

To the Editors:

Sleeping sickness in Sri Lanka

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It was with some interest and concern that I read Prof Saroj Jayasinghe's article on "Sleeping sickness strikes Sri Lanka" (1). He has gone to town computing several thousand hours spent by Medical Faculties in Sri Lanka to lecture to students on trypanosomes over 25 years. The logic in this 'dream' of his is beyond my comprehension!

Prof Jayasinghe was, I believe, a member of the curriculum committee of the Colombo Medical Faculty that, among other things, recommended 'student seminars' to cover topics that could not be dealt with a few didactic lectures given by academic staff. I only wish he had been present at a student seminar on "imported diseases" held last year at which one student went on for nearly half-an-hour coughing out to his colleagues all that is known on African and S. American trypanosomes. I personally felt it a dangerous trend, and did not hesitate to say so at the end of that seminar.

For sometime now I have been unhappy about the unnecessary fuss over the case of trypanosomiasis in a farmer from Kalmunai, and was waiting for an opportunity to comment on it. Professor Jayasinghe has also reached the erroneous conclusion that the parasite was discovered by a laboratory technician, whereas I understand that it was a medical officer who identified it as a trypanosome. More important is the fact that blood samples of the patient were sent abroad in spite of the presence of expertise in Sri Lanka who could, and in fact did, identify the parasite as *Trypanosoma evansi* long before, as he says, over-

seas experts 'opine that the parasite was in fact a clear case of a "prophet being without hon-

I am also concerned about the time and to investigate a possible 'epidemic' that ma caused by this parasite, when it is well known lian trypanosomes such as *T evansi*, known since 1932, can only cause a "one off" inf mans. Human serum is known to have an inn cidal factor" which is sometimes lost due t infection or liver problems, as no doubt hap case. Epidemics never happen from such ra and occasional infections (2,3,4).

References

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A S Dissanaïke, Emeritus Professor of Parasitology, University of Colombo.