CHAPTER FOUR

The maintenance of hegemony: the short history of Indian doctors in the Colonial Medical Service, British East Africa

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It is known that an increasing number of Indian doctors came to reside in the East African Protectorate (Kenya after 1920), following its formal colonisation by the British in 1895. What is less known, however, is that although some of these medical immigrants established themselves as private practitioners, the majority of them – at least in the period before 1923 – joined the Colonial Medical Service. Although these Indian practitioners were not appointed to the same rank as the European Medical Officers (MOs), they nevertheless were medically qualified individuals who had undergone training in Western medicine in India, usually for a minimum of three to five years, depending upon when and where the diploma or certificate was obtained.¹ Despite being awarded the less-prestigious rank of Assistant Surgeon, Sub-Assistant Surgeon (SAS) or Hospital Assistant within the Colonial Medical Service, and being paid lower salaries than MOs, these Indians to all intents and purposes fulfilled clinical roles and responsibilities similar to those of their European counterparts. Indeed, ample evidence exists that, before 1923, Indian practitioners were regarded as an invaluable constituent part of the medical infrastructure in the East African Protectorate. At their peak in 1920, there were almost twice as many Indian doctors as European MOs in the Government Medical Department. Furthermore, these men often took sole responsibility for regional hospitals, conducted large-scale disease surveys and serviced, without supervision, large and remote areas.²

This situation changed between 1922 and 1923, when the Indian contingent of the Colonial Medical Service was dramatically reduced by over a half in one year and the recruitment of Indian doctors abruptly stopped.³ Suddenly, and largely without any detailed official explanation, Indians were dropped from the medical department staff lists and their work was no longer mentioned in colonial documentation. After more than two decades of successfully relying on Indian

personnel, colonial officials silently, yet forcibly, wrote Indians out of the medical administration, and subsequently also out of later medical histories of this colonial possession.⁴ Even the few Indian individuals that tenaciously remained in service in some of the outlying areas were no longer mentioned in the *Annual Medical Reports* or counted in departmental statistics.

Yet, as this chapter will show, the discreet turnabout in policy, although rarely mentioned in any official capacity at the time, can be quite easily explained retrospectively, most notably through tracing the several officially enshrined recommendations made against Indians in Kenya in the years immediately preceding 1923. Reports such as the 1919 Economic Commission Report, the 1922 Economic and Finance Committee Report (known as the Bowring Report) and the well-known 1923 Devonshire White Paper⁵ all clearly set the scene for a newly hardened exclusionist attitude towards the participation of Indian immigrants in East African affairs. It was therefore quite in keeping with the mood of the time that official medical statements echoing these sentiments also appeared around this period. As we will discuss, the 1915 Simpson Report and the 1921 Public Health Ordinance provide two clear examples of this tendency.⁶ Both documents explicitly condoned the implementation of segregative measures, justified on the grounds of the apparent link between Indians and poor hygiene. This was a new anti-Indian climate, fuelled partially by contemporaneous developments in other African territories (particularly South Africa), in which Indian workers and traders were increasingly portrayed as dirty and pathological bodies, while Indian doctors, precisely because they held some social status, were evidently felt to be challenging to white settler ideals of how the elite and responsible echelons of Kenyan society should be constituted.

Telling the little-known story about the way Indians were squeezed out of government positions offers valuable insights that can burst the historical myth of a Colonial Service staffed by the 'thin white line' famously described by Anthony Kirk-Greene in 1980.⁷ Although, to be sure, the British colonial state in Africa principally consisted in its middle and higher echelons of white, elite personnel, in fact state representatives in roles of responsibility were sometimes of other nationalities and ethnicities. In short, non-whites were not limited to lower departmental staffing roles in the early history of the colonial medical department. Caught in the middle between the white elites and the (mostly) black subordinates, these Indian doctors became entirely overlooked in the medical history of Kenya. Even more recent moves to restore the often forgotten voices of the colonial nurses, subordinates and intermediaries to their rightful places within colonial history

omit to mention this relatively large 'middle' cohort of qualified practitioners.⁸

Further, the short history of employing Indians within the colonial medical department shows that ideas of what was deemed appropriate in terms of representing the state locally were changeable. What was considered in one decade to be fitting to the times was evidently thought not to be appropriate in another. As such, this contribution to the history of Indians in the East African Colonial Medical Service highlights the way that colonial staffing policies were shaped by factors that went *beyond* the organisational effectiveness or the practical expediencies of the state (Indian doctors were cheap, Indian doctors had an acceptable level of training). Rather, the decision to squeeze Indians out of government employment was tied to changing social and political pressures that influenced ideas about the way the colonial project should be conducted. As ideas of trusteeship advanced from the 1920s, it became increasingly appropriate to Africanise the Colonial Medical Service, in terms of training and employing more African dressers; but at the same time (and with no apparent sense of contradiction) as the Service became more inclusive towards Africans, it became less inclusive towards Indians. This implies that, despite British rhetoric, something more complicated than progressive racial inclusion was going on. In key ways, Indians working in roles similar to those of Europeans in Africa posed a threat to British ideas of colonial hegemony.

Indians, migration and medicine

The migration of Indians to East Africa has been the subject of much scholarly attention, although no work has concentrated upon medical migration per se.⁹ Between 1900 and 1948, more than 150,000 Indians settled in the East African colonies, although this trend for Indians to seek opportunities in the area was far from new.¹⁰ Evidence from as early as AD 120 suggests the movement of people and trade between the Indian subcontinent and the African East Coast, and by the thirteenth century trading excursions by both Indians and Arabs to the African coast were commonplace, with dhows regularly moving between the shores of India, the Persian Gulf and East Africa using the seasonal winds.¹¹ Much of the early trade centred upon the island of Zanzibar, which for several centuries was the regional hub of trade, particularly in slaves, ivory and spices. Although much of the commerce was in the hands of the wealthy Omani elite, Indians were vital cogs in the commercial successes of the region and Indian models of business organisation came to be highly esteemed by both the Portuguese colonisers of Zanzibar in the sixteenth and seventeenth centuries and the Omani

rulers who subsequently came to power in 1698.¹² Through several centuries of trading contact, Indians had come to know the geography of the region well and were key players in both local and international commerce. As such, they became relied upon as organisers of potentially risky caravan expeditions into the interior, and also as financiers in trading initiatives to both India and the Americas.¹³

By the time the British arrived in East Africa in 1888 with the Imperial British East Africa Company (IBEAC), a sizeable Indian community already resided along the coast and its adjacent islands. The presence of this resident community, combined with the colonial power that Britain already wielded in the Indian subcontinent, meant that it was no surprise that Britain looked to Indians as key personnel to aid in the establishment and consolidation of power in its new Protectorate.¹⁴ From the mid-1890s Indian army regiments were brought in to secure military control, and between 1898 and 1902 approximately 31,000 indentured labourers from India were employed to expedite the first major colonial construction project in the region, the Uganda Railway – stretching from the coastal city of Mombasa to the edges of inland Lake Victoria.¹⁵

At the formation of the IBEAC the directors had positioned themselves on this issue:

The question of immigration from India appears to the Directors to be of great importance, with a view to colonisation by trained agriculturalists of the unoccupied districts of the Company's territory, more notably at Witu, in the country between the Tana and Juba Rivers and in the Sabaki Valley where the climate, soil and general conditions are particularly favourable to their settlement. The entire trade of East Africa has long been carried on by wealthy resident British Indian merchants, themselves large plantation owners, who would greatly welcome and encourage their countrymen to settle in Africa. The Directors have under consideration the expediency of initiating the movement by offering grants of unoccupied lands to approved families. With such support and encouragement Africa may in future become to the natives of India what America and the British colonies have proved to the mother country and Europe.¹⁶

Others shared these views. During the early years of the Protectorate many respected colonial experts, including Sir Bartle Frere, John Ainsworth and Harry Johnston, the Special Commissioner for Uganda, also put forward compelling reasons for promoting Indian settlement in East Africa.¹⁷

It is in the light of this context of enthusiasm that the early employment of Indians in the colonial medical department can be understood. The early Indian doctors, since 1897, hailed from a mix of Indian communities, although Christians, including Goans, (if available), were

preferred by the British administration for their adoption of European habits.¹⁸ Concurrently, Indian doctors were also employed in other capacities supportive to British colonialism: they were imported to serve the health of the Indian regiments billeted in East Africa, and also to provide basic medical services to the thousands of indentured Indian labourers working on the Uganda Railway.¹⁹

Western medical education in India

One of the reasons why Indian doctors were employed was because they provided relatively cheap labour, but nevertheless medical labour that had been trained in standards comparable (although never deemed equal) to those on offer in medical schools in the West. A comprehensive history of the development of Western medical education in India remains to be written, but some regional accounts of medical professionalisation provide useful insights, showing clearly that Western medical education became well established in India by the mid-nineteenth century.²⁰ Calcutta Medical College opened its doors in February 1835 as the first institution explicitly designed to train young Indian boys, irrespective of caste, in the principles of Western medicine in English. By 1846 qualifications earned from this college were formally recognised by the London Royal College of Surgeons, and by 1857, the year in which the institution was confirmed as having full university status, Licentiate in Medicine and Surgery (LMS), Bachelor in Medicine (MB) and Doctor of Medicine (MD) were all offered, in line with the medical degrees available in the UK.²¹

The Western medical education established at Calcutta was soon copied elsewhere. Madras Medical College admitted its first students in 1842; Grant Medical College in Bombay (a key provider of doctors for Kenya) in 1845; and Lahore Medical School (also called King Edward Medical School) was established in 1860.²²

One confusing issue was that, upon qualification from a medical school in India, there was little systematisation in terms of how these newly qualified practitioners were titled.²³ Deeply rooted ideas of racial superiority in the Colonial Service meant that Indian colleagues, even if in possession of LMS or MD degrees, were seldom allowed the job title of Medical Officer, which was reserved mainly for Europeans. Instead, Indian medical graduates were variously called Assistant Surgeons, SASs and even sometimes Hospital Assistants once they took up posts with the British government services. Although the higher-ranked Assistant Surgeons are usually relatively easy to identify, before the Medical Registration Ordinance of 1910, SASs were sometimes also referred to as Hospital Assistants. This variety of job titles means that,

especially in the first decade of the colonial medical department in East Africa, it is difficult to tell from the job title whether the individual mentioned was a doctor with a General Medical Council recognised medical degree or a medical subordinate with a less prestigious diploma or a certificate.²⁴ The disparities in nomenclature are revealing both of the lower status that Britain attributed to Indian medical qualifications and also of deeply embedded racial beliefs that ultimately saw the true leaders of the British Empire as white.

Indians in the Colonial Medical Service before 1923

In East Africa, Indian Assistant Surgeons and SASs were present in the medical department as an obvious force soon after its inception. Indians were part of the medical provision offered by the Uganda Railways and then, later, part of the colonial medical department, which was founded in 1895. Although official records from this period are scant, four Indian medical staff are named in early archive material before 1900: Edward Oorloff, who had joined the medical department in 1897; E.W. Rodrigo and G.P. Vinod, who had served since 1898; and Maula Buksh who joined the department in 1899.²⁵ It was apparent from very early on that, even if the healthcare focus was primarily on the needs of the European community, few European doctors were available and the department relied on supplementary staffing.²⁶ Correspondence between Kenya, London and India confirms a heavy dependence on Indian staff for the provision of medical services, with numerous examples in the records of calls to secure more Indian doctors.²⁷ In 1921, even John Langton Gilks, the Principal Medical Officer (PMO) who was to actively squeeze Indians out of Colonial Medical Service employment, had drawn attention to the problem of the Indian medical staff being 'inconveniently low'.²⁸

As might be expected, conditions of employment for the assistant surgeons and SASs were less favourable than those offered to European MOs. Although both groups had their passage to East Africa paid, the salaries offered were far from equivalent and the allowances were very different. While European MOs were paid £400 *per annum* (in 1939 this changed to £600 *per annum*), the salary of an Assistant Surgeon was approximately £200 and that of an SAS (or Hospital Assistant) was under £70.²⁹ Furthermore, unlike the European doctors, who were provided with government housing, subordinate Indian staff had neither an accommodation allowance nor guaranteed government housing, no gratuity for long service, no passages paid for spouses and family and no formal provision was made for their pension, unless they first passed a three-year probationary period.³⁰

For almost three decades, Indian Assistant Surgeons and SASs were the vital cogs in the machinery of the Government Medical Department. In fact, in the years before 1923, all the available evidence indicates that Indian doctors were present in equal or greater numbers than their European counterparts. At their high point in 1919, almost twice as many Indian practitioners (seventy-three) worked for the East African Colonial Medical Service as did Europeans (forty-three) – a fact that makes their omission from the subsequent histories of medicine in East Africa all the more remarkable. Although a rhetoric of economic saving was cited as justification for the drastic cull of Indian personnel in 1922, it is thought-provoking that European staffing numbers, after a small reduction in 1923, nevertheless steadily grew from 1925 to almost double in the 1930s, despite the fact that European MO salaries were much higher than those offered to Assistant Surgeons or SASs.³¹

*Colonial Medical Service doctors*³²

The lack of source material makes it difficult to gain a full picture of the typical experiences of Indian doctors.³³ Similar to European doctors, most Indian doctors posted outside of the main townships conducted very independent professional lives, able to make their own decisions, and often responsible at a comparatively early stage of their careers for thousands of patients.³⁴ District medical reports for 1915–23 from Meru, 1914–22 in Malindi and 1921 in Kabarnet give an indication of the high levels of responsibility many Indian subordinate doctors had.³⁵ Many of the Indian subordinate doctors were in sole charge of hospitals and managed sizable staff. For instance, an Indian Assistant Surgeon was responsible for the hospital at Fort Hall during 1919 and an SAS was in charge of the Machakos hospital in the Ukamba reserve for several years before 1922.³⁶ Although theoretically Indian subordinates were always under the supervision of the local MO, in reality those in remote locations were only infrequently visited, in some instances only once a year.³⁷ Furthermore, evidence can be found that some of the Indian members of the Colonial Medical Service were actively engaged in medical research. Between 1922 and 1940 fifteen different Indian medical department colleagues contributed to the *Kenya Medical Journal* (after 1932, *East African Medical Journal*), reporting on topics as varied as pellagra, pneumonia, surgical methods and memory loss. Some individuals undertook large surveys of their local African communities and were committed to the improvement of standards of care and the expansion of knowledge about African diseases and their mitigating factors. For example the 1913 *Annual Medical Report* describes in significant detail the anti-plague campaigns of three Indian doctors,

A.N. Nyss, K.H. Bhatt and Murari Lal.³⁸ Another article, from 1927, by Assistant Surgeon T.D. Nair, described his extensive yaws eradication campaign along the Tana River.³⁹ A medical report authored by Minoo Dastur reveals in vivid detail his substantial initiatives to improve public health provision in the Baringo district of Kenya.⁴⁰

Before the 1920s it is not difficult to find positive comments concerning the use of Indian subordinate doctors. Individuals working in East Africa, India and the UK regularly praised the quality of Indian staff. E.B. Horne, who was the District Officer in Meru, for example, was immensely impressed by the performance of Abdulla Khan, who commenced work in Meru in 1915, describing his 'relations with the natives' as 'excellent'. Horne further commented that because of Khan's professional efforts and good personal relations there had been a substantive increase in patient consultations under his tenure.⁴¹ Similarly, the author of a report issued in 1921 concerning the remote Kabarnet station, which was considered to have 'deplorable' facilities and to be 'notoriously unhealthy', made strikingly appreciative comments about the improvements that occurred in the health of the region under the Indian doctor's charge.⁴² Six months after Gokul Chand's appointment to the station, the District Commissioner was happy to report that 'his work has been eminently satisfactory, the sanitation of the station is looked after by him with great care'.⁴³

In his published reminiscences of 1928 in the *Kenya and East African Medical Journal*, former PMO Arthur Milne also extolled the contribution of Indian doctors, along with those of Goan clerks, in glowing terms, describing them as 'the two main-springs which have kept the wheels of the department turning'.⁴⁴ He singled out a number of individuals for their gallantry and dedication to the establishment of colonial medicine in the region, describing Assistant Surgeon de Cruz as one of the 'never to be forgotten comrades who laid down their lives in building up of these colonies'.⁴⁵ Other European MOs provided similar positive testaments of the Indian medical staff. Robert Hennessey made particular note of the vital role of the Indian doctors in the running of the hospitals and their importance in undertaking much of the routine surgery.⁴⁶ Another senior European MO, Peter Clearkin, who worked for some time at Kisumu Hospital, described some of the Assistant Surgeons whom he worked with as 'very good indeed', making specific reference to the outstanding efforts of one individual, Kartar Singh.⁴⁷

The demise of Indian Colonial Medical Service careers

Although by the early 1920s it seemed that Indians were an integral part of the colonial medical administration, the glowing endorsements

of their service came to an end in 1922. The reason for this abrupt turnabout in attitudes was never articulated beyond generalised statements about the need to enforce economies within the department, some comments about the new preference to Africanise the Colonial Medical Service, and a few references to the alleged lack of suitability of Indians to perform medical duties for Africans.

Although a number of short-term factors can be identified as inducing this policy shift, in many important ways the groundwork for this sea-change in attitudes had been gradually established since the beginning of the twentieth century. Despite the apparent enthusiasm for the employment of Indian doctors before 1922, nearly every positive remark about them was nevertheless made in a climate that concurrently also assumed that Indians were neither as able nor as desirable as European doctors. Kenya, with its politically powerful white settler community, was particularly a place where Indians were routinely discriminated against. The prominent roles some Indians played in business and commerce in the region made settlers not only suspicious of the possibility of Indian encroaching political power but also desirous to limit it at every available opportunity. Frequent portrayals of Indians in the settler-led local press made allusion to their thrift and business acumen, characteristics which were portrayed not as qualities to be praised but as traits of which other members of the colonial community should be suspicious.⁴⁸ Running alongside this discourse, with apparently no sense of contradiction, was another prominent stereotype propagated by the British, namely that Indians, particularly those of poor socio-economic standing, were a public health risk and were therefore actually a threat to the prosperity of the colony. Sentiments such as 'whenever one finds the Indian in Africa, he appears so dirty' were commonplace and profoundly affected the way Indians were regarded not only as patients, but also as doctors.⁴⁹ Prominent European doctors, such as Roland Burkitt, supported this view, even publicly lecturing on the allegedly deplorable habits of Indians and making no attempt to disguise their hostility towards the community.⁵⁰

In addition to this climate of gradually increasing racial animosity to the East African Indian community since 1900, several tangible points can be identified as marking significant stepping-stones on the path to outright hostility. One of the most dramatic shifts in attitude can be pinpointed to the change in Commissionership (Governorship after 1906) in 1900 from Sir Arthur Hardinge to Sir Charles Eliot. This marked the concerted beginnings of the 'White Highlands Policy', which favoured the white settlement of the area located to the north of Nairobi and the west of Mount Kenya, which was thought to have the most fertile land and the most agreeable climate.

During his time as Commissioner of the East Africa Protectorate (1895–1900) Hardinge had established a model of colonial administration that drew heavily on Indian personnel, not only as indentured labourers but also as he sought staff in positions of responsibility, such as at the head of the Works and Transport departments.⁵¹ While Hardinge was agreed that the Highlands would be the best place for white settlement, he nevertheless accepted Indian landownership as part of the cultural landscape of the East Africa Protectorate.⁵² When Eliot succeeded to the headship of the Protectorate it was quite clear that his sympathies were elsewhere. His candid statement of 1905 could not have been further away from the integrationist ideas of his predecessor: 'I think it is a mere hypocrisy not to admit that white interests must be paramount, and the main object of our policy and legislation should be to found a white colony.'⁵³

Immediately upon his investiture Eliot drove a private bargain with the leader of the 'white frontiersmen' of Kenya, Lord Delamere, and invited Europeans including, White South Africans, to migrate.⁵⁴ Eliot was to be only the first of a series of governors to fall 'willingly into settler clutches'.⁵⁵ Many of his successors, including Sir Edouard Girouard (1909–12), Sir Henry Belfield (1912–17), Sir Charles Bowring (1917–19) and Sir Edward Northey (1919–22), displayed sympathy for the settler position and, increasingly, an accompanying disregard for the Indian community of East Africa.⁵⁶

Towards the end of the First World War the issue of whether Indians should be awarded land grants in East Africa in formal recognition of their contribution to the war effort was seriously discussed. The subject was considered so important that it became the subject of parliamentary debate in London, but nevertheless the motion eventually suffered a crushing defeat, with settler opposition to the proposal playing no small part in its decisive demise.⁵⁷ During the next four years, undoubtedly in the light of fears raised through the serious discussions about possible land grants for Indians, a number of blatantly anti-Indian reports were produced concerning Kenya colony.

The first such document came in the form of the findings of the Economic Commission of 1919. This Commission had been set up by Governor Belfield with the specific aim to inquire and report on a sustainable future for the colony. The conclusions of the final report of this commission were unambiguous:

Physically, the Indian is not a wholesome influence because of his incurable repugnance to sanitation and hygiene....The moral depravity of the Indian is equally damaging to the African, who in his natural state is at least innocent of the worst vices of the East. The Indian is the inciter to

crime as well as vice, ... The presence of the Indian in this country is quite obviously inimical to the moral and physical welfare and the economic advancement of the native.⁵⁸

The final recommendations of the report explicitly stated that senior posts in government, railway, municipalities and European firms should be reserved exclusively for Europeans. Among its recommendations were a complete halt to Indian immigration and a call that all government departments 'should, as quickly as possible replace Indian employees by Europeans in the higher grades and Africans in the lower'.⁵⁹ Indians were described as displaying an aversion to sanitation and hygiene and as having disproportionately large numbers of their community associated with crime and vice.⁶⁰ With the findings of the 1919 Economic Commission, anti-Indian sentiment within East Africa palpably strengthened. Calls started to be made by both settlers and members of colonial government demanding the complete cessation of Indian immigration and the transfer of Indian-held jobs in government to Europeans and Africans, in line with the Commission's recommendations.⁶¹

This new, unambiguously exclusionist line of argumentation was further reiterated with the findings of the 1922 Economic and Finance Committee (Bowring Committee). This committee, which had been set up along the lines of the Geddes Committee in the UK to evaluate the need to reduce public expenditure and introduce protective tariffs in the colony, proposed in its conclusions a 20 per cent reduction in the number of all Asiatic civil servants working for the British government in East Africa.⁶² With seemingly no sense of contradiction, this projected staff reduction was justified on the grounds of ameliorating the deteriorating financial situation of the colony. Indian leaders were quick to point out the illogicality of removing Indian staff as 'the salaries of some of the Asiatic staff are at present less than a quarter of the minimum salaries drawn by European staff' who were being retained, but this reasoning appeared to carry no weight in a colonial administration determined, under settler pressure, to reduce the influence of the Indian community.⁶³ The budget cuts recommended in the Bowring Committee Report inflicted the biggest hardships on Indians, who were deemed to be too expensive and not suitable to work in the colonial administration. It was stated that it would be more economical to replace Indians gradually with cheaper African labour and, furthermore, that only Europeans could act as trustees for the Africans, who were not yet considered to be in a position to represent their own interests. Indians were regarded as being fundamentally unsuitable for colonial service, as they could not provide the necessary moral and social guidance to the majority African community.

Finally, the most decisive watershed was to occur in the following year, in the form of the 1923 Devonshire White Paper.⁶⁴ The debates leading up to, and during, the passing of the Devonshire Declaration have been the subject of extensive scholarship and it is necessary here just to summarise its main conclusions.⁶⁵

The Devonshire Declaration signified the formal pronouncement of the British government's intentions for Kenya colony. Native rights were to be paramount in the long term and, in order to prepare the indigenous population for self-rule, European interim trusteeship was to be the short-term focus. In this framework there was little space for Indian rights (similar to those enjoyed by Europeans). Indians were not seen as the natural inhabitants of Kenya, neither through inheritance nor conquest, and their rights to political representation were severely curbed. There would be no common franchise. Indians were to be allowed five elected seats in the Legislative Council, compared to eleven for Europeans. Additionally, Devonshire confirmed that the Highlands would be reserved for Europeans and the option of a future ban on Indian immigration was maintained.

The anti-Indian sentiments which manifested themselves in the recommendations of the Economic Commission, the Bowring Committee and the Devonshire Declaration also permeated colonial medical policy in areas of public health: the Simpson Report of 1915 and the Public Health Ordinance of 1921. The Simpson Report came about as a direct result of the frequent complaints about the sanitary condition of Nairobi, particularly stimulated by objections to the insanitary state of the Indian bazaar. In response to these issues, Governor Henry Belfield in 1912 sought the help of a sanitation expert to provide a professional assessment of the situation. Professor W.J. Simpson, a member of the Advisory Committee on Tropical Medicine, was the natural choice for the job. By the time of his appointment he had already been on missions to investigate sanitary conditions in Gold Coast, Sierra Leone and Nigeria on behalf of the British colonial government.⁶⁶ Simpson visited Kenya in 1914, travelling extensively throughout the country for six months. In compiling his assessment he drew upon many interviews, although notably few with non-Europeans.⁶⁷

Simpson's final report of 1915, illustrated with town plans and photographs, was unambiguous in its support of racial segregation and became much cited as official justification for colonial health policies thereafter. He was unswerving in his recommendations:

Lack of control over buildings, streets and lanes, and over the general growth and development of towns and trade centres in East Africa and Uganda, combined with the intermingling, in the same quarters of town

and trade centres of races with different customs and habits, accounts for many of the insanitary conditions in them and for the extension of disease from one race to another.... Also ... the diseases to which these different races are respectively liable are readily transferable to the European and vice versa, a result specially liable to occur when their dwellings are near each other.... [I]t is absolutely essential that in every town and trade centre the town planning should provide well defined and separate quarters or wards for Europeans, Asiatics and Africans ... and that there should be a neutral belt of open unoccupied country of at least 300 yards in width between European residences and those of the Asiatic and African.⁶⁸

Although not accepted without controversy, the Simpson Report became used as the authoritative medical reference to defend East African Protectorate policies of racial segregation. It became the basis for the first comprehensive Public Health Ordinance of 1921, which was instructed as means to simplify navigation of the numerous health ordinances against specific diseases or procedures that had been accumulating in the Protectorate since its earliest days.⁶⁹ The story of the passage of this Ordinance is long and complicated, but ultimately the British government rejected clause 15, which advocated racial segregation along the lines recommended by Simpson in 1915.⁷⁰ Nevertheless, the debates over the inclusion of this clause and the evident enthusiasm for segregation among members of the settler community show how urgent the need to limit Indian rights was perceived to be by some sectors of the colonial community. It was no surprise that racial segregation of township areas in Kenya did not end with the removal of clause 15. Europeans found other ways of maintaining *de facto* segregation and the administration did little to intervene and ensure compliance. Instead, subtle ways were found to conform to most resident Europeans' preferences to live in a segregated society, for example by turning down planning applications by non-Europeans and refusing to sell land to Indians. Officials in Whitehall were aware that the law was being circumvented, but were content to turn a blind eye. A handwritten comment on an internal Colonial Office memorandum is revealing: tacit support of these continued practices of segregation was provided as long as a way could be found 'of avoiding official correspondence' on the subject.⁷¹

The final piece in the jigsaw in understanding the dramatic retrenchment of more than half of all Indian staff from the Colonial Medical Service lies in the actions of the PMO at that time – John Langton Gilks. Although, to be sure, Gilks was influenced by the broader social and political environment around him, it was his eventual support for the scheme which directly lay behind the fact that many Indians lost their

jobs in 1922. Gilks was extremely cautious of recording in any detail the impetuses behind his policy decisions, and his motives can only be guessed at through relatively limited evidence. Enough evidence exists, however, to verify that he became a close ally of the Kenyan settler community and that his views about Indians for the most part accorded with the dominant settler mood of negativity towards them.⁷² Despite initial wavering on Gilks's part, Legislative and Executive Council minutes record his ultimate acquiescence to the segregation of Indians in townships and the reduction of non-European salaries and his support for communal voting, which all Indians vehemently opposed.⁷³ He additionally refused to back a proposal to grant licensed Indian doctors a permanent right to practise medicine provided that they had completed three years' satisfactory medical service in the colony. Gilks openly criticised the quality of medical degrees from India, stating that 'certain degrees [of India] were not recognised. All sub assistants were not good doctors and some were not fit to practise without supervision.'⁷⁴ In his short, characteristically dry, memoirs of his time in Kenya, Gilks referred to the staffing reductions only as a means of achieving the economic savings recommended by the Bowring Committee. The second pretext he put forward for the action in 1922 was that, under the new priorities of trusteeship, Indians were unsuited to colonial medical work because the 'inclinations of these Indian SASs were not towards the care of Africans' and their withdrawal from the outstations 'would not appear to have been followed by serious results'.⁷⁵

This was a theme that was echoed in other quarters. The local branch of the British Medical Association (BMA) was much less reticent in vocalising its support for the policy to cull Indians from the Colonial Medical Service.⁷⁶ In a memorandum to the London-based Dominions Committee the Kenya branch of the BMA declared:

A specific question having been asked by the Commission as to the efficiency of Indian sub-assistant surgeons, the Branch wishes to express the opinion that though they may fulfil a useful function when working under the supervision of medical officers, yet, owing to their attitude towards the African they are as a rule unsatisfactory for independent medical work amongst natives. At the time of retrenchment the establishment of sub assistant surgeons was greatly reduced. This was a step in the right direction and the Branch considers that the eventual replacement of Asiatics is desirable. The replacement of an Asiatic sub-assistant surgeon in charge of an outstation by a medical officer entails additional expense yet the increase in value of the public health service rendered is out of all proportion to the increase in cost.⁷⁷

Furthermore, the new, pressing priority was to Africanise colonial medicine, so it is no coincidence that the scheme to employ Africans

in larger numbers was promoted in earnest in 1924, less than two years after Indian staffing was cut.⁷⁸ Indeed, the increase in numbers of African dressers within the colonial medical department was dramatic: numbers rose from a handful in 1920 to 648 fifteen years later.⁷⁹ By 1932 more than 1,000 Africans were said to be working for the colonial medical department, over half of them categorised as dressers.⁸⁰

A reduced number of Indian Assistant Surgeons and SASs continued to operate in rural East African locations, despite the official cull. In 1937, an annual report indicated that a third of the hospitals in the African reserves were still under the charge of an Indian doctor, though they were barely mentioned in government reports.⁸¹ A few tenacious Indian doctors, even if they were largely ignored and severely depleted in numbers, formed a constituent part of the colonial department. It is difficult to gauge their relative contribution, but estimates collated for 1937 suggest that twenty-six continued to operate in the country, with more than half in outlying regions.

Conclusion

Although accounts left by Indian members of the medical service are few and evidence has had to be pulled together from disparate sources, it is still possible to build up a picture of the short history of Indian doctors in the Colonial Medical Service.⁸² Indian doctors, although employed on less favourable contractual terms – and typically posted to the less popular, remote stations – nevertheless were an extremely valuable part of the health service infrastructure, easily outnumbering European doctors during the first twenty-five years of the colonial medical department.

The disappearance of Indian doctors from the record after 1923 in large part explains their disappearance from colonial medical history. Indeed, reading the currently available literature, one might be forgiven for assuming that the East African Colonial Medical Service was entirely staffed by white, European doctors.⁸³ It is hoped that the new insights offered by this study will extend understandings not only through providing more empirical data about how the Colonial Service was staffed, but also in terms of helping historians to reflect on the processes of recording history; ones that sometimes bury important aspects for generations. The policy of dropping Indians from the Colonial Medical Service was rarely directly spoken about at the time, which meant that subsequently their history also became overlooked. This story provides a cautionary tale: in the struggle to escape the positivist, triumphalist white histories of the early post-colonial era more recent historical attention has refocused our interests on the history

of black participation in Empire.⁸⁴ Understandably, but inevitably too simplistically, the history of the black African doctors was assumed to be the only crucial missing part of the story.⁸⁵ In fact, the way Empire was staffed in East Africa was more nuanced. Although Indians were themselves divided as a group and should by no means be seen as homogeneous in opinion and stance towards the British government (or even towards members of their own community), omitting their contribution to the East African Colonial Medical Service fails to acknowledge some of the diversity of the British Empire and some of the subtleties within the colonial politics of race.

The contextual analysis offered in this chapter shows that of the events around 1923 are (retrospectively at least) explicable, if they were surreptitiously conducted. The abrupt change in official attitudes towards Indians in the Colonial Medical Service shows that broader social and political dynamics were at play in decisions about their large-scale retrenchment. While it became acceptable – perhaps precisely because it was relatively non-threatening – to provide training for indigenous Africans as dressers and Hospital Assistants, the idea of working side by side with similarly qualified Indian individuals had less political appeal. This prospect became progressively more problematic after the First World War, when the potentially destabilising effects of increased Indian social and political influence were hotly debated issues within East Africa and Indians became increasingly cast in official reports (such as the 1919 Economic Commission Report, the 1922 Bowring Report and the 1923 Devonshire White Paper) as a potentially large public nuisance whose ambitions were to be curtailed before they got out of hand. The British government could not risk alienating the powerful white settler community, so, while limiting the worst excesses of their demands, it also tacitly understood the importance of keeping policies at a level in accordance, at least nominally, with settler desires. In this way, looking beyond the immediate boundaries of medical priorities or organisational efficiency, the decision to drastically reduce Indian members of the Colonial Medical Service can be better understood. Despite almost three decades of good service, educated Indian doctors were ultimately feared as a threat to British dominance in Kenya.⁸⁶

Notes

- 1 British Library (BL) IOR/L/MIL/7/5334 Collection 116/62 Minutes of the Indian Legislative Assembly, 2 May 1924, pp. 1905, 1966; The National Archives, UK (TNA) CO/535/3 Correspondence, Dr Donaldson, Senior Medical Officer to Governor of Somaliland, 6 May–24 July 1933
- 2 'Assistant Surgeon Nyss in Charge of Plague Camps', *Annual Medical Department Report, East African Protectorate* (AMR), 1914, p. 89. See also AMR, 1913, p. 78

- 3 The cull is fleetingly mentioned in: John Langton Gilks, 'The Medical Department and the Health Organization of Kenya, 1909–1933', *The East African Medical Journal*, 9, 1932–33, pp. 340–54, at p. 350. Earlier, the 1922 AMR detailed the reductions to make economies and listed the closure of eleven out stations in the charge of Sub-Assistant Surgeons.
- 4 Ann Beck, *A History of the British Medical Administration of East Africa, 1900–1950*, Cambridge, MA, Harvard University Press, 1970; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Cambridge, Polity Press, 1991; John Iliffe, *East African Doctors: a History of the Modern Profession*, Cambridge, Cambridge University Press, 1998; Anna Crozier, *Practising Colonial Medicine: the Colonial Medical Service in East Africa*, London, I.B. Tauris, 2007
- 5 BL IOR/L/PJ/6/1718 *Economic Commission Report*, Nairobi, Swift Press, 1919; BL IOR/L/E/7/1264 'Indians in Kenya', The Devonshire Declaration, White Paper, Cmd. 1922, July 1923. No copy of the Bowring Report has been located: second-hand reporting of its findings in other sources has been used throughout.
- 6 W.J. Simpson, *Report on the Sanitary Matters in the East Africa Protectorate, Uganda and Zanzibar*, London, Colonial Office, Africa No. 1025, February 1915; Kenya Colony, Public Health Ordinance, Nairobi, Kenya, Government Printers, 1921.
- 7 See Anthony M. Kirk-Greene, 'The Thin White Line: The Size of the British Colonial Service in Africa', *African Affairs*, 79, 1980, pp. 25–44
- 8 See chapters relating to Africa in Ryan Johnson and Amna Khalid (eds.), *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health*, New York and London, Routledge, 2012; Anne Digby, *Diversity and Division in Medicine: Healthcare in South Africa from the 1800s*, Oxford, Peter Lang, 2006
- 9 Uchhrangrai Keshavrai Oza, *The Rift in the Empire's Lute: Being a History of the Indian Struggle in Kenya from 1900 to 1930*, Nairobi, Advocate of India Press, 1930; Lawrence William Hollingsworth, *The Asians of East Africa*, London, Macmillan and Co. Ltd., 1960; George Delf, *Asians in East Africa*, Oxford, Oxford University Press, 1963; J.S. Mangat, *A History of the Asians in East Africa, c.1886–1945*, Oxford, Oxford University Press, 1969; Dharam P. Ghai and Yash P. Ghai (eds.), *Portrait of a Minority: Asians in East Africa*, Nairobi and London, Oxford University Press, 1970; Robert G. Gregory, *India and East Africa: A History of Race Relations within the British Empire, 1890–1939*, Oxford, Clarendon Press, 1971; Agehananda Bharati, *The Asians in East Africa: Jayhind and Uhuru*, Chicago, Nelson-Hall Co., 1972; Cynthia Salvadori, *We Came in Dhows*, 3 vols, Nairobi, Paperchase Kenya Ltd, 1996
- 10 C.J. Martin, 'A Demographic Study of an Immigrant Community: The Indian Population of British East Africa', *Population Studies*, 6, 3, 1953, pp. 233–47
- 11 Some of this early evidence before Vasco de Gama's voyage of 1497 is disputed and inconclusive. R. Coupland, *East Africa and its Invaders from the Earliest Times to the Death of Seyyid Said*, London, Oxford University Press, 1938, p. 16; Gregory, *India and East Africa*, pp. 9–15; M.N. Pearson, *Port Cities and Intruders: The Swahili Coast, India and Portugal in the Early Modern Era*, Baltimore, MD, Johns Hopkins University Press, 1998, p. 11
- 12 M. Reda Bhacker, *Trade and Empire in Muscat and Zanzibar: The Roots of British Domination*, London, Routledge, 1992, p. 12
- 13 Rhodes House Library, Oxford (RHL) MSS.Brit.Emp.s.22G5 IBEAC, Sir Francis de Winton, memorandum, 18 August 1890; see also quotation from Sir Bartle Frere in T.M. Metcalf, *Imperial Connections: India in the Indian Ocean Arena, 1860–1920*, Berkeley and London, University of California Press, 2007, p. 166
- 14 Mangat, *History of the Asians in East Africa*, p. 28
- 15 The precise figure quoted by Gregory is 31,983, *India and East Africa*, p. 52
- 16 RHL MSS.Brit.Emp.s.22G5 IBEAC, Report of the Court of Directors to the Annual Shareholders Meeting, 27 July 1891, p. 4; Gregory, *India and East Africa*, p. 49

- 17 Frere is cited in Mangat, *History of the Asians in East Africa*, p. 12; similarly, Ainsworth's comments on the positive role of Indians can be seen in his farewell speech reported in *East African Chronicle*, 14 August 1920, p. 14; See also Harry Johnson, Letter to the Editor, *The Times*, 22 August 1921, p. 4; BL IOR/L/PJ/6/807 shows that in 1907 Churchill also refused to rule out Indian settlement from the Highlands.
- 18 TNA CO/544/14, Kenya Executive Council Minutes, 1918, p. 363, where mention is made of bonus awards to Assistant Surgeons 'who looked and behaved as English gentlemen'; the essential role of Goan clerks together with Indian subordinate doctors in the administration of the Medical Department was also pointed out in Arthur Dawson Milne, 'The Rise of the Colonial Medical Service', *Kenya and East African Medical Journal*, 5, 1928–29, pp. 50–8, at p. 58
- 19 Because of the scant evidence available for this period, regrettably, not a great deal is known about the background, precise qualifications and activities of Indian medical men working for the British military in East Africa. Nevertheless, some positive comments about Indian medical contributions can be found, occasionally naming names. See, for example: BL IOR/L/MIL/7/2188 and BL IOR/L/MIL/7/2189, Despatch 2 March 1899 (outlining military awards to six named individuals, including the Indian MO in charge, Surgeon Lt H.M. Masani, and Hospital Assistants B. Kasinath, Maula Baksh, Rahim Baksh, Sheikh Ahmed and Niyamtullah); W. Lloyd-Jones, *K.A.R.: Being an Unofficial Account of the Origin and Activities of the King's African Rifles*, London, Arrowsmith, 1926, pp. 48, 64; W. Lloyd-Jones, *Havash Frontier Adventures in Kenya*, London, Arrowsmith, 1925, p. 290. A little more is available on Indian doctors working for the Uganda Railway. See BL IOR/MIL/7/2153 Indian Hospital Assistants accompanying the Railway Survey, 1891; BL IOR/MIL/7/2175 and BL IOR/MIL/7/2188 Recruitment of Medical Staff for Railways, 1895–6, 1897–9; BL IOR/MIL/7/14462 Rahmat Ali Petition, 24 May 1899
- 20 Poonam Bala, *Imperialism and Medicine in Bengal*, New Delhi, Sage Publications, 1991; V.R. Muraleedharan, 'Professionalising Medical Practice in Colonial South India', *Economic and Political Weekly*, 27, 4, 1992, pp. PE27–30, PE35–7; Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay, 1845–1895*, Delhi, Orient Longman, 2002; M. Gopal, D. Balasubramanian, P. Kanagarajah, A. Anirudhan and P. Murugan, 'Madras Medical College, 175 Years of Medical Heritage', *The National Medical Journal of India*, 23, 2, 2010, pp. 117–20
- 21 Calcutta Medical College, *The Centenary of the Medical College, Bengal, 1835–1934*, Calcutta, Calcutta Medical College, 1935; Bala, *Imperialism and Medicine in Bengal*; S.N. Sen, *Scientific and Technical Education in India 1781–1900*, New Delhi, Indian National Science Academy, 1991
- 22 Gopal et al. 'Madras Medical College'; Abdur Pashid, *History of the King Edward Medical College Lahore, 1860–1960*, Lahore, 1960
- 23 Another potentially confusing issue lies in trying to distinguish Indian Christians, Goans, Eurasians and Europeans by their names alone. It is theoretically possible, although unlikely, that some of the Assistant Surgeons listed may have been Europeans born in India.
- 24 'An Ordinance to make Provision for the Registration of Medical Practitioners and Dentists through the 1910 Medical Practitioners and Dentists Ordinance', *The Official Gazette*, 1 October 1910, p. 575
- 25 BL, microfilm, Government Publications Relating to Kenya, 1897–1963, East African Protectorate Blue Book, 1901/1902
- 26 H.A. Bödeker, 'Some Sidelights on Early Medical History in East Africa', *The East African Medical Journal*, 12, 1935–36, pp. 100–7, at p. 105
- 27 BL IOR/MIL/7/2177, Collection 48/36 Dr A.D. Mackinnon to Mr Jackson, memo, 13 April 1895; BL IOR/L/MIL/7/14471, Collection 323/49 Medical Subordinates for Service in East Africa, letter, 28 January 1907
- 28 AMR, 1921, p. 21
- 29 BL IOR/MIL/7/2177 Collection 48/25 Uganda Railway, Memo to Lord Hamilton, Secretary of State, 11 March 1896; John Iliffe states that MOs got two or three times

- higher pay than Assistant Surgeons. Iliffe, *East African Doctors*, p. 78. For European MO salaries see Crozier, *Practising Colonial Medicine*, pp. 27–8
- 30 BLIOR/MIL/7/2177 Memo to Lord Hamilton, 11 March 1896; BLIOR/L/MIL/7/14626 Collection 324A/122, COD No 855: Revised Rules for the Employment of Assistant Surgeons and Compounders in the British East Africa and Uganda Protectorates Recruited from Sources Outside of the Service of the Government of India, 9 November 1917
 - 31 For the necessity to make economic savings through retrenchments see Gilks, 'The Medical Department', p. 350
 - 32 It proved frustrating to reconcile the staffing figures variously presented in *The Medical Register of the Official Gazette of the East Africa Protectorate* (after 1920 *The Official Gazette of the Kenya Government*), *The Medical Department Annual Medical Reports*, *The Medical Directory* and the Colonial Office 'Blue Books'. All four sources slightly differently defined what 'medical staff' constituted and not all held information for all periods. For consistency, this study uses the figures given in the *AMR* each year (aside from 1903, when no *AMR* was available, so the Blue Book was used).
 - 33 Although some accounts do exist. See RHL Papers Collected by H. Topiwala Related to Indian Doctors in Kenya, expected deposit date 2015 (although this documents the experiences of private doctors, there were undoubtedly some similarities with Indian government doctors in terms of the socio-medical worlds they faced); district medical reports are also very useful (see below, note 33). Very early experiences are recorded in BL IOR/L/MIL/7/12673, H.D. Masani, Report on the Health of the Mombasa Force, including 24th Bombay Infantry, 3 June 1896 and BL IOR/MIL/7/14462: 1899–1901, Collection 323/40 Promotion of Uganda Railway Hospital Assistant Rahmat Ali, which records a rare personal story.
 - 34 RHL MSS.Afr.s.702 Robert Arthur Welsford Procter, 'Random Reminiscences, Mainly Surgical' [no date]; Crozier, *Practising Colonial Medicine*, pp. 87–8
 - 35 Syracuse University (SU), Kenya National Archive Records (KNA), Microfilm Number 2801, Annual and Quarterly Reports (Provincial and District) Reel 15: Provincial Medical Report, E.B. Horne, Meru, 1915 and 1916; Provincial Medical Report, Abdulla Khan, Meru, 1918–20; Provincial Medical Report, Ali Baksh, Meru, 1922; Reel 21: Provincial Medical Report, Gokul Chand, Kabarnet, 1921; Reel 56: Provincial Medical Report Maula Buksh, Kilifi, 1918–19; Reel 59: Provincial Medical Reports, Maula Buksh, Malindi, 1918–19
 - 36 A.N. Nyss, *AMR*, 1919, p. 14; *AMR*, 1921, p. 22
 - 37 SU KNA Microfilm Number 2801, Annual and Quarterly Reports (Provincial and District), Reel 21: Provincial Medical Report, Gokul Chand, Kabarnet, 1921, Provincial and District Reports, Gokul Chand, Kabarnet Medical Report, p. 30; See also: Wellcome Library, Contemporary Medical Archives Centre, PP/HCT/A5 Elizabeth Bray, 'Hugh Trowell: Pioneer Nutritionist', unpublished biography, London 1988
 - 38 A.N. Nyss, *AMR*, 1913, pp. 77–80
 - 39 T.D. Nair, 'A Tana River Yaws Campaign', *Kenya and East Africa Medical Journal*, 1927, pp. 201–7
 - 40 Salvadori, *We Came in Dhows*, vol. 3, p. 140
 - 41 SU KNA Microfilm Number 2801, Annual and Quarterly Reports (Provincial and District) Reel 15: Provincial Medical Report, E.B. Horne, Meru, 1915 and 1916; Provincial Medical Report, Abdulla Khan, Meru, 1918–20
 - 42 SU KNA Microfilm Number 2801, Annual and Quarterly Reports (Provincial and District) Reel 21: Provincial Medical Report, Gokul Chand, Kabarnet, 1921
 - 43 SU KNA Microfilm Number 2801, Annual and Quarterly Reports (Provincial and District) Reel 21: Provincial Medical Report, Gokul Chand, Kabarnet, 1921
 - 44 Milne, 'The Rise of the Colonial Medical Service', p. 58
 - 45 Milne, 'The Rise of the Colonial Medical Service', p. 58
 - 46 RHL MSS.Afr.s.1872/75 Robert Samuel Hennessey, 'Memorandum on Experiences in the Colonial Medical Service in Uganda, 1929–55'

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- 47 RHL MSS.Brit.EMP.r.4 Peter Alphonsus Clearkin, 'Ramblings and Recollections of a Colonial Doctor 1913–58', Book I, Durban, 1967, typescript, p. 126
- 48 BL IOR/L/PJ/6/1718 *Economic Commission Report 1919*, Nairobi, Swift Press, 1919, pp. 20–1
- 49 Ethel Younghusband, *Glimpses of East Africa and Zanzibar*, London, John Long, 1910, p. 219
- 50 'Mass Meeting and Dr Burkitt', *East African Chronicle*, 13 August 1921, pp. 4, 8, 9
- 51 'Hardinge's Administrative Proposals, 6 July 1895', in G.H. Mungeam, *Kenya: Select Historical Documents 1884–1923*, Nairobi, East African Publishing House, 1979, pp. 69–75
- 52 M.P.K. Sorrenson, *Origin of European Settlement in Kenya*, London, Oxford University Press, 1968, p. 34
- 53 Charles Eliot, 1905, quoted in Gregory, *India and East Africa*, p. 46
- 54 Bruce Berman and John Lonsdale, *Unhappy Valley: Conflict in Kenya and Africa, Book 1: State and Class*, London, James Currey, 1991, p. 34; B.M. Du Toit, *The Boers in East Africa: Ethnicity and Identity*, London, Bergen and Garvey, 1998, p. 24; C.S. Nichols, *Red Strangers: The White Tribes of Kenya*, London, Timewell Press, 2005, p. 49
- 55 Diana Wylie, 'Confrontation over Kenya: The Colonial Office and Its Critics, 1918–1940', *Journal of African History*, 18,3, 1977, pp. 427–47, at p. 445
- 56 Mangat, *History of the Asians in East Africa*, pp. 97–131. R.M. Maxon, *Struggle for Kenya: The Loss and Reassertion of Imperial Initiative, 1912–1923*, London, Fairleigh Dickinson University Press, 1993, pp. 52, 111
- 57 Keith Kyle, 'Gandhi, Harry Thuku and Early Kenya Nationalism', *Transition*, 27, 1966, pp. 16–22, at p. 17; Robert J. Blyth, *The Empire of the Raj: India, Eastern Africa and the Middle East, 1858–1947*, Cambridge, Cambridge University Press, 2003, pp. 104–19
- 58 BL IOR/L/PJ/6/1718 *Economic Commission Report 1919*, Nairobi, Swift Press, 1919, p. 21
- 59 BL IOR/L/PJ/6/1718 *Economic Commission Report 1919*, Nairobi, Swift Press, 1919, p. 21
- 60 BL IOR/L/PJ/6/1718 *Economic Commission Report 1919*, Nairobi, Swift Press, 1919, p. 21
- 61 Edward Paice, *Lost Lion of Empire: The Life of 'Cape to Cairo' Grogan*, London, Harper Collins, 2001, pp. 291, 450
- 62 TNA CO/544/29, Kenya Legislative Council Minutes, 3 January 1922; re proposal to set up the Committee, see W.G. Ross, *Kenya from Within: A Short Political History*, London, George Allen, 1927, pp. 159–60. See also Delamere's representation to Churchill regarding the high cost of Asian clerks and medical staff in the absence of trained African staff: TNA CO/533/451/2 memorandum 14 February 1922 on colonial expenditure. Information on the proposed 20% reduction can be found in: Anon, 'Asiatics Salaries Cut: Indian Reply to Geddes Committee Suggestion', *The Leader*, 20 May 1922, p. 8
- 63 TNA CO/544/29 B.S. Varma, Minutes of the Kenya Legislative Council, 22 October 1922
- 64 BL IOR/L/E/7/1264 The Devonshire Declaration, White Paper, Cmd 1922
- 65 Christopher P. Youé, 'The Threat of Settler Rebellion and the Imperial Predicament: The Denial of Indian Rights in Kenya, 1923', *Canadian Journal of History*, 12, 1978, pp. 347–60; Blyth, *Empire of the Raj*, pp. 93–131; Randolph M.K. Joalahlia, *The Indian as an Enemy: An Analysis of the Indian Question in East Africa*, Bloomington, IN, Authorhouse, 2010; Sana Aiyar, 'Empire, Race and the Indians in Colonial Kenya's Contested Public Political Sphere, 1919–1923', *Africa: The Journal of the International African Institute*, 81, 1, 2011, pp. 132–54
- 66 AMR, 1913, p. 18
- 67 W.J. Simpson, *Report on the Sanitary Matters in the East African Protectorate, Uganda and Zanzibar*, London, Colonial Office, Africa No. 1025, 1915, pp. 9–10
- 68 Simpson, *Report on Sanitary Matters*, 1915, pp. 9–10

- 69 The most important concerned: Epidemic Control (1902), Infectious Diseases (1903), Sleeping Sickness (1903), Plague and Cholera (1907), Vaccination (1912), Mosquito and Malaria in Townships (1912) and Quarantine (1913).
- 70 BL IOR/L/E/7/1265 Winston Churchill, memorandum, 29 April 1921. For the discussion of clause 15 in the Kenya Legislative Council see *The Leader*, 29 January 1921, p. 3
- 71 TNA CO/533/394/1 Racial Segregation in Towns, memorandum, 25 March 1931
- 72 Peter Clearkin described Gilks as having the 'great weakness of trying to curry favours with settlers or their hangers on', RHL MSS.Brit.Emp.r.4 Peter Alphonsus Clearkin, 'Ramblings and Recollections of a Colonial Doctor 1913–58', Book II, Durban, 1967, typescript, p. 162; See also TNA CO/544/29 Kenya Legislative Council Minutes 1921–29, Debate on the Medical Department, 29 October 1923, when Varma, the Indian member, proposed an unsuccessful motion to reduce Gilks's salary by £100 to emphasise that Indian and African communities were not served well by him.
- 73 TNA CO/544/29, Kenya Legislative Council Minutes, 24 January 1921; TNA CO/544/14 Kenya Executive Council Minutes, 7 May 1921, pp. 640, 761; BL IOR/E/7/1265 [unidentified newspaper cutting on Gilks's change of heart over the segregation clause], 29 January 1921
- 74 Our parenthesis. TNA CO/544/29 Kenya Legislative Council Minutes, 27 March 1922
- 75 *AMR*, 1921 p. 18; *AMR*, 1923, p. 1
- 76 British Medical Association Archive (BMA) B/162/1/9, BMA Dominions Committee Documents, Session 1921–22, Meeting 30 June 1922, p. 1
- 77 BMA B/162/1/12 Dominions Committee Documents, Session 1924–5, 6 March 1925, p. 3; Memorandum on Medical and Sanitary Services from Kenya BMA Branch, 5 March 1925
- 78 *AMR*, 1924, p. 1; Iliffe, *East African Doctors*, p. 24
- 79 *AMR*, 1936, p. 7
- 80 *AMR*, 1932, p. 2. The others could have been nurses (confusingly called Hospital Assistants), but also in other junior roles, such as orderlies, storekeepers, clerks gardeners, sweepers etc. The competence of African dressers was sometimes praised in the official *AMRs* but the judgement was contradicted in the PMOs' own internal memos (e.g. TNA CO/533/426/8 Native Medical Service, 1932), which were highly critical.
- 81 *AMR*, 1937, p. 7, Table III
- 82 See note 31 above.
- 83 Beck, *A History of the British Medical Administration*; Crozier, *Practising Colonial Medicine*
- 84 But, interestingly, all the studies of middle-level healthcare workers have been of black Africans. See, for example, Anne Digby, 'The Mid-Level Health Worker in South Africa: The In-Between Condition of the "Middle"', in Ryan Johnson and Amna Khalid (eds.), *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health*, New York and London, Routledge, 2012, pp. 171–92. See also the discussion in Marku Hokkanen, *Medicine and Scottish Missionaries in the Northern Malawi Region, 1875–1930*, Lampeter, Edwin Mellen Press, 2007, pp. 412–20
- 85 Adeloja Adeloje, *African Pioneers of Modern Medicine: Nigerian Doctors of the Nineteenth Century*, Ibadan, University Press Limited, 1985; Adell Patton, *Physicians, Colonial Racism and Diaspora in West Africa*, Gainesville, FL, University of Florida Press, 1996; Iliffe, *East African Doctors*; Anne Digby, 'Early Black Doctors in South Africa', *Journal of African History*, 46, 2005, pp. 427–54
- 86 For a fuller, book-length exploration of this history of Indian doctors, including GPs, in Kenya see: Anna Greenwood and Harshad Topiwala, *Indian Doctors in Kenya: The Forgotten Story, 1895–1940*, London, Palgrave Macmillan, 2015