Memories of the life and times in a remote village in Ceylon, as the island was then known, made me recall the path I have travelled over the past five decades. From being a house officer in a teaching hospital, a medical officer in charge of a small three–dozen bed hospital, a registrar in a teaching Hospital and after steady ascendancy to the post of a specialist, today I am a retired medical specialist enjoying the luxury of spare time. It is when my mind meanders freely unhindered by time constraints that events long forgotten reveal themselves in surprisingly clear detail. Some of my reactions and responses may be disputable, especially on deep reflection, but the judgment, morality or the lack of it compels me to place before the readership this account for their critical appraisal. This story revolves round a true incident which time has failed to obscure from my memory.

Three sharp knocks on the closed front door of the two roomed quarters of the hospital interrupted my afternoon nap and made me jump out of the bed in great haste. Having assumed duties in this hospital only a couple of days ago this interruption meant that there is an urgent medical problem which only I could solve. Situated in a remote area in the central hills of Sri Lanka (as it is now known) the Ministry of Health found it extremely difficult to find staff to run this hospital which had only three dozen beds for all types of patients, male, female, paediatric and obstetric. Two apothecaries, (as they were known then but now designated assistant medical practitioners), a midwife and two attendants, a male and female, constituted the whole complement of health care personnel.

As I opened the door I was surprised to see the senior of the apothecaries standing there apologizing for disturbing my afternoon nap. Dismissing his apology with a wave of my hand I assured him that I welcomed being disturbed earlier than later whenever an emergency medical problem arose. Having been briefed that the patient is a young girl in late teens who has had fever, abdominal pain and become delirious I asked the assistant medical practitioner (AMP for short) to set up an intravenous drip of saline and that I will follow him as soon as I am decently dressed to enter the female ward of the hospital. Needless to say that a well dressed doctor always commanded respect and admiration in the rural world. The hospital had fifteen beds for males and the rest for females, children and pregnant mothers.

The nearest hospital where specialist services were available was in Kandy, the hill capital, which was two hours away by road transport. To transfer a patient to Kandy one had to get down an ambulance after booking a ‘trunk call’ through the local sub post office. It is after this that an ambulance would be sent – if one was available! These procedures amounted to at least five hours – four for the up and down journey and a minimum one hour for the trunk call. This compelled me to make a quick probable diagnosis as one had to justify calling for an ambulance to transfer an ill patient whom I cannot care for in the local hospital. An unjustified call meant that I could be surcharged for the cost of the ambulance use!

As I entered the hospital premises I noticed a small crowd of people, mainly relations and well wishers of the patient eagerly awaiting my arrival. The nurse and midwife were coaxing the girl to allow the placement of a needle in a vein in the forearm to start an intravenous infusion of saline. As polythene cannulae were not available at the time keeping a metal needle meant that it could easily puncture the vein if the patient becomes restless. Hence splinting of the forearm had to be resorted to prevent displacement of the needle. On my arrival the staff placed a curtain around the patient's bed for the sake of privacy.

A careful history and a thorough examination of the patient made me realize that it is not a simple medical problem. Requesting the AMP to book an urgent call to Kandy teaching hospital I went out of the ward to seek the help of the parents to get further information about their daughter’s illness. Having cared for gynaecological patients in a teaching hospital in

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1 Retd. Consultant Physician.
Colombo, the capital of Ceylon at that time, a painful
tender lower abdomen with healing abrasions around
the genitalia and an offensive discharge spelt an
attempt at interference with a probable pregnancy. Even
a mere suspicion of such a probability in an unmarried
village lass meant a scandal of such magnitude that
the entire family would be condemned, ostracized or
otherwise made to feel like social pariahs. Therefore I
had to be most discreet and secretive so as not to
arouse suspicion of such a probability even from the
staff of the hospital as they were also residents of
nearby villages and could leak out such information.

On the pretext of obtaining the consent from the
father for transfer of the patient and also for any surgical
intervention I asked him to meet me alone in the office
room of the hospital. He walked in very timidly as
villagers are wont to do and stood at the table without
sitting on the chair offered to him. His face with the
wrinkles across the forehead – long service stripes for
outdoor farming activity – reflected a life of hardship
and austerity, a familiar appearance in the sun-baked
hills. When he placed his hands on the table I noticed
how the veins stood out prominently on the back of
the hand. They struck me forcefully as they resembled
the roots of the large mango tree in the hospital
premises exposed through decades of soil erosion. I
commented that unlike my hands his hands have been
put to good use!

It was then that the farmer opened out saying
that the girl is the only daughter and the youngest in a
family of six. The two elder brothers are married and
living far away from home while the younger two are
helping the farmer to cultivate and sell the produce.
The girl’s brothers and parents were very vigilant and
protective of the girl and did not want her to do any
further studies than what she learnt in the village school
up to the sixth standard. But as her class mates were
venturing out of the village to acquire skills such as
sewing, weaving etc. she too prevailed on her parents
to let her go. With much reluctance they finally gave
up to the sixth standard. But as her class mates were
allowed to attend tuition classes about an
hour’s journey away from the village. In the meantime
the two brothers at home have sensed that a young
man in the neighbourhood is showing an undue interest
in their sister, a fact that they resented and deplored
and about which they have conveyed their feelings to
the sister as well as the parents. However the journey
out of town by bus gave the opportunity for the young
man to meet the girl while waiting for the bus; the
girl’s fellow classmates too have sensed a budding
relationship between the two of them over a period of
many months.

As I was impatiently waiting for the call from Kandy
hospital I was keen to break the news of the
seriousness of the girl’s illness and get the father’s
consent for any surgical intervention. I had to very
gently break the news of the possibility of an
interference with a pregnancy, at the intimation of which
the farmer grabbed the chair with both hands and sat
down. He broke into a sweat, felt faint and requested
for a glass of water which took a few minutes to arrive.
During this period, the man looked furtively whether
there could be others within earshot and whispered
that if the news of a possible pregnancy came to light
there will be catastrophic consequences in the village;
the brothers would resort to murderous assault on the
suspected youth which would then lead to a chain
reaction. He inquired whether there is any other
possibility for a different diagnosis and when I replied
in the negative he buried his head on his hands and
waited for a few minutes. The responsibility of
preventing murders in the village seemed to weigh very
heavily on me which prompted me to seek the help of
a doctor friend of mine, a loyal and dependable one
who was stationed in Kandy.

I wrote a personal note to my friend mentioning
only about ‘severe pelvic sepsis’ as the diagnosis with
no hint of the cause and promising to contact him in
the night when the hospital staff are asleep to speak
to him and explain why I am following an unorthodox
procedure. The note was handed over to the ambulance
driver who was requested to hand it over personally to
the doctor friend in Kandy hospital. I had a plot planned
for execution for which I sought his cooperation and
confidential support. Loyal friend that he was he agreed
to it without demur specially as he understood the
gravity of the predicament that the girl’s parents and
family members were placed in. The ploy involved the
serious process of issuing of two diagnosis cards – one
a ‘real’ diagnosis card for official purposes and another
for the sake of any inquisitive people in the village. As
these cards are going to be written in English we were
keen that the ‘official’ one should be preserved only for
‘official’ purposes and to be kept at home; the other is
meant for the use of any local health care facility. With
this ploy we contrived to divert attention from the womb
to a concealed ‘intraabdominal’ source of sepsis which
responded to conservative management.

The girl was sent back in about two weeks after
intensive course of treatment with the best antibiotics
available at the time with apparently no sequelae in
the short term of three months that I was there.

When I left the rural hospital on transfer to
Colombo I carried with me a guilty conscience that I
have concealed the truth from the villagers and the girl's siblings. I have no remorse that I did what I had to do as the lives of many have been saved as well as protected from unintended scandal for which the girl's innocent family members are not responsible.

In any medical professional’s lifetime it is almost the rule for one to be confronted with dilemmas, moral or ethical which need more than simple ingenuity for a satisfactory outcome. The end result may even call into question one’s motive which may not appear solely altruistic. Unless one is so detached from real life situations or has no conscience that can nag him for life one is compelled to give in to emotional challenges or needs which can be more easily accommodated or rationalised under confounding circumstances. Faced with the very real situation of life threatening consequences in village life when ‘family honour’ is irrevocably compromised for several generations I feel that no one could be faulted for taking steps to mitigate such adverse outcomes or manipulate evidence to divert attention in a less damaging direction. One cannot expect readers to agree with what I have documented above but I wish they could only comprehend the rationale behind my painstaking attempt at a ‘medical subterfuge’. If they could do so my efforts at trying to absolve myself of any guilt, I feel, would be excusable!