

EAST AFR. PROT

26428

REC'D
REL 25 MAY 20

26428

PERSON DR. A. R.

VACCINATION FOR SMALLPOX IN E.A.

1920

7th MAY

previous Paper.

Comments on past, present and future arrangements for

3575

but ~~Flora~~
with ~~Flora~~

You referred to the 2nd Jewell ref. the
para marked A, as to which
we have not been able to find
anything. Possibly however it
has been the intention to employ
some of the M.O.H. on such
duties, if we can get them.

N/18330/20 rpp (I think should be
returned for comparison with 270 P.A.?)
show the medical establish-
ment prepared for 1920-21, but
there is no total increase on
the sanitation side.

Dr. Radford is now
on leave - when will he

Some
files
1916

copy given 387
with envelope
copy of abstract to OAG
copy sent 3 Dec 20
copy sent 1 Dec 1920
copy sent 19 Dec 1920
copy sent 19 Dec 1920

sequent Paper.

5584

Specialty in keeping such records owing to the great
 shortage of subordinate medical staff especially at the
 smaller District prisons many of which have of necessity
 been without even a compounder during that time.

Will request you to furnish assistance if you can so far
 as possible to record results, as to left hand of some
 are being recorded from one area where smallpox exists
 is not obtained upon registration vaccination before
 receiving the instruction.

Emergency Vaccination

Under this heading come the great majority of
 vaccinations carried out in East Africa It includes practically
 all the work done in the Reserves.

By emergency vaccination is meant vaccination
 carried out in areas where smallpox is or has been
 in areas where outbreaks are apparently imminent.

Since time it was not as a rule been possible to
 send medical officers to deal with outbreaks in the Reserves
 the work has had to be done by native vaccinators sent
 from the nearest station at which a medical officer
 had been posted. Surgeon was posted usually some days
 away distant.

...satisfactory that vaccination should still of necessity
be for the most part only an emergency measure. 69

That this is what has been the case since 1914 is
of course due to the great shortage of European medical
officers.

I think it will be generally agreed that vaccination
of the Reserve should be a routine procedure carried out
by native vaccinators only under the immediate supervision
of European medical officers. Such medical officers would
of course be able to receive a full record of their results
and they would be able to follow up a sufficient proportion
to ensure that only satisfactory work was being done.

The appointment of such medical officers has already
been advocated by the Principal Sanitation Officer & I
believe that the appointments have been sanctioned. If all
the men available I do not see how much more can
be done than is being done at present.

There is one other point which is I think cognate
to the subject. When the Staff has been provided it must
be given an opportunity of retaining a keen interest
in scientific medicine. Where a staff has little or
no opportunity of doing anything outside routine
work sooner or later that routine work is unduly done.

would submit that the marked paucity of newly
 created offices would be much more likely be
 sustained if much greater facilities for research
 were made available than has hitherto been
 possible. Among these facilities I would suggest
 the extension of the Nairobi Laboratory & the establishment
 of a laboratory in a port of call & an adequate Medical
 staff at both Kisumu & Mombasa & the provision
 of an adequate supply of Periodical Medical literature
 at stations to which a Medical Officer is posted.

I have the honor to be

Sir

Your obedient servant

A. R. Paterson

Secretary of State
 Colonial Office

P
28/20 Cal

24

Ind

[Handwritten signature]

DRAFT.

a. P. Adams, M.B., Ch.B., D.P.H.

25th June 1900

MINUTE.

- Mr. Brantley, 23 June
- Mr. Bullousier, 23 June
- Mr.
- Mr. Grindle.
- Sir H. Lambert.
- Sir H. Read.
- Sir G. Fiddes.
- Col. Amery.
- Lord Milner.

Copy for 887 cons 26 June 30

I am glad to see the rest of your letter of the 27th May with regard to vaccination of natives in East Africa. It is a pleasure to know that the information you have supplied & for some other suggestions on the subject generally, which are being brought to the notice of the Govt of the East.

for comm

Approved

26 June 1930

Staffs

12

Sir,

Ans'd
50564

W. P. 1930

Cap.
no. 887

It has the honour to be to
you the acc copy of corres. with Dr.
A. R. Paterson with refer to the
vaccination instructions in G.O. &
to invite your attention specially
to the remarks in the ~~last~~ penultimate
para of Dr. Paterson's letter as to
the abt of medical officers for
extending the supervision of
vaccination in the Reserves &c

Ltd 23 June
in Bottomley
22/3

Copy Oag
W. P. 1930
22/3 (HG)

W. P. 1930
(255)
27
70

I shall be glad to be furnished
with your views on the subject
generally

(Signed) MILNER

21.V.20.

Sir,

Vaccination - Smallpox in East Africa

Your No.23575/1920 of 20th inst.

Vaccinations carried out in East Africa fall into two groups (a) Routine Vaccinations

(b) Emergency Vaccinations.

(a) Routine Vaccinations include the following:-

- | | | | |
|-----|-------------------------|---|-------------------------|
| (1) | Vaccination of convicts | | |
| (2) | " | " | Military Recruits |
| (3) | " | " | Police |
| (4) | " | " | Labour " for farms etc. |

There should be no difficulty in securing records of the results in the first three instances in normal times. It is, or should be a part of the Routine. For the past four years, however, there has been considerable difficulty in keeping such records owing to the great shortage of subordinate medical staff especially at the smaller district prisons, many of which have of necessity been without even a compounder during that time.

With regard to the fourth instance it is not as a rule possible to record results, as except where labour has been recruited from an area where small pox exists it is not detained after registration and vaccination before proceeding to its destination.

(b) Emergency vaccinations.

Under this heading come the great majority of vaccinations carried out in East Africa. It includes practicably all the work done in the Reserves.

By emergency vaccination is meant vaccination carried out in areas where small pox has broken out, or in areas where outbreaks are apparently imminent.

Since 1914 it has not as a rule been possible to

detail

detail Medical officers to deal with outbreaks in the Reserves and the work has had to be done by native vaccinators sent out from the nearest station at which a Medical officer or Indian Assistant Surgeon was posted, usually some days journey distant.

These vaccinators are in most cases practically illiterate, they can keep a record of the number of vaccinations performed, but that is all. When it is remembered that the population among whom they are working live not in villages but in isolated houses scattered over the country side it will I think be recognised that the following up of cases with the object of recording the numbers of successes and failures is not in the circumstances feasible.

It is of course to be noted that the carrying out of large numbers of vaccinations by native vaccinators unattended by a European Medical Officer is unsatisfactory and is only justifiable as an emergency measure. Natives sufficiently educated and reliable are hard to come by and accidents are liable to happen which may bring a reputable method of prophylaxis into disrepute and render routine measures on a large scale more difficult later on.

It is also to be noted that in a country such as East Africa, where small pox is still a common disease, severe and of high infectivity, which is also constantly exposed to imported infection from Bombay it is unsatisfactory that vaccination should still of necessity be for the most part only an emergency measure.

But this is and has been the case since 1914 is of course due to the great shortage of European Medical Officers.

I think it will be generally agreed that vaccination in the Reserves should be a routine procedure carried out by native vaccinators only under the immediate supervision of European Medical Officers. Such Medical Officers would not

of course be able to secure a full record of their results but they would be able to follow up a sufficient proportion to ensure that only satisfactory work was being done.

The appointment of such medical officers has already been advocated by the Principal Sanitation Officer and I believe that the appointments have been sanctioned. Till they are available, I do not see how much more can be done than is being done at present.

There is one other point which is I think cognate to the subject. When the Staff has been provided it must be given an opportunity of retaining a keen interest in scientific medicine. Where a staff has little or no opportunity of doing anything outside routine work sooner or later that routine work is badly done.

I would submit that the marked keenness of newly appointed officers would be much more likely to be sustained if much greater facilities for research were to be made available than has hitherto been possible. Among these facilities I would suggest the extension of the Nairobi Laboratories and the establishment of a laboratory, a pathologist and an adequate Medical Library at both Kisumu and Mombasa and the provision of an adequate supply of Periodical Medical Literature to all stations to which a Medical officer is posted.

I have, etc.

(Sgd) A. R. Paterson

Under Secretary of State
Colonial Office,