

1925

E. AFRICA

52361

3 NOV 25

FROM
BRITISH MEDICAL ASSN.

DATE
21st November 1925.

FOR CIRCULATION:-

Mr.

Mr.

Mr.

Asst. Sec. of S.

E.A.M.S. REGULATIONS.

Permit to... great interest with... of S.

Concise... 11th Dec 1925

Previous Paper

Staff 1927

MINUTES

... minutes ...
... to ...
... staff with the ...

1925 - 4

...
...
...

Secy of State

His is a request from
the American Medical Association
that you yourself should
receive a deputation at the
Medical Association in
Washington with the next Officers
Medical Service Representatives
They are not well acquainted with
other part to them in London
and on the hope
The Government will receive a report
on the way you will give
and a paper of your own
I wish to hear
a report of your visit
The Surgeon Staff
The part of the report that is further
to be considered

~~SECRET~~

Mr. Deane
Boston
Mr. Green
Mr. Shaw

I send this on without minutes
as it should first be decided whether
the B.M.A. are to be granted an
interview & if so with whom we
shall not get much farther by
writing letters

If it is decided that they
should see someone in high
authority, a memorandum on the
part of the deputation will no doubt
be required as a matter of fact
the discussion is now narrowed
down to the question of private
practice and it is really rather
strange that at this point should
have out of its intellectual ac-
tion on these matters in the whole
of Eastern Africa

I do not anticipate much
difficulty in replying to save us
the B.M.A. letter but do
not expect to see them

12/20/1911
A memo will be prepared
C. Deane 24/11/11

Private Practice for Medical Officers in East Africa.

1. In the East Private Practice has been fairly allowed to medical officers in the S. African Dependencies on the understanding that it did not interfere with their official duties. ~~But~~ ~~in~~ ~~the~~ ~~past~~ ~~years~~ up to this year no regulation on the subject had been issued, ~~but~~ ~~the~~ ~~various~~ ~~local~~ ~~authorities~~ ~~of~~ ~~the~~ S. of S. from time to time had prohibited the exercise of private practice in the case of certain officers notably the high administrative officers and medical officers of Health. The latter were, in ~~the~~ ~~past~~ ~~years~~, granted allowances in lieu of private practice.

2. The fact that officers were allowed, on the above-mentioned conditions, to take private practice has been mentioned, since

the pamphlet of information regarding East African medical officers issued by the S. of S. ~~is~~ ~~not~~ ~~mentioned~~ ~~in~~ ~~the~~ ~~above~~ ~~mentioned~~ ~~document~~ ~~is~~ ~~not~~ ~~mentioned~~ ~~in~~ ~~the~~ ~~above~~ ~~mentioned~~ ~~document~~.

statement of fact and no indication of
a right to private practice has at any
time been given in offers of appointment
on the assumed conditions of service.

On the question as to whether to
amend the existing staff of the
of requirements was one of the
of the staff of the Government.

It is suggested that the
of the staff of the Government
adopting these regulations in A.M.S.
regulation to permit practice as
as follows -

[Insert para 12 of African 1058]

4. The Governors all agreed that
this regulation should be applied in
E.A. with the exception of Kenya, which
proposed to amend it to read

U.M. 36304/23

It is noted upon that this piece represented the existing
position in the field of the Government.
The draft regulation for the
U.M. was prepared in the
of the Government.

In close consultation with Dr. Horn, the Medical
Secretary to the C.A.M.S. Ctee. This draft,
after examination & approval by the Ctee, was
sent out to the Governors for opinion. The para.
in the draft with regard to private practice
was as follows -

[U.M. 4351/24]

6. No objection to the principle of this
para was taken by the Governors
or their medical advisers in commenting
on the draft. Some of the P.M.O.s
however took the opportunity to represent
that owing to their being debarred
from private practice they were worse
off financially, in spite of their higher
pay. Some of these persons who enjoyed
this privilege:

7. On examination of this complaint,
it appeared that the anomaly, where
it existed could be rectified in two
ways: (a) by raising the salary of
the P.M.O.s who were debarred
(b) by the Government

power of restricting private practice at
 stations where the non-official non-native
 population are adequately served by
 non-official practitioners. This view was
 expressed to the Governor in ~~the~~ the
 despatch regarding the regulations, which
 was finally revised & passed by the
 C.A.M.S. etc. and as follows on this
 point -

} as in para 1103)

8. In Somaliland, Nyasaland & the
 F.T. there are no stations where
 the non-official population are served
 by private practitioners so the question
 of applying ~~the~~ ^{the new} regn does not at
 present arise. The position in Uganda
 is not known, nor is it reply to
 the despatch regarding the regn has yet
 been received. In the island of
 Zanzibar the Resident has decided

the payment of
 allowances in
 lieu of private
 practice to
 officers debarred
 from it, subject
 to those now
 drawing such
 allowances when
 they would be
 vacate their
 existing appointments

not, however, apply to Petaia. In George
 it is understood that Nairobi and Mombasa
 are the only stations at which action could
 at present be taken under the regulation.

UG 233/25

9. In ~~the~~ the B.M.A., acting
 apparently on representations received from
 the Kenya branch (or possibly the Tanganyika
 branch) of the C.O., sent a letter to
 the C.O. in which they drew attention
 to the "consternation" caused throughout
 the E.A.M.S. by the issue of the regn,
 & specifically protested against certain
 provisions, chief of which was the
 alleged withdrawal of private practice,
 which they urged was a breach of
 faith. They hinted that unless they
 were satisfied on these points they
 would "black list" the service & prevent
 us from getting new officers.

10. A resumed reply was sent which
 appears to have satisfied the B.M.A. &
 on the other points complained of as
 regards private practice the reply
 pointed out that private practice
 was not being withdrawn from

These few being forbidden at ~~two or three~~ stations ~~the whole of Eastern Africa~~ and which the

only possible justification for allowing it - i.e. so that the non-official non-native population

should not be deprived of medical aid - did not exist, moreover that even if it

was being withdrawn, it could not be

admitted that this was a violation of working rights, as no right to private

practice has ever been laid down in regulations or included in any offer of

appoint, & the fact that private practice was allowed has never been taken

into account in fixing the rates of pay. In fact, it was pointed out, it would have

been impossible to regard private practice either as a right or an entitlement, since it was only to be used at a

comparatively few stations & no officer could claim to be posted to such a

station, since posted ^{to such stations} ~~to such stations~~

11. ~~This objection has however not been understood~~

The D.A. ^{however} maintain their view

that a measure of faith has been

shown by the Government in their argument

of information for candidates of a statement that private practice was allowed.

As stated above, this was in the nature of a statement of existing fact, not an inducement held out to candidates. Even if it were held to preclude the Govt from withdrawing ~~the~~ the ~~privilege~~ privilege of private practice from officers personally (which is not admitted), it cannot in any view of the matter be held to prevent the Govt from declaring that ~~the~~ ~~privilege~~ ~~is not to be exercised in certain districts~~

~~is not to be exercised in certain districts~~ ~~in districts~~ ~~any more than it could~~

holding ~~is claimed~~ that an officer who had seen the pamphlet of information for candidates ~~ought to be posted to a~~

~~district where there was private practice~~ ~~to be posted to a district where it~~

has been decided that the privilege must not be exercised, any more

than the Govt. is prevented from posting such an officer to a station

where no opportunities for private practice exist.

By the fact that a promise was ~~not~~ ~~inserted~~ in the pamphlet

practice could not be expected to be remunerative.

in 1921

This was inserted at the request of the Gov of Uganda, & did not expressly state that private practice was remunerative

in the other Dependencies. In fact, in the editions of the pamphlet from 1923 onwards the statement was made general & no longer limited to Uganda.

c) That a letter from Mr Hood dated _____ referred to the right to private practice.

d) That in a letter of 1921 the C.O. referred to the existence of private practice as a fact to be taken into account in increasing the rates of pay - which were then being attacked by the B.M.A. on the score of being too low.

The letter did not state that the existence of private practice had

the effect of increasing the rates of pay. The point was that

? was not intended
It certainly implied
imply it to mean

was merely mentioned as one of the points in an
argument ~~namely~~ that ~~the~~ officers were not so
badly off as the actual scale of pay might
be held to imply. The ~~pay~~ ^{itself} was as a matter
of fact increased soon after the letter in
question was written.

12. To summarise - this dispute arises out of the practical application of a principle which is clearly sound in itself, which has been defined by regulation in W. Africa for many years & which has been well understood in E. Africa before its recent embodiment in a regulation. Only a negligible percentage of the officers in the service are affected, and ~~while~~ ^{though} it may be that they are the ones who had the most remunerative private practice. The argument that a breach of faith has been committed rests on the flimsiest grounds, even if it were not the case that every officer has accepted appointment in the clear understanding that he would be subject to any regulations that might thereafter be introduced by or with the sanction of the S.O.

Canadian Federal Committee:
 100 St. Andrew Street
 R. H. TORRIS, M.D. Secretary

African Committee:
 P.O. Box 137, Portsmaritzburg
 H. VARDLEY, Secretary

Zealand Branch:
 Box 156, Wellington
 R. CAMPBELL, HEGG, Secretary

C.O.
52361
 25/11/20

British Medical Association.
 (FOUNDED 1825.)

Affiliated by H.M.A. —
Indian Medical Association:
 184, College Street, Toronto
 F. C. ROUTLEY, M.D. General Secretary

Medical Secretary:
 ALFRED COX, O.B.E., Hon. M.A.(Durb.), M.B.

Deputy Medical Secretary:
 G. C. ANDERSON, M.D.

Assistant Medical Secretaries:
 C. COURTENAY LORD, M.A., M.R.C.S., L.R.C.P.
 A. D. MACPHERSON, M.A., M.B., C.M.

Scottish Office:
 Drumalbhugh Gardens, Edinburgh.
 R. DREVER, M.A., M.B., Ch.B., M.R.C.P.E.,
 Scottish Medical Secretary

Irish Office:
 16, South Frederick Street, Dublin.
 T. HENNESSY, F.R.C.S.I.,
 Irish Medical Secretary

Telegraphic Address: "Medisocra Westcott, London."
Telephone No. 2861 (Nursean Exchange) + lines

HEAD OFFICE:

British Medical Association House,
 Tavistock Square,
 LONDON, W.C.1.

In any reply
 please quote—
ALL/MA

21st November 1920.

ENCLOSURE.

217,
 M.L. 46333/26

I am directed by the Executive Committee of the British Medical Association to revert to your letter of the 20th ultimo and to state that the Committee greatly regrets its inability to concur in Mr. Emery's view as expressed in paragraph 9 that there is "no reason to apprehend that the new regulations, correctly understood, will have any reverse effect" upon the maintenance of a consented service in West Africa, or upon recruitment for such a service. On the contrary, the Committee is satisfied that so serious a position has already arisen in West Africa, a part of which is regarded as a direct breach of faith with the existing personnel of the African Medical Service, that it is not for the present justified in recommending the service to members of the British Medical Association as offering a satisfactory career. The explanation of the position conveyed by your letter, and more especially in paragraph 3, only tends to confirm the Committee in its opinion as to the effect of the Regulations.

At the same time the Committee gladly recognizes that the Resolutions are in general, as stated in paragraph 2 of the Report, acceptable, and that they mark in some respects an advance towards an effective health policy for the East African Colonies. The Committee was also received with considerable gratification by recent speeches of Mr. Amery in reference to the Colonial Medical Services and especially that in East Africa, and in this connection I am to enclose for your information a copy of an article which appeared in a recent issue of the British Medical Journal, which expresses the general attitude of the Association. The present position is particularly unfortunate because advance has been consistently expected as a result of the Report of the East African Commission and its favourable reception in this country.

3. In these circumstances it is to ask that the Secretary of State for the Colonies will kindly receive a delegation from the British Medical Association at the earliest possible date, in the hope that after discussion of the position an agreement can be reached which will restore the confidence of the members of the Service.

4. Meanwhile, I am to draw your attention to the difficulty of reconciling the statements in paragraph 3 of your letter with the information atherto supplied by your department regarding private practice. The statements and the proposed definition with which they would seem to accord are as follows:-

(a) "No right to private practice has ever been recognized" - Ref. 4833/26 p. October 14th, 1916.

"I. and these (all medical appointments filled from this country) cease the Officers appointed enjoy the right of private practice of their roles etc" - Letter of January 7th, 1910, signed R.W. Flood.

"Medical Officers, but not Medical Officers of Health, are permitted to take private practice, & the understanding that they give precedence to their official duties" - Colonial Office pamphlet Miscellaneous, No. 99, page 3, paragraph III, dated April, 1911, and subsequent issues.

(B) "nor have fees from private practice ever been mentioned as an addition to emoluments in offers of medical appointments in East Africa" - 46333/25.

"Medical Officers are permitted to take private practice on the understanding that they give precedence to their official duties" - Extract from advertisement of vacancies for posts of Medical Officer in East African Protectorates, published in the British Medical Journal of March 24th, 1919.

In this connection it may be noted that the extract from the Colonial Office pamphlet quoted above is followed by the statement:-

"In Uganda in the present stage of the Protectorate's development additions to their income from this source (private practice) are not likely to be substantial".

It is submitted that the implication of this statement is that, elsewhere than in Uganda, definite additions to income may be expected from private practice.

(C) "nor have fees from private practice ... ever been considered in fixing such emoluments" - 46333/25.

"In this connection (the suggestion that the salaries of Colonial Medical Officers should be brought into line with those of the Army, Navy, and Indian Medical Services) Lord Milner would suggest that ... allowance must be made for the facts that in Eastern Africa ... private practice is allowed to those engaged in public health duties, who receive a special allowance" - Letter 41081/20, of 7th September, 1920.

"It must also be borne in mind in considering the salaries of Medical Officers in the Colonies that in many cases these Officers have the privilege, not enjoyed by any other class of officers in the Colonies, of engaging in private practice without sacrificing their pension rights" - 21370/21 of June 9th, 1921.

W. H. H. 10/11

M.L.

X

mt / General

5. As regards paragraph 5 of your letter, the Committee notes that deputation officers will not be considered to have vacated their posts when they proceed on leave and return to the same or another sanitation post, or when transferred from one sanitation post to another. In view of the fact that "no officer can be regarded as having a claim to be appointed to such a post or to be retained there except at the discretion of the Government", I am to inquire in what circumstances it will be considered that an officer at present holding a sanitation post has vacated it. In this connection I am to refer particularly to the conditions in Zanzibar in respect of sanitation work done by medical officers.

6. The Committee also desires to make certain representations with regard to the very unsatisfactory conditions at present obtaining in the Medical Services of the Federated Malay States and the Straits Settlements.

7. I am to say further that, apart from the particular points indicated above, the deputation would wish to discuss with the Secretary of State the possibility of establishing more effective co-operation between the British Medical Association and your Department for the promotion of the efficiency and wellbeing of the Colonial Medical Services in general.

I am, Sir,

Your obedient servant,

J. C. Audison

Deputy Medical Secretary.

The Under-Secretary of State,
Colonial Office,
S.W.1.

ALL/MA

21st November 1925.

ENCLOSURE.

Sir,

I am directed by the Dominion Committee of the British Medical Association to advert to your letter 56335/25 of the 20th inst and to state that the Committee greatly regrets its inability to concur in Mr. Asery's view as expressed in paragraph 9 that there is "no reason to apprehend that the new Regulations, correctly understood, will have an adverse effect" upon the maintenance of a continued Service in East Africa, or upon recruitment for such a Service. On the contrary, the Committee is satisfied that so serious a position has already arisen in East Africa, as a result of what is regarded as a direct breach of faith with the existing personnel of the East African Medical Service, that it is not for the present justified in recommending the Service to members of the British Medical Association as offering a suitable career. The explanation of the position conveyed in your letter, and more especially in paragraph 3, only tends to confirm the Committee in its opinion as to the effect of the Regulations.

2. At the same time the Committee gladly recognizes that the Regulations are in general, as stated in paragraph 2 of your letter, acceptable, and that they mark in some respects an advance towards an effective health policy for the East African Dependencies. The Committee has also received with considerable gratification reports of recent speeches by Mr. Amery in reference to the Colonial Medical Services and especially that in East Africa, and in this connection I am to enclose for your information a copy of an article which appeared in a recent issue of the British Medical Journal which expresses the general attitude of the Association. The present position is particularly unfortunate because the advance had been confidently expected as a result of the report of the East African Commission and its favourable reception in this country.

3. In these circumstances I am to ask that the Secretary of State for the Colonies will himself receive a deputation from the British Medical Association at the earliest possible date, in the hope that after discussion of the position an understanding may be reached which will restore the confidence of the members of the Service.

4. Meanwhile, I am to invite Mr. Amery's attention to the difficulty of reconciling certain statements in paragraph 3 of your letter with the information hitherto supplied by your department regarding private practice. The statements and the earlier information with which they would seem to contrast are as follows:-

(A) "No right to private practice has ever been recognised" - Ref. 46333/25 of October 20th, 1926.

"In all these (all medical appointments filled from this country) cases the Officers appointed enjoy the right of private practice of their profession" - Letter of February 7th, 1920, signed F.E.W. Wood.

"Medical Officers, but not Medical Officers of Health, are permitted to take private practice, on the understanding that they give precedence to their official duties" - Colonial Office pamphlet "Miscellaneous, No. 99, page 6, paragraph III, dated April, 1921, and subsequent issues.

(B) "ner have fees from private practice ever been mentioned as an addition to emoluments in offers of medical appointments in East Africa" - 46333/25.

Medical Officers are permitted to take private practices on the understanding that they give precedence to their official duties" - Extract from advertisement of vacancies for posts of Medical Officer in East African Protectorates, published in the British Medical Journal of March 8th, 1920.

In this connection it may be noted that the extract from the Colonial Office pamphlet quoted above is followed by the statement:-

"In Uganda in the present stage of the Protectorate's development additions to their income from this source (private practice) are not likely to be substantial".

It is submitted that the implication of this statement is that, elsewhere than in Uganda, definite additions to income may be expected from private practice.

(C) "ner have fees from private practice ... ever been considered in fixing such emoluments" - 46333/25.

"In this connection (the suggestion that the salaries of Colonial Medical Officers should be brought into line with those of the Army, Navy, and Indian Medical Services) Lord Milner would suggest that ... allowance must be made for the facts that in Eastern Africa ... private practice is allowed to those engaged in public health duties, who receive a special allowance" - Letter 41081/20, of 7th September, 1920.

"It must also be borne in mind in considering the salaries of Medical Officers in the Colonies that in many cases these Officers have the privilege, not enjoyed by any other class of officers in the Colonies, of engaging in private practice without sacrificing their pension rights" - 21870/21 of June 9th, 1921.

5. As regards paragraph 5 of your letter, the Committee notes that sanitation officers will not be considered to have vacated their posts when they proceed on leave and return to the same or another sanitation post, or when transferred from one sanitation post to another. In view of the fact that "no officer can be regarded as having a claim to be appointed to such a post or to be retained there except at the discretion of the Government", I am to inquire in what circumstances it will be considered that an officer at present holding a sanitation post has vacated it. In this connection I am to refer particularly to the conditions in Zanzibar in respect of sanitation work done by medical officers.

6. The Committee also desires to make certain representations with regard to the very unsatisfactory conditions at present obtaining in the Medical Services of the Federated Malay States and the Straits Settlements.

7. I am to say further that, apart from the particular points indicated above, the deputation would wish to discuss with the Secretary of State the possibility of establishing more effective co-operation between the British Medical Association and your Department for the promotion of the efficiency and well-being of the Colonial Medical Services in general.

I am, Sir,

Your obedient servant,

Deputy Medical Secretary.

The Under-Secretary of State,
Colonial Office,
S.W.1.

10.10.1925.

MEDICAL POLICY OF THE COLONIAL OFFICE.

In his speeches at the Imperial Social Hygiene Congress this week the Secretary of State for the Colonies has made a declaration of policy of first-rank importance. In particular he has stated that he and those with him at headquarters who have to look at such questions as the eradication of tropical disease realize the infinitely important part that medical service has yet to play in the whole scheme of administration in the tropics, and the increasing realization that administrators are bound to devote to the regional aspect of the problem; and again, that his department is considering in what way and in what form the medical side of the Colonial Office can be still further strengthened.

The reorganisation of the Colonial Office is, indeed, the necessary complement to the creation of the Civil Research Committee by the Royal Society and its institution is to be realized, since the Colonial Office is the main channel through which the influence of the Research Committee must be brought to bear in a large part of the empire; and as the first field of the Committee's activity has been found in public health, so the creation of an adequate medical department at the Colonial Office - a reform long overdue, as was pointed out when Mr. Amery first announced his purpose - is an even more vital necessity now than hitherto. We look, therefore, with anxiety for a more detailed statement as to the scheme now being elaborated. Until the Colonial Office itself gives effect to the principles which it would seem to enforce upon local administrations, much of its work must remain nugatory. There is work of the first importance centrally for a distinct medical section, which should be headed, who must have free access to the work and to all sources of information affecting its work, and to the other to the responsible Minister in charge of the department.

... we welcome the Secretary's recent statement that all that the Colonial Office can do up to the present has been to the Imperial Health problem... it is necessary to have, but it is... extension... the Colonial Office is to press upon the local administrations the... necessary for maintaining health services adequate in personnel and... material resources, and for adopting a progressive health policy... there has been in some quarters a tendency to regard these services... primarily, if not exclusively, responsible for the... of European officers, and even where this is not so... other... medicine as a... service is... and... health... the... and... this... health policy... the... responsible... control... such as these which, together with... have... to... as

are not only to mistaken economy, but also to a dearth of suitable candidates. This feature of the situation depends, not, as has been suggested in various official statements, on a "lamentable ignorance among medical students as to the prospects which the Colonial Medical Service hold out," but rather on a correct appreciation of the present limitations of those prospects.

It, however, we may take Mr. Amery's words at their face value, this state of affairs may soon be remedied, for all that is necessary is to secure conditions of service making for efficiency, and to restore the confidence now lacking in the guarantees offered by the Colonial Office. In this task the Secretary of State may depend upon the cordial co-operation of the Association, who has consistently laboured to establish such conditions, and to this end is prepared to place at the Minister's disposal experience derived from a membership which covers the whole of the dependencies under consideration. If the Association's advances are not always met officially in the spirit in which they were made, it is none the less ready to renew them on occasion officers, as is being, to quote Mr. Amery's own words at the Congress dinner mentioned at page 676 this week, that "not the least of the duties of the Colonial Office is to act as an Imperialist for the health", and that "one of its primary tasks is to create enthusiasm for the work of physical regeneration."

Cliffe 1/26/25
 Jeffries 1/2 0
 Donnie 2/12
 Bostanley 2/12
 Art. G. Green 2/12

Guid

Shackburgh
 Grindle
 Luce
 Davis
 Condy-Grove
 Gordon
 Gray

C. D.
 R 2 REC
 D

4 December 1925

DRAFT.

Medical Secretary
 British Medical Association

Sir

I am so to acknowledge
 the receipt of your
 letter ALL/MA of the 21st of
 November with regard to
 the ~~new~~ ^{new} ~~the~~ legislations for
 the East African Medical
 Service in which you
 requested that the S of S
 might receive a delegation

inc. for Far Eastern
 Dept. - to see

on his matter from the
British Medical Association.

2. ~~Mr. Wemyss understands~~
~~I am to inform you~~

that a memorial regarding
~~the Regulation~~
the Regulation
subject is being addressed
to ~~the S of S from the staff~~
them by the members
of the East African Medical
Service, and ~~that the S of S~~
in Kenya he

wishes to have an opportunity
of considering this before
discussing the matter
coming to any of the
memorial in the first instance.
~~decision on the matter~~

~~Further~~ A
letter ~~will be sent to you~~
will be sent to you
letter ~~on this subject in~~
the course. ~~with reference to~~

~~your request for an~~

~~interview~~

Signed) O. STRACHEY