

1925

E. AFRICA
ZANZIBAR

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48934

FROM
TAYLOR, J.A.
(DIR. MED. SERVICES.)

DATE
29th October 1925.

REF
R 30 OCT 25

FOR CIRCULATION

Mr. *Dove*
Mr. *Bostwick*
Mr. *Green*
Asst. U.S. of S.

E.A.M.S. REGULATIONS.

Perm. U.S. of S.

Part U.S. of S.

Secretary of State.

Submits views. Regulations have given rise to serious dissatisfaction. Encloses copy of memo by Dr Spearman, with which he agrees generally.

Previous Paper

A.I. 45778
memo

copy of publication
to [unclear]

MINUTES

Much of this covers ground which has unfortunately become familiar within the last few weeks; and on 43966/25 it was considered that these representations should be ~~not~~ dealt with at the same time as the Kenya memorial.

? It will therefore be enough at present to ack. & promise answer - and reply to the question at the end of (numbered) para. 2 on the lines of the reply to the B.M.A. on 46333/25.

Subsequent Paper

ly 51205

[Signature]
9/11/25

31.10.25
4/11/25
[Signature]

closed - 17 NOV 1925

Rydal,

612

Albert Road,

Clevedon, Somerset.

October 29th. 1925.

C O
48934
16 30 10 25

Sir,

I have the honour to inform you that the introduction of the new regulations for the East African Medical Service has given rise to serious dissatisfaction among the members of the Zanzibar Medical Staff, and that two Medical Officers have already intimated their intention to retire from the Service on the completion of their present tour.

2. Dr. Spearman, who is acting for me while I am on leave, has already submitted his comments on the new regulations, in a memorandum, addressed to the Chief Secretary of the Zanzibar Government. I enclose a copy of this memorandum, in case it has not already reached you, and I wish to associate myself with the views expressed by Dr. Spearman, except that I have grave doubts as to the advisability of even temporarily disallowing private practice to the Medical Officers in Zanzibar Island.

In the Zanzibar Protectorate, where quackery and fatalism are rife, it is of especial importance that the standard of western medicine practised, should be maintained at as high a level as possible.

In Zanzibar Town alone, there are almost 40,000 inhabitants, but only two, one registered and one licensed, European private practitioners, and I think that I am correct in stating that neither they, nor any of the practitioners of other races have received any special instruction in Tropical Diseases.

A further complication, not mentioned in Dr. Spearman's memorandum, is that the Zanzibar Government has accepted the reasonable view that if private practice is disallowed to Medical Officers, it must also be disallowed to Sub-Assistant Surgeons, and a circular has been already issued that the privilege will be withdrawn from them.

I have not seen any new regulations concerning Assistant Surgeons or Sub-Assistant Surgeons, but I feel certain that the withdrawal of the privilege from them will also lead to great dissatisfaction.

The salaries of the Sub-Assistant Surgeons in the Zanzibar Protectorate Service are on a very low scale, compared with those paid by other East African Dependencies, owing to the considerable value of the private practice obtainable. The privilege of private practice is, I have been informed, one of the chief attractions held out

to applicants by the Bombay Agents and is, I think, expressly referred to in their contracts.

With regard to the two Medical Officers who have intimated their intention to resign

I am informed that the advertisement in the British Medical Journal, which led them to apply for their appointment, stated that private practice would be allowed, although possibly of no great value in certain stations. No mention was made that the privilege could be completely withdrawn and they thus feel that they have justifiable cause of complaint.

From personal experience I am convinced that the Sub-Assistant Surgeons undertaking private practice endeavour to improve their knowledge, keep more up to date and prove themselves much more valuable servants than those who have not the same inducement.

The extent to which they succeed in private practice depends upon the reputation gained in their official duties, and I know of no instance of the privilege having been abused.

Much the same holds good with regard to the Medical Officers, who feel, so long as allowances are paid from Government funds to officials in other departments for additional duties performed during office hours, that no serious objection should be raised against the Medical Officers obtaining some return, not paid from Government funds, for work performed in out-of-office hours, and only obtained owing to their special knowledge and efficiency. It is also pointed out that private practice is abolished for Medical Officers no matter when they entered the service, but free medical attendance is granted to the wives and families of all officials who entered the service prior to the 1st. of January 1926.

With a full knowledge of local medical conditions in Zanzibar I have, as already stated, a most serious doubt as to whether the abolition of private practice is at present advisable for the good either of the service or of the general population, and I feel that it would only be equitable, and remove much dissatisfaction, if Medical and Sanitation Officers already in the service were allowed to retain their past privileges.

I understand that Sanitation Officers are allowed to retain their allowances "until they vacate their appointments" - and I have been asked to request a more exact definition of the words underlined.

The regulation contained under Section IV. (5), which no longer permits Medical Officers to receive fees from private patients in hospitals will, I trust, be subject to modification where local conditions make this advisable. In stations where no private practitioners are available and the Medical Officer is therefore allowed to continue external private practice, there will no doubt be a reduction in the number of admissions

(4).

- (7). The remission allowance is of less value than the local allowance on the mainland in spite of the fact that the cost of living in Zanzibar is so much greater.
6. The above refers especially to the Junior Medical Officers, but the Sanitation Staff, the Senior Medical Officer and Surgical Specialist all labour under many of the same disadvantages as compared with officers of a similar status on the mainland. In Uganda, I am informed that neither the Surgical Specialist nor any of the Senior Medical Officers will be deprived of private practice.
7. The withdrawal of private practice from the Director of Medical and Sanitary Services places him in the worst position of all as compared with occupants of similar posts on the mainland. Although only receiving the salary of a Deputy Director, it is necessary for him to attempt to maintain the position of a Director with far greater entertainment expenses. He receives no acting allowance and is subject to most of the disadvantages tabulated above.
8. While the privilege of private practice was allowed it was of such considerable value in Zanzibar that it compensated for the disadvantages to which I have referred, and I trust that if the privilege is now to be withdrawn that means will be sought to ensure that the Zanzibar appointments will equal in value similar appointments on the mainland, so that the present staff may be retained and suitable candidates procured as vacancies occur.
9. I am in complete agreement with the view that the duties of the Director should be solely administrative, but it is both unsatisfactory and undesirable that he should be in a worse financial position than many of the Junior Medical Officers residing in the other Dependencies.

I have the honour to be,

Sir,

Yours obedient servant,


Director of Medical & Sanitary Services

Zanzibar Protectorate.

To the Under Secretary of State,

Colonial Office.

Chief Secretary,

I submit herewith comments on the Regulations for the East African Medical Service (Draft) No. 1183 and the covering despatch of the Secretary of State.

Section I (A) No comments.

Section III (A) No comments.

Section III (B) No comments.

Section III (V) (1). The definition of native in Somalia is difficult. I do not consider that Somalis and other African natives who apply for treatment should ever be charged fees for medical attendance.

2. Section III (V) (III) With due respect to the conclusions come to by the Secretary of State I am not of opinion that officials whose salaries are over £700 should be charged fees by the Government Medical Officers on their wives and families except as already laid down for operations and treatments. In cases of serious illness this may prove a heavy tax on an already overburdened individual. Surely one of the first duties for which a Medical Officer receives his salary is the care of the health of both officials and their wives and families.

Section III (V) "Notes" No comments

Section III (B) No comments

Section IV No comments

4. Paras 4, 5, 6. Section IV.

As all the Medical Officers at present in the E. A. M. S. joined the Service with a definite understanding that private practice would be allowed (Colonial Office Publication No. 99 of 1952) the sudden and unexpected decision to curtail this privilege will lead to grave discontent and dissatisfaction among them.

In the present stage of development of these countries the number of stations in which private practice can be regarded is very limited, less than six I should think in all the Dependencies. The number of Medical Officers affected will be small.

Nevertheless the decision will react unfavourably amongst them as a whole, and will I think cause many amongst the junior members of the service seriously to consider resigning their appointments at the end of their first or second tours.

Medical Officers who under present conditions are desirous of appointments in the larger stations will in future prefer the smaller stations owing to the increased cost of living and the possibility of a small income from private practice.

Recruitment will also be affected as the possibilities of private practice is undoubtedly attractive to many candidates.

The question will also have to be faced somewhere and at some time when the only private practitioner in the particular community is an Asiatic whether the European population there must be dependent only on his services.

Para 4. This is very necessary and the question raised by the Secretary of State to the Government by "possibly less highly skilled practitioners" bears on the question of private practice. In London I think I am right in saying that the great majority of non-official Surgeons would always call in a Government Medical Officer (preferably a more senior one) were it possible for them to do so as they feel, not unreasonably perhaps that they are men who have special training and long tropical experience.

Officials' Families should always be attended by Government Medical Officers and as I stated in para. 3. I trust this treatment will always be free whatever the scale of PAY of the official in question.

7. Para 9. The withdrawal of allowance to the Sanitary Officers will, as in the case of Medical Officers, be a potent cause of unrest and dissatisfaction, as it means that all Sanitation and Senior Sanitation Officers will ultimately suffer considerable pecuniary loss.

It is ~~high~~ that this is recognized to some extent in the granting of two years' increment to the possessors of the D. P. E. This merely means however that Sanitation Officers (as they vacate the appointments they held on Jan. 1/26) will gain 200 per annum and lose 2100 per annum. Hereafter when they reach their maximum of 2900 p.a. they permanently forfeit 2100 p.a., as 2900 p.a. and no allowance will be the highest they can attain to in the future. An Officer serving twenty years as a Sanitation Officer and in possession of the D. P. E. will in that period under the new regulations lose a sum of no less than £1,400.

I submit therefore that this compensatory allowance should be retained as well as the bonus for the D. P. E.

I personally consider this allowance both to Sanitation Officers and Medical Officers in stations where private practice is disallowed absolutely essential to the welfare and future of the Medical Services of East Africa, and desire definitely to record it as my opinion, that, as the position gradually reveals itself to the personnel of the service, these withdrawals of pecuniary advantages will have the gravest and most unfortunate effect on the morale and efficiency of the service, and act as a most adverse influence on future recruiting.

8. Para 10. ~~Should~~ In both Fomba stations private practice could not be disallowed, but there is no reason to allow it in London which is well supplied with

(3).

and in the event of the Surgeon's death or illness I think that the ^{English} ~~European~~ Community should be entitled to be attended by a doctor of their own race.

9. Para 11. I am scarcely in a position to comment on the rates of remuneration of Director and Deputy Directors but I may remark that in comparison to the West Coast Service and the I. M. S. and the incomes earned by general practitioners of equal standing and years of service the salaries appear meagre.

10. Paras 12, 13, 14, noted.

11. Para 15. I regret that I cannot come to the conclusion that these regulations will be found to work satisfactorily in practice owing to the decision of the Secretary of State to diminish the emoluments of the service in general.

At the present time the severity of the Medical Course and the length of time required to obtain a qualification are greatly enhanced. No man can qualify in less than six years and the average is about eight. The new regulations for D. R. H. examination have lengthened the period of study very greatly and the course and the examination are of such a high standard that few men will be able to spare the time or money to take it and I think it will be quite impossible for men already in the service to do so.

The rush of Medical Students caused by the hiatus due to the war is over and there is a remarkable diminution in the number of entries.

With due deference to the opinions of the Secretary of State and whilst fully ^{admitting} that he and his advisers are in a far better position to judge all the aspects of the case I submit that it is at least unfortunate that such a desirable accomplishment as the definite establishment of a unified West African Medical Service should be marred by introducing a spirit of unrest and discontent among the rank and file which must arise from the feeling that they have not been properly considered.

In fact among themselves I am afraid they will consider that they are the victims of a breach of faith.

By sanctioning the restoration of allowances to Sanitation Officers and an allowance to Medical Officers where private practice is disallowed these causes of discontent would be removed. The total annual sum required throughout the whole of the African Services would be very little and would represent a very small percentage of total expenditure of all the Medical Departments.

I would therefore again stress the urgency of the Secretary of State's attention being drawn to this aspect of the matter and the importance of making these small preliminary concessions.

PUBLIC RECORD OFFICE, LONDON

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12. In conclusion I may say that I have endeavored to frame my comments impartially (and personally I neither gain nor lose by the new regulations). I must apologize for the length of my minute and desire further to express my regret if I have made use of any expressions which may be deemed unseemly.

(Signed) S. Spencer,

Acting P. M. G.

7/48934/25

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Hries
16/11/25

E. Africa
Zanzibar

NOV 16

LC

17 Nov 25

1925

DRAFT.

A Taylor Esq.
M.B., U.B.,
Albersted
Alverton,
Somerset

Sir,

I am in receipt of the receipt of your letter of the 29th of Oct., in which you submitted your views on certain questions arising out of the Regulations for the East African Medical Service, and to inform you that the views which you have expressed will receive consideration.

2. With regard to the question raised at the end of para. 2 of your letter as to the interpretation of the ruling that a Sanitation Officer in receipt of an allowance shall retain the allowance until he vacates his

his appointment, I aim to say
that an officer who is transferred
from one sanitation post to
another, or who proceeds on
leave and returns to his
old post or to another
sanitation post, will not
be regarded as having
vacated his appointment
for this purpose.

(Signed) W. C. BOTTOMLEY.

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