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# The State of Traditional Medicine in British Ceylon/ Sri Lanka: 1900-1925

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### ABSTRACT

With the conquest of Ceylon/ Sri Lanka for more than four centuries by three European colonial powers (1505-1948), traditional medicine suffered a significant drawback and lost the royal patronage that it received under ancient Sinhalese monarchs. This paper studies the status of traditional medicine during British rule from 1900-1925. Therefore, the objective of this paper is to examine how the British perceived traditional medicine, the status of traditional medical practitioners under their rule and the ways that they manipulated the opium act to discourage traditional medical practitioners from using it in their practice. Both primary and secondary information was collected at various institutes in the United Kingdom and in Sri Lanka for this study. This research project used only qualitative data collecting techniques such as collecting archival-based material using a digital camera and conducting in-depth interviews employing in-depth-interview-guideline to gather information from key informants. In order to analyse the collected data, the two qualitative data analysing techniques, namely them-list and content analysis techniques were used. The findings of this study reveal that the British had a meagre interest in developing traditional medicine during the stipulated period in this paper. Therefore, they did not have interest in investing money to develop traditional medicine because they were interested in promoting western medicine and western medical practitioners were treated superiorly over their traditional medicine counterparts. They did not wish traditional practitioners to use opium in their treatment but after numerous efforts by traditional medicine enthusiasts, they reluctantly allowed limited use of it. Research findings of this study invite future research in this area because there is no thorough study done so far done on this subject.

## 1. Introduction

According to the Sinhalese Great Chronicle, *The Mahavamsa*, Buddhism was introduced to the island in the third century B.C. by the Reverend Mahinda, a son of the Great Emperor Asoka of India. This had the most profound impact on the island's culture until the Portuguese arrived in Sri Lanka in the fifteenth century A.D. [1]. Since the introduction of Buddhism, Sri Lanka developed a sophisticated and an independent hydraulic civilization and it continued until its subjugation to western colonial rule in the fifteenth century A.D.

As far as Traditional Medicine is concerned (from now on TM), information remaining in various

historical records, slab inscriptions, rock inscriptions, palm leaf writings and medical artifacts on the subject reveal that ancient Sri Lankans developed a mesmerizing pluralistic TM healthcare service. The TM-based health pluralism comprised *desheeya chikithsa*, Ayurveda, Siddha, Unani, Acupuncture and number of other local traditions. The ancient Sinhalese kings were of the view that it was their responsibility to allocate financial resources from the royal treasury to provide healthcare service for the wellbeing of the people [2].

However, the native Sri Lankan culture experienced a far-reaching decline in all aspects of its long surviving civilization for more than four hundred years due to colonial rule by three western powers against the will of its native population. Thus, the Portuguese (1505-1656), were the first colonizers to establish a territorial government in Ceylon. However, they were able to occupy only the coastal region of the island as there were few local kingdoms operating in the interior of the country during this period. The Dutch (1656-1796), then expelled the Portuguese and continued to rule the Maritime Provinces that their predecessor occupied. Subsequently, the British (1796-1948) displaced the Dutch, in turn, after conquering the coastal areas in 1796. This was not the limit of their power as they annexed the Kandyan Kingdom through an agreement, known as the Kandyan convention in 1815, which allowed them to control the whole island until 1948 [3].

The native society suffered a significant drawback in all spheres of its culture during British rule when compared to other two predecessors' rule since the British were able to govern the whole country and they reined the country for a longer period than the other two colonial powers. In the wake of the establishment of western medicine in the country, traditional medicine lost royal patronage that it received under ancient Sinhalese monarchs and its practitioners were treated inferior to their western counter parts.

### Objectives and limitations of the study

The current subject matter that this paper deals with is a poorly researched area by previous researchers irrespective of the fact that the information related to this period is rather crucial to understand the history TM in Sri Lanka. Therefore, the attempt of this paper is to bring all available scattered sources on the subject together to investigate the state of TM during the first quarter of the twentieth century under British rule and elaborates on the ways in which the long surviving native medical traditions have been neglected in parallel to their attempt to popularize western medicine. This analysis focuses on how the British perceived TM, professional status of TM practitioners under their rule and the ways that they manipulated the opium act for its use by TM practitioners.

## 2. Methods of Study

This paper is based on a study carried out as a part of my doctoral thesis submitted to the University of London. Primary and secondary information was collected at various institutes both

in the United Kingdom and Sri Lanka. This research project used only qualitative data collecting techniques, such as, collecting archival-based material using a digital camera and conducting in-depth interviews with key informants employing an in-depth-interview-guideline to gather information. Data was analysed using two qualitative data analysing tools, namely, theme-list and content analysis techniques.

After the British took over the whole country under their rule in 1815, at the early stage, they designed western medical services to fulfill the health and medical needs of the colonial armed services, the British civil servants and the expatriate mercantile and planting community. Based on their usual colonial policy and practice, the British gave the responsibility to military personals to provide healthcare services to the said groups. However, the native masses, especially in rural areas did not have access to western medicine and they continued to resort to their generations old local medical traditions [4]. Thus, in the wake of the popularization of western medicine, local medical traditions that survived for millennia suffered immensely by losing the state patronage that they received under ancient local sovereigns.

During their rule in Ceylon, British officials and scholars demonstrated only minimal interest in researching on the field of TM, and produced very little information on the subject. This was irrespective of the fact that they made an impact on the economic, political, and social spheres in Ceylon that far exceeded the impacts the Portuguese and Dutch that made in these spheres during their rules. Some British officials and scholars showed an enormous interest in conducting research on archaeology, philology, arts, literature and religions throughout their rule in the country. The British made an enormous scholarly contribution through their professional enthusiasm and devotion to these subjects. It is well known that their in-depth research on those subjects paved the way for preserving the country's culturally significant resources and creating numerous scholarly traditions of Ceylonese studies.

H. A. I. Gunathilake in his bibliography of Ceylon lists only eighteen articles written on TM by western researches during British Colonial rule in Ceylon. One contains a bibliography of literature on TM. Eleven articles deal with traditional therapeutics, while the rest focus on descriptive analyses of the social history of TM of Ceylon [5]. Unfortunately they are not available for review). British officials did not show any interest in engaging with research on the practice of Ceylonese TM, probably because they considered Western medicine to be superior to TM, as

demonstrated by western advancements in the fields of vaccination, pharmacology, and sanitary facilities. To the contrary, they considered TM to be associated with superstition, and its practitioners to be quacks, and thus, they considered TM as a whole to be unworthy of investigation. The other barrier that prevented British officials from conducting research on TM would have been the British scholars' lack of knowledge of the vernacular and classical languages—Sinhala, Pali, Sanskrit, and Tamil in which authors had compiled TM-related material in Ceylon.

Due to the limited interest that the British had in TM during their rule, it is a rather difficult task to characterise their perception and attitudes towards TM of Ceylon. However, evidence of negative typing of health knowledge and practice in Ceylon was evident from the early nineteenth century, as we can see, for instance, in the characterization of this knowledge in the opinion of John Davy, a doctor of medicine and member of the Royal Army's Medical Corps, who stayed in Ceylon from 1816-1820:

Their knowledge of medicine, and of its collateral branches, is of a piece with their astrological knowledge; and, as on the one subject, so on the other, they have built up a system of their own, founded on the fancy, and equally complicated and erroneous. As they have an abhorrence of dead bodies, by the mere touching of which they consider themselves polluted, they are completely ignorant of anatomy, are no better acquainted with the true structure of the human body, than they are with that of the universe. Surgery is an extremely rude state. Knowledge of pharmacy is equally limited. Their physiology is of the most fanciful kind [06].

Davy's account says that as in astrology, so it is in medicine, they have built up a system of their own, founded on the fancy and equally complicated and erroneous. However, in his letter to the Secretary of State, seeking approval for appointing John Davy physician, his brother Sir Humphrey Davy indicated that the former's perception on the country's TM was rather shallow and baseless because he did not reach those conclusions through proper scientific investigations, and the conclusions presented by his brother were mere imaginations found to be untrue [7].

C. G. Uragoda, a practitioner of Western medicine, states that under Portuguese and Dutch rule in the island, the threat to TM was not significant [8]. However, it was different during the British rule. He states that '

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. In spite of these antagonistic forces, Ayurveda with its centuries old ingrained tradition, managed to survive, especially among the rural people, who were least exposed to the inroads of Western medicine' [8].

Dr. Wijerama, a Western-trained physician, stated that 'as 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 in was in the past [9]. Ariyadasa Kumarasinghe and R. D. A. Senevirathne, both reputed TM practitioners during that time, documented the state of TM during British rule [10]:

Under British rule, TM practitioner became a person, who was similar to an invalid currency. As a result, some TM related literature was burnt, while some material were taken away or extracted out of the country forever. Westerners pretended that their civilization (European) was superior to that of the natives; and they engineered a class of brown people with a white mentality. The [TM] practitioner, *Vaidyavaraya* was replaced by Western-trained doctors. The position was lowered to an inferior position known as *Vedarala*. Although, Western medicine was at its infancy at the time, they (Colonisers) firmly established their medicine in our country. Without state patronage [TM] became destitute. Irrespective of all ill treatments, colonial rulers were not able to destroy it completely because our patriots continued to safeguard thousands of- years-old local [TM] traditions similar to the way that they protected Buddhism from deterioration. There is no other wonder today except seeing the continued survival of our own medicine that had been abused by colonial rulers [10].

Ovitigala Gunasekare, a critic of western rule and an advocate of [TM], also stressed that the negative impact of British rule on the native people caused some salient elements of TM to be exterminated completely. For instance, he noted that the unique way of training TM practitioners known as *Gurukula* (teacher disciple apprenticeship [11] declined as a result of the introduction of the western educational system during British rule in Ceylon. However, Ariyadasa Kumarasinghe indicated that those *Gurukula*-based traditions continued to exist despite the numerous challenges posed by Western medicine [12].

The two western trained physicians, Uragoda and Wijerama, and the three TM practitioners, Kumarasinghe, Senevirathne, and Gunasekare's views on the subject reveal that there was a

common thread in writing of TM in Ceylon to emphasize that there was a loss of status of Ayurveda under British rule. These authors have pointed to this, to the extent, that it is almost trope. The politics of the loss of state patronage to TM after all is the starting point for revival. What is clear is that elite health practices were decoupled from the privilege association with ruling power, with the result that politics and political administrative changes made an impact on traditional modes of patronage for these practitioners. We can see this political and economic context as the starting point for Ayurveda and other elite revivalists: how they re-established connections with the state and allow their practices to suffer in comparison to western medicine, which was becoming increasingly established in Ceylon during the early twentieth century.

However, this research does not substantiate the five physicians' arguments that TM decline during British rule due to the meagreness of research in the field. They based their argument on the fact that British officials did not provide state patronage to TM, banned the use of opium by TM practitioners, and took away some vernacular medical manuscripts and placed them in the British Library [13]. British officials activities, to certain extent, constituted a decline for all but the elite is open to question. By contrast, the five critics cited also believed that despite official negligence by the state, TM continued to survive as the medicine of the majority, especially, in remote areas of the colony. There were a large number of TM-based lineages (*Gurukulas*) still active in many parts of the country during British rule.

Dr. Coorey Vidyasekare, a retired Senior Lecturer, Institute of Indigenous Medicine, University Colombo, heard from his father and grandfather that during the British period they were treated poorly, when compared to Ceylonese western medical practitioners. In the past, local physicians enjoyed a very high social prestige. He further stated that according to ancient Sinhalese medical inscriptions, the ancient Sinhalese kings exempted TM practitioners from paying state taxes because their service was not for earning money but for philanthropic purposes. Nevertheless, some British officials treated TM practitioners well. For instance, a British officer, who sought treatment from his father, bestowed the name Vidyasekare, on him because over the course of treatment he was amazed by his father's knowledge of TM. Similarly, some TM practitioners gained the titles of Samarawickrama and Muhandirum. Once the nationalist movement began in the twentieth century British officials acquiesced somewhat to political mobilization and introduced reforms to

promote TM (Personal communication: Dr. Coorey Vidyasekare, a retired senior lecturer, Institute of Indigenous Medicine).

Dr. Nimal Jayathilake, a retired specialist in TM-based cancer treatment, believes that British officials neglected TM because they were busy promoting Western medicine during the early part of their rule, but they later changed their stance on the subject due to nationalist uprisings in the country. Jayathilake claims to be a third generation practitioner of a TM-based family of physicians. His grandfather and father told him that during British rule, people in Ceylon continued to seek TM practitioners' help, as Western medicine was not available to them except in urban areas. The British were more concerned with the spread of their own medicine than with developing TM. Jayathilake stresses that it is sometimes, difficult to say that they did not have an interest in the subject because otherwise British officials would not have taken valuable medical manuscripts away from the country to keep them in a place like the British Library. Jayathilake claims that the practice of TM was performed as a social service in Ceylonese society, and Buddhist monks aided in its preservation. They had more time than lay people, and they were more literate when compared to the masses (Personal communication: Dr. Nimal Jayathilake, a retired assistant Commissioner of the Department of Ayurveda, Sri Lanka).

The observations that the two interviewees made regarding the state of TM during British rule cannot be ignored, rejected, and discredited as false simply because they did not live during the time under survey. And it can be argued that their comments can be considered valid, to a certain extent, to explain the present subject for three reasons. First, all hailed from reputed, long surviving families of TM physicians, and they have gathered first-hand knowledge of TM from their parents and grandparents. Second, all of them have made tremendous contribution to promote TM in Ceylon/ Sri Lanka in various capacities. Third, they all have obtained both formal and informal education in the field and they have engaged in practicing, teaching, and publishing material related to the field. However, the two interviewees did not fail to mention that although there was a decline in TM during the early part of British rule, the reforms introduced by them during the latter part of their rule were partly responsible for whatever growth the country has achieved at present.

Without the lack of state patronage TM did not die out during British rule but continued to survive as the main source of health care service of the majority people in interior Ceylon. A. G. M. Fletcher, the Colonial Secretary of Ceylon, made the

following remarks in his address to the Ceylon Legislative Council, about the state of TM in the country during the time under survey. He mentioned that 'it must be remembered that indigenous medicine has been practiced from time immemorial in all parts of the world, and today a large majority of the human race including a big proportion of the people of Ceylon depends on it [14]. Similarly, J. L. Vanderstaaten [15], one-time principal of the Ceylon Medical College, quoted a British writer, Robert Percival (a physician in the British military stationed in Ceylon) about the medical knowledge of the people of Ceylon:

Every man in here is his own physician, and the mode of cure adopted is of course very simple. A pilaster of herbs is applied to the part affected, and I have seen the same remedy applied to a man in a high fever, when his whole body was daubed over with this ointment. A skill in medical herbs is almost universal among this race, and they have a variety of prescriptions for curing diseases by their application. This knowledge is owing to their peculiar fondness for gardening, rearing all sorts of plants, an employment in which they are engaged from their infancy, and it is from among them that the European gentlemen are anxious to procure their gardeners [15].

Commentaries on TM from the early twentieth century provide evidence of the state of TM in the latter part of the nineteenth century. Mr. Denham in his census report of 1911 had highly praised the skills of TM practitioners, who were engaged in serving the people during that era. Denham said: There has been considerable controversy as to the merits and methods of *Vedalaras* (TM practitioner). It can however scarcely be disputed that amongst them there are men of considerable knowledge, experience, and skill, while many of their remedies have been proven to be wonderfully efficacious. Many *Vedalaras* have undoubtedly performed successful operations as oculists and as bonesetters; while their treatment of dysentery and certain bowel diseases, abrasions, sores, and even snakebites have been in many cases successful [16].

Dr. Paul, the senior surgeon of the General Hospital of Colombo, also admitted that the beliefs that TM would have died out due to the rapid expansion of allopathic medicine in the country during British rule were found to be myths. The main reason was that a significant number of highly educated people with professional background still sought treatments in TM for fractures and carbuncles [17]. Moreover, C. Muttukumaru, a TM practitioner from Jaffna, also confirmed the notion that TM was popular and did not see any disappearance when he gave evidence before the

committee, which wrote the report on TM medicine of 1927. Muttukumaru stated that 'it appears from the report of the Forster Robinson Free Hospital and dispensary (TM) that the number of treated compared favourably with the number treated at the out-door dispensary of the General Hospital of Colombo, which is about 1/3 of a mile from it [18].

This evidence shows that although some officials like John Davy perceived Ceylon's TM negatively without conducting in-depth research on the subject, there were some individuals, who held more positive views on the thorough knowledge of [TM] physicians of the colony [19]. However, public statements by some British officials were necessarily against at the time of late colonialism and confidence in Western medicine. Their statements have to be understood within the particular contexts of their utterance.

British officials banned the use of opium in 1905, but the government allowed the sale of opium only to duly licensed persons and permitted the opening of opium shops under licence from the government. Danister L. Perera believes that the visible repression of TM by the British started only when the government introduced the ban on opium in 1905 (Personal communication: Danister L. Perera, Register of the Ayurveda Council of Sri Lanka). He further says there was an unofficial suppression on TM during British rule in Ceylon. He believes that the British were there to exploit natural resources, and not to develop the health of the people. He further stressed that of course, at the latter part of their rule, they looked after the health of the people because they provided the necessary labour services for the maintenance of their economic activities in the country. They realized without their labour, the economy would not have survived. That was why that they established health facilities in cities, military bases, harbour, and estate areas. They did not know whether there were villages in the country. Thereby, they neglected village-folk completely. The people of villages did not have access to Western health services because of the lack of transportation to reach cities. He further says the British neglected TM but due to the rise of the nationalist movement, they had to change their perception on the subject.

This new move by British authorities not only represented a hindrance to TM practitioners but it hindered the western physicians as well, as both the practitioners used opium. Nevertheless, the government could not achieve the new ordinance's intended objective. The easy accessibility to opium at licensed shops meant that the number of consumers continued to soar rapidly throughout the country [20].

In the meantime, a group of TM practitioners dissatisfied with the ban on opium in their practice agitated for a change in the rule, and recorded their protest with the Ceylon Legislative Council. Some members of the group believed that the government was not inclined to heed their request because the protesters were mainly TM practitioners. Upon receiving a negative response from the home government, the protesters took the matter to the Colonial Office in London in the expectation of a better response from the higher authority. In order to strengthen their cause, they sought the support of the Sinhalese Medical Association, which they formed in 1905, and became active during that era in promoting and safeguarding TM in Ceylon. This resulted in the two groups collecting signatures from TM practitioners from around the country, and sending a petition to the Secretary of State for Colonial Affairs in London in October 1905. In response, Lord Elgin, then Secretary for Colonies informed them that the matter would be considered soon in favour of the public and the country's TM practitioners despite the opposition of the home government in Ceylon. Finally, the union received the letter on 12<sup>th</sup> of March 1906 [21].

The Sinhalese Medical Association and the members of the public continued their campaign against the government ban on opium until the government introduced a new ordinance in 1909. The then Governor, Sir Henry McCollum, made known his vehement opposition to the TM practitioners' demand to lift the ban when he introduced the ordinance to the Ceylon Legislative Council. The Governor argued that the practice of TM in Ceylon was not based upon scientific theory in the same manner as allopathic medicine. The Governor further argued that lifting the ban would encourage unskilled TM physicians to misuse opium. The Colonial Office rejected the governor's opinion and sought advice from Dr. A. J. Chalmers, the then registrar of the Sri Lanka Medical School. Dr. Chalmers was believed to have a more sympathetic view regarding the TM physicians' demand to lift the ban [22].

Having realized the importance of opium in TM treatments, Chalmers opined that the ban was unjust and recommended it to be removed soon. He believed that it would, at least, facilitate the genuine practitioners in providing their service to those of their patients, who did not have access to Western medicine because they lived in remote areas of the country. During the same period the ongoing socio-political agitations would have taken advantage of the ban of opium to criticize the government. The sensitive political situation in the colony left the Governor with few other options than to bow to pressure and change his stance on the

ban. Finally, to ease tensions, the Governor appointed a committee, including Dr. Chalmers, to look into the matter [23]. At the end of the committee's enquiry, the Governor, decided to modify the ban on opium, and allowed the registered *bona fide* TM physicians to continue to provide their service to the public. The governor appointed Dr. Chalmers a member of the commission. As an independent member, Chalmers played a vital role in persuading government authorities on the importance of permitting genuine TM physicians to make use of opium in their practice [24].

Dr. Chalmers' example suggests that some British officials acted with professional discernment. Often, however, their sensitivity to local needs limited their career options. The government, for example, objected to Dr. Chalmers promotion. During British rule, it was difficult for a western physician, or, for that matter, a western-trained local practitioner, to support matters pertaining to the promotion and preservation of TM in Ceylon because the authorities and western medical officials were overwhelmingly against the encouragement of any tradition of medicine other than their own. Allopathic practitioners further believed that if the government were to extend its support to develop TM in the country, it would undermine their own practice. However, after the removal of the ban on opium, the government sold opium only to the registered physicians, and it documented all details about the sales of opium in its annual reports of the Director of Health and Sanitary Services until Ceylon gained independence in 1948.

### 3. Conclusion

Promoters of TM considered the government's lack of involvement an impediment to reform and, therefore, lobbied for recognition, financial backing and political support. Kamalika Pieris has argued that the British left TM alone to run as a parallel, but informal system, unrecognised and without state patronage, and change their stance on the matter due to the pressure from Ceylon nationalists at the beginning of the twentieth century [28]. Arguably, British officials did not promote TM because their main objective was to look after the health of their own nationals, who desired to be treated by Western medicine. S. G. Ranasinghe writes that the British promoted their colonial interests with their system of medicine while TM had no state patronage, or recognition given to Ayurveda was gradually withdrawn [26]. This study's findings support Ranasinghe's argument about the state of TM in the early part of British rule. However, his view cannot

be taken as an accurate generalization for policy trends throughout British administration. As this chapter shows, British officials appeared to have changed some of their negative attitudes towards TM by the 1920s and began to support elements of TM practice; this can be interpreted as pragmatic politics.

Confidence in western medicine's advances in the nineteenth century may well have motivated British officials to show a low interest in TM in Ceylon. This placed TM in a vulnerable situation. In an interview with Arseculeratne, Pieris, GH. states that the ongoing demographic changes to the composition of population of the country during British rule would have influenced the British to show little interest towards TM. Pieris goes on to say that the ongoing socio-demographic changes introduced by the government during its rule paved the way for importing a large number of immigrants into the country to work on the plantations, and colonial personnel to work for the colonial bureaucracy. Due to the influx of new immigrants, new diseases, such as yaws, smallpox and venereal diseases were also imported into the country. Under these circumstances, Arseculeratne argues, TM struggled to cope with these newly emergent diseases [27].

The failure of TM physicians to diagnose plague in Galle may support the thesis that TM had relatively little credibility amongst western medical practitioners [28]. Western medical practitioners' objection to promoting TM also, to some extent, discouraged British officials from taking steps to develop it. The colonial authorities appeared to feel that the promotion of TM might cause them surrender the prestige that they enjoyed in Ceylonese society to TM practitioners. Margaret Jones has argued that the only real opposition to government recognition and funding came, not surprisingly, from the Western-trained medical professionals, both Ceylonese and European, who perceived the concessions made to traditional practitioners as a threat to their status and livelihood, albeit that the language of their opposition was philosophical [29].

This study supports Jones' findings because there is evidence that the Ceylon Branch of the British Medical Association held a meeting in 1920 to record a protest regarding the government decision to set up a TM university. At this meeting, the union members stated that the unanimous opinion of the meeting was that government should not do anything that could be construed as state recognition of the practice of medicine by *vedaralala* or *vaythars* of Ceylon and India [30].

This paper also reveals that Ceylonese western medical practitioners were not alone in opposing the colonial government's decision to promote TM -- a group of informally trained TM practitioners added their criticism to the planned formalization of TM as well. Some of those opposed to the state-sponsored promotion of TM justified their action by declaring that they wished to preserve the authenticity of age old and pristine medical traditions. This in turn drew criticism. Jayathilake KGP, for instance, noted that it was felt that a fraction of informally trained TM physicians harboured a secret plan to sabotage the Medical Fund's proposal to send students to India for training in Ayurveda [31]. The nature and impact of these professional rivalries amongst TM practitioners in British Ceylon have, however, been generally neglected by scholars. It is clear that these professional rivalries discouraged British officials from showing much interest in promoting TM; in other instances, they delayed planned reforms. Similar animosities do, of course, still exist, overtly or otherwise, among of the various sectors of TM practice in Sri Lanka (a fact that became amply clear during the course of interviews carried out with a number of highly influential TM practitioners).

Finally, it could be concluded that although the British neglected to provide state patronage to promote traditional medicine during the early part of the twentieth century when compared to the activities that they carried out to establish western medicine in the country, TM continued to survive in remote areas as the main source of relief available the rural population. It shows that as long as people patronize TM despite state negligence, it survives for generations because people find something good in the system that science cannot explain.

## References

1. Silva, K.M. De. A History of Sri Lanka, New York: Penguin Books, 1985:45-54..
2. Pieris, Ralph. Medicine and Society in Sri Lanka, in the Sri Lanka Journal of the Humanities. Kandy: University of Peradeniya, 1988; V.XII:1:163.
3. Silva, K.M .De. A History of Sri Lanka, New York: Penguin Books, 1985:143-553...
4. Pieris, Ralph. Medicine and Society in Sri Lanka, in the Sri Lanka Journal of the Humanities. Kandy: University of Peradeniya, 1988; V.XII:1:165
5. Gunathilake, H. A. I. Bibliography of Ceylon, A Systematic Guide to the literature on the, people, history and culture published in Western

- Languages from the Sixteenth Century to the present day. Switzerland: Inter-documentation Company, 1970; 409-865.
6. Davy, John. An account of the interior of Ceylon and of its inhabitants with travels in that Island in 1881. New Delhi: Asian Educational Services, 1990:249.
  7. Arseculeratne, S. N. British Response to Traditional Medicine (TM) in Colonial Ceylon, Sri Lanka, in the Sri Lanka Journal of the Humanities. Kandy: University of Peradeniya, 2005; V.XXXI 1&2: 96..
  8. Uragoda, C.G.A History of Medicine in Sri Lanka-from the Earliest Times to 1948, Colombo: Sri Lanka Medical Association, 1987:12..
  9. Sri Lanka Medical Association Library, E.M. Wijerama, Historical background of Medicine of Ceylon, Presidential address to the Ceylon Medical Association, The Journal of the Ceylon Branch of British Medical Association, 1949; 7:5 p..
  10. Kumarasinghe, Ariyadasa, and Senevirathne, R. D. A. Lankawe Ayurveda Pracaharaya (the Poplularization of Ayurvedic Medicine in Sri Lanka), in Ayurveda Sasthraya ed. The Rev. Kotahene Panna Kreeeththi. Kelaniya: Vidyalankara Press, 1962:72
  11. EnWikipedia.Org/Wiki/Wikipedia (Last accessed, June 17<sup>th</sup> 2009).
  12. Kumarasinghe, Ariyadasa. Ayurveda lthihasaya (History of Ayurveda).Colombo: Department of Ayurveda, 1982;231.
  13. Jayathilake, K.G.P. Golden Jubilee of the College of Ayurveda Medicine, Part one. Colombo: Lotus Publishers, 1987:13..
  14. The British National Archives, CO 54/891/5 Extract from the address of A.G.M. Fletcher to the Legislative Council, 16 June 1927.
  15. Vanderstaen, J.L. A Brief Sketch of the Medical History of Ceylon, in Royal Asiatic Society Journal, 1886, Vol. 9:320.
  16. The British National Archives, CO 54/891/5 Sessional Paper 1, Report of the Commission of Indigenous Medicine, 1927:8..
  17. The British National Archives, CO 54/891/5 Sessional Paper 1, Report of the Commission of Indigenous Medicine, 1927:6..
  18. The British National Archives, CO 54/891/5 Sessional Paper 1, Report of the Commission of Indigenous Medicine, 1927:7..
  19. Knox, Robert. Historical Relations of the Island Ceylon, London: Richard Chiswell, 1961:113..
  20. Perera, Danister L. Paradeena yugaye sita Goliyakaranaya Dakwa Ape Vedakama', (Traditional Medicine from Incursion to Globalisation), in Mehewara, Maharagagama; Department of Ayurveda, 2005: 27-28.
  21. Jayathilake, K.G.P. Golden Jubilee of the College of Ayurveda Medicine, Part one. Colombo: Lotus Publishers, 1987:99..
  22. The Sri Lanka National Archives, PF 2643B, Notes of the Proceedings of the Opium commission, 1905..
  23. The Sri Lanka National Archives, PF 2643B, Report of the Opium Commission, 18 September 1909.
  24. The British National Archives, CO 54/721, The Report of the Discussion with Dr. Chalmers by Francis Hopwoods, 5 March 1909.
  25. Pieris. Kamalika. The Medical Profession in Sri Lanka, 1843-1980, Colombo, Visidunu Publishers, 2001.
  26. Ranasinghe, S.G. Can Ayurveda Exist as a Parallel System', in Ayurveda Sameeksha (Ayurveda Research), Colombo: Department of Ayurveda, 1987, V; I: 3: 113..
  27. Arseculeratne, S. N. British Response to Traditional Medicine (TM) in Colonial Ceylon, Sri Lanka, in the Sri Lanka Journal of the Humanities. Kandy: University of Peradeniya, 2005; V.XXXI 1&2: 96..
  28. The British National Archives, CO/54891/5 Sessional Paper 1, Report of the Commission of Indigenous Medicine, 1927:17.
  29. Jones, Margaret. Health Policy in Britain's Model Colony Ceylon 1900-48, Hyderabad: Orient Longman, 2004:99.
  30. The Sri Lanka Medical Association Library, The Journal of the Ceylon Branch of the British Medical Association, 1920; Vol. 17.
  31. Jayathilake, K.G.P. Golden Jubilee of the College of Ayurveda Medicine, Part one. Colombo: Lotus Publishers, 1987:13..