



THE ROLE PLAYED BY THE CEYLON REFORMED SOCIETY AND THE ORIENTAL MEDICAL SCIENCE FUND IN THE REVIVAL OF TRADITIONAL MEDICINE IN CEYLON/SRI LANKA*

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ABSTRACT

This paper elaborates on how and in what ways the nineteenth century nationalist unrest motivated local elite groups to work together to restore traditional medicine in Sri Lanka which underwent a significant decline as a result of foreign rule for more than four hundred years. It narrates the activities organised by the Ceylon Reformed Society and the Oriental Medical Fund in the context of the colonial government's decision to provide state sponsorship to traditional medicine between 1900 and 1925. This paper is part of a PhD research project which was carried out from 2005-10 employing qualitative data collection and analysis methods to study the development of state patronage for traditional medicine in Sri Lanka from 1900-1980. Research findings reveal that activities carried out by the said groups and organizations paved way for the institutionalisation of traditional medicine on a fairly equal footing with Western medicine in pre-independence Sri Lanka.

Key Words: Ceylon/Sri Lanka, Traditional Medicine, Ceylon Reformed Society, Medical Fund, Colonial Rule

INTRODUCTION

Sri Lankan native culture suffered a mammoth decline as a result of prolonged colonial rule by three western imperial powers, first by the Portuguese, second

by the Dutch and finally by the British. Research findings on Sri Lanka's colonial era reveal that Traditional Medicine (hereafter TM) also faced a significant decline in the backdrop of popularising

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western medicine during four hundred years of colonial rule in the country. C.G. Uragoda (1948), a practitioner of western medicine states:

... under Portuguese and Dutch rule in the island, the threat to TM was not significant. However, it was different during the British rule ... the entire country came under the British, thus removing all indigenous royal patronage for Ayurveda. Added to this, the positive state sponsorship of western medicine by the British saw the decline of Ayurveda that began at the turn of the century and lasted till its close. (p. 12)

Wijerama (1949, p. 5), another western-trained physician, states that “as a result of western contact there was a rapid deterioration of TM, and now what was left in the island was only the memory of what it was in the past.” The two western trained physicians’ views on the subject reveal that there was a common threat faced by TM in Ceylon, and Ayurveda was losing its once prestigious position under the British rule.

The two critics also believe that despite official negligence by the state, TM continued to survive as the medicine of the majority especially in rural areas of the colony since these were people who were least exposed to the inroads of western medicine. There was a large number of TM-based lineages (*Gurukulas*) still active in many parts of the country during the British rule.

In all actuality, loss of state patronage to TM was the starting point for revival. During British rule elite health practices were separated from the privileges associated with political power. This was not the case in traditional Ceylon/ Sri Lanka. Traditionally, there was

royal/political patronage for medicine. In the absence of such patronage and in a context where medicine was not supported by politics, TM practitioners were compelled to revive their practice on their own as a subsistence method. This political and economic context became the starting point for the revival of traditional medicine in the twentieth century in Ceylon.

The main purpose of the present endeavour is to review literature on the revival of TM to shed light on how native scholars and elite groups painstakingly embarked on a journey to restore it during the first part of the twentieth century in British Ceylon. The significance of this effort lies in the fact that it traces the survival of TM through unaccommodating times, and comprehensively explains, in light of historical developments in colonial Ceylon regarding TM, the seemingly paradoxical occurrence of certain western medical practices being entertained within the TM tradition in current Sri Lanka.

The discussion of this review is mainly focused on how the activities organized by the Ceylon Social Reform Society and the Oriental Medical Science Fund (hereafter Medical Fund) contributed together to the restoration, institutionalization and modernization of traditional medicine in the pre-independent Sri Lankan Society. It further elaborates on how their activities influenced the British to take a different stance on TM despite the rigid policy they had on the subject in the past.

THE ACTIVITIES OF THE CEYLON SOCIAL REFORM SOCIETY

When Buddhist monks, the Ceylonese elite and the public organized protests in many parts of the colony in order to liberate it from foreign rule, their campaign activities had an enormous impact on local western educated intelligentsia, causing them to break their silence and join the former to work towards a common goal (Jayathilake 1987). It was against such a backdrop that a group of western educated individuals formed the Ceylon Social Reform Society on 29 July 1905 to make their presence perceptible in the struggle for national liberation (Ceylon National Review 1906). The office-bearers of the Society comprised the following members: Dr. A. Coomaraswamy (president), Mr. Abdul Rahaman (vice-president), Mrs. M. Musaeus Higgins (secretary), Mr. Donald Obeysekera (treasurer), Mr. C. Batuwanthudawa, Mr. E.R. Gunarathne, Hon. Mr. S.N.M. Hulugalle and Mr. Peter de Abrew. In addition, the following were appointed honorary members: Prof. Alfred Russell Wales (British), Annie Besant (Fabian, British), Sir H. Burry (British), Henry Steel Olcott (American), Prof. T.W. Rhys Davis (British) and Prof. Wilhelm Geiger (German) (Ceylon National Review 1906, p. 8).

Importantly, prominent members of the Ceylon Reformed Society possessed strong intellectual backgrounds. For instance, Dr. Ananda Coomaraswamy, whose father was Tamil and mother British, had a doctorate in geology and later became an art historian of South Asia. Professor Rhys Davis had his training in the philology of Ceylon and became a scholar of Buddhism. In

addition, he established what was to become the well-known London Pali Text Society that for the first time translated the scriptures of Theravada Buddhism into English (Deraniyagala, Kannangara & Lenora 1961). The composition of the Society suggests that it was unique in that it consisted of both foreign and local personnel and it aimed at promoting the arts and culture of Ceylon. The Society's leadership advanced a common platform that aimed to facilitate coexistence among diverse communities and promote respect and freedom to adhere to their own cultural heritage.

Consistent with the Society's politics, the leaders sought to attract members from diverse socio-political backgrounds and to include local and foreign scholars who could offer their experience, expertise, and passion for preserving Ceylon's artistic and cultural heritage. As the president of the Society Ananda Coomaraswamy in his inaugural speech states that "the main objective of this Society is to encourage people of this country to practise their local culture without imitating European culture blindly. The Society also expects to protect the ancient arts and culture of the island, and cultivate unity and cooperation among all its nationalities" (Ceylon National Review 1906, p. 6).

The Society began to focus on TM after Donald Obeysekare, a member of the Ceylon Legislative Council, became its president on 2 May 1908 (Deraniyagala, Kannangara & Lenora 1961). In his presidential address, Obeysekare mentioned that the main task of the Society under his leadership was to revive the practice of TM in the country. The committee members expressed their enthusiasm about Obeysekare's proposal

and as its first important activity passed a resolution to reform the arts and culture of Ceylon¹ (Jayathilake 1987). At the end of the meeting, Obeysekare made the following remarks:

Sinhalese and Tamil Medical Science is a subject to which the Society has devoted its attention and to which it can usefully devote more attention. The History of Ceylon shows us that Ceylon has had a Medical Science in varying advanced conditions for centuries past. In the third century B.C. there were well-equipped hospitals in the island. History tells us that King Dutugemunu (B.C. 161-137) established and maintained eighteen large hospitals in various parts of Lanka, and that he further appointed and maintained a Medical Officer for every group of 16 villages throughout the country. It further tells us that King Buddhadasa (332-362 A.D.) not only ordered that there should be a physician appointed and maintained by government for every group of 10 villages throughout the country, but also presented a copy of his book on medical science, the *SaraththaSangrahaya*, which is still considered to be a significant authority on the subject, to the physicians appointed. Even during the Dutch period of Lanka's History, Medical science was in such a flourishing state in the land that the Reverend historian Buldusus writes as follows: "For the rest Ceylon is sufficiently provided with medical herbs and, they

cure all their distempers. With green herbs, their physicians are better versed than many of our pretending surgeons. God Almighty has provided remedies suitable to the dispensers of each country" (Deraniyagala, Kannangara & Lenora 1961, p. 3).

Obeysekere justifies the revival activities by drawing examples from historical evidence of the field. Specifically, he glorifies the Society's commitment to TM by invoking such names as Dutugemunu and Buddhadasa, revered kings among a long list of Sinhalese kings. In addition, mentioning the names of foreigners also provided an added strength or legitimacy to their movement to gather momentum to demand for a revival in TM from the British. However, Obeysekare was not exclusionary. The other significant point that he made in his deliberation was that the Society ought to promote the revival of both Sinhalese and Tamil TM systems. This shows that the early TM revival movement stood more for a common goal than a communal one.

The Society collected voluntary donations from its members who were enthusiastic about the resurrection of TM in the country, for the purpose of setting up a TM university and hospital between 1908 and 1910. The following individuals donated money towards the success of the project:

TABLE 1: THE LIST OF INDIVIDUALS WHO DONATED MONEY TO THE CEYLON SOCIAL REFORM SOCIETY

Name of donor	Amount
Donald Obeysekare	Rs.5000
E.R. Gunarathne	Rs.5000
L.W.A. De Soyza	Rs.5000
A.J.R. Soysa	Rs.2500
A.M. de Silva	Rs.2500

F. R. Senanayake	Rs.2500
Sir S.C. Obeysekare and Lady Obeysekare	Rs.2000
N. I. S. MutusamiPillai	Rs.1500
A.E. Rajapaksha	Rs.1000
C. Gnanasekaram	Rs.1000
J.P. Obeysekare	Rs.1000
J. Samaradivakare	Rs.1000
Lambert S. Pieris	Rs.1000
Mr. P.A. Peiris and Mrs. Peiris	Rs.1000
Mrs. J. Henry Perera	Rs.1000
Mr. X	Rs.1000
R.S. Peiris	Rs.1000
S. Obeysekare	Rs.1000
Simon De Fonseka	Rs.1000
Tudor Rajapaksha	Rs.1000
W. A. De Silva	Rs.1000
W.M. Rajapaksha	Rs.1000
Walter P. Bandaranayake	Rs.1000
A.S. F. Wijegunaratne	Rs.600
C. Nawasivayam	Rs.600
V.P. Alles	Rs.500
T. Sokkanadan	Rs.500
A. Cafoor	Rs.500
M. Sagar	Rs.500
P.B. Umbachchi	Rs.500
K. Balasingham	Rs.250
D.D. Peiris	Rs.250
W. Dias	Rs.125
Total	Rs.45, 335.00

Source: Deraniyagala, Kannangara, & Lenora 1961, Appendix B, 14.

This list of contributions shows the eagerness especially of the elite to resurrect the native culture of Ceylon. It also reveals that people from all ethnic backgrounds had donated to this common cause.

THE ESTABLISHMENT OF THE ORIENTAL MEDICAL SCIENCE FUND

Members of the Reform Society established the Oriental Medical Science Fund (hereafter the Medical Fund) in 1910 (Deraniyagala, Kannangara & Lenora 1961). Dr. A.A. Samarathne, a well-known TM physician at the time, made a proposal to establish the Medical Fund. Mr. Balasingham seconded and

committee members unanimously supported it. At the end of the meeting, Obeysekare made the following remarks on the state of TM during the time under survey:

I believe you all accept the fact that native medicine is the most important science at present in our country. Since time immemorial, it received state patronage of the Sinhalese kings. Even at present, the government should extend its support since seventy-five per cent of the people in this country still seek medical assistance from Vedaralas at times of illness. Therefore, we should not let it perish, instead, let us promote and preserve it by providing training to persons who are keen in pursuing future careers in this field. In order to achieve this objective, we believe that the government should extend its support in our present endeavour. (Deraniyagala, Kannangara & Lenora 1961, p. 8)

In his speech, Obeysekare highlighted three main reasons for seeking state patronage to reform TM in Ceylon. Firstly, although the British officials neglected TM during their first seventy years of rule, Sinhalese kings supported it in the past. Secondly, he pointed out that seventy five per cent of the people resorted to TM treatment at times of illness. However, the figure that seventy five per cent of the population sought TM treatments during that period in Ceylon should be seen as symbolic rather than actual, since there is no indication of a statistical attempt to understand how many people resorted to local healing traditions. However, one can assume that the majority of people in Ceylon sought treatment within the households during times of illness. Finally, he emphasised the need for more practitioner training so that they could

provide better care for the people of the colony.

By 1910, the Medical Fund had accumulated Rs. 42129. 65, far less than their goal of Rs. 131000, needed to establish a TM university and hospital to train students. As the funds were inadequate for undertaking the proposed project, the Medical Fund managers decided to deposit the money in a bank account and use its interest to send Ceylonese students to Indian universities for training in Ayurveda. Meanwhile, the following fifteen member temporary board of trustees was appointed to manage the day-to-day activities of the Fund on the 07 February 1915: W.M. Abdul Rahaman, K. Balasingham, S.D. Bandaranayake, A.N.L. De Silva, A. Kanakasabe, Sir A.C. Obeysekare, Donald Obeysekare, T.B.L. Moonamale, D.D. Pedris, P.A. Peris, F.R. Senanayake, A.C. Thilakarathne, Tudor Rajapaksha, A.J.R. De Zoysa, and L.W.A. de Zoysa (Deraniyagala, Kannangara & Lenora 1961, pp. 4-5). The list of names reveals that the board comprised members from diverse backgrounds and that the reform of TM was not exclusively a Sinhalese Buddhist concern.

A permanent board of trustees was appointed at the meeting held at the Pettah Library on 17 February 1915. Paul Peris was appointed president of the Medical Fund. Balasingham proposed his name and Abdul Rahaman seconded it. Subsequently, Abdul Rahaman moved that Donald Obeysekare be appointed secretary of the Medical Fund, which George De Seram seconded. Donald Obeysekare moved that Zoysa be chosen as treasurer of the Medical Fund, which Abdul Rahaman seconded. The following list of persons was selected to

be the members of the board of trustees for the management of daily activities of the Medical Fund: W.M. Abdul Rahaman, K. Balasingham, S.D. Bandaranayake, A. Kanakasabe, Sir. A.C. Obeysekare, T.B.L. Moonamale, D.D. Pedris, F.R. Senanayake, A.N.L. De Silva, A.C. Thilakarathne, Tudor Rajapaksha and A.J.R. De Zoysa (Deraniyagala, Kannangara & Lenora 1961, p. 5).

The formal functions of the Medical Fund came into being on 13 March 1915 after the establishment of two sub-committees: (1) a constitutional committee to formulate rules and regulations of the Medical Fund, and (2) a legal draft committee to put forward conditions to negotiate with the government to win legal recognition for the Medical Fund. The former committee comprised K. Balasingham, Donald Obeysekare and Paul A. Pieris while the latter consisted of Abdul Rahuman, K. Balasingham A. Kanakasabe, Sir C.S. Obeysekare, T.B.L. Moonamale and A.J.S. De Zoysa (Deraniyagala, Kannangara & Lenora 1961, p. 8). Balasingham and Obeysekare, members of the Ceylon Legislative Council, were especially well suited for the task of building a rapport with the government to address matters pertaining to TM in Ceylon. These two members were the most influential persons who shouldered a considerable responsibility of the Medical Fund for resurrecting TM of the colony. Balasingham was a Tamil and one of the most respected statesmen among the local representatives in the Ceylon Legislative Council while Obeysekare hailed from a respected TM physician family (his father was a famous TM practitioner during that time) (Jayathilake 1987).

The members of the Medical Fund strove to influence the government to revise its stance on health traditions in Ceylon. Since the inauguration of the Ceylon Social Reform Society, Balasingham had maintained close contacts with the government and is believed to have briefed the government on the Medical Fund's on-going efforts to revive TM. Meanwhile, taking advantage of the existing mutual relations between the government and the Medical Fund, a proposal was drafted seeking financial support from the government to start a TM university and hospital. The sub-committee involved in drafting the proposal included Donald Obeysekare and L.W.A. de Zoysa. Within a very short period of time, the sub-committee presented the proposal to the government for the receipt of state assistance to the project (Deraniyagala, Kannangara & Lenora 1961).

On behalf of the Fund, K. Balasingham forwarded the following proposal to the government in 1916:

Government can confer a great boon on the people by extending its patronage to the system of medicine on which they still rely for the most part, especially as these systems are worthy of encouragement on the testimony of those most competent to judge. Owing to the want of encouragement the study of our medical science is now being neglected and an increasing number of persons take to the practice of medicine with a superficial knowledge of the subject. Encouragement may be given to the indigenous system in several ways: (1) by the establishment of an *Ayurveda* College and hospital in Colombo, (2) by appointing a lecturer in Oriental Medicine to the Ceylon Medical College, (3) by the granting of subsidies to hospitals and

dispensaries opened by competent medical men in suitable places, (4) by the granting of scholarships to highly qualified Western doctors for research in Oriental Medicine, (5) and by the creation of a Board of Indigenous Medicine if the government cannot undertake this work (Jayathilake 1987, p. 174).

The proposal argued for the institutionalisation and professionalization of TM on grounds that the government could not readily comprehend the prospect of a totally unregulated TM sector. They framed their argument for the promotion of TM by using the same conceptual framework of legitimacy/resistance as their orthodox allopathic counterparts. Finally, the government realised that the proposal was compelling and responded positively in 1916 stating that it was prepared to consider favourably a practical scheme to grant assistance to those seeking to practice TM (DO 109/4 Sessional Paper XXIV 1947). The then governor Sir Edward Stubbs responded to the memorandum stating the following on 16 July 1916:

The history of the Vedaralas is something like that of herbalist in Europe. Before modern systems were invented herbalists were in many cases men of learning who knew what they were doing and why later they degenerated into quacks. Why should not wealthy men provide an institution for studying and teaching the indigenous system so as to raise the level of the Vedaralas? Think it over and if you get something started I will see if we can help. In Hong Kong there is a hospital where on one side patients are treated according to western methods and on the other according to the Chinese system, patients choosing which they prefer. Why not try something of the kind? Dr. Kelly could tell you how it is run (Jayathilake 1987, p.174).

Arguably the British colonial government in Ceylon could not continue to be indifferent to the demands of the Medical Fund because a number of social movements mounted pressure on the government demanding freedom from foreign rule. The other anti-colonial groups included nationalist groups, liberal intellectuals, the Ceylon Temperance Movement, the labour movement, and constitutional and political reform groups (Bandara 2007). At the same time, contemporary nationalist struggles like the one in India and other colonised countries would have made a considerable impact on the British colonial government in Ceylon to reassess its approach of forcing its will on local populations. The government made some legislative concessions to its ruled and responded to the Medical Fund's proposal in order to create a more favourable environment for its vested political and economic interests in Ceylon.

Besides state patronage and legal recognition for TM, the Medical Fund initiated several other activities aiming to revive TM. Consistent with the Medical Fund members' academic backgrounds and liberal orientation, the Medical Fund sought to develop TM linking its development with the advancement of Western medicine. This strategy was, in part, an attempt to keep up with the competition posed by Western medicine and also an attempt to learn from it. All members of the Medical Fund realized that in order to face these challenges, a practical mechanism was needed to acquire such knowledge. The Medical Fund's members realized the only long-term solution that it was left with was providing scientific training to individuals

who showed a keen interest in pursuing their career in the field of TM (Edirisinghe 1962).

As mentioned earlier, one of the main objectives of establishing the Medical Fund was to provide training to students who were keen in pursuing a career in the field. However, it was not an easy task to persuade the public because its members had to confront some traditional physicians who fiercely opposed any form of change in the field for they feared losing their professional status to newly qualified practitioners returning from India (Deraniyagala, Kannangara & Lenora 1961). No doubt a portion of them were arguably quacks or bogus certificate holders who felt that they would be threatened once the newly trained practitioners with new knowledge entered the field to practice medicine. In such a situation, the former would not be able to exploit people any longer but rather they would lose their basic means of survival while the latter would have dominated the field.

Nevertheless, the Medical Fund did not bow to the pressure and searched for reputed Indian universities to send Ceylonese students for training in Ayurveda (See Table 2 for a list of students sent to India for training). For the first time, a batch of four candidates out of fifteen applicants was selected on 12 February 1917. The selection committee comprised a group of eminent persons including Abdul Rahuman, L.W.A. De Zoysa, Donald Obeysekere, Rev. M. Ghanissara, W.F. Gunawardana, Sir S.C. Obeysekere, P.A.P. Peris and F.R. Sennayake while O.C. Thilakarathne assisted the committee to select qualified candidates. The Medical Fund invited

most Rev. Sooriyagoda Sumangala to be the guest of honour at the scholarship awarding ceremony. In his speech, he declared that sending students to India for training was a significant milestone in the endeavour to resurrect TM and the Medical Fund fulfilled an urgent need of the time. Rev. Sumangala believed that upon their return these students would help mould more competent physicians and enhance education in the field of TM in Ceylon (Deraniyagala, Kannangara & Lenora 1961).

Meanwhile, the Medical Fund appointed Balsingham and Donald Obeysekere to facilitate a smooth passage for the students who were selected to pursue training in India. Of the four trainees, G.P. Wickramarachchi and R. Buddhadasa were sent to Ashtanga Ayurveda College, Calcutta, Rodrigo was sent to the College of Ayurveda in Madras and the fourth was selected to receive training in the Western medicine-based hospital at Naimakattu in Jaffna, Ceylon. This research did not uncover the reason for the Medical Fund sending the fourth scholarship holder to a Western hospital. The Medical Fund provided the three students headed to India with travel expenses, a book allowance of (Rs. 50) and a monthly stipend of (Rs. 30) for the four-year training period. The local student was given Rs. 30 as a monthly allowance for the three-year training period (Deraniyagala, Kannangara & Lenora 1961).

As there was a growing interest in pursuing higher education in TM, the Medical Fund's board passed a resolution to set common criteria for its scholarship applicants and required candidates to know both English and Sanskrit. The

Medical Fund also required trainees to provide satisfactory progress reports on a quarterly-basis carrying the endorsement of their college principal. If the Medical Fund's board found that the reports of the

trainees were unsatisfactory, the Medical Fund reserved the power to declare their scholarship null and void (Deraniyagala, Kannangara & Lenora 1961).

TABLE 2: THE LIST OF STUDENTS WHO WENT TO INDIA FOR TRAINING, 1918-1925

Name of trainee	Year of training	University
U.S. Bastian Coorey	1st June 1918	Calcutta
D.D. Obeysekare	1st June 1918	Calcutta
U.L. Wimalajeeva	1st June 1918	Calcutta
Munidasa Rajapakshe	1st June 1918	Calcutta
D.D. Jayasinghe	1st June 1918	Calcutta
C. Sambashiva Aiyayr	28th July 1919	Calcutta
W.T. Gunawardane	28th Oct. 1922	Calcutta
S.P.W. Siriwardane	28th Oct. 1922	Calcutta
S.D.S. Gunsekere	28th Oct. 1922	Calcutta
W. Piyadasa	28th Oct. 1922	Calcutta
M.D. Edwin	23rd Sep. 1923	Calcutta
R.B. Lenora	23rd Sep. 1923	Calcutta
G.D.A. Wijsekere	23rd Sep. 1923	Calcutta
S. Wickramasurendra	25th Aug. 1925	Calcutta

Source: Deraniyagala, Kannangara, & Lenora 1961, Appendix C. 14-15.

The majority of students who went to India received their training at Ashtanga Ayurveda College in Calcutta while in later years some students were sent to Vishvanath Ayurveda College, also in Calcutta. The former was the first TM College established in 1916 which integrated Western and Indian Ayurveda medicine. It was considered a more prestigious institute for receiving training in the field than the other college because of its reputed teaching staff, superior infrastructure facilities, and most importantly its well-designed academic curricula designed to equip its trainees for meeting new challenges in the field (Jayathilake 1987). The college later expanded its academic activities

to provide postgraduate programmes in the field of Ayurveda not only for local students but also for students from other countries. In the early 1960s, Ceylon was able to build its institutions for providing training to undergraduates in TM, but the majority of the postgraduate trainees received their training at Indian universities especially at the College in Calcutta (Kumarasinghe 1982).

However, it is noticeable that there was no consensus on what was considered a sound education because some practitioners who received their education at other places levelled severe criticism against the quality of education received at the said college, accusing it of trying

to destroy Ayurveda. They criticised the training provided by Ashatanga College in Calcutta as neither Ayurveda nor Western medicine, but inferior in every way (Jayathilake 1987). Nevertheless, many disagreed with what they believed to be unfounded and distorted accusations by an inconsequential minority of TM practitioners both in India and Ceylon. Arguably it was the Calcutta graduates who played the most significant role in promoting and reviving TM in pre- and post-independence Ceylon/Sri Lanka (Kusumarathne 2005).

In addition to sending students to India, the Medical Fund financially supported the publication of books and dissemination of knowledge on TM. The Medical Fund allocated Rs. 200 to Dr. Attygalle, a well-known western medical practitioner, for the publication of his book *Sinhalese Materia Medica* which was launched on 29 December 1918. The Medical Fund later prepared the required legal documents to retain the sole right to publish the book for the benefit of the future generations and bought twelve copies of the book at the price of Rs. 50 for the distribution among other libraries in the country (Deraniyagala, Kannangara & Lenora 1961). The Medical Fund also promised that it would pay Rs. 5000 to Bandara Baddewela, the reputed TM snakebite specialist, if he were to prove to the Ceylon Branch of the British Medical Association the efficacy of his TM plants at an exhibition held in Colombo. Donald Obeysekare and S.W.R.D. Bandaranayake organized the necessary preliminary research activities on behalf of the Medical Fund. However, there is not enough information to verify as to whether the exhibition was held

and the pledged money was awarded to Baddewela (Deraniyagala, Kannangara & Lenora 1961).

In 1919, the Medical Fund further requested Dr. T. Shivasubramaniam of Naimakattu Hospital in Jaffna to undertake a research project to collect data to compile a book on Tamil TM literature and to nominate someone for training in India. In response, Shivasubramaniam nominated Mr. C. Sambashiva Iyyar, a Tamil and Jaffna resident for training under the Medical Fund's scholarship scheme (Deraniyagala, Kannangara & Lenora 1961). This initiative shows that the Medical Fund's intention to promote TM was not driven by ethnic and religious considerations.

Amidst all the promotional activities in the field, the government decided to change its stance on TM and extended its support for the initiatives that the members of the Medical Fund made in 1916. However, their procrastination was evident as it took three years for the government to give a favourable answer to the proposal that the members of the Medical Fund had made in 1916. As the first step, the government decided to allocate a site for building a university and hospital to provide training facilities to students. Thus, "In 1919, a building site in Colombo was offered by the government to the Oriental Medical Science Society for the establishment of an Ayurvedic College and Hospital, but it was withdrawn in 1922, as the funds then collected were insufficient for building and equipping the proposed institutions" (Deraniyagala, Kannangara & Lenora 1961, p. 6).

Due to its investment in students training in India and TM related publications, by

1922 the Medical Fund had only Rs. 63, 706.52 and this money was inadequate to start the proposed university and hospital. Meanwhile, the secretary for Colonial Affairs corresponded with the Medical Fund stating his wish to appoint a committee to plan a university and hospital to enhance TM in Ceylon. Subsequently, the Medical Fund appointed a committee of which Balasingham was the chairperson and F.R. Sennayake was a member. The committee designed and submitted a proposal to the Ceylon Legislative Council in 1926.

The government took another step in support of TM when it decided to issue the public newspaper Gazette notification No. 1397, recognising the Medical Fund as a government approved institute on 11 April 1924. Having been encouraged by the government's positive move to legally recognize the Medical Fund, its membership appointed new members to continue its activities for the next three year period from 1924 to 1927, in a much more effective and organized manner. They chose Donald Obeysekare as secretary, F.R. Senanayake as treasurer and Thomas E. De Sampao as president (Deraniyagala, Kannangara & Lenora 1961).

Finally it could be mentioned that even without an institutional set-up like the other TM institutions in Ceylon, the Medical Fund played a considerable role in promoting TM education in the first quarter of the twentieth century by sending students to Asthanga Ayurveda College of Calcutta for training from 1926-48. Similarly, it took another step forward to promote TM education in the country by sending students to Calcutta to complete their postgraduate studies

in 1940. Pundit William Alwis, K.P.G. Jayathilake and R.B. Lenora were some of those who received such training. After they returned to Ceylon, they contributed immensely to the development of TM in pre-and-post independent Ceylon. Later, they became luminaries in the field. Others became well known in the fields of teaching, administration, and the practice of TM.

CONCLUSION

The literature review on the reform of traditional medicine in the early years of the twentieth century reveals that the combined efforts of Ceylon nationalist movements against the colonial regime in the 19th century played an important part in the early efforts at reviving the status of TM practice in the country. Their efforts, in turn, inspired members of the Ceylon Reformed Society, the Ceylon Legislative Council and the Oriental Medical Science Fund to act in a more cohesive manner during negotiations with the British colonial authorities to increase the level of state patronage for TM in the first part of the twentieth century.

The Imperial government's policy of transferring power from the centre to the peripheral colonies and its decision to share power with the Ceylonese through the agencies of the Ceylon Legislative and State Councils helped organize efforts at formalizing state support for TM. Council-based activities provided a forum at which local leaders were able to demand that TM be reformed and formalized. Given that healthcare reforms were made an important part of the colonial government's new welfare practice, it is striking that TM figured prominently in the colonial government's plans to develop

new schemes to improve the health of the general population.

The British colonial state in Ceylon sought to draw upon western medicine and Indian Ayurveda as models for the reform of TM and the Ceylonese elite, generally speaking, supported this approach. Indeed, several nationalist leaders shared the view that this hybrid model of reform of practice was the most practical way to preserve TM traditions alongside the expanding western medical services in the region. The survival of Sri Lanka's legacy of TM to date owes largely, if not entirely, to this colonial episode of revival and the timely decision to fuse TM practices with its western counterpart to keep up with changing times and circumstances.

NOTES

1. It should be noted that the Ceylon Social Reform Society was not only engaged in preserving TM, but also in carrying out a number of art and culture promotional programmes during that period to uplift the county's long-surviving literary traditions. For example, under the authorship of Professor Rhys Davis, the Society was able to lay the groundwork for preparing the first Pali-English dictionary project. For more details see Jayathilake (1987).

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