

38256

1936

C0533/474  
KENYA

38256

Prison Reform.

Previous				
	297	24/12		
	R. 80	29/12		
	R. 297			
Subsequent				
1937				
R. 297	20/8			
R. 309	25			
Sin T. S. 1/16	22.8.36			
Not found	29			
Sin C. Bottomley	29			
As Hood	/			
R. 297	7/9			
R. 297	4/6			
Mr. S. S. Smith	7/10			
R. 297	22/12			
R. 309	29/12			
Mr. Askin	/			
R. 297	21/1/36			
R. 309	/			
R. 297	2/1/36			

1. Governor No. 379. ----- 28.7.36.  
Refers to the need for prison reform in the Colony, and suggests that the Commissioners for Prisons might be asked to arrange secondment of 2 suitably qualified Medical Officers to undertake full investigation; enquires whether, if this was approved, an application to the C.D.A.C. for grant to cover cost would be supported.

Sir T. Stanton

would you mind first of all looking at D. Patten's 19 page memo (encl. 2) so that I may discuss it with you I don't suggest you should bother to minute on it. It is very verbose and a lot of it could be questioned. But the prison & prisoner question in Kenya is serious and needs investigation. I am not sure how far in peoples like the tribes of Kenya it is really a medical psychological question at all but that is an aspect which in present days must be considered.

It is clear, of course, that they can't get the experts they want in any ordinary way and I fear that even the Home Office won't find it easy to get & discover suitable ones in their staff. They will help if they can - Mr. Paterson of the Prison Commission is keen to help and is a sane enthusiast - but I doubt their having the men. The cost would be large (I should say at least £1000 a year pay for the 'experts' plus allowances etc) and I doubt the C.D.A.C. being able to help. But these are later matters.

J. I. O. Flint  
15.8

Dear Frank you. They have a passion for 'experts' in Kenya.

J. I. O. Flint

28.8.36

I fear that it is not so much a case of having a passion for experts as trying to get experts possessed of qualifications which cannot be found in

any human being. I have the gravest doubts whether the Prison Commissioners would be able to find for us any qualified Medical Officers specially trained to investigate psychological problems and with experience of prison administration. No such officers are available in Kenya and I should be very much surprised if there are any available here.

I think the best way of getting the thing going is for me to send a copy of this despatch and its enclosures semi-officially to Mr. Paterson at the Home Office, and ask him what chances there are of finding anybody (or bodies) to meet Kenya's requirements, and, if so, whether he can give any idea as to the kind of remuneration which would be required. I don't suppose myself that less than £1,000 a year with quarters, etc., would be suitable.

I do not agree with a great deal of what Mr. Paterson says, but, of course, he is simply talking for talk's sake as I fear he does.

29.8.36.

*So proceed, but I am afraid that the "blessed word" - now that the negotiations is no more - is psychology.*

*I can't see the C.D.A. granting money for so theoretical an investigation*

*W.A.S. 29.8.36*

Mr. Grossmith.

No reply yet received to No.2; ? wait another fortnight.

Room 297.  
8.10.36.

Mr. Grossmith.

Still no reply to No.2; ? should reminding s/o letter now be sent, please.

Room 297.  
22.10.36.

(Now see 3)

*There is no particular hurry about this, but we might remind Mr. Paterson a - Dept here with.*

3. Paterson (3/6 to Mr. Hood) 1340

States that it would not be possible to spare two men from the Service to go to Kenya and suggests that perhaps it would be better if one or two more from the Colony could undergo a course of training in the Home Service.

Mr. Hood's draft of 2 Dec. has been with the Death Sentences papers - as lost by my mistake. Now paid.

W.S.

14.12.36.

Finch

4 So Kenya - 1014

DEC 1936

190/3

ON

C. O. *Returned to Ray / behind file (38007/36)*

Mr. Flood 2 /12/36

Mr.

Mr.

Sir C. Parkinson.

Sir G. Tomlinson.

X Sir C. Bottomley. *15.12.36*

Sir J. Shuckburgh.

Perm. U.S. of S.

Parly. U.S. of S.

Secretary of State.

**C.D**  
**R 14DEC**  
**B 14**

*54*

Downing Street,  
22 December, 1936.

Sir,

I have etc. to refer to

your despatch No.379 of the 28th of July in which you suggested that it would be desirable to obtain the expert advice of Medical Officers with psychological training who have had experience of prison administration in this country in order to help in the re-organisation of the prison system in Kenya with a view to the prevention of recidivism in crime.

2 A copy of your despatch

with its interesting enclosure was referred to the Prison Commission and the possibility of lending two Medical Officers has been carefully examined. Dr. Norwood & East, however, is of

**DRAFT.**

KENYA.

NO. 1014

GOVERNOR.

**FURTHER ACTION.**

opinion that it will not be possible to spare two officers from the Home Service and while he fully appreciates the great importance of the suggestion put forward by Dr. Paterson, he considers that the object in view would be more easily attained if Kenya could send one or two suitable Medical Officers with some experience of African native mentality who could be attached for a period to the Home Prison Medical Service. If you are prepared to grant one or two officers leave for such a purpose arrangements would be made by the Prison Commission to attach them to some of the larger establishments in this country and to give them every facility for studying the subject under the supervision of the Prison Medical Authorities.

I am aware that in present circumstances you may find it difficult to release even one Medical Officer for such a purpose but the question raised is of such importance that I trust you will give the suggestion further and earnest consideration.

I have, etc.

(Signed) W. ORMSBY GORE.

TELEGRAMS: LONDON, PAUL, LONDON  
TELEPHONE: WHITEHALL 9100



PRISON COMMISSION,  
HOME OFFICE  
WHITEHALL, S.W.1.

13th October, 1936.

Dear Flood,

I am sorry not to have replied before to your letter of September 8th, with which you enclosed a very interesting memorandum from Kenya, containing the suggestion that two of our Prison Medical Officers might go there for a period to advise on certain questions of psychology. I have consulted my medical colleague, Dr. W. Norwood East, and after some consideration he advises me that it would not be possible to spare two men from our Service. He appreciates fully the importance of the suggestion of the Director of Medical Services of the Colony, but thinks that its object would be more easily obtained if the Colony would send one or two men to us for a period of training in the Home Service. If the Colony were prepared to make such financial arrangements as were acceptable to the Medical Officers concerned, they could be attached to some of our larger establishments and given every facility for studying the subject, under the aegis of our Medical Officers. I hope it may be possible to come to some such arrangement.

Yours sincerely,



J.E.W. Flood, Esq., C.M.G.

C. O.

MP Flood. 11.9.36.

Mr.

Mr.

Sir C. Parkinson.

Sir G. Tomkinson

Sir C. Bottomley

Sir J. Shuckburgh

Permi. U.S. of S.

Parly. U.S. of S.

Secretary of State.

2-EP  
4  
(3)

38256/36 Kenya

Semi-official for Mr. Flood's signature.

Downing Street.

8

September, 1936.

Dear Paterson,

I have often trespassed on your good nature and I do so again by sending you the enclosed despatch which we have received from Kenya. You will see that they suggest borrowing for a period of years two Medical Officers trained to investigate psychological problems and with actual experience of prison administration to help them in framing schemes for dealing with their increasing criminal population.

I do not know what the chances are of the H.O. being able to recommend any people possessing the

qualifications

**DRAFT.**

A. PATERSON, ESQ., M.C.,  
PRISON COMMISSION,  
HOME OFFICE.

Fr. Gov. Kenya. 28.7.36.  
(1)

**FURTHER ACTION.**



qualifications required, and I do not know  
what sort of remuneration would be considered  
necessary. Therefore, before sending any  
official letter, it occurred to me that the  
best thing to do would be to ask you  
privately what chance there is of finding  
the necessary experts and what <sup>terms</sup> we ought to  
offer them *as regards pay, expenses etc.*

Yours sincerely,

(Signed) J. E. W. FLOOD

38256

7

KENYA.

No. 379



GOVERNMENT HOUSE,

NAIROBI,

KENYA.

RECEIVED  
18 AUG 1936  
C. O. P. C. Y.

28 July, 1936.

Sir,

I have the honour to address you on a subject which has been exercising the attention of the Commissioner of Prisons and the Director of Medical Services of this Colony for some time past. I refer to the question of prison reform generally and in particular the measures to be taken to check the increasing rate of recidivism.

2. The wider aspects of the problem are dealt with in a memorandum which was written by the Commissioner of Prisons for the information of Sir (now Lord) Malcolm Hailey in connection with his visit to Kenya last year as Director of the African Research Survey. A copy of this memorandum forms the first enclosure to this despatch.

3. In paragraph 14 of the memorandum it will be observed that it is suggested that the preliminary step in the exploration of suitable methods of prison reform should be the investigation of the medical aspect of the question and that for this purpose it would be desirable, if possible, to obtain the expert advice of Medical Officers with psychological training who have had experience of prison administration in England.

4. The

THE RIGHT HONOURABLE

W. ORMSBY GORE, P.C., M.P.,

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET,

LONDON, S.W. 1

Copy retained (H.O.)

see  
47002/36

4. The reasons in support of this view are contained in a minute by the Director of Medical Services which I consider of sufficient interest to forward in full for your information. You will, I am sure, agree that the case has been so ably and convincingly argued by Dr. Paterson in this minute that it is only necessary for me to record that I am in entire agreement in his view that no reorganization of the prison system of this Colony is likely to be ultimately satisfactory unless it is preceded by an investigation of the factors which lead to the commission of crimes and which must therefore be taken into account in deciding the most effective basis for the classification of offenders.

5. It is obvious that such an investigation, to have any value, should be undertaken by properly qualified Medical Officers, specially trained to investigate psychological problems and with actual experience of prison administration. No such officers are available in this Colony and it is considered that it would only be possible to obtain the required type of officers through the assistance of the Commissioners of Prisons in England.

6. If, therefore, you share my view that an investigation on the lines recommended by Dr. Paterson is prima facie desirable, I desire to suggest that the enclosures to this despatch should be communicated to the Commissioners of Prisons for their consideration, and with a view to ascertaining whether they would be willing to arrange for the secondment of two

suitably

suitably qualified Medical Officers for special service in this Colony for a period of three or four years.

7. It is realised that it would be impossible for a medical and psychological investigation to be carried out effectively without reference to, and a knowledge of, the social and environmental background of the subjects of the investigation, and that it would accordingly be necessary that a European officer with experience of native life in Kenya should also be engaged locally to assist the Medical Officers in pursuing their investigations. In conjunction with this duty it would be possible for the officer to act also as a Probation Officer, a post which is now required, but which would not occupy the full time of an officer for some years to come.

8. I regret that it would not be possible in existing financial circumstances to meet the cost of the investigation from the Colony's funds, but I trust that in the event of the Commissioners of Prisons agreeing that the investigation would be of value and of their being able to assist by making available the services of two Medical Officers for the purpose for a period of years, you will be able to see your way to approve of the submission by this Government of an application to the Colonial Development Fund for a grant to cover the cost of the investigation, when the amount is known, and to support it on the ground that the investigation would not only be of value to Kenya, but would also provide data on which prison reform in other Colonies could be based.

I have the honour to be,

Sir,

Your most obedient, humble servant,

*Arncliffe*

AFRICAN RESEARCH SURVEY.

Visit of Sir Malcolm Hailey, G.C.S.I., C.C.I.E.

RECIDIVISM IN KENYA.

"For centuries organised society has been struggling with the problem of the control of the criminal. Only recently has it attempted to understand him. Hitherto, for the most part, it has not appreciated that he is a product of society's failure to help him during his formative years to organise his life in accordance with the standards of conduct approved by the group."

1. THE REHABILITATION OF THE CONVICT.

The main problem which faces the Prisons Administration in Kenya is to discover the best methods of treatment which can be devised for the rehabilitation of the African convict and the prevention of recidivism.

The search for the best methods of treatment would appear to require approach from three main directions - viz:-

- (i) A study of methods employed with success elsewhere.
- (ii) A study of the African himself - with particular regard to his reactions to various types of treatment.
- (iii) A study as to why treatment is required - i.e. the main causes of crime.

2. TREATMENT.

Under the term "treatment" can be placed:-

- (a) Kinds of incarceration.
- (b) Methods of Segregation and Classification.
- (c) Types of labour.
- (d) Systems of After Care.

(e)

(e) Training, both mental and physical, during the period of loss of freedom.

(f) Deterrence or Reformation.

Again, each of the above "treatments" may differ widely when applied to:-

(a) Juveniles.

(b) Adults.

(c) First offenders.

(d) Recidivists.

(e) The sophisticated, detribalized and town-dwelling criminal classes.

(f) The unsophisticated and country-dwelling criminal classes.

(g) Different tribes.

Only the very fringe of this wide and important subject has been touched upon in Kenya. Very little opportunity has been afforded for those responsible to study it at first hand.

### 3. KINDS OF INCARCERATION.

In Kenya, at the present time, the prisons are built of stone, brick or corrugated iron or a combination of these. None are on the separate system. Prisoners live in associated wards holding, generally speaking, from 5 to 40 persons each. A few cells are provided in the larger prisons for convicts undergoing punishment, prisoners sentenced to death or awaiting trial on a capital charge, lunatics and violent persons. There are 134 wards and 141 cells in 26 prisons. The total superficial area of the Prisons is about 72,580 square feet which in 1934 gave an average of 23 square feet per prisoner.

In addition to the prisons there are 42 Detention Camps, built mostly of corrugated iron or mud and wattle and

and generally situated at District Headquarters; one Prison Camp for 250 convicts working on the Railway Quarry and Concrete Works outside Nairobi; and two (at present amalgamated) Approved Schools (local Borstals) for juvenile offenders. The Prison Camp consists of corrugated iron wards within a barbed wire enclosure; the Approved School of stone built wards, holding 25 inmates each, with good subsidiary buildings.

#### 4. METHODS OF SEGREGATION AND CLASSIFICATION.

The present system of classification differentiates first offenders from recidivists and juveniles from adults.

Further divisions separate the prisoners according to the length of their sentences into short-term, medium-term and long-term.

Every effort is made to segregate the different categories but under existing conditions it is not possible in practice to effect such a complete separation as is desirable, especially during working hours.

I Class Prisons (5) - take long-term (sentenced to over 5 years) prisoners and all others including lunatics and vagrants.

II Class Prisons (4) - take medium-term (sentenced to up to 5 years) prisoners and all others including vagrants but excluding lunatics once certified.

III Class Prisons (21) - take short-term (sentenced to up to 6 months) prisoners.

Female and juvenile convicts (except for very short terms) are accommodated in the I Class Prisons.

There is no segregation or classification in Detention Camps.

Classification in the Approved Schools is according to age.

#### 5. TYPES OF LABOUR.

Long-term prisoners are employed at I Class Prisons under

4.

under technical instructors on Tailoring, Carpentry, Masonry, Building and Quarrying; short-term prisoners are employed on Stone-breaking, Agriculture and Gardening, Mat-making, Bush-clearing, Grass-cutting, and on prison domestic duties.

At other prisons, convicts are employed on road-making, bush-clearing, stone-quarrying, fuel-cutting, water-carrying and in cultivation of foodstuffs for prisoners' food.

Detainees are employed in the cultivation of foodstuffs and on general station up-keep.

Juveniles are employed in Agricultural pursuits and gardening.

6. SYSTEMS OF AFTER-CARE.

The only attempt at present made for the after-care of released convicts is that information is sent by the Superintendents of the I and two of the II Class Prisons (where Prison officers are stationed) to the District Commissioner concerned of the release of every "First-offender", asking the District Commissioner to assist him to obtain work, if possible, or otherwise interest himself in his welfare. A scheme is contemplated for 1956 whereby, with the co-operation of the Salvation Army, convicts released in Nairobi will be given accommodation, pending either their return to their homes or employment being found for them, for a limited period.

The after-care of juveniles released from the Approved School is under the personal attention of the Superintendent of the School whose duty it is to obtain suitable employment for every boy and/or keep in touch with him either through District Commissioners or employers for as long as possible after release.



7. TRAINING.

Apart from the industrial training received in various trades by convicts employed in the Prisons Workshops and the reading classes held in the I Class Prisons by Missionary volunteers there is no training, except that derived from observation of the proper methods of growing crops for food, in the prisons or detention camps of the Colony.

The physical development of many of the younger prisoners is improved by labour in the open air and a properly balanced diet.

The training of juveniles is devoted to teaching them the approved methods of agriculture and gardening and to fitting them to take their places as responsible members of society on release.

8. DETERRENCE.

It must be admitted that in Kenya, latterly owing to the urgent need for economy and formerly owing to a lack of perception of the dangers and extravagance of allowing a steady increase in recidivism to take place, practically nothing has been done to study the reasons for this increase nor to attempt to check it except by methods of deterrence. But here again the need for economy has prevented the full application of such methods, which cannot be made wholly effective without the provision of suitable control measures. Many of these control measures are expensive, for instance - single cellular accommodation and separate institutions for different types of offenders.

9. RECIDIVISM.

The foregoing paragraphs indicate only too clearly the lack of any systematic "treatment" (with the exception of that for juveniles in the Approved Schools, which is in an experimental stage) for the rehabilitation of the African offender. The result is a steady increase in

recidivism

-recidivism, viz:-

PREVIOUSLY CONVICTED.					
	Once	Twice	Thrice or more	Total	Percentage of total Committals.
1928	353	112	202	667	11.2%
1929	463	159	258	880	13.0%
1930	617	182	287	1,086	16.0%
1931	603	227	356	1,186	17.5%
1932	712	305	411	1,428	20.2%
1933	808	343	463	1,617	22.1%
1934	1,084	407	647	2,138	24.2%

It is realised that these figures are probably affected by the financial depression; but the fact remains that they are, none the less, disturbing and that investigation into the best methods to be pursued for checking this continued increase is required.

10. STUDY OF METHODS.

In the opinion of the writer, who has studied (from books) the methods employed in dealing with the various convict classes in Europe, the United States of America (especially the Southern States where the convict population is largely negro) India, Ceylon and the Philippine Islands, the first main direction indicated for more extended study is that the Head of the Prisons Department in Kenya should be given an opportunity to examine on the spot the actual conditions prevailing and the steps taken to meet them in other countries. This applies particularly to Administrations which have adopted to any great extent systems where the convicts live in farm camps and work on the land. For it is in this direction, in the writer's belief, that the most beneficial treatment for the majority of Kenya natives convicted

convicted of criminal offences lies - the open air life and freedom from the grim uselessness of confinement in massive prisons made of stone.

#### 11. THE TREATMENT SUGGESTED.

The treatment suggested is the establishment of a Penal Settlement Area within the Colony and at the disposal of the Department for the purpose of carrying out the real classification and segregation of types of offenders - the main object in view being the reduction of recidivism.

The scheme is visualized as embracing three "kinds of incarceration" viz:-

(a) A Central Farm Camp for the confinement of unsophisticated first offenders - i.e. largely stock thieves and prisoners admitted direct from the Native Reserves - where they will, during the whole term of their sentences, be completely segregated from the more sophisticated town-bred criminal and particularly from the professional criminal class.

(b) A Central Prison for recidivists with single cellular accommodation.

(c) A Penal settlement for persistent offenders sentenced to Preventive Detention, where they would be allowed to live under more natural conditions but still under strict supervision.

#### 12. THE AFRICAN PRISONER.

The second main direction, it is suggested, is a study of the African prisoner himself and of his reactions to various types of treatment. Until the various types of treatment have been introduced this study must be confined to the results obtained with similar peoples elsewhere - e.g. the Southern States of the United States of America or, possibly, South Africa. It is, therefore, largely dependent, for the time being, on the study of methods suggested in para. 9.

### 13. THE MAIN CAUSES OF CRIME.

The third main direction suggested "is a study of the main causes of crime, or what is termed "crime" by European standards although not necessarily so from the African point of view.

Here we are faced with many avenues of approach, e.g. :-

Crime in relation to unemployment.

The drift of Africans to the towns.

The benefits and disadvantages of education.

The "wants" produced by civilization.

Detribalization.

Low adult mentality.

Mental instability.

Physical infirmity.

The lack of an informed public opinion and of stigma attached to "criminals".

The suitability of sentences imposed by the Courts.

### 14. SCIENTIFIC INVESTIGATION.

At least three of the above mentioned factors affecting crime point to the desirability of inaugurating a scientific investigation of the prisoner from the medical and psychological point of view. To this end it has been suggested by the Director of Medical Services that what is required by the Prisons Administration in this country is the expert advice of Medical Officers with psychological and prison experience in England to act, after studying local conditions, as an advanced guard in the exploration of suitable methods of treatment. With this suggestion the writer is in agreement.

### 15. THE INCREASE IN RECIDIVISM.

It is the writer's view that the main reasons for the steady increase in recidivism in Kenya are not far to seek and are, briefly:-

(a) The frightful contamination resulting from unrestricted intercourse, which is and will remain unavoidable until an effective segregation of first offenders from recidivists can be devised and put into practice, and

(b) The steady increase in the number of sophisticated natives who, through detribalization, drift to the towns and who, without sufficient earning power to provide themselves with the "wants" produced by civilization, turn to crime as an easier method of living than by honest toil, and are encouraged in this view by "old lags" who the law and the present prison system has failed to convince to the contrary, and

(c) The failure - now partly rectified by the Juveniles Ordinance, 1934, and the establishment of Approved Schools - to realize that one of the surest ways to check recidivism is to concentrate upon the reformation and rehabilitation of the juvenile offender. Only partly rectified because full realization of its importance has not yet reached the Courts.

(Sd.) J.L. WILLCOCKS.  
 COMMISSIONER OF PRISONS.

COPY

-No. 55/179/6.

MEDICAL DEPARTMENT,

NAIROBI.

15th August, 1935.

The Hon. Colonial Secretary,  
NAIROBI.

RE: SEGREGATION OF PRISONERS.

Ref. your letter No. S/A. P&P. 53/1/II/27 of 20th June, transmitting a copy of your letter No. A. P&P. 53/1/II/21 of 4th June addressed to the Commissioner of Prisons and a copy of a memorandum on "The Reduction of Recidivism by the Effective Segregation of Prisoners" submitted by the Commissioner of Prisons in reply thereto.

The memorandum of the Commissioner of Prisons, which you have forwarded to me contains three proposals, (1) a proposal that with a view to the reduction of recidivism in Kenya Government should now give consideration to the institution of a major scheme of prison reform, (11) that with a view to meeting in some part and without delay the urgent need to secure the segregation of certain classes of first offenders from apparently professional criminals, and, as a first step in the evolution of a major scheme of reform, a farm camp should be established, and (111) that for the purpose of this camp an area of land should be chosen which would also be suitable both as regards situation and size for the establishment and development of all such central penal institutions as experience might ultimately show to be necessary.

2. In his memorandum the Commissioner suggests certain broad lines of development as those which might ultimately be adopted under a major scheme of prison reform but these are clearly tentative in character and

are

are not elaborated, since as the Commissioner indicates, even the first measure which he proposes is experimental, and I take it therefore that in this memorandum it is the intention of the Commissioner to do no more than to make clear the need for radical reform along certain lines with a view to ensuring that the immediate measure which he advocates might later, and without extra expenditure, be capable of being absorbed into whatever major scheme might ultimately be adopted.

3. The specific medical questions which you have referred to me for comment have therefore a reference not only to the measure immediately proposed, but to the larger scheme which the Commissioner adumbrates, and the experience now at our disposal is, I consider, sufficient to allow of them being answered. There are, however, certain other medical issues which arise in connection both with the immediate measure advocated and with any proposal for a major scheme of prison reform to which Government will require to give consideration, and as comment on these issues will necessarily be required not only from the Commissioner of Prisons and myself, but also, I presume, from the Judicial, Legal and Education Departments, it will probably be convenient to Government if I deal with them also in this letter, in order that the medical view may be at your disposal.

4. In your letter under reference you request my comments and advice on the climatic and dietetic questions /

3.

questions which may be involved in the proposal of the Commissioner of Prisons that a central farm camp should be established in the highlands for the accommodation of certain classes of prisoners from all parts of the Colony and Protectorate.

5. For the purposes of this proposal, however, these questions must be set as one, namely, whether the health of prisoners drawn from hot, low-lying, or desert areas could be adequately maintained in a central, upland institution where the climatic conditions would of necessity be different from those to which they had been accustomed, and where it might be impossible to provide them with a diet of the precise nature to which they had been accustomed.

6. On these issues I am in agreement with the opinions expressed by the Commissioner of Prisons on page 7 of his memorandum so far as they go, namely, that the dietetic problem should not be a very difficult matter, and that in order to compete, as far as possible, with the climatic problem the institution should be situated at an altitude of about 5,000 feet. More comprehensively my own opinion is to the effect that provided a good upland situation be chosen, provided adequate housing, feeding, medical and sanitary arrangements be made, and, what is not only of equal importance, but in my view absolutely indispensable, provided that skilled and expert attention can be given in the manner which I shall indicate later to the general and special psychological problems which will certainly arise, I

have



4.

have no doubt, but that, having regard to the usual distribution of the sources of origin of prisoners, it should be possible to maintain in a central upland institution a higher standard of health than would be likely to prevail were a zonal distribution of institutions to be adopted.

7. I must, however, observe that, as I have indicated in the proviso to the preceding paragraph and in 3 above, the climatic and dietetic questions which you have specifically referred to me for comment and advice are not the only medical issues which arise in connection with the proposals submitted in the Commissioner's memorandum; nor are they the most important. The most important medical issue which arises in connection with these proposals is not in fact specifically referred to in the memorandum now under consideration, although it is undoubtedly a fact, and on this point I am sure the Commissioner would agree with me, that no sound and complete prison system could possibly be elaborated unless in the first place, and continually thereafter, the very fullest consideration were to be given to that issue. With this issue which is of course not only of medical but of prison interest, the Commissioner of Prisons is naturally well acquainted, and as I have frequently discussed it with him and our views are, I believe, identical, I take it that in omitting to discuss it in this preliminary memorandum which in fact deals only with certain generally accepted principles and certain preliminary steps, it was his intention to

raise

raise it on a later occasion, if in the interval the question should not as a result of our discussions be raised by myself.

8. This chief issue to which I refer is the establishment of adequate means of determining:-

- (a) how the fundamentally important matter of classification can be satisfactorily effected;
- (b) how suitable methods of treatment and training aimed at the reduction of recidivism can be devised and elaborated;
- (c) the factors which lead to the commission of offences; and
- (d) if possible, how "crime" may be prevented.

9. That, as the Commissioner notes, penal administration in Kenya has now reached a stage when extensions to the prison system should no longer be made piecemeal out of mere expediency but should form an integral part of a comprehensive scheme designed to meet the progressive requirements of the future, is undoubtedly true, and it is I should think, equally true that in view of the present circumstances of the Colony's prisons, the establishment of a well run prison farm camp could not but be to the good, but if such a camp is to be a first step towards the establishment of a reorganised and effective prison system or, even only, and this is of extreme importance, to afford experience which may lead to the establishment of such a system, it is in my view absolutely essential that from the earliest

earliest possible moment the Commissioner of Prisons should be provided with a medical staff adequately qualified to investigate the medical and psychological problems with which the Commissioner will inevitably be faced, and to advise him with regard to the utilisation of the results of their investigations.

10. I have said that under present circumstances the establishment of a well run prison farm camp would almost certainly be to the good, but, as the Commissioner clearly indicates, if this camp is to be part of a system aimed at the effective reduction of recidivism, not only must it be a camp, but it must be a training centre, while as absolutely essential to the success of the project, there must be an efficient system of selection of prisoners prior to admission. Selection to be effective, however, must be based on accurate knowledge, that is, it must be scientific, and I am sure that the Commissioner of Prisons himself would be the first to admit that at the present time we can make but little more than presumptive generalizations as to certain broad lines of classification, that we have but little knowledge as to how any particular African and class of African is likely to react to any particular class of treatment, no sure means of making selection within any class, and that any generalizations which we may at present make based either on such local experience as we have, or on the results of experience elsewhere, must be subject to review in the future.

Similarly, we have but little to go on with regard

regard to how a system or systems of training should be elaborated. With regard to both matters in fact, not only are we without adequate knowledge of Africans as a race, but the Prisons Administration is without any staff which might either apply to the investigation, selection, treatment and training of Africans as individuals such general knowledge of psychology and medicine as may be available, or apply it in such a manner as might allow of the acquisition of still further knowledge on the basis of which a scientific prison system might ultimately be established.

11. That one of those matters to which I have referred, namely, the scientific investigation of the individual prisoner from the medical and psychological point of view, and of all the circumstances affecting his condition and his career, is one of first class importance, is well illustrated by the fact that at Wormwood Scrubs the prison to which all male first offenders and all male juvenile offenders from the London area are committed with a view either to their retention in that prison or their selection for transfer to the particular Borstal institution for which they may subsequently be found to be best fitted, no less than five full time medical officers are employed in the medical and psychological investigation and treatment of the inmates, in the evaluation of the significance of their histories and in the subsequent selection of individuals for transfer to other institutions. This among a prison population which does not exceed a thousand among

among a people with regard to whose habits and customs and mental make-up, and with regard to whose probable reactions under any particular conditions we have considerable knowledge and experience.

12. If such provision be necessary in England for the classification and treatment of people of our own race, for advising the prison administration, and for obtaining knowledge which may form the basis of further reform, it would appear to be very clear that in Kenya, where we know little of the people, and where the people are living not under strains and stresses to which they are accustomed, but under strains and stresses which are entirely new to them and to which we have but small knowledge as to how they are likely to react, it would seem to be in the highest degree unlikely that we in Kenya shall be able without similar expert medical and psychological assistance to devise a prison system which is likely to be successful in this Colony.

13. For the reasons which I have set out above, and on account of the apparently great increase in recidivism which is taking place in Kenya with regard to the biological, environmental and social causes of which we know I submit, and I am sure the Commissioner of Prisons will agree with me, so little, and on account also of what has appeared to me an exceedingly lamentable and expensive example of the dire results of taking major action in this field without due preliminary and skilled investigation

investigation in a neighbouring territory, and because also I am entirely dissatisfied with the adequacy of the medical assistance which we at present provide for the Prisons Department, I would most strongly urge on Government the necessity of securing the services of one or more medical officers with prison and psychological experience for secondment to the Prison service. But I would particularly press the urgency of this matter because of the need for major reform is not only great but urgent, and because this reform cannot be carried out in the fashion which we all desire till we have further knowledge of the Africans who come into our prisons, and of the factors which may lead certain Africans to act in a fashion which under our present code is classed as criminal.

14. So far as I have gone the case stands therefore as follows:-

- (a) that there is a great and urgent need for prison reform in Kenya with a view (i) to the reduction of recidivism, and (ii) the investigation of the factors leading to what we call crime.
- (b) that as items in such reform there is required:-
  - (i) effective segregation of certain classes of prisoners, and
  - (ii) appropriate treatment,
- (c) that in order to effect segregation successfully, and to devise and apply appropriate treatment, the advice of medical officers with psychological and prison experience is absolutely essential, and (d)

(d) that without such expert medical advice an efficient penal system cannot be devised.

15. With the case as stated the Commissioner of Prisons in Kenya would I am sure concur while I am equally sure that he would agree that any of the Prison Commissioners of England, whether lay or medical, who might have an opportunity of studying local conditions would heartily support the contentions which I have advanced.

Nevertheless, it may be desirable to outline so far as I can the reasons which have led prison Authorities in England elsewhere to have large recourse to expert medical and psychological assistance and which in my view make such assistance not less, but more essential in Africa, than in Europe. In endeavouring to do so I must inevitably, however, deal also with some issues which are not perhaps strictly medical, but the medical and social issues which arise in this connection are so closely interwoven that to deal with the one without dealing with the other is all but impossible.

The first of the reasons to which I refer is the now well known fact that many of those who offend against the law in European countries are either mentally defective or abnormal, or mentally disordered, to a greater or less degree, and in various fashions. Where such is the case, special training or treatment is clearly required. To determine,

however,

however, whether a prisoner is either mentally defective or disordered is not a matter which can ordinarily be undertaken by a layman, nor is it even likely that all cases even of serious defect or disorder, will be detected by the layman, and so in order to ensure that all such cases are detected it is essential that all prisoners should be subjected to most careful medical and psychological examination. Without the information which such examination may reveal it is clearly impossible for the prison administration to determine either whether any prisoner, be he first offender or recidivist, is free from any possible physical, psychological or psychiatric conditions predisposing him too powerfully to what we may call crime, or, to devise a system of treatment either under detention, or otherwise, which might cope successfully with such prisoners, or to collect information which might ultimately be of service to Government over a wider field.

It is partly on account of the recognition of these facts that in recent years ever more attention has been given to the medical side of prison work in England, but there are other reasons also. Of these, one is the fact that so large a proportion of the convicts in English prisons are recidivists who spend almost their whole life in prison neither deterred nor reformed by successive sentences, and the fact that in a large proportion of these cases, the first offence was committed during adolescence. Attention therefore has come to be directed to the juvenile and to the factors leading



12.

leading to unsocial conduct among the young and the adolescent, and to the type of training which in these cases might be likely to be reformatory, or to ensure a useful adult life.

These factors of course are many, social and environmental, as well as medical and psychological, but as each of these factors may react on the others, the effect or importance of no one of them can be determined without a full knowledge of all.

As a result an attempt is now made in England to investigate in the very fullest fashion the case of every juvenile or adolescent offender in order to determine what action should be taken in order to readjust the individual offender to his social environment, to enable him or her to cope more successfully with the strains and stresses of ordinary life, and in the course of the process the help of the educationalist is sought as well, but as adolescence is almost always a difficult period from the medical and psychological point of view, the medical man who is also a psychologist, plays not the least important part.

In Kenya, however, the problem is much more complicated than in England, and there is a larger issue, for here we are not chiefly nor only concerned with the readjustment of individuals to their hitherto normal environment, but rather with the much more difficult matter of the adjustment both of individuals and of a race to a social environment and to standards

of

of social behaviour which are entirely new to them, and both we and they are still at sea as to how it should be done.

Furthermore, in Africa we are dealing with a race of whose mental make-up and capacity, and of whose powers of resistance to educational or other strains we know but little save that the capacity of some individuals is considerable, and the reactions of many entirely incomprehensible to ourselves. And most of these people are living under conditions more primitive than those of medieval Europe, still subservient to witchcraft, and to our knowledge on occasion, excitable either individually or even in the mass, to the point of definite hysteria. That it might be very easy under these circumstances to evolve a new penal system that would be but little less satisfactory than our present one, can readily be imagined.

16. Admittedly certain broad lines of classification and segregation and treatment such as are suggested by the Commissioner of Prisons are possible, and not improbably much might be effected thereby, but the lines which are suggested are empirical, and even if for the moment they may represent an advance on present methods, they may not for long suffice, for it would seem hardly likely that their empiricism should provide any sure basis for the development of a penal system which will be satisfactory when in England and Europe and America where the old penal system have, as we know, been found wanting it is found necessary to engage today in most laborious and scientific endeavour in order to devise

new ones, and the process is not yet complete.

The old English system is admittedly equally unsatisfactory in Kenya, but to devise a new one for Africa, and it is nothing less that is required, demands surely more than the mere copying of new systems devised elsewhere. The broad lines of some of these systems may certainly be those which we require, but as local conditions differ, and as the human material with which we have to deal almost certainly differs, local investigation is clearly required in the first instance, while for their wise application, if they are suitable, the physician and the psychologist will always be no less necessary in Africa than elsewhere.

17. With regard to the number and type of staff required.

In my view it will be absolutely essential that any medical staff recruited to assist the Commissioner of Prisons in elaborating a prison system suitable for this Colony, and to carry out investigations with a view to placing Government in a better position to take measures aimed, not only at the prevention of recidivism, but at the prevention also of primary offences, must be trained psychologists who have already had experience of prison work before arrival in the Colony. With a view to obtaining such staff I would suggest that application be made to the Prison Commissioners in England. As regards numbers, I would suggest that at least two such medical officers should be obtained

in the first instance, and I think that if regard be had to the size of our prison population, to the great area over which it is scattered, to the number of the tribes concerned, to the many factors which are involved and the variety of the social and environmental conditions both urban and rural which would require to be investigated, and to the special need to give attention to the whole question of juvenile offenders which is a fact of fundamental importance in connection with recidivism, it will be agreed that two are not extravagant provision. Whether subordinate European technical or clerical staff might be required would be for these officers to say. In the first instance the medical officers should, I suggest, be seconded.

18. With regard to the practicability of the Staff proposals.

I take it for granted that in the present financial circumstances of the Colony the proposal which I have suggested cannot be financed by Government. Nevertheless the reform which the Commissioner of Prisons desires to effect is urgent and of outstanding importance, and it is of importance in many ways and not least in that if it is effectively carried out it will beyond all doubt have a great and beneficial effect on the development of the Colony, and at the least save us from many costly mistakes. Furthermore, as no such scheme is, so far as I am aware, in operation elsewhere in the Crown Colonies it would provide information and  
 experience

experience which would be of great value and service far outside this territory. In these circumstances I suggest that it would be in no wise inappropriate to make an application for the scheme to be financed from the Colonial Development Fund for a period of say four years. In this connection I would also note that the proposal is one designed to find some way of dealing with an urgent problem which arises out of development changes which are taking place today. It is not merely a long range proposal for academic research the results of which might ultimately be of service only when greater financial provision should be available or under some hypothetical social conditions. It is a proposal for the application of scientific method to an immediate problem with a view to alleviating certain untoward results of recent development and determining how such untoward results may be avoided in the future, and with a view also to ensuring that in the development of our prison system we make as few mistakes as possible and if possible none which might be the occasion of large and unnecessary expenditure.

19. In conclusion I would say that the advice which I have tendered in this memorandum has not been advanced hastily or without due consideration for the question of the provision of a trained medical prison staff which might assist in placing the prison system of the Colony on a sound scientific basis has been before my mind for many years past. More recently I

have

have discussed this question on several occasions with the Ag.Chief Native Commissioner and with the Commissioner of Prisons, and I have no doubt but that the latter will from the point of view of his Department concur entirely with the thesis and the proposal which I have advanced while the support of the former will not, I am very sure, be lacking.

More recently still I have on several occasions discussed the medical and psychological issues which arise in connection with this proposal for the reform of the prison system with in Kenya with Dr.Gordon. These issues are, you will appreciate, ones on many aspects of which Dr.Gordon's opinion must be regarded as expert and informed, and I have Dr. Gordon's authority to say that in his opinion, as in mine, the specific proposal which I have advanced is absolutely essential if effective prison reform is to be achieved in Kenya.

Whether, however, that proposal goes far enough I am less sure. As I have indicated earlier in this letter the medical and psychological investigation of an offender is not enough. A social history, and a record of his environment is also required if only in order to allow of an interpretation of the medical and psychological findings, and for this type of social work, if it is to be accurately performed, provision would probably also require to be made, for at present we have no such service. And there may be other related issues. I would therefore suggest that, if the main proposal which is made in this letter commends itself to Government, it would be desirable, before taking further action

action, to request the Secretary of State to submit the proposal for comment and if necessary elaboration to the Commissioners of Prisons in England than whom, in view of their vast experience and the type of investigational work which they are directing today no authority could be better fitted to advise us, not as to how to carry out prison reform in Kenya but as to how to approach the question.

There is perhaps one further point. It may possibly be advanced in criticism of my proposal to obtain prison medical officers from England that such officers would know nothing of Africans or of social or environmental conditions in Africa or of "the language" and that thereby they would be hopelessly handicapped in their work, and therefore that it would be wiser to provide some of our own officers with facilities to obtain experience of prison medical work in England.

In my view such a criticism would be unsound. It is precisely because we ourselves know so little of the African and nothing whatever of the methods of obtaining the particular kind of knowledge of him which in this connection is required, and have no detailed experience of the kinds of relationship which social circumstances and environment may have to crime that I suggest that experienced investigators are required whose essential business would be to acquire that knowledge about the African which is at present lacking and then to evaluate what they discover against their experience elsewhere.

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There need be no fear I am sure that any officer trained in accordance with the present policy of the English Commissioners would imagine that what applies in England applies of necessity here, and I am very sure that it would take much longer for any medical officer from Kenya to acquire an expert knowledge of psychology and of the successes and failures which have attended the development of prison reform in England than it would take a medical officer from England to learn all that we yet know about the African and to appreciate the difficulties of the problem with which he would be faced.

As regards African languages our own difficulty is that as a rule we ourselves only know but one, and that often but imperfectly, and not often better than many prisoners to whom it is as foreign as to ourselves.

20. Finally the question may be asked whether the Prisons Commissioners in England are likely to be willing to second medical officers for service in Kenya. On this point I have of course no information, but I would venture the suggestion that the Prisons Commissioners would certainly be the first to appreciate that in the course of a scientific investigation, such as I have suggested should be carried out in this Colony, much knowledge might be gained which would be of use not only in Africa but in England; and for that reason alone I feel sure that the Commissioners will be only too glad to help us if they can.

(Sd.) A.R. Paterson.  
DIRECTOR OF MEDICAL SERVICES.