

Thorathuru

SRI LANKA ASSOCIATION OF NSW

2016 it is!

On a recent visit overseas I was fortunate enough to meet up with friends and colleagues from different eras of my life. These reunions happened not in our motherland but in a number of foreign countries. This has been the experience during many of my recent travels abroad. We who grew up together in one country are scattered all over the world now. This fact is exemplified even in George Pereira's article "Memories of Wellawatte", published in this issue. It is through this process of "global multiculturalism" that organizations such as ours spring up and indeed thrive. Not only do they assist migrants with their transition and settlement in their chosen country of migration they also create and maintain bonds within their new community. At the same time these organizations strive to preserve and propagate the cultures we all originated from. It's a new year for all such organizations. We all start the year with a new team, new dreams and new hopes - to maintain the old and introduce new on par with the changing needs of our ever diversifying community. While we, as a new team, embark on new projects and thrive to maintain that which are already established it is with great satisfaction and elation that we present the first issue of Thorathuru for 2016 to you, our esteemed readers. In the pages of this issue you will hear the sounds of our motherland from memories to recipes and also read facts and fiction with a hint of fashion. The writers who have shared their views, ideas and creations come from various walks and ages of life. I sincerely thank them for their contributions. As always we are open for suggestions and ideas to better our publication. The stage is open for you, our readers, to showcase your contributions.

Sharmila Jayasinghe Niriella

Editor

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President's Message

A very happy new year to each and everyone!



In November 2015 at the AGM of the Sri Lanka Association of NSW a new committee was appointed bringing in a number of new faces and a broad spectrum of people representing the community. The newly appointed committee does have a few familiar faces who have in the past been involved with the SLA NSW in some form or another and also a number of faces who are completely new. With this mix of people I hope our committee will be able to address a number of important issues during our term in office. It is interesting each new committee commencing focuses on a number of key aspects and similarly our committee will try to do the same by focusing on a number of specific issues.

There certainly are traditional events such as the Seniors Day, Independence Day and also the Dinner Dance. Even with these we need to review and try to fine tune them to suit the present environment. Further to this we need to address a number of key important areas including –

- There are numerous Sri Lankan organisations representing various groups with each surviving independently. SLA NSW needs to build and develop a sustainable model which will ensure co-existence amongst all these organisations.
- Developing a model in order to deliver community services to our people.
- Attract younger Sri Lankans into the organisation there by ensuring longevity of the association.

We have hopefully commenced the year in the correct manner with two functions being organised which saw the SLA NSW working hand in hand with a number of key Sri Lankan organisations. As a result, trust and a number of good relationships have been formed which can be utilised in order to deliver services in the future.

In closing I would like to on behalf of the new committee thank the outgoing President, Dr Ruwan Walpola and his committee for all the fantastic work undertaken.

We look forward to each of you coming along to the events organised by the SLA NSW.

Ajith Karunaratne – President, SLA NSW



Ajith Karunaratne President



Niranjan De Alwis Vice President



Lakshman Senanayake Vice President



Sunil Amaratunga Treasurer



Rafi Mubarak Secretary/Public Officer



Sharmila J Niriella Editor



Kishani Ariyasinghe Secretary



Pubudu De Alwis Committee Member





Gnani ThenabaduCommittee Member



Bala IndrajitCommittee Member



Sheran De ZoysaCommittee Member



Chaminda Hindurangala Committee Member



Lasitha
Delungahawatta
Committee Member



Sam MasachchiCommittee Member



Jinani NissankaCommittee Member

Past Events

Sri Lankan Community in NSW welcomes the HC & the CG

Friends and well wishers gathered together to welcome the newly appointed High Commissioner for the Democratic Socialist Republic of Sri Lanka,Mr Somasundaram Skandakumar and The Consul General Lal Wickrematunge on the 12thDecember,2015 at Blue Elephant Restaurant in Sydney.

The cocktail reception which was hosted by the Sri Lanka Association of New South Wales in collaboration with the Sinhalese Cultural Forum, Tamil Senior Citizens Association (NSW), Austra-Lanka Muslim Association was an exciting event which was well attended by over 150 guests representing a large cross section of the Sri Lankan community domiciled in New South Wales.

For More photos of the event please visit our website; slansw.org.au Photo Credits:





Past Events

TIS THE SEASON - CHRISTMAS CELEBRATIONS







Though there was no snow to dash through, Santa did arrive amidst the jingling of bells and singing of carols to delight the young and the not so young who gathered to welcome the season at Tis The Season, Christmas celebrations hosted by the Sri Lanka Association of NSW. The event was held at the community Centre in Thornleigh and was attended by members, well wishers and friends of the Sri Lanka Association.

Details: slansw.org.au
Photo Credits: Dilara Niriella





The Sri Lankan Demographic Situation: An Overview

By K.A.P. Siddhisena-Emeritus Professor of Demography, University of Colombo

In the context of the developing world, Sri Lanka is unique as it has a slow population growth and the demographic transition is well under way. However, several critical issues still remain to be faced.

Growth of Total and Density of Population

At present (2015), the population of Sri Lanka stands at 20.5 million with less than 1 per cent (0.7%) of general annual growth rate. This is recorded as the lowest growth rate among all South Asian countries. However, nearly 185,000 populations per year would still be added to the current population, projecting an estimated 23 million people in 2030. Although the current rate of growth of population is favourable and steady for the economy, Sri Lanka records a relatively high population density of 336 persons per square kilometer in 2015 (estimated up to March 31st) which is an increase of 46% from 1981, where the density was only 230 persons per square kilometer. This increasing trend of population is a challenging fact to be considered by policy makers and politicians in order to upgrade the socioeconomic conditions of the country and thereby aim to alleviate poverty from its current level of 6.7 per cent. Other basic needs such as education. health, shelter and food are also to be well planned in order to advance the quality of life of the people of Sri Lanka in years to come.

Change of Sex composition

According to the 2012 Census, Sri Lanka has 646,000 more females than males that indicates for every 100 females there were 94 males. This is explained by the relatively higher life expectancy of females (76 years compared to 72 years in males). In 1981, the sex ratio showed more favourability towards males, as for every 100 females there were 104 males. The increasing

trend of the female population in Sri Lanka signifies the imperative need to consider gender equity and further improvement of status of women. The higher representation of females in parliament would hopefully open more avenues for employment opportunities for women, which at present is only 34.6 per cent against over 65 per cent in males. It is evident that these are important considerations to be reflected upon by policy

Paradigm Shift of Age Structure

As shown in Table 1, the paradigm shift of age structure from a younger population to an increase in the working age and older population in Sri Lanka draws conspicuous attention towards prompt policy decisions and programmes in order to cater to better conditions for the working age population, including youth population in this country. Due to continuous and dramatic decrease of fertility (TFR from 4.2 in 1971 to 2.3 in 2006/2007) and mortality (e⁰₀ from 65 in 1971 to 74 in 2007) conditions over the last five decades. the child population (age less than 15 years) decreased by nearly 30 per cent, from 35.2 percent in 1981 to 24.9 percent in 2014, whilst the working age population increased by nearly 8 per cent, from 58.2 per cent in 1981 to 62.6 per cent in 2014.Out of working age population, 8.8 million population is in the labour force (employed and unemployed) and of which 5.5 million are males and 2.5 million are females. This will create problems in the future as male participation is more in the labour force though there are more females in the country. Hence, the opportunity and avenues to cater for more females to enter labour market are to be considered by the policy makers.

Table 1: Percentage Distribution of the Population for Functional age

groups, 1911-2014.

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Age group	1911	1946	1953	1963	1971	1981	1991*	2001*	2014*
0-14	40.9	37.2	39.7	41.5	39.0	35.2	31.2	25.1	24.9
15-24	17.9	19.8	18.2	18.1	20.7	21.1	18.7	18.6	15.8
25-59	36.9	37.6	36.7	34.4	34.0	37.1	42.0	46.3	46.8
60 & above	4.3	5.4	5.4	6.0	6.3	6.6	8.1	10.0	12.4
60+/0-14	10.5	14.5	13.6	14.5	16.1	18.8	26.0	39.8	49.1
60+/15-24	24.0	27.3	29.7	33.1	30.4	31.3	43.3	53.8	79.3
Total Pop.('000)	4,106	6,657	8,098	10,582	12,690	14,847	17,259	19,015	

Source: Department of census and Statistics, Census Reports, 1946-1981.

Demographic Dividend

The opening of this demographic window of opportunity in view of a relatively small younger dependency due to decreasing child population and an increasing working age population, which is called "demographic dividend" will be conducive to economic development for the next one and a half decades (up to 2030). Moreover, the bulge of youth population, which is called population bonus, a consequence of the last two decades of fertility and mortality transition in Sri Lanka should be taken into significant consideration to utilize these youth for sustainable development amidst modest socio-economic policies and programs prevailing in Sri Lanka. New employment avenues, programmes and policies have to be implemented, taking into consideration the educated and unemployed youth within this bulge of youth population. If the youth could be empowered as a healthy and productive segment of the population through adequate investment in health and education and by formulating manpower policies that correlate with educational national policies, "demographic bonus" would become a good opportunity for the development of the economy.

Rapidity of Ageing

The policy makers as well as the society should also take care to protect the wellbeing of the ageing population. This is a significant aspect to focus on in light of the fact that persons aged more

than 60 years has doubled from 6.6 per cent in 1981 to a remarkable 12.4 percent in 2012. This shift of age structure from younger to older with a higher proportion resulted in a transformation of the shape of the age pyramid of the country. Thus Sri Lanka has begun in conversion of age pyramid from a broad based to "barrel-shaped" or "urn-shaped" confirming aging at the apex. The sex ratio of the older population (79 older males per every 100 older females) demonstrates that the female older population is noticeably higher than their counterparts due to higher female life expectancy. This female older population is a vulnerable group due to widowhood and income scarcity, thus warranting more attention towards their health and well-being as well as economic stability. The theme of this year's (2015) World Population Day, "Vulnerable Population in Emergencies", emphasizes the need for careful consideration of these vulnerable groups.

^{*} Standard projection by Dept. Census and Statistics

HEALTH MATTERS

HPV VACCINATION

What you need to know about HPV vaccination ('cervical cancer vaccine') and diseases it prevents (HPV disease)

Prepared by Dr Sanjay Jaysainghe who is a Medical Epidemiologist and a Research Fellow at the National Centre for Immunization Research and Surveillance in Westmead, NSW.

What is HPV?

HPV is short for human papillomavirus. HPV is named for the warts (or papillomas) which is the commonest disease it causes in humans. There are more than 100 types of HPV; each type is assigned a number to distinguish it from others (eg. HPV 6, HPV 11, HPV 16 etc.). Of these, about 40 HPV types can infect the skin surfaces and moist (mucous) membranes in humans. Infection with some HPV types can lead to cancers in the cervix (neck of the womb) as well as



several other body sites. Those HPV types causing cancer are called 'high risk' types. HPV types that cause less serious disease such as warts are called 'low risk'. HPV vaccines protect against infection from HPV types that commonly cause disease.

What are the health problems that can be caused by HPV?

Each HPV type has its own favourite skin surface area to invade. In most cases HPV infections are asymptomatic and go away on their own in a year or two. However, when HPV infection persists, it can cause health problems like warts and cancers. Some HPV types infect the outer skin layer of hands and feet to cause 'common warts' (palmer and plantar warts). Certain other HPV types typically infect skin and mucous membranes in and around the genitals (ano-genital area), mouth and throat.

Infection by 'low risk' HPV types 6 and 11 leads to genital warts. These usually appear as a small bump or group of bumps in the ano-genital area. They do not cause any serious complications apart from being unpleasant.

It is widely known that HPV causes cervical cancer. HPV infection can also lead to cancers in several other sites such as, in women the vulva and vagina (external genitals), in men penis, and anus in both men and women. It can also cause cancers in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancers). The two 'high risk' HPV types predominantly associated with these cancers are HPV 16 and HPV 18.

Cancers often take several years, even decades, to develop after a person gets infected with HPV. There is no way to predict who will develop cancer and other health problems from HPV infection. People with weak immune systems (immunocompromised) due to disease or some medical treatment may be less able to fight off HPV and as a result are more likely to develop health problems from it.

How do people get HPV?

Genital HPV infections are highly contagious. It is transmitted through intimate skin-to-skin contact. HPV is the most common sexually transmitted infection (STI). Most people will have HPV at some time in their lives without actually knowing. Some people find out they have HPV when they get genital warts. Women may find out that they have an HPV infection when they get an abnormal Pap test result from cervical cancer screening. Others may only find out once they develop cancers due to HPV. Importantly, HPV can be transmitted even when an infected person has no signs or symptoms.

How common is HPV infection and related health problems?

HPV infection is very common; four out of five people have it at some stage in their lives. A large majority of these infections resolve on their own without causing any health problems.

It is estimated that among Australians two out of a thousand people are diagnosed with genital warts each year. Among young adults it is up to about nine per 1000 people.

Among cancers caused by HPV the commonest is cervical cancer. According to data from the Australian Institute of Health and Welfare (AIHW) about 850 new cases of cervical cancer is diagnosed each year in Australian women (this translates to a rate of 7 per 100,000 women). Number of deaths from cervical cancer each year is about 250. Cervical cancer is the 14th most commonly diagnosed cancer among women in Australia. Women are offered cervical screening through a national program in Australia where early precancerous changes in the cervix are detected for appropriate treatment before cervical cancer develops. Since the start of the national screening program the rate of cervical cancer occurrence among Australian women has halved.

Each year about 340 Australians are diagnosed with anal cancer of which about 90% is caused by HPV. Also about 500 new cases of cancer in sites in the mouth and throat of which about 60% are caused by HPV are detected per year.

In Sri Lanka, it estimated that about 1800 new cases of cervical cancer and about 650 deaths due to cervical cancer occur each year. It is the 2nd commonest cancer among women in Sri Lanka.

What are HPV vaccines?

HPV vaccines prevent infection by certain types of HPV and by that provide protection against diseases they cause. Australian scientist Ian Fraser and his fellow researcher Jian Zhou made the discovery that led to the development of vaccines against HPV in their laboratory in Brisbane.

There are three HPV vaccines registered for use in Australia. Their brand names are Cervarix®, Gardasil® and Gardasil 9®.

Gardasil® is the HPV vaccine that is offered to school children through the national HPV vaccination program. It provides protection against HPV types 16 and 18 that is responsible for majority of cervical cancers and most of the other cancers caused by HPV. Gardasil® also protects against HPV 6 and 11 that cause genital warts.

Cervarix® provides protection against HPV 16 and 18. It is only registered for use in females.

Gardasil 9® which was registered for use in Australia only recently provides protection against infection from five extra HPV types in addition to the ones that Gardasil prevents. These extra HPV types (31, 33, 45, 52 and 58) cause about 20% of cervical cancers.

Who should get HPV vaccine?

In Australia HPV vaccine is provided free in schools to all girls and boys aged 12-13 years under the National HPV Vaccination Program.

HPV Vaccination Program began in 2007 for girls only, and was extended to include boys in 2013. In the current school-based HPV vaccination program, once a child's parent or guardian has consented, the Gardasil® vaccine is given as three injections over a period of six months by qualified immunization providers. The recommended vaccine schedule is doses at 0 (the day the 1st dose is given), 2 and 6 months. It is important to complete the full course – all three doses – for optimum protection.

Follow this link for further information on the National HPV Vaccination Program on the Immunize Australia program website

http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hpv

The school year (grade) when the vaccine is given vary by State/Territory. You could check this by contacting your State/Territory Health Department. For example in NSW HPV vaccine is offered for students in year 7

(see http://www.health.nsw.gov.au/immunisation/Pages/schoolvaccination.aspx) and in WA it is offered in year 8 (see http://www.healthywa.wa.gov.au/Articles/U Z/Year-8-vaccination-program)

Your State/Territory Department would also be able to provide advice on what to do if a student missed vaccine doses due to being absent on the day the immunization nurse visited the school.

Varicella (Chicken pox) vaccine and the combined vaccine against Diphtheria, Tetanus and Pertussis (whooping cough) may be administered at the same time (using different injection sites) with doses of HPV vaccine in schools for children eligible to receive those vaccines.

Who else should be vaccinated for HPV?

The recommended optimal age for HPV vaccination for both girls and boys is 11-13 yrs. Also it may be considered at any age between 9-18 yrs for both males and females. However, since HPV vaccines provide protection against vaccine-type HPV disease if given prior to being infected with that HPV type, older adolescent males and females who have already commenced sexual activity may get limited benefit from it. So the decision to vaccinate those individuals should follow an assessment of the potential benefits based on likely previous HPV exposure and future risks of HPV infection.

HPV vaccination is not routinely recommended for those aged 19 years and over. But some may gain individual benefits from HPV vaccination based on their circumstances. So a case-by-case assessment of potential benefit as above is required prior to vaccination.

Why is the vaccination recommended at such a young age?

Research has clearly shown that HPV vaccines provide the best protection in those who are not already infected with the HPV types targeted by the vaccine. Therefore vaccine is recommended to be given at an age prior to sexual debut. HPV vaccines are not meant to cure existing HPV infection.

How long will the vaccine last?

Studies suggest that vaccine protection is long-lasting. Research so far (with up to about 10 years of follow-up data) indicate that the vaccines are effective, with no evidence of waning protection or break through disease.

Is a booster dose required?

Additional (booster) doses are not currently recommended for those who have completed a 3 dose course of HPV vaccine.

How safe is HPV vaccine?

Overall, HPV vaccines have an excellent safety profile similar to that for all other vaccines routinely used in the National Immunization Program here in Australia. All HPV vaccine trials have involved over 40,000 people worldwide and the data from those trials have been examined very carefully by the experts in the drug regulatory body in Australia, the Therapeutic Goods Administration (TGA) and the Australian Technical Advisory Group on Immunization (ATAGI). Similar groups of experts in many other countries have also evaluated this trial data and all have concluded that the registered HPV vaccines are safe. Most developed countries including Australia that use HPV vaccination in their routine immunization programs have efficient systems to identify any adverse events following vaccination. To date, several million doses of HPV vaccines have been distributed in these countries with no serious side effect caused by HPV vaccines been detected.

In Australia, reports relating to any health problems after receiving a vaccine are collected by the TGA and summaries are publicly available through the Database of Adverse Event Notifications which can be accessed via this link, https://www.tga.gov.au/database-adverse-event-notifications-daen.

Is cervical screening still important?

Absolutely yes, even for those who have received a complete course of HPV vaccine. HPV vaccine does not prevent all cervical cancers. It has limited protection against HPV infections from non-vaccine types that could cause cervical cancer. Also HPV vaccines will not clear already established HPV infections that can lead to cancer.

Therefore, undergoing cervical screening where early changes to the cervix are detected using what is called a Pap (short for Papanicolaou) test remains critically important. These pre-cancerous changes if left untreated develop in to cervical cancer.

The Pap test is a quick and simple procedure that your general practitioner can perform. It is also offered through community or women's health centres, family planning clinics and sexual health clinics.

Australia has a National Cervical Screening Program established to reduce illness and deaths from cervical cancer by encouraging women to have regular Pap smears. The National Program currently recommends all women aged between 18 and 70 years who have ever been sexually active to have Pap tests every two years.

The cost of getting a Pap test screening done will depend on the general practice or health centre you attend. If both the practice you attend and pathology laboratory where testing is undertaken bulk bill, there would be no out of pocket expenses to you. It is important to bear in mind that cervical screening does not check for other problems in the reproductive system such as ovarian cancer or other sexually transmitted infections. Cervical screening is offered for people without symptoms of cervical disease. If you are concerned about any symptoms you need to consult your health care provider.

In Australia, regular Pap tests save more than 1,200 women each year from cervical cancer.

Here are the links to some trustworthy sites containing further information on HPV disease and vaccines Cancer council Australia http://www.hpvvaccine.org.au/

National Centre for Immunisation Research and Surveillance http://www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/

CREATIVE CORNER

Creative work by 13 year old James William Gray

The petals of a rose

We cripple and fall
We dance and play
We stutter and decay
We are prey to sweet nectar

Beauty is mortal, Such nectar is fatal But the aroma is bliss So the butterfly dies to the thorns

As its body withers away
The next comes another day
Until they fall prey to another
poison
Seasons change, and so does love

As the fallen petals dictate



Blood in The River

I am fragile glass Anything could break me I thought no one would Oh, but you did

Now there is blood in the river Staggering in streaks Nobody knows how it got there But you do.

You, don't know who you are anymore You don't know where to go or where to hide You, don't know how she felt when

you hurt her
But you will.

YOUR CONTRIBUTIONS

PLEASE FORWARD YOUR ARTICLES ON RELAVENT TOPICS, RECPIES, HEALTH RELATED ARTICLES, CREATIVE WORK & TIPS ON FASHION NO MORE THAN TWO A4 PAGES & PICTURES

To the Editor email: editor@slansw.org.au or post to Sri Lanka Association of NSW Inc. P. O. Box 3120 Sydney 2001

The articles published in this newsletter are the property of the writers. They contain views, experiences & knowledge of the writers themselves

Memories of Wellawatte

Extracts of an article written by George George S. Pereira, Toronto, Canada which was submitted to Thorathuru by Harry de Sayrah

Wellawatte, a small town in Colombo, lies immediately south of Bambalapitiya and is classified as zone 6 within the Colombo Municipal region. The town begins at the old Dutch canal just before the Savoy Cinema and extends all the way south to the same canal that spills into the sea just before the Hospital Road junction where Dehiwela begins. It is bounded on the west by the magnificent waters of the Indian Ocean and extends to Pamankade where Havelock Road, forks and winds one of its ways to meet the Sri Saranankara Road bridge that stretches over the waters of the Dutch canal extending towards Kohuwela-Hospital Road junction on Dutugemunu Street.

The Savoy Cinema

The Savoy Cinema, then owned and managed by C V de Silva, was an icon that no one could ever miss. The stature of the building itself combined with the many attractive movies that were shown there could never miss anyone's attention. Its location right next to the Dutch Canal on the seaside marks the beginning of the town. The de Silva family used to live on one of the many floors of the building and daughter, Malkanthi, was a very popular and active young lady within the neighborhood.

Several business outlets also occupied the ground floor stretch of the building, comprising a pharmacy and even a textile retail shop. The first floor also contained a Chinese Restaurant which was frequented by boozers in the dusky hours of the evening. A small car park that provided a reasonable facility to patrons circled the cinema from the canal end moving towards the rear and overflowing on to Charlemont Road.

The Cinema, has, in recent times been bought over by the Edirisinghe Group owned and managed by EAP Edirisinghe and refurbished with a new and state of the art look and features.

Dhammarama Mawatha

Right opposite to the Savoy is Dhammarama Mawatha which runs alongside the Dutch Canal and veers its way towards Peterson Lane culminating at High Street, now called WA Silva Mawatha. The canal itself was an adventurous place for the kids of that era to splash in, sport for ornamental guppies and spend their leisure hours wallowing in its murky waters that carried oil, waste, and many a spill from far away places.

Charlemont Road

Adjoining the Savoy, Charlemont Road, went straight down to the beach housing many a palatial residence and garden. The houses were all very large and spacious with sprawling flora everywhere. The street was the residence of many a rich and famous professional and businessman. The Rehmanjee's, a Borah family, lived on the left almost a block away from the Savoy. Sisters, Shireen Themina and Batool lived with their Mum since the demise of their Dad some years before. Shireen married one of the boys down the street. Themina ran a small Montessori school in her garage but has since moved her residence and school to the bottom end of Station Road at Wellawatte in the premises of the Ariff residence. The Rahumans lived a massive mansion on the right side of the street, almost three quarters of the way down to the beach. They belonged to the Memon community whose ancestors had arrived, long years ago, and settled as lucrative businessmen in Colombo. Their businesses were located mainly in the Pettah where they indulged in oilman stores, groceries, condiments, spices and other similar produce.

At the far end, on the left, lived Sulaiman Marikar-Bawa with his family in a massive house that had its semi circular bay windows facing the sea. The house had entrances from Charlemont Road and also the beach front. Sulaiman and his family used to provide night prayer facilities at his residence during the Islamic month of fasting (Ramadhan) and a large gathering of believers from the locality used to patronize this service. He was a businessman and owned and managed his family textile business in the Fort called "Marikar Bawa's" who were very popular and famous for gentlemen's suiting and tailoring establishment, consisting of the finest fabrics imported from Europe. It was a tradition and privilege, in the old times, to have ones wedding suit purchased and tailored by Marikar Bawa's. Sulaiman was also a very charitable and philanthropic individual who was extremely generous to the poor and needy. A short, elderly man, sporting a spotless white beard he bore the personality and characteristics of a person who had seen some of the best times in life.

AGINCOURT

The Large House south of the Savoy was called AGINCOURT, it was occupied by the grandfather of Allister Bartholomeusz, Cecil Richard Lorensz Herft, retired Engineer PWD, Western or North Western Province.

C R L Herft was born on 13 Feb, 1860, in Manaar, and the name LORENSZ was given to him in honor of the great burgher personality of old times, Charles Ambrose Lorensz.

He had several children, Doreen Meynert (1898), Chapman Lorensz Metnert (1899), Cecil Eldred Meynert (1900), Idona Elspeth Meynert (1900), Lorenza Neomi Meynert (Oct 11 1901), Audrey Miriam Meynert (1903), Thelma Lilian Meynert (1904), Esmee Bertha Susanna Meynert (1908), Swinburne Annesley Meynert (1910)Fenton Vyville Meynert (1911), & Orville Wesley Meynert (1914).

Lorenza Neomi passed away during childbirth. Her daughter, Margeaux Lillian LOURENSZ is an eminent musician, ballet dancer, and artiste, who, presently (2006), lives in the UK. Esmee Bertha Susanna is the mother of Allister Bartholomeusz.

The HERFT family was a distinguished Family of NEGOMBO. C R L Herft was involved with the inauguration of NEWSTEAD COLLEGE, Negombo, a great Negombo School. He, along with St John Pereira, a Negombo resident, was responsible for the erection of the Bells of St Mary's in Negombo.

The Herft family home was named RIPPLEHURST and is now, the Kudapadu Police Station in Negombo. This was a haunted House, but the spirit was said to be a beautiful lady who tenderly sought the infants, if there were any. This is a well known legend and Annesley Herft, uncle of Allister Bartholomeusz, Excise Superintendent had to present offerings at a ceremony, as traditionally demanded by local custom, to end this incident. (courtesy Allister Bartholomeusz, Melbourne, Victoria, Australia)

The Polytechnic

The "Poly", as it was affectionately known by the people, was a place where the youth of Colombo used to meet, with the intent of pursuing various vocations and careers, having left school and not having had the opportunity to enter into university education or even pursue other higher levels of learning elsewhere. The institution, founded by Lawrie Muthu Krishna, way back in 1901, was the pioneer training center in secretarial, typewriting, shorthand, book-keeping and other similar, basic, office management skills. Later on the institute added many other attractive courses including, journalism, advertising, public relations etc in order to cater to the massive demands that these professions were exerting on the community for expertise.

(Image on the next page was extracted from http://www.thesundayleader.lk/)

The institution was located on the Galle Road, the second building from Charlemont Road, on the seaside and was monumental in its structure and echelon in that it portrayed a tremendous air of knowledge and camaraderie that was loved and cherished by many a young lad and lassie of that era. The Muthu Krishna family belonged to the Colombo Chetty community, a group of people who originally migrated from Gujarat in India to the south and ended up on the western coastline

of Sri Lanka, concentrating mainly in Colombo and its northern suburbs.

Alexandra Road

Naleem Hajiar, the famous gem merchant and pioneer of the Bairaha poultry farm and industry, from Beruwela, moved in to establish his Colombo home down Alexandra Road and still lives there with his family.

The Wellawatte Market

I lived down a small lane that had no name, a few yards south of the Wellawatte market. It was right beside Elephant House on the land side and there were only 3 houses down it.

The Pereira's lived at 253/1 Galled Road. It was the last house down the lane. The head of the household was Dodwell (Bunny) Pereira. His wife was Lilian Pereira (nee Dabrera). They had three boys, Dodwell, Mark and George. Dodwell and Mark now reside in Australia and George is in Canada. Bunny died in 1961 after having suffered a stroke 9 years earlier. Lilian died in Canada in 1987.

The next house was 253/2 where the DeMel family lived. His name was Artie and he worked at the Education Ministry. His wife's name skips my mind. They had one daughter named Lynette.



Next to them at 253/3 were the Labrooy family. There was Neil who was married to Marjorie. The children were Skipper, Janice, Rodney, Cheryl and Brendan. They moved to Australia.

Next door to the Labrooy's house was the building that housed Elephant House and a few other stores. People lived above these stores and the entrance to their homes was from behind the building down the lane.

At the very top of the lane, right at the Galle Road there was the "jak woman". She had a little hut where she lived day and night and sold jak fruit on the pavement. No one knew where she got the jak from but it would be there fresh each day.

Next to this lane (closer to the Wellawatte Municipal market) there was another small lane that housed the "kammala" where they had a forge and used to put new wheels on bullock carts. At the top of this lane was a small store that sold everything. He had pencils, pens, stationery, erasers, etc. Everything one would need for school as well as toys and other paraphernalia. He was called Free Man. We would go into the store and take whatever we wanted and never had to pay for it. It was until later in life that my mother told me that "Free" Man would see on the street and she would have to pay for what we took.

Adjacent to Free Man was the shoe maker. We used to go into his shop and chat for an hour or so and watch him make and repair shoes. I still remember the green hued glue that he used to fasten the soles to the shoes. On the pavement on Gale Road there were assorted vendors selling everything from fish to spices. We knew all of them and they used to keep an eye on us when we were very young that we didn't stray too far from home.

SPOT OF FASHION

Yards And Yards Of Beauty -A peek into the how and where of the Sari

By Sharmila Jayasinghe Niriella

A garment made of an unstitched cloth measuring five to six yards in length and forty-two to forty-nine inches in width has gained much attention as a source of inspiration for fashion all over the world lately. This garment which is known as the sari or saree is no strange attire for those of us who come from "sari wearing" nations. The yards and yards of cloth that we



women wrap around ourselves has a rich history dating back to the time when cotton was first cultivated and used in manufacture clothing. Though it is not clearly stated anywhere why the sari is what it is or how it is: a whole lot of cloth draped around the body, the design of the outfit could have had climate as a decider. Since this attire originated in tropical lands it would have been designed with comforts in mind but not forgetting modesty. Though there is a lot of cloth that is in play, the sari is draped in a manner to guarantee proper air circulation and coverage.



According to 6th century Pali and Sanskrit literature the sari or saree originated as a three piece attire which consisted of a lower garment (Antriya), a section worn over shoulder (Uttariya) and a chest-band (Stanapatta). Over the centuries this attire has evolved and taken many shades, shapes and forms mostly without reducing the number of meters or yards that requires the garment to be a sari. Though these days the five or six yards are cut in to two or three pieces to form several parts of the attire or draped as a whole the dynamics of it all have not changed - the sari is still what it used to be: a whole lot of cloth wrapped around a woman's body.

As history shows the sari was, as in modern times, draped in different styles. These differences may not have been born purely to keep up with changing fashion but more so due to cultural or social settings. The French cultural anthropologist and sari researcher Chantal Boulanger divides sari drape styles into thirteen main categories. Out of these the most common would be the Nivi style that is wildly used in modern times.

Nivi drape starts with one end of the sari tucked into the waistband of the underskirt. The cloth is then wrapped around the lower body once, then hand-gathered into even pleats below the navel. These elegant long lines of pleats create a graceful, decorative effect with every step taken. After one more turn around the waist, the loose end of the cloth which is known as the "pallu" or "fall" is then draped over the shoulder diagonally in front of the torso across the right hip to over the left shoulder. The pallu may be hanging freely, tucked in at the waist, used to cover the head, or used to cover the neck, by draping it across the right shoulder as well. The long pallu draped over the shoulder and hanging down to wrist length gives more of a sweeping vertical element, creating an instant elegance. This style, though originated in Andra Pradesh in India has become the most commonly worn sari style of many cultures today.

Another style we Sri Lankans are familiar with today and which has broken boundaries to become "everyone's style" is the Guajarati style. Here the cloth is draped around the body in the same way as the Nivi style but the pallu or the fall is taken from the back, draped across the right shoulder, and pulled across to be secured in the back.

The Kandyan style (or Osari in Sinhalese) is the one style that is known to and is almost exclusively worn by those of Sri Lankan origin. This Kandyan style of sari drape is generally more popular in the hill country region of Kandy from which the style gets its name. The traditional Kandyan (Osari) style consists of a full blouse which covers the midriff completely. The actual style of the sari is different to Nivi style and perceived by many as a much more complicated drape. However, modern intermingling of styles has led to easier ways of draping the Kandyan style sari by separating it into three separate parts the end result being named the "made up Kandyan sari". However it is draped, as the whole five to six yards or "made up". in Kandyan style of draping the final tail of the sari is neatly pleated rather than free-flowing. This is rather similar to the pleated rosette used in the Dravidian style of drape. The Kandvan style of sari is considered the national dress of Sinhalese women and is the uniform of the air hostesses of Sri Lankan Airlines – the national carrier of Sri Lanka.

With the evolution of the garment, the sari has claimed its place in runways all over the world and has

attracted the attention as a fascinating garment. In modern day fashion scenes the sari is accessorised with belts, fancy pins, flowers and just about everything you can imagine!



Reference: Saris by Chantal Boulanger Image 1 taken from Commons. Wikimedia.org Image 2 taken from scoop.it

Spicy Chicken with Tamarind Sauce

TASTY TREATS



This is a recipe loved by my daughter and most of the people I have made this for . It's colourful dish that will brighten the most dull spread of dishes. It's juiciness and the thick sauce makes it's it ideal for our sting hoppers, hoppers, Pittu and any type of rice dishes. Try and use a whole chicken for this dish as the bones in the chicken will add much flavour to it.

Kishani Ariyasinghe

Ingredients

1 kilo chicken cut into small pieces 3 tbsp tomato ketchup

1 tbsp tamarind paste 1 to 2 tsp chilli powder

1 to 2 tbsp brown sugar 1 tsp ginger pulp

1 tsp garlic pulp
2 tbsp desiccated coconut 1 tbsp sesame seeds
1 tsp ground cumin

1 1/2 tsp ground coriander Oil

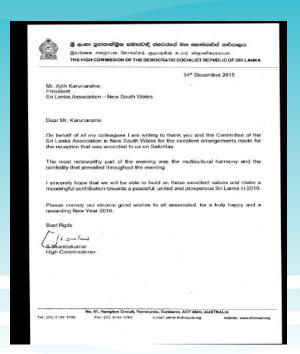
Few curry leave

1 tsp onion seeds (nigella seeds) 2 dried chilies broken into pieces 1/2 tsp fenugreek seeds

Few cheery tomatoes or few coloured tomatoes Hand full of chopped coriander, Few chopped green chillies

Put all the ingredients from the tomato ketchup to ground coriander into a blender and make a paste. Now coat the pieces of chicken in the paste and leave for an hour or more in the fridge. Heat oil in a deep pan preferably a round one and add the curry leaves, dried chilies, onion seeds and the fenugreek seeds and fry for a minute. Lower the heat and tip the marinated chicken with all of the marinate. Mix the chicken well so all the pieces gets all of the goodness Simmer for around 20 to 30 minutes or until the chicken is well done and the sauce is thick. Lastly add the little tomatoes, chopped green chilies and the chopped coriander.

Enjoy!



Letter of Appreciation From the High Commissioner

LETTERS TO SLANSW

Letter of Appreciation From the Consul General



SNAP SHOT OF FINANCIAL POSITION AS AT 31 DEC 2015	
(A) INCOME & EXPENDITURE	
Total Net Income	3,154
Total Expenditure	3,786
SURPLUS (DEFICIT)	(632)
(B) FINANCIAL POSITION	
Assets	1,309
Business Bank A/C	12,255
Term Deposits	62,836
Receivables & Prepayments	1,280
TOTAL ASSETS	77,680
LIABILITIES	225

Financial Overview





Dates for your diary! Upcoming events organized by SLANSW



Attention: Announcing the Launch of the SLANSW Web Noticeboard Following announcements could be placed on our web noticeboard.

- Birth Announcements,
- Marriage Announcements
- Name/Address Changes
- Obituaries
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Please visit our website slansw.org.au for details

SLA|Sri Lanka Association of NSW





Use this form to apply for new membership or to renew existing membership

Rule 15 (a), (b) & 16 (a) APPLICATION FOR MEMBERSHIP OF THE SRI LANKA ASSOCIATION OF NSW INCORPORATED

(Incorporated under the Associations Incorporation Act, 1984)

I (Mr/Mrs/Miss/Ms/Dr)(Full name of
Applicant)
Of:(Address)
Email:
Tel. No
Do hereby apply to become a (Seniors / Life Member per person / Family Life Member(two adults) / Annual Family / Annual Single / Annual Student)member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.
Signature of Applicant Date
I, being a member of the Association, nominate the above named applicant, who is personally known to me, for membership of the Association.
Signature of Proposer Date
I have enclosed a cheque for the sum of \$ being my membership contribution. Membership Contribution: Annual Singles \$10.00, Annual Student \$ 7.50, Annual Family \$20.00, Annual Student Family \$10.00, Life \$150 per person or Family (of two adults), Seniors Free
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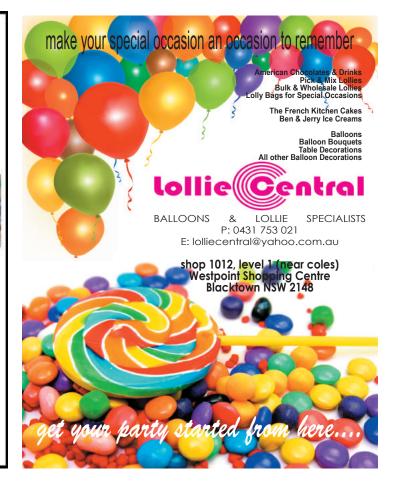
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