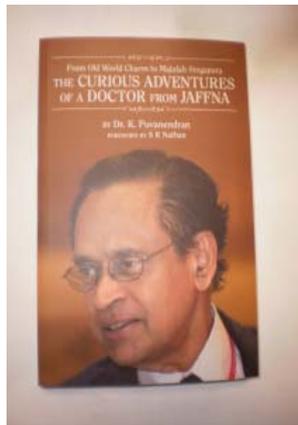


## The Curious Adventures of a Doctor from Jaffna by Dr K Puvanendran

This book, an autobiography by Dr K Puvanendran, traces his early boyhood in Ceylon to his life in Singapore, where he practised neurology for 50 years, until his retirement at age 76. The book begins with Puvan's early years in his hometown of Jaffna. His father, a distinguished lawyer in Jaffna and his Kuala Lumpur-born mother, created an idyllic life for the young Puvan and his siblings, living in a house by the sea, with a thatched open verandah at the back, a myriad of stars providing a beautiful backdrop.



He had 5 other siblings, 3 elder sisters who became doctors, an elder brother, a successful industrialist, and the last a physics scholar. Apart from a scholastic aptitude since young, where he won the prestigious Science prize in school, Puvan was also an accomplished puccalo (whistling) maestro, a fair violinist, and was possessed of a charming baritone, with which he serenaded his wife and friends.

*How would you like to be  
Down by the Seine with me  
Oh what I'd give for a moment or two...*  
Under the Bridges of Paris, Vincent Scotto

The reader is entertained by vignettes of family stories, among which are an infestation with roundworms (causing intestinal obstruction). The thrill of a new Raleigh bicycle, and his first taste of a gimlet cocktail, when he was entering the university of Colombo. Puvan and his friends were

invited by their VIP hosts to celebrate their victory at a school cricket match. In his words, "with the second round of cocktails we were somewhat dizzy, but delighted with their company, after which we parted company with a rousing rendition of our college song. "We located our bikes on the kerb; they were flat on the ground. We lifted them. Our cycles would not ride much further and we were flat on our faces. But we know one thing, that everytime we found ourselves flat on our face, we got on to the race". Thanks to our wise elders, who taught us to molt into men; we left the cocoon and became butterflies."

Puvan started the first year of his medical course at Colombo in 1956. It was during Anatomy class that he first met his future wife, Kamala. Puvan completed his medical studies and remained in Ceylon to do his internship at the General Hospital in Jaffna in 1962. In 1967, Puvan went by air from Colombo to London. He did a few jobs in various specialties in Medicine and then embarked on Neurology training at the Institute of Neurology at Queen Square. At the same time, he was studying for the membership exams to the Royal College of Physicians, London, which he passed, without difficulty, in 1968. His wife, meanwhile, had obtained a job as an anaesthetist. Whilst in London, his long cherished desire had been to go back to Jaffna to serve his native village and his kin. His village was known as Karainagar. He secured a job in Moolai, a sentinel town to his village.

The escalating riots against the Tamils and the discrimination they were suffering, gave Puvan a sense of insecurity while working in Ceylon. He happened to visit his sister in Singapore towards the end of 1970 for 10 days. He was impressed with the way the republic was governed, especially its emphasis on ethnic equality. As a Tamil, he found this was a place he could live with dignity. Two days before he left for Ceylon he rang the Singapore Ministry of Health at Palmer Road, and spoke to the secretary of the Permanent Secretary. The response was exciting, warm and gave him the feeling of being wanted. When he got back to Colombo from Singapore, the insurgency by the Sinhalese youth was at its height. He began to miss the harmony of the peaceful life in Singapore.

Sometime later, Puvan received a letter from the Singapore Ministry of Health with job offers for himself and his

wife. He was given an appointment as Senior Registrar in Medicine, and his wife in Anaesthesia. The relevant certificates and credentials were to be verified on arrival. The 2 words which caught his attention in the contract were “Permanent and Pensionable”, which his own country had denied him, for want of a pass grade in a Sinhalese test.

He was moving to a land of milk and honey that people in Jaffna had talked about with fervour. He had to decide, whether to lock up his things at home, or give away his lifetime collection of things, teakwood furniture, house, farm and pet dog. *“It was then that I realized that home is not a set of houses, or a town on a map. It is not a place, but a moment, and then another, building on each other like bricks to create a firm shelter that you take for your entire life.”* With a heavy heart he decided to let go. Leaving home gave him both a bitter and sweet experience. He left the saga behind.

Singapore in 1971 was seen through the looking glass of Puvan, when he fell into the rabbit hole like Alice in Wonderland. He saw peculiar things and strange people, some hard to understand and make sense of. With his first peep into the rabbit hole at Paya Lebar airport, he saw strange signboards and a pecuniary shadow following him. Like Alice he was awed. On the customs and immigration form, he had to declare, “Any more baggage or wives expected to import”. After customs, he saw a signboard that read “\$500 fine for littering”. Further on, another signboard, “Spit Here”. He intoned those words which looked like a command to him. He thought it would be a crime if he did not obey, but his mouth was dry from the previous \$500 fine notice.

At that time there were three Medical Units in Outram Road General Hospital (ORGH), now called SGH. They were the two University Units I and II, and Medical Unit III, which was a Government unit. All the physicians were then practicing internal medicine with some having an interest in various specialties like neurology, cardiology, respiratory medicine, etc. Professor GA Ransome and Professor PK Wong were in Medical Unit I with Prof Ransome as Head. Both of them had Neurology as their specialty. Puvan was posted to Medical Unit I and from the beginning had shared a bond with Prof Ransome because of their specialty interest.

Puvan had a healthy respect for Prof Ransome as a great teacher. He remarked that Prof Ransome was fond of the toe jerk as a clinical test and would demonstrate to students. He had a plethora of clinical tricks that he would pull out of a magician’s hat. In the case of a suspected stroke, Ransome would get the big toe to go up by several tricks, from stroking the foot to stroking down the leg. He wrenched the foot down to get a flexion response, while the student wrinkled his brows. Ransome saw many hysterical patients, especially women who came in, completely paralysed. They

would remain in this state thinking they could not be cured. Ransome had a unique test that worked particularly well with women—the kebaya test. He would dress the patient in a sarong and then asked her to stand up. She cannot, because she thinks she is paralysed. Suddenly, the sarong knot at the waist is pulled loose. Modesty prevails and the hands automatically go for the sarong. The patient realises that she is no longer paralysed.

He co-authored several medical papers with Prof Ransome, perhaps the most famous was the “Syndrome of Dejerine’s Fourth Reich” which was one of those freak strokes; freakish because, unlike the usual stroke, the facial palsy was not associated with weakness of limbs (or on testing an upgoing plantar). It was associated with tenth and twelfth cranial nerve palsy instead. Neurologists around the world congratulated them on their work. The title, (“The syndrome of Dejerine’s Fourth Reich’) more than the content, caught the interest of neurologists, especially from Germany as neo-Nazism was on the rise. There were only three Reichs, of which the third was the German Reich.

Puvan has a strange sense of humour and believed that life was far too important to be taken seriously. He noticed that during the 1970s doctors were serious minded, like most Singaporeans. They fell in line with government to make the Singapore story a success. Two child policy, abortions, no littering, car pooling, courtesy campaign, Social Development Unit (SDU), and anything done as an organized campaign—they would do.

He would invite his young doctors home for dinner. Even during a relaxed evening they would talk about work. He had tried to make them relax by changing the topic to sports, world affairs, music or simple gossip. These did not seem to work. Why don’t people laugh more often and be more easy-going? It is because they have learnt not to. Parents and teachers tell them to wipe that smile off their faces and get serious. “Don’t waste your time with friends; settle down and stop acting silly.” As they become adults they place a good deal of value in self-control and lose spontaneity and levity.

Puvan was different. He wanted to step outside of himself and see his own humour, the way the audience sees it. To this end, Puvan has succeeded, as he has sprinkled generous doses of humorous anecdotes into this book, making observations on his colleagues and fellowmen, peppered oftentimes with his native wit.

He has taught students and doctors for almost 40 years and has noticed that teaching and students’ attitudes have changed. He noted that in the 1970s and 1980s the commitment to learning was great. By the late 1980s, the students’ attitudes were changing. They wanted shortcuts to pass examinations and did not read monographs to learn the subject in depth. They wanted armchair diagnosis and

as a result did not develop sharp observational acumen. The old tradition was where the student learnt the craft in an apprenticed model. The administrators had meddled with good time tested models. Clinical Medicine is learnt by the bedside and not in the classroom. See first and read or reason later. Practise the art, not the trade, and keep up with the science.

He contends that Evidence Based Medicine (EBM) is now the hip word. To him it is another way of removing a physician's autonomy to treat an individual with a case-by-case care. It forces a cook-book recipe approach and encourages medical merchandising. The patient is overlooked as a person, and EBM lacks a metric for inner hurt, despair, grief, pain and hope, which frequently accompany or constitute the illness they suffer. It only helps the academic dummies to differentiate between crap and quality. Statistics only juggle an aggregate of man's puzzles into some mathematical formula and call it a certainty. Puvan's own quote and he has many of these in his book, "*When fate arrives, the physician becomes a fool. A hundred such fools make a good physician.*"

Puvan observes that the medical field, like many things else in Singapore, is too sanitized. Something has been irretrievably lost. They are unable to see that man as an individual is an insoluble puzzle. They try to make things easy for administrators by creating clinical care pathways based on evidence-based medicine for doctors. As a result the patient is put in a pathway which becomes his "just that" bedside document for care. This removes the physician's autonomy to treat an individual case-by-case. They have created the new computer-carrying doctor prototype, convinced that he can find the solution to every clinical dilemma.

We now come to the end of the second part of Puvan's book. After practising Medicine for 50 years and having lived in Singapore since 1971, what has he seen through the looking glass? He came to Singapore as a Senior Registrar in Medicine, trained in Neurology. He worked first in ORGH, now SGH. Thereafter he moved to Tan Tock Seng Hospital and then ended as a Senior Consultant and Associate Professor at the National Neurological Institute (NNI). His wife Kamala, his soul mate and confidante, continues to work as a Senior Consultant Anaesthetist at SGH. He is now a grandfather looking back on his life. He comments, "I think I had a more meaningful life than what is in store for my grandchildren here. As a nation and as a people we are not just defined by our beautiful skyline and our green city and the thriving economy. Singapore has every material thing. Yet, is everything enough? Is this all there is in life?"

He ends the third part of the book with a series of 25 memorable cases, somewhat like Dr Watson's casebook on Sherlock Holmes except that these are neurological and sleep disorder cases which would certainly impress the reader with Puvan's keen diagnostic sense and clinical acumen.

This entertaining book is easy to read, written in a charming style and offers much wisdom and humour apart from medical knowledge especially in neurology and sleep disorder for which the author is the expert. I would strongly recommend it to all doctors and medical students and copies should be made available in hospital and medical libraries. Published by Editions Didier Millet Pte Ltd (2013), this 311-paged book retails for US \$20 and comes with a forward written by former President SR Nathan.

Clinical Professor Woo Keng Thye  
Emeritus Consultant  
Department of Renal Medicine  
Singapore General Hospital

28 September 2013