What made you choose an academic life when you had excelled in the clinical subjects, having obtained a distinction in Medicine?

During my work as a House Officer I was disillusioned with the unscientific method of many Consultants in applying knowledge to solve clinical problems. This prompted me to decide on an academic career.

You are known to excel in copper tooling and flower pressing.

I learned to do copper tooling in Malaysia and made it a hobby. My work included several parasites in addition to more classical work. Flower pressing is still my favourite hobby and I do flower pressed greeting cards in my spare time.

Research is a heavy demand on time; how did your family view your long years of commitment to research?

My family, specially my wife Ellerine, gave me all the help and support during my research.

Could you identify the major contributions made by the WHO Special Programme for filariasis?

The major advances are:

a. Identification of the value of ivermectin in the control of onchocerciasis, and more recently, for lymphatic filariasis.

b. Use of albendazole and diethylcarbamazine alone or in combination for mass control programmes.

c. Recognising the value of cleansing elephantiasis skins.

d. Use of impregnated bednets for control of lymphatic filariasis.

How do you view the subject of medical parasitology as taught at present in the undergraduate medical curriculum in Sri Lanka?

I think medical parasitology is taught quite well, although different Faculties have their own methods of doing so.

What are your views on medical parasitology as a postgraduate programme separate from that of medical microbiology at the PGIM?

I feel quite strongly that medical parasitology should be a different entity.

Is there a need for other postgraduate courses in parasitology and related fields, e.g. medical entomology?

I feel they are adequate at present.

Could you give the major contributions of your research to the knowledge of parasitology in Sri Lanka?

I have been mostly interested and involved in parasitic zoonoses, and several of these infections have now been demonstrated and proved as predicted by me.

In your view, what are the challenges in medical parasitology in Sri Lanka, current and in the foreseeable future?

That’s a difficult question. Many medical graduates prefer a career in clinical medicine and only a small number are devoted to laboratory research. Hence here is a need to attract better quality graduates, not only to work on the biochemistry and molecular biology of parasites but also to study basic parasite biology.

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‘Fifty per cent terrific! fifty per cent non-existent’: Aldous Huxley and medicine

Huxley (b.1894) as a schoolboy was educated at Eton. In 1910, at the age of 16 years, he was studying biology with a view to going on to medical studies and for a career thereafter, possibly in medical research rather than in medical practice with its doctor-patient relationship problems [1].

The eye infection that had a crucial effect upon his career was keratitis punctata with corneal scarring, hyperopia and astigmatism. It left him nearly blind for 18 months. Thereafter the right eye could only distinguish between darkness and light while the left eye could see with a visual acuity of “detecting the two-hundred-foot letter on the Snellen Chart at ten feet” [2]. His doctors advised him to read with a high power hand lens and later with thick spectacles. He could read “tolerably well” provided that he dilated the pupil of his better eye with atropine to enable him to see round an opacity at the centre of the cornea. Eye strain was endless and as the years passed his visual defect was getting worse.

In 1939 he happened to hear of a method of visual re-education devised by Dr. WH Bates and of a practitioner of the Bates’ method, Mrs Margaret D Corbett, who was said to teach it with marked success. Huxley found that the method worked well for him—“Within a couple of months I was reading without spectacles and, what was better still, without strain and fatigue.” He was not cured completely but he could do without glasses. He gratefully wrote a book entitled, *The Art of Seeing* [3]. In 1947 he was going to Mrs Corbett every day. Thereafter his eyesight kept on improving noticeably. He used a hand
lens for detailed visual examination of objects which were in poor light, such as looking at a menu or a detail in a painting. His night vision was poor [4].

Huxley’s doctors

Huxley consulted doctors for medical advice and treatment for the numerous illnesses which he suffered from, including allergic dermatitis, bronchitis, pneumonia, and emphysema. He called his California dentist, Dr. Glick, the ‘Heifetz of dentists’ [4]. He was sensitive to doctor-patient relationship. When his wife Maria was being treated for a malignancy in 1953, her doctors seemed to be rather reserved and reticent. “They keep her in the dark, which American doctors have a way of doing, more, I think, than is necessary.” [5].

In May 1960 in Los Angeles he had a swelling in the back of the tongue. The condition was diagnosed as cancer. The surgeon recommended radical surgery in which a third of the tongue would be excised. He was immediately taken out of the hospital by his (second) wife Laura to consult Huxley’s friend and an eminent oncologist, Dr. Max Cutler.

Dr. Cutler advised him to take radium needle treatment, but also asked him to get a second opinion. This was obtained from the Professors of Radiology and Surgery at the University of California Medical Centre in San Francisco and the treatment was to be the same [5]. So also from London surgeon, Sir Stanford Cade. Dr. Cutler had inserted eight radium needles in the tongue for 5 days. By August his tongue was healed, and his speech remained perfect until the last days of his life. Laura Huxley said of Dr. Cutler that he was “not only one of the great cancerologists of our time but also one of the gentlest and kindest men I have ever known.” [4].

In May 1962, there was an enlargement of a lymphatic node on the right side of his neck; it was surgically removed on July 4 and found to be malignant. [4]. In April 1963, a further swelling appeared in the neck. It was subjected to 25 exposures of radioactive cobalt, “an extremely exhausting treatment”. (5:29/9/63) His voice became permanently hoarse. [5]. He died of this cancer on 22 November 1963.

Borderland of medicine and beyond

“Although he was a layman, Aldous had an incredible fund of medical knowledge...His knowledge of the human aspects of medicine put me to shame...His knowledge of the creative people in medicine was astounding.” (Cutler) [1]. Huxley was ready to consider the possibility that the effect of mind on the body was not adequately explored or utilised. One of his chief aims in life was the extension of consciousness [4].

Here is a short list of the less conventional or unconventional medical practices, in chronological order when he first encountered them:

1935: The Alexander method for correct posture. [2]. Auto-intoxication, according to which many disorders were due to intestinal intoxication: Huxley took treatment which included colonic lavage, vaccine injections and dieting [2].

1950: Dianetics [2].

1951: Hypnotism. During a painful infection of the eyes, diagnosed as iritis, Huxley went for two or three brief hypnotic sessions at the Psychology Department, University of Los Angeles, which he considered “undoubtedly helped me to sleep and to deal with the pain” [2].

1952: E-therapy (a variety of meditation-treatment) [2].

1953: Psychedelia [5–7].

1957: Semi-hibernation for cancer [2].

1961: Acupuncture from a doctor who was employed by the State health services (“a good mark in favour of official medicine in England”) [2].

(Undated): Psychic healing was mentioned by Huxley in 1946 [8].

Huxley as hypnotist

Huxley learnt the technique of hypnosis. His method was to induce hypnosis by suggestions along with passes in which the hands are moved over the subject without touching him, from head downwards over the body. Thereafter a deeper level of hypnosis could be produced in the patient by further suggestions. In 1952, when his wife Maria returned home after an operation, Huxley treated her with hypnosis, which helped her greatly in being cheerful and getting to sleep. [2]. In 1955, he used hypnosis to help the dying Maria to get over symptoms of nausea and pain [5]. In 1963, a few months before his death, Huxley talked to and made ‘magnetic passes’ to a depressed young man whom he felt obliged to help [2].

A profession may get so routinized that it tends to ignore or not accept those who deviate from the conventional methods. So much so that Practitioners of these alternative methods are ridiculed and called quacks. Huxley discussed this in his book entitled, The Art of Seeing. Professional exclusiveness arises from (a) tube-vision—being obsessively preoccupied with only one aspect of the total, complex process of seeing—the physiological and “insists that mechanical palliation of symptoms is the only kind of treatment in which defective organs of vision will respond”; (b) authoritarianism—‘who will venture to question a recognised authority?’; (c) fellowship—‘Every guild and trade has its own esprit de corps, its private patriotism, which makes it resent all rebellion from within and all competition or criticism from without.”
Island, a novel (1962)

The imaginary tropical island of Pala was situated in the Indian Ocean between Sri Lanka and Sumatra. The year was about 1960. The following medical matters are taken from the Huxley’s novel.

Preventive medicine, public health. “Public health and social reform are the indispensable preconditions of any kind of general enlightenment.” In a puppet play a god roars ‘Repent for sin has caused the plague’ but a boy puppet comments ‘But we say “Dirt – so wash”’.

Medical research. Dr. Robert MacPhail is a full-time researcher on psychedelic substances. He works in the pharmaceutical laboratory at the Agricultural Experimental Station. Work is afoot to spot psychotics in advance of a breakdown.

Clinical medicine. Hypnotism has been in use for anaesthesia and for painless childbirth for a century. Therapy for pain and for other troublesome symptoms and signs could include psychological methods. Pharmaceuticals include western marvels such as antibiotics as well as herbal medicines such as valerian to stop worry without making the patient drowsy.

The remark quoted in the title of this essay—‘Fifty per cent terrific! fifty per cent non-existent’—is from a young hospital nurse in Pala, Miss Radha Appu “Marvellous antibiotics - but absolutely no methods for increasing resistance, so that antibiotics won’t be necessary. Fantastic operations - but when it comes to teaching people the way of going through life without having to be chopped up, absolutely nothing. And it’s the same all along the line. Alpha plus when patching you up when you’ve started to fall apart; but Delta minus for keeping you healthy. Apart from sewage systems and synthetic vitamins, you don’t seem to do anything at all about prevention. And yet you’ve got a proverb: prevention is better than cure…Our doctors get paid for keeping people well.”

References

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Reminiscences of Ittapana, 1963–65

Many a time I have been reminiscing about Ittapana. Every time I do so, I feel happy. So I thought of writing about it. I was a District Medical Officer (DMO), Ittapana from April 1963 to April 1965. It was my first appointment after internship. I went on a reconnaissance before assuming duties. Ittapana was a poor village. There was a 50-bed hospital. The DMO’s quarters was in the premises. I met an Assistant Medical Practitioner (AMP). He discouraged me. He told me, “Doctor why do you want to come to this dry place?”

When the day came, one of my dear departed friends who had married a lady from Ittapana took me to my new station. I had nothing much to carry. All I took was a bed, a table, two chairs, and an old drawing room suite. I did not even have a radio.

The hospital had three buildings. One had a male ward, a female ward (which also took children), a small office room, and a drug store. The maternity ward and dispensary were in separate buildings.

There were two AMPs, three midwives, attendants, and labourers. There were no nurses.

The AMPs did not have quarters. One lived near the hospital. The other lived further away. From 5.00 p.m. till 8.00 a.m., when a patient came for admission, or when a patient in the hospital needed attention, a labourer had to call the AMP. There was a delay in attending to patients even when I was in my quarters. I changed the procedure. I told them that when I am in the quarters I can be called directly. Initially the AMPs did not like it. They thought that I was trying to make money. Except for every other weekend I was in the quarters. I handed over my quarters to an AMP whenever I left station.

I had no vehicle. Although the Department of Health wanted me to buy a car I could not afford one. I had