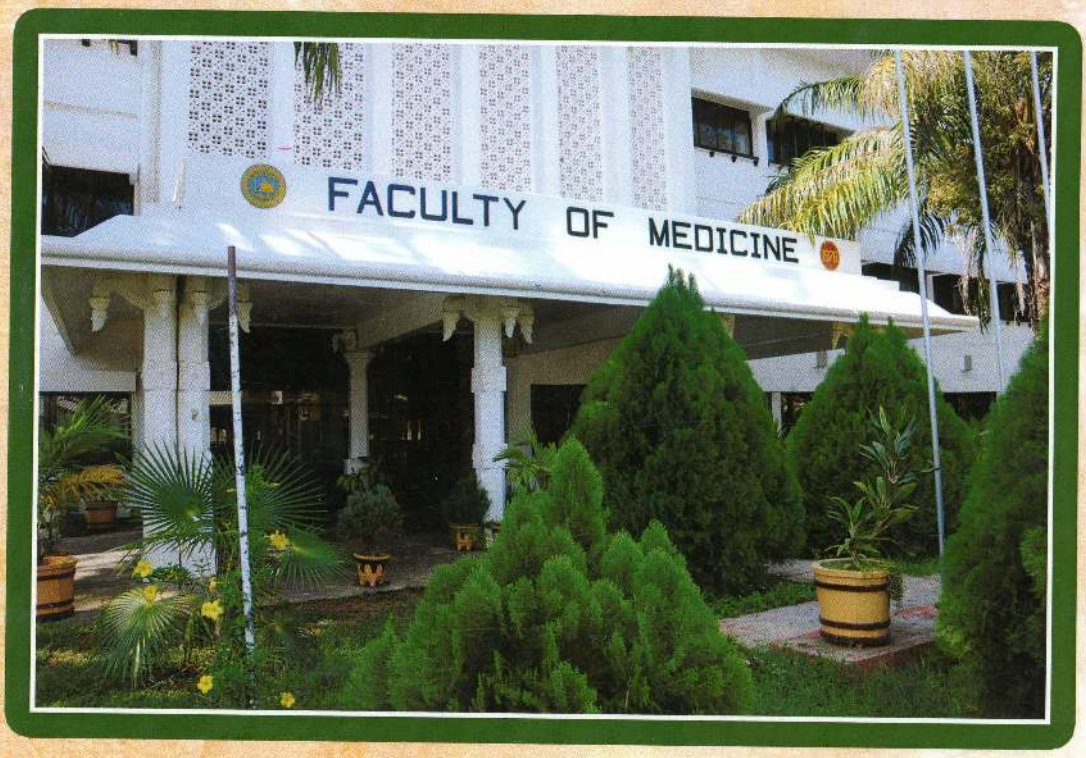
# FACULTY OF MEDICINE
# UNIVERSITY OF JAFFNA

## MOVING TOWARDS IT'S 40TH ANNIVERSARY (2018)

## SECOND BATCH REUNION




**Thursday, 21st December 2017**

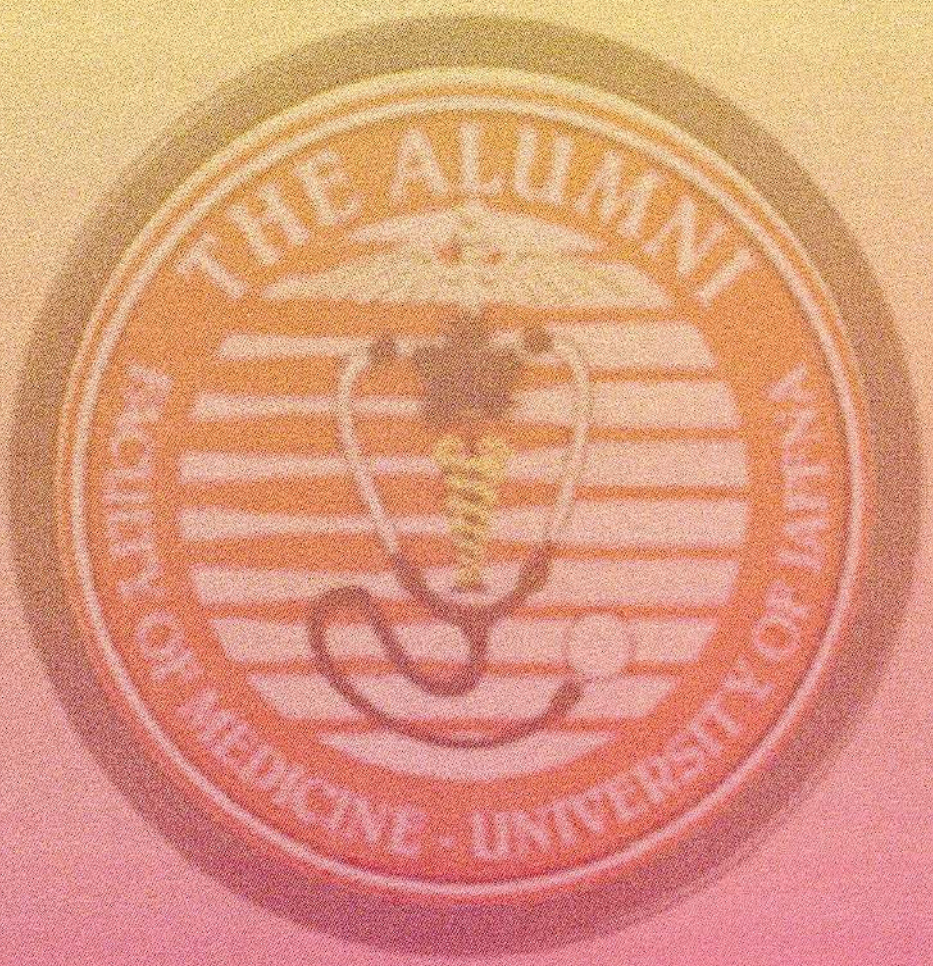
**Hoover Auditorium**

**Faculty of Medicine, University of Jaffna, Sri Lanka**

# JAFFNA MEDICAL FACULTY

## MOVING TOWARDS IT'S 40TH ANNIVERSARY (2018)

# SECOND BATCH REUNION




**Thursday, 21st December 2017**

**Honoring our great Teachers at the Hoover Auditorium**
**Faculty of Medicine, University of Jaffna, Sri Lanka**

## The Organizing Committee

- Dr.F.G.Sivagnanam- Senior Consultant Physician, NHSL, Colombo
- Dr.J.G.Eapen, LRH, Colombo
- Dr.Kalarany Somasundaram, Consultant Pediatrician, LRH, Colombo
- Dr.Kaladevi Sivayoganathan, Consultant Eye Surgeon, BH, Hatton
- Dr.Andy Somesan, Geriatric physician, Florida, USA
- Dr.Malathy Sivakumar ,Sydney,Australia.
- Dr.S.Raviraj, Consultant Surgeon, and Senior Lecturer, Professorial Surgical Unit, Teaching Hospital, Jaffna, and Dean / Faculty of Medicine, University of Jaffna.
- Dr.S. Selvaratnam, Consultant ENT Surgeon, G.H.Kandy
- Dr.Vathany Jayaprakash, Sydney, Australia
- Dr.A.Yoganandamoorthy, Consultant Cardiologist, Colombo

# MESSAGE FROM
# PROFESSOR.RATNAM VIGNESWARAN
## THE VICE-CHANCELLOR,
## UNIVERSITY OF JAFFNA

I congratulate and wish you very successful re-union day of Second Batch Medical Students of University of Jaffna, Sri Lanka. The aim of the Faculty of Medicine, University of Jaffna is set out delineate the **"Essentials of Medicine"** which often is not an easy task. The Medical Faculty strives hard to reach the standards of producing professional and achieved it. The professional from this faculty proved their academic and clinical talents national and internationally.

I wish you every success in future.

With best wishes,

**Professor.Ratnam Vigneswaran,**
*The Vice Chancellor,*
*University of Jaffna,*
*Sri Lanka.*

# MESSAGE FROM DR.SUBRAMANIUM RAVIRAJ

**THE DEAN,**
**FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA**

First of all I like to appreciate the Second batch Medical Students of the University of Jaffna, Sri Lanka for considering Jaffna to have their get together with their teachers. I am very glad and proud to say that I belong to the second batch of this Faculty.

It's a great opportunity for all of us to meet our teachers and batch mates after a very long period of 34 years. Furthermore this has given an opportunity to recollect our memories during our Faculty life.

The success and development of any institution is certainly in the hands of their Alumni. Let me extend my very warm welcome to our respectable Teachers and my friends. We are going to celebrate the 40th Anniversary of our Medical Faculty next year which makes this event even more special.

Marie South, our Mentors and Gurus – Thank you all for accepting our invitation for this special occasion.

I hope and pray that this re-union in the Medical Faculty will pave way to new areas of collaboration leading to future prospects of our Medical Faculty, University of Jaffna, Sri Lanka.

WITH BEST WISHES,

Dr.S.Raviraj, *MBBS(SL), MS(SL), FCSSL,*
*Dean, Faculty of Medicine and Senior Lecturer in Surgery,*
*Consultant Surgeon, Professorial Surgical Unit,*
*Faculty of Medicine,*
*University of Jaffna.*

# MESSAGE FROM

## DR. THANGAMOORTHY SATHIYAMOORTHY

### THE DIRECTOR,
### TEACHING HOSPITAL, JAFFNA

Dear Seniors,

It's grate pleasure to give a message to my seniors memorable gathering. Jaffna Medical Faculty and Jaffna hospital are unforgettable places for us Your reunion will give very positive feeling to you all and I too glad to hear that you are visiting again here.

Forty years ago you all were youngsters and qualified to study medicine. Later you came and studied at this faculty. Many of you profoundly contributed to the society and revisiting those memory will make you more confident. Few of you are my teachers and I honor your guidance and support that helped me many ways. You all contributed our society and people.

Health needs of our society are steadily growing up. People expectation on their health is very high. Doctors are the main pillars to organize and to provide such demand. Our role to the society to be always with dedication, neutral, ethical and with high standard. I am very happy that the second batch of Jaffna Medical Faculty leading and guiding many of junior batch doctors. You are kindly expected to support Jaffna Teaching hospital development and I will make all the venue to get your support.

Finally, I wish you for the very happy reunion and successful recalling memories.

Thank you,

**Dr. T. Sathiyamoorthy,**
*Director,*
*Teaching hospital,*
*Jaffna*

# A Note of Thanks

To our beloved teachers of Jaffna Medical Faculty, we are eternally grateful for the compassion and dedication you showed us during our formative years in Medical School.

You fostered a true passion for learning and showed us your unwavering support in all aspects of life and its inevitable struggles. From humble beginnings in Kaithady to the expansive faculty that now stands tall and proud; you helped nurture a similar maturation of fresh-faced medical students into successful doctors. Despite the many years that have passed since then, you continue to inspire us on our journeys and we can still hear your encouraging words of wisdom ringing true to this day.

We hope you are proud of what we have achieved; bearing in mind that none of it would have been possible without your expert guidance.

It saddens us to think that not all of you are still around to bear witness to the lives that you have changed for the better. Just know that you will forever be in our hearts and minds, and it was truly an honour to have known you. May your souls rest in peace!

We are delighted to have the presence of some of you to help celebrate this memorable occasion. To those who could not make it today, we thank you for your support and lovely messages.

Second Batch Doctors of Faculty of Medicine,
University of Jaffna.

# MESSAGE FROM

# PROFESSOR.M.SIVASURIYA,

## EMERITUS PROFESSOR OF OBSTETRICS & GYNAECOLOGY

There is no greater sense of achievement and contentment for a teacher than to see his students at the pinnacle of their career, excelling in their respective fields.

As one of the first batches of medical students of the Jaffna Medical Faculty to pass through me, I am delighted to note that many of you are now are leading academics and specialists in your institutions, effectively guiding the next generation of doctors towards their futures. This is a testament to your skills, commitment, hard work and discipline.

Thank you for your kind invitation and the good memories you have brought me on this occasion. I wish you and yours the very best in all your future endeavours.

**Professor M Sivasuriya**
*Emeritus Professor of Obstetrics & Gynaecology*

# MESSAGE FROM PROFESSOR NADARAJAH SREEHARAN,

**HHONORARY VISITING PROFESSOR AND FORMER FOUNDATION PROFESSOR OF MEDICINE, UNIVERSITY OF JAFFNA**

t gives me great pleasure to pen this message on the occasion of the reunion of the 2nd batch of graduates of the Jaffna Medical Faculty.

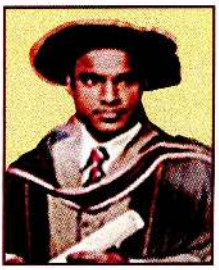
The initial batches of graduates of the Faculty have a special place in the history of the Jaffna Medical Faculty as they were key partners with the academic staff and the teaching hospital consultants to lay the foundation for the newly created medical school in the 1980s. The strength of this foundation enabled the Faculty to resist the difficult period during the decades of civil strife and continue to produce graduates of high quality. I wish to pay special tribute to many of the graduates of the Faculty who have remained in Sri Lanka working both in academia and in clinical practice contributing to medical education and the delivery of healthcare. I also note with immense pleasure the significant roles played by your batch as well as other graduates of the Faculty in many countries around the globe. It is always very satisfying to hear of one's students excelling themselves in many fields of medicine in global arenas.

The medical diaspora, especially the alumni of the Faculty, have an important role to play in facilitating the further development of the Faculty and the delivery of healthcare in the region. It is relevant to note the contributions of the various chapters of the JMFOA towards this objective. It is also important to discharge this role with sensitivity and humility to ensure the efforts are not in any way disruptive to the medical community back home. In return, the Faculty should seek the help of the alumni in specific areas of need so that everyone works in partnership to further develop the Medical Faculty to reach its deserved position as a global centre of excellence in medical education.

I wish you all the very best in your professional and personal endeavours. The Jaffna Faculty and its graduates will always have a special place in my heart.

Have a great reunion.

**Prof Nadarajah Sreeharan MD PhD FRCP FACP**
*Honorary Visiting Professor and former Foundation Professor of Medicine*
*University of Jaffna*



# MESSAGE FROM

## PROF.S.V.PARAMESWARAN,

### EMERITUS PROFESSOR OF PHYSIOLOGY,
### UNIVERSITY OF JAFFNA

It gives me immense pleasure to give this message of goodwill at the time of the reunion of the Second Batch of medical students and their teachers of the Jaffna Medical faculty. This occasion brings back nostalgic memories of the days gone by, taking us back by almost four decades.

I recall with pride the dedication and the commitment by the first few batches of students to the development of this medical faculty from its infancy at a time when physical and human resources were scarce. Thanks to these students who established healthy traditions which continue to be maintained to this day and some of which are being emulated by other faculties in the university. They were pioneers in many ways.

We are also proud of their professional achievements that has taken them to all parts of the world. I am happy to see two members from this batch serving as deans of two medical faculties, one in the North serving his own alma mater and the other in the East who is now Deputy Vice-Chancellor.

I am happy to be part of this reunion and wish them an enjoyable time at this memorable occasion.

**Prof.S.V.Parameswaran**

# MESSAGE FROM DR.R.GANESHAMOORTHY AND DR.J.GANESHAMOORTHY

From Deep Within to our Dear Ones:

In happiness there is the seed of suffering. In suffering there is the seed of happiness. This is the secret of creation. During our lifetime, we have enjoyed the benefits from tremendous advances in science and technology. In this there is the seed of decline in Human Excellence. It is sad to see the seed which is growing into a big tree.

Human Excellence is the software which is essential to the computer of Social Wellbeing. We must be aware that all the skills, Knowledge. Health and prosperity are gifts from God. This term God is synonymous with the terms Cosmic Consciousness, Cosmic Intelligence or Cosmic Power.

All of us go through the phase of blind Faith in childhood, then we revel in our intellect concentrating on material prosperity, power and recognition, then comes the phase of realization that there is a Supreme power which regulates everything. Please remember that this constant awareness is the promoter of our wellbeing and the healing process in our patients. It is your unconditional pure love which will promote the healing process in our patients. Drugs and surgery can only assist the healing process. Healing is always from the indwelling soul power.

In short, our professional practice must manifest ability, availability and above all nobility. May the Cosmic Power sustain these in you all. This is our fervent wish and prayer.

So Happy to be still in your midst.

Jai Sai Ram

**Dr.R.Ganeshamoorthy and Dr.J.Ganeshamoorthy**

## MESSAGE FROM DR.(MRS.)S.NAGENDRA

My dear children

I am very glad to write this note I don't Know What I have taught you but I am sure that I have learned from you after your post graduate Studies. I have seeked treatment in three after different continents but the satisfaction I got from our doctors including those working in Foreign Countries is wonder full. Medical field is changing and teachers along with studies are changing they are advanced very well but human attitude getting indifferent. Please let the union Staff working with you follow your attitude to ward patients are treasures. We will not have studied without their supports.

Dr.Mrs. S.Nagendran

## MESSAGE FROM DR.(MRS.) V S VARMAN

Dear students,

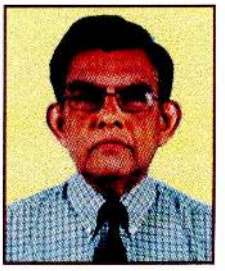
It is an honour and great privilege to write this brief note, on your re-union of the second batch of students, from the Jaffna Medical faculty.

Thirty five years or so has gone by, and the memories of our struggles and triumphs are still vivid. I am proud to say, that despite all the hurdles you all have conquered the world. All this has been achieved by your hard work, perseverance and the final goal to win. We were only the early facilitators.

I wish you all the very best for a happy and healthy life. Enjoy your reunion and come home with new memories. Thank you for giving me, this opportunity to write this note. Special thanks for the Dean, Dr S Raviraj, and the organising committee, for organising this memorable adventure.

With Love,

**Dr.(Mrs.) V.S.Varman**



# MESSAGE FROM DR.N.SIVARAJAH,
## BOARD CERTIFIED CONSULTANT IN COMMUNITY MEDICINE (PGIM)

It is a great pleasure to be associated with the get together in December 2017, of the 2nd batch of the Jaffna Medical Faculty. I am happy to having had the opportunity to be associated with your learning process in the third and fourth years of your course.

I am delighted to realize that I will be able to meet some of you after three decades. Your appearances would have changed during the past 35 years and unable to recognize you in my old age. However I have nostalgic memories of the time you were studying under lot of stress and difficult political and social conditions.

You were able to overcome the difficult periods and be what you are today. You have made the Faculty of Medicine and the University of Jaffna proud of you. Anyway you have passed through those dark days and are now doing well. I am happy about it. Most or all of you are in responsible positions and I am sure you will be able to help the Faculty to prosper more and more. The fact that your colleague is presently the Dean of the Faculty is an added advantage. He will be able to explain the needs and opportunities for assistance so that you could assist the Faculty, academically and by other means.

In addition to the Faculty, the community is just recovering after a thirty year-old war. There are several needs in the community which need to be rectified; such as, deterioration of educational standards in schools and the University, lack of trained health staff in the health sector, poor community based care for chronically ill and disabled and several other problems. There are local organizations trying hard to cater to their needs. They need your technical expertise and assistance.

Some of you might be visiting Jaffna after a long lapse. You will see for yourself the difference from what it was. While you are in Jaffna you could go around the Jaffna you lived and learned and identify for yourself the changes and the problems.

Wish you a happy holiday and prosperous future.

**Dr.N.Sivarajah,**
*MBBS (Cey), DTPH (Lond), MD Community Medicine (Col),*
*Board Certified Consultant in Community Medicine (PGIM)*

# MESSAGE FROM DR.S.SIVAKUMAR

## SENIOR CONSULTANT PHYSCIAN

It is gratify to learn that the Second batch of Medical Students of the University of Jaffna, Sri Lanka have organized a function for re-union and honour the teachers in Jaffna.

It's with pleasure that the Alumni was still keen to help the Alma Matter and we are very grateful that they have been consistent in their mission.

I wish the re-union of Second batch and social event organized by this batch will be very successful one and hope to have many more activities in future.

**DR.S.SIVAKUMAR**

# MESSAGE FROM MR.G.VAIKUNTHAN
## PRESIDENT, MSU

35 years have elapsed since the second batch of faculty of Medicine university of jaffna had graduated yet it is evident that you still cherish and will continue to cherish every moment of the glorious and unforgettable time of your lives spent at the faculty of Medicine, university of Jaffna.

It is so pleasing to see all of you reunite after all these years.

It is heartwarming to see the cohesion that still exists within your batch. I›ve learnt that all the of moments of joy and tears of sorrow you have shared during your time here had formed an unbreakable bond among your batch. It must be wonderful to relive those memories of sharing and caring!!

All of you have reached great heights in your careers and your excellence in your respective fields is well known. But your love and respect for your Alma mater has not faded a bit. I think we, the younger generation must learn to remember our roots and to respect our institution as you do.

I wish you all the best on behalf on all the students of faculty of medicine university of Jaffna to have a great time rekindling old memories and hope you have a wonderful time

Thank you

President/MSU

# SHORT HISTORY OF FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA

## Medical Faculty University of Jaffna moving towards its 40th year anniversary

The University of Jaffna was established in 1st August 1974 at Thirunelvely. The Faculty of Medicine of University of Jaffna was established on 7th August 1978. It was ceremonially opened by the Honourable Mr.Nissanka Wijeyeratne, Minister of Education and Higher Education on the 8th October 1978. Medical faculty University of Jaffna is the third state medical faculty in Sri Lanka.


The Medical Faculty University of Jaffna functioned at Kaithady temporarily since 1978 to 1981.

The Provincial Hospital Jaffna was declared as a teaching hospital Jaffna at the same time (1978). The first Vice Chancellor of our university is Prof.K.Kailasapathy. Prof.S.Vithiyananthan is the Second Vice Chancellor of the University of Jaffna. Laid the foundation for the building of the Faculty of medicine at Thirunelvely on the 29th November 1979.

The first batch was admitted on 8th August 1979 and they completed final MBBS examination in 1983. Our batch (2nd batch ) was admitted on 04th August 1979 and we completed final MBBS examination in 01st December 1984.

The faculty has produced 3500 Medical officers upto now.

Prof.A.A.Hoover, Professor of Biochemistry was the founder Dean of the Faculty of Medicine. Prof.A.A.Hoover with his forty years of experience in University of Colombo was an asset to the Medical faculty University of Jaffna in its formative years.

Prof.R.Kanagasuntheram who is an internationally renowned professor of anatomy was the second dean of the faculty. He was the key person for establishing chairs in orthopaedic surgery and oncology. The second batch of this faculty we are proud to have these two eminent deans during our time of faculty life.

Teaching hospital Jaffna serves as a place for clinical teaching for the faculty of medicine. It has a bed strength of 1450.

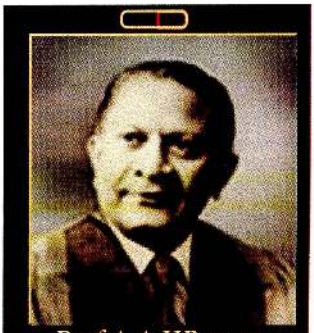
The vision of the faculty is to be a leading center of Excellence in Teaching, Learning, research and scholarship in the field of Medicine. This faculty is a leading centre of excellence which produces intellectual , competent , compassionate and dedicated healthcare professional to meet the emerging needs of the local , national and international community.

The strength of the academic staff of the faculty of University of Jaffna at present is an encouraging to all of us to aim our vision and mission. The majority of the academic staff in professiorial units of medical faculty and Teaching hospital Jaffna are products of this faculty. We all of us joint handly take our faculty moving forward in the year of 2018 which is an important year – 40th Anniversary.

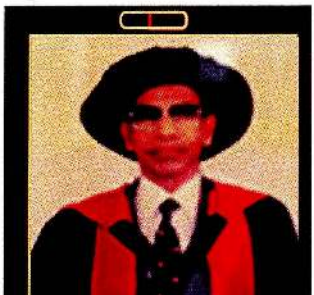
# Deans of the Faculty

| | From: | To: |
|---|---|---|
| Prof. A. A. Hoover | May 1978 | June 1981 |
| Prof. R. Kanagasuntheram | July 1981 | December 1983 |
| Prof. C. Sivagnanasundaram | January 1984 | August 1988 |
| Prof. K. Balasubramaniam | August 1988 | July 1994 |
| Prof. S. V. Parameswaran | August 1994 | July 1997 |
| Dr. R. Rajendraprasad | August 1997 | July 2000 |
| Prof. Ms. V. Arasaratnam | August 2000 | August 2003 |
| Prof. K. Sivapalan | August 2003 | September 2012 |
| Dr. S. Balakumar<br>Dr.S.Raviraj | September 2012<br>October 2015 | October 2015<br>to date |

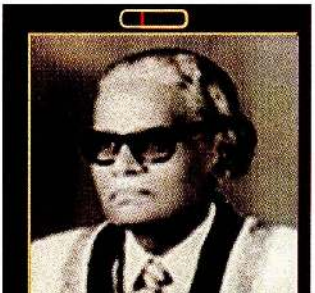
# THE DEANS OF FACULTY OF MEDIINE, UNIVERSITY OF JAFFNA



Prof.A.A.HBoover
May 1978-June 1981

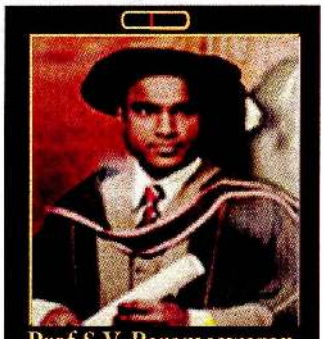


Prof. R. Kanagasuntheram
July 1981 - Dec 1983

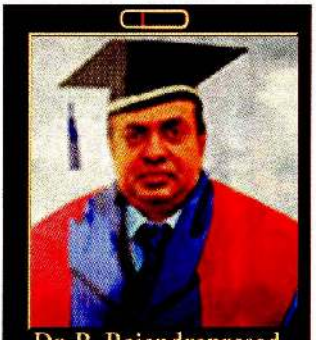


Prof. C. Sivagnanasundaram
Jan 1984-Aug 1988

Prof.K. Balasubramaniam
August 1988 - July 1994

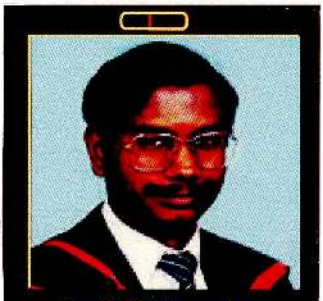


Prof.S.V. Parameswaran
August 1994 - July 1997

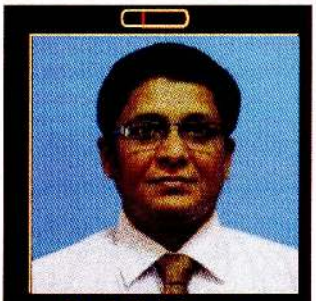


Dr. R. Rajendraprasad
August 1997 - July 2000

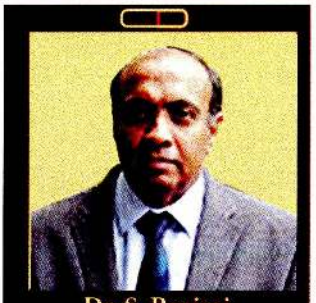
Prof. Ms.V.Arasaratnam
August 2000 - August 2003



Prof. K. Sivapalan
August 2003- Sep. 2012



Dr. S. Balakumar
Sept. 2012 - Sept. 2015



Dr. S. Raviraj
Sep.2015-Till Now

# THE VICE CHANCELLORS OF UNIVERSITY OF JAFFNA

**Prof. K.Kilasapathy**
Oct 1974 - July 1977

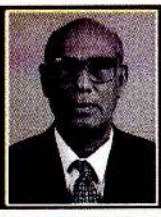
**Prof. S.Vithiananthan**
Aug 1977 - Dec 1988

**Prof. V.K. Ganeshalingam (Actg)**
July 1988 - Aug 1988

**Prof. A. Thurairajah**
Sept 1988 - 1991, 1985 - Jun 1988

**Prof. K.Kunaratnam**
April 1994 - June 1996

**Prof. P. Balasundrampillai**
July 1996 - 1997 - 2000, 2000 - March 2003



**Prof. S. Mohanadas**
March 2003 - March 2006

**Prof. S. R. H. Hoole**
March 2006 - June 2006

**Prof.R. Kumaravadivel (Actg)**
June 2006 - Dec 2007

**Prof. N. Shanmugalingam**
Dec 2007 - March 2011

**Snr.Prof. (Ms.) V. Arasaratnam**
April 2011 - March 2017

**Prof. R.Vigneswaran**
April 2017 - Upto now

# OUR TEACHERS AND CHIEF ADMINISTRATORS DURING OUR FACULTY LIFE

**VICE-CHANCELLOR**

| | |
|---|---|
| Prof. K.Kilasapathy | Oct 1974 - July 1977 |
| Prof. S. Vithiyananthan | 1977-1978 |
| | Jan.1979–Jan.1988 |

**DEANS**

| | |
|---|---|
| Prof.A.A. Hoover | August 1978-June 1981 |
| Prof. R. Kanagasuntheram | July 1981 – December 1983 |

**ANATOMY**

Prof. R. Kanagasuntheram
Prof. Seevaratnam
Dr. Sathiyanathan
Dr.Ambikapathy
Dr. RajaniThiranagama

**BIOCHEMISTRY**

Prof. A.A. Hoover
Dr.N .Naveenan

**PHYSIOLOGY**

Prof.S.V.Parameswaran
Prof. K. Sivapalan

**COMMUNITY MEDICINE**

Prof. C. Sivagnanasundram
Dr. N. Sivarajah
Dr. K. Puvanenthiran

**FORENSIC MEDICINE**

Prof. N. Saravanapavananthan

**MICROBIOLOGY**

Dr. R.Narendranathan

Dr.(Mrs.) S Vetpillai

**PARASITOLOGY**

Dr. (Mrs.) G. Ramadas

Dr. (Mrs.) C. Nageswaran

Dr.(Mrs.) M. Ranjan Ramasamy

**PHARMACOLOGY**

Dr. (Mrs.) T. Saravanapavananthan

Dr.(Mrs.) J. Ganeshamoorthy

**PATHOLOGY**

Prof. C. C. Balasubramaniam

Dr.(Mrs.) V. Sriskanthavarman

Dr. M. Pathmanapan

**MEDICINE (Professorial Unit)**

Prof. N. Sreeharan

Dr.(Mrs.) J. Ganeshamoorthy

Dr. A. Nageswaran

Dr.K .Ranjadayalan

Dr. K.Satkurunathan

Dr. K. Sivanesan

Dr.Yoganathan

Dr.S.Vasanthakumar

Dr. (Miss) S. Puthrasigham

**OBSTETRICS & GYNAECOLOGY (Professorial Unit)**

Prof. M. Sivasuriya

Dr.Dayalasekara

Dr.Abraham

**PAEDIATRIC (Professorial Unit)**

Prof. D. Ramadas

Dr. C. Vamadevan

Dr.Sivakumar

**SURGERY (Professorial Unit)**

Prof. V. Karunainathan

Dr. M. Vetpillai

Dr.Sriskathavarman

**PSYCHIATRY (Professorial Unit)**

Prof. T. Ganeswaran

Dr.Mahadevan

Prof. Daya Somasundaram

# OUR TEACHERS AT THECHING HOSPITAL, JAFFNA

**DIRECTOR**
Dr.C.S. Nachinarkinian

**MEDICINE**
Dr. S. Sivakumaran
Dr. R. Jhon
Dr. James
Dr.(Mrs.) S. Nagendra
Dr. P. Kulendran

**SURGERY**
Dr.S. Ponnampalam
Dr.V. Krishnarajah
Dr. J.T. Xavier

**GYNAECOLOGY AND OBSTETRICS**
Dr. S. Sabaratnam
Dr. Somasundaram
Dr. (Mrs.) N. D. Pasupathy
Dr. M. Gunaratnam

**PAEDIATRICS**
Dr. P. Arulanantham

**CARDIO THORACIC**
Dr.Rasaratnam

**NEUROSURGERY**
Dr. V. Kunananthan

**ORTHOPAEDIC SURGERY**
Dr. V. Sivagnanavel
Dr.Jeyamanoharan

**OPTHALMOLOGY**
Dr. (Mrs.) I. Kannuthurai
Dr. S. Nimalanathan
Dr. S. Arunachalam

**ENT SURGERY**
Dr. C. Gunanantha
Dr. Charles Jeyarajah

**ANESTHESIOLOGY**
Dr. R. ganeshamoorthy
Dr.(Mrs.) M.L. Vijayaratnam
Dr. (Mrs.) S. Theivendran

**DERMATOLOGY**
Dr. P. Yoganathan

**NEUROLOGY**
Dr. Arulanantham

**PSYCHIATRY**
Dr. Selvaratnam

**FORENSIC/JUDICIAL**
Dr. S. Sivasubramaniam

**PATHOLOGY DEPARTMENT**
Dr. Pathmanathan

**BLOOD BANK**
Dr. Yaso Arumugam
Dr.(Mrs.) Rajarajeswaran

**RADIOLOGY**
Dr. (Mrs.) Somasundaram

# SECOND BATCH STUDENTS, FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA

1. Bernada Paramanathan Nee Arulanantham
2. Grace Arulanantham
3. Angela Vas
4. Emelda Sathanath Nee Antonypillai
5. F.G.Sivagnanam Nee Anthonypillai
6. Bhavani Ketheeswaran Nee Somavadivale
7. Pavanidevi Pasupathyrajah
8. Chandragowri Ravindran Nee Kanapathipillai
9. Ilango Kumarasamy
10. Ganeshamoorthy Subakumar
11. Subramaniyam Anandasivam
12. Jayarani Aloysius Nee Rasaiah
13. Kumudini Mahoob Nee Chandrasekaram
14. Sinnaiah Manoharan
15. P.Ganekabahu
16. Malathy Sivakumar Nee Sithamparanathan
17. Kaladevi Sivayoganathan Nee Thuraisamy
18. Kala Somasundaram
19. Kala Sabanayakar
20. K.E.Karunakaran
22. Fatima Crooz
23. J.G.Eapen
24. A.Krishnarajah
25. Srisala Navaratnam
26. K.Mahendrarajah
27. S.Mohanawathi
28. Nalini Gnanasekaram Nee Selvadurai
29. Kalyani Sebanayakam Nee Thadshanamoorthy.
30. Sarath Chandra Sebanayagam
31. Nirupa Christopher
32. Rubini Jeganathan Nee Philippupillai
33. Giritha Vipulanandan Nee Sivanarayanamoorthy
34. Ponnuthurai Anura
35. Kosala
36. Eswararajah

37.Dalima Dales Anthony
38.Bell Fernandez
39.Ketheeswary Sivaganeshamurugamoorthy
40.Gowri Aumbahawan
41.K.Paramanantham
42.J.G.R.Lena
43.Gregory Mariathas
44.Anusha Rajmohan
45.Emmenuel Jeyarajah
46.Vijiyanandan Kanagarajah
47.Subramaniyam Ravirajah
48.Ramani Shanmugarajah
49.M.Sathiyapalan
50.Sathiyawathi Koneshamoorthy Nee Paramanathan
51.R.Ravichandran
52.Sarumathy Ravichandran
53.Rubarani Jayakumar Nee Sundaramoorthy
54.A.L.Shajahan
55.Panchashiela Sivakumar Nee Thiyagarajah
56.P.Andy Somesan
57.Kamaladevi Jeevaratnam
58.Navaratnam.Subakaran
59.Sujithra
60.Shanthini Rajasooriar Nee Vivekanandan
61.Sagayabama Rajakon Nee Emmanuel
62.Singanayagam Suriyapalan
63.Sinnadurai Selvaratnam
64.Ratnasingam
65.Velmurugu Thivagar
66.V.Thurairajah
67.S.Thillayampalam
68.Sivakumar
69.Suwarkaloganathan
70.Thiyagarajah
71.Theivanayagi Sivakumar Nee Subramaniyam
72.Kanagappa Viveganandan
73.Thavarajah
74.Kanapathipillai Sivasuthan
75.Vathany Jayaprakash Nee Mylvaganam
76.Yogavathani Sinnathamby Nee Sundarampillai
77.Arulanantham Yoganandamoorthy

# PHOTOS OF SECOND BATCH

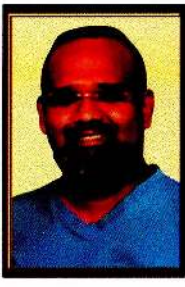
Arulanantham
Yoganandamoorthy.

Bhavani
Ketheeswaran

A.L,Shajahan

Thavarajah

Amithanathar
Krishnarajah



Anandasivam

Angela Vas

Anusha Rajmohan

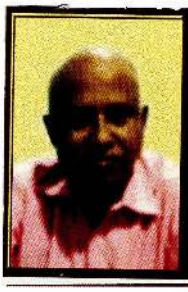
Bell Fenandaz

Bernada Paramanathan
Nee Arulanantham

Chandragowri Ravindran
Nee Kanapathipillai

Angela Vas

Dr.S. Raviraj

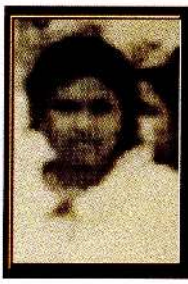


S.Manoharan

Emelda Sathyanath
Nee Antonypillai

Eswararajah

F.G.Sivagnanam
Nee Anthonipillai



Fatima

Ganekabahu

Ganeshamoorthy
Subakumar

Giritha Vipulanandan
Vipulanandan

Gowri
Aumbahawan

Grece
Arulantham

Gregory
Mariyathas

Theivanayagi
Sivakumar

J.G Eapen

Jayarajah

Jayarani Alosiyas Nee
Rasaiah

JGR Lena

K.E.Karunakaran

Swarkaloganathan

K.Mahendrarajah

K.Vivekanandan

Kala Sabanayakar

Kala Somasundaram

Kaladevi Sivayoganathan
Nee Thuraisamy

Kalyani Sebanayagam
Nee Thadshanamoorthy

Kamaladevi Jeevaratnam
Nee Shanmugam

Kanapathipillai
Sivasuthan

Ketheeswary
Sivaganeshamurugamoorthy

Kosala

Kumarasamy
Ilango

Kumudini Mahoob
Nee Chandrsegaram

M.Sathiyapalan

Malathy Sivakumar
Nee Sithamparanathan

Mohanawathi

Nalini Gnanasekaram
Nee Selvadurai

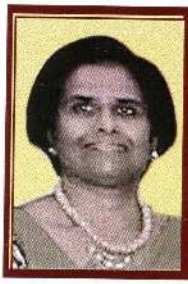
Navaratnam
Subaharan

Nirupa Kristopher

P.Andy Somesan

Sarath Chandra
Sebanayagam

R.Ravichandran



Rubini Jeganathan
Nee Philippupillai

Sarumathy Ravichandran

Ponnuthurai Anura

Suchithra

Ramani Shanmugarajah

Shanthini Rajasooriyar
Nee Vivekanandan

Sathiyawathi

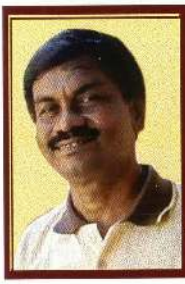
Sagayabama Rajakon
Nee Emmanuel

Singanayagam
Suriyapalan

Rubarani

Ratnasingam

Sivakumar



Vaseekaran

Selvaratnam

P.Pavanidevi

Panchashela Sivakumar
Nee Thiyagarajah

Paramanantham

Thiyagarajah

Yogavathany Sinnathamby
Nee Sundarampillai

Velmurugu
Thivagar

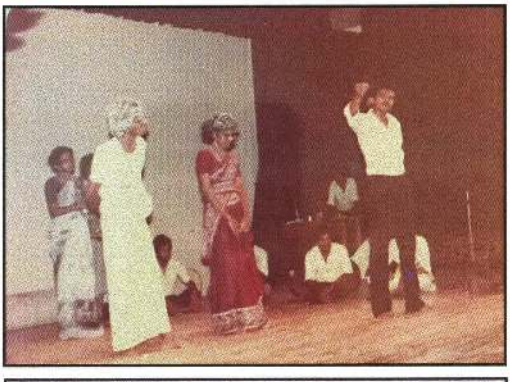
Vejiyanandan
Kanagarajah

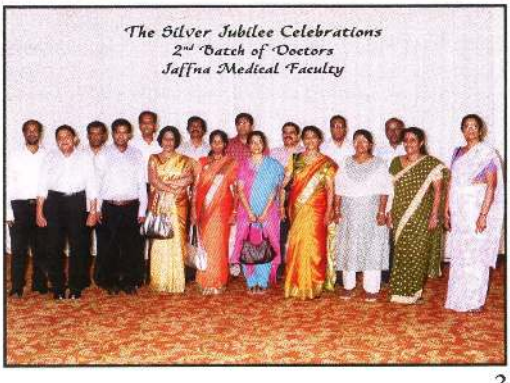
Vathany Jayaprakash
Nee Mylvaganam

V.Thurairajah

Srisala Navaratnam

# REMEMBERENCE DURING OUR FACULTY DAYS







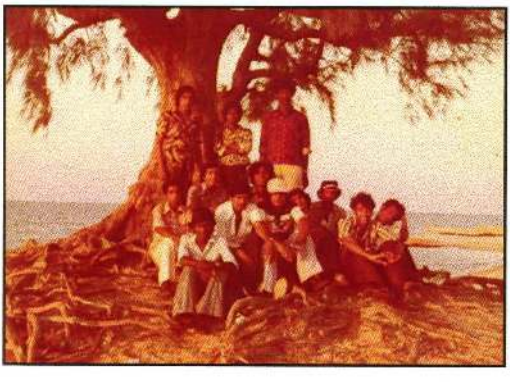
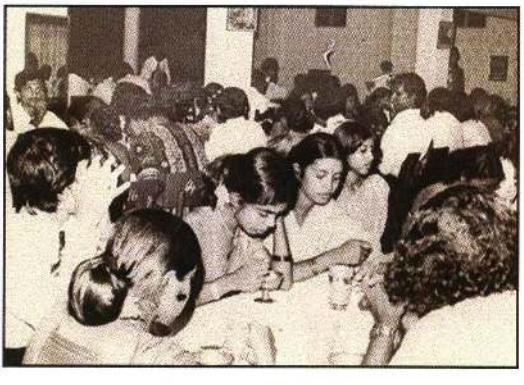






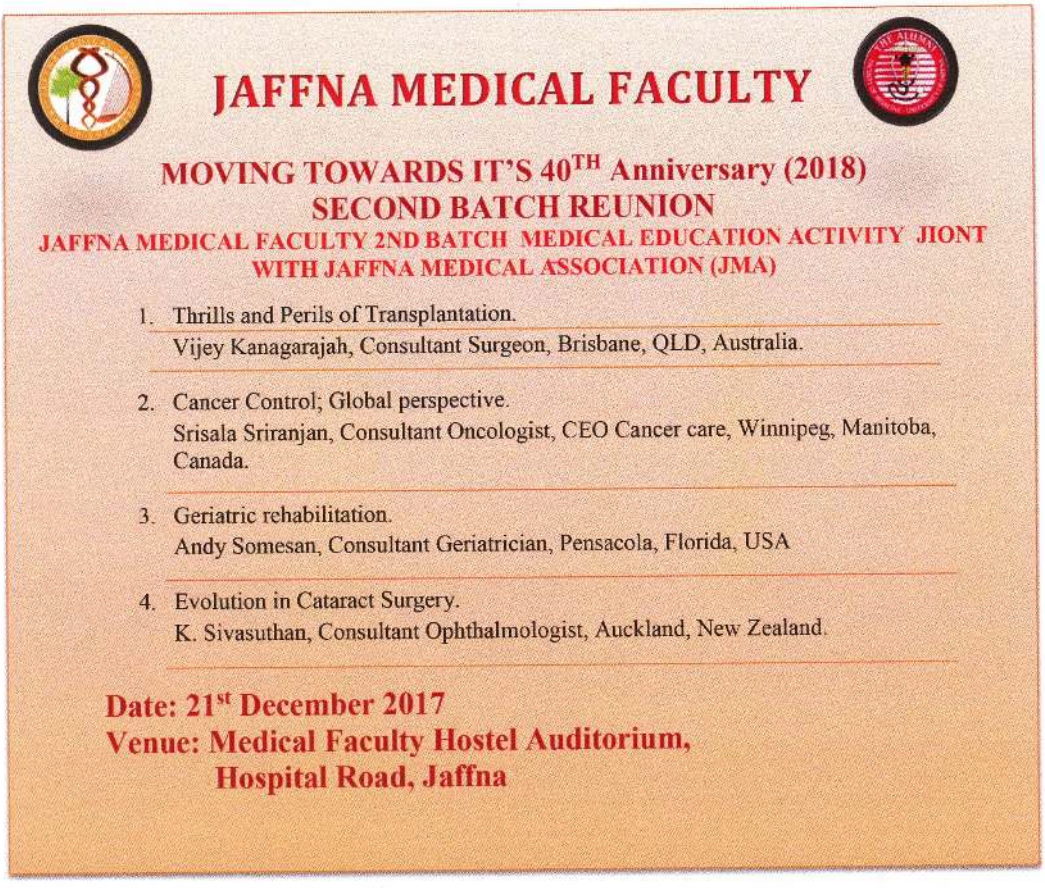




## CONTRIBUTION TO THE FACULTY OF MEDICINE , UNIVERSITY OF JAFFNA BY SECOND BATCH DURING REUNION IN 2017

### 1. Academic Activity



**JAFFNA MEDICAL FACULTY**

**MOVING TOWARDS IT'S 40TH Anniversary (2018)**
**SECOND BATCH REUNION**

**JAFFNA MEDICAL FACULTY 2ND BATCH MEDICAL EDUCATION ACTIVITY JIONT WITH JAFFNA MEDICAL ASSOCIATION (JMA)**

1. Thrills and Perils of Transplantation.
   Vijey Kanagarajah, Consultant Surgeon, Brisbane, QLD, Australia.
2. Cancer Control; Global perspective.
   Srisala Sriranjan, Consultant Oncologist, CEO Cancer care, Winnipeg, Manitoba, Canada.
3. Geriatric rehabilitation.
   Andy Somesan, Consultant Geriatrician, Pensacola, Florida, USA
4. Evolution in Cataract Surgery.
   K. Sivasuthan, Consultant Ophthalmologist, Auckland, New Zealand.

**Date: 21st December 2017**
**Venue: Medical Faculty Hostel Auditorium,**
**Hospital Road, Jaffna**

2. Gold Medal Offered By Second Batch of Medical Students, Faculty of Medicine for Overall Best Academic Performance for each Batch from 2018.

3. Gift for Medical Students Union (MSU) Urgent Projects.

## ARTICLES

# 1. Medical Education in our own soil; Looking back and looking forward!

In the year 2006 after joining the Faculty of Health-Care Sciences (FHCS), Eastern University, Sri Lanka, I retired from the Health Department. Dr. V Kunanandam appointed as Development Consultant for the FHCS, was the only Senior person at this newly established Faculty. It was unfortunate that we lost him within few months of my joining the faculty, and thus in June 2006. I was appointed as the first Dean of this faculty.

The experience, I gained as 2nd batch student at an infant faculty of Jaffna was basically the pillars for me to build up a faculty in my own soil, Batticaloa. Jaffna Medical Faculty started up at Kaithady. Similarly, FHCS started and still running at the close by locations, formerly known as 'Uthaya Motors' and 'Paddy Marketing Board'. Renovations of old structures to be utilized as Lecture halls, Dissections room, Laboratories, Skills Lab, Library etc took a few years, unlike at Kaithady where there were buildings, which are still existing.

During our student period, Foundation was laid at the present Faculty of Medicine Location, at Aadiapatham Road, Kokkuvil. However, it was only the ground floor that was constructed when we finished at our studies and we can recollect the struggle we staged; blocking the Vice-Chancellor Prof Vithyanathan, Protest against 'Monoharan & Vettivel' the Contractors.

Similarly foundation was laid in the permanent location for FHCS that is at Pillaiyarady, in 2012. Despite that construction of building proper is still yet to start.

During our student period, the Teaching Hospital, Jaffna supported our study program immensely; namely lecture hall, Pathology Laboratory, forensic Medicine facilities, apart from the clinical space. The Hospital Consultants too were enthusiastic, you name many. Similarities can be drawn with Teaching Hospital, Batticaloa as well. The facilities the hospital were made available to our students. The Consultants were very much involved, since inception in many capacities facilitating effective conduct of the study program.

We should not forget the contributions made by Visiting Lecturers from other Universities during our student period. They made certain subjects simple and understandable. Similar arrangement I had to organize to our undergraduates at

FHCS, and experts even from the WHO, from Universities overseas contributed to these students.

All those efforts listed above made us to complete our study program on time, despite the difficult situations in the aftermath of July 1983 incident. The long curfews, roundups affected us; some of us had narrow escapes too.

In contrast, the students at FHCS, I refer the first and second batches, went through the study program in a relative peaceful situation and completed with one semester delay, without affecting their Internship Appointment.

Thus we see similarities in the performance of both Faculties; in the former, Faculty of Medicine of University of Jaffna where I was the student whereas in the latter – FHCS of EUSL I was the First Dean of the Faculty.

I may also remember the final year clinical clerkship in Medicine with Prof. Sriharan. He used the term 'Problem oriented Medical learning – Teaching', in which we used to make a table. The table should contain a complaint, relevant examination, necessary investigation and the treatment - to sum up at the end – a set of symptoms, signs, investigation and treatment. It was perplexing; a different type of approach.

As a Dean of the newly formed Faculty of Health Care Sciences when I got involved in the curriculum, the terminology "Problem Based Learning" was introduced. It means, learn many things through a problem. Both these two terminologies initiated following the works on Medical Education in the 1970s. Thus I was fortunate enough to involve with the former as a student and the latter as an academic administrator.

Today both these faculties on our own soil are doing very well, serving the people in many aspects. I am also happy and proud that our own colleague Dr. Raviraj is the current Dean of Faculty of Medicine, University of Jaffna. Our support and assistance would be of value to these two faculties.

My Best Wishes to all of you dear colleagues.

**Dr. K E Karunakaran**
*Deputy Vice Chancellor*
*Eastern University, Sri Lanka.*

## 2. An Art- in the Science of Education

"It means listening not only to others but also to ourselves and our own reactions." -Isaacs William.

Traditional education has influenced the way we communicate with similar expressions, although personal preferences influence the style and the language of communication. Communication is contextualized to suit the circumstances, that are simple and complex which makes it an appropriate tool for education. Education, specifically in the field of medicine is to acquire knowledge, skills and attitude. Communication, in the field of education has changed over the years, with the advancement of technology and usage of multimedia tools. This is an evolution in the field of technology as a result of communication. Advances in science and technology resulting from education and the art of communication, further enhance the communication process.

In his article- Dialogue and the art of thinking together- Isaacs William quotes Krishnamurti's writing "I do not know if you have ever examined how you listen, it doesn't matter to what, to the bird, the wind in the leaves, to the rushing waters or how you listen in a dialogue with yourself to your conversations in various relationships with your friends, wife or husband and so on"... While communicating with one and another, listening becomes as important as speaking. A state of readiness, curiosity and silence is required to have good communication. Traditional ways of communication are speaking, writing and some may even include using the body language.

Communication at home, at the place of worship, within professions, for business, and in education could be organized into strategic communication. Strategic communication is categorized depending on the number of participants, context used and the time period. The ones used in education are discussion, dialogue, presentation and debate. While Learners could choose their skills to write, listen, and speak, adding other modes and accessories to the existing communication skills have enhanced its purpose and spectra. Skills of communication that exemplify the changes in the mode of communication are supplementary and innate and they ought to be practised to use with confidence whereas traditional skills are complementary and learned.

Specific communication skills are essential in medical education, as the types of communication and mode of language used are specific to educators, clinicians and patients. It requires knowledge, patience and courage for using these com-

munication skills to the appropriate listener. As with development of new ways of communication, it's obvious that, the skills of communication specific to the modes available in the forms of technology, be learned; to have clarity in exchange of ideas. Modes used in medical education with the advancement in technology are electronic learning, ubiquitous learning, simulation and telemedicine. Knowledge and skills regarding users' interaction to the screen technology is of significance while communicating using electronic tools in medical education, as they have the capability of user friendliness and personalization.

Current communication tools increase the subject content with materials that are current by having access and connectivity. The connectivity of the modern tools are advantageous in medicine, technology, business and trade, though the educators need practice to administer such skills. Studies show that students perform better when they have access to social network and connected to social media tools. Places with enhanced and modern communication systems can help the educators in need to increase their knowledge and skills in medicine and its specialities, while boosting connectivity and promoting business. Educators may provide opportunities to learners, including medical students aspiring to be physicians and surgeons with online access to current literature and research activities.

Requirement for the employees to have specialized communication skills is increasing with changes in the communication system according to studies on communication. They acknowledge that majority of the stakeholders prefer their employees to have skills that are needed to use the modernized communication system efficiently. The skills that are used with screen technology are email, texting, online, online and video chats and conference communication using either audio or video technology. With the development of apps or applications for academic use the skills of communication, when using these applications is considered as important as in face to face communication.

Communication is used to create and connect different professions. Educators are responsible for the makeup of the professions and their communication skills. Clear and promotional ideas are transferred by the educators, who are also good communicators. Due to evolving electronic devices such as smartphones and social media tools the communication is taken to a new level. Electronic learning and learning the skills for communication with electronic devices, become inevitable in the current educational system as the usage of these devices have increased. Electronic devices with internet accessibility, have made a lasting impact in the phase of education, by enhancing the communication through its speed and access to large content of resource material.

Though the advanced communication tools may pose difficulty while in use, due to the challenges that arise with it, naming constant change, privacy issues and availability, communication used prudently ,as a tool in the educational front will promote educational, professional, research and job satisfaction. Continuous research, policies and guidelines pertaining to the use could take care of the modernization of the communication.

Communication as an art, through enhancing the professions within its educational sphere has resulted in advancement in the sciences, producing a multimodal, networking communication system. Developing the innate skills of communication that are specific to the multimedia screens will be an agenda for the novice educators.

**M. Rubini Jeganathan**

# 3. To know about Dengue fever

Dengue fever and leptospirosis are the most common tropical infections in Sri Lanka with high morbidity and mortality. This article will briefly describe the cardinal features, diagnosis and management of these infections.

**Dengue fever**

**Introduction and epidemiology**

Dengue virus is an Arbo virus (Arthropod born) in genus flavivirus family flaviviridae. These are small viruses with envelop and single stranded RNA with positive polarity. There are antigenically related but distinct four sero-types in dengue virus which only gives partial cross-immunity for the host. This cross immunity unfortunately leads to complications in re infection such as antibody mediated facilitation of dengue virus replication. Mosquitos are the arthropod vectors for dengue virus and female Aedes *aegypti (commonest) and Aedes albopictus being the culprit. They are day time biters who breed in clean water.*

Dengue is a major public-health concern throughout tropical and sub-tropical regions of the world. It is the most rapidly spreading mosquito-borne viral disease, with a 30-fold increase in global incidence over the past 50 years. The World Health Organization (WHO) estimates that 50–100 million dengue infections occur each year and that almost half the world's population lives in

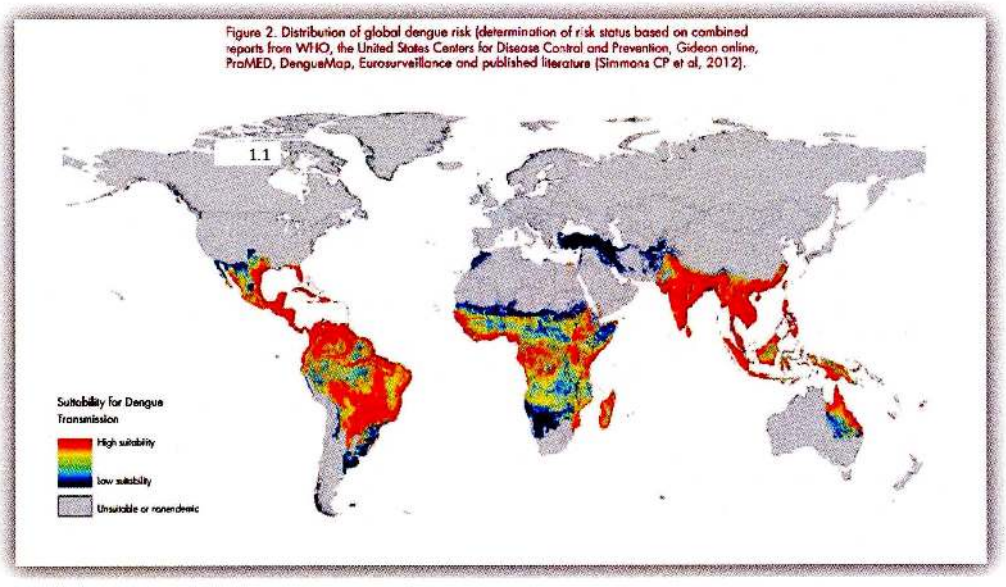
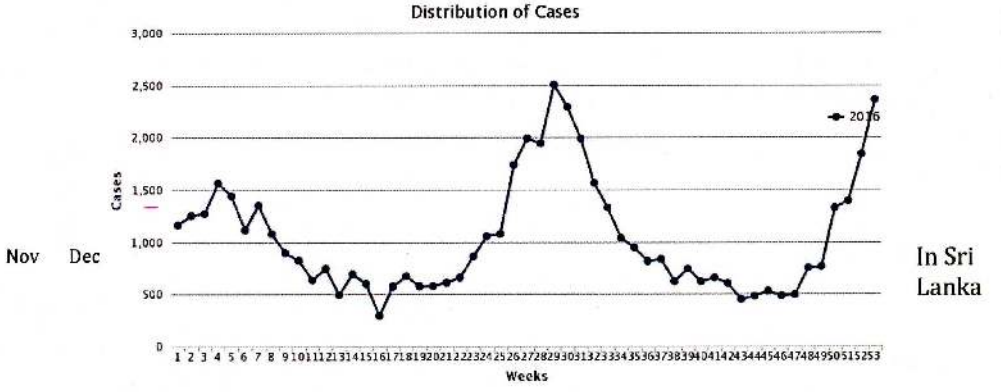



Figure 2. Distribution of global dengue risk (determination of risk status based on combined reports from WHO, the United States Centers for Disease Control and Prevention, Gideon online, ProMED, DengueMap, Eurosurveillance and published literature (Simmons CP et al, 2012).

countries where dengue is endemic. While dengue is a global concern, with a steady increase in the number of countries reporting the disease, currently close to 75% of the global population exposed to dengue are in the Asia-Pacific region including Sri Lanka.

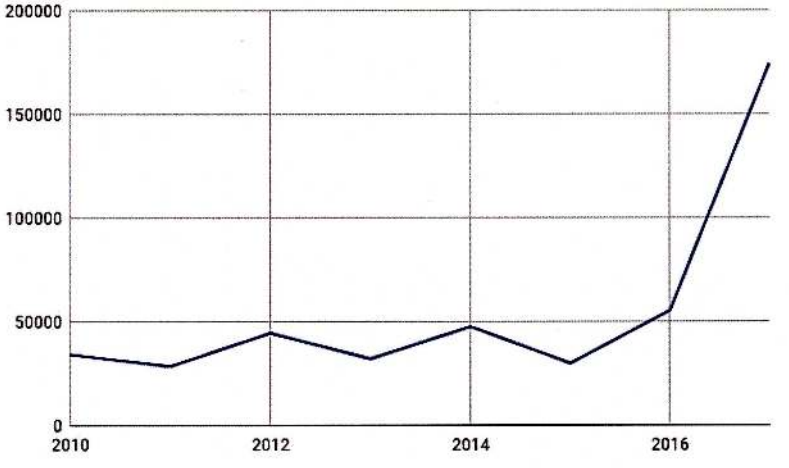
In Sri Lanka, there is a bimodal distribution of cases of dengue infections which correlates with the monsoon raining seasons of the year and convectional rain falls account for the endemicity. Incidence is more in urban areas than rural.

1.2 Distribution of cases throughout the year in Sri Lanka in 2016




In Sri Lanka throughout last decade, the incidence of cases of dengue fever has risen and highest count was noted this year (2017)

1.3 Distribution of incidence rate per year for last 7 years in Sri



**Pathogenesis**

Susceptible humans become infected after an infected female Aedes mosquito takes a human blood meal. Viremia in humans begins toward the end of a **four- to six-day incubation period** and persists until around the time fever abates, which is typically three to seven days. An uninfected Aedes mosquito may acquire the virus from an infected human if they feed during this time and the human viremia is of sufficient titre to support mosquito infection. The incubation period within the mosquito is 8 to 12 days; after this period, it is capable of transmitting the virus to humans. Once infected, mosquitoes carry the virus for their lifespan and remain infective.

**Clinical features**

The clinical spectrum of the disease ranges from asymptomatic subclinical infection to life threatening dengue shock syndrome. Patients with dengue fever can present with high grade intermittent fever, frontal or retro orbital headache, vomiting, arthralgia and myalgia without any cough or sore throat. Patients can have red flag symptoms such as severe abdominal pain, postural symptoms, intractable vomiting, diarrhoea, reduced urine output or bleeding manifestations. On examination, there can be diffuse erythematous macular rash, bleeding manifestations including petechial rash, gum bleeding, evidence of pleural effusion or ascites and hypotension.

**Investigations**

1. Full blood count is a useful investigation which will show thrombocytopenia and leukopenia with a lymphocytic count.

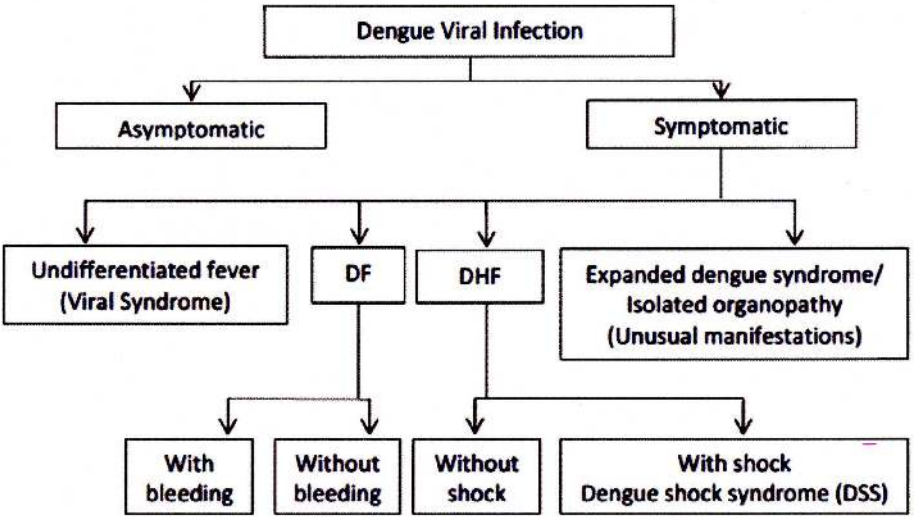
2. NS1 Antigen - In febrile phase NS 1 antigen will be positive which should be done early in the disease (<4 days).

3. Dengue Ig M/Ig G antibody - Ig M will be positive after 5 days of infection (Positive Dengue Ig M antibody indicates acute infection while Ig G antibody indicates past infection)

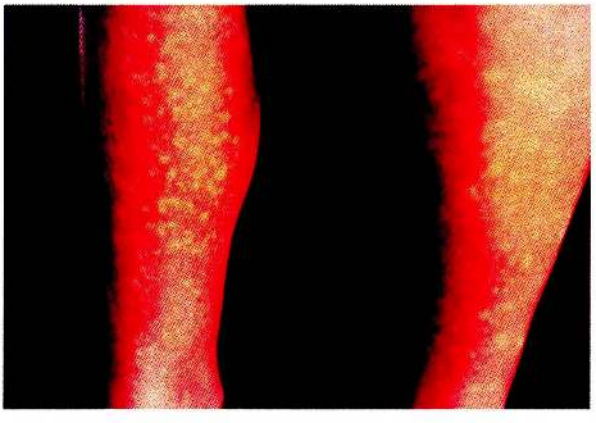
Patients are admitted to the hospital on the 2nd or 3rd day of illness, when the patient's platelet count is <130 000/μL or if they have warning symptoms and signs.

## Clinical spectrum of disease

1.4 Clinical spectrum of dengue viral infection; National guideline-Dengue management in adults 2012




Dengue Haemorrhagic fever (DHF) is the dengue fever with evidence of plasma leakage which includes, a critical phase lasting 48hours. There is fluid leakage into extravascular compartment and a convalescent phase where fluid reabsorption and recovery takes place. In critical phase, patients can go into shock due to reduced intravascular volume and it is called dengue shock syndrome. During the convalescent stage children are tend to go into fluid overload. In both Dengue Fever (DF) and DHF, there is a risk of life threatening bleeding and hepatic failure.



**Management**

1. Close monitoring of pulse rate, blood pressure, pulse pressure, capillary refill time and urine output to identify occult bleeding, early leakage and shock.

2. Regular full blood counts to monitor the progression of the disease and packed cell volumes to detect leakage and response to fluid resuscitation

3. AST/ALT to monitor hepatic involvement

4. Ultrasound scan (FAST scan) to confirm evidence of leakage

5. Fluid resuscitation is the hallmark of treatment of DF/DHF.

6. Dehydration and shock can be managed with IV crystalloids such as 0.9% saline and colloids such as 40% Dextran.

7. If there is evidence of bleeding, it should be treated with blood transfusion and severe thrombocytopenia with platelet transfusion.

A cure for dengue fever is not yet discovered. But novel immune modulatory therapies are on trial to prevent patients entering the critical phase hence the complications. There is anecdotal evidence suggestive of steroids reducing the complications of dengue fever which needs to be studied further.

**Prevention**

Prevention of dengue fever has become difficult, since the mosquito is tightly adapted to urban and suburban environments. Varieties of methods have been introduced for vector control, minimising host and vector contact and novel vaccinations have been introduced to support host immunity. The public must take the responsibility to prevent disease spread by maintaining cleanliness and proper garbage disposal of plastic and polythene.

**1.5 Prevention of dengue fever**

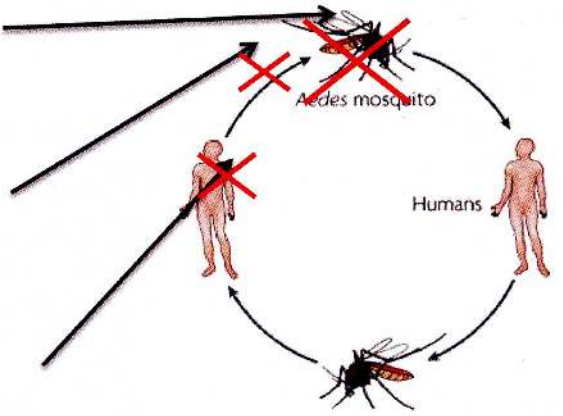
Vector control

- Environment cleanliness and steps to prevent vector breeding
- Fogging

Host and vector contact

- Avoid mosquito bites during day time by wearing protective clothing.
- Use mosquito nets when sleeping (both day and night)

- Using mosquito repellents such as citronella oil (Pengiri thel/Pullennei) eg. Soffell spray



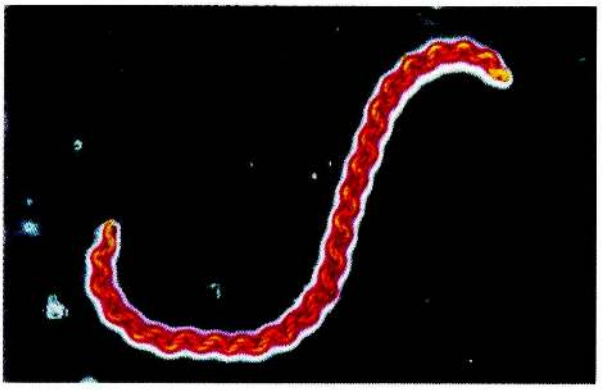

**Vaccine**

- In late 2015 and early 2016, the first dengue vaccine, Dengvaxia (CYD-TDV) by Sanofi Pasteur, was registered in several countries for use in individuals 9-45 years of age living in endemic areas.
- Other tetravalent live-attenuated vaccines are under development in phase III clinical trials, and other vaccine candidates (based on subunit, DNA and purified inactivated virus platforms) are at earlier stages of clinical development.
- Because the immunology of flavivirus is complex, particularly in dengue where occurrence of sequential infection with differing serotypes may lead to increased clinical severity, efficacy of these vaccines is not perfect.

**Dr (Mrs) F G Sivagnanam**
*MBBS MD FRCP FCCP*
*Senior Consultant Physician*
*National Hospital of Sri Lanka*

# 4. LEPTOSPIROSIS

**Introduction and epidemiology**



Leptospirosis is a zoonotic illness with a significant impact on both developed and developing countries. It is caused by pathogenic spirochetes of the genus *Leptospira*. The pathogenic *L.interrogans* has more than 250 serovars arranged in 25 serogroups. In Sri Lanka, suspected leptospirosis is a notifiable disease.

The spirochetes colonize the proximal renal tubules of the carriers that include both wild and domestic farm animals, including rodents, cattle, dogs and pigs. Organisms are excreted in their urine. Rats and rodents are the major reservoir in Sri Lanka.

Transmission to humans usually occurs through contact with muddy water which is contaminated with animal's urine and specially when they have damaged skin or wound.
The majority of patients are men, aged 30–49 years, who are agricultural workers or labourers (construction workers). However, there are also reports of outbreaks in affluent populations associated with recreational activities such as white water rafting suggesting a wider range of exposure risks.

**Pathogenesis**

The exact pathogenic mechanism of leptospirosis is yet to be established, but the wide variation in clinical manifestations points to a diverse range of contributing factors. The disease is described as biphasic with a bacteraemic phase and an immune phase. In the bacteraemic phase leptospira proliferate and disseminate throughout the body causing direct tissue damage. In the immune phase, which is marked by the presence of IgM antibodies in blood, leptospira are cleared from most sites of the body but the tissue damage continues due to immune mechanisms.

Leptospirosis can have a markedly varied clinical course. The incubation period is usually 5–14 days, but can range from 2–30 days. Most infections will be asymptomatic or mimic a mild flu and may pass without coming to medical attention. However, a significant number of cases can develop the severe form of illness with multi organ failure and a CFR (Case Fatality Rate) of over 40%. Re-infection could occur with a different serovar.

**Clinical features**

In the initial bacteraemic phase, there is an acute onset of fever with chills and rigors, headache, severe myalgia, nausea and vomiting. Conjunctival suffusion usually appears in the third day of illness and is characteristic but non-specific. Myalgia is characteristic. In the immune phase the fever and other constitutional symptoms may persist in some patients.

On examination, characteristic findings could be ill looking patient, with conjunctival haemorrhage, jaundice, meningism and haematuria. The onset of organ involvement will be apparent in severe disease with the development of oliguria, jaundice, meningism, bleeding manifestations, shock, pulmonary haemorrhages, acute respiratory distress syndrome and myocarditis. The most common organ involved is the kidney with an interstitial nephritis and acute tubular necrosis leading to acute kidney injury. Multi-organ involvement especially pulmonary involvement and renal involvement has higher CFR.

2.1 Subconjuctival haemorrhage with icterus

**Investigations**

1. Full blood count shows neutrophil leucocytosis and moderate thrombocytopenia
2. Inflammatory markers such as C-Reactive Protein (CRP) is very high

3. Laboratory confirmation of leptospirosis is by,
    - A Positive Polymerase Chain Reaction (PCR) test for pathogenic Leptospira
    - A Microscopic Agglutination Test (MAT) titre of ≥1:320 or four-fold rise
    - A Positive culture of pathogenic leptospira which is not widely used
    - Direct examination of urine by dark-ground microscopy

Disease progression and organ involvement can be assessed by serial full blood counts, CRP, urine full report, renal function tests and liver function tests.

**Management**

All suspected cases of leptospirosis should be admitted to ward and started on intravenous antibiotics. Intravenous third generation cephalosporin such as ceftriaxone, cefotaxime or G penicillin are preferred choices. Adding intravenous dexamethasone at the start of antibiotics gives a better outcome awaiting validation through a randomised control trial.

Meticulous fluid management plays a major role in management.

If patient presents with organ involvement, as main pathology is immune reaction, there is evidence that IV Methyl prednisolone 1g daily for 3 days with antibiotics has proven benefit.

If patient develops renal impairment, he may need early renal replacement therapy such as Haemodialysis.

**Prevention**

Pre-exposure chemo prophylaxis is recommended for high risk groups such as farmers, construction workers and before recreational activity such as water sports.

***Doxycycline 200 mg once a week is the recommended dose for prophylaxis***. This should be started few days (within one week) prior to the exposure and continued throughout the period of exposure.

**Dr (Mrs) F G Sivagnanam**
*MBBS MD FRCP FCCP*
*Senior Consultant Physician*
*National Hospital of Sri Lanka*

# PATH OF MEDICINE IN NORTHERN PROVINCE OF SRI LANKA

It's necessary to retrace the path of Medicine in Jaffna that has been trod by our forebears, secondly to realize the current situation and then to assess the various options open to us before choosing the path to follow in the future.

I would like to mention a few documentation of medicine in Jaffna peninsula at this juncture.

Some of Dr Green's students, from left to right: S. Miller, N. Parker, J.H. Town C. Mead, Joshua Danforth and A.C. Hall, all from the second batch of 1850—1853, except Joshua Danforth who was from the first batch of 1848—1850

The influence of western medicine had its impact in Jaffna in the early part of nineteenth century when five members of American Mission Society arrived in Jaffna in September 1816.

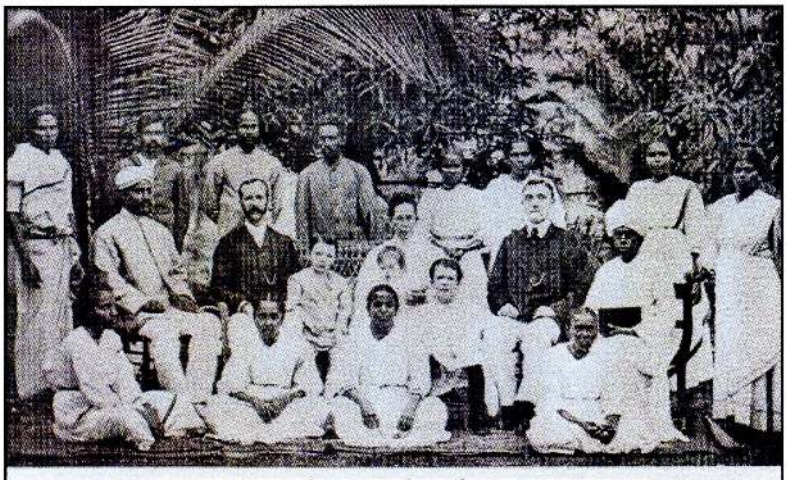
Some form of western medicine practiced for the benefit of Portuguese, Dutch and in early British establishment in Jaffna around 1816. But they were not intended for the local population of Jaffna.

Dr. Richard and Dr. Worren from American Mission Society became the first practitioners of western medicine in Jaffna in late 1818. However, in the brief period available to them they brought the western medicine to the people of Jaffna where it was received in like worm fashion.

In the 1820 is Dr. John Scudder, a Medical Missionary arrived in Jaffna and was

followed some years later by Dr. Samuel Green. They were new Englanders of American Mission Society with its headquarters in Boston. It's to the dedication, enthusiasm and zeal of these two men of western medicine was established in Jaffna one hundred and eighty years ago.

Dr. John Scudder established his dispensary at Pandatherippu in June 1820. Dr. Scudder performed many heroic and successful operations in 1820 are with no facilities for anesthesia, blood transfusion and sterility as obtains today.



Green Memorial Hospital staff, Manipay, 1905

Dr. Samuel Green sailed from Boston to Madras in 1947 and from there to Jaffna in October 1847 crossing the Palk Strait. He set up a dispensary in February 1848 at Manipay and organized the first Mission Medical School with seven students in Manipay. This dispensary has grown into what is now at Manipay as "Green Memorial Hospital"

Mr. Ackland Dyke, the Government Agent of Northern Province with the assistance of Dr. Green and in collaboration with Friend in Need Society of Jaffna established a Hospital called **"Friend in Need Society Hospital of Jaffna"** which was used for Clinical Teaching of medical students in 1861 to 1864.

Dr.Green's First Hospital at Manipay

Dr. Samuel Green was the first surgical giant of his day and was the First Surgeon of the Friend in Nee Society Hospital Jaffna. The Friend in Need Society Hospital, Jaffna as voluntary one in 1907 comes under civil medical Department of Government. However, three qualified surgeons worked at Jaffna Civil Hospital from mid 1920s to early 1930s, they were Dr. I. T. Kularatnam (FRCS), Dr. A.H.C.De Silva (FRCS) and Dr. Milroy Paul (FRCS).

The total bed strength of this hospital was two hundred at that time. Jaffna Civil Hospital became a General Hospital in 1950s. The Ministry of Health with the intention of increasing the output of doctors to meet the needs and demands of the country, the Jaffna Medical Faculty was established in Jaffna, Sri Lanka in 1978.

Jaffna General Hospital also elevated to the status of Teaching Hospital in June 1980.

The Jaffna Medical Association which was earlier termed as Jaffna clinical society was founded in 1941 and the very first president was the late Dr. S. Subraminiam who was a provincial Surgeon during that time.

**Dr.S.Raviraj,** *Consultant Surgeon, & Senior Lecturer,*
*Professorial Surgical Unit, Teaching Hospital,*
*Jaffna & Dean, Faculty of Medicine University of Jaffna*

# FROM THE PRESIDENT'S DESK.....

The sun sets on the horizon near Pensacola Beach, Florida as I come to the end of a long solitary walk. The ocean winds cools me as I reflect on the past and how I developed into the person I am today.

It has been almost twenty-seven years since our medical school came into existence. It was just like yesterday when I started my medical carrier as a second batch student of the newly formed medical school. It was a hot summer day in August 1979 when I walked into the inaugural session in Kaithadi, donning a pair of denim pants, printed shirt and a pair of flip flop... the invitation hidden rolled into my pocket. With this attire I was able to enjoy all other fresh students dress in White and White wearing polished shoes, getting ragged by our beloved Senior Batch Students until I got into the building. When I walked out, you could imagine the consequences I faced. My slippers were thrown on top of the faculty rooftop and my one side of the trousers rolled up to the thighs. Later I had to jump into a speeding bus bare-footed to escape the scene.

After the ragging period was over our relationship with the senior students was very pleasant. We were in an isolated rural setting, housed in a temporary building in Kaithadi. Here life was very harsh with intense temperatures reaching above 90F... luckily we would discover to our great mirth well water to quench our thirst. The boarding facilities were almost nonexistent. There were no cafeteria or any other decent restaurants to have our meals. Only handful of recreational equipment was made available including few ping-pong tables, carom boards and badminton racquets with an improvised court. Yet we had one of the best memorable times during this period despite of all the shortfalls. Even today you can witness the couples resulting from this conducive environment even though our campus was situated in an ultra-conservative rural society. To my surprise the traditional celebrations initiated by us like Block Night, Vani Viza and Oli Viza are still being celebrated.

When I started my faculty sessions there were only handful of teaching staff and most of them were just filling in temporarily before they left abroad except few dedicated staff like Late Prof. Hoover and Prof. S.V. Parameswaran. Later situation improved slightly after the arrival of Prof. Kanagasundaram. Thanks to the Medical Students Union's agitation campaign, which ultimately resulted in the campus moving to the present location at Thirunelvely, which is more convenient and accommodative. During my 3rd and 4th years were the golden times in the history of the faculty with all the departments filled with qualified eminent staff and all five batches of students had been already enrolled.

During those arduous times in the birth of our medical school, we witnessed many growing pains, many twists and turns. Despite the adverse conditions besetting our institution now, I am glad to note that the infrastructure of our system is still preserved and the commitment of our students and staff still vibrant. As a testimony to this, we produced hundreds of sterling graduates from this institution who has established their successful carrier in this country and around the world.

As I walked through the sand on top of the hill I reminisce the career path I have chosen. With a sense of deep gratitude, I reflect on the fundamental acumen and long-lasting camaraderie I have gained from our beloved medical school. As the sun sets, I know I am walking home as I plan a trip of commemoration to my Alma Mater. After 26 years, my heart is filled with great pride being one of the many who helped engender history and traditions of this legendary institution called Jaffna Medical Faculty.

**Andy Somesan, M.D**

**This article was presented to Jaffna Medical Faculty Overseas Alumni (JMFOA) 1st AGM celebration souvenir printed in July 2005. It was written by Dr.Somesan from 2nd batch, Jaffna Medical Faculty and 1st president of the organization.**

# THE EVOLUTION OF CATARACT SURGERY

Cataracts are common. They are the main cause of blindness, with an estimated 20 million people worldwide blind from cataract .The number of cataract operations performed increasing dramatically in recent years. Anyone reaching full life expectancy is more likely to have a cataract operation, than any other surgical procedures combined .The population is on average older and the environment has become more demanding of older people to function independently. Cataract surgery, as it is performed today, is one of mankind's greatest achievements of the last millennium. However, the history of cataract surgery dates back at least 3 millennia earlier. The eye is one of surgery's oldest interests with technical development occurred throughout the 19th century. The benefits could be seen in terms of surgical outcome for the patient – a lower rate of infection, less post-operative astigmatism and more rapid post-operative recovery. These goals still drive technical development today.

**K. Sivasuthan,**
**Consultant Ophthalmologist,**
**Auckland, New Zealand.**

# GERIATRIC REHABILITATION

"Age is an issue of mind over matter
if you don't mind, it does not matter"
Mark Twain

There should be 4 principles followed in Geriatric care. 1) First do no harm. 2) Small changes make big difference. 3) Keep it simple including medication regiments, education etc. 4). Finally anticipate problems and look for common causes. Octogenarians (Above 80years) are the fastest growing population especially in the developing world like Sri Lanka. They are going to cost the bulk of the health care expenditure.

Age is going to be the main predictor of disability. More than 55% of the population above 65years old are going to have 1 or more disability which is affecting their ADL or IADL. One of the common cause leading to disability in the elderly is Frailty. It is defined as clinically recognizable state of increased vulnerability resulting from aging-associated decline in reserve and function across multiple physiologic systems such that the ability to cope with everyday or acute stressors are comprised. More than 25% of the people above 85years are frail.

It is more common in females than males and asians compare to other races. Development of frailty is multi system and progressive. But this can be reversible to some extent. Sarcopenia or muscle wasting associated with aging is another cause of debility. This can be treated with exercise, hormone replacement and nutritional supplement to some extent.

General principles of Geriatric rehabilitation are a) assess Functionality and Avoid immobilization, b) be aware of impact of aging changes c) realistic goal setting for patient and family, d) focus on functional restoration.. not cure; and e) frequent rest periods.Goals of Geriatric rehabilitation are a) reverse deconditioning, b) prevent disability, c) restore function and d) preserve Dignity! Exercise training in the elderly are 1) strength training, 2) balance training, 3) flexibility and 4) Endurance.

Main aim during rehabilitation is to prevent complications. Those are A- aspiration, anoxia, in activity. B- bedsores. C- constipation, contracture and

cognition. D- depression, DVT and DU(Ulcer). E- else (Infection, Incontinence, pain etc.) Rehabilitation techniques focus on Exercises and Assistive devices including orthotics, mobility and adaptive methods.

Specific situations where the rehabilitation is indicated including joint related problems (Elective replacements, fractures and amputation), stoke, general medical problems with debility, post surgical rehabilitation including elective and emergency surgery) and traumatic and non traumatic head and spinal cord injuries. I will discuss these situations in detail during the presentation.

**Andy Somesan, MD, FACP**
*Consultant Geriatrician,*
*Pensacola, Florida, USA*

CancerCare Manitoba
ActionCancerManitoba

MacCharles Unit
675 McDermot Avenue
Winnipeg, MB R3E 0V9

St. Boniface Unit
"O" Block - 409 Taché Avenue
Winnipeg, MB R2H 2A6

www.cancercare.mb.ca

Toll Free: 1-866-561-1026

# *Cancer Control: A Global Perspective*

S. Navaratnam, MBBS, FRCPC, PhD
President and CEO
CancerCare Manitoba
Department of Internal Medicine
University of Manitoba, Canada

Health care in Canada is universal and is delivered through a publicly-funded system by the individual Canadian provinces and territories. Within the province of Manitoba, CancerCare Manitoba is the sole cancer agency responsible for planning of cancer control. In addition to being the leader, CancerCare Manitoba also provides direct services as well as partnering with other health authorities. Cancer research and education is an integral component of the mandate.

The scope of services CancerCare Manitoba provides range from cancer prevention to survivorship and includes community oncology, screening programs, the cancer registry and public reporting on performance, quality and patient safety. Through the Canadian Partnership Against Cancer, national cancer agencies are working together on an action plan to tackle Canada's cancer priorities. The cancer control experience in Canada and Manitoba can provide lessons to other cancer control agencies. *Cancer is a global issue*.

The number of people diagnosed with cancer in their lifetime continues to grow and simultaneously the cost to treat and care for these patients is increasing exponentially. The WHO has called cancer an imminent global disaster. To address this threat CancerCare Manitoba has a long- term plan for sustainability and growth. This strategic plan is evidence-based and uses benchmarking to drive its cancer strategies. A similar approach could be used in Sri Lanka's Northern Province, starting with an Operational Plan, Human Resources Plan, the establishment of key performance indicators and using the region's well-established community-based health care system. This is an essential step to obtain pubic funding and through philanthropy.

The time to start planning is now. The long-term challenges on the horizon for cancer control require strategic planning today to ensure ongoing sustainability and growth of cancer services.

December 2017

# Abstract

Following the catalyst that was the first successful organ transplant in 1954, discovery in the fields of immunology, microbiology and pharmacology have allowed this intervention to take stage in the medical world. As Sri Lanka embarks on its transplantation journey, there is a need for its clinicians, scientists and future leaders to be aware and up to date with this multidisciplinary speciality. The Sri Lankan community has much to gain through exploration of this exciting and challenging frontier.

**K. Vijiyanandan**

## Current Infrastructure Developments
## Medical Faculty University of Jaffna

| Project | Status |
|---|---|
| Eight storied building for Clinical Departments | Construction work will be started from end of December – 2017<br>Cost -700 million |
| Block for Pre/Para-5 storied – Requested from Lyca Mobile as donation | To be prepare the proposal<br>Cost - 262 Million |
| Block for Medical Library | Proposal Submitted to Indian High Commission |
| Bio Medical Centre (BMC) | Proposal Submitted to Chinese High Commission |
| Students Hostel | Land is donated by Alumni<br>Proposal is prepared to given to Chinese embassy |
| Students Hostel- Jaffna Town land | Estimated and Prepare proposal |
| Medical Student Hostel- Kokuvil | Proposal is prepared. |
| AHS Five storied Block | Proposal approved |
| Purchasing Land for Faculty of Medicine | Purchased from generated fund |

| | |
|---|---|
| Renovation works at the **Departments**<br>Anatomy<br>Physiology<br>Pathology<br>Pharmacology<br>Forensic<br>Microbiology<br>Lobbies<br>MEU | Started<br><br>**Ongoing**<br>**Ongoing**<br>**Ongoing** |
| Water supply and electricity | Requested to UGC |
| Expansion of Students Canteen | Completed |
| Re-Structuring of Dean's Office | Completed |
| Rehabilitation of Students Toilets | Progress on going. |

**Current Accademics and Students Detail**

| **Faculty of Medicine** | |
|---|---|
| Batch | Total Number of Students |
| 40th Btach | 150 Nos |
| 39th Batch | 150 Nos |
| 38th Batch | 133 Nos |
| 37th Batch | 138 Nos |
| 36th Batch | 124 Nos |
| 35th Batch | 133 Nos |
| 34th Batch | 105 Nos |
| **Total** | **933 Nos** |

| **Unit of Allied Health Sciences** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Batch/Course** | **5th** | **6th** | **7th** | **8th** | **9th** | **10th** | **Total** |
| MLS | 06 | 19 | 23 | 18 | 22 | 22 | 110 |
| Nursing | 10 | 13 | 18 | 18 | 13 | 22 | 84 |
| Pharmacy | 03 | 10 | 16 | 14 | 15 | 22 | 80 |
| Total | 19 | 42 | 57 | 50 | 50 | 66 | 284 |

| Designation | | Approved Cadre | Permanent | Temporary | Assignment | Permanent Cadre Vacancies |
|---|---|---|---|---|---|---|
| Professor Chair | Senior Professor | 1 | 1 | 0 | 0 | 0 |
| | Professor | 11 | 0 | 0 | 0 | 11 |
| Senior Professor | | | 0 | 0 | 0 | 0 |
| Professor | | | 0 | 0 | 0 | 0 |
| Associate Professor | | | 0 | 0 | 0 | 0 |
| Senior Lecturer GrI | | 58 | 10 | 0 | 4 | 48 |
| Senior Lecturer GrII | | 21 | 21 | 0 | 0 | 0 |
| Lecturer | | 2 | 2 | 0 | 0 | 0 |
| Lecturer (Prob.) | | 19 | 19 | 0 | 0 | 0 |
| Temporary Lecturer/ Temp. Asst. Lecturer | | 6 | 0 | 1 | | |
| Temporary Research Assistant | | 3 | 0 | 0 | | |
| Temporary Demonstrator | | 31 | 0 | 39 | | |
| Temporary Instructor | | | 0 | 0 | | |
| Temporary Tutor | | | 0 | 0 | | |
| **Total** | | **152** | **53** | **40** | **4** | **59** |

Board Room

Deans Office

Biochemistry Department


Biochemistry Department


**Thanking you**
**all**
**who contributed**
**for this**
**Souvenir**

SPONSER SUPPORT