

1925

G.O.
E. AFRICA
KENYA

48020

REF
RL 24 OCT 25

CONF
191

DATE
1st October 1925.

DENHAM.

319

E.A.M.B. REGULATIONS.

Submits comments on the several sections
for early and full consideration. A
memorial will follow as soon as possible.

LOCATION —
Donnie 4/10/25
Bothwell &
Coates
U.S. of S.
M. Stanley

U.S. of S.
U.S. of S.
Secretary of State

Previous Paper
By 4/10/25

Further to Gen Rya letter
of 21st Feb 1926
Further to Gen Rya letter
of 23rd Feb 1926

Subsequent Paper
1.1.48778

MISSILES

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The main questions raised here and
in Dr Gilks' letter of 4/7/25 —
Compulsory transfer, M.O.H. allowances
and private practice — have been
exhaustively discussed in previous
papers.

There are certain other
matters of detail in the Regulations
alluded to here which merit
further comment, but there is
no sort of urgency about them.
We should wait until replies
from all the Colonies are complete
(Uganda is outstanding) and
considered

Consider the comments together.

The serious thing is that - as Dr. Gillis' letter discloses - the Kenya doctors have definitely asked the B.M.A. to "black-list" the E.A.M.S. If their views are not accepted.

This is diplomatically J.H.D.

As regards this, we must wait to see what the effect of our letter to the B.M.A. on 46333/25 is; also, of course, for the actual memorial from Kenya.

In the meantime Dr. Wilson, who is in town for a few days, has offered to come and discuss various questions at issue, and I think that such a discussion might go far to clear the ground.

Perhaps he might be asked to come on Friday afternoon of this week, if that is convenient.

(J. Deane 28/10/25)

I agree J.H.D. 28/10/25

J.M.G. 28.10.25

3rd may off

Dr Wilson accordingly - 1st or 2nd Wednesday this week see the notes. C.L.S. 28/10/25

Address

Dr Wilson
District

See C.S. 28/10/25

Dr Wilson called yesterday and the various points raised by the Kenya branch of the B.M.A. (which are substantially those included in this despatch) were discussed with him by Mr Green, Mr Bottomley & Mr Durnie.

Liability to compensation

Dr Wilson considered that ^{an} assurance that the right of officers appointed without mention of such liability would be respected would meet any legitimate complaint.

Sanitation officers' allowances

The assurance already given to the B.M.A. that these allowances would not be forfeited by an officer proceeding on leave or being moved to another sanitation post was regarded as satisfactory.

Increments for D.P.H.

Dr Wilson urged that there should only be given to a man who performed sanitation duties. On the understanding that any man with a D.P.H. would have the opportunity of performing such duties, no objection was seen.

to the limitation.

Private Practice. Dr Wilson was personally in favour of its abolition. He thought that any reasonable complaints would be met if, when a station was declared to be one at which private practice was prohibited, the officers in the station at the time were allowed to continue their practice until leaving the station or going on leave. It was considered that this could easily be arranged by local regulations, and desirable also that the officers not entitled to private practice should be empowered to receive a fee (subject to the approval of the D.M.S.S.) for attending an emergency case.

Consulting Practice. It was considered that this might be held to include operations performed by the consultant outside the Govt. hospital.

Course of Study for promotion. It seemed clear

clear that the objection raised to this would disappear if it were understood that an officer's promotion would not be held up merely because leave arrangements had not allowed of his taking a course in time.

There are other points in the despatch which did not come up at the discussion, on which it may be worth while to comment now.

Page 4. The D.P.H. is in a special category, as compared with e.g. F.R.C.S., & the present provision should be maintained. The regulation might however be amended so as to provide for the increments being granted to an officer possessing "a" (not "the") D.P.H. or other sanitation degree recognized by the S.D.S. as equivalent to a D.P.H. for this purpose.

Page 5. Fees from natives. The point of Dr Gillet's remarks is not clear. There is no reason why a local

Local regulation should not be issued to prevent any abuse. The regulations themselves (III (7) (ii) and (vi)), read together, appear satisfactory.

Page 6 Officers transferred to Kenya (or any other dependencies) drawing over £700 a year should not be entitled to free medical attendance for families. The loss of this privilege would be one of the changes of conditions accepted as part of the transfer involved in the transfer.

Pupils at Schools. all a matter for local interpretation. No change in present practice is intended.

Page 8 Private practice for Asst Surgeons. This is again entirely a matter for local custom. These regns have nothing to do with Asst Surgeons.

Page 9 Fees for operations in hospital. This was considered on 58126/22. The C.A.M.S. Ctee were divided. The present regulation was adopted after

after it had been ascertained that in the Eastern Colonies fees were not allowed except that in Malaya the M.O. was allowed to take half the fees.

? how wait for the memorial

30/11

31.12.25
W. Downes
4.11.25
The W. Downes

Dr. Jinks has written direct to the Secretary for the suggested reply letter

P.H.G.
at all

12.11.25.

48020



GOVERNMENT HOUSE,
NAIROBI.
KENYA

KENYA.

No. 191.

CONFIDENTIAL

1st October, 1925.

Sir,

I have the honour to acknowledge the receipt of your Confidential despatch of the 4th July, 1925, forwarding copies of the revised Regulations as finally approved for the East African Medical Service by the Colonial Advisory Medical and Sanitary Committee.

2. These Regulations have been examined in consultation with the Director of Medical and Sanitary Services and I desire to place before you for your early and full consideration the following comments on the several sections:-

Section 1 (1). The Director of Medical and Sanitary Services writes as follows "The regulation by which officers are liable to transfer from one dependency to another as the exigencies of the service may require should surely be applicable only to those officers who join the service after the introduction of the new code. Up to recently Medical Officers were appointed for service in Kenya, for service in Uganda, etc., not to the East African Medical Service. In many instances appointments to others of the Dependencies have been refused by local officers and, as a result of appointment to Kenya, family and other obligations have been contracted which would not have been incurred had there been a liability of transfer to other countries with or without the consent of the particular officer concerned." I would point out that nothing was laid down either in the letters of appointment or in the regulations

HONOURABLE
TENANT COLONEL L.C.M.S. AMERY, P.C., M.P.,
SECRETARY OF STATE FOR THE COLONIES,

Regulations for the employment of officers hitherto in force in regard to the possibility of transference between the Colony and dependencies. Medical Officers may therefore claim that it would be an act of bad faith to require them to accept transfer or suffer in promotion.

Section 1 (3). "The proviso that officers cannot be promoted, unless the £700 efficiency bar has been passed and an additional course of study has been carried out, operates with peculiar harshness in the case of Kenya where several officers would, in the ordinary course of events, have obtained promotion in the near future. The exigencies of the service have, in the majority of cases, not allowed of more than the ordinary course to pass the £700 bar being taken. Leave for study has on several occasions been precluded by the exigencies of service. The introduction of a new regulation limiting eligibility for promotion cannot but fail to arouse feelings of resentment among those officers who through no fault of their own have been unable to comply with the requirements. It is suggested that the introduction of the new limiting regulation will defer promotion generally in all the East African Dependencies having in view the fact that the large majority of officers have but few years' service behind them. It is also possible that the regulation may place an unfair premium on the early incidence of leave in that officers who first go on leave will be in a position to render themselves liable for promotion before others who become due or are granted leave at a later date. In this connection it should be remembered that tours of service in some of the East African dependencies are shorter than in Kenya." I commend this point to your consideration.

Section II (1): I again quote from the memorandum

by

by the Director of Medical and Sanitary Services:-

"The underlying principle is not very evident. I am the last to suggest that the possession by Officers of a Diploma in Public Health is not most desirable or that the Public Health activities of Government are not the most important, but the possession of a Diploma in Public Health merely indicates that a special branch of work has been studied. It will be necessary for a long time to come for Government to maintain hospitals and it is to be presumed that specialists are desirable for this branch of medical activity. It appears invidious to offer special terms for specialists in one branch and not in another. A specialist degree in surgery or medicine is not easily obtained and the possessor thereof may usually expect to benefit by the extra work entailed by its acquisition.

Many anomalies are likely to arise by attaching special benefits to the possession of a Diploma in Public Health; some arise immediately as follows:-

A is an officer carrying out important work in connection with sleeping sickness, who, when staff arrives, it is intended, shall practically confine his work to sleeping sickness and venereal disease measures. A does not possess a Diploma in Public Health but is eminently suitable for the public health work detailed above, and is specially interested in the problem of sleeping sickness.

B is an officer junior to A who is at present in charge of a Native Hospital. B has a Diploma in Public Health. B is not so suited for public health work as is A, but he will draw extra pay as long as A does not get promotion.

Another instance - A has made a special study of bacteriology and was specially appointed as a bacteriologist; A has not a Diploma in Public Health.

B has recently been transferred to the Laboratory section as 2nd Assistant Bacteriologist; B has a Diploma in Public Health.

But for the fact that A has recently received promotion, he, with his four years' seniority and experience in a specialist subject would be receiving less pay than B.

Again - an officer just appointed has a Diploma in Public Health; he has intimated that he would prefer not to do public health work; from the fact that a Diploma in Public Health has been obtained he will draw more salary than colleagues performing similar work.

It would appear from the above that there are serious objections to a system by which the possession of a particular degree or diploma carries special benefits irrespective of the work performed by the holder thereof. An officer engaged in public health work should, I agree, receive higher emoluments than an officer on the medical side who has opportunities which the first has not of augmenting his salary, but it does not appear equitable that of two officer-s engaged, say, in hospital or bacteriological work, one should receive a higher salary because he possesses a diploma in a subject in which neither is engaged. Another point emerges; under the arrangement as specified, a Senior Sanitation Officer will receive exactly the same emolument as a Senior Medical

Officer

Officer who has perhaps a private or consulting practice.

It is possible that the Regulation intended to adjust the inequality which arises from the fact that a Diploma in Public Health can only be acquired two years after a pass degree or qualification has been obtained, and after a special course of study. An officer with a Diploma in Public Health, therefore, cannot join the Service at a date as early as can an officer with merely a pass degree or qualification. Similar conditions are attached to the higher degrees in medicine or surgery.

It would appear that the new Regulation should not apply only to officers in possession of a Diploma in Public Health, but should be extended to those who have obtained higher degrees such as a Fellowship of a Royal College of Surgeons, a Membership of the Royal College of Physicians of London, or a degree of Doctor of Medicine of some of the universities of the British Isles.

In the event of these proposals regarding the possession of higher degrees being accepted, the list of degrees to which the privileges attach should, I suggest, be drawn up by the Medical and Sanitary Advisory Committee or preferably by the General Medical Council. It is a difficult matter at this distance to estimate correctly the comparative values of degrees or diplomas.

I would further recommend that officers newly appointed should be allowed immediately after selection to take up a hospital appointment, the period of secondment to be allowed to count for seniority though not pay. A similar provision is in force for the Royal Army Medical Corps.

The section as printed alludes to "the" Diploma of Public Health; presumably any Diploma of Public Health is intended.

The regulations allude merely to the Diploma in Public Health. No mention is made of the higher degrees in public health such as the M.D. in state medicine or the B.Sc. in public health; it is presumed that similar advantages will be attached to the possession of these.

An additional

An additional possible anomaly inflicting considerable hardship on officers at present drawing the allowance of £100 present itself. It is not clear as to what is exactly meant in paragraph 9 of the despatch by "vacating the appointment". In Mombasa and Nairobi it is most desirable that officers carrying out the duties of Medical Officer of Health should be as far as possible, permanent; this system has been followed in the past and Medical Officers of Health are gazetted to a definite town. Presumably the present Medical Officers of Health will not "vacate the appointment" when they go on leave or when transferred from one post carrying this allowance to another such post; otherwise the new Regulations will surely result in a cut of £50 per annum from their total emoluments.

I agree with the Director of Medical and Sanitary Services whose statement does not call for amplification.

Section III (7) (1): I quote once more from the comments of the Director of Medical and Sanitary Services:-

"I would suggest that this section be amended to the effect that all natives attending a Government dispensary or hospital must be treated without charge by a Medical Officer. Government might desire later on to institute a system of fees to natives attending a dispensary but in no case should fees from natives attending a Government hospital or dispensary go into the pocket of a Medical Officer. It is most desirable at the present state of development of the country that natives whether in or out of employment, should obtain the medical assistance they apply for at a Government hospital or dispensary. Employers are not in a position to pay fees for individual treatment of their employees other than those which they are now required to pay to Government and there should not be any loophole by which such might be demanded by a Medical Officer. Government Medical Officers should not be required to pay visits to plantations, etc., for the purpose of treating labour and can reasonably expect a fee for so doing; thus far the Regulation as printed is satisfactory, but the safeguard as suggested should be incorporated.

There

There could be no objection also to a Medical Officer, who is allowed to do private practice, treating as private patients those natives who apply at his house or call him to attend them at their residences².

I support this suggestion - the amendments I consider necessary.

Section III (7) (iii) and (iv): May it be assumed that where an officer drawing over 2700 per annum is transferred to Kenya Service having, prior to transfer, had the privilege of free family treatment, he will retain the privilege?

Section III (7) (vii): The present practice of Government is to subsidize private practitioners to attend boarders during the term, the cost of subsidy being included in the boarding fee. I assume it is not intended to depart from this practice, and that the inclusion of "pupils at Government Schools" conveys the ruling that, if and when a Medical Officer is called to attend boarders at Government Schools, he may not charge fees.

Is the Section intended to refer only to pupils actually at the Schools, or are all pupils, whether boarders or day scholars, on holiday or during term time, to be entitled to the benefits? If all scholars are at all times to be entitled to medical attendance, a very considerable amount of extra work will require/

require to be undertaken by the Medical Department. Hitherto scholars on holiday or day scholars have not received free medical attendance. If the Section is to be construed in its widest sense the salaries of District Surgeons will require to be raised to compensate for the loss of private practice and the extra Government work which will be thrown on them. Further it should be recognized that there are Government schools for European and Indian boys at Nairobi with attendance of between 600 and 700 day scholars.

Section IV (2): The only District or station at which private practice would be forbidden in terms of paragraph 6 of your despatch under reference to Medical Officers at present in Nairobi. It is true that registered or licensed practitioners exist at Mombasa but these in all cases are non-Europeans.

It would appear that it is proposed immediately to abolish where such is practicable, the privilege of private practice. It must be ~~too~~ strongly emphasized that Medical Officers now in the Service engaged on the understanding that subject to certain conditions they would be allowed private practice. The privilege of free medical attendance to their wives and families is to remain to those officials at present in the Service whatever pay they may rise to. I urge strongly that it is only equitable that Medical Officers at present in the Service should retain these privileges also. There is very little private practice performed in Nairobi by Medical Officers and if fresh recruits are prohibited so to practice I am of opinion that private practice by Government Medical Officers will die out very soon without

friction

friction but summary cancellation of the existing privilege will undoubtedly cause resentment.

In this connection I assume that this Regulation is to apply to Sub Assistant Surgeons and Assistant Surgeons in the Kenya Medical Service. For I would observe that unless the prohibition of private practice, where such is possible, be applied to the ranks of the service junior to Medical Officers as well as to Medical Officers themselves, a very grave anomaly will result. It is desirable that the general standard of medical work throughout the country should be raised; unless the prohibition applies it will result that any person who cannot procure the services of a private practitioner would be practically forced into employing a Sub Assistant Surgeon when he could not obtain the services of a fully qualified Government Medical Officer.

Section IV (3): Under the definition here given of consulting practice, it is not clear whether Medical Officers will be debarred from performing operations on private patients. The performance of operations is usually considered to be the function of a specialist and consultant. It would obviously be anomalous that a non-official patient should obtain the benefit of the advice in a consulting capacity of a Government Medical Officer, but would be debarred from the special skill which he might possess in the performance of any necessary operative measures. I presume it is not the intention that Medical Officers should be so inhibited. A similar position might arise in the case of a bacteriologist.

Section IV (5): Under this Section Medical

Officers

Officers in charge of European Hospitals will not in future be allowed as hitherto to charge fees for operations. The right to accept such fees is likely to attract Medical Officers of higher skill and I trust that this section will be reconsidered.

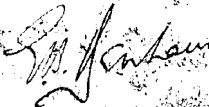
3. I annex copy of a telegram I have today dispatched to you. The memorial referred to will follow as soon as possible.

I have the honour to be,

Sir,

Your most obedient,

humble servant,



ACTING GOVERNOR.

OHC
44656
2/80

Telegram.

CABLEGRAM TO THE COLONIAL OFFICE.

DESPATCHED 2nd OCTOBER 1925.

No. 407. Your confidential despatch of July 4th
 Regulations Medical Services. Kenya Branch British
 Medical Association request we advise you asking you to
 suspend application of new Regulations for East African
 Medical Service in Kenya until memorial from members of
 service in this Colony reaches you. Director of
 Medical and Sanitary Services supports request and I am
 assuring you fully by despatch by to day's mail.
 Consider Regulations especially those referring to
 liability compulsory transfer and withdrawal privilege of
 private practice as affecting present members of staff
 require further consideration before any action taken
 on your despatch.

GOVERNOR.