



Mr. Mackay  
to Mr. Stevenson & Mr. Parkinson  
will you please take urgent  
action w<sup>th</sup> "Agencies now -  
we want 25 more for  
say 1st, 2nd, 3rd, 4th, 5th  
classes T.T. 25th  
(+ 1 year later). -

Permanent app'ts. -

£ 600 £ 25 £ 750

usual, sleep - 11. minutes  
and less, 10 less per night,  
visio, pain in liver  
liver, etc., etc.  
now as a present for  
you.

your obd<sup>r</sup>

Yours &c. about 1000 ft.

Mackay is very better for  
the air & big lots of help  
each

ask if you will see up at me,  
we hope a separate letter to  
Agencies, so as not to confuse  
old & new and

Draft to Medical Agencies herewith  
I have added the memo. ~~temporarily~~  
to

to correspond with the new scale  
of salaries proposed. I do not feel  
very confident about part 2 of the  
Draft for the temporary appointment.  
You will perhaps remain

12

Yours  
John W. D.

1. At an informal discussion held yesterday between Mr. Bettomley, Mr. Elood, Mr. Machting, Mr. Allen, Mr. Stephenson and myself the question of getting Medical Officers for East Africa and Tanganyika Territory was considered.
2. Proposals as to a minimum of £600 (for permanent appointments) and £700 fixed (for temporary appointments) will probably be submitted to Treasury for approval.
3. But it appeared that the difficulty is not by any means pay only - but that the supply is limited and will be limited for some 3 years or so.
4. What we want <sup>therefore</sup> is to try all possible sources to get dangerous  
E.G.M. Medical Officers now, to carry on with the position is serious in some of the East African Protectorates especially Uganda and Tanganyika Territory. Above all Somaliland where only one Medical Officer is now left in the Protectorate.
5. A general advertisement is to be put in British Medical Journal and a statement is to be sent to Hospitals etc., but experience serves to show that we shall not get the men in this way - or if we do, it will only in one's and two's at longish intervals, instead of in ten's quickly, which is what we need.
6. In the circumstances I suggest that we are not justified in waiting and that we must not leave possible source untried - I would like <sup>him</sup> at once to go with me to an Agency (or Agencies) and ask for 20 Medical Officers for East Africa generally (including East Africa Protectorate Uganda Somaliland and Tanganyika Territory) e can, but that could relieve the situation sufficiently

Territory, Zanzibar, and Nyasaland)

7. We should be justified, I think in anticipating Treasury approval to starting Medical Officers at £600 in the £500 - £700 scale - and if the Agency does submit names and men do not seem up to the mark (age or other disqualifications) for permanent appointment, we shall by that time no doubt have Treasury authority for offering special temporary terms.

8. The only reasons I can find for not going to an Agency are -

(i) It is contrary to custom.

There is nothing in this: exceptional circumstances require exceptional treatment.

(ii) Advertisement as now practiced should suffice to get men.

(See A of Mr. Cooke's minute of 17/2/20 on Donaldson's file 13481.E.A.) we are not getting men in this way and we must do something more.

(iii) It is derogatory for Colonial Office to go to an Agency.

This is a matter of opinion: it seems to me that we are morally bound to try all possible means of getting Medical Officers quickly - and this absolutely over rules any idea that we ought not to go to an Agency. It is of course a temporary expedient.

(iv) We may not get anyone.

At least we have tried.

(v) We may get very inferior candidates.

Candidates will still go before the committee

Committee and we are not bound to take applicants if they wont do.

If West African Medical Staff want to come in to this, an application could be sent on their behalf at the same time.

So far as East Africa is concerned I would ask for authority for A.P.S. to write to suitable agencies declaring 20 East Africa medical vacancies (£600 in £500 to £700 scale) on usual conditions.

A.C.C.P.

3.7.20

Yes; so far as Somaliland and the Tanganyika Territory are concerned, the situation has reached a stage where it is incumbent upon us not to neglect any means which may result in our getting candidates

E.G.O.M.

3/7/20

Yes

Yes we must get men by any means but I dislike an agency for these reasons.

- (1) I do not think they are likely to get good men
- (2) The B.M.A. will be very indignant. They are the Trade Union and they'll say that we are going behind them
- (3) The B.M.A. expect candidates to work through them & may advise them not to come to us.
- (4) Are there any reliable ones for Doctors.

J.E.W.F.

3.7

As a matter of fact the recent reference to a medical agency in the case of Somaliland has so far proved fruitless. As regards Mr Flood's minute

(1) I cannot conceive that in present conditions medical agencies have on their books in any numbers candidates of the type it is desirable to attract to the Colonial Service - I suspect they are chiefly "kids" for one reason or another.

(2) & (3) There is reason for thinking that the Colonial Service has already been grabbed and to antagonise the B.M.A. would be a fatal course;

(4) How is one to find out whether any particular Agency is or is not reputable?

I am very much afraid a resort to Agencies will in the result do more harm than good

.T.A.

3.7.3

I am not quite sure that I agree with either side in this discussion. Mr. Parkinson's criticisms of the reasons for not going to an Agency do not seem to me very forcible, and his idea that we can get doctors in tens quickly by going to a medical Employment Agency is, if

if I may be permitted to say so, altogether too optimistic. I know something about these Agencies; they exist to help doctors who want to sell practices or part partners, also they provide ~~local tenents~~; these are their two great functions, and no doubt the success with which a doctor was obtained for Somaliland from one of them was due to the fact that it was an appointment in the way of a ~~local tenancy~~. They have their regular men on their books, and when they are asked for a ~~local tenant~~ they find a man who is unemployed as a rule and send him; but people who want to go abroad do not go to them. On the other hand, of course, they do some business in supplying assistants, which is more to the point; but comparatively few men take assistantships, especially during the last ten years, with any intention of remaining long in the job. I see nothing derogatory in going to an Agency, on the other hand, nor do I think we shall have much difficulty in getting a fairly reliable one; and when all is said and done, we have plenty of means of settling for ourselves whether the people they supply us with are good enough for our job. Mr Flood is clean out of it, if I may say so, in suggesting that there is anything in the position of the R.M.A. and their relations to us, which will interfere. We do not get candidates from the B.C. . . . do not know, but I imagine that employers do not, as a rule, apply to the Trade Unions for working people; they go to a Labour Exchange. The chief complaint against the Labour Exchanges on the part of the Trade Unions is that they supply non-Unionists as well as Unionists; but the Medical profession has not got so far down on the Trade Union slopes (or, if the metaphor is preferred, up the

golden stairs of Trade Unionism) as to require all the candidates for Medical appointments in the Government Service to be members of the B.M.A. As to his last point, there are, I believe one or two reliable Agencies at any rate, there are Agencies to which Medical men are in the habit of going to get locum tenentes indeed they could hardly get them in any other way in a hurry.

I should try the experiment, on the whole, and see if it has to go to it again, if it succeeds we shall know that what happens. If it fails, we shall know that our methods require a little revision.

18

A.F.

6/7/20.

Sir H. Read.

Then I submit this for authority

(a) to adopt the £600 minimum (i.e. £600 in the scale of £500 - £700) in the case of permanent medical appointments.

(b) to go to an Agency or Agencies on this basis

(c) to tell the Treasury that as we cannot get men on £500 we are now trying to get them at £600

(d) to ask for Treasury approval for offering £700 for ~~temporary~~ doctors, on the ground that in the present dearth we are not likely to get many even at £600

On this point it appears that the F.M.S. have already given different offering rates for permanent and temporary doctors. They have an age limit i.e. the temporary doctors have to be over 37 $\frac{1}{2}$ . I would adopt 38 for East Africa.

W.C.B.

6/7/20

As proposed.

In writing to the Treasury lay stress on the urgent need of getting doctors for the Colonies concerned at the earliest possible moment.

At once

J.R. 6/7/20

~~3rd April 1919~~

- 19
1. At an informal discussion held yesterday between Mr. Kotzenberg, W. Gold, Mr. Mackie, Waller, Mr. Stephen myself, etc.
  2. Motion of getting Mr. C.R. for P.D. was considered.
  3. Proposals as to a minimum of £100 (for beam, etc.) & £200 fixed for stamp, etc., will probably be submitted to Treasury for approval.
  4. But it appears that the difficulty is not so very much pay out - but that the supply is limited & will be limited for some 3 years or so.
  4. One or two ~~is to be sent~~ from all sources to get more and to carry on with old position is known as some of the Eng. Inst - esp. Uganda
  5. A general advice is to be got in Army & a statement to be sent to Hospital etc.

experience seems to show that we shall not get the men in this way - & if we do, it will only be in ones & twos at long intervals, instead of in tens especially, where what we need.

b. In this next longest what we are not satisfied in wanting & that we must do not leave possible source untouched -

1st. like : at present go to an Agency (or agency) & ask for 20 medical officers for Capricorn Province (incl.

Sal. Uganda Province

T.T. 2'6m & it guaranteed)

c. We say by word & through, in introducing meas. approval to starting off at £600 in the £100-£200 scale -

d. If the Agency does submit men, the more & the better from us to the mark (age or other specifications) in

permanent app't, even shall be that some nodus have meas. worth for opening special temporary bus.

20.

e. My only reasons I can find for not going to an agency are -

(i) It is contrary to custom

There is nothing in this : except that incl. regard exceptional treatment.

(ii) Advertisement as now practised should suffice to get over

Letter of M.L.C. dated 17/4/20 in Donaldson's file B.M. 2/1.

We are not getting men in this way & we must do something more.

(iii) It is derogation to co.

To the 1<sup>st</sup> point

This is a matter of opinion. I know full well that we are morally bound to try all possible means of getting men quickly - & the absolutely records any idea that we ought not to go to an agency. It is of course a company experience

(iv) we may not get anyone

At least we have tried.

(v) we may get very inferior candidates

Candidates will still go before the  
C.R.C. & we are not bound  
to take applicants if they  
want to.

If W.A.M.S. want to come into this,  
an application will be sent on to them  
shortly at the earliest opportunity.

In so far as Eng. is concerned, I would  
ask the Compt. for APF to  
look to suitable agencies - declining  
to do this unless voluntary ( £ 2000.  
from £ 700 scale) or unusual  
and "

2. Dated

3.7.20

as in the attached and now

the concerned are

in a stage where it

is evident that we must replace

one who may leave in our

~~recommendation~~

recommendation

for another

Picking candidates

Aug 3/7/20

Yes we must get men by any means but  
I dislike an agency for these reasons.

- 1) I do not think they are likely to get good men.
- 2) The B.M.A. will be very indignant. They are the Trade Union & they'll say that we are going behind them.
- 3) The B.M.A. expect candidates to work through them & may advise them not to come to us.
- 4) are there any reliable ones for election?

S.

3/7

As a matter of fact the recent reference to  
medical agency in the case of Saville and  
has so far proved fruitless. So regards my  
first minute

(II) I cannot conceive that at present  
conditions several agencies have on their books  
any members candidates of the type it is  
desirable to attract to the P.C. Service - I  
suspect they are chiefly "duds" for one reason  
or another.

21/7/20 This is based for keeping out

he or since has already been called & to  
enlarge the B.M. Standard a flat case;

(4) how we to find out whether any  
agency's or is not reputable?

Surely much <sup>skill</sup> a record & does it  
will the result do more harm than  
good

AF 6/7/20

I am not quite sur. that I agree with either  
side in this discussion. Mr Parry's criticisms of  
the measure for not giving local Agency do not seem to me  
very forcible and, please that we can get doctors in ten-  
tional by going to a Political Employment Agency, if I  
may be able to say so, altogether too optimistic.  
I wonder whether apart these Agencies, they exist to help  
doctors who want to sell practices or go partners, also  
they provide local tenens <sup>for</sup>; these are their two great  
functions and no doubt the success with which a doctor  
is obtained for small and large by them was due to  
the fact that it was an appointment in the way of a locum  
tenens. They have their regular men on their books,  
and when they are asked for a locum tenens they find a  
man who is unemployed and send him; but people who want  
to go abroad as a rule do not go to them. On the other  
hand of course, they do some business in supplying  
assistants, which is not to the point, but comparatively  
fewer take assistantships, especially during the last  
ten years, with any intention of remaining long in the  
job. I see nothing derogatory in going to an Agency, on  
the other hand, nor do I think we shall have much difficulty  
in getting <sup>to</sup> a fairly reliable one; <sup>when</sup> all said and done,  
we have plenty of means of settling for ourselves whether

the people they supply us with are good enough for our  
job, ~~but~~ Mr. Flood is clean out of it, if I may say so,  
in suggesting that there is anything in the position of  
the B.M., and their relations to Le Marchant will interfere  
We do not get candidates from the B.M. I do not  
know, but I imagine that employers do not, as a rule,  
apply to the franchises for working people; they do  
apply to a Labour Exchange. ~~or the best of the Trade Unions~~  
the Labour Exchange ~~or the best of the Trade Unions~~  
as well as Unions, but the medical profession has not  
got so far down on the Trade Union slope, or if the  
metaphor is preferred, in the side stairs of Trade  
Unionism, as to require all the candidates for medical  
appointments in the Government Service to be members of  
the B.M. As is the last point, therefore, I believe  
one of the reliable agencies, at any rate, there are  
Agencies to whom physicians are in the habit of going  
to get local tenens <sup>for</sup>. Indeed, one could hardly get  
them in any other way at present.

I should try the experiment with one or two  
and see what happens. If it fails, I shall have to  
go to it again; if it succeeds, I shall no doubt  
make a little revision.

AF 6/7/20

See AF Read

- Now I submit this for your  
(A) to adopt the following  
through a resolution -  
one of permanent and all other  
(B) to go to an Agency or Agencies in this  
country  
(C) tell the Treasury that we want  
for one or two weeks our 5% extra

item at £600

£(a) back for Treasury offered for offering £700 for before my doctors, on the ground that it is by far the most we can have though not given at £600?

At this point, it appears that the Govt. has already given £  
Having sufficient room to present  
the treasury doctors. They have  
an age limit - or. the treasury  
doctors have been over 37 $\frac{1}{2}$ . I am  
except 35 for S. Africa.

as proposed. b.c.d. 6.7.29  
In writing to the Treasury  
lay stress on the urgent need  
of getting doctors in the  
Colonies concerned at the earliest  
possible moment. at once.

H. J. R.  
6/7/29



worst action is necessary to  
fill ~~any long vacancies~~  
avoid a catastrophe.  
~~the medical establishment~~

It may be mentioned that  
in Uganda others are now  
vacancies & others are  
expected in the near future.  
In Somaliland there is only  
one Med. Officer not of an  
establishment of five, &  
in the Tanganyika Territory.

The position is almost  
identical with that in the Gold Coast.

2. The revised scales of salary  
recently approved for Med.  
Officers are:  
1. Not less than £500 by £25 to £600  
2. £600 by £25 to £700.  
It is feared that  
as a result of obtaining  
suitable candidates in  
such terms are practically

unavailable.

DRAFT.

MINUTE.

Mr.

Mr.

Mr.

Mr. Grindall.

Sir H. Lander.

Sir H. Head.

Sir H. Field.

C. Ad. Amery.

Lord Milner.

Borne, evidence)

negligible, having  
regard to conditions  
existing in this country.

The S.P. understands  
that the C.M. has  
recently appointed a  
committee <sup>various</sup> to  
consider the question &  
relating to the medical

services in the Colonies  
has decided to  
recommend that

the minimum salary  
for Med. Officers  
appointed toographical

appraisal should be

at least £800 p.a.

from evidence given  
(seems probable  
to be it is doubtful  
that no one

will accept a salary

less than £700 p.a.

will attract candidates  
in any event.

is no room for one that can  
minimum salary for med.

Offices in Eng. must,

it is feared be increased  
to more than £500,  
a Lord Milner ~~says~~ trust that H. will agree  
the appointment of F.H. to his

offering a salary of £600

by £25 to £300 to

card. for med. and 5%

in those Prof. in Eng.

wh. are subject to the  
financial control of the

Treasury & via the

Financial Secretary

It is open to

It is found that the  
number ~~of~~ candidates

for medical app'ts  
generally will ~~be~~ increase  
removed

in a few years time

when conditions are the

country may become more  
normal & the output  
of qualified men from  
the hospitals is sufficient  
again to meet demands

for doctors. It is 25

therefore undesirable to

effect any radical  
change in salaries

which might adversely  
affect the position in

a few years time

Consequently, to which

he reluctantly recommends  
for permanent app'ts

more than

the salary now paid

unless he is compelled

by circ' to advance yet  
further the pay

#### DRAFT.

#### MINUTE.

Mr.  
Mr.  
Mr.  
Mr. Grindis  
Sir H. Lamport  
Sir H. Read  
Sir G. Fiddes  
Col. Amery  
Lord Milner

such applic. There is however  
the possibility that men  
may be retained for temporary

appointments ~~but~~ somewhat

(is given - a course not open to mention  
in our grounds and is committed to S.A.F.  
for the rate of pay); & how

admits  
to a long  
business  
increase  
in the  
number of men

will be w<sup>d</sup> agreed to receive  
the sum of £1200 a

after temporary appointments

(in case of an ~~any~~ number

permanent staff) at a

salary of £300 p.a., which  
will be open only to candidates

over 35 years of age.

and a gratuity

on annual cond<sup>n</sup> of service

leave, passages,

etc., rates etc. will

apply to these temporary

app'ts; but a gratuity  
on completion of engagement

will have to be offered,  
as T.L. are aware,  
permanent med. off'rs

on the reasonable  
basis. <sup>now</sup> draft

be permitted to retire  
with a gratuity of

£2000 after 9 years

service or £1250

after 12 years ~~service~~

on lines of pension;

& it is suggested that

the gratuity payable

will be <sup>next</sup> ~~next~~  
to the £1200 ~~med.~~

officers after a term

of 30 months ~~service~~

service to the £1200

£200

#### DRAFT.

#### MINUTE.

Mr.

Mr.

Mr.

Mr. Brindle.

Sir H. Lambert.

Sir H. Read.

Sir G. Fildes.

Col. Amery.

Lord Milner.

(With President)

give £200 gratuity?

(With 30 months ~~service~~)

give reasonably

give £200 gratuity?

and

for cases

6. I am to request that a  
very early reply may be  
returned to this letter,  
in order that the necessary  
advertisements &  
notices may be  
sent out at once.

(Signed) H. J. READ

two years of service being reckoned for this purpose as three years. Medical Officers may however retire with gratuity, if they wish, instead of waiting to retire at the retiring age on pension.

The gratuity is:-

After 9 years service of  
which not less than 6 years  
must be resident service in  
East Africa..... £1,000

After 12 years service of  
which not less than 8 years  
must be resident service in  
East Africa..... £1,250.

(x) Prior to appointment, candidates are required to attend a course of instruction in tropical medicine at the London or Liverpool School of Tropical Medicine; if this cannot be arranged, such a course must be taken during the first leave, before a Medical Officer can be confirmed in his appointment. Details of payments made by the Government in respect of these courses are supplied when a candidate has been provisionally selected.

(xi) A Medical Officer is required to serve in any station of the Protectorate to which he is allocated and to perform such duties as the Principal Medical Officer may direct.

~~The medical establishments are as follows:~~

#### East Africa Protectorate.

Principal Medical Officer ..... £1,200.

Deputy Principal Medical Officer ..... £1,000.

Principal Sanitation Officer ..... £1,000.

Senior Medical Officers } ..... £700 - £25 - £800.  
Sanitation Officers }

Medical Officers (1st grade) ..... £600 - £25 - £700.

and  
Medical Officers (2nd grade) ..... £500 - £25 - £600.  
of Health )

#### Nyassaland Protectorate.

Principal Medical Officer ..... £1,000.

Senior

Senior Medical Officer} ..... £700 - £25 - £800.  
 Sanitation Officer  
 Medical Officers) (1st grade). £600 - £25 - £700  
 and  
 Medical Officers} (2nd grade). £500 - £25 - £600.  
 of Health.

Somaliland Protectorate.

Senior Medical Officer... £600 - £25 - £750 + 260 duty pay.  
 Medical Officers) (1st grade)... £600 - £25 - £700.  
 and  
 Medical Officers} (2nd grade)... £500 - £25 - £600.  
 of Health.

Tanganyika Territory and Uganda Protectorate.

As in the East Africa Protectorate.

Zanzibar Protectorate.

Principal Medical Officer..... £1,000.  
 Sanitation Officer..... £700 - £25 - £800.  
 Medical Officers) (1st grade). £600 - £25 - £700.  
 and  
 Medical Officers} (2nd grade). £500 - £25 - £600.  
 of Health

All Medical Officers of Health receive a  
 special non-pensionable allowance of £100 or £50 per  
 annum according to their station in the Protectorates.

10 July 1920

(26/07/20) to (With ref. to the letter from this  
Managing Director  
Medical Agency.  
5 Yorks Bldgs, Adelphi, W.C.2.)  
Dept. of the 9th June

I am desirous etc. to inform  
you that there are ~~at present~~  
at present  
too twenty vacancies for  
Secty. Medical Advisor  
holistic Clinical Medical Advisor  
2 Crown St. Strand W.C.2.  
Civil Turner Eng. 45 Adam St.  
Adelphi W.C.2. M. O.s. and M. D.s. of Health  
Needs by 8 Duke St. Adelphi W.C.2.  
MINUTE.

J.P. 10/7/20

Mr.

Mr. Hartley } 10/7/20  
Mr. Parkinson }

Mr. Grindall

Sir H. Lambert

Sir E. G. Fiddes

Mr. G. Fiddes

Col. Amery

Lord Milner

In S. Africa, the salary  
is £600 p.a. rising by annual  
increments of £25 to £700 p.a.  
by £25 annually to £700, with  
free quarters and free passage

Details of the appointments  
Further conditions are shown

vacancies for M.O.s in S. Africa in the area to memorandum.

2. I am to report you to  
be good enough to set out  
a proposal to under  
consideration by which consideration

one

over 35 years of age may  
be promoted, at a somewhat  
higher salary, on temporary  
agreement, but the exact  
<sup>of and temporary appointments</sup>  
time has not yet been  
fixed, & a further statement  
is glad to inform will be sent  
as soon as possible -  
3. I am to request you to be  
good enough to inform me as soon  
as possible whether you are  
in a position to introduce any  
suitable candidates for command  
in connection with these  
vacancies. I would be  
willing, of course, to pay by  
the <sup>Colonial Service</sup> fast concerned.

2  
2

(Signed) H. J. READ

1918

Last previous Paper.

Next subsequent Paper.