

1925

KENYA

214

C.O.
35677
5 AUG 25

A.G. DENHAM.

823

DATE

1st July 1925.

CIRCULATION :-

Seal 11.8.25

Ally
Postmaster

at U.S. of S.

rm' U.S. of S.

at U.S. of S.

Secretary of State.

PROPOSED EXTENSION OF MEDICAL AND SANITARY WORK.

Submits, with comments, proposals put forward by P.M.O. to be carried into effect in 1926. Additional cost 255,821 over and above Med. Ests. for 1925 - total cost £75,000 ultimately. States as to additional staff required. Requests early approval.

Previous Paper

MINUTES

60 33947

The Officer

Pl. see on Mr. Bolton's note on green sub within

I have read through the P.M.O.'s memo carefully. The numbers of P.O.s required are shown in the table in appendix 1. There seems to be a slip on line 12 of page 18 of the memo, where 26 should read 29 - it will be of page 18, where a similar error has been corrected. The table in p 18 A includes the correction.

There is also a slip in the table of other personnel on page 24 A - see line 10 of page 21. The no of new European Clerks should be 5, as on page 21. This also makes a difference

Unsub. 15.14 Aug/25
Tel. Gen. Secy 22 Aug/25
7th Sept 25
Further to Gov 1203 - 1 Dec 25
53307/25

Subsequent Paper

044 40843

The provision for N.O's to meet
 (a) casualties emergency (4/48 men)
 and (b) reserve (4/12 men) ~~is~~ is
 adequate for 12 respectively. This is
 a very generous proportion, and if the
 financial situation does not permit of
 so many as 47 new ~~for~~ N.O's being
 approved, it is in this direction that
 scaling down will have to be attempted.

but it is just
 enough the lack of
 reserve that Kenya
 has been so
 handicapped up
 now Dr Wilson
 has pressed strongly
 for the reserve
 in conversation.

Similar provision for leave is made
 in the cases of the Nurses, Sanitary Inspectors,
 Dental Staff & Nurses & Midwives

? Act by telegram & say that

eff

provision ~~will~~ may be included for
 course in the draft Estimates, but that
 clearly the proposals must await
 examination in the light of the financial
 situation. In the meantime the proposals
 will be referred to C.A.T.S. for comment,
 & the possibility of (a) more new
 app'ts which will need to be filled in this
 country - viz. 36 N.O's H.N.O's H., 14 Nurses,
 25 Sanitary Inspectors, 5 Sanitary Messengers,
 19 European Messengers, 1 Dental Staff, & 2 European
 Lab. Ass'ts. will be brought to the notice
 of those concerned, pending the receipt
 of the usual forms of particulars on which

action can be taken if the scheme is app'd
with the Estimates.

? The report ~~CANSC~~

? Private Sec. to see to note that
36 P.O.'s, 11 W.O.'s H. & 1 Entomologist
may be required for Jan^y 1926.

? Warn C.A. by minute that proposals
have been received under the
app^t. of 25 Sec^y Inspector, 5 Sec^y Overseer
(Kendrick & House), 2 Lab^y Ass^t.
caution that they shd. bear
in mind the possibility that they
may be asked to find cand^s for
these app^t.

? Warn the Overseer Nurses Assoc^y similarly
as to the 14 Nurses

? Pp the 15th referred W.C.A.S.
Office for their views in connection
with 3590/25 (recovered from 125 Kachery
to send on herewith)

Efford
11/8/25

This has been mentioned to Sir E. Gage,
who fully agrees that these
proposals are of the first importance.
We can proceed without hesitation

of their being embodied in the dft.

Ests. for conven. Dft. tel. herewith. 216

The supply of medical candidates
is promising, but all these vacancies
cannot be filled at once.

Mr Robinson should be authorized
definitely to select up to say 30
new M.O.'s for the E.A.M.S. between
now and the end of the year, on
the understanding that the candidates
will have to sail during December
or January without taking the
Tropical Medicine course. It is
desirable that some of the cand^s shd.
have the D.P.H., & attention should
be drawn to the fact that those who
have start at £650 instead of
£600.

C.A. can at once advertise
that there are likely to be
several vacancies (at the new scale
of pay) for Sanitary Inspectors
in Kenya next year & they can
be welcomed definitely to engage

up to say 12 men without further instructions, if suitable candidates present themselves, on the understanding that the men will sail in December or January.

Similarly the O.N.A. can be told that ^{several} vacancies for nurses are in prospect and that we are prepared to consider at once recommendations for the appt. of up to say 10 nurses, to sail in December or January.

As regards the other proposed appts. Mr. Robinson & C.A. should be told that they are in prospect, and that preliminary enquiries may be made, any specially suitable candidate, who may come forward being reported to S.A. Dept to consider whether a definite engagement can be made.

The aft. tel. herewith may then be followed up with a dash welcoming the proposals.

which it is noted are directed mainly towards native welfare; saying what has been done as regards appointments & that refce. is being made to the C.A.M.S. Ctee; & calling attention to the following points of detail

- a) Abolition of allowances for Sanitation Officer appointed from 1. Jan. 1926 onwards;
- b) New scale of pay for Sanitary Inspectors;
- c) The discrepancy noted by his ltr between (b) & (a), of the ~~the~~ memo., & the appended table, as regards the number of new sanitary inspectors.

Recirc. for C.A.M.S. Ctee.

C.J.F. 13.8.25.

A wholesale order, not one that should have first claim on King's funds. We shall not have failed all our members before we know whether there will be money enough for all.

C.C.S. 13.8.25.

Mr. Fiddion -

2/25 proposed to refer to C.A.M.S. Committee.

I think the Committee should see but 13.8.25
I am not sure about that Committee's next meeting. Mr Fiddion has resigned his post as Chairman

Refers to despatch on
C.A.M.S. Regim.

Refers to despatch
about S.I.

I have been dismissed from the post of Vice Chairman & the Chief Medical Officer has not been appointed yet. When he is appointed he will resign. I am raising this on separate papers but I don't think the Committee can well consider this until it is reconstituted, as it is a bigish question.

V.F. Fisher
13.8.25

As proposed - C.S. 138.25

Dr Wilson called this afternoon & pointed out that the proposals had been drawn up on the assumption that there would be the usual 3 months T.M. course in the autumn & that many of the candidates would be able to take this and yet arrive in Jan. He thinks that even though the length of the T.M. course has been extended, as many of the new candidates as possible should attend the Oct. course. If 20 or 30 M.O.'s all had to go on leave & take a 6 months' course about the same

at least with 20 or 30 M.O.'s
to me
21/8

Mr Robinson told me some time ago that he had never had a vacancy form for the 30 M.O.'s when he has been authorized to submit for selection. I submit a copy herewith. Mr Robinson had better see this paper also?

Mr King's notes the following candidates have already been put up, out of the 30 :-
Dunnison, Patton, Ross, Deakins (declined)
Cumming, McLean, MacFygan (formerly for W.M.S.)
Bell (formerly for W.M.S.) Sepill - also with
Chatterton in Thomson, one of whom came on the
1925 establishment.

W.F. Fisher
26.9.25

J.M.S.
26/9

Mr Robinson
V.F. Fisher
21.8.25

KENYA.
No. 823.



GOVERNMENT HOUSE
NAIROBI,
KENYA.



1st July, 1925.

Sir,

I have the honour to transmit for your consideration a copy of proposals submitted by the Principal Medical Officer, in which is outlined a scheme for providing for certain urgent medical needs of the Colony, for which it has not previously been possible to provide.

2. These proposals have been fully discussed by me with the Principal Medical Officer and also with the Executive Council, with whose advice I concur that they should generally be put into effect in 1926.

In my opinion the adoption of these proposals is of the very first importance to the development of the Colony.

I need only refer you for further support of these suggestions to the Report of the East Africa Commission - as they say "We found that every section of the community in East Africa is unanimous in demanding an increase in the provision made for medical services. Irrespective of motive the demand is sound and it must be satisfied", and again "The existing staff (of Medical Officers) is working at high pressure and cannot be expected to carry out more than is at present being performed. In order that the work of furthering public health in the reserves can be better undertaken than is at present possible it is first necessary that increased staff be supplied."

3.

RIGHT HONOURABLE
LIEUTENANT COLONEL L. C. M. S. AMERY, P.C., M.P.,
SECRETARY OF STATE FOR THE COLONIES,
DOWNING STREET,
LONDON, S.W.

3. In order to ensure that funds shall be provided for these services - if the proposals are generally approved by you - I am causing inquiry to be made by a Special Committee into methods by which, if necessary, additional revenue can be raised so as to meet these needs if this cannot ^{all} be met out of general revenue.

I shall report further on this point in due course.

It will be observed that the inauguration of the scheme does not require the immediate engagement of the full staff which will ultimately be needed in order to afford ^{reliefs} for leave, etc. The staff not required for 1926, should be engaged in 1927.

So far as the next year is concerned the estimated financial effect will be an expenditure of £55,821 over and above the Medical Estimates for 1925. The full effect taken at minimum salaries will be approximately £75,000 in excess of present expenditure.

4. It will be seen from a study of these proposals that they are particularly intended to meet native requirements and to introduce the urgently needed increases in medical and sanitary staff in the Reserves.

5. I desire to lay particular stress on certain items in the Principal Medical Officer's proposals.

I am of opinion that the appointment of a Senior Medical Officer as Director of Medical Education to organise and control the training of natives who will fill the lower posts in the service is one of special importance.

The training of Africans for these duties must contribute materially to the more rapid spread of knowledge and so of sound health conditions through the practice of more hygienic methods in the Reserves.

There is excellent material available in the African and his training along these lines is demanded not only in his own interests but also in those of economy. The need for procuring a subordinate native medical staff was emphasised by the East Africa Commission.

I shall address you further in regard to the selection of a suitable officer for the post of Director, so that a Medical Training scheme for Africans may be initiated early next year. It may be found preferable to second a Local Medical Officer with knowledge of the natives of the Colony and of their language for this work than to fill this post by an appointment from England.

6. The provision of more Nursing Sisters is also a matter of urgent necessity. The high rate of infantile mortality amongst Africans has for some time past been a source of anxiety and is specially referred to in the Report of the East Africa Commission. The manner in which these Nurses will be employed will require careful consideration in order that the range of their activities may be as extensive as possible and I have no doubt that their usefulness will be increased by close co-operation with Lady Missionaries and other European women residing in Reserves who take an intelligent interest in the welfare of the native women.

7. Another new appointment to which I attach special importance is the appointment of a Senior Medical Officer who will devote special attention to inspection and advise as to the care and treatment of labour on Estates. I am inclined to the opinion that it will be found necessary subsequently to increase the number of such officers. Labour Inspectors without special experience of health conditions cannot effect

the

181.

58, 169,
80.

the same amount of good on an estate that can be done by an experienced Medical Officer. A further communication with regard to this appointment will also be forwarded at a later date.

8. The provision of a Reserve of Medical Officers is also essential. At the present time Government is unable to fulfil promises made with regard to the appointment of doctors in the Native Reserves though it has every desire to do so - there is not the staff available as pointed out by the Principal Medical Officer and owing to this cause at the present time four stations to which Medical Officers should have been appointed are still unopened.

9. I have thought it advisable to submit the Principal Medical Officer's proposals with the expression of this Government's concurrence with them, to you now in order that you may, should you so desire, have ample opportunity to discuss the proposals with the Colonial Medical and Sanitary Advisory Committee before the Colony's Final Estimates reach you.

In the meantime the necessary provision will be made in the Draft Estimates in anticipation of your sanction, provided satisfactory means of meeting the necessary expense are found.

10. I trust that you will also be in a position to take the necessary steps towards engagement of staff without delay, so that the selected candidates may arrive in Kenya in January, 1926.

It may safely be assumed that the necessary funds will be forthcoming as all communities are alike satisfied as to the necessity for making such provision as early as possible.

11. I shall be glad if you can inform me as early, as possible of your approval of provision being made on the lines proposed subject of course to the understanding that this Government is in a position to satisfy you that the financial condition of the Colony will admit of this additional expenditure.

I have the honour to be,

Sir,

Your most obedient, humble servant,

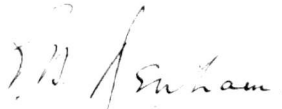

ACTING GOVERNOR.

11. I shall be glad if you can inform me as early as possible of your approval of provision being made on the lines proposed subject of course to the understanding that this Government is in a position to satisfy you that the financial condition of the Colony will admit of this additional expenditure.

I have the honour to be,

Sir,

Your most obedient, humble servant,



ASSISTANT GOVERNOR.

MEDICAL DEPARTMENT,
HEAD OFFICES,
NAIROBI, 12th May 1925.

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The Honourable,
The Ag. Colonial Secretary,
N A I R O B I.

re: ESTIMATES 1926.

Ref: Circular No. 18 of April 6th 1925.

Herewith are submitted Estimates of expenditure for new services proposed for 1926; these have been drawn up in accordance with the terms of the above quoted circular. Full explanatory notes are given.

2. The delay in submission is regretted.

J. L. G.
PRINCIPAL MEDICAL OFFICER.

22
OUTLINE OF MEDICAL AND SANITARY WORK AT PRESENT BEING
ATTEMPTED, WITH PROPOSALS FOR ITS EXTENSION, AND DETAILS
OF ADDITIONAL STAFF REQUIRED THEREFOR.

MEDICAL OFFICERS

A. TOWNS AND SETTLED AREAS.

a. NAIROBI.

1. Public Health. There is at present one Medical Officer of Health for Nairobi. This officer also acts as M.O.H. of the suburban areas, neighbouring townships and surrounding districts. The whole area is in a state of active development; native housing, sewage disposal, water supply, and general townplanning schemes are under consideration. Maternity and child welfare, the inspection of school children, the control of tuberculosis and venereal disease, are other matters which require attention, not only in the town but in the native areas surrounding Nairobi. The sanitary inspection of the conditions under which native labour works and is housed is also a matter of importance; preventive measures against plague have to be initiated and superintended throughout the district. In addition the M.O. has charge of the Infectious Diseases Hospital, with an average of 30 patients.

It will be obvious that all these duties cannot receive adequate attention from one officer. An Assistant Medical Officer of Health for Nairobi was recommended by Prof. Simpson in 1913; for the appointment of this additional officer the need is now urgent.

2. Hospitals. The population of Nairobi is about 22,000; allowing 1 bed per 100 of the population there should be hospital accommodation of 220 beds. But,

as Nairobi is the capital of the country and the centre of a large native and farming district, the provision should be much greater than for the town alone. Probably 400 beds are required.

The present "Native Hospital", which includes accommodation for Asiatics, can accommodate 180, and is always overcrowded.

One Medical Officer is in charge. At least another Medical Officer should be posted to this hospital only so could the actual medical and surgical work of the hospital be at all efficiently carried out, even if the number of patients remains as at present.

But the Nairobi Hospital, being the central and largest, should be so administered as to be the model for all other hospitals of the Colony, and especially should be the centre of the medical training of the whole African Native Staff. On an efficient and systematically trained Native Staff the general medical and hospital service of the Colony greatly depends. For these reasons it is imperative that a Senior Medical Officer should be appointed as Superintendent of the Hospital, and Director of Medical Education. Such an appointment would not only unify and establish the Native Medical Staff throughout the Colony but would make the Nairobi Hospital an admirable training ground for newly-joined Medical Officers, during their first few months in the Country, before knowledge of the language and of local conditions has fitted them for posting to out-stations.

3. Asylum, Prison, Dispensaries, etc.

The Mathari Mental Hospital, Prison, Police, Railway Workshops Staff, and the Native Out-patient Dispensary, are at present nominally under the care of one Medical Officer. These duties are more than one

man can undertake.

It is suggested that an additional Medical Officer should be appointed. It would then be possible to appoint one officer to take charge of the Mathari Mental Hospital, and the Prison, including Kabete Reformatory, while the other officer would take charge of the Native Dispensary, the Police, Railway, and other out-patient work in the town, and supervise branch dispensaries in the neighbouring native areas of Kyambu, Dageretti and Ngong.

b. Mombasa.

4. Public Health. The position here is much as in Mombasa, save that in place of district work the Medical Officer of Health at Mombasa has the additional duties of Port Health Officer, which entail the daily inspection of Ships at about 6 a.m. This particular work is growing, and it will be obvious that an Officer can hardly be expected to do justice to duties which entail attendance at committee meetings in the evening, if he has been at work since 6 in the morning. The case for the appointment of an assistant Medical Officer of Health at Mombasa, who would also carry out the duties of Port Health Officer, is too strong to require elaboration. A Port Health Officer was strongly advised by Prof. Simpson in 1913.

5. Hospitals, etc. The population of Mombasa is about 40,000. At 1 bed per 100, hospital accommodation for 400 would be required for the Island alone, and allowance should also be made for patients from the neighbouring districts of the mainland. The present "Native Hospital" has accommodation for 100, though the average number of patients is nearly 150.

At present this hospital is in charge of one Medical

Medical Officer, while another is posted to the small European Hospital. Whatever scheme may be eventually adopted for a combined general hospital, there is immediate need for an increase in staff by the addition of one Medical Officer. This is the absolute minimum with which any adequate attempt can be made to carry out medical work in Mombasa.

c. Kisumu, Nakuru, Eldoret, etc.

6. At Kisumu, as at Nairobi and Mombasa, there is a Medical Officer of Health, but none is available for the other towns of the Colony.

The sanitary control of the towns of the Nakuru, Uasin Gishu, and Trans Nzeia districts, of the large grain producing areas in which they are situated, and of the railway system by which they are, or will be, connected, presents a problem of great importance. Plague has already occurred in one of these districts, and an extension of the infested area is to be expected. Plague, if uncontrolled, may easily be responsible for the most serious interference with one of the staple industries of the country. It is proposed that the Nakuru, Uasin Gishu and Trans Nzeia districts should be treated as one Country, and that a Medical Officer of Health should be appointed to supervise the sanitation of the whole area.

d. Plantations, Farms and Estates.

7. The question of the care of the health of native labour, more especially on large plantations, is of great economic importance. It is on such plantations that there occurs a mortality which from an economic point of view is even more serious than the infantile mortality in the Reserves. The labourers are young men, and if they die/

- 5 -

die as young men their places in the population cannot be filled for at least 16 or 20 years. Further, the efficiency of the estate labourer is dependent on his health. For the improvement of conditions on estates and large works the advice of an Officer who has given particular attention to these matters is required, and will be for some years. The appointment of a Senior Medical Officer specially for this work is therefore recommended. To rely for advice on Officers who have not devoted particular attention to this class of work often leads to heavy expense and does not always result in the necessary improvement.

B. NATIVE RESERVES.

8. Preventive Medicine. At present such preventive work as is done is carried out by the Medical Officer of the district (if any). As however the Medical Officer in a native District may have charge of a Hospital of about 100 beds, with from 6 to 18 out-dispensaries scattered over an area of anything from 500 to 2,000 square miles, and a population of from 200, 000 to 250,000 persons under his care, it is obviously impossible for him to do much clinical work if he is engaged on preventive measures, or much in the way of prevention if he is engaged chiefly in clinical work.

In actual practice he divides his time and his energy between hospital and dispensary work (which is either entirely clinical or, as in the case of yaws, partly preventive) and purely preventive work in connection with specific diseases or general questions of housing, sanitation etc.

It is to be noted that the Medical Officer has not the opportunity/

the opportunity to take up any branch of work in a thorough manner; thus it has not yet been possible in any District in the Colony properly to deal with the treatment or prevention of either yaws, ^{syphilis} sleeping sickness, plague or smallpox: it follows that the problems of these diseases are not being dealt with in the most economical manner.

Many other matters such as the prevention of infantile mortality, the control of malaria, the treatment and prevention of ankylostomiasis (hook-worm), or infection with tape worm, have not even been attempted. Of the last two diseases mentioned, the former is of great importance with regard to the economic development of the Coast, while the latter is of great general importance and of particular importance with reference to the development of the meat trade; but even the preliminary investigations have not yet been instituted.

Problems with regard to better housing, better water supplies and better means of village conservancy have still to be investigated.

It must be borne in mind that, when dealing with the primitive population of a Native Reserve, the promotion of public health measures only succeeds when the confidence of the people has been obtained, and that confidence is best established by successful medical treatment. Moreover successful treatment is in itself a means of prevention, as in the case of yaws; so that prevention and treatment of disease are dependent the one on the other.

But when the confidence of the natives has been gained preventive and curative work can each proceed along their own right lines; each District then requires not only/

only a clinical officer but also a Medical Officer of Health. These two Officers must of course work in conjunction, but each must be free to follow his own special line of work; the clinical officer to provide first class medical and surgical relief, the Medical Officer of Health to make himself acquainted with all the problems that exist, and to carry out in a thorough manner as much prevention work as possible.

Thus it would appear that the first step necessary to improve the Health Services in these Native Districts where medical work is already being undertaken is to post to each District a Medical Officer of Health. There are five Districts where such an Officer could be immediately employed with advantage, viz. the three Kavirondo Districts, Fort Hall and Machakos.

It is not suggested that by posting a Medical Officer of Health to each of these Districts all Public problems can be dealt with. Time and experience alone will show what number may ultimately be required. The point to be emphasized is that the appointment of five Officers is the urgent requirement of the present.

In those Reserves where little or no medical work has yet been undertaken, where the confidence of the native has not yet been secured, such preventive medicine as can be attempted will be the duty of the Medical Officer engaged in curative medicine.

9. Medical Relief at Present Provided.

The Table on the following page indicates the medical relief at present provided in the Native Reserves; it indicates for each District the estimated population, calculated density of population, number of hospital beds and of Dispensaries, and the status of the Officers posted to the District.

Population: Pop. per: Hosp.: Dispens: Officer: Remarks
sq. mile: Beds.: Series: 1/e :

Province:

Kavirondo:	297,000	: 121	: 100	: 15	: M.O.	: Temp. Hosp. Blgs.
Kavirondo:	280,000	: 165	: -	: 10	: M.O.	: Kisumu Hospital in this District.
Kavirondo:	277,000	: 98	: 50	: 7	: M.O.	: Permanent Hospital.
Reserve :	61,800	: 29	: 6	: -	: Asst. Surg.	
Reserve :	30,700	: 58	: 14	: -	: Comdr.	: Temp. Hosp. Huts.

Province:

Mal Dist.:	150,000	: 124	: 60	: 8	: M. O.	
" :	83,000	: 90	: 48	: 6	: M.O.	: Temp. Hospital.
Meri " :	190,000	: 297	: 12	: -	: S.A.S.	
" :	120,000	: 83	: 12	: -	: S.A.S.	: Temp. Hospital.
Mbu " :	80,000	: 208	: -	: -	: -	: Nearest Hospital Nairobi.

Province:

Makos Dist. :	180,400	: 106	: 45	: 12	: M.O.	: Permanent Hosp.
" :	112,600	: 36	: 12	: -	: S.A.S.	: Permanent Hosp. to be built.
Ma " :	33,500	: 112	: 20	: -	: S.A.S.	: Hosp. at Voi Station

Province:

Mal Dist. :	17,500	: 25	: 12	: -	: S.A.S.	
" :	14,000	: 9	: -	: -	: -	
Ma " :	67,000	: 21	: 20	: -	: S.A.S.	
" :	39,000	: 26	: -	: -	: -	

Province:

Ma Dist. :	22,000	: 16	: -	: -	: -	
Mbo " :	24,000	: 8	: -	: -	: -	
Mbo " :	16,000	: 53	: -	: -	: -	
Mket " :	16,000	: 67	: -	: -	: -	
Muk " :	22,000	: 5	: -	: -	: -	
Reserve :	43,000	: 4	: -	: -	: -	: Temp. Hosp.
Mnd " :	121,000	: -	: 16	: 2	: S.A.S.	
Msa " :	25,000	: -	: 12	: -	: As. Surg.	: Temp. Military Hospital.
Mont. Dist.:	89,000	: -	: 30	: -	: M.O.	: Temp. Military Hospitals.

This Table shows seven Medical Officers stationed in the Native Reserves. Of these the Medical Officer in the Northern Frontier District may be left out of account as his duties are almost entirely military. There remain six Medical Officers in six Districts the combined population of which is more than one and a quarter million, an average of one Medical Officer to over 211,000 persons. The remaining Districts, with a combined population of more than one million, have no Medical Officers. The fact that in certain of these Districts Asiatic Sub Assistant Surgeons are posted is of little importance as regards medical relief to the general native population, as their work is mostly confined to the actual towns or stations where they are posted.

10. Districts already Provided with a Medical officer.

It is obvious that even in those Districts where a Medical Officer is stationed the provision of medical relief is altogether inadequate to the needs of the population, and will remain so even though the additional Medical Officers of Health already mentioned be appointed to these Districts. Time and experience will show what staff may be required in the future.

The following additional staff can however be utilised immediately and should be provided. At Kisumu there is a Native Hospital of 100 beds, the central Hospital of the Nyanza Province, always overcrowded and requiring extension, which draws patients from all parts of the Province; for the proper management of this important Hospital a second Medical Officer is essential. Each of the Hospitals at Kakamega, Kisii and Fort Hall demands one Medical Officer's full attention, and to each of these stations a second Medical Officer should be appointed to take charge of the medical work of the out-dispensaries. The central Kiwiro district has proved too unwieldy for one Medical Officer to arrange when an additional Officer is required in order that the district may be divided into two sections and the scattered dispensaries closely supervised.

11. Districts where little or no Medical work has yet been undertaken.

Even more important than extension of medical work/

work in those parts of the Native Reserves where some medical work is already being carried out is provision of medical relief for the Districts as yet practically ^{unattended} ~~unattended~~.

These Districts are:-

Lamu District and Tana Valley,
Malindi District,
Digo District,
Taita Reserve,
Nyeri District,
Meru District,
Kitui District,
Lumbwa Reserve,
Mandi Reserve,
Kamasia and Suk Reserve,
Elgeyo and Marakwet Reserve,
Masai Reserve,
Turkana,
Jubaland.

Of these, provision has already been made for a Medical Officer to be appointed to Meru District, and the Estimates for 1925 allowed for Medical Officers for the Masai Reserve, Kitui District and Digo District (Coastal Area), but so far shortage of staff has prevented opening any of these stations.

For the immediate relief of the situation in the remaining Districts the following additional Medical Officers are required:-

(1) Lamu and Tana Valley: to investigate existing conditions in the Tana Valley, and carry out a campaign against yaws. Thereafter it might be necessary to employ this Officer on special duty for the control of ankylotomiasis throughout the whole of the Coastal Area (~~vide paragraph~~) should it be impossible to appoint another/

another Officer specially for such work.

(2) Malindi District : for itinerant work and the establishment of Dispensaries throughout the District, with headquarters at Malindi. This Officer should also set in order the present much-neglected Leper Settlement near Malindi, and carry out treatment of the patients for so long as the Settlement remains in that locality.

(3) Taita Reserve. The claims of the population of the Taita Reserve for medical assistance cannot be ignored, and the appointment of an additional Medical Officer for this work is strongly advised. The immediate object would be the treatment of existing diseases - phagru is ^{is epidemic} ~~is epidemic~~, yaws very prevalent - in this thickly populated area; the ultimate object would be institution of sanitary improvements with a view to raising the standard of health, decreasing the mortality, and increasing the numbers, of this intelligent and economically valuable tribe.

This Medical Officer might also be in a position to undertake sanitary control of the two large Railway centres of Voi and Makindu. There is urgent need for vigorous anti-malarial measures at these two stations, in the interests not only of the Railway staff but also of all Railway passengers who pass through these stations.

(4) Nyeri District. The appointment of a Medical Officer for the N. Nyeri District would allow for the institution of a hospital and the opening up of Dispensaries in a District where so far practically no medical work has been attempted by Government. The native population of N. Nyeri is reported as over 190,000, with a density higher than any other Native Reserve.

(5) Lumbwa Reserve. The need for medical work amongst/

another Officer specially for such work.

(2) Malindi District : for itinerant work and the establishment of Dispensaries throughout the District, with headquarters at Malindi. This Officer should also set in order the present much-neglected Leper Settlement near Malindi, and carry out treatment of the patients for so long as the Settlement remains in that locality.

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(5) Lumbwa Reserve. The need for medical work amongst/

amongst this tribe has long been represented by Administrative Officers and others interested. A Medical Officer appointed for the Kericho District could carry out a preliminary investigation of existing conditions, with a view to the establishment of a hospital when a suitable site has been selected.

(6) Kamasia, Suk, Elgeyo and Marakwet Reserves. It is recommended that a Medical Officer be appointed to the combined area, with a view to an investigation of the medical and sanitary problems, and institution of whatever hospital and dispensary facilities may be thought practicable. The area is almost certainly too large to be supervised by one Officer, but it would not be justifiable to ask for more until investigation has made clear the exact needs.

(7) Turkana. An additional Officer is recommended for this extensive area. He would be responsible for medical attention to the military posts, and there is every reason to believe, from the reports of the Assistant Surgeons who have worked there, that there would be great scope for medical work amongst the native population.

Two Districts have been omitted, viz. Nandi and Jubaland.

The Nandi Reserve borders on the North Kavirondo country, and at present is provided with a small hospital under the immediate charge of an Asiatic Compounder, supervised by the Medical Officer in charge of North Kavirondo. This medical service is in no sense adequate for the population, estimated at 30,000, of the Nandi Reserve; a recommendation for an additional Medical Officer has not been made for the reason that the comparative urgency for extension of medical services in other parts/

parts of the Colony compels prior consideration

Jubaland. This is omitted in view of the probable cession of this part of the Colony. The Medical service there at present is altogether inadequate, consisting as it does of one Sub. Assistant Surgeon confined to Kismayu, and one Native Dresser for the whole of the Gesha District.

C. MEDICAL RESEARCH.

12. Bacteriological Laboratory. The present establishment of Medical Officers at the Laboratory is three, with no allowance for relief during leave; consequently for a greater part of the time only two are available.

The work at present undertaken includes:-

- (1) Routine examination of blood, sera and pathological material.
- (2) Preparation of vaccines, especially for plague and smallpox.
- (3) Bacteriological research.

The routine examination of clinical material is a branch of work which has grown enormously, and in the interests of medical work throughout the Colony, it is desirable that it should continue to grow, for the bacteriologist's assistance in the clinical examination and treatment of patients in a tropical country is almost a necessity. It must be remembered that this work benefits Medical Officers throughout the Colony, not only those in Mirebi. It is essential that all examinations should be directly controlled by a Medical Officer, if the possibility of grave mistakes is to be avoided, and the bulk of work is already such that it demands the full-time attention of one man.

The/

The preparation of vaccines is now carried out on a large scale. Every outbreak of plague calls for many thousand doses of plague vaccine; during 1924 124,000 doses were prepared. The recent outbreak of smallpox at Mombasa called for the issue, during the first three months of 1925 of 135,000 doses of smallpox vaccine. This last may be looked upon as an emergency measure; but for the protection of the Colony against smallpox it is highly important that the output of vaccine should be maintained at a high figure in the future. Also it is unfortunately certain that the demand for plague vaccine in large quantities will continue. All vaccine manufactured must be submitted to scrupulous bacteriological tests before issue; the process of manufacture and testing demands the full-time attention of one Medical Officer.

Two Medical Officers are thus accounted for. There remains the question of bacteriological research. At present, though repeated attempts have been made by the Staff of the Laboratory to carry out research, very little has been achieved, owing to the pressure of routine work. There is urgent need for Laboratory investigation of the local conditions affecting the incidence and nature of certain specific diseases, more particularly the following, each of which is of great economic importance:-

- (1) Plague: the bacteriological work required to elucidate the problem of plague in Kenya is so great as to justify the devotion of one Bacteriologist to this investigation alone.
- (2) Pneumonia: this disease is probably responsible for a greater number of deaths than any one other disease in the Colony. The varieties of pneumonia prevalent locally have never been

been studied. The bacteriological work involved in this investigation would be great, but would be well worth while as offering fair promise of the production of a vaccine which might be an effective agent in the control of this common and fatal disease.

For these investigations, and numerous other problems connected with local diseases which await solution, it is recommended that two additional Medical Officers be appointed. The Staff of the Laboratory would then consist of one Senior Bacteriologist, who would be the Director of the Laboratory as at present, two Officers engaged in routine work, and two in research. In considering the necessity of a Senior Bacteriologist in addition to the two new posts suggested, it must be remembered that his duties include not ^{only bacteriological work, but also the supervision of the chemical laboratory} only the supervision and organisation of the Staff, which has been an integral part of the Laboratory since the abolition of the Chemical Research Department. It is the Chemical Research Division of the Laboratory which has been the means of saving Government such large expenditure by the preparation of a bismuth compound for the treatment of yaws and syphilis.

D. ADMINISTRATION.

13. Headquarters Staff. For the administration and organisation of a service such as has been outlined, the present headquarters staff of three Senior Officers is obviously inadequate. Even at present it is impossible for any of the Officers at Headquarters to carry out sufficient inspection of out-districts, and ordinary routine duties allow little time or opportunity for adequate consideration of medical and public health policy or formulation of programmes of work. The position is much the worse in this, that shortage of staff has prevented relief during absence on leave.

on leave, and consequently the work at Headquarters is more often than not carried out by two Officers only.

To establish an organisation by which the work at out-stations can be properly assisted and controlled from Headquarters, and generally to co-ordinate the medical and sanitary activities of the Department, it is necessary that the Headquarters Staff should be increased by the addition of two Senior Medical Officers.

B. RESERVE OF MEDICAL OFFICERS.

14. Casualties and Emergencies. An essential feature of the proposed improvement in medical services should be provision for keeping the establishment of Medical Officers up to strength. The position in the past has been that any casualty such as resignation, transfer or sickness, has been met by postponement of leave of other Officers or by closing down a station. The most serious cause of dislocation in the Service is the delay which usually occurs in filling a vacancy. Owing to this cause, at the present time four stations, to which Medical Officers should have been appointed, are yet unopened.

Unless adequate allowance is made for this continually recurring cause of dislocation the position in the future will be that, even if all new appointments recommended are sanctioned, only a proportion of the new posts will be filled; for, even if at any time the establishment should happen to be up to full strength, it would be most undesirable to fill every post, in face of the prospect of having to close one or more on the occurrence of any casualty or emergency.

Emergencies are bound to occur in the medical service./

service, and in fact are continually occurring. Two recent instances are the outbreak of smallpox in Mombasa and surrounding districts, calling for two extra Medical Officers for special duty, and the need for a Medical Officer to accompany the force of King's African Rifles despatched to Jubaland. Unless the work of the Department is to be constantly disorganised by such emergencies, allowance must be made for Officers additional to those actually required to fill permanent posts.

So far the number of new appointments which have been put forward as necessary for the improvement and extension of Medical Service is 26. The number of posts which have to be filled in the Service as at present constituted is 26. There will then be, under the proposed scheme, 52 posts, which should be constantly filled. For the two purposes of immediately filling vacancies due to casualties, and of providing Officers to deal with emergencies, it is strongly recommended that at least six Medical Officers be added to the establishment: of these three should be Medical Officers of Health. This would bring the total appointments to 59.

F. OFFICERS ON LEAVE.

15. Proportion of Staff on Leave. Normally, under present regulations, an Officer is entitled to 5 or 6 months leave after 30 months service. A Medical Officer, however, during his service is compelled to take two courses of study to qualify for promotion; moreover a Medical Officer who has not passed his course in Tropical Medicine before joining the service is compelled to do so during his first period of leave. For these reasons, and to ensure that all Officers may have the opportunity to refresh their professional knowledge, special study leave up to a maximum of 6 months.

6 months, may be granted in addition to ordinary privilege leave. The time spent on the voyages to England and back have also to be reckoned as equivalent to leave.

Taking the lowest possible estimate, the calculation of the period spent on leave, after a tour of 30 months, is as follows:-

Privilege leave (average)	5 $\frac{1}{2}$ months
Study " "	3 " "
Voyages " "	<u>1$\frac{1}{2}$ "</u>
Total time out of country	<u>10 months</u>

If a Medical Officer is absent for 10 months for every 30 months spent in the country, it follows that one-quarter of the Staff will always be absent on leave, that is to say for every 3 Medical Officers filling posts one is on leave. The number of posts to be filled is, as proposed, ~~28~~ 24. To this number should be added therefore one-third, ~~was~~ 24, so providing 32 for the full establishment.

The present cadre is 35 to fill 26 posts. This proportion is intended to allow for 9 Officers on leave; owing however to the inevitable delay in filling vacancies the full number of Officers has never been available, and it has proved impossible in the past to provide relief during leave for either Headquarters or Laboratory Staff. The number of additional Officers which is therefore required for purposes of leave is 24 less 9, i.e. 15.

SUMMARY OF PROPOSED ADDITIONAL STAFF.

Position or Duty	S.M.O.	M.O.H.	M.O.	Reference to Section in Memorandum.	No. of
Probi	:	1	:	:	(1)
Native Hospital	1	:	1	:	(2)
Asylum, etc.	:	:	1	:	(3)
Embasa	:	1	:	:	(4)
Native Hospital	:	:	1	:	(5)
Kuru - Eldoret	:	1	:	:	(6)
Native Labour	1	1	:	:	(7)
Native Reserves	:	5	:	:	(8)
<i>Misumu</i>	:	:	1	:	(10)
<i>Mombasa District</i>	:	:	3	:	(10)
Fort Hall	:	:	1	:	(10)
Lamu	:	:	1	:	(11)
Malindi	:	:	1	:	(11)
Taita	:	:	1	:	(11)
South Nyeri	:	:	1	:	(11)
Lumbwa	:	:	1	:	(11)
Kerico	:	:	1	:	(11)
Turkana	:	:	1	:	(11)
Laboratory	:	:	2	:	(12)
Headquarters	2	:	:	:	(13)
Casualties & Emergencies:	:	3	3	:	(14)

4 : 11 : 20 :

Total new Appointments	35	:
Officers on leave	12	(15)
Total additional Staff	<u>47</u>	:

OTHER STAFF.

16. Nursing Sisters. Both at Nairobi and Mombasa one

Nursing Sister is engaged as a Health Visitor and in infant welfare work. The scope of the work is increasing and is becoming more than one Sister can undertake: an additional Sister is recommended for each town.

At present the only Native Hospitals to which Nursing Sisters are appointed are those at Nairobi, Mombasa and Kisumu, and only at Nairobi is there provision for more than one. The value of a Nursing Sister in increasing the efficiency of a hospital is very great: in fact no hospital can be satisfactorily managed without one. The work at Mombasa hospital has proved too much for one Sister single-handed, and a second is required. At the Kisumu Native Hospital two are required. The only other hospitals, at which the amount of work and state of organisation would seem to justify the immediate posting of Nursing Sisters, are the Infectious Diseases Hospital at Nairobi and Mombasa, and the Native Hospitals at Kisii and Machakos. One Nursing Sister is recommended for each of the Infectious Diseases Hospitals, and two each for the Hospitals at Kisii and Machakos even should the actual work in these hospitals not require more than one, the other could be most usefully employed in assistance to out-patients and in attempting the beginning of a maternity and child welfare centre.

At other Native Hospitals conditions are at present too primitive to allow the posting of Nursing Sisters: but with the erection of permanent buildings and improvement in the facilities for treating the sick, other Sisters for these hospitals will be required.

In the Department at present there are 20 posts for Nursing/

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Nursing Sisters and the Staff allowed is 24. 10 new posts have been suggested, bringing the total of posts to 30, for which the Staff necessary, with allowance for leave would be 38. 14 additional Nursing Sisters are therefore required.

17. (a) Sanitary Inspectors. The present staff attached to the Health Offices of Nairobi and Mombasa is inadequate for proper supervision of the sanitation of those towns, and the appointment of three additional Sanitary Inspectors to each is recommended. The post of Sanitary Inspector at Kisumu should be restored, and if a Medical Officer of Health is to be appointed to the Nakuru - Eldoret Area he will require at least two Sanitary Inspectors to assist him. Malaria along the line of the Uganda Railway especially east of Nairobi is of increasing economic importance, not only is there considerable disability and resulting loss of time among the Railway employees themselves but passengers on the train are being infected. Supervision of the rapidly developing townships and trade centres in both Native and European areas is required in order to ensure progress on sanitary lines. Seven Sanitary Inspectors can be fully employed for these purposes. In addition it is considered that Sanitary Inspectors may be usefully employed to assist Medical Officers of Health in Native Reserves, but, as this step is in the nature of an experiment, only 4 are asked for at the moment. Thus the total number of new appointments suggested is 21. With allowance for leave and casualties the additional staff required is 26.

(b) Sanitary Overseers. The appointment of 5 additional Sanitary Overseers is requested, for work in the townships of Nairobi and Mombasa, anti-plague, anti-sleeping sickness measures, etc.

18. Clerical Staff.

(a) Headquarters. The present permanent European Staff employed in the Accounting and Clerical work of Headquarters consists of:-

- 1 Office Superintendent,
- 1 Accountant,
- 2 Clerks,

There is no provision for relief of any of them during leave, with the result that the work has to be carried out by call three

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three, a number which is proving, with the greatly increased work of the Department, quite inadequate. The least number with which the work can be efficiently performed is ~~five~~ ^{six}, the offices proposed being:-

- 1 Office Superintendent,
- 1 Accountant,
- 2 Accounting Clerks,
- 1 Recording and Filing Clerk.

1 ~~Statistical Clerk~~
Allowing only one as relief for the holder of these posts during leave, the additional Staff required is 3 European Clerks.

The Typewriting Staff consists at present of one Lady Typist (a temporary appointment sanctioned in 1924), and 3 Asiatic Clerks. To cope with the work which would result from the increase of the Department as a whole, and of the Headquarters Medical Staff in particular, if the proposed extension of the Service is approved, it is suggested that two additional Lady Typists be engaged, to replace in part or whole the Asiatic typewriting staff. This would require provision for 3 European Female Stenographers.

(b) Health Office, Kampasa. The work of this Office has grown to such an extent, and with the extension of the work in connection with town planning, Port Health work, etc. will so continue to grow, that a clerical staff more efficient than the present two Asiatic clerks is essential. The provision of 2 Lady Stenographers is therefore suggested.

(c) Other Stations. At the larger hospitals it is found that the clerical work, which at present falls on the Sub Assistant Surgeon or Compounder, interferes considerably with the proper performance of medical duties. It is therefore recommended that provision be made for an African/

African Clerk to be appointed to the Native Hospitals at Nairobi, Mombasa, Kisumu, Fort Hall, Kisii and Machakos.

(d) Laboratory. A second Stenographer is proposed (vide Sect. 20).

19. (a) European Dispensers. There is at present no provision for relief of the Medical Storekeeper during leave: this is a post which must be filled by a qualified dispenser. By the addition of another European Dispenser to the present establishment of 2, it will be possible to keep the three posts of Chief Storekeeper, Dispenser Nairobi and Dispenser Mombasa filled. The question of an increased salary for Dispensers has already been brought before Government: the salary which should be offered is £300 by £20 to £400

(b) Male Nursing Orderlies. There are at present three posts in the Medical Department for which no provision is made for relief during leave, viz. Male Nursing Orderly, Wardmaster and Superintendent Infectious Diseases Hospital, Nairobi. With the provision of a Medical Officer for the Masai Reserve, as sanctioned for 1924, it will be necessary to appoint an European Orderly for duty at the Hospital at Marok. To allow for relief during leave to each of these 4 posts, one other Nursing Orderly is required. The new appointments suggested are therefore 2.

20. Laboratory Staff. With the increase, already suggested, of the staff of Bacteriologists, there would be necessary a corresponding increase in the subordinate staff. Presuming the number of Bacteriologists to be increased to 5, the additional subordinate staff required would be:-/

be:-

(a) 2 European Laboratory Assistants,

3

Learner Grade.

At present there is only one European Assistant and one learner; the total now suggested would enable 5 posts to be continually filled.

(b) 1 Stenographer: the present Stenographer has to undertake the duties of Office Superintendent and Librarian; the addition of a second would allow these duties to be shared, and enable to be undertaken the important work of summarising and recording for the benefit of the Department generally recent advances and discoveries in Medical Science.

(c) 2 non European Laboratory Assistants: the existing staff of 2 is greatly overworked, even under present conditions, and there is no allowance for leave or sickness.

Entomologists.

The appointment of an Entomologist for the Medical Department was sanctioned in 1924. There is however more work than one man can undertake, for instance the investigation of plague and of sleeping sickness would each occupy one Entomologist's full time. Moreover no allowance is made for leave. The appointment of a second Entomologist is therefore recommended.

21. African Native Staff.

The salaries paid to Native Hospital Dressers are not commensurate with the skilled work expected of them, with the result that there is difficulty in obtaining and retaining the right class of African for Native Hospitals and Dispensaries. With the inauguration of a system of regular instruction and standardised

standardised examinations, it will be possible to lay down a graduated scale of pay, which should attract the more ambitious and intelligent African to enter and remain in the Medical Service. For the increased salaries which will result in 1926 from the adoption of an adequate scale of pay it is estimated that approximately a 20% increase of the amount voted under this head for 1925 will be required.

With the general expansion of the Medical Service, resulting from the increase in the Staff of Medical Officers already proposed, the engagement of additional Native Dressers will be necessary, and the amount required on this account is estimated at £1,000.

Number of Proposed Additional Staff other than Medical Officers.

249

Reference to No. of Section in Memorandum.

ing Sisters.

tive Hospitals.

Mombasa	1
Kisumu	1
Kisii	2
Nakuru	2
	<u>6</u>

itation Division.

Nairobi Health Office	1
Mombasa "	1
Nairobi Inf. dis. Hosp.	1
Mombasa " " "	1
	<u>4</u>

relief during leave	4
<u>Total</u>	<u>14</u>

(16)

itary Inspectors.

Senior Sanitary Inspector	1
---------------------------	---

st Grade.

Nairobi	1
Mombasa	1
Kisumu	1
Nakuru-Kiderit	2
Townships, trading centres and Railway	6
Native Reserves	4
	<u>16</u>

Relief during leave	4
<u>Total</u>	<u>20</u>

(17)

nd Grade.

Nairobi	2
Mombasa	2
	<u>4</u>
relief during leave	1
<u>Total</u>	<u>5</u>

itary Overseers.

5

ical Staff.

European Clerks	2
Stenographers	5
African Clerks	6
	<u>13</u>

(18)

ean Dispensers.

1

(19)

Nursing Orderlies.

2

(19)

ratory Staff.

Entomologist	1
European Laboratory Assistants	5
Stenographer	1
Non-European Laboratory Assistants	2
	<u>9</u>

(20)

Summary of Proposed Additional Staff other than Medical Officers.

216

Reference to No. of Section in Memorandum.

Nursing Sisters.

Active NOS Posts.

Kompassa	1
Misum	1
Kisii	4
Eschekos	1

Sanitation Division.

(16)

Microbiological Office	1
Kompassa	1
Microbiological Division	1
Other	1

For relief during leave	4
<u>Total</u>	<u>14</u>

Sanitary Inspectors.

Senior Sanitary Inspectors	1
----------------------------	---

Laboratory.

Microbiological	1
Kompassa	1
Misum	1
Lakuru-Alcoet	2
Township, Technical Section	1
and Railway	1
Active reserves	4
	<u>17</u>

For relief during leave	4
<u>Total</u>	<u>21</u>

Low Grade.

Microbiological	2
Kompassa	2
	<u>4</u>

For relief during leave	1
<u>Total</u>	<u>5</u>

Sanitary Services.

General Staff.

Microbiological	2
Technical	3
Sanitary Services	1

Sanitary Dispensaries.

Microbiological Facilities.

2

Laboratory Staff.

Microbiological	1
Public Laboratory	1
Assistant's	5
Technician	1
Microbiological Laboratory	1
Assistant's	1

MEDICAL DEPARTMENT.

Personal Appointments.

Administrative Division.

European.

1 Senior Medical Officer,
(£800 by £25 to £900)

£800

New Post.

Duty Allowance

100

1 Senior Medical Officer of Health,
(£800 by £25 to £900)

800

New Post.

Duty Allowance

100

8 Clerks (£250 by £1 to £400)

500

2 new appointments.

6 Clerks (£100 by £1 to £200)

1,080

3 new appointments, Headquarters
2 " " " " H.C. Hospital
1 " " " " Laboratory.

12 Clerks (£100 by £1 to £200)

546

Total European Personal Appointments.

£7,735

£3,926

7 250

Estimates
1925

Estimated
Increase.

Remarks.

MEDICAL DIVISION.

23	1 Senior Medical Officer (£800 by £25 to £900)	2,477	2000	New Post.
24	24 Medical Officers (£600 by £25 to £900)	3,400	7,200 4,000	24 20 new appointments 15 to be filled in 1926; salaries calculated on basis of average of 8 months' service.
27	1 Dispenser at £300 by £20 to £400.	539	300	new appointment.
29	8 Nurses at £200 by £15 to £250.	4,010	1,200	8 new appointments 6 to be filled in 1926.
30	8 Uniform Allowances at £20.	440	120	See above.
33	2 Male Nursing Orderlies (£200 by £15 to £300)	1,100	400	2 new appointments.
42	Local allowances	4,377	1,714	
49	Active Attendants of Hospitals.	7,645	2,500	New Services, and training as result of training.
Total Medical Division personal emoluments		151,096	14,234 13,844	

SANITATION DIVISION.

	2 Senior Medical Officers of Health (£800 by £25 to £900)	£1,600	2,400	2 new posts
51.	14 Medical Officers of Health (£600 by £25 to £900)	£2,801	4,000	14 new appointments: 10 to be filled in 1926; salaries calculated on basis of average of 8 months' service.
53.	1 Duty Allowance at 450		50	Re-arrangement of Duty Allowances.
54.	1 Senior Sanitary Inspector (£500 by £25 to £575)	990	500	1 new post.
55.	20 Sanitary Inspectors, 1st Grade, (£350 by 15 to £450)	2,415	3,733	20 new appointments: 16 to be filled in 1926; salaries calculated on basis of average of 8 months' service.
56.	5 Sanitary Inspectors, 2nd Grn e. (£300 by £15 to 325)	1,560	500	5 new appointments: 4 to be filled in 1926; salaries to be calculated as above.
57.	5 Sanitary Overseers (£250 by 15 to 235)	230	1,250	5 new appointments
58.	31 Uniform allowances at 410 each	140	260	31 new appointments 26 to be filled in 1926
59.	6 Burses £200 by 15 to 250	500	800	6 new appointments 4 to be filled in 1926
60.	6 Uniform Allowances at 20 each	40	80	6 new appointments 4 to be filled in 1926
61.	2 Duty Allowances at 240 each	80	80	2 new posts.
62.	Local Allowances	1,600	1,350	
63.	Vaccinators	300	300	
64.	Native Attendants for inf. dis. post.	1,000	400	
Total Sanitation Division Personal Emoluments		£13,001	£16,241	

Item
1
2011

Estimated
1945

Estimated
Increase

Remarks

LABORATORY DIVISION.

	2 Assistant Bacteriologists. (£600 by £25 to £900)		1,200	2 new posts.
74.	2 Allowances in lieu of fees		100	2 new posts.
75	1 Entomologist (£500 by £25 to £500)	£520	500	New post.
76	2 Laboratory Assistants (£300 by £15 to £400)	490	600	2 new posts.
77	3 Laboratory Assistants, Learner grade (£80 by £10 to £140)	36	140	3 new posts.
78	Local Allowances	785	463	
79	2 Laboratory Assistants, 3rd Grade	498	252	
	12 African Laboratory Assistants, Learner Grade	742	100	

£596
~~£3,455~~
~~£3,255~~

Estimate
1925

Estimated
Increase.

Re

OTHER CHARGES.

82	Upkeep of Laboratory	600	840	
83	Medical and Surgical Stores	11,250	1,250	New stations to
88	Passages	4,064	5,185	
89	Local Travelling	2,414	4,000	Includes Motor Car All
91	Travelling Allowance	1,220	2,440	
92	Carriage of Goods	2,050	350	
95	Upkeep of Native Hospitals	4,450	550	
99	Uniforms for Medical Staff	700	150	
100	Furniture and equipment for Hospitals	3,500	1,000	New Hospitals to be equipped.
102	Fees and expenses of M.O.'s attending courses of instruction in England	375	1,400	Preliminary Courses for new M.
107	Maintenance of Inf. Dis. Hospitals and leper establishments.	1,100	400	
108	Bush clearing and malarial preventive measures	1,100	400	
	Total Other Charges	<u>£45,140</u>	<u>£17,965</u>	
	TOTAL	<u>£114,031</u>	<u>55,821</u> <u>£52,359.</u>	

S - R EA

Gov/35677/25

255

Mr. Jeffries 13/8/25
Mr. Bottomley 13.8.25

Kenya

Mr. Strachey 13 et al

and

Mr. J. Shuckburgh

Mr. Davis

Mr. Brindle

Mr. W. E. Coon
Mr. Hamilton Smith

Mr. Ormsby-Gore

Mr. Amery

for consen

C. D.
R 14 AUG
D 15

Calicut
Tel. 2.5 pm
14/8/25

DRAFT. Tel. code

14 Aug (1925)

minor

Nairobi

Your despatch 1st July No. 823

medical staff I approve of new

proposals being included

in draft estimates for consen

Steps will be taken to select

candidates as far as possible in

anticipation of approval some

expenditure will be necessary

this year in respect of pay

and passages of selected

candidates sent out to arrive

in Kenya in January pres

X.A.

that necessary funds can be
made available. You will
appreciate that officers in
East African Medical Service
generally will have to be
considered for the new
senior posts.

Sigs

If existing vacancies have been filled
that such new medical

officers as can be selected
in time should attend

next London course
and proceed to Kenya

March 1926. Those
selected ^{too late for} ~~after commencement~~

of course will proceed

from December onwards as
passages can be arranged.

Do you agree

900 / 35677/25 S. 11

Mr. Jeffries

Mr.

Mr.

21/8/25

Kenya.

abance

fid

C. D.
R 24 AUG
D 26

Mr. Strachey

Mr. J. Shackburgh.

Sir C. Davis.

Sir G. Grindle.

Sir J. Masterton Smith.

Mr. Ormsby-Gore.

Mr. Amery.

~~the~~

Could be said
J.C.
1-30 p
22/8

DRAFT Tel code

~~22 Aug~~

Governor

Nairobi

~~see~~

my tel. 14th Aug. after

discussion with Wilson in

light of new arrangements

for Tropical Medicine

courses see my circum

despatch 20th June prop

(Gardner)