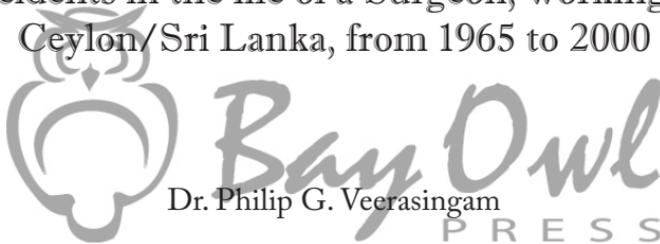


The cry of the 'devil-bird'

Incidents in the life of a Surgeon, working in
Ceylon/Sri Lanka, from 1965 to 2000



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COLOMBO

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owl
ESS

The choice of title - 'The cry of the devil bird'.

The 'devil bird', called 'Ulama" or 'Maha Bakamuna' in Sinhalese, has been identified as the Spot-bellied Eagle-owl (*Bubo nipalensis*). This identification in July 2001, *'when a species of owl was identified which matched the description perfectly. Villagers had found an immature specimen abandoned in the forest, being attacked by crows, and rescued it. Biologists heard of it when a picture of the animal, was printed in a local newspaper. It was designated Bubo nipalensis, a close relative of the forest eagle owl, which also lives in Sri Lanka. B. nipalensis has no common name yet, but it matches the description of the 'Maha Bakamuna' perfectly (it is also the largest owl in Sri Lanka)'.* – Andrew Coletti, *APC1207@aol.com*

The 'devil bird', largely inhabits parts of the Uva Province in Sri Lanka. It has an unmistakable cry, uttered in the dead of the night. It could be a call made by the bird to define its own territory, driving away males of its own species. It could also be a love call to its mate, or has it a relationship to the sound of a human wailing? To the person who listens to it for the first time on a chilly night, it sends shivers down his or her spine. The experience gives a memory of a lifetime.

This book has a story of one such encounter with the cry of the 'devil bird'. It also relates stories regarding personal relationships, where sorrow, love, and laughter abound. The perception depends on how the reader interprets these events. When reading this book, we hope that your heart beats faster, as at when hearing the cry of a 'devil bird'.

Introduction

“The past is a foreign country: they do things differently there.”

L.P. Hartley – The Go-Between’

‘Life is nothing but a bank of happy memories’. This book is an attempt to recall events that made an impression in the period 1965 to 2005. The earlier book written by me and also edited by my good friend Dr. Tissa Kappagoda, covered the years spent acquiring a medical degree from the Faculty of Medicine, University of Ceylon Colombo, from the years 1960 to 1965. ‘Remembered Vignettes’, was published by ‘Perera and Hussein’ through ‘Bay Owl Press’. This present book is what may be called ‘Fiction dressed on fact’ – because there never can be a true autobiography. An element of emotional overlay is unavoidable, as are the vagaries of one’s memory. There is also the tendency to gloss over the more unpleasant aspects of a story in the retelling of it. I have tried to be faithful to facts, as much as possible.

South India and Ceylon were the centres of a thriving international trade, at the start of the Christian era. Arabs, Phoenicians, Greeks, Romans, and Persians came from the west.

People of Kalinga, Bengal, Burma, Malaya, Cambodia, China, and Indonesia came from the east. Various philosophies and religions, flourished side by side in this region. Debate rather than the mace, was the preferred method of settling philosophical points. As practiced in South India of those days, debating was an art form by itself and had to be learnt incorporating the rules of logic, as one of its central elements.

Thiruvalluvar the Tamil poet, whose time of existence was between the second century BC and the eighth century AD, composed the famous ‘Thirukkural’, which has been translated into more than 80 languages. Both Thiruvalluvar’s faith and heredity are subjects of discussion. ‘Victory’ or for that matter success in life it is said, ‘has many fathers’. Thiruvalluvar was a weaver by trade. The poet Thiruvalluvar’s disputed origins include, a low-caste Hindu, Jain, Buddhist, crypto-Christian, high-caste Hindu, Brahmin and half-Brahmin.

The 1330 couplets in Thirukkural, written in Tamil, contain two lines. Each couplet contains four words in the first line and three words in the second line. The couplets cover the areas of ‘Aram’ - showing the *practice of righteousness in life*, ‘Porul’ - *illuminating the path of the righteous way of acquisition of wealth*, and ‘Inbam’ - *guiding one on the righteous path of enjoyment of worldly life*. ‘Valluvar’ did not cover the last part called ‘Veedu’ or *the path to the attainment of spiritual perfection*. One presumes that if one performed the first three correctly, then spiritual advancement would automatically follow.

One of Thiruvalluvar’s 1330 couplets reads in Tamil:-

*“Noynaadi noymudal naadi athuthanikkum
Vaaynaadi vaayppachch cheyal”*

**நோய்நாடி நோய்முதல் நாடி அதுதணிக்கும்
வாய்நாடி வாய்ப்பச் செயல்.**

Translated it means

“Identifying the disease, its cause and the ways of controlling it, is the way to achieving a successful outcome.”

Thamil literature, nearly 2,000 years ago described very lucidly a scientific approach to clinical problems! The inhabitants of South Asia are indeed the inheritors, of a very ancient medical tradition.

The famous computer guru Jim Horning once remarked that *‘Good judgment comes from experience, experience comes from bad judgment.’*¹ In the practice of medicine one makes mistakes but hopefully one also learn from them and with advancing years, minimizes their frequency. Three stages form in sequence, the life of a doctor. Completion of formal training marks the end of the first phase of learning - *Book Knowledge*. The next 10 years brings *Experience*, which tempers the ‘knowledge’ acquired from books. If one practices the craft *‘with dedication, humility and love’*, perhaps in a further decade, one may acquire what is called *Wisdom*. One will appreciate in equal measure, the value of both *“actively interfering medically”* in the progression of a disease, and of *“masterly inactivity.”* Based on this a physician will *“prescribe regimens for the good of one’s patients, according to one’s ability and judgment and never do harm to anyone”* (adapted from the Hippocratic Oath).

A famous English educationist, working as a Principal in one of the prestigious private schools in India said, *‘In India they love learning but don’t like thinking.’* The situation is the same in contemporary Sri Lanka. Students are “force-fed” data, and they regurgitate them at the next examination. Information on practically any topic through an internet connection, is available

1 Although this quotation is attributed often to the computer guru Jim Horning, he himself has attributed it to Mullah Nasrudin, the Sufi sage (born C 1208)

at the click of a button, on a computer 'mouse'. The gathering of information with an ability to think logically using basic concepts is important. This is particularly important when it comes to clinical teaching. Blending of data and logic, with experience and wisdom makes learning. Over the last four decades in Ceylon/Sri Lanka, experienced clinicians, often working under difficult conditions, have managed to motivate young people aspiring to be doctors and specialists. Tales of such encounters and of challenges, drawn from a career extending over nearly 40 years, form the basis of this narrative.

With a health care system, which provides free health services, from the cradle to the grave Sri Lanka is lucky. It has a good preventive health care system. Control of communicable diseases, has made remarkable progress over the last four decades, in Ceylon/Sri Lanka. In the field of curative medicine, in which I spent the major part of my working life, a patient could walk into a government hospital in any part of the Island and get free treatment for his or her illness. I have done the most demanding and complicated surgery, in the Government Hospitals of Sri Lanka, in my specialty of General Surgery, with never a thought for the costs involved in the procedure.

We as workers in the medical field are indeed fortunate in that sense. We can give of our best to our patients, within the framework of the facilities available in our hospitals. In contrast to the situation in more developed countries such as the United Kingdom, one may have to wait up to three weeks for an appointment to see a General Practitioner who may in turn, arrange a referral to a specialist, which could entail a further waiting period of several weeks. One could languish on a surgical waiting list for elective procedures, from a period of three months to two years. In the surgical unit where I last served in the 1990s, the waiting period for surgery for an inguinal hernia was six weeks to three months. This was the

situation, when I was serving as a Consultant Surgeon at the National Hospital of (NHSL) (formerly known as the General Hospital, Colombo) the premier government health facility in the country. Patients needing urgent surgery had admissions to Casualty Departments. Malignancies had a high priority. Properly trained medical, nursing, paramedical, and ancillary staff was always on hand, to look after the needs of the sick. Occasionally these emergencies meant that some patients on waiting lists were postponed.

However, the other side of this coin had its own problems. The cost of totally private, patient funded medical care is exorbitant, in a 'high-tech' environment. Many have paid a huge price in Sri Lanka in recent years, losing their lifetime savings, to this latter system of private medical care. Five-star accommodation in private hospitals does not necessarily ensure five-star care, by experienced professionals.

We had to deal with many fascinating clinical problems along the way. These stories give you an insight into the difficulties faced during the tumultuous years between 1965 and 2000, much of it with the country in the grip of a debilitating civil war. Despite all the uncertainties posed by the conflict, our work was interspersed with triumphs. The level of adrenalin in one's body was consistently high, due to the demands made on it. The sweet sense of having done something worthwhile always followed in large measure.

Dedication

*This book is dedicated to all the medical and paramedical staff,
of the Department of Health of Ceylon/Sri Lanka.
They indeed gave of their best, IN SILENCE,
in circumstances, where existence,
“is only remembered, when something for which they are responsible,
goes wrong”*.*



Bay Owl
P R E S S

“Dr. Veerasingam, I presume”¹

We received the results of our final MBBS examination, in April 1965. A fortnight later, the letter of appointment as an intern medical officer, from the Director of Health Services of Ceylon, was handed over to me. I was requested to report to the office of the Director, Colombo Group of Hospitals. Thereafter, we submitted our preferences for the units in which we would like to do our internships. I was selected to the Surgical Unit of Dr. D.F. De S. Gunawardena FRCS, at the General Hospital, Colombo as intern. I went along to meet Dr. Gunawardena, who instructed me to report to his male surgical ward at 8 a.m. the next day. On visiting a friend at my former residence the ‘Bloemfonteyn’ Medical Hostel we decided to go for a cup of tea at the Bake House, located opposite the Eye Hospital.

We were walking along the corridor separating the surgical wards in the General Hospital, when a well-dressed elegant female accosted me. She was in her thirties. She stopped me

1 “... so I did what cowardice and false pride suggested was the best thing, - walked deliberately to him, took off my hat, and said, ‘Dr. Livingstone, I presume?’”

From Henry Morton Stanley's account of meeting Dr. David Livingstone in the village of Ujiji on the shores of Lake Tanganyika



*Old Wing of the General Hospital
Colombo (1965)*



*New Wing of the General Hospital
Colombo (1965)*

and asked,

“Excuse me, are you Doctor Veerasingam?”

I was taken aback, somewhat confused. My friend dug me in the ribs with his elbow and said,

“But you ARE, Doctor Veerasingam!”

At that moment my new identity dawned on me. I did not realize then, that from that instant, the carefree days of a medical student’s life had gone forever. The young lady happened to be a senior doctor herself. She wanted me to attend on her father, who was one of Dr. Gunawardena’s patients. He was in the terminal stages of a cancer of the pancreas in the Merchants’ Ward at the Colombo General Hospital. An intravenous drip had malfunctioned and she wanted my help to rectify the problem. The leisurely cup of tea was put on hold. I excused myself from my friend and accompanied the charming doctor to the Merchants’ ward.

During my internship at Colombo General Hospital, I lived with three of my batch-mates Dr. Thavarasa, Dr. Ooyirilankumaran and Dr. W.M.T. Weerasinghe. We lived at ‘Violet Cottage’ along Regent Street, across the road from the main entrance to the General Hospital. It was a residence built in the British Colonial style. It had a porch, an open veranda, five bedrooms, a dining area, common toilets and a kitchen with servants’ quarters. There was a ‘Cannon Ball’ tree, in the front

courtyard, so named because it bore fruits resembling cannon balls.

There were several 'easy chairs' on the veranda. The medical officers often relaxed in these reclining chairs, clad in 'sarongs' during 'off duty' hours, resting their legs on the extensions to the arm-rests of the chairs. The nurses passing along Regent Street, used to call Violet Cottage 'Hydrocoele Walauwa'. They told me that they had coined the name, because the doctors in residence aired their 'Hydrocoele' while reclining on these chairs. To the best of our knowledge, there was no clinical basis for these claims.

Although the work was hard, the management met our simple needs. Our dirty clothes were collected by the 'dhobi' who arrived on Sundays in a van. He took away the soiled linen and returned the cleaned ironed ones that he had collected on the previous Sunday. One morning I dressed in one of my starched, ironed, dark grey trousers, delivered by our 'dhobi' and went to do my morning ward rounds. I started at the 'Matapan Ward' which was the one reserved for female paying patients. An elderly staff nurse came with me on the rounds. On this particular day, I was greeted with peals of laughter from one of the young female patients. The faces of the older female patients betrayed no emotion. Then the motherly staff nurse took me aside to the duty room and showed me a large 'L' shaped tear in my trousers over the area of my left buttock. The heavy starch used by the dhobi, had held the torn trouser material in place, until I entered the ward. Then it had given way and exposed my underwear. I thanked the nurse profusely and beat a hasty retreat to the quarters, to change into another pair of trousers. I subsequently avoided Matapan ward for a week.

Minii... Maranawoo...

Urgent calls for doctors on night call were sent through a 'call-boy', who was given a book to record all his errands. Cell phones