

Obituary

Dr. Benjamin S David - Paediatrician

MBBS (Cey), DCH (Cey), DCH (Eng), MD (Cey), FRCP (Edin)

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Dr. Benjamin David, one of the best loved paediatricians in Sri Lanka, was unexpectedly snatched away from us recently by a cruel assassin. Though seventy seven years old, he was in good health, having recently celebrated his golden wedding anniversary with his family and friends. He was looking forward to attending the convocation of his eldest grand daughter, who had graduated in medicine from the Newcastle University. A petty thief who had raided his beautiful home at Nugegoda when confronted, dealt him a fatal blow. It was a senseless act of mayhem, which deprived his family of a loving husband and father, his patients of an exceptional physician, his friends of an exceptionally warm and caring human being.

'Benja' as he was popularly known was born in Kandy and had his primary & secondary education at Trinity College. He entered the Colombo Medical Faculty in 1948 and graduated with MBBS (Ceylon) in 1953. Having served the Ministry of Health as a Medical Officer initially, Benja proceeded to the United Kingdom for post graduate training in Paediatrics in 1958. Having obtained his MRCP & DCH he returned to Sri Lanka in 1960. He obtained his MD (Ceylon) in 1964 and was awarded the FRCP (Edin) in 1976.

He was appointed Consultant Paediatrician to the General Hospital Batticaloa and served there until 1966. Subsequently, having worked in the newly built Colombo South Teaching Hospital, Kalubowila and the General Hospital, Kurunegala he was appointed as Consultant Paediatrician to the Lady Ridgeway Hospital. In 1981 he was elected the President of Sri Lanka Paediatric Association. He retired prematurely,

following the racial riots in 1983 and having worked in several locum consultant positions in the United Kingdom initially proceeded to the Kingdom of Saudi Arabia, in 1985. He spent 10 years in Saudi Arabia where he was Chief of Paediatrics at the North West Armed Forces Hospital Tabuk & Prince Abdullah Hospital, Bisha. After his retirement from KSA, he returned to Sri Lanka in 1995 & actively practised as a Consultant Paediatrician in the private sector until his death. He was based at the Nawaloka Hospital during this period.

The above is an extremely brief account of Benja's professional career. As a tribute to him I like to place on record for posterity a few of his attributes and achievements I was personally aware of which depict his unique personality.

Benja was a clinician par excellence. He was meticulous in everything he did. He never depended on a house officer's history only, but elicited the relevant points himself. He examined patients thoroughly. Clinical examination was his forte and he demonstrated his techniques well to his trainees. He would pick up the softest of murmurs and tiniest of spleens. He would kneel beside a breast feeding mother for hours trying to palpate that elusive pyloric tumour, and when he found it, shout with glee and call all doctors in the ward to feel it.

His clinical notes were a treat to read. Neat and clear in thick black print using his cherished Parker 51. He documented his findings and rationale of management clearly making continuity of care easy even in a multi consultant unit. I am aware that on one occasion in the KSA when a disgruntled and influential junior made a false complaint about Benja's competence, a high powered team was sent to investigate the charge. The team having read Benja's notes on the patient in question asked for a random sample of his clinical notes. Having perused them, they exonerated Benja completely of the charge without asking him a single question. They concluded that the doctor who maintained clinical records of that quality could never have been incompetent or negligent.

Benja was also extremely skilled and dexterous in all the procedures that are encountered in paediatric practice. When all have failed Benja could still find a vein in a tiny new born. I have watched him do a bone marrow biopsy, a splenic tap and a liver biopsy on a

child suspected of Kalaazar, in one brief session under ketamine anaesthesia. In his sixties he got through the ACLS course with aplomb. His success was based on meticulous preparation. He wouldn't attempt any procedure without making sure that all the relevant items were on the tray. He trained his juniors in this approach.

In spite of being a brilliant clinician himself he had no false pride. The willingness and ability to consult others when in doubt was a key feature of Benja's practice. He had identified in each area of speciality, individuals whose opinion he thought was worth having. His referrals were crisp and clear. He summarised the relevant facts briefly but lucidly and often posed a specific question. He would weigh the merits of the opinion in the given context and not hesitate to seek further clarification if needed. The patient was the beneficiary in all instances.

Benja also believed in the need to communicate with the patient and the parents fully and frankly. Although he spoke Sinhala with a slight accent, his patients loved him for how he explained the nature of an illness and what they needed to do, in a way that they could understand. Whether it was a chronic asthma needing inhaled steroids, or a UTI needing prophylaxis or a leukaemia on first confirmation of the disease Benja would go through the diagnosis, the rationale and practicalities of management with the parents in a thorough and orderly manner. His trainees benefited from observing him doing this. During a ward round Benja never proceeded to the next bed without speaking to the mother.

Benja loved to teach. His juniors, medical students and nurses would be eternally grateful to him for the training they received when working in his ward. While at the LRH, on one occasion when he was deprived of medical students for a short period due to an administrative error, he wrote to the Dean of the Faculty, saying "As much as the calf yearns to suck the cow yearns to suckle". He wanted to have medical students on his ward without a break. His ward classes were a treat to watch. He spoke loud and clear. He articulated his words precisely. His clinical reasoning was logical. The students learnt much more than medicine from his classes.

Not being a full time academic he did not do many formal lectures. But when he did one it was brilliant. My first memory of Benja was in 1971 as a registrar in paediatrics, I listened to him give a review lecture on Urinary Tract Infections at the Anatomy lecture theatre. It was a masterly performance, authoritative, logical and well supported with a wealth of clinical material. I still remember his description of the MCUG appearance of posterior urethral valves as a "Cadju Puhulang". Another of his descriptions I still remember is that of the

rectal prolapse in Trichuriasis as a dimpled Bake House cake with red icing, sprinkled with desiccated coconut. Benja imparted his skills of public address to the trainee paediatricians. For several years he screened all young presenters at the SLPA and SLCP sessions at rehearsals. He contributed to a significant improvement in the quality and style of scientific presentation in the SLCP sessions.

Although very much a practical clinician Benja had a strong academic bent. He had a special interest in the management of urinary tract infections and leukaemia. Long before "evidence based medicine" became fashionable, Benja used to read and seek scientific evidence to justify his clinical practice. This is clearly seen in a personal view of management of fever titled "Fever panic" which he wrote to this journal in September 2000. In his chosen fields of UTI and Leukaemia he was an authority. I have listened to him do a grand round on leukaemia, while in the KSA. He combined current scientific evidence with years of clinical experience in a cohesive and rational manner. He had the highest regard for academic activity. He interacted freely with university academics to ensure that the quality of training at both undergraduate and postgraduate levels was optimal.

Being used to working hard while on the job, Benja made full use of his leisure. In this aspect too he was an example to other professionals. There were five ways in which he spent most of his leisure time, music, opera, bridge, tennis and travel. Benja was a connoisseur of classical music especially opera. He had his own personal collection of operas (CDs) and got together with other enthusiasts to view them regularly. He was a serious bridge player. He enjoyed a good game of tennis. He loved to travel and planned his itinerary meticulously. In spite of his busy professional life he kept himself fit and trim with a waistline of a teenager. Benja leaves behind his wife Louise and his children Cherinne, Ranjan and Manora and his grand children. The grief of the family on their unexpected bereavement may at least in small measure be dulled by the outpouring of sincere tributes by his patients and professional colleagues.

Narada Warnasuriya

