A tribute to Christopher Gunapala Uragoda

In every profession there are individuals, who in their lifetime, are justifiably accorded a historical position and recognition because of their achievements and the impact they make on their peers. Dr. Christopher Gunapala Uragoda is one such person. He is an accomplished, distinguished and humble man. He is a clear thinker with a warm heart, a cool head and a quiet disposition. By all standards Dr. Uragoda is a remarkable professional, and he can truly be described as a colossus in the medical profession. Dr. Uragoda (or Chris as he is endearingly referred to by his colleagues and friends), a qualified MBBS (Ceylon), is now an MD (Ceylon), Hon. DSc (Colombo), FRCP (Edin), FRCP (Glasg), Fellow of the American College of Chest Physicians, Fellow of the Faculty of Occupational Medicine of the Royal College of Physicians, London, Fellow of the Ceylon College of Physicians; Fellow of the National Academy of Sciences of Sri Lanka, and Honorary Fellow of the College of General Practitioners of Sri Lanka.

He was born in Hikkaduwa in 1928 and had his early education in three schools: Richmond, Mahinda and Ananda. Thereafter he joined the Faculty of Medicine of the University of Ceylon, from where he obtained the MBBS degree in 1953. Except for a brief period of 3 months when he was District Medical Officer, Pallebedde, throughout his professional career Chris has practiced respiratory medicine. He was Physician-in-Charge, Central Chest Clinic, Colombo and Physician at Chest Hospital, Welisera. He served as a Consultant Chest Physician in England for 6 months, but preferred to discontinue and come back to Sri Lanka.

Dr. Uragoda has received prestigious awards for research, namely the Guinness Award in 1980, Peter Pillai Award in 1981, President’s Award of the National Research Education and Science Authority (offered once in three years) in 1996, and the Sarvodaya Award in 1999. He was elected through distinction, a Member of the Faculty of Occupational Medicine of the RCP London, and was a member of the WHO Expert Panel on Tuberculosis for 20 years. He has delivered several orations and prestigious lectures, including the Convocation Address of the University of Colombo.
Dr. Uragoda has held important offices in national associations and professional bodies wherein he has made significant contributions. He has at various times been the President of the Sri Lanka Medical Association, Ceylon College of Physicians, Kandy Society of Medicine, Sri Lanka Medical Council and Chairman of the Ceylon National Association for the Prevention of Tuberculosis.

He held the office of the President of the Royal Asiatic Society for more than 5 years, being the first medical doctor to hold this office in over 125 years. The Society awarded him the Hilda Obeysekera Medal, which has been won by a handful of men such as Paul E Pieris, RL Brohier and Bishop Edmund Pieris. He was the Joint Editor of the Ceylon Medical Journal for 20 years, as well as the Journal of the Ceylon College of Physicians and Journal of the National Academy of Sciences.

Dr. Uragoda is a prodigious author who writes in an inimitable, delightfully readable style. His prose has a classical elegance that few can match. He is a unique individual who not only wrote on history, but also created history during his productive life.

His research interests include both medical and non-medical subjects. The main area of medical research has been occupational lung disease. Traditional industries, which have been neglected by workers throughout the world at the time he investigated them, formed the cornerstone of his research. He was the first ever to study diseases caused by dust emanated by chilli, tea, kapok, cinnamon, coir, ilmenite, and activated carbon. He described for the first time the relationship between pulmonary tuberculosis and exposure to graphite dust. Chris became interested in research in occupational lung disease when he “developed a curiosity as to why is it as it is” something which Robert Westbury terms, the “WIGO Flash” “What is Going On?”

To quote Dr. Uragoda, “When I was working in Kandy, I used to go to a chilli-grinding mill to purchase my household requirement of chilli powder. As soon as I stepped into the premises, I was assailed by bouts of coughing and sneezing, while the workers inside were unaffected. This induced me to investigate the reason why.” (Chris’s study on chilli grinders, published in the British Journal of Industrial Medicine in 1967 showed that the symptoms were maximal at the beginning of employment and that tolerance developed after 3 days to 6 months. The interesting feature was that this sequence was contrary to the usual pattern in occupational lung disease where the condition develops after years of exposure and gets worse on further exposure.

Though Sri Lanka has been world renowned for 1½ century as the land of tea, Uragoda became the first to publish a paper (in Thorax) on occupational lung disease caused by tea dust. It reveals fertile and inquiring mind endowed with “WIGO Flash” that he has. Uragoda published several papers on tuberculosis, but the one he wrote jointly with Professor SR Kotugoda is the most important one. They found that tuberculosis patients on isoniazid get a histamine reaction on eating the fish, skipjack (Balaya). Their research revealed that skipjack was rich in histamine and that isoniazid prevents its destruction, thus increasing skipjack poisoning. Dr. Uragoda has contributed chapters to several books, which include the prestigious Oxford Textbook of Medicine, Handbook of Drug Reactions, Occupational Heath in Developing Countries and Philanthropy and Cultural Context, all of which have been published abroad.

Extensive reading of old books and articles on Sri Lanka enabled him to embark on a book, A History of Medicine in Sri Lanka, which got published in 1987 as the centenary publication of the Sri Lanka Medical Association. It is a widely quoted reference book that has earned Chris a justifiable place in the history of medical publications. A bibliography of medical publications relating to Sri Lanka was published in three volumes, covering the periods 1811–1976, 1977–1980 and 1981–1988. The first two of these were co-authored with Kamalika Peiris. The entries listed include abstracts as well. This bibliography, a truly monumental work, has proved to be of immense value to medical researchers and is widely cited.

In addition to books on medicine, he wrote widely on non-medical subjects. His interest in the jungles of Sri Lanka, where he used to camp from 1953 onwards, provided him with the subject for two books. In 1994 he authored Wildlife Conservation in Sri Lanka, the centenary publication of the Wildlife and Nature Protection Society of Sri Lanka. The other book, Jungle Journeys in Sri Lanka. Experiences and Encounters, was edited by him and contained contributions from 15 well-known jungle lovers including himself. Published in 2004, it opened the door to the younger generations to learn about jungle life 50 years ago.

In 1995, Dr. Uragoda co-edited with GPSH de Silva the monumental Sesquicentennial Commemorative Volume of the Royal Asiatic Society of Sri Lanka 1845–1995. This 590-page book contains articles from 21 contributors who are all specialists. In 2000 Chris published Traditions of Sri Lanka, A Selection With a Scientific Background. This was the first book on the subject in Sri Lanka. Its objective was to provide a scientific rationale for some of our traditions, and thereby highlight the innate wisdom of our forebears. The book had its origin in Chris’s discovery that skipjack, which is traditionally believed to be “heaty”, is the richest histamine-containing food in the world. If high histamine content is interpreted as being equal to “heatiness”, then there is some truth in this tradition.

Over the years Chris has helped to improve the quality of medical writing in Sri Lanka. In his modest and gentle style he often guides novice writers willingly and ably. Several authors and speakers have conveyed their thanks to Chris for guiding them in making fine and lucid presentations.

He is gifted with the potential for making changes, rephrasing sentences and paragraphs, correcting mistakes and at the same time in no way making the writer feel degraded. The manner in which he converts a mundane,
badly written article into an elegant document is a treat to witness. To strike a personal note, over the past three decades I have never ever published an article without Chris having run his editorial pen on it and made the required corrections.

Dr. Christopher Gunapala Uragoda is an altruistic gentleman. He has achieved much and yet continues to be humble and soft spoken. He is an adornment to the medical profession.

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Disaster management: lessons from immediate responses to the tsunami

Abstract

There are many lessons learnt from the immediate reactions of people in the aftermath of the vast destruction from the giant waves that hit Sri Lanka. Reactions of victims fell between extremes of resilience and helplessness. Responses of those not directly harmed illustrated the two extremes—selflessness and depravity. These responses offer insight into how we live and how we react to situations, and also to an extent how we should be reacting. Among these is that helpers should respect and involve, from the inception, the resources within the group or community affected by the disaster. Control of the relief effort to the maximum feasible extent, should be in the hands of those at whom it is directed.

Introduction

Most people are naturally moved to do something when they see a terrible disaster befall others. But what they are driven to do is influenced by many things. If we had a clearer understanding of the different influences that govern our individual and collective responses, we would be able to make them more effective.

Methodology

I set out to collect, 2 weeks after the giant waves generated by a tsunami hit over half the coastal belt of Sri Lanka, a few of the first-hand and second-hand accounts from people I met during my own efforts to respond to the disaster. The need for urgent action had subsided by then and there was time to reflect on what we had recently heard, seen and been through. The stories led to new thoughts, understanding and confusion. These too I noted against each story. A few of these vignettes, presented here, are in the form in which they were recorded within the first 2 weeks of the disaster.

RESULTS

Each selected report is followed by my own response, in italics.

1. Reactions of the ‘unaffected’

A baker, who lived far away from the nearest affected coast heard about the event. No sooner he realised the gravity of what had happened, he set about baking as much bread as he could. He then collected a few others and set off towards the coast in a truck laden with food for unknown people, whom he felt would have had nothing to eat for quite some time. Many families had food that day because of him. Such acts of courage, in trying to help others at risk, were many. People had willingly risked their lives and some even died trying to help others. The response of many doctors, who rushed spontaneously to attend to those in need of emergency aid was exemplary.

A contrasting account is that of a group of young men, from just beyond the rim of destruction, who banded together to plunder jewellery, money, wristwatches and the like from the injured, the stricken and the dead. They threatened helpless survivors who did not co-operate. Unconfirmed stories circulated of bodies being mutilated to facilitate faster gathering of booty, and of women being first rescued and then raped.

What makes one man plunder from a wrecked individual that another tries hard to soothe, deserves study. We often look for various biological influences and other individual propensities that predispose to different reactions. My own guess is that the man in the gang that pillaged would have behaved very differently if he were instead in the truck carrying provisions for succour. The prevailing attitude in the small groups or circles to which people belong is probably a more powerful determinant of conduct than individual propensity. It offers, also, greater potential for change.

We need to look at the forces that make subsets of society feel that they do not belong in, or to, the collective enterprise. It is from among the cliques or gangs at the fringes that those who looted mostly came. The easy explanation for such behaviour is poverty and lack of education. But nearly all persons whom I asked opined that such a plunder would not have occurred, say, thirty years ago, although people were then poorer and had no