

1911

## C.A.F. AFR. PROT.

~~1st May 12~~

576

## MEDICAL ATTENDANCE FOR OFFICERS

The memo. by the Acting P.M.O. setting out stations where Govt M.O.'s are stationed and lists of stations to which they may at any moment be sent and authorising officers in all stations be allowed to obtain the services of private doctors in cases where Govt M.O. is not available. Asks for general sanction to pay fees.

MAY 4th 1912

SANTONI 25  
Lt Colletta

Enclosed find a copy of the following  
Circular issued from the War Office  
with regard to medical attendance  
and payment of fees.

It is now decided to pay fees  
at a rate of Rs. 10/- monthly  
with the exception of the  
event of a private medical practitioner  
being at hand. Don't say  
either "I will" or "I can't" without  
being in touch with the C.M.C. or council  
of the hospital concerned.

(there are a fair number of  
the Assistant Surgeons & not Assistant  
Surgeons in the R.A., but these  
men will not always be  
available at a moment's notice &  
~~it is~~ ~~not~~ ~~possible~~ ~~to~~ ~~get~~ ~~them~~ ~~on~~ ~~call~~ ~~at~~ ~~any~~ ~~time~~  
even if ~~they~~ ~~are~~ ~~on~~ ~~call~~ ~~at~~ ~~any~~ ~~time~~  
the Assistant Surgeons in Hospitals  
Corporations & Municipalities  
all Physicians. See blue book  
N 87, ff. sq.)

2. act. receipt = approval of  
Sanitary Commission free of  
medical practitioners called in  
by Govt. Officers through the P.C.  
for a period of 1 month, at the  
end of which time the P.C. shall  
have settled all the claims  
entire and  
say till the consideration of  
the practice will then be considered  
that the Govt. must be satisfied  
as regard each claim @ that  
it is reasonable in amount  
(b) that the case was one of necessity  
and that the practitioner  
was available.

not available. (c) that the P.C.  
was required over to the Govt. m.o.  
at the first opportunity  
surgeon for our own use. ~~which~~  
how far the Subordinates in the Medical  
Dept. may be considered competent  
to deal with cases -  
as there is a tendency to go very experimental  
and likely to lead to cutting off a large  
sum. There is no need to consult in  
this case. At this stage of the  
negotiations with the Sanitary Commission  
out of 12 months not less than  
one thousand in small  
claims up to medical all  
in shall obtain their adjustment  
in the convenience of the parties  
with comparative ease.

Mr. Fiddian

If this proposal is agreed to it should be regarded  
as a purely temporary measure. On humanitarian  
grounds it is difficult to refuse to allow the  
employment of a private practitioner whose services  
may be available for cases of acute illness at

stations 3-7 days away from a M. O. but  
on the other hand, we have no guarantee as to  
the training or capability of the private practitioner  
+ if he is employed I am much afraid that  
there will be a tendency of the team to regard such  
employment in the future as a right & consequently  
to resist the introduction of Good Bills into the House.

The Sanitary side of a M. O. is of great  
importance & it is becoming of the utmost importance. It is pro-  
bable that side of the work we we shall  
never get satisfactorily performed by a private  
doctor. It should therefore be distinctly  
laid down, if the proposal is agreed to, that the  
arrangement is strictly one for emergency & shall  
not be in any way allowed to militate against  
the increase of the Govt. Medical Staff in the present

ABR 25/1

M. Faith

The last few of Dr. Horne's remarks  
seem to me very important. The whole leading  
and body of the preventive side of medical  
work is without an enormous apprehension  
of the facilities, every stage of Govt. M. O.  
The sanitations, every stage of Govt. M. O.  
sanitation as distinct from medical  
sanitation as distinct from medical  
work must do when we are making an effort  
bring the S.A.P up to date in medical & sanitary  
matters to give the Govt. an excuse for refusing  
to put a M. O. at a station because there is  
a private practitioner there. A.R.S.

Sy J. F. Tides

I don't like the idea of a general

and highly as this nature of work and  
G.O. would be a sufficient basis for the teams  
at which, in his opinion, the liberty to call  
a private practitioner is indispensable. (W  
virtually abolished team for as far as our despatch on  
G.O. but as usual the rule is somewhat  
different from what we want). After 27  
33341  
scratching of this list I would give the  
permission for the stations named in the  
list as approved, for a period of six months  
only, + have a full report on the system  
with a statement of the claims, at the  
end of that time. I would lay down  
the stipulations (a), (b), offered suggested  
by Mr. Parkinson

In the first instance, call for the  
list of specific stations. Observing as in  
Dr. Horne's minute + asking him to state  
on each which of the stations in the list private  
practitioners are of A.B. now established

Jan 26

ABR 27

GOVERNMENT HOUSE,  
NAROBI,  
BRITISH EAST AFRICA.

SOUTH AFRICA PROTECTORATE.

No. 676

December 6th, 1911.

(Enclosure)

Sir,

In accordance with the instructions contained in the second paragraph of your despatch No. 635 of the 3rd of November respecting the privilege of allowing officers to call in private medical practitioners in the absence of Government Medical officers, I have the honour to transmit herewith a memorandum by the Acting Principal Medical Officer detailing the stations at which medical officers are in residence, together with a list of stations to which those officers may at any moment be summoned, and the facilities of communication at their disposal under normal conditions.

2. You will observe from this memorandum that

THE RIGHT HONOURABLE

WALTER HARCOURT, P.C.

SECRETARY OF STATE

FOR THE COLONIES,

DOWNING STREET,

LONDON, S.W.

that every Medical Officer in the Protectorate,  
is liable to be summoned to a place several days'  
journey from his station. I need not point out  
that at any moment cases of emergency might arise  
under circumstances which would render it impossi-  
ble for a Government Medical Officer to arrive in  
time and I venture therefore to call again for the  
extension of the privilege already granted as a  
temporary measure to the officers stationed at  
Gorotti and Nyambu and to request that officers  
at all stations be allowed to obtain the services  
of medical practitioners in cases where  
Government Medical Officers are not available.  
I do not for a minute suppose that this  
will be frequently resorted to, but  
should we be glad to be given a full sanction to  
pay expenses from private practitioners  
up to a limit of £100 per month at present,  
subject to my own approval.

Yours humble, & obedient servant,

GOVERNOR.

~~ENCLOSURE~~ 30  
Dated 28th November 1912

D.M.O.'s Office,

Nairobi

28th November 1912

Memorandum by Acting Principal Medical Officer showing:-

- (1) Stations where Medical Officers are in residence.
- (2) Stations to which the various medical officers are liable to be summoned together with the distance intervening between such stations and the responsible medical officer's residence.
- and (3) The usual methods of communication between the stations listed under (1) and (2).

A. Nyanza Province.

The Medical Officer in residence at Kisumu is liable to be summoned to:-

- a) Mumias - 3 days - by road,
- b) Nandi - 1 day - by rail and road,
- c) Gario - 2 days - by rail and road,
- d) Kisii - 5 days - by water and road,  
otherwise 4 or 5 days by boat and foot,
- e) Karungo - 1 day - by steamer if available
- f) Lumbwa and intervening Railway Stations - 1 day - by rail.

B. Naivasha Province.

The Medical Officer in residence at Nakuru

is liable to be summoned to:-

- a) Kijabu and intervening Railway stations -  
- 1 day - by rail,
- b) Lomani and intervening Railway stations -  
- 1 day - by rail,
- c) Ruguruti - 3 days - by rail and road,
- d) Baringo - 3 days - by rail and road,
- e) Ravine - 2 days - by rail and road,
- f) Uasin Gishu - 4 days - by rail and road,
- g) Ngatotok - 10 days ? - by road.

C. Nairobi Province.

The Medical Officer in residence at Nairobi

is liable to be summoned to:-

- a) Escarpment and intervening Railway Stations  
- 1 day - by rail,
- b) Tsavo and intervening Railway stations -  
- 1 day - by rail,
- c) Machakos - 2 days - by rail and road,
- d) Dagoretti - 1 day - by road,
- e) Kyambura - 1 day - by road,
- f) Thika town - 1 day - by road,
- g) Ngong - 1 day - by road.

D. Mombasa Province.

The Senior Medical Officer resident at

the European Hospital, Mombasa, is liable to  
be summoned to:-

- a) Rabai - 1 day - by rail and road,
- b) Takanguni - 2 days - by road (or a few

hours)

hours by steamer),

- c) Malindi - 4 days - by road (or some hours by steamer).

The Medical Officer resident at the Civil Hospital, Mombasa, is liable to be summoned to:-

- a) Shiwoni - 3 days - by road,

- b) Voi - 1 day - by railway stations - 1 day by

#### E. Kenya

The Medical Officer resident at Fort Hall is liable to be summoned to:-

- a) Nyeri - 2 days - by road,

- b) Embu - 2 days - by road,

- c) Meru - 7 days - by road,

- d) Kitui - 5 days - by road.

#### F. Northern Frontier District

The Medical Officer resident at Nairobi is liable to be summoned to:-

- a) Loiyangalani - 100 miles - by camel,

- b) Moyale - 4 days (?) - by camel,

- c) Gunnison's Post - 2 days (?) - by camel.

#### G. Tana River Province.

The Medical Officer resident at Lamu is liable to be summoned to:-

- a) Witu - 2 days - by water and road,

- b) Kipini - 2 days - by water and road.

#### H. Jubaland Province.

The Medical Officer resident at Kisimayu is liable

liable to be summoned to:

a) Gobwen - 1 day - by road,

b) Fortner - 1 day - by road and water.

c) Sodwana or 4 days - by road and steamer  
dependent on the state of the  
river;

d) Serenli - 9 to 14 days by road and steamer  
if the river is in flood.

Additional to the above mentioned stations,  
Medical Officers are liable to be summoned to any  
place within the areas of the District or Province  
under their charge.

It may, I think, be generally stated that  
people situated in the Northern Territories are  
difficult of access at any time of the year and  
that Serenli, except when the River Lube is in  
flood, is, for practical purposes, well nigh  
inaccessible.

The greater number of existing Government  
Stations have either Sub-Assistant Surgeons or  
Hospital Compounders in resident medical sub-  
charge.

Sd. J. A. HARAN

Acting Principal Medical Officer.

O.D.  
S. 2 FEB 1912

Sov. 1219 T.A.P.

AFRICA PROTECTORATE

Downing Street,

February 1912.

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DRAFT.

Governor

Colonel Sir Percy Girouard, R.G.  
D.S.O., R.E.

&c.,

&c.,

&c.

MINUTE

Mr. Parkinson 60/1

Sir,

Mr. Fiddian 1/2

I have the honor to acknow-

Mr. Butterfield

Mr. Fiddes

Mr. H. Inglis

ledge the receipt of your despatch No.

Sir J. Anderson

670 of the 5th of December, respecting

Lord Emlyn

the question following officers to call

Mr. Harcourt

In private medical practitioners at

the expense of the Government in the

absence of Government Medical Officers,

and to inform you that I am not prepared

to approve of the proposal

that officers in all stations should as

a permanent arrangement be allowed this

privilege.

a Medical Officer's work in the East

attract rate (and indeed in

the same way) is mainly

of importance as compared with

and advertising

which the character of the work will

which the character of the work will

to be justified in the long run

in public health in exacting private

practitioners.

Therefore, I should

eventually decide to improve

it in the long run on the clear

understanding that the arrangement

is purely of a personal character, and as

not be binding on either party.

For the time being, the

present Medical Staff in India. But

before I write to you again I have

to request that you will send a list

of stations ~~and districts~~ at

which,