Transition from hospital practice to medical academia

On a cold October morning in 1979 I reported for duty for my post-intern appointment. The medical officers' quarters at District Hospital, Gampola, were spacious with sunlit corridors overlooking an inner quadrangle. The view from the front balcony extended unhindered into the distant mountains. Closer at hand, the historic *Ambuluwawa* hill loomed large and imposing from the rear bedroom windows. Having never lived out of Colombo since childhood and confined mostly to concrete walls and smoke screens of chugging CTB buses, the scenery from the hospital quarters was breathtaking, and the climate exhilarating. The cool breeze and the refreshing clear aromas from the hills made all those sleepless nights wading through Cunningham's anatomy at the beginning and enduring sarcasm at the hands of the clinical teachers in later years, seem worthwhile.

It took a few weeks of the daily routine at the hospital for this lingering sense of euphoria to gradually dissipate and jolt me back to reality. The District Hospital, Gampola being a 5-man (this was at a time when it was not politically incorrect to use such terms) station with no specialists, I was in charge of both the male medical and the female surgical wards.

As a post-intern, the responsibility of managing a ward and taking clinical decisions single-handed was both challenging and daunting. But what made one feel ineffectual and professionally impotent was that the MLT who was expected to do the simplest of tests (urine, ESR, WBD/DC, Hb%) in a small ante-room that doubled for the pathology laboratory when it was not used as his restroom, was never at his post when needed. I was later to realise that his standard of diligence to duty was the norm among MLTs in District Hospitals. Trying to make a provisional diagnosis on the barest of clinical skills was bad enough, but not to have the support of a few simple pathological tests was extremely frustrating. To add to this I had to conduct two special clinics – a diabetic clinic and an epilepsy clinic. Diabetes, I knew to be a relatively common condition, but I never knew that there were so many epileptics in Gampola. The situation was pathetic. Many had been poorly maintained on the only drug available – phenobarbitone. They complained of repeated fits in spite of the drug. Too many had been chronically affected, with young patients showing depression, confusion and even mental retardation. I never knew whether it was due to poor patient compliance or ineffective drugs. The matter was reported to the SHS Kandy via the DMO, but to no avail. All I could do was to refer some patients to a physician in Kandy (there were no neurologists there then) and dole out prescriptions of phenobarbitone with monotonous regularity each week.

Gampola was considered salubriously suitable – like Bandarawela – for the 'sanatorial' management of tuberculosis. The tuberculosis ward was situated away from the

rest of the hospital in an inhospitable corner. The DMO managed the ward. I was called just once to certify the death of a long term inmate during my 11-month stay there. These hapless patients seemed to be in a world of their own; their life circumscribed by the half walls of the open ward. I sometimes wondered whether the medical officers went there only when a patient died.

The Kotmale dam project of the Accelerated Mahaweli Programme had begun in earnest. Swedes working for *Skanska*, the Swedish firm had descended *en masse* on Gampola. They were buying up the best fish and vegetables in the market and renting the best houses in town. Cost of living in Gampola went beyond the meagre salary of a post-intern. There was no option but to do a Saturday locum in the DMO's private dispensary by the railway station. Buying a second-hand car was out of the question. I think the people in Gampola found it a curious sight to see me riding a bicycle into town to buy provisions and vegetables.

The DMO was on leave one fateful day, when tragedy struck. The Police came to get me on that cold and wind-swept afternoon with summons from the Magistrate for a post-mortem at the Kotmale dam site. The first excavations on the dam itself had commenced the previous day at an auspicious time with the usual traditional ceremonies. But this morning the muddy wet walls of this 20-foot deep pit directly on the axis of the dam had collapsed burying 4 young workers. In desperation, the others had used a mechanical excavator to remove the mud and earth covering their colleagues; but only succeeded in bringing them out in pieces. The make-shift post-mortem hut contained segments of human remains – mud-covered mutilated torsos and severed limbs. Making sure that they matched was no easy task. But that was all I could do in the circumstances. What was surprising was that those milling around in their hundreds were sorrowful, but also relieved. When one of them said that the "*billa*" (sacrifice) for the dam had now been taken by the gods, that explained their mixed emotions. Whenever I have had occasion to visit the dam, now in its awesome magnificence, I always remember the four youths who paid the supreme sacrifice to satiate the gods made angry by Man's intrusion into Nature.

I had to use guile and tact well beyond my natural capabilities with the HQI of the Gampola Police who seemed to take his duties somewhat indifferently. He used to often come to me with a malingerer's wheeze requesting a medical certificate, so that he may avoid attending to his official duties in the Magistrate's Courts. I occasionally obliged. I had to throw my tact to the winds when he once brought a humble old man following police assault requesting that I certify him to be under the influence of alcohol. He did not expect my admonition. It must have cured his "bronchial asthma", for he never came to see me again.

Though in reminiscence it sounds hilarious, my journey down a hillside with the magistrate in hot pursuit, was no laughing matter. I was summoned once again for a post-mortem examination on site. Having journeyed in the Police jeep as far as the roads permitted, the magistrate and I with the rest of the entourage had to walk down a hillside along an ill-defined footpath. It was 'clove country' and the aroma was tangible. The day was bright, but also cold and crisp. The overnight rain had left the ground slippery. The path sloped dangerously and we were forced to scramble down, at times almost on all fours. I think I started it. It was a case of "a small step for me, but a giant slide for all of us"! A momentary loss of a foothold and I began the slide downhill. For reasons best known to him, the magistrate obliged by following suit. Some villagers and a few agile policemen stopped the slide and saved us from going over the precipice. We had reached our destination earlier than expected! A blind man of about 60 years – made recently rich by the soaring price of cloves – who in spite of his disability, controlled his small-scale clove plantation with an iron fist, had been murdered by his own brother over a small financial dispute. Several stab injuries in the front of the chest, with a weeping killer confessing for all to hear, made my medico-legal task almost superfluous.

I must change track at this point. Having thoroughly enjoyed intellectually stimulating experiences with an inimitable set of inspiring teachers in physiology at the medical school in Colombo, my early enthusiasm for a career in clinical medicine had greatly abated by the time I had reached the final year. What lingered was a continuing interest in the seemingly inscrutable mystique of the 'human mind' and therefore, a career in psychiatry was a distinct possibility. But the hold that physiology had on me at an impressionable period – the high point in my undergraduate days –

was stronger. When this was combined with the frustrations in the practice of clinical medicine in a provincial hospital and an inner compulsion to teach, my days in hospital medicine were numbered. I was impelled towards an academic career in the university.

A successful application for a post of lecturer in Physiology at Ruhuna was followed by a few days of domestic discussion before the final curtain fell. The government, as most Sri Lankan governments usually do, had put the 'cart before the horse' and selected students to the Ruhuna Medical Faculty before it was fully established. The first three batches were to be divided between Colombo and Peradeniya until they completed the 2nd MBBS Examination, and as the pioneer member of the Department of Physiology, I had to opt for one venue. Even though my stay in Gampola was less than a year, I had already developed an aversion to the heat, humidity, pollution and the concrete of Colombo. Naturally, I opted to be in Peradeniya.

Thus ended my short stint in clinical medicine. The transition was smoother than expected. I had to sign off all personal claims on the Ministry of Health and forego the right to a government pension. I have had no regrets. Then began another saga. Postgraduate research imperatives, looking for competent supervisors and viable projects, literature searches in libraries that had all issues of the relevant journal except the one you wanted, search requests to WHO-SEARO-Delhi in the pre-CD ROM Medline era when a response took 3 months and your research hypothesis had begun to liquefy even before it could really gel, chasing after postgraduate scholarships that didn't exist, and a multitude of other dire urgencies and obstacles that seem insurmountable to a raw recruit into the 'groves of academe'. But then, that is another story.

Susirith Mendis, Dean and Professor of Physiology, Faculty of Medicine, University of Ruhuna, Galle.