1934		1934
23070	KENYA CO 533/444	23070

Medical Department.

Previous

3359/35.

Subsequent

38078/35

Reg 297	12/2
Room 309	12/2
Dr Fraser	13
Dr Hurd	13
Dr Glanville	4.2.34
R 297	16/10
Mr Cliffe.	17/10
R297.	14/11
R 309.	24/11
Mr Cliffe	24/11
Sir T Stanton	27.11.34
Col Craigie	28/11
Mr Brunton	28
Reg 297	

23070

FILE A.

(16621) Wt. 14136—10. 25,000 in 4 sorts.
1/35 P. St. G. 101/2 5

1. Extract from minutes of meeting of the C.A.M. Committee held on 16 January 1934

As this is an account of the D.D.M.S's views rather than of the Committee's, perhaps it will not be necessary to send a copy to Kenya.

Subject to Dr. Fraser's views, not to us.

Davies 17/1/34

G Fraser
17

Some of the remarks are interesting & useful

A.T. Hunter
16.2.34

2 extra

M.

e.f. Laboratory Services staff.

Gov.....95.....22nd February, 1934.

Trs. copy memo. by the D.M.S. relative to the arrangements for Laboratory Services staff. Suggests that the subject be discussed between Dr.Stanton and Dr.Paterson during the latter's leave.

I am not quite clear as to Dr.Paterson's proposals for the senior staff of the Laboratory Dept. What he apparently wants is

1 Chief of Laboratories
(by whatever name he is to go.)

1 Senior Bacteriologist.

2 Asst. Bacteriologists.

At present there are

1 Senior Bacteriologist.

3 Asst. Bacteriologists.

Dr.Paterson does not want to promote any of the existing staff, and there is therefore no indication of what is to happen to the third Asst.Bacteriologist if a new man is brought in from outside to fill the top post. This, however, can be dealt with in discussion with Dr.Paterson when he arrives on leave in May or June. There is no hurry as provision for the top post will not be made until the 1935 Ests. if then.

One can sympathise with Dr. Paterson's desire to have a really good man in charge of the laboratories but there is something of the Kenya ~~views~~ view in his specification for the post in paras.20 sqq of his memo. Sir E.Grigg was always asking for these "supermen" for Kenya jobs and it was not easy to find them. The salary of the post was £1,200 (plus £100 personal) when Dr.Kauntze held it: and I don't know what chance there is of this salary attracting the type of man Dr.Paterson has in mind.

(less £80 salary levy)

We can ~~xxxx~~ discuss with Dr.Paterson as propos The desp. does not seem to require an answer, but a note should be made to b.u. this file when Dr. Paterson arrives.

(Sd) C.A.L.Cliffe.
22/3

I have had some discussion with Dr.Darlyle Johnstone and Dr.Vint about this. Wait for Dr. Paterson as proposed.

(Sd) A.T.Stanton.
31.3.34.

Sir C.Bottomley.

The memos. are sent here as a basis for discussion with Dr.Paterson so we must wait. But you may like to see.

On one point I am very clear. The C/i/c Laboratory (call him what you will) must for Administration rank after the Deputy Director. The organisation now adopted means that the Deputy is Deputy for the Director in all aspects, Laboratory included.

I have great sympathy with Dr. Paterson's desire to have a brilliant Research institution, but this is an ordinary world and bar accidents, he won't get it. As he says himself Research officers are born and not made and the best solution - the ideal one - is to discover someone in the ranks of the service who fills the bill and put him in. Men like Almroth Wright, Koch, Ehrlich or Manson will do research work anyhow and come up to the top by their own buoyancy. Kenya might attract a man who one had made a name for himself but surely such a ~~man~~ would prefer to work in London, Liverpool or Edinburgh where he can meet people of equal or nearly equal ability and thus keep himself duly humble. A first-class man in Kenya would be like Simeon Stylites on a lonely pillar and have no one to talk to on equal terms. The inevitable result would be that he would rapidly become autocratic and cause friction and what is worse the value of his work ~~m~~ would decline because he would have no one there to criticise. More harm is done by insufficiently thought-out research than people generally know.

The idea of para.8 of the covering letter that Kenya could build up a world famous institute for Tropical Disease research to which voluntary workers would flock, is attractive - as an ideal- But is is scarcely practicable yet, in my opinion. However, we shall have it all out when Dr.Paterson arrives.

Wait.

(sd) J.E.W.Flood.

Yes. Dr.Paterson has a praiseworthy desire for the best - always has had.

(Intd.). W.C.B.

5/4/34 at nee.

No.2. has still to be ~~xxxxxxxxx~~ discussed with Dr.Paterson. Sir T.Stanton and Dr.C'Brien have already discussed it with Dr.Kauntze, and Dr.C'Brien will arrange for a discussion of it with Dr.Paterson next time he calls.

Meanwhile, it is not really appropriate in this file and should be removed to a separate file with copies of the minutes in it, from 22/3 to 5/4.

(Sd) C.A.L.Clifie.

14/9 at once.

24034/1/34

3. Extract from the minutes of meeting of the C.A.M. Committee held on 16 October.

No 3. This does not take us much further. Dr Paterson has returned to Kenya. If Sir T. Stanton agrees this paper may be put by pending receipt of Dr Paterson's views on the matter again. C.A.Smith 20/10/34

Sir T. Stanton.

I don't know whether anything further

enquired about this in conversation between you & Dr Paterson?

GR Cliffe
Esqre.

Only a number of names of people that might fill the post if there is such a post, not a word about where the money is to come from to create it. Dr Paterson has a passion for collecting celebrities.

A Hunter
27/3/30

In reply to your letter of the 26th instant regarding the proposed appointment of a Director of the Government Laboratory, I have to inform you that the Executive Council has decided that the matter should be left in abeyance for the present.

I have the honour to be,
Sir,
Your obedient servant,
Colonial Secretary.

The Chairman,
Central Board of Health,
Cape Town.

Extract from the minutes of meeting of the C.B.H. Committee held on 16th October 1930.

Dr. Paterson then spoke of the future of the laboratory service in the Colony. The laboratory itself is well situated close to the hospital and a great deal of material is available for investigation from the district hospitals. He was anxious to get a Director to take charge of the laboratory who was of outstanding ability as a physician and research worker and whose distinction would not only attract students but would at a later stage help to induce various bodies and institutions to contribute funds for the purposes of particular research work to be carried out in the laboratory. The conditions under which such work could be conducted were excellent, as they had a new and up to date laboratory with plenty of space accommodation and there was an abundance of clinical material available and plenty of problems waiting to be solved.

KENYA.

No. 95

GOVERNMENT HOUSE,
NAIROBI,
KENYA

RECEIVED
17 MAR 1934
C. O. REGY

22nd February, 1934.

Sir,

With reference to your despatch No.112 of the 20th February, 1933, relative to the appointment of a Deputy Director of Laboratory Services in Kenya, I have the honour to transmit a copy of a memorandum by the Director of Medical Services which, I suggest, might form the subject of discussion between him and your Medical Adviser when Dr.Paterson proceeds on leave in May next.

Memorandum.
16.11.33 & Enclo.

For 1934 no provision has been made in Estimates for this post and at this stage I am unable to say whether provision will be possible in 1935.

2. I observe that in his memorandum Dr.Paterson speaks of a Director, but I understand that Dr.Paterson agrees that if and when the post is revived the officer should be under the instructions of the Director of Medical Services.

I have the honour to be,
Sir,
Your most obedient humble servant,

BRIGADIER-GENERAL.
GOVERNOR.

THE RIGHT HONOURABLE
MAJOR SIR PHILIP CUNLIFFE-LISTER, P.C., G.B.E., M.C., M.P.,
SECRETARY OF STATE FOR THE COLONIES,
DOWNING STREET, LONDON S.W.

MEDICAL DEPARTMENT,

No.15/1233/49.Vol.II. NAIROBI,

16th November, 1933.

CONFIDENTIAL.

The Hon.Colonial Secretary,
Nairobi.

Re. Medical Research Laboratory and Laboratory Service, Director of.
Ref.Your letter No.S/C.P.H./6/26 of the 28th ultimo.

Very shortly the position is as follows: we have a most excellent central Medical Research Laboratory building and an exceedingly well qualified, competent, and keen junior laboratory staff. Up till March of the present year this Laboratory and its staff were under the immediate charge of an experienced and very senior officer ranking as a Deputy in the Department. This officer besides being an experienced laboratory worker was also an experienced physician, and to no small extent the excellence of the service which the Laboratory staff has been able to render in recent years has been due to the fact that its immediate director was possessed of experience in both of these fields.

2. Since this officer's departure seven months ago the Medical Research Laboratory has been without an immediate director and during this period I have had an opportunity to give very close attention to the operation of the institution, and much consideration to the question of the steps necessary to ensure that the greatest benefit is obtained from it with the maximum economy.

3. During these seven months I have found no reason to depart from my previous opinion to the

effect

effect that if full benefit is to be obtained from this institution an immediate director with first class qualifications, and of high professional standing, is essential, and that as a measure of practical economy in the provision of medical services throughout the country as a whole such an appointment is urgently necessary. In saying this I cast no reflection on the laboratory staff now in the country who, without exception, have worked throughout the period with the greatest keenness.

4. The position as regards direction is as set out below.

The present staff is as follows:-

One Senior Bacteriologist, (with medical qualifications),
Three Assistant Bacteriologists, (with medical qualifications),
Two Entomologists,
One Bio-chemist,
One Analytical Chemist,
Nine European Laboratory Assistants,
Two Asiatic Laboratory Assistants,
African Staff.

That is to say there are four medically qualified officers, which is the provision approved by Government after consideration of the recommendation contained in paragraph 286 (e) of the Expenditure Advisory Committee's Report.

In the draft estimates for 1934 I have suggested that provision be made for:

1 "Deputy Director of Laboratory Services" at £1,200 per annum.
1 Senior Bacteriologist at £1,100 per annum.
2 Assistant Bacteriologists at £600 - £920 per annum.

Three courses are open to Government as follows:

(a) to ask for the appointment of an officer from outside the Department as Director of Laboratories at a salary of £1,200 per annum (the title should not be Deputy Director of Laboratory Services),

(b) to recommend the promotion of one of the

5. I recommend that the first course be followed and that the Secretary of State be asked to recruit for the post an officer of recognised standing in the sphere of medical research, and, if possible, an officer who is also an experienced physician; and if an officer with these qualifications be not available for transfer to Kenya from within the Colonial Service, then that an endeavour should be made to recruit a suitable officer from the Indian Medical Service, or from the London, or Scottish Medical Schools.

I make this recommendation for the following reasons:-

(i) I am fully satisfied that in the interests of efficiency and economy such an officer is necessary, and

(ii) I am equally satisfied that no officer at present on the laboratory staff or in the Department has yet the requisite qualifications for this very important post.

From this it follows that I do not recommend either courses (b), or (c).

6. My reasons for the course I advise, so far as the non-promotion of existing staff is concerned, are, in detail, as follows:-

(i) The two most junior Assistant Bacteriologists, Dr.Tonking and Dr.Vint, though most excellent officers are as yet too inexperienced to be considered for the post.

(ii) The most senior of the Assistant Bacteriologists, Dr.de Smidt, though an officer of very considerable reputation

reputation and experience, and a first class research officer in the best sense of that term, is nevertheless in no sense of the word an experienced physician, while even as a bacteriologist his experience and standing are not yet as great as we require. Furthermore his interests are very strictly confined to pure bacteriological research.

(iii) The Senior Bacteriologist, Dr.Cormack, though a sound physician, is far from having that degree of experience and capacity as a physician which we desire, while in no sense of the word can he be regarded as a research officer, though he is a well qualified routine laboratory worker. In a small laboratory concerned only with routine he would be excellent, but in a large laboratory where research as well as routine work is required he is out of place. Reference to his "Personal Record" provides no evidence that he has ever carried out any research work, while personal acquaintance has convinced me that research is not, and never will be, his metier; in the Laboratory Dr.Cormack's opinion carries but little weight with regard to research problems. Dr.Cormack's academical qualifications are ordinary. On the other hand Dr.

Dr. Cormack has a very sound knowledge of administrative method, and as head of a small medical department in a small colony he would on this account, and on account of his good all round knowledge of sanitation, medicine, and routine bacteriological method, be, I should expect, very successful. In charge of a large laboratory he would, however, be bound to fail, and in the Kenya Laboratory he may be said in fact to have failed already as he has, as I have indicated, no reputation there as a scientific research worker. Research workers unfortunately cannot be made, and facility for practical administration is not alone a qualification for laboratory employment.

If, therefore, it should be the case that a suitable officer cannot be immediately found to undertake the direction of the Medical Research Laboratory I should, with the utmost force of conviction, advise that the present holder of the post of Senior Bacteriologist should not be promoted in this sphere, but that for preference things should remain as they are until a suitable officer might become available.

7. To the alternative of leaving things as they are for any lengthy period there would be, however, grave objection as it is not in the interests either of efficiency, or economy. The matter is unfortunately not one which can readily be reduced to pounds, shillings, and pence, except in the matter of manufacture where the issue is very clear, but in the

accompanying short memorandum I have endeavoured to indicate as clearly as possible how a large laboratory can only function with efficiency if it be under the charge of an officer of high scientific attainment and experience, how our laboratory can then be the means almost from day to day of promoting both efficiency and economy throughout the whole of the activities of the Medical Department, and how this is likely to be accentuated if the Chief Medical Research Officer, as I should prefer to call the officer in charge of the Laboratory and of laboratory services, be also an experienced physician.

8. For the reasons set out in that memorandum and this letter I attach the greatest importance to the question of the choice of a suitable officer, and to the continuance of the very wise policy which this Government has consistently followed of maintaining an efficient laboratory service. There is one other point which may be mentioned here. We have a commodious laboratory to which it was hoped that voluntary workers, financed by institutions overseas, might be attracted. I have no doubt at all that we will be able to attract such workers, and that by so doing the Colony will reap great benefit at no cost to itself, but we will only be able to do so if we have a research worker of distinction in charge of the institution. On all counts, and not least on account of economy, the need for such an officer is great and urgent.

sd. A.R.PATERSON

DIRECTOR OF MEDICAL AND SANITARY SERVICES.

MJK

MEMORANDUM

ON THE DIRECTION OF THE MEDICAL RESEARCH LABORATORY IN KENYA

and

THE NEED FOR MAINTAINING AN EFFICIENT MEDICAL RESEARCH LABORATORY.

The Headquarters Staff of the Medical Department in Kenya was until recently as follows:-

Director of Medical and Sanitary Services.	£1,500
Deputy Director of Medical Service.	£1,200
Deputy Director of Sanitary Service.	£1,200
Deputy Director of Laboratory Services.	£1,200

(With an allowance of £100 personal to Dr.Kauntze).

The staff was organised in the following fashion:-

Director of Medical and Sanitary Services.

Deputy Director of Sanitary Service. | Deputy Director of Medical Service. | Deputy Director of Laboratory Services.

This organisation which was not peculiar to this Colony was found in practice to be unsatisfactory for the purposes of the Colony, and this Government submitted for consideration by the Secretary of State proposals for reorganisation. Apparently experience elsewhere had been similar to our own experience since in his Circular of 26th September,1933, the Secretary of State intimates that the local organisation of the Medical Service should in future be on the lines similar to those which this Government desires.

The organisation now required by the Secretary of State would appear to be as follows:-

Director/

Director of Medical Services,
Deputy Director of Medical Services,
Assistant Director of Medical Services,
Senior Medical Officer,
Medical Officer.

The further development of this organisation has not so far been laid down by the Secretary of State, and he notes in the Circular under reference that the question of grading is still for consideration. It is clear, however, that it is intended that in future there will be only one Deputy Director in a Medical Department, and, therefore, that the title of Deputy Director of Laboratory Services will disappear.

The new organisation might be developed as follows:-

"A"

Director of Medical Services.
Deputy Director of Medical Services.

Officer i/c Laboratory Services.	Assistant Director of Medical Services. (General Services, i.e., Hospitals, Local Public Health, etc., etc.)
	Senior Medical Officer.
	Medical Officer.

or

"B"

Director of Medical Services.
Deputy Director of Medical Services.
Assistant Director of Medical Services.

Officer i/c Laboratory Services.	Senior Medical Officer.
	Medical Officer.

Grading, as I have noted, has not yet been

determined/

determined by the Secretary of State. The title of Assistant Director of Medical Services need not, however, represent a grade, it might be used merely to indicate a post to be filled by whatever Senior Medical Officer might be appointed to it for the time being, and an Assistant Director of Medical Services under scheme "B" would, if he were graded only as a Senior Medical Officer, or even if he were on a higher grade, and if the Laboratory Services constituted a very large organisation, represent, so far as these services at least were concerned, only a channel of communication, and the officer in charge of Laboratory Services would, in these circumstances, have direct access to the Director of Medical Services when he so desired.

2. I have only dealt with this matter of organisation in order to indicate that the new organisation in no way affects the question of the grade of the officer in charge of Laboratory Services: it affects only his position in the chain of responsibility and his title, which provided it be not that of "Deputy" Director of Laboratory Services might be almost anything else. The title might, for example, be "Director of Laboratories", though a better title to my mind would be "Chief Medical Research Officer", and the officer holding the post since he is not an administrative officer might receive a salary equal to or even greater than that of the Director of Medical Services.

3. We come to the question of the type of officer required for the direction of the Laboratory which is the point now at issue.

4. In a small Colony where the Medical Department is also small and the amount of expenditure and the amount of service/

service rendered correspondingly small, a large laboratory for routine work would be unnecessary, while extensive provision for research would almost certainly be extravagant The expenditure of the Medical Department in such a colony would, in fact, probably be so small that no economies or improvements in service arrived at as the result of research could ever be effected on such a scale as to counterbalance, or justify, large expenditure on research in order to obtain them. The Medical Department in such a Colony would always require to be content to rely for new information on the results of workers in laboratories elsewhere, and to confine its laboratory organisation to what might be necessary to carry out the routine examinations which its staff and the public might require, while it would always be able to purchase vaccines and sera more cheaply than it could manufacture them. For such a colony a small laboratory under the charge of a Senior Bacteriologist graded as a Senior Medical Officer or a Bacteriologist graded as a Medical Officer would suffice.

5. On the other hand in a large colony such as Kenya, with a large and expensive Medical Department, the position is very different. In Kenya we estimate to spend £20,000 a year on drugs, dressings and hospital equipment, about £134,000 on personal emoluments, and £59,000 on various other charges concerned with the maintenance of institutions, the treatment of the sick and in teaching practical hygiene on a very wide scale. In all we actually spend about £2[illegible]0,000 a year, and last year we treated over 900,000 sick people. Having regard only to medical relief, one way of indicating what/

what the department does would be to say that it treats 900,000 people on an average cost of Shs. 4/44 per head per annum.

6. Government is concerned in this matter in several ways:-

(a) it is concerned to ensure I. that the medical relief provided was worth Shs. 4/44 on the average, and II. that this relief was the best that could be provided at that cost.

(b) It is concerned also to ensure either -

I. that as and when possible many more persons should be equally well treated for the same expenditure, or,

II. that the same number should, if possible, be equally well treated for a smaller expenditure.

7. Actually throughout the past ten years we have been consistently improving the standard of treatment in many directions without in most cases raising costs, while during the past two years and the current year, that is over a period of nearly three years, we have not only been raising the standard of treatment but we have also been treating many more people, and this not merely for the same total expenditure but with a reduction of total expenditure during the same three years of about 18%.

8. To no small extent our standard of treatment is as high as it is and our costs low because we have maintained a large and well staffed laboratory.

9. In this laboratory we can manufacture vaccines and sera much more cheaply than we could buy them and we use enough to make it worth our while to do so. In the laboratory/

In the laboratory we manufacture also a drug, bismuth, for the treatment of yaws, and by so doing we save several thousands of pounds per annum. By training African Laboratory Assistants for the district hospitals and by examining many thousands of specimens at the laboratory itself Medical Officers are saved hours of time every day and so enabled to do much more and much better work than they could otherwise do. Advice provided by the laboratory staff and based on research work carried out at the laboratory allows of accurate diagnosis and better treatment all over the Colony. Other research work has ensured economy in the prevention of disease, and on the entomological side especially has probably been the means of saving both Government and the public much unnecessary expense.

10. But all our manufacturing, all advice given, and all reports on examinations performed are not merely matters of routine, all at some point or other are based on the results of local laboratory research.

11. That is one side of the business, and for the execution of this work there is required a staff of bacteriologists, entomologists and chemists who, excellent and expert as they may be at their jobs, nevertheless require direction if they are to pursue lines of research which are likely to be of immediately practical rather than merely academic importance, while if they are to work efficiently and economically as a team their activities must be co-ordinated.

Direction is, therefore, required, and the point must be emphasised; direction and administration so far at least/

least as a laboratory is concerned, are two entirely distinct matters, and a laboratory must be larger than ours before the question of its administration can be more than a very minor item in anyone's day's work. Direction, on the other hand, is essential, and the director of a laboratory in which research work is required as well as routine work must, if he is to be effective, be himself a first class research worker, and always actively himself engaged on research work. Research must be his chief interest in life and if the "director" be not himself a "scientist" he is not unlikely to hinder, rather than to help, no matter how good an all round routine technician he may be.

12. There remains, therefore, the question of the kind of scientist we require in order to ensure that research remains, from the point of view of a Medical Department, practical.

13. This question is best answered by looking at another side of the whole issue.

I have already pointed out that we desire both to improve and to cheapen treatment. An example of how this has been done in a few instances may illustrate my point.

14. Formerly our methods of treating ulcers though many and diverse had one feature in common. All entailed rest in bed for a lengthy period. The expense was very great, beds were occupied by chronic cases and the results were none too good. Then the surgeons tried skin grafting for the worst cases, and the period in hospital was reduced by more than half. Next a method of strapping was introduced/

introduced for less severe cases which obviated indoor treatment entirely and reduced the mount of dressings used by about 90%. And the results of both of these methods of treatment are much better than with the older methods. The question of prevention, however, still remains to be solved.

Another example of economy, this time in the case of a drug, was the replacement of N.A.B. by bismuth in yaws, bismuth costing only a fraction of a penny per dose as against shillings for N.A.B. Nevertheless, we do not yet know if our bismuth treatment is good enough, or as good as it might be. We at present advocate a course of treatment instead of a single dose, and we do so because we think a course is better. But we only think so, and we are not very sure about details. Less bismuth might be better, or the course might perhaps with immense advantage to the patient, and to the p ublic purse, be rearranged.

15. Again take quinine in the treatment of malaria. Vast sums of money have been wasted in the past on over-treatment, while even to-day the drug is still too expensive for universal use. A substitute for quinine has been tried in India with apparent success. If successful here the use of this substitute would save us much money or alternatively enable us to treat many more cases. But malaria here is not necessarily, and most probably is not in fact, precisely the same malaria as that in India. The answer to this question the correct and cheap treatment of malaria may show us how to save thousands of pounds, or thousands of lives, but it must be worked out in two places at the same time, in the laboratory/

laboratory and at the bedside; and it must be proved locally. But at the bedside it is only the physician who can do it, and it is a fine physician of experience that is required.

16. Again poor nutrition is probably at the bottom of half our troubles. It will be remembered how the discovery of the fact that beri-beri is caused by a diet deficient in vitamin, frequently a diet of polished rice, has resulted in the prevention of an incalculable amount of sickness at no cost, and in consequence in immense public saving. In Kenya there may be equally simple diete answers to a dozen questions affecting hundreds of thousand of people, but, though we have an excellent bio-chemist to examine foodstuffs, there is no one to give him a line. The biochemist deals with foodstuffs in relation to life, n in relation to sick people, because he knows nothing about sick people; he is not a doctor and sick people are not hi business.

17. The only person who can give the biochemist, or for that matter the bacteriologist, or the pathologist, a line is the man who is personally and intimately concerned the observation of sick people - that is the physician. But not every physician can do this. Every medical office is a physician it is true and many are very good physicians, but all are far too busy jacks of all trades to have opportunity to be expert physicians, or to ponder over and to investigate the problems which day after day keep coming to their notice in their wards.

18. We know little or nothing yet about pneumonia, and/

and tuberculosis in Kenya. And for all the contact we have had with them still but little even of the treatment of patients suffering from worms, or from a dozen other diseases. And so what we require is not only a scientist to direct research in the laboratory but a physician to observe the sick both in and out of hospital, to carry out clinical research and to ensure by asking the laboratory worker the proper questions that laboratory research follows the right lines and has always a bearing on those clinical problems which it is our main business to solve in the interests of individuals and the public health. Only as these questions are answered does the health officer begin to know what to preach, and what sanitary measures to advise Governments and individuals to adopt.

19. On the side of clinical medicine, however, the Department is weak, for clinical medicine is the most difficult work of the doctor, and long experience as well as sound judgment is required, and though ultimately we may be able to meet our requirements from within the Department we will not be able to do so for many years to come. We require then both an experienced laboratory worker and a fine physician if our laboratory staff is to function with economy and advantage. Unfortunately at the present time it would be impossible for us to afford both.

20. There may be a way out of this difficulty, however; we might be able to recruit for the direction of our laboratory an officer who, besides being a good scientific laboratory research worker, was also a fine physician. It would not be easy, but I think it might be done. I doubt, however, whether the right man can be found in the Colonial Medical/

Colonial Medical Service for the particular combination of circ[redacted]s necessary for the training of such an officer may not have occurred. Almost certainly he cannot be found in East Africa at the present time.

A possible field of recruitment is the Indian Medical Service. Not infrequently men from the Indian Medical Service who have made names for themselves retire on pension as soon as they are enabled to do so and settle in London to continue in more freedom and in a cooler climate their scientific work. Colonel James, late of the Indian Medical Service, and now a Fellow of the Royal Society, is an example.

Alternatively a physician from one of the teaching hospitals either in London or Scotland might be attracted. A man of the type from which in the London Schools are chosen the heads of what are called Medical Units might be suitable. I think we might attract a man of this type either from the Indian Medical Service or the Schools, not on account of the salary we can offer, but on account of the opportunities. We have a magnificent laboratory, an excellent junior laboratory staff, innumerable problems, and, what is of greatest importance, a field staff of young and energetic medical officers anxious to have their problems solved and so willing to help in their solution. And the climate is excellent, and the amenities of Nairobi, so far as people, books, schools and scientific societies are concerned, by no means negligible. It is far from improbable, therefore, that if care were to be taken we might obtain an energetic officer of ability, experience and standing: and nothing less will suffice.

20./

Colonial Medical Service for the particular combination of circumstances necessary for the training of such an officer may not have occurred. Almost certainly he cannot be found in East Africa at the present time.

A possible field of recruitment is the Indian Medical Service. Not infrequently men from the Indian Medical Service who have made names for themselves retire on pension as soon as they are enabled to do so and settle in London to continue in more freedom and in a cooler climate their scientific work. Colonel James, late of the Indian Medical Service, and now a Fellow of the Royal Society, is an example.

Alternatively a physician from one of the teaching hospitals either in London or Scotland might be attracted. A man of the type from which the London Schools are chosen in the heads of what are called Medical Units might be suitable. I think we might attract a man of this type either from the Indian Medical Service or the Schools, not on account of the salary we can offer, but on account of the opportunities. We have a magnificent laboratory, an excellent junior laboratory staff, innumerable problems, and, what is of greatest importance, a field staff of young and energetic medical officers anxious to have their problems solved and so willing to help in their solution. And the climate is excellent, and the amenities of Nairobi, so far as people, books, schools and scientific societies are concerned, by no means negligible. It is far from improbable, therefore, that if care were to be taken we might obtain an energetic officer of ability, experience and standing: and nothing less will suffice.

20. We come now to the question of whether on general grounds it might not be undesirable to recruit for so important a post an officer from outside of the Colonial Medical Service, and very clearly there are points against the procedure. Nevertheless, the post is so important, to my mind of such vital importance, that if conditions within the Colonial Medical Service be, as they may be, such that a suitably qualified officer cannot at present be found withi it, then in the interests of the Colonial Medical Service itself we should go outside. In my view nothing in fact would so raise the prestige of the service as the performance of first class research work in one of its laboratories, and the fact that we could attract a distinguished research worke from outside to come to us to direct that laboratory would not detract from that prestige. Promotion in the scientific field should stand entirely apart from any question of seniority, and with that opinion I am very sure all the officers in our laboratory at Nairobi would concur, they have one wish in this matter and one only, namely, that the chief medical research officer in the Colony should be an officer of standing and experience in the world of scientific medicine, and one who can help them and provide them with opportunity to do more and better work. If he can do that nothing else matters. If he cannot do that he can be of little service in the Laboratory.

Extract from the Minutes of the ... Meeting of the Colonial Advisory Medical Committee held on the 16th January 19..

3. **KENYA.**

Dr. Carlyle Johnstone proceeded to give the Committee an account of the activities of the Medical Department in the Colony. The acute financial position had resulted in the reduction of the staff of medical officers from seventy-five to fifty, but in spite of this handicap it had been necessary to close only a few stations. Stations were working short handed but owing to the extension of the tour of duty and the keenness of the junior officers they were able to hold on, but no progress could be made. He spoke of the steps taken for the training of African dressers which it was hoped to expand this year. Owing to the lack of primary education they were unable to train the students to be nurses but they looked forward to obtaining better educated candidates who could be sent to Mulago where they could be educated up to the standard of Sub-Assistant Surgeon. The Department kept continually in touch with the School at Mulago.

He referred to the training of native women as nurses and said that here again one of the difficulties was the poor standard of education among the people. The women are chosen from the various tribes and after training are sent back to work among their own people. At the moment they are only employed in the care of female patients but it was hoped later to extend their duties to cover

Extract from the Minutes of the Meeting of the Colonial Advisory Medical Committee held on 16th January 1934.

3. **KENYA.**

Dr. Carlyle Johnstone proceeded to give the Committee an account of the activities of the Medical Department in the Colony. The acute financial position had resulted in the reduction of the staff of medical officers from seventy-five to fifty, but in spite of this handicap it had been necessary to close only a few stations. Stations were working short handed but owing to the extension of the tour of duty and the keenness of the junior officers they were able to hold on, but no progress could be made. He spoke of the steps taken for the training of African dressers which it was hoped to expand this year. Owing to the lack of primary education they were only able to train the students to be nurses but they looked forward to obtaining better educated candidates who could be sent to Mulago where they could be educated up to the standard of Sub-Assistant Surgeon. The Department kept continually in touch with the School at Mulago.

He referred to the training of native women as nurses and said that here again one of the difficulties was the poor standard of education among the people. The women are chosen from the various tribes and after training are sent back to work among their own people. At the moment they are only employed in the care of female patients but it was hoped later to extend their duties to cover

cover all patients. In reply to Dr. Blacklock he said that it was proposed to use the hospital solely for training female nurses and that a sum of £200 is required for the erection of a hostel for the accommodation of these women. They would be under proper supervision.

Dr. Blacklock hoped that the nurses would be in charge of a Sister Tutor. Dr. Johnstone referred to the training of midwives and said that the scheme at present by the Lady Girls Association is going steadily [illegible]. The Government were doing their best to [illegible] midwives but unfortunately many of them find [illegible] to go back to their own tribe. There have been successes.

The Chairman referred to the [illegible] of the supply of nurses through the Lady Girls [illegible] and Dr. Johnstone replied that occasionally the nurses were employed temporarily by the Government but on the whole they were fairly satisfactory but he felt that the nurses supplied through the Overseas Nursing Association were of a higher standard. The conditions of service of the latter are better and there is a wider choice of nurses at home. He was disinclined to favour any proposal for the supply of nurses regularly through the Lady Girls Association. They were as a rule quite satisfied with the nursing sisters selected by the Overseas Nursing Association although they were suspicious of those who had already served a tour in another Colony as they found that their services had not been wholly satisfactory. He considered that on first appointment nursing sisters should be under the age of thirty, and that they should retire at the age of fifty. At present only seven out of a staff

of

of fifty or sixty were on the pensionable establishment and he considered that more posts should be made pensionable. There is a suggestion that they should be in the local Civil Service where they could be better placed as regards the Provident Fund and pension rights. Their initial salary would be reduced and they would probably get less leave. He was definitely of the opinion that women do not stand a tropical climate as well as men.

Dr. Johnstone referred to the question of the development of the gold fields in the Colony and said that from the public health point of view there had been no trouble with the large companies. The malaria problem had been a little difficult and would have to be carefully watched. The control of public health in some of the rural areas is not very satisfactory. He said that some of the companies employ a few part time medical officers of their own.

The staff of the laboratory and research department had been depleted but generally the falling off in work had not been great. Fuller use could be made of the laboratory if the necessary funds for staff was available. The investigation into the mental capacity of the African is still being carried on.

In reply to Dr. Blacklock he said that there are about 30,000 to 40,000 Indians in Kenya of which about one fifth are women. The medical facilities afforded to them were not very satisfactory and it was hoped to build in due course a central Indian hospital in Nairobi. One must not overlook, however, the possibility that the Indian population in the Colony might in the future become quite

quite small. Indian artisans were returning to India as natives are being trained to take their posts and petty Indian traders have been excluded from the reserves.

Dr. Horn enquired about the training of African Sanitary Inspectors and Dr Johnstone replied that no steps had yet been taken in this direction. He spoke of the training of a number of Africans in health propaganda work at the Jeanes School. These men are given a training in sanitation work and in the methods for the improvement of housing schemes and will go out among the tribes and assist, with the European Sanitary Inspectors, in the lay-out of villages and the construction of houses. Every opportunity was taken at the Native Agricultural Shows to demonstrate model houses.

In reply to the Chairman he said that the local board for the registration of doctors, dentists and chemists was composed of an equal number of official and non-official members.

The Chairman referred to the withdrawal of the payment of post mortem fees and court fees to medical officers and Dr.Johnstone said that the loss could, he thought, be placed at approximately an average of £15 per annum for each officer. The loss to the Pathologist was in the region of £40 to £50 a year. The question had given rise to a certain amount of feeling coinciding as it did with the salaries cut and because these fees had not been abolished in some of the other East African Colonies. Dr. Kelly explained the position in the West Indies and said that the main difficulty was that serving officers claimed that such a change involved a breach of their agreements. Dr. Johnstone felt that it was quite a minor

question

quite small. Indian artisans were returning to India as natives are being trained to take their posts and petty Indian traders have been excluded from the reserves.

Dr. Horn enquired about the training of African Sanitary Inspectors and Dr Johnstone replied that no steps had yet been taken in this direction. He spoke of the training of a number of Africans in health propaganda work at the Jeanes School. These men are given a training in sanitation work and in the methods for the improvement of housing schemes and will go out among the tribes and assist, with the European Sanitary Inspectors, in the lay-out of villages and the construction of houses. Every opportunity was taken at the Native Agricultural Shows to demonstrate model houses.

In reply to the Chairman he said that the local board for the registration of doctors, dentists and chemists was composed of an equal number of official and non-official members.

The Chairman referred to the withdrawal of the payment of post mortem fees and court fees to medical officers and Dr.Johnstone said that the loss could, he thought, be placed at approximately an average of £15 per annum for each officer. The loss to the Pathologist was in the region of £40 to £50 a year. The question had given rise to a certain amount of feeling coinciding as it did with the salaries cut and because these fees had not been abolished in some of the other West African Colonies. Dr. Kelly explained the position in the West Indies and said that the main difficulty was that serving officers claimed that such a change involved a breach of their agreements. Dr. Johnstone felt that it was quite a minor

question

question of principle and agreed that these duties were part of the ordinary work of a medical officer.

Colonel James then referred to the excellent work of Mr. Symes and Dr. Johnstone said that Kenya had been more free from malaria during the past few years. Instructions on the prevention of malaria are distributed throughout the country and quinine is on sale at all of the Post Offices. There had been a marked improvement in European housing and this was one of the main factors in reducing the incidence of malaria among European farmers. Dr. Horn mentioned the question of sleeping sickness and Dr Johnstone said that he thought that the position in the territory was quite satisfactory. Sleeping sickness was not one of the major problems in the Colony.

PUBLIC RECORD OFFICE

CONTINUED ON NEXT FILM

TOTAL EXPOSURES ⇨ 167