

EAST AFR. PROT

33386

3 OCT 02

note 750
Pencil

Governor. No.
Conf. 11

1909

Foot. Medical Officers & Private Practice.

10 Sept.
Previous Paper.

Sends report by P.M.O. on complaint made by Dr. Macdonald. Considers that latter has no grievance.

6/6/13

W. Butler.

Cannot trace in the Subject Index any other correspondence on the competition between Gvt. M.O. & private practitioners.

I don't think that Dr. Macdonald really has reason to complain of M.O.'s taking private practice in their spare time - his only ground of complaint would be, if they take the bread out of his mouth by treating unofficial members of the community for nothing.

It is not as if there were numerous "practitioners in Nairobi & Mombasa". Dr. Macdonald's statement to that effect appears to be quite incorrect. I fail to see why he & Dr. Heard should have a monopoly: if any there was a

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good selection of doctors for patients to choose from, matters would be different; but to forbid our M.O.'s to practice would be to throw the medical settlers into the hands of two men - those in partnership.

You can scarcely argue that the M.O.'s are "subsidized" or parade an argument of that sort with effect; but it must be remembered that the M.O.'s have their Govt. duties first & are no little tied by them.

Moreover, the returns show that as a matter of fact the M.O.'s do but little practice privately.

Parab. of Dr. M. Hall means:

Seems to me to go to the root of the matter. No doctor ought to give his services gratuitously. I know well enough, not only the difficulties of experienced lay doctors in ^{obtaining} fees, but ~~also~~ the far greater difficulty, if you have a particle of sympathy in your nature, of exacting payment from poor patients. But it is only fair that doctors should both in

their own interests & those of their fellow-workers, require payment for medical attendance in private practice.

I would reply that S.P. adheres to the opinion, expressed in his letter of 30 Dec. or a W/45930 E.S.B., that Govt. M.O. should not be excluded generally from private practice but that he feels very strongly that when a Govt. M.O. does attend medically any unofficial member of the community, in the

capacity of a private practitioner such attendance should ^{in ordinary cases} not be given gratuitously. All P.

W. Read

I agree. I think we must also take up the important point that the present system of administering to the Govt. Hospital encourages patients unduly & throws an unfair burden of expense on the Govt. & work on the Govt. doctors.

It is not
usually known
to the
for papers but
it does not seem
to be it again
4.7.10

It might be possible to fix fees
more in correspondence with the
services rendered, permitting a
part of them in cases in which
full payment cannot fairly
be expected.

HAB

OCT 18

Mr. J. J. ...
Yes - &, with refer to the last para.
of Dr. Radford's letter, I think that we
should inquire whether there is any law
forbidding unqualified practitioners to practice
& if not, whether the gov. considers it advisable
to introduce any such enactment. In a new
country like the E.A.S. we may have to
begin at a good deal, but I think that
we should draw the line at the man
whose expenses has been paid as a
discharge in the hospital.

H. J. R.

18/2

at once

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3386

Governor's Office,

Nairobi,

3 OCT 19

September 10th 1909.

EAST AFRICA PROTECTORATE.

CONFIDENTIAL (81)

(Incl.3)

My Lord,

cc
8136

With reference to Your Lordship's Confidential despatch of March 24th, I have the honour to transmit herewith a Memorandum with enclosures from the Principal Medical Officer which give the information called for.

2. I trust that Your Lordship will agree with me in thinking that Dr.Macdonald has nothing to complain of.

3. It appears that the real gravamen lies in the facts that most of the unofficial residents in this Protectorate are either unwilling or unable to pay medical fees and that they are prone to accept gratuitous treatment from the Government Medical Officers.

4. I would venture to invite Your Lordship's special attention to the fact that it was mainly due to Dr.Macdonald's persistent representations that the privilege of taking private practice was granted in 1898 to Government Medical Officers.

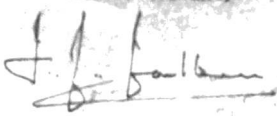
I have the honour to be,

With the highest respect,

My Lord,

Your Lordship's most obedient,

humble servant,



H.E.PRINCIPAL SECRETARY OF STATE

FOR THE COLONIES,

DORNING STREET,

LONDON, E.W.

Dr.Wilne
Encls. in do.
2

INCLOSURE No. 1

In Despatch No. 27 of Sept. 10, 1909.

64

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3 OCT 09

MEMORANDUM.

Private Practice by Government Medical Officers practically only concerns the two towns of Nairobi and Mombasa. In the latter it virtually only affects one Medical Practitioner - Dr. Macdonald. There are three Government Medical Officers stationed in the town, but, as one of them by the terms of his appointment (the Medical Officer of Health) is forbidden private practice, competition resolves itself to a choice of three qualified doctors (the work of the two Missionary Medical Men in the neighbourhood may be excluded as their services are practically confined to their own settlement, and do not affect the issue raised by Dr. Macdonald).

2. Of these two Government Doctors, Dr. Redford (Medical Officer, European Hospital) has received £75 during last year in fees from private persons, and Dr. Robertson (Medical Officer, Native Civil Hospital) £30. These sums practically come from white patients. The amount of Dr. Macdonald's practice it is impossible to state, but he is supposed to have made at least £600 per annum for the last ten years, over and above his salary while in Government service with identically the same conditions of competition. This practice mostly consists of English and German Firms, and a large proportion of the well-to-do Indian, Arab and Swahili merchants.

3. From a monetary point of view it will be seen that

that Dr. Macdonald is hardly justified in drawing attention to the suppositious pecuniary loss inflicted on him by his former colleagues.

4. In Nairobi there are the following Government Medical Officers:-

The Principal Medical Officer,

The Bacteriologist, Dr. Ross

The Medical Officer, European Hospital,
Dr. Henderson, and

The Medical Officer, Native Civil Hospital,
Dr. Chell.

Of these the Principal Medical Officer is not entitled to private practice but may be called in by his colleagues or others for a consultation on private patients; so far the total fees received by me under this head have been a guinea sent by a London Insurance Office. Dr. Ross confines his attention exclusively to his Laboratory and has never done any private practice. Of the remaining two, the fees received by Dr. Henderson since his arrival in Nairobi have been Nil, while Dr. Chell has received £20, a sum of money which was paid him for one piece of work.

5. The only qualified Medical Practitioner in Nairobi is Dr. Heard. There is no means of stating the value of his practice but it is probably well over £400 a year. That it is a lucrative one may be inferred from the fact that Dr. Macdonald has installed a qualified European Assistant in Mombasa, and has joined partnership with Dr. Heard, the idea being that he will work the two towns' practice while Dr. Heard will be provided with a motor car and attend to all the settlers outside Nairobi.

6. Probably the real crux of the question is not that the Government Doctors charge fees, but that they don't. As pointed out in Dr.Radford's letter there is a very general tendency for settlers to look on the services of a Government Medical Officer as theirs by right, and resent any suggestion of remuneration. Operations have been performed in the Hospitals, the responsibility for which has been fixed in the Medical Officer in charge owing to the fact that the nearest Specialist is thousand of miles away, without his reaping a single material reward.

7. Such fees for ordinary Medical Attendance as are charged by Medical Officers are Rs.7.50 and Rs.5/- (10/- and 6/8). Dr.Heard charges the same and a mileage fee of a rupee per hour. Dr.Macdonald's fees are from Rs.5/- to Rs.20.

9. I attach copies of Dr.Radford's and Dr.Henderson's letters giving lists of the Private Practitioners and the extent of their practice in the two towns. In addition to these there is a number of Missionary Settler Doctors in the Protectorate whose work hardly comes in conflict with the Government Doctors.

ENCLOSURE 2

In Despatch No. 81 of Sept. 10, 1909

67

CONFIDENTIAL.

Mombasa,

July 17th 1909

30086
OCT 9 1909

Sir,

In reply to your letter No. 38/395/1 regarding the amount of my Private Practice and the fees received during 1908, I have the honour to state that the amount, including fees (Maternity), paid by officials' wives, and those for operations, have not amounted to £75/- received.

2 The number of patients seen has steadily increased of late years, and there is every prospect of this increase being maintained, due to the steady influx of Europeans into the country; but at the same time the desire of this class of patient to liquidate its indebtedness to the Government Medical Officers appears in practice to be steadily diminishing.

3 Custom dies hard in this country and it is now practically established as a right for any person in whatever class of society to at once call in a Government Medical Officer, preferably to a private practitioner, while the remuneration paid is often represented by thanks only.

4 That practice is steadily increasing is shown by the admissions into the Government Hospitals where all cases requiring nursing must necessarily be admitted, as no similar Institution, supported either

by

THE PRINCIPAL MEDICAL OFFICER,

NAIROBI.

by general contribution or endowed by philanthropy, exists. During 1908 and for the first half of 1909, 127 cases have been admitted into Mombasa Hospital, of these 62 were officials and 65 non-officials.

5 It is not surprising that this is so when non-officials can obtain medical attention, nursing, treatment, food, lodging and drugs for a sum varying from Rs.12 to Rs.5 (i.e. 15/- = 6/8) per diem, benefits they could under no circumstances obtain in their own houses for anything approaching the same amount. It remains in East Africa an established fact that any one is entitled to medical attendance, nursing, board and lodging while in Hospital for the same sum an official is charged for subsistence fees alone, provided his salary is above £400 per annum. The boon conferred on the general public is obvious.

6 It will be seen from the above figures that more than half my work (51%) in the European Hospital is devoted to the care of those who are accepted under exceptional favourable conditions by the Government, without any extra remuneration being paid to me as Medical Officer in Charge. The whole of the fees paid by these persons are received by the Government and shown as part of the general revenue of the Protectorate, and I venture to think that a large percentage of this class of patients would, under the circumstances be treated as private patients by Government Medical Officers or Private Practitioners and the fees paid to them; if the Government did not grant them such favourable terms on their reception into Hospital.

7. I think that such a great addition to the work and responsibilities of the Medical Officers in charge of Hospitals is a matter that has not received the due consideration it deserves, and I would refer you to the custom that obtains in the West Coast, where the fees paid by non-officials are allocated in part to the Government, part to the Medical Officer in charge, and part (I believe) to the Nursing Staff.

The present state of things is liable to grave abuse, it is not an uncommon thing for Private Practitioners to treat patients in their own houses, and insist on adequate remuneration being paid, and then send them into Hospital when either the case needs care and attention which cannot be afforded outside a Hospital or when the patient is unable to pay any further fees.

In either case the Medical Officer is placed in a most unenviable position, in first accepting the responsibility of a case that has been treated by another Medical Man, and secondly, by being compelled to accept this responsibility with no remuneration whatever.

I attach a list of the Medical Practitioners in Mombasa, but I would impress on you the fact that the list is by no means includes all those who practice medicine here, who are a large and totally ignorant class; but includes only those who are known to the Police as Practicing and derive their incomes wholly, or in part, from their profession.

The list is supplied by the courtesy of the Assistant Deputy Superintendent of Police, Mombasa.

re to
H. H. H.
28577/60

Name.

- Dr. Macdonald
- Dr. Shepherd
- Dr. James
- Dr. Rodrigues
- Dr. St. Rose
- Dr. Gama Rose
- Dr. Bowen
- Dr. Lobo
- Dr. Abdul Rahim
- *Dr. Mohamed Daverji
- *Dr. Wadhar Jivevaji

* Practices in Indian Medicine.

Dr. Macdonald has recently brought out a partner (Dr. Tichbourne) from England, which, in my opinion is sufficient evidence that his practice is lucrative and growing. His practice is chiefly among Europeans, better class Indians and Goanese; and he has resided here for some 19 years.

Drs. Shepherd and James of the Church Missionary Society chiefly work among natives, but also treat some of their own European Staff.

Drs. Bowen, Lobo, Gama Rose and Rodrigues devote their energies to the Goanese and Indian Community, but the two former are also in charge of the Roman Catholic Missions, and a section of the European (Roman Catholic) community.

The other "Medical Practitioners" work among the Arab, Indian, Goanese and native population and rarely nearly all add to their incomes by selling drugs and propriety articles.

Of the qualifications, Medical or otherwise, of the

the majority of these included in the list, I do not dare hazard opinion, but it is significant that the Practitioner who is presumably satisfied with his lot in life, as he has been established in general practice for some 2½ years, is said to have gained his experience during the period he held the necessary but somewhat insidious position of "sweeper" at the lately closed Kilindini Hospital.

I have &c.

Sd/- William Radford,

MEDICAL OFFICER.

INCLOSURE No. 3

In Despatch No. 81 of ^{2nd} Sept. 19, 1909.

RECEIVED
3 OCT 09

72

European Hospital,

Nairobi,

July 9th 1909.

CONFIDENTIAL.

Sir,

I have the honour to inform you in reply to your No. 32/359/1 that the amount received by me in fees during the year 1908 from private practice was nil.

(2) Private Practitioners in Nairobi consist of:-

(a) The European Doctor who practises amongst traders and settlers in and around Nairobi - the practice is a poor one.

(b) One Goanese Doctor (qualified in Goa, India) with a considerable practice amongst Goans and Indians of the town.

(c) Chemists - about three - two being Europeans who do most of the medical work in Nairobi, occasionally making up a few prescriptions for Medical Men.

I have, &c. &c.

Sd/- F.L. Henderson.

MEDICAL OFFICER.

The Principal Medical Officer,

Nairobi.

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~~See copy~~

DRAFT.

2nd Conf

Gen. Guionard

Iron

25 Oct 1909

MINUTE.

- Mr. Parkerson 27/10
- Mr. Butler 23/10
- Mr. Fiddes
- Mr. Just
- Mr. Cox
- Sir C. Lucas
- Sir F. Hopwood
- Col. Seely
- Lord Crewe

Li.

to Mr. the hon. to
ack. the receipt of
the Jackson's conf. des.
7: 51
to the 10th of Sept. trans
mitting a memorandum,
with enclosures, from the
P.M.O. with reference
to certain complaints
made by S. MacDonell

Tacas II Helia $\frac{7000}{5600/10}$

S. Heard. with the
enjoyment of private practice by
Gen. medical officers. 2

~~I intend to~~
~~refer you to my conf.~~

rep. of the
30th of Dec 1908.

~~to inform you~~

2. that I adhere
to the opinion there

expressed in that

the time has not
yet come for

excluding Govt.

Mo's ^{temporarily} from private

practice. I ~~do~~

however consider

that, when a

Govt. Mo. in his

capacity as a

private practitioner

does attend any ⁷⁸
unofficial member

of the Community,

such attendance

should not in

ordinary circumstances

be given gratuitously

~~it would appear~~

3. ~~I am further~~

of opinion that the

system of admission

to the Govt. Hospitals,

which is now in vogue,

encourages patients

unduly & ~~at the~~

same time throws

an unfair burden

of expense on the

Govt. & of work

on the Govt. Mo's

& I should be glad

to