

## Medical history of Galle

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Galle Medical Association (GMA) has a long history, probably only second to Sri Lanka Medical Association. It was formerly known as the Galle Clinical Society and expanded its dimensions to evolve to GMA with the inception of Galle Medical Faculty to embrace a wider membership.

Galle occupies an important place in the history of Sri Lanka. Galle has never been the capital of the country at any stage. In an era when communication facilities were very primitive, it would have been difficult to rule the entire country from a more eccentric geographical position such as Galle. However, Galle has been a strategically important city for all the foreign invaders of the country and tell-tale marks of their heavy presence can still be seen in the area.

In Sri Lanka, the ancient native medicine (Ayurveda) was mainly confined to temples and Buddhist priests played a major role in relieving sick in old days. This would have been the case also in Galle before foreign nations invaded our country. The ancient stony boats, which were used to keep patients immersed in herbal preparations can still be seen in some old temples in the area.

Arabs, several centuries ago introduced Unani medicine to Sri Lanka. Unani medicine was practiced widely in areas along the costal line where initial moor settlements were seen. In Galle, there have been Unani physicians prior to the arrival of Portuguese.

When Portuguese arrived in the island in 1505, they established forts in many cities, including Galle. Since there were as many as 262 Portuguese families initially in Galle, their health became an issue. A hospital was established within the Galle fortress and this marked the beginning of the Western medicine in the country.

The Dutch captured Galle in 1640. They established a hospital, again within the Galle fort to serve their people. This hospital was situated

in the fort where the present Kachcheri stands and the adjacent street was named as the "Hospital Street". This hospital complex included surgeon's quarters and a garden for invalids. Services of one senior surgeon, one surgeon and two interns were available in this hospital. However, at times when numbers increased due to ships arrived in the harbour, the number of surgeons was increased.

Dutch paid attention to public health too and particularly the sewage disposal in the town of Galle. Since some parts of the town were below sea level, Dutch engineers used the ebb and flow of the tide to flush the sewage out. There was a network of drains in the Galle fort, below the ground level and this system still functions and carries drainage from houses to the sea. One of the outlets can still be seen while the other has got buried in the sand during the last Tsunami.

Although the Portuguese and Dutch established hospitals in Galle, they catered only for their own people. However when British arrived in Galle and introduced the system of voluntary organizations known as Friend-in-need societies, they had the idea of extending these services to our people. A branch of Friend-in-need society was established in Galle. They set up free hospitals in towns and allowed our people to taste the flavour of the Western medicine for the first time.

According to the records, in 1786, a serious epidemic of small pox occurred in the city of Galle and nearly 800 people died. To curb the spread of the disease, the chief surgeon in Galle, who was in charge of the epidemic vaccinated most of the people. The first civilian hospitals established by the British were for the admission of small pox patients and Galle was one of the first such towns. A major epidemic of malaria occurred in the town of Galle in 1895. According to Dr. Marcus Fernando, who investigated the epidemic, the opening of the Galle-Matara railway was the

culprit of this epidemic. Cases of malaria were found along the railway line, and it was thought that disturbance of the soil and its drainage caused by the opening of the railway led to “liberation of malarial poisoning”. Galle faced two further epidemics of plague in 1922 and 1929. During the plague epidemic in India, Galle was selected as the quarantine harbour for plague infected vessels and this was believed to be the main reason for these two outbreaks.

The concept of “Lock Hospitals” came during the British ruling, in 1867. These were purpose built wards within hospitals to isolate patients with venereal diseases. The idea was to prevent the spread of syphilis and gonorrhoea by restricting the movement of affected patients. Women with suspicion of venereal diseases were locked up and were treated forcibly. They were issued with certificates, when they were clear of the disease. Galle was one of the towns with a “Locked Hospital”.

Mahamodara Hospital has been the corner stone of health care in the Southern province for many decades. The current site of the hospital was purchased in 1869. The main purpose of the hospital was to quarantine immigrant Malabar coolies bound for Morawak estates. They were quarantined and vaccinated against small pox. The hospital was upgraded several times. In 1899, further buildings were added. In 1940, the Galle Hospital had twenty one wards, and an Out Patient Department. The hospital was run by an English matron and nursing sisters but nurses were in short supply. Hospital was over crowded and non-paying wards accommodated extra patients on the floor. Staff consisted of Medical Superintendent, the Medical Officer of Health, Visiting Surgeon, Visiting Physician, Visiting Obstetrician and Gynaecology, Eye and ENT specialist.

The hospital gradually expanded to accommodate most of the medical specialties available in the country then. In 1980 Mahamodara had to accommodate the new Medical Faculty in its fold. Newly established medical faculty struggled for its survival due to numerous limitations. Staff, space and basic facilities were extremely limited. But the enthusiasm of then medical students and handful of dedicated staff was very high.

The Karapitiya hospital was built as a General hospital in 1981 to reduce the congestion in Mahamodara hospital. The purpose was to house some of the crowded wards in the new hospital to reduce the burden at Mahamodara hospital. But unexpectedly the Karapitiya Hospital was upgraded to a Teaching Hospital affiliated to the newly built Medical Faculty. Since then there have been many additions to the original buildings to accommodate the increasing demand for new specialties. Teaching Hospital, Karapitiya now consists of well established indoor and outdoor care services. Indoor services are provided through 50 different units or wards with 1388 beds. Outdoor patient department caters to an average of 900-1000 patients per day.

According to the Hospital Statistics Bulletin published in 2004, in average, there were 350 admissions daily, while daily discharges were 337. Average length of stay was 2 days and the Bed Occupancy Ratio was 79%. In the OPD, in average 1085 patients sought treatment every day. Further 1511 patients were treated in the clinics. This means there were 22761 patients per month attending the OPD for the first time. Staggering number of 54491 patients was treated in the clinics. However data on the number of patients attending the OPD for subsequent visits were not available.

Recent Tsunami changed many things in the region including the Mahamodara Hospital. Relocating the hospital in a safer site has been strongly considered and foundations stone was laid recently in Karapitiya for a state of art hospital dedicated for maternal and child care. Discussions are underway for an Accident and Emergency department, which is a long felt need. A modern cardiothoracic unit was added to the hospital recently and a cancer unit will be added soon. Karapitiya hospital will serve the region for many more decades to come and will secure an important position in the medical history of the region and the country one day.