

1923-24

KENYA

C. O. 1712  
11 JAN 24

FROM *Dep. Sec. of State*  
*Denham*

DATE

*17*

FOR CIRCULATION:

Mr. *S. Hahn*  
Mr. *Polkington*  
Mr.  
Asst. U.S. of S.

SUBJECT

487

*Medical Reports 1921*

Recd U.S. of S.  
Private U.S. of S.  
Secretary of State.

*Replies to comments of Col. Advisory and Sanitary Comtee.*

Previous Paper

MINUTES

*500*  
*63207*

*This should be printed for CAWS Clin. but I found rather diswise. The Com. PMO's record on the form of the Annual Report.*

*I annex a copy of the Annual Report, and will confine myself to remarking*

*(1) That there are "nine and sixty ways of constructing such reports" and every single one of them is right; but*

*(a) we want uniformity of arrangement for purposes of reference (b) we want certain uniformity e.g. tables of mortality*

Subsequent Paper

31 MAY 1924

*Answered Conf.*

death rate of European  
operated, with a summary  
work done, in the few  
forms which are laid  
down in the Model.

(2) I see nothing to  
prevent the P.M.O. of Kenya  
from including all the  
special notes to which  
D. Paterson refers under  
one or other of the headings  
of the Model. In spite  
of the remark at the  
bottom of p. 5 of the  
Model, D. Paterson  
takes far too rigid a  
view of that document.

(3) There is something in  
his point that the order  
of the headings sub-paragraphs (b), (c)  
(d) and (e) in Section II  
of the Model should be  
reversed, but I do  
not think that the point  
is very important, especially  
as the report is not, as  
D. P. seems to think,  
primarily for the general  
public, but for the  
S.P. and his professional  
advisers.

advisers and not for  
the eyes of medical  
Direct and members of  
the medical profession  
outside Kenya.

483

Print for C.A.M.S. H.P.D.

18/1/49

The Model Report was designed  
especially for use in West Africa. I do  
not know whether in other Crown Colonies,  
he never been completely affected  
largely, I believe, because it is felt that  
it is in many ways not adapted to  
these various needs. The matter is  
however of great importance & I have  
constantly appreciated the difficulty  
of dealing adequately with medical  
& Sanitary Reports of countries so  
differently situated, and whose  
conditions are so different, as those  
in the Far East, the Pacific, the  
West Indies and S. E. Africa. In  
most of these cases the format Reports  
are entirely different in construction &  
present great variation in substance.  
Comparison between them is almost  
impossible in many important respects  
& valuable information is lost sight of  
instead of being freely available between  
the different colonies.

There is, therefore, necessity for a  
generally suitable model for all  
Colonies. The present model can not  
be so adapted, & I  
feel there is much urgency in the  
matter. I am, Sir,  
Yours faithfully,  
D. G. G. (D. G. G.)

of the same opinion in the report  
submitted on alternative, (of the  
form of the 1922 Prod. Report for  
Kenya)

It should be considered some  
time as to what action can be taken  
in the matter - sooner or later I  
think the matter must come  
before the Comd. (See)

ASH  
28.2.24

Sub-Committee  
S. H. R. G. B.

I think the importance  
of establishing better medical  
arrangement has been  
emphasized since the  
visit of the Medical  
Deputation has been  
arranged to visit Kenya  
The C. C. is studying the  
Report, & that the chief  
value of the report based  
on that it indicates the  
subjects which are to be  
considered.

Many cases, I suppose  
that other departments  
should go before that the  
the necessary arrangements  
should be made.

See on the Committee for  
of the form of report.

439

Good 29.2.24

AFG

See - being before the C.A.M.S.  
Probably <sup>the</sup> ~~the~~ matter is  
to why - the matter is a  
Sub. C. C.

at once  
H. J. G.  
24/2/24

Private of C.A.M.S. Office  
at all.

Please to me as  
soon as possible of  
1922 Report come  
over from CA

H. J. G.  
15/4/24

H. J. G.

It is extracts from  
minutes of 1922 and 1923  
meetings of C.A.M.S. at  
The sub. C. C. is being  
dealt with on a Sub. C. C.  
I have asked the Dept.  
for

on the other side and  
A in minute of 1913  
meeting. As regards Dr  
Paterson's memo - say  
that the C.M.S. took the  
opportunity of Dr. P's presence  
in England to discuss the  
matter with him. That  
as the result of the discussion  
the C.M.S. have agreed  
that the C.M.S. to consider what  
arrangement is desirable  
in the model form of Annual  
Med Report (Rpt 959) - and  
that the C.M.S. will consider  
to make further when the  
Paterson's of the C.M.S. C.M.S.

W.C.H. 27.5.24  
at once

Circulated at 198th meeting  
of C.A.M.S. C.M.S. 23 Sept 24

1 put by 15/9/24

SR Re 1100 30.9.24

at once

490  
A dispatch from  
the Governor of Kenya dated the 17th December, 1923,  
regarding the different comments on the Annual Medical  
Report of the Colony for 1921. Dr. Holford said that  
he was inclined to agree with Dr. Paterson's comments  
on the Colonial Office Model Medical Report. Sir W.  
Gruet said that he was unable to agree with Dr. Paterson  
and regarded much of his argument as special pleading.  
It was decided that the Officer was to be allowed to  
devise on the 1924 his Annual Medical Report, the  
report should contain a Jubilee of material, and the  
points raised would be obscured or omitted. He  
considered it essential that there should be a uniform  
type of Report, although he would admit that the  
existing model, which had been devised in 1910, was  
capable of improvement. It was decided to defer  
further consideration until Dr. Paterson had been  
interviewed by the Committee, and that he should be  
asked to appear before the Committee when the Annual  
Medical Report for Kenya for 1922, was under considera-  
tion.

With regard to the Acting Principal Medical  
Officer's notes on the question of the establishment of  
small district laboratories for clinical work, the  
Committee, while sympathizing with the difficulties  
of the Medical Department in the matter, still  
expressed the view that small laboratories should be  
maintained, and that the routine clinical work should  
be done by <sup>trained</sup> native assistants, no additional  
European staff being required.

SR Re  
Please attach  
14/24

EXTENDED FROM THE MINUTES OF THE 1932 MEETING OF THE  
COLONIAL ADVISORY MEDICAL AND SANITARY COMMITTEE.

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2. Further discussion took place on a despatch from the  
Governor dated 17th December, 1932, containing  
recommendations by Dr. [unclear] relating to certain features of  
the [unclear] of Medicine Report (African 959). It was agreed  
that the [unclear] Report would be under Table 4 in the Model  
Medical Report [unclear] abbreviated, and after  
discussion by the Committee, consisting of  
[unclear] [unclear] and Dr. Horn was appointed  
to consider the question of the revision of the Model  
Report.

KENYA

No. 597.

CONFIDENTIAL.



492 GOVERNMENT HOUSE,  
NAIROBI.

KENYA

3602

17th December, 1923.

1712

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My Lord Duke,

With reference to Your Grace's Confidential despatch of July 16th last in which were transmitted the comments of the Colonial Advisory Medical and Sanitary Committee on the Annual Report for 1922 of the Medical Department, I have the honour to submit my remarks on those comments of the Committee which require reply.

2. (a) The Acting Principal Medical Officer asks for a reconsideration of the instruction that in future the Medical Annual Report should follow as closely as possible the model enclosed with the despatch and has prepared a memorandum setting out the reasons for his request. A copy of this memorandum is transmitted for Your Grace's consideration.

(d) Your Grace will recollect that Dr. Duke of the Uganda Medical Department was recently seconded for temporary duty in this Colony in connection with sleeping sickness. Dr. Duke's report will at an early date be submitted to Your Grace with my comments.

(g) Paragraph 2 (g) (pages 40 and 64 of the Report. Some further information with regard to *Xenopsylla cheopis* and *X. brasiliensis* is given in the report for 1922. I should welcome the opportunity of carrying out further investigations into the

relative -

IS GRACE

THE DUKE OF DEVONSHIRE, K.G., P.C., G.C.M.G., G.C.V.O..

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET, LONDON, S. W.,

No. 4612

relative activities of these two species as transmission agents of plague in Kenya. Such an investigation means, however, a large amount of work of a very specialised nature indeed, and with the present Laboratory staff I regret that it cannot be put in hand.

(h) Paragraph 2 (h) General Sanitary Work: I enclose for transmission to the Committee blue prints of various latrines as requested. Some of these drawings were sent home with the typewritten copy of the Report, but by an unfortunate accident were not reproduced.

(k) Paragraph 2 (k) (page 85 of the Report, Malaria). The training of Africans in elementary laboratory technique such as the making, staining and examination of blood films has been in progress at the Bacteriological Laboratory for more than a year past. It is expected that it will be possible to provide at least a few of the outlying hospitals with African Assistants who have been so trained before the close of 1924.

(j) Paragraph 2 (j) (page 81 of the Report, Hospital and Dispensaries). I regret that no funds have been provided in 1924 for the establishment of additional Laboratories. I attach some notes on this topic prepared by the Acting Principal Medical Officer which might be communicated to the Committee.

(m) Page 90, Yaws - I have read the summary of the differences between Yaws and Syphilis with interest. With one exception it agrees with experience in Kenya; the exception is however important. Experience of some 50 or 60 thousand cases of yaws in this country would appear to show that in a certain number of cases the primary sore or what is taken to be the primary sore of yaws is situated on the genitals. The summary states that this is not the case.

(o) This matter has received attention and full

report is being forwarded at an early date under <sup>494</sup> cover of a separate despatch on the whole question of the improvements of conditions at the Nairobi Gaol.

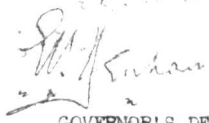
(p) Paragraph 2 (p) (page 135 of the Report: Vaccine Lymph) The question of using a third vacciner received attention about two years ago. As, however, the lymph is now apparently entirely satisfactory and gives a very high insertion success rate, the use of a third vacciner would not at present appear to be necessary.

(q) Paragraph 2 (q) Agglutination Reaction - The matter is at present being investigated as suggested by the Committee.

(r) Paragraph 2 (r) (page 156 of the Report). The matter will be further investigated should material and cases again become available.

(s) This question is under consideration and will form the subject of a separate despatch at a later date.

I have, the honour to be,  
My Lord Duke,  
Your Grace's most devoted and  
most obedient servant,



GOVERNOR'S DEPUTY.



COLONY AND PROTECTORATE OF KENYA.

MEDICAL DEPARTMENT.

M E M O R A N D U M

ON THE FORM OF ANNUAL MEDICAL REPORT  
 SUITABLE FOR ADOPTION IN THE COLONY AND  
 PROTECTORATE OF KENYA WITH SPECIAL REFERENCE  
 TO THE FORMS ADOPTED IN 1921 AND 1922 AND THE FORM  
 SUGGESTED IN PARAGRAPH 2, SUB-PARAGRAPH (a) OF COLONIAL  
 OFFICE CONFIDENTIAL DESPATCH OF 16TH JULY, 1923.

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The question of the form in which an annual report should be presented is one of importance and as the form which has been customary to use for the Report of this Department up to the year 1920 had obviously by that time become out-of-date, besides being otherwise unsuitable, a good deal of consideration was given to the manner in which the report should be presented and a number of alterations were made in that year. It was recognised, however, that a more radical remodelling would be necessary if an adequate and readable report were to be produced and further very careful consideration was given to the matter during the year 1922, when a model was devised which it was hoped would allow of a satisfactory presentation of the material available.

2. ref. paragraph 2, sub-paragraph (a) of the above quoted despatch, "form of report". - It is certainly the case that the form of the 1921 report was not entirely satisfactory and that the position of the table showing the invaliding and death rates of European officials which appeared on page of that report was wrongly placed. It has not, however, been possible to give effect to the recommendation of the Committee that the report for 1922 should conform with the "model" medical report (African 959) for the reason that the report had already been compiled and bound before the receipt of the Secretary of State's despatch. Nevertheless it will be noticed that the form which has been adopted for the 1922 report differs very considerably indeed, not only from the model which has since been received, but also from the form in which the report

MEDICAL DEPARTMENT.

MEMORANDUM

ON THE FORM OF ANNUAL MEDICAL REPORT  
 SUITABLE FOR ADOPTION IN THE COLONY AND  
 PROTECTORATE OF KENYA WITH SPECIAL REFERENCE  
 TO THE FORMS ADOPTED IN 1921 AND 1922 AND THE FORM  
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for 1921 and presented. It will also be noticed that in the 1922 Report the table alluded to above has been inserted in an appropriate position.

The table is a summary of the work done by the various departments of the Government during the year 1921. It is a very important document and should be read by all members of the Council and all other persons interested in the work of the Government in this Colony.

As I do not think that a satisfactory report of the Public Administration in this Colony or of the working of the various departments can be given by following the "model" (see Report of the Council for 1919), I have considered the reasons for the failure of the "model" and have suggested a form used in the year 1921. The form is attached to this report and will be found in the Appendix.

The table is a summary of the work done by the various departments of the Government during the year 1921. It is a very important document and should be read by all members of the Council and all other persons interested in the work of the Government in this Colony.

The public, and the Council, should be able to see at a glance the results of the work done by the various departments of the Government during the year 1921. The report should be placed at the end of the report. The report should, as far as possible, be concise, and if possible it should be printed on one page. The point is of the utmost importance; as account of its non-observance most reports are never read.

To take the first heading of the word "Administrative Staff". The heading should be "Administration" and under it should be given a record of the "machinery" of Administration and of important changes and alterations in that machinery, under such sub-heads as may be appropriate to conditions of

they pertain in the Colony reported on (vide this Department's report for 1922). Lists of personnel, appointments, promotions and changes of staff are of no interest to the public, nor, except for office purposes, to anyone but the officers actually mentioned. Such lists and details should be inserted at the end of the report.

The financial note should not be so much a statement of revenue and expenditure, but should show the expenditure and revenue of the Department as a whole, the expenditure of the Colony as a whole, the revenue of the Colony as derived from various sources, or as collected in various districts and compared with similar rates in other countries. I trust that it will be possible to do this in the next report for 1923.

Part II of the Model: "Public Health"

unlikely that any adequate or readable review of the Public Health could possibly be provided if the arrangement, or the instructions given for the compilation of this section in the model were to be adopted. There are two chief reasons why this part of the model should not be followed.

Firstly: the only satisfactory method of estimating the state of the public health is by considering the vital statistics of the population and an essential preliminary to the writing of a report on the Public Health is to state what exactly the public is whose health is being considered. The "model" begins, it is true, with a sub-heading, "(a) General Remarks", but it indicates as the first sub-sections thereof "(i) General Diseases" and "(ii) Communicable Diseases". It is not clear what may be intended by "General Diseases", but if they are those which are given under that heading in table VI they are of much less importance than the "Communicable Diseases". In any case, it would convey very little information to state what diseases and what numbers of cases have occurred, when the size of the population among which they have

occurred has not yet been detailed. But it is specifically stated in the "model" that the vital statistics (which includes the figures for the estimated population) with regard to the most numerous section of the public - the General Native Population - are not to be detailed till a sub-heading "(a)" has been reached. The arrangement is unworkable. The section "Public Health" to be intelligible must commence with a description and enumeration of the communities of the Public which is being dealt with, then should follow such vital statistics as may be available - or, a most important point, if none are available, a statement to that effect - an interpretation of these statistics and a consideration of important factors or events which may have affected, or are likely in the future to affect the Public Health. The consideration of specific diseases is best left for a subsequent section.

The second reason why it is impossible adequately to revise the Public Health if the arrangement of the "model" be followed, is that it is by no means clear from the model that any great importance is attached to the Public Health. The matter contained in the paragraph at the foot of page 16 of the Annual Report for Kenya for 1921 and on pages 17 to 20 of that Report would appear to be relevant in this connection. The public of this Colony is largely African and the Medical Report is a report firstly on the Public Health. The Medical Department is established primarily to advise Government with regard to the means to be adopted to safeguard the Public Health. The safeguarding of the health of the official population, though undoubtedly important, is only incidental to the main work of the Department and of Government. There can be little recognition of the main function of the Department if it be considered that the record of the health of the various communities should be given in the order suggested by the "model" since that order is as follows:-

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- (b) European Officials,
- (c) Native Officials,
- (d) General European Population,
- (e) General Native Population.

Nor is it likely to promote the recognition either by Medical Departments or by Governments of the importance of the health of the native population, or of the fact that the Public Health in any real sense of the term is perhaps ~~rather~~ <sup>much</sup> less considered than it should, as the ~~whole~~ <sup>records</sup> with regard to the health of the ~~largest~~ <sup>community</sup> are relegated to the ~~most~~ <sup>most</sup> ~~unimportant~~ <sup>unimportant</sup> position.

The Invaliding and Death ~~Statistics~~ <sup>Statistics</sup> for the ~~total~~ <sup>total</sup> population are undoubtedly ~~inadequate~~ <sup>inadequate</sup> and ~~are~~ <sup>are</sup> probably more accurate than ~~most~~ <sup>most</sup> of any other ~~country~~ <sup>country</sup>, but they should only be regarded as a contribution to our knowledge of conditions and not as any ~~positive~~ <sup>positive</sup> indication of the state of the ~~Public Health~~ <sup>Public Health</sup>.

Section III: Sanitation - I trust that exception will

not be taken to the ~~fact~~ <sup>fact</sup> in ~~the~~ <sup>the</sup> ~~present~~ <sup>present</sup> ~~report~~ <sup>report</sup> of this section of the Kenya Report for 1928 has been presented. In that ~~stage~~ <sup>stage</sup> which the development of this Colony has reached and of the special conditions which ~~prevail~~ <sup>prevail</sup> here, I do not think that it would be possible strictly to adhere to the form of the model, and I would particularly invite consideration of the points in favour of many specific "preventive" measures being dealt with, not in this section, but in an entirely separate section, entitled "Major Epidemic and Endemic Diseases". Such measures can usually be more adequately considered when detailed in connection with the recital of the prevalence and importance of the diseases which they are designed to prevent. There has undoubtedly been a tendency in the practice of preventive medicine in the tropics to give great attention to measures specifically designed to secure the prevention of particular diseases and to underrate, or overlook the importance of providing remedies for those fundamental insanitary conditions which are as common in the tropics as in England, and

of which will be a in many instances the prevention of disease in the tropics equally as it does in England. If there are two things which are of more fundamental importance to the building up of sound sanitary conditions than any others, they are the house and the wise use of land both urban and rural. These things are not referred to in the Medical Reports. Another matter of great importance which is not referred to is the sanitary supply of the people and its improvement, inspection and control. So important, however, is this matter that in the Report for this Colony for 1912 a whole section has been devoted to it. There was unfortunately very little to record, but it was considered wise, particularly in view of the small consideration which the matter has hitherto received in this Colony, to establish the section forthwith.

The point that is made by the Committee with regard to the convenience of a uniform arrangement of Colonial Reports for purposes of reference is fully realised and to that end the form and numbering of all tables in common use in these reports have been meticulously followed. Even though they are not always satisfactory, I suggest, however, that the general form of the "model" is not such as would enable an adequate report to be compiled with regard to the Public Health of this Colony, and as we are not entirely uninterested in the lessons which are to be gathered from experience elsewhere, I venture to suggest that our opportunities of benefiting by the experiences of the Medical Departments of other Colonies and Protectorates would be considerably increased were the "model" in question to be substantially altered.

There is one further point with regard to form. It is not only desirable that the Medical Reports of the various Colonies should in each case supply, in as easily comparable a form as possible, certain specific information, but it is also desirable that the successive reports of each Colony



show. As far as possible, show the same form from  
 1921 to 1922. The reports for 1921 for the years  
 1921 and 1922 are available. The report for  
 1921 is available for 1921. That of 1922 will be  
 1921 to inexperience of local  
 to question in 1921.  
 if the operations would be  
 to and the activities  
 to be reviewed and the  
 that it would be useful  
 to the public. A personal  
 and that the form adapted by  
 to the Ministry of Health in 1921  
 readable and effective.  
 shifted form. It is only of  
 the case of a few cases will  
 necessary after that.  
 1922 is any radical action, say  
 Secretary of State may be able to  
 to fill cases in all important  
 and in this Agency.



*Allen*  
*30-1-25*

7. Paragraph 2 (i) (page 8) of the Report, Hospital and Dispensaries. I should welcome the establishment at out-lying hospitals of small clinical laboratories of the type suggested by the Committee. I cannot gather from the report, however, how many of these laboratories it is suggested

should be established but I would note that the equipment suggested is such that it could only be utilized by the provision also for each laboratory of a Medical Officer

who, besides having no other calls on his time than those of the laboratory, had a much greater skill in laboratory technique than is usually possessed by Medical Officers

who have received no special training as pathologists or bacteriologists. There has been some misunderstanding with this matter. There is no

lack at the moment of the material and equipment necessary for a Medical Officer himself to make a diagnosis with regard to most diseases and such

more difficult pathological work could be done in the case at present, provided each Medical Officer had the material which would appear to be fully realized by the

in Kenya is already more than enough out the treatment of those patients can diagnose at a glance. Two thousand

cases of yaws are not treated by one Medical Officer in a month, nor 30 or 40 cases of hydrocele operated on, in addition to ensuring the destruction of a couple of hundred thousand

rats and adequately supervising the administration of a hundred bedded hospital and the feeding and nursing of a hundred

patients and supervising a dozen or so out-dispensaries by devoting only a part of the day to the work. A Medical Officer with duties such as the above cannot afford to spend more time on laboratory diagnosis than may be absolutely essential. Clinical laboratories of the type suggested are certainly urgently required, but for the establishment of each, another Medical Officer would be necessary. A beginning could, however, be made by the establishment of such a laboratory at Mombasa,



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but before even that is done the staff of the Laboratory at Nairobi should be augmented by at least one extra bacteriologist in order that the Senior Bacteriologist may be entirely freed from routine duties and so enabled not only to settle down to the execution of such research work which is required in order to provide solutions to many problems of pressing urgency but also in order that he or another bacteriologist may be able to do a certain amount of travelling, in order that by discussion with Medical Officers at out-stations he might not only assist these officers in many ways but also himself study in the field and at first hand certain aspects of the problem which he is required to solve. I trust that it may be possible for Government to make provision for such an additional bacteriologist in 1925. There is one aspect of the question of additional research facilities on which it would appear to be desirable to enlarge at the present juncture as it is of the utmost importance that there should be a very clear realisation by the Committee and by this Government of what the needs of the Colony are in this respect. There are at present two diseases which more particularly are the cause each year of a very considerable mortality among the adult members of the native population. These diseases are Pneumonia and Plague. It is not improbable that means could be found considerably to decrease either the incidence of these diseases or the mortality which results from them. In order to do so, however, the staff of the Laboratory in Nairobi must be increased, so that certain officers can devote themselves over considerable periods and without interruption to the investigation of the problems involved.

To take the question of pneumonia alone, much would appear to have been done to reduce the mortality from pneumonia on the mines in South Africa by the use of

serious industrial disease more particularly on Railway constructions, and the question of its prevention should be investigated. If therefore an extra bacteriologist is to be appointed he should be posted to the Laboratory at Nairobi in order to carry out this work, and no bacteriologists should be appointed either to Mombasa or to any other out-station till the larger and more important researches have been undertaken, for it must be remembered that bacteriologists at small laboratories at out-stations would of necessity be largely occupied in their work in connection with clinical and medical research as they might do well done as work done from a central laboratory for research work. It will be all right till the Central Laboratory is adequate.

