotel, concessionary terms for B&B are being negotiated and you could join me for dinner on the 8th night, which I would be hosting.

Travelling arrangements to and from Colombo on the 9th for those who prefer not to drive down are being looked at too.

For all this do keep in touch and please do not keep things until the last moment (a common malaise amongst us doctors!) as we can accommodate only a limited number and tickets will be issued on a first come first served basis.

Looking forward to seeing you in Bentota

Professor A.H.Sheriffdeen

President, CoMSAA

THE EXECUTIVE COMMITTEE 2011-2012

President	: Deshamanya Professor A.H.Sheriffdeen
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Dr. Deepa Wimalasena

SNIPPETS FROM HISTORY

The land on which the Colombo Medical School was built was originally donated in 1875 by late Gate Mudliar Rajapakse. There is a plaque with his name at the entrance.

(Quote) “In the 1860s the Colonial Surgeon, Dr. James Loos was requested to report on the large depopulation of the Wannai. He recommended that medical facilities should be available throughout the island and to this end a medical school should be opened. The Colombo Medical School was thus opened in 1870 by the then Governor Sir Hercule Robinson. Dr James Loos was its first principal. Dr. E.L.Koch was the second principal in whose memory the Koch memorial clock tower, which still stands, was built in 1881. The beginnings of the medical school were modest. It was situated in the General Hospital Colombo, and had three teachers and 25 students. It offered a course of three years duration until in 1873 the course was extended to four years. Its progress was rapid. In 1880 the medical school was raised to the status of a college (renamed Ceylon Medical College) and in 1884 the course was extended to 5 years.

In 1875 Mudaliyar Samson Rajapakse gifted the land on which the present Faculty is located. Sir Charles Henry de Soysa, Muhandiram A.Simon Fernando Wijegooneratne and Mudaliyar Vimala Gunawardana donated the buildings. These buildings are no more and the Anatomy block, built in 1913, is the oldest building now.” (unquote)

http://en.wikipedia.org/wiki/Faculty_of_Medicine,_University_of_Colombo

ANECDOTES FROM THE PAST

The cremasteric response of a tenor

It was the day before the Fresher’s Rag Day in the early fifties in the Faculty of Medicine Colombo, the only Faculty of Medicine in Ceylon at that time. We, in the ragging team of ten, met in my home which was near the medical faculty, to discuss strategy because there was a threat of expulsion of every ragger who was indentified. The team which numbered 39 a week earlier had dwindled to ten because of the threat and the cowardice of the timid. The ten of us

decided that ragging was a tradition and, good or bad, it must continue. It was to be a “clean” rag, none of the girls were to be ragged and, if the need arose, the ladies were to be escorted in and out the faculty premises by one of us.

Males were to be ragged in the “Common Room” in the Third Floor of the Pathology Block in what was to be in a “relatively decent” mode. They were required to play Table Tennis or Badminton or Billiards or, sing a song standing on a small table placed on a stage in the common room. Lest I forget, I must tell the reader that they had to do all this completely nude.

We had also decided to give a “special” to a selected new entrant. This was because he telephoned us when we were conducting our rag meeting on the evening before the rag and offered us “something” if we did not rag him. I was the person who took the call and in an offhand manner told him “Bring us 50 rupees and you will be looked after”. Rupees 50 at that time was a princely sum, the equivalent of Rs. 5000 today. I did not expect the prospective briber to come to our meeting place. We went on with rag meeting but after about 30 minutes we were surprised to see a huge limousine turning into the driveway of my home. The person who had offered the bribe was seated in the mammoth car. He seemed too scared to alight from the vehicle. He kept signalling to me to come to the car. This I did and there was this individual with an envelope, which he thrust into my hands. “Dennis this is what I promised. Please look after me tomorrow”. “Certainly we will look after you, very specially”, I replied.

This unfortunate individual was a fair complexioned renowned singer at the level of an opera performer. Next day, during the rag, we stripped him, got him on to the table and got him to sing.

Lo and behold, each time he took a high note, the cremaster muscles would contract only to relax with the lower notes. It was quite a sight. The jewels went up and down with each high note.

Some of us even got some neck pains looking up and down each time the cremasters contracted!!!!

Later we became the best of friends.

Dr. Dennis J. Aloysius

The very famous Dr. Niles of the late nineteen sixties

A few years before our sojourn in the Colombo Faculty the serial numbers of cars had progressed from CN, EL, EN etc to “Sri”.

It was a Ward Class with the inimitable Dr. A.J.Niles, Surgeon at the General Hospital. There was a chap in our group who was quite a bit older than the others. In fact, it showed as well.

Dr. Niles asked his name and the answer was Sri Ranganathan.

The prompt and witty response of the Surgeon was “No, no, NOOOO. Can’t be Sri Ranganathan, too old., too old..., far too old....., it must be **EL** Ranganathan”.

Dr. B.J.C.Perera

Dr. Niles stopped in his tracks during the ward round and suddenly pointed to a patient a couple of beds away and said “I don’t like the look of that patient.., I **don’t** like the look of that patient., find out what is wrong with him., **find out what is wrong with him**”. We went and checked and the patient had a hydrocoele.

Then the Surgeon said “I still do not like the look of that patient, I STILL DO NOT LIKE THE LOOK OF HIM., find out his job, find out his job”. We went back to him and found out that he is a taxi driver.

This really got Dr. Niles going. He said “I knew it, I knew it., these are the fellows who go on this side of me, that side of me, over me and under me., I cannot come for work in time”.

Then he asked “What is the treatment of a hydrocoele?” and we dutifully replied “hydrocoelectomy Sir”.

He followed it up with “What is the treatment of a hydrocoele of a taxi driver.., What is the treatment of a hydrocoele of a taxi driver?”

We said “hydrocoelectomy Sir”

He responded “No, no, NOOOO.., cut the whole thing off, **cut the whole thing off.....**”

Dr. B.J.C.Perera

NEWS & EVENTS

The Annual General Meeting (AGM) of CoMSAA has been scheduled for the 28th of September 2012 at the Colombo Medical Faculty, Kynsey Road, Colombo 8.

This is an open invitation for all members to attend this AGM. Those who have not joined the Association up to that time could come in and join right away at the time of the AGM.

COMMUNICATIONS FROM MEMBERS

Class of 1962 in the Colombo Medical School

Dr. Lakshman Abeyagunawardene

1962 was a significant year in the history of medical education in Sri Lanka. The second Medical Faculty of the University of Ceylon was established that year in Peradeniya. Since then, Medical Faculties have sprung up in Ruhuna, Jaffna, Kelaniya and Sri Jayewardenepura.

I am told there is one in Rajarata as well! Just like the debate on which school is the best of them all, it still rages on with regard to which medical school is the best of them all. The writer being a product of the Colombo Medical Faculty, it is but natural that some bias might creep in here. But the fact remains that for no other reason but the 137 year-old history and tradition that it boasts of, the Colombo Medical College just has to be the best!

Getting away from light hearted banter, my more serious intention here in this article is to give a pen-sketch of a batch of students who gained admission to this prestigious medical school in June, 1962. Having graduated in 1967, this batch completed 40 years in 2007 as western qualified medical doctors (not to be confused with the numerous other types of “doctors” in Sri Lanka today!). Perhaps, a better title for this chapter would have been - "Colombo Medical Students of the 1962-67 era - where are they now?"

To keep peace with my medical colleagues who are products of much younger medical schools, let me state here that this is certainly not aimed at bolstering the image of the Colombo Medical Faculty at the expense of the others. No further effort is needed in that direction! Greater mortals than my humble self have written volumes about this prestigious institution in the past, and the pivotal position that the Colombo Medical Faculty now enjoys cannot easily be challenged.

Being a large batch of over 150 students, it is well nigh impossible to mention the names of all my batch mates in this article. Therefore, let me at the outset, extend my apologies to those whose names I have failed to mention here. Yet, I must emphatically state that at least in my mind, each and every member of that great batch of 1962, wherever he or she might be, is held in the highest esteem.

Our Teachers

Before talking about the "Golayas", it is nothing but right that I pen a few lines about our "Gurus" first. We learned the finer art of tending to the sick under the healing hands of such eminent teachers as Professors O.E.R. Abhayaratne (fondly called “Pachaya”), A.C.E. Koch, M.J. Waas, A.A. Hoover, S.R. Kottegoda, G.H. Cooray, H.V.J. Fernando, A.D. Chapman, A.S. Dissanaiké, K. Rajasuriya, D.A. Ranasinghe, Milroy Paul, R.A. Navaratne, C.C. de Silva, Priyani Soysa ably assisted by N.D.W. Lionel, Valentine Basnayake, Carlo Fonseka, Lester Jayawardene, Sobitha Pandithratne, Daphne Attygalle, Mrs. Yoganathan, W.J. Gomes, Nandadasa Kodagoda, Earle de Fonseka, A. Sinnethamby, T. Visvanathan, M.C. Karunairatnam and Oliver Peiris. We “clerked” under the giant clinicians of the day such as P.R. Anthonis, L.D.C. Austin, D.F. de S. Gunawardene, Misso, Niles, K.G. Jayasekara, Noel Bartholomeuz, E.C.J. Rustomjee, D.J. Attygalle, R.P. Jayewardene, W.Wijenaike, Oliver Medonza, R.S. Thanabalasunderam, Ernie Peiris, Stella de Silva, Stanley de Silva, Hamza, Hunt, E.H. Mirando, P.R. Walpita, G.N. Perera, the two Rasanayagams (ENT “Rasa” and Orthopaedic “Rasa”), Arulpragasam, Francis Silva, Rienzie Peiris, Deva Adithya, Sri Skandarajah, Thamber, Pararajasegaram, Sivasubramaniam, Lucas, Ponnambalam, Shelton Cabraal, Darrel Weinman, J.R. Wilson, and so on. Only a handful of them are living today. But their dedication to teaching and memories of all the long hours they spent with medical students and patients in the wards will always be remembered.

Departed Colleagues

In naming the batch mates, I wish to start with those eleven colleagues who departed this world at a relatively early age. Sunil (SR) de Silva, my dear friend and billiards partner in the men's common room, was the son of former Vice Chancellor of the University of Ceylon Walwin A. de Silva, and brother of well-known journalist Manik de Silva. "Sunna" who worked for the US Air Force as a surgeon was tragically killed in Florida when his car was hit by a drunk driver. The doctor couple Russel Paul and Dawne de Silva, together with their two children died under very tragic circumstances in Pennsylvania. Karalapillai Sundarampillai who had his medical practice in Kotahena also met with his death in bizarre fashion when a flying galvanized roofing sheet hit him during a heavy thunderstorm. Former Royal College cricketer Kiththa Wimalaratne drowned in his own backyard swimming pool in the US where he was residing at the time. Bernard Randeniya was the Director of the Cancer Institute at Maharagama at the time of his death. One of the most distinguished of the lot was Professor Niriellage Chandrasiri who was Vice Chancellor of the Ruhuna University and Professor in Forensic Medicine at the Ruhuna Medical Faculty. More recently, Tudor Wickramarachchi, "Bobby" Somasundaram, V. Kunasingham and B.L. Perera died in the United Kingdom where they were practicing. V. Ganeshan who was a very successful GP in Horana, passed away at the time I was compiling this book.

Mass Exodus

With a problem of unemployment looming at the time we graduated, the sixties and seventies saw a massive exodus of doctors from Sri Lanka to other countries. My batch was one of the worst affected. The majority of those who emigrated settled down in the US while others went to the UK, Australia and New Zealand. The few who opted to remain in their homeland however, shone in their chosen specialties. Readers of Sri Lankan newspapers will naturally find their names more familiar than those who made names for themselves in foreign lands.

Opted to Serve Mother Lanka

Sanath Lamabadusuriya who topped the batch in the final examination of March 1967 is today a well-known Paediatrician having held office as Dean of the Colombo Medical Faculty and Professor in Paediatrics. He was awarded the MBE by her majesty Queen Elizabeth II in 1991, in recognition of his contribution to the Sri Lankan Cleft Lip and Palate project. "Lama" was a co-director of the project together with Dr. Michael Mars – a rare honour for a Sri Lankan based in Sri Lanka. R.S. Jayatilake was the first fully qualified Oncologist in Sri Lanka. R.S. (Revo) Drahman is a much sought after Otolaryngologist (ENT Surgeon), M.H.S. Cassim ("Cassa"), Chirasri Mallawarachchi (Jayaweera Bandara), Zita Perera (Subasinghe) and J.G. Wijetunga are Ophthalmologists. P.L. (Lucian) Perera is a General Surgeon. Nithya Jayawickrama specialized in Obstetrics and Gynaecology. Lalantha Amarasinghe specialized in cosmetic surgery and was in charge of the Burns Unit in the General Hospital. Suriyakanthi Karunaratne (Amerasekara) ended her career as Senior Consultant Anaesthesiologist at the Sri Jayewardenepura Hospital. She is a Past President of the Sri Lanka Medical Association. Victor Rajapaksa and W. Rajasooriar are also in the same speciality. Puwan Ramalingam (Sivananthan) is a Rheumatologist. Chanaka Wijesekara is an Orthopaedic Surgeon. Among the academics are Manel Ratnavibhushana (Wijesundara) who became Professor in Parasitology at the Peradeniya Medical Faculty and Lalani Seebert (Rajapaksa) who was Associate Professor in Community Medicine at the Colombo Medical Faculty. One time champion public schools athlete J.C. Fernando who excelled in the 440 yards event, is a

General Practitioner who has maintained his youthful looks and athletic figure to this day. He is married to Surangani Abeysuriya (Fernando) who was also in our batch. H.N.

Wickramasinghe, Ranjit Bulathsinhala, Tilak Dayaratne, Ananda Hettiarachchi, Roshnara de Zoysa (Gunaratne) are General Practitioners in different parts of Sri Lanka. Chitra Morawaka Wijewardene (Weeratunga) retired as the Chief Medical Officer of the Sri Lanka Ports Authority. Among the General Physicians, Harsha Samarajeewa is one of the few in the batch (such as Nitya Jayawickrama) who decided to return home after specialization and a long stint abroad. Harsha is one of the many cricketers in my batch who had played first eleven cricket when in school. Many medical students of that era excelled in sports and some of them even reached national level. More of that later! Other General Physicians produced by the batch and presently in Sri Lanka include Chandra Silva and Kusuma Jayasuriya (Ruberu). The latter being the sister of the famous Olympic Boxers HP and CP, the boys never tried their usual pranks on her!

Community Physicians

Of the few in the 1962 batch who opted to remain and serve our motherland for a long period, as many as four chose the less glamorous and less lucrative field of Public Health for specialization. These Community Physicians went into different sub specialities. Punsiri Fernando is a Malariologist who rose to be Director of the Anti Malaria Campaign. Wimal Soysa (Jayakuru) created history as Sri Lanka's first woman Chief Epidemiologist. S.A.P. Gnanissara was a Medical Administrator who retired a few years ago as Deputy Director General of Health Services (Training and Research) in the Ministry of Health. The author was among the first (and also the last) five Sri Lankan medical doctors to be sent to the United States in 1974 on WHO Fellowships to specialise in Health Education. The writer himself was employed by the South Carolina Department of Health and Environmental Control in USA from December 1999 until his retirement on December 31st, 2008. However, he had worked for 33 years in Sri Lanka and other developing countries, first with Sri Lanka's Health Ministry and later in UN organizations (WHO and UNICEF). Ranjith Kuruppu started out as a Community Physician (MOH) but went into private practice as a Family Physician later on. Though based in London for most part of her career, Pramilla Kannangara (Senanayake) fits in here as a distinguished Public Health Physician who continues to raise funds and runs a project to educate poor children in the fishing villages of Southern Sri Lanka. As the Assistant Director General of the International Planned Parenthood Federation (IPPF) she had responsibility not only for medical programmes but also for IPPF's AIDS, Safe Motherhood and Youth and Adolescent Programmes. She was awarded an honorary FACOG in 2006 for her work in Family Planning. Sriyani Dissanayake (Basnayake) who has made a name for herself as Sri Lanka's leading sex educator, was the Medical Director of the Family Planning Association of Sri Lanka. Engaged in the same field of Family Planning is Priya Gunaratne (de Silva).

Well-known Names

It is also interesting to note that two females in the batch acquired surnames that are more familiar to Sri Lankans than their own maiden names. I refer here to Wasantha Ovitigala (Jayasuriya) whose husband Karu is none other than former Cabinet Minister and present Deputy Leader of the UNP. On a more personal note, I must also mention that I had the privilege of being classmates of both the husband and wife at different times. While Wasantha was in my batch in Medical College, Karu was my classmate in Form II B at Ananda College in 1953 when another former Minister S.K.K. Suriarachchi was our class master. Swyrie

Jayasekara (Balendra) married one of Sri Lanka's most successful businessmen and former Chairman of John Keells, Ken Balendra. Swyrie has always been in the forefront in organizing batch reunions. No wonder then that the venue of our Batch Reunion in 2007 was the Cinnamon Lodge in Habarana!

USA Bound

When Sri Lankan doctors migrated to the United States in droves in the late sixties and early seventies, one particular Hospital in Coney Island, New York had so many Sri Lankans working there that it was almost like walking along the corridors of the General Hospital in Colombo. Most of them have since then moved out into other states.

As mentioned earlier, we had many outstanding sportsmen in our batch. Long before Muralitharan became a household name, Lareef Idroos was Sri Lanka's ace spin bowler who played for St. Thomas' College, Mount Lavinia (as captain), SSC and University of Ceylon and also represented the country with distinction before we gained test status. Lareef who is a Nephrologist is now domiciled in California along with former Benedictine cricketer Cyril Ernest (Cardiologist) who also played for the University and represented All-Ceylon. Lareef and Cyril had the unique distinction of representing two countries in cricket at the highest level when both of them were selected to represent USA. Additionally, Cyril played in the USA team that participated in the World Cup in 1982. With such a large community of Sri Lankans in California, one would expect many of the batch to be settled there. Apart from those mentioned earlier, Nalin Nanayakkara (Obstetrician and Gynaecologist), Piyaseeli Dolawatte (de Silva), R. Wickramasekaran (Cardiologist), R. Nadarajah (Surgeon), M.Z. Lameer (Orthopaedist), P. (Pupa) Sivananda, Chittamparanathan Thiagarajah (Anaesthesiologist) are some of the others in California. Desmond Gunatilaka is a Pulmanologist and critical care specialist in San Jose. N. Visveshwara who is a Neonatologist in Fresno, California, is credited with the invention of an innovative catheter that relates to cardiac output and matching of ventilation/perfusion in newborns. He has also designed a pediatric ventilator and donated one through his Rotary Club to the Neonatal Unit of Sri Lanka's Castle Street Hospital for Women. Anton Ambrose who is resident in Los Angeles, lost his beloved wife Beulah and daughter Orlantha in the 2004 tsunami while on holiday in Sri Lanka. Orlantha was a trained classical violinist and was actively engaged in teaching music to poor rural children in Sri Lanka at the time of her tragic death.

Sidath Jayanetti who played Rugby for Royal and the University, is now an Obstetrician and Gynaecologist in Virginia. Of all my batch mates based in the US, my closest "neighbours" were Lucky Weerasuriya and A. Satchithananda, both of whom now lead a quiet life in retirement in Florida. Bandula Jayasekara is still in active practice as a Psychiatrist in Kentucky. Malkanthi Wijesuriya is in the same state working in infectious diseases. So is K.L.M.T. (Mahasen) de Silva (Psychiatrist). S. Sarvanandan (Psychiatrist) in Michigan, Ananda de Silva in Missouri, Sisira Ranasinghe (Pathologist) in Ohio, Eugene Anandappa (Paediatric Radiologist) and Bertram Nanayakkara (Paediatrician) in Illinois, Sriyani ("Bunter") Fernando and Navam Chinniah in Connecticut, T. Yoganathan and Mahesan Richards (both Anaesthesiologists) and S. Sri Kantha (Pain Specialist) in New Jersey, Indra Anandasabapathy (Associate Director of Anaesthesiology at Staten Island University Hospital) and S. Sathanandan in New York, C. Maheswaran (Obstetrician and Gynaecologist) also in Florida, are the others in the northern and eastern parts of the US. L.W. Perera, S. Balachandran ("Yankee Bala") and Ranjan Hulugalle (Oncologist) are also in the US. Sujatha Maligaspe (Lena) is in Canada.

In the UK

Ceylon being a British colony at one time, and registration in the General Medical Council being much easier than passing more exams to get a foothold in the US, one would expect more from the batch to have ended up there. But that has not been the case. Relatively few have chosen England as their adopted country. Among names that come to my mind are Suren Iyer, Sunil Abeysuriya, Nihal Amerasekara (Radiologist), K. Balachandra (“Con Bala”), S. Sri Kantha, Nihal Goonetilleke, B.L. Perera, A.H.T. Sumathipala, D.S.C. Attale (Psychiatrist), Douglas Mulgirigama, Ranjith Kariyawasam, Razaque Ahamath, Harischandra Boralessa, Mahendra Gonsalkorala, Ranjith Dambawinne, P.V.D. Saparamadu, Anandan Jayaratnam, N. Balakumar, M. Viswanathan, A.F. Doss, S. Vedavanam, L.P.J.M. Wickramasinghe, Jimmy Wickramasinghe, Manel Hettiarachchi (Katugampola), Asoka (“Lubber”) Wijekoon and S.R. Batuwitage. Rohini Abhayaratne (better known as “Pachaya’s daughter”), who is also in UK, is the daughter of the Medical Faculty Dean of that era. Another “Batch Couple”, Upali Wijeratne and wife Padmini Karunanayake are also there. One of Sri Lanka’s leading tennis players of a bygone era Ranjan Wattedegedera is also settled in UK.

Australia and New Zealand

Australia has had her fair share from the batch. Kumar Gunawardene (Cardiologist) was recently honoured by the American College of Cardiologists. Lakshman Jayasinghe who started out as a Neuroradiologist now practices in neuroradiology, interventional radiology and nuclear medicine. Sanath de Tissera (Psychiatrist), Easwaran Kanapathipillai, Irwin Herath, Cecil Saverimuttu, Kamini Goonewardene (Ferdinando) and General Physician Kamala Nimalasuria (de Silva) are among the others “Down Under”. Virginia Swan (de Vos) who was an outstanding swimmer as a teenager is also in Australia. Malik Jaimon, Mahendra Collure, M. Rasanathan and Nisha Mallawarachchi (Jayasinghe) are in New Zealand.

Perhaps as the father of a more famous son, Rajan (“Patras”) Ratnesar deserves special mention. Son Romesh Ratnesar is today an internationally known journalist who is a regular contributor to “Time” magazine. “Patras” is Medical Director of a major California Hospital.

Fun and Frolic

Our batch was somewhat unique in that we were subjected to a second rag (in addition to the traditional “Freshers’ Rag” during the first fortnight) by our seniors when we were well into our second year in medical school. As if that punishment was not enough, almost all the males in the batch were suspended for two weeks and fined Rupees ten by the university’s Board of Residence and Discipline. That was the time when Vice Chancellor Sir Nicholas Attygalle managed university affairs with an iron fist. What was the offence, one might ask. Traditionally, it is the most junior medical students who play a prominent role with their “high spirited” fun and frolic during the annual Law-Medical cricket match, while the seniors sit and enjoy in the comfort of the pavilion. When the Law and Medical Colleges met in their encounter in 1963, the juniors dressed in black shirts with the skull and cross bones emblem, paraded the streets of Colombo in an open truck as usual. However, they somewhat exceeded the limits when invading the pitch and disrupting play in the Royal-Trinity inter-school cricket match that was being played at Reid Avenue. That was not all. The boys also “visited” Castle Street Girls School at Borella (present Devi Balika Vidyalaya) and “entertained” the schoolgirls who I am sure enjoyed the proceedings as much as the boys did. As expected, a flood of complaints followed. After a long drawn out inquiry, punishment was meted out to those found guilty. The boys accepting “collective responsibility” and not resorting to finger pointing at those who may

have “misbehaved”, avoided probable expulsion of a few students. Punishment was therefore relatively mild.

Block Concert and Dance

Contrary to popular belief, medical students at least of my generation, were not poring over books all the time. Besides the annual Law-Medical cricket encounter and the 2nd MB and final-year trips, the annual Block Concert and Dance was one of the most looked forward to fun-filled events in a medical student’s diary. The concert preceded the dance, and traditionally, it was the freshers who not only played the lead in organising the event, but in acting on the stage as well.

One of the items put up by my batch in 1962 was an African tribal dance with an all-male cast. “Female” dancers (that included me) were scantily dressed in skirts made of straw and a “thana patiya” tied around the upper torso with padding underneath in the right places. Both the scantily dressed “females” and their male partners were liberally daubed with a mixture of oil and powdered charcoal to make them look like dark-skinned Africans. The women dancers also had human bones to hold their hair in place much like a “Konda Kooru” that women use. They wore necklaces in which the “beads” were actually human teeth and vertebrae (bones of the vertebral column). In preparation for the big event, we were trained and put through our paces by film actress and professional dancer Beulah Dias Karunaratne for weeks. On the day we staged the concert, I recollect (vaguely) how the high-spirited actors jumped down from the stage at the conclusion of their act and walked right through the aisle in the New Arts Theatre at Thurstan Road. It was like cutting through butter with a hot knife when well-dressed guests in the audience including Faculty Staff, scrambled to get out of the way to avoid getting the greasy black stuff on their own clothing.

Doctors’ Concert and Musical Evening

I had carried my “acting” talents well into late middle age. I continued to take part in the annual Doctors’ Concert and musical evening organised by the Sri Lanka Medical Association (SLMA). It is a regular event held at the inauguration of the annual academic sessions of the main professional association of doctors. In 1994, when the SLMA presented the musical evening of doctors and their families at the Sri Lanka Foundation Institute, I played the role of “Mrs. Perera” (a seductive middle-aged patient) in an item for which Chrissie Aloysius had written the script. Others in the cast included Chrissie’s husband Dr. Dennis Aloysius, SLMA President of that year Dr. J.B. Pieris, late Dr. Nalin Rodrigo, Dr. B.A.V. Perera and Dr. Preethi Wijegoonewardene.

Reunions

The batch that entered medical school in 1962 and graduated with a medical degree in 1967, celebrated completion of forty years as doctors at a grand Reunion held at Cinnamon Lodge in Habarana in 2007. Other Reunions have been held from time to time, but the last one in Habarana was easily the best. Even with dwindling numbers, the batch is determined to make these get-togethers a regular event.

THE LIVING WILL

Dr J B Peiris, Neurologist and Dr Natasha Peiris, Physician

Many people, including some lawyers and doctors, are unaware of a Living will. Through advances in medical technology, some patients who formerly would have died can now be kept alive by artificial means. Sometimes a patient may desire such treatment because it is a temporary measure potentially leading to the restoration of health. At other times, such treatment may be undesirable because it may only prolong the process of dying rather than restore the patient to an acceptable quality of life. In any case, each person is seen, under the law, as having the personal right to decide whether to institute, continue or terminate such treatment. As long as a patient is mentally competent, he or she can be consulted about desired treatment. When a patient has lost the capacity to communicate (as in coma or some strokes) the situation is different, unless an advanced directive or living will is in place.

The legal profession in association with the medical profession would need to think of enacting the necessary legislation in Sri Lanka for the purpose

INTRODUCTION

A **last will** becomes effective only when a person dies. A **living will** is effective while one is alive and comes into play when one is seriously ill or cannot communicate for any reason. It is thus an advance directive to doctors and relatives of what one wants done if one cannot express one's wishes or requirements.

DEFINITIONS

An **advance directive** is a legal document in which you state how you want to be treated if you become very ill and there is no reasonable hope for your recovery. Although laws vary from country to country or even from state to state in the U S, there are basically two kinds of advance directives. You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. You can change the document at any time. It is a good idea to review your advance directive each year to be sure it still says how you want to be treated and names an advocate you trust.

A **living will** is a legal document in which you state the kind of health care you want or don't want under certain circumstances. It only comes into effect when you are terminally ill and this generally means that you have less than six months to live. In a living will, you can describe the kind of treatment you want in certain situations. A living will does not let you select someone to make decisions for you.

A living will does not allocate property rights or estate. These are covered in a standard will, often referred to as the last will and testament.

A **health care proxy** (or durable health care power of attorney) is a legal document in which you name someone close to you to make decisions about your health care if you become incapacitated. You can have both, a health care proxy naming a person to make the decisions and a living will to help guide that person in making the decisions.

Durable Power of Attorney for health care is a legal document that allows you to name anyone, at least eighteen years old, to be your advocate and make health care decisions for you. You can pick a family member, friend or any other person you trust, but be sure the person you choose is willing to serve. A durable power can be used to accept or refuse any treatment. If you want your patient advocate to be able to refuse any treatment and let you die, you must say so specifically in the durable power document. A durable power goes into effect only when you are not able to make decisions for yourself.

A do not resuscitate order (DNR) is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. Generally, unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing. You can use an advance directive form or tell your doctor that you do wish to be resuscitated. In this case, a DNR order is put in your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states of the US.

Most patients who die in a hospital have had a DNR order written for them. Patients who are not likely to benefit from CPR include people who have cancer that has spread, people whose kidneys do not work well, people who need a lot of help with daily activities, or people who have severe infections such as pneumonia that require hospitalization.

In order for your advance directive to be useful, it has to be available. After all, your advance directive will not do you any good if no one can find it. Ensure that your advance directive is available when you need it, wherever you are.

CASES

It was something you would never ever want to go through again. Your father had a severe stroke. He lay in a hospital bed for six weeks unable to communicate. Then the doctors told you that he was developing a life-threatening pneumonia. They took you into a small room and asked you what you want done. You could request antibiotics or allow nature to run its course. If your father recovered from the pneumonia, he would need institutionalized care for the rest of his days. This story is enacted daily throughout the world. Family members are not able to make decisions without feeling profound remorse and the medical profession struggles between the ability to save life and the need to reduce suffering.

In Quebec, Canada, the **Nancy B. case** brought a great deal of public attention to the issue. She was a young lady, in her early twenties. She was stricken by a paralyzing disorder called Guillain-Barre Syndrome, from which many patients but not all recover. Usually this is a limited disease and clears up spontaneously. Nancy was not so fortunate. For months she was maintained on a respirator as she could not breathe for herself. Eventually she came to the conclusion that she could not go on. She asked her doctors to take her off the respirator. You can imagine the heart-ache this engendered for everyone around. As a result, a judge was called to her bedside to hear her submissions. In the end he granted her, her wish, and the respirator was turned off. She died quietly under mild sedation

THE NEED

Individuals, are encouraged to discuss their living wills with their families, clergy, doctors, and lawyers. In addition, each subscriber may designate a "proxy" who can make decisions to

ensure that the person's wishes are observed. The living will should not direct doctors to engage in anything illegal (euthanasia or assisted suicide, which are illegal in most countries).

A living will spares family members the anguish of having to make difficult decisions, and it helps them to discuss situations in advance and come to terms with the loved one's wishes. Doctors themselves are concerned about these ethical issues and living wills provide needed direction. Living wills can also assist the medical profession struggling between the ability to save life, and the need to reduce suffering.

No one really likes dealing with their own mortality, but a living will allows control over medical treatment in near-death situations, and it removes the stress and guilt associated with these decisions from family members and friends. A living will is a document you draft that stipulates what kind of treatment you want or do not want in the event of an unrecoverable illness or injury that leaves you unable to speak for yourself. It gives you the power to refuse extraordinary measures that would keep your body alive when there is no hope of recovery and when you would choose, if able, to die a natural death.

People have differing attitudes and beliefs about what constitutes life and quality of life. For some, their religious beliefs dictate that any form of life is sacred and should be preserved as long as is humanly possible. Others believe life ends when the brain ceases to function and that life-support in this state is a form of dehumanization and a burden on loved ones, emotionally and economically.

A living will allows you to make your desires known on this issue. Without a living will or advance directive, it is incumbent on the hospital or healthcare facility to continue to provide life support, unless a spouse comes forward to relay your unwritten wishes and ask that life-support be suspended. If there is no spouse, the closest living relative can speak for you. However, requests to stop life-support without a living will or advance directive in place can be met with resistance by other family members, friends and even unaffiliated parties with political agendas, including members of government. This was no better illustrated than in the Terri Schiavo case brought to the public's attention in 2005.

Terri Schiavo was a young woman in 1990 when her heart stopped from an episode believed to have been brought on by an eating disorder. Schiavo was resuscitated but suffered permanent brain damage that left her in a persistent vegetative state. She did not have a living will but was survived by a husband who, after several years, requested the cessation of life support efforts. Schiavo's parents contested and a legal battle ensued for seven years. This unfortunate human drama culminated in 2005, exacerbated by political theocratic pandering. The emotional pain surrounding Terri Schiavo's 15-year tragedy could have been avoided by a living will.

A living will only comes into play when multiple conditions have been met. The will must be legal and in the possession of your doctor. Your doctor must further find that your condition precludes you from making a competent decision about the care you wish to receive. Lastly, a second doctor must concur and both physicians must also find you to be terminally ill or permanently unconscious.

Though the task of making a living will may not be a joyous one, it is not only in your best interest but in the best interest of loved ones. An advance directive also allows you to stipulate what kind of medical care you wish to receive, or do not wish to receive, and can be as detailed and specific as you like. A durable power of attorney (DPA) will allow you to legally appoint a trusted partner, a family member or friend to make medical decisions for you, should you become unable to do so by yourself. A DPA is especially wise for unmarried couples, single people or those whose partners are deceased. Laws regarding these documents vary between states and it is necessary to check with your local physician or healthcare facility to see what documents you can submit for your own protection and peace of mind.

In short, a living will is a document that states how you wish to be treated if you become incapacitated by illness, injury or old age. The document states how we wish to be treated, if we become incapacitated by illness, injury, or old age. It could also include a values statement and an organ donation statement. What the living will is designed to do is provide explicit direction in near-death situations, specifying whether the patient wants all possible medical intervention or certain limits be imposed on treatment.

In Sri Lanka, legislation has still to be enacted recognizing that we want more control over decisions involving our own care. This is done by making out a living will before incapacity occurs. However, even if a living will or advance directive has no legal binding, it gives definite guidance of the patient's desire, at a time that he has been able to contemplate and decide, to both the attending physician and the family. The attending physician otherwise decides on the merits of treatment and type of treatment with the help of the relations which may be in conflict with the patient's desire for his 'last illness'.

DISCOVER SRI LANKA

A visit to Ridivihare and Rambodagala – the old and the new

This one day trip from Colombo will take you to 'Ridivihare' a Buddhist temple dating from the 2nd Century BC. Once you have finished seeing the sights there you will proceed to Rambodagalla Vihare a few Kilometers further on. A massive statue of Lord Buddha is being carved out of solid rock by traditional artisans from South India. It will give you an idea of how these massive structures were carved out of granite.

The road from Colombo past Alawwa, Kurunegala takes you to Ibbagamuwa on the road to Dambulla. Ibbagamuwa is 106 Kms from Colombo and should take about two hours drive. You turn to the right after leaving Ibbagamuwa on the road to Ridivihare which is about 11 Kms from Ibbagamuwa.

Ridivihare has its origins attributed to spiritually advanced Buddhist monks (Arahants) who were contemporaries of the Rev Mahindha Thero of the 2nd to the 3rd century BC. These Arahants had resided in about 25 caves scattered around this site one of them being at Rambodagala.

The story is told how a merchant travelling through this area to the hill country, had acquired a Jak fruit of exquisite taste. He had offered it to an Arahant residing in the area. The latter had shown a path to the hill country which the merchant took. While passing a cave on the way, the merchant had gone inside the cave and found a mound of silver ore. The astonished merchant had taken a piece of the silver ore, and given it to King Dutugemunu (161 – 137 BC). The latter had sent one of his courtiers who had mined the ore and brought it to Anuradhapura the capital of that time. The silver was used to make the pinnacle ('Kotha') of the Ruwanweli Maha Sthupa. The grateful King had built a temple inside the cave which is called 'Rajathe Lena' meaning silver cave. The Vihare built near the cave was called 'Ridi Vihare' (Silver temple) and the village nearby 'Ridigama' (Silver village).



The temple



Old stone stairway



A stone water reservoir



A Moonston



A stairway



An Arahant

Rambadagalla – Monaragala Vihara, near Ridigama, Kurunegala.

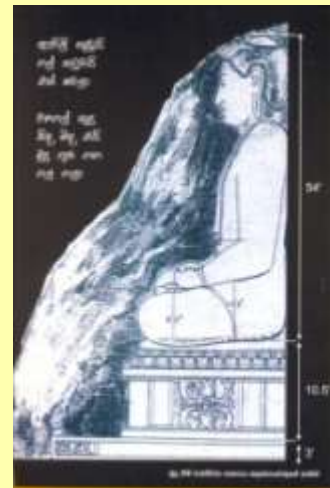
You have to go back to Ridigama and travel a few more Kms to come to the Rambodagalla – Monaragala Vihare. It is a drive of about half an hour. Inquire from any passerby and they will direct you there. You might have to climb a rock but it is a steady incline of about a hundred meters.

The news of the destruction of the 'Bamiyan Buddha image' in Afghanistan by the Taliban was the incentive to create this statue. Chief Shilpi Muththaiah Sthapathy, who had experience in this field, was approached through Mr. Easwaran of Easwaran Co., Colombo. After inspecting the rock Mr. Muththaiah suggested a statue of 67.5 feet. He had never done a massive statue in granite of Lord Budhdha but he came from a generation of Shilpis who had done massive statues in stone of Hindu deities. He did not want a fee. He wanted only food, lodging and pay for the artisans from Thamil Nadu from South India working on the statue.

I visited this site while work was in progress. It will be instructive for you to see the workmen doing the construction of this massive statue. You may be able to tell your grand-children, that you witnessed its construction.



The overall plan



Measurements of the statue



The Chief Priest with Chief Shilpi Muththaiah Sthapathy



The climb on the rock to reach the statue and looking down



The statue of Lord Buddha under construction



Artisans at work

The statue of King Raavana

There is a statue dedicated to King Raavana of ancient Sri Lanka, about 100 meters away from the site of the Buddha statue. This is supposed to be the only statue dedicated to King Raavana in present Sri Lanka. There are some peculiar markings below the statue which are well worth studying.



A statue of Raavana with some inscriptions



Looking down into the valley

All contents were produced and provided by Dr. Philip G. Veerasingam

APPRECIATIONS



**Surgeon Rear Admiral Dr. N. G. Atulugama, VSV, USP (Rtd)
Former Director General Health Services**

Message of Condolence from the Commander of the Navy

It is with a deep sense of sadness that the Commander of the Navy, officers and sailors of the Sri Lanka Navy express their profound sorrow on the passing away of the former Director General Health Services, Surgeon Rear Admiral Nandana Gamini Atulugama, VSV, USP, NRM 0085 on 23rd June 2012 at the age of 61.

Surgeon Rear Admiral Nandana Gamini Atulugama was born on 25th September 1950 in Dehiwala. He had his early education at Vidyakara Vidyalaya, Maharagama from 1957 to 1965. Thereafter, he joined Royal College, Colombo in 1965 and proved to be one of the best all-round students excelling in both studies and sports.

On completion of his school career, he was selected to pursue medicine at the Faculty of Medicine, University of Colombo from 1972 to 1976. After successfully obtaining the MBBS he served in the Ministry of Health for a short period. Thereafter he joined the Volunteer Force of the Sri Lanka Navy on 25th September 1978 and subsequently was commissioned in the rank of Surgeon Lieutenant in the Regular Naval Force on 01st October 1979.

He was promoted to the rank of Surgeon Lieutenant Commander and Surgeon Commander on 01st October 1984 and 01st July 1988 respectively. On becoming Surgeon Commander he served as Command Medical Officer (East). He was promoted to the rank of Surgeon Captain on 01st January 1993 and held the key appointment of Deputy Director Naval Medical at Naval Headquarters. Thereafter, he was promoted to the rank of Surgeon Commodore on 01st April 1995.

During the period from 01st April 1995 to 07th June 2002 and from 08th June 2002 to 11th May 2004, he held the prestigious appointments of Director Naval Health Services and Director Naval Medical Services respectively at Naval Headquarters. He was promoted to rank of Surgeon Rear Admiral on 01st January 2002 and subsequently appointed as the first Director General Health Services on 17th May 2004, the highest seat for an officer of the Medical Branch. In all he served as the head of the Health Directorate of the Sri Lanka Navy for 10 & half years until his retirement on 25th September 2005 at the age of 55 years.

During his service he successfully completed his Post Graduate Training as a Consultant Radiologist at the University of Colombo with foreign training in the field of radiology in the United Kingdom and Germany. He also had the opportunity of participating at the Western Pacific Operational Medicine Symposium in Japan and Asia Pacific Military Medicine programme in Australia and New Zealand.

In recognition of his loyal and dedicated service he was awarded the following medals:

Vishista Seva Vibhushanaya
Uttama Seva Padakkama
Sri Lanka Navy 50th Anniversary Medal & Clasp
Sri Lanka Armed Services long Service Medal & Clasp
50th Independence Anniversary Commemoration Medal
Prna Bhumi Padakkama
Riviresa Campaign Service Medal

Surgeon Rear Admiral Nandana Gamini Attlugama contributed immensely to the improvement of health care in the Sri Lanka Navy and earned a reputation as a leading Consultant Radiologist in the country. Having portrayed good mannerism and charismatic qualities of a gentleman that are essential attributes of a Naval officer, he was able to win the hearts and admiration of his superiors, colleagues and subordinates.

His demise is an irreparable loss to his ever loving wife Chamaine, Son Niroshan, Daughter Sheron, relatives and friends in particular, and to the present day Navy and the country in general. At this moment of grief we in the Sri Lanka Navy express our deepest sorrow to all family members of the late Surgeon Rear Admiral Nandana Gamini Atulugama.

May he attain Nibbana!

DW / A. S. DISSANAYAKE, WV. RSP & Bar, VSV, USP,
Vice Admiral
COMMANDER OF THE NAVY

25th June 2012.

EDITORIAL REQUEST

This is a warm and cordial invitation to all alumni to send in their literary contributions to the Newsletter.

There are sections such as “Communications from Members”, “News & Events”, “News from Overseas”, “Anecdotes from the past” and “Snippets from Leisure Activities” which could accommodate a plethora of contributions from the alumni.

The next Newsletter would be published in August 2012.

This is your Newsletter. Please feel free to add your literary talents to adorn it further. Kindly send them to <comsaa@rocketmail.com> or <bjcp@ymail.com>

The Editorial Team

THE END
