

INSTITUTE OF CURRENT WORLD AFFAIRS

RFG - 2
Kenya's Medical Training School

c/o Barclays Bank
Queensway
Nairobi, Kenya
November 9, 1954

Mr. Walter S. Rogers
Institute of Current World Affairs
522 Fifth Avenue
New York 36, N.Y.

Dear Mr. Rogers:

"One may envisage the African doctor, mature and independent, well qualified and respected, preaching and practicing prevention of disease among his people; and by his side the nurse, uniformed, self-reliant, and shorn of false modesty, bestowing the fruits of a tender nature on the sick and ailing."

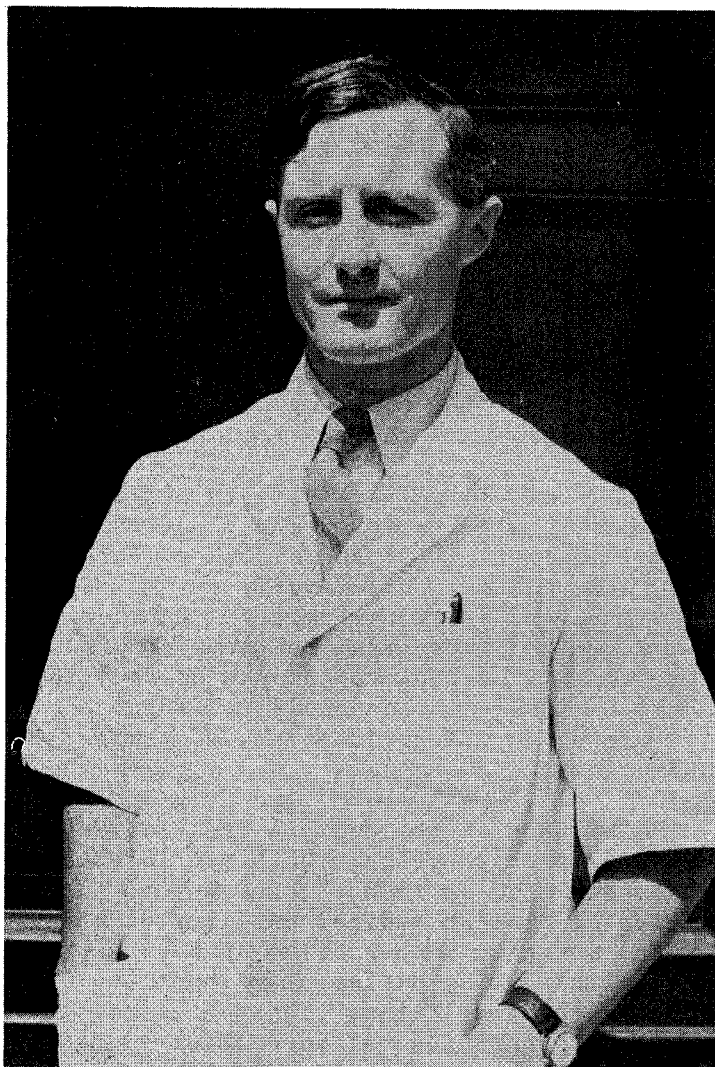
Thus ends a memorandum on the history of medical training in Kenya written by Dr. Watkins-Pitchford, a former Medical Officer in Charge of the Training of Africans. This vision of the future is fully shared by Dr. Hargreaves, the present Principal of the Medical Training School, who commonly speaks of ten years hence as "tomorrow" and of twenty years as "a few days." Dr. Hargreaves thinks and plans today in terms of producing qualified African doctors, though he realizes that it may take decades to accomplish. But without visions and energetic planning it might take generations.



The history of the Medical Training School goes back less than 25 years, the first 15 students having been enrolled in 1930. Prior to that date the training of African medical auxiliaries had been carried out at a number of government and mission hospitals using different methods and with no unified teaching syllabus. The results of this rather haphazard training—African nursing orderlies called "dressers"—seem to have been satisfactory to all but a handful of Medical Officers who realized that the time would soon come when the need for skilled African medical workers could no longer be supplied by practical training in hospitals alone. Plans for a central medical training institution in Nairobi were first drawn up in 1924, but official red tape and hesitation delayed action on the plan for six years.

Mr. Japhet Dibo, the present Senior African Instructor at the School was first admitted as a student in 1935. At that time the original 15

Japhet Dibo
Chief African Instructor



Dr. Harvreaves,
Principal of Medical
Training School



Miss Smythe,
Chief Sister Tutor

students had increased to 40. During his long connection with the School as student, Junior Instructor, and Senior Instructor, Japhet has seen the student body grow to its present size of 160, and has watched other important changes such as the appointment of a staff of European Sister Tutors and the admission of African girls as students. Japhet was born in a small Luo village near Lake Victoria by the senior wife of a pagan polygamist father. His first contact with civilization came when he was hired as a herd-boy by the Church Missionary Society to tend their flock of sheep. According to his own story, the missionaries recognized his superior scholastic ability and entered him in a mission school. However, his father, fearing that he would be lost to the tribe, soon withdrew him and brought him home. At a later date an African pastor prevailed over the father's objections and provided funds for several years of study at Mutheno Secondary School in Nyanza Province. In 1931 Japhet entered the Native Hospital in Kisumu as a dresser, and in 1935 came to the Medical Training School in Nairobi on the recommendation of the Kisumu Medical Officer. Despite his incomplete secondary education, he stood at the top of his class throughout four years of medical training, and after

graduation he was kept on as a Junior Instructor. His father's suspicions have long since been allayed, and the old pagan is now proud of his medical son. Japhet has brought two of his brothers to Nairobi and arranged for their technical training at his own expense, one as a mason and the other as a driver.

In the early days of the School the life of an African Medical Instructor was strenuous. Japhet used to give instruction in nursing and lectures on anatomy, physiology, English, arithmetic, and other subjects, in addition to daily inspections of the wards of the Native Hospital which has been superseded by the modern King George VI Hospital. While working as an instructor he took the special four-year course of training in orthopedics, again at the top of his class, and worked for a while as an x-ray assistant. He has been an ardent footballer and on one memorable occasion was sent to the Inter-Territorial soccer matches in Uganda in charge of the Kenya team. From his first contact with the Church of England he has been a staunch Christian and has influenced seven of his brothers to become Christians. He is an organizer and the present Secretary of the Christian Union, to which most of the students belong, and spends a good deal of time arranging for prominent speakers to appear at the regular Sunday meetings. About 95% of the students are Christian, and Japhet feels that Christian faith is almost indispensable for a good medical man, though he respects the Mohammedan Hussein Abdulla, one of the two Junior Instructors under him, and admits that Mohammedan students have been too few to be fairly judged.

The life of an African Instructor is easier these days. A staff of four British nurses with special qualifications for their work do the bulk of the lecturing and practical instruction in nursing. Japhet now has assistants to carry out most of the routine inspection duties. His wide experience with school problems is now used mainly in supervisory and disciplinary duties. He long ago married a Luo Chief's daughter and now has six children.

The present aim of the School is to train Africans as medical auxiliaries of various grades to be employed by the Kenya Government. The most important grade is known officially as Assistant Nurse Grade I, but is commonly called by the traditional term Hospital Assistant. Students who qualify in this grade are expected to know something about all aspects of medicine; they are the "general practitioners" of the system. The other grades are more specialized: these include Compounders (pharmacists), Laboratory Assistants, Orthopedic Assistants, Radiographers, and Nurses Grade II (also called Kenya Registered Nurses). At other smaller training centers away from Nairobi special courses are given for Health Inspectors, Entomological Assistants, Midwives, Health Visitors, and a few other minor positions. Hospital Assistants and Nurses receive their training at the Medical Training School and King George VI Hospital; the specialized grades live with the other students at the School but take part of their training at other institutions of the Kenya Medical Department. About 160 students are now in residence at the School, including 34 African girls. In addition, 7 Asian girls take part of their nurses' training at the School but actually live at the Asian Hospital.

The four-year course for Hospital Assistants is divided into alternate periods of lectures and classroom studies at the School and practical work at the Hospital. The Principal of the School Dr. Hargreaves and the Sister Tutors (teaching nurses) from Britain do most of the lecturing. Some of the advanced courses are given by specialists from the Hospital staff. The Bursar Mr. Shorter, who was seconded from the Royal Army Medical Corps, and the African

instructors also help with the teaching. The syllabus is still under revision, but as it now stands about 30 courses of lectures are given during the four years. The important subjects are hygiene, anatomy and physiology, theory of nursing, medicine, surgery, and diagnosis, treatment, and nursing in the specialties. It has been found necessary to supplement the students' academic education with courses in English and arithmetic.

The students (or "trainees" as they are officially called) live in dormitories on the school grounds and eat in a common dining room. During their four years of training they are paid 84 shillings (about 17 dollars) a month less 35 shillings for board. Their whole life is centered round the School, play as well as work. A library and recreation hall are used during leisure hours, but the favorite sport is football in which most of the students participate. An active troop of Senior Scouts musters its own football team which has won several championships. Everyone agrees that the general conduct of the students is exceptionally high. There is a virtual absence of the rough horse-play which is usually expected of students in similar institutions in America or Europe, and sexual offenses are rare. Most of the students belong to the Christian Union and take part in programs and discussions of an edifying nature. There are also societies for drama and debating. The girls receive much the same instruction as the boys but live in their own quadrangle of dormitories under the control of a Lady Supervisor. For recreation they depend mostly on sewing, knitting, and other handicrafts, and recently they have become interested in the debating society. An occasional dance is held at the recreation hall. The authorities hope that friendships formed in the School between boys and girls will result in marriages later on, but it remains to be seen whether this will happen on a large scale. The social position of a medically trained woman—which raises special problems in any community—has not yet been established in African society. In earlier days African female nurses acquired a reputation for sexual laxity, but there is little delinquency among the present female students.

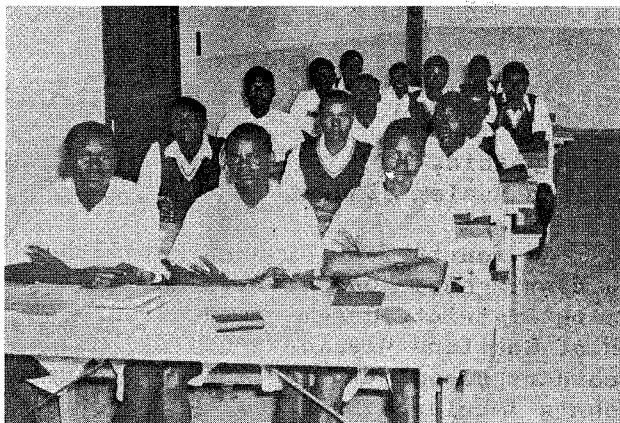
To be admitted for training as a Hospital Assistant, a candidate must pass the Kenya African Preliminary Examination (K.A.P.E.), which represents a level of education which is expected at the age of twelve in Britain. However, the African students usually pass the K.A.P.E. at the age of seventeen or eighteen, and thus are more mature than their standard of education would indicate. The courses for Compounders, Laboratory Technicians, and some of the other specialties require candidates to pass the Kenya African Secondary School Examination or possess a Cambridge School Certificate. These correspond to a level of fourteen years in Britain. Students were formerly admitted directly to the Medical Training School from secondary school, but now they are required to serve an apprenticeship as dresser in a District or Provincial Hospital before admission. Dr. Hargreaves and the Chief Sister Tutor Miss Smythe try to interview all candidates who have been recommended for admission by District Medical Officers. For this purpose they go on periodic safaris to all Districts of the Colony.

At the end of their training, Hospital Assistants are given two final examinations, one being set by the School and the other by the Nurses and Midwives Council of Kenya. Students who fail are assigned as Dressers or other lower grades, so that their training is not wasted. The successful graduates, after serving for a short period at King George VI, are posted as Hospital Assistants to District Hospitals throughout the country. Then for at least



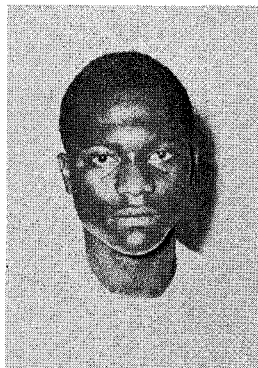
George Washington Kamorinyaung,
a Turkana Student

A Medical Lecture



seven years they perform different nursing and medical tasks under the supervision of the doctors and European nurses of the hospital staffs. After their first tour, Hospital Assistants with good records are sent back to the Medical Training School for an up-grading course in which clinical medicine rather than nursing is emphasized. This entitles them to wear a second stripe on their shoulder straps, and they are again posted to District Hospitals for more advanced duties. Finally, after five more years of satisfactory hospital service, they are eligible for a last up-grading course at the School. Those who make the grade are promoted to the rank of Medical Assistant, receive a third shoulder stripe, and are qualified for more responsible positions which include being put in charge of Rural Health Centers.

Dr. Hargreaves has the last word on the admission of applicants to the School and on the posting of graduates to hospitals. The students come from all parts of Kenya, but not yet in equal numbers. As might be expected, the majority of the students come from the more advanced tribes. The ultimate aim is to have them return as Medical Assistants to their own Districts or Tribes, where they will serve much the same functions as country doctors in America or Europe. This aim cannot be fully accomplished at present as the majority of the students come from only a few of the tribes. In the past, the Kikuyu Tribe has provided the greatest number of students, but other tribes are rapidly catching up. Following the example of Japhet Dibo, a large number of Luo from Nyanza Province have enrolled in the School. In Japhet's opinion (perhaps weighted) the Luo make excellent medical workers. In an attempt to survey the student body in cross-section, I interviewed a number of students of different tribes.



**Harun Rashid, an
African Moslem Student**



Asian Student Nurses

The fourth-year student Jeremiah Gichuru is perhaps typical of the Kikuyu contingent. One of nine children born to Christian parents at Dagoretti in Kiambu District, Jeremiah received his primary and secondary education at Church of Scotland Mission schools. His interest in medicine was first aroused in secondary school through taking a course in first-aid from a member of St. John's Ambulance Brigade. He entered the Medical Training School in 1951, at which time the apprenticeship as hospital dresser was not required. He speaks English firmly and appears self-assured. His scholastic record is good and he is well pleased with his choice of profession. He plays on the school football team, is a member of the Christian Union, an Assistant Scoutmaster, and is now prefect of his dormitory with 35 students under him. After graduation next March, his intentions are to acquire more advanced medical training. In speaking of the Mau Mau movement, he states that his family have not been involved and that he himself has been secluded in the School since before the emergency. But there is a tinge of evasiveness in his conversation on this subject.

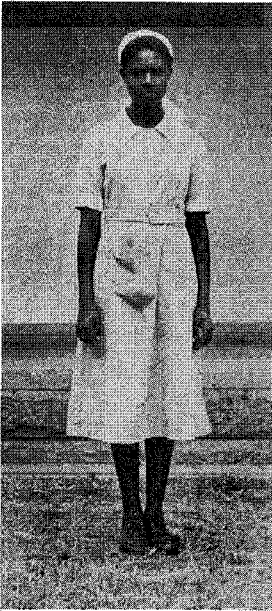
The Masai are neighbors and traditional enemies of the Kikuyu. These two tribes, whose names are the best known of any in Kenya, differ greatly in their ways of life. The Masai are pastoral nomads roaming with their flocks over the plains of Kenya and Tanganyika as they follow the seasonal changes in pasture and watering places. The Kikuyu are sedentary people who inhabit the wooded ridges which extend from the massifs of Mt. Kenya and the Abedares. Kikuyu culture seemed to be highly receptive to Western Civilization as it impinged on East Africa with increasing strength early in the century. One result of this capacity for assimilation is the large number of Kikuyu students in the Medical Training School. The Masai, on the other hand, remained comparatively aloof, and to this day their way of life has been but little affected by European contact. Nevertheless, several Masai boys have enrolled in the School. One of these is James Meitamei who was born in an Ngaji (a semi-portable Masai house) but is now accustomed to the amenities of town life. James's father was a veterinary assistant—a profession which attracts the cattle-loving Masai—and was promoted to the rank of Instructor and sent to Ngong School while James was still small. Thus sequestered from his tribe, he received a standard primary and secondary education through Form II. Like other students who pass the K.A.P.E., he filled in a form indicating

his desire for a future career. His first choice was to enter Alliance High School for higher academic training, but his earlier school record did not meet the requirements for this appointment. So he was granted his second choice of medical training, and after six months as an apprentice dresser at King George VI Hospital he entered the School in 1952. James is slow and hesitant in conversation, partly through an over-effort to be sincere, and he lacks the urbanity of Jeremiah. This tall rough-looking youth wants to return and serve his own people after finishing his course.

The only Mohammedan student in the School bears the grand old Arabic name of Harun Rashid. He is a Digo from the coastal village of Waa about eight miles south of Mombasa. Harun's first taste of education was in the village Koranic school where he spent three years learning verses from the Koran and writing them in Arabic characters on a board with charcoal. He does not claim to know Arabic well, but in addition to his native Digo language he speaks excellent English and Swahili. After attending a government primary school he was admitted to a Catholic Mission secondary school on the understanding that he would take instruction in catechism. This he did and is well versed in Catholic doctrine, but has remained a firm Moslem. He is now in his fourth year of medical training and will graduate in a few weeks. He has done well in his studies, enjoyed student life, and has suffered no discrimination on account of his religion. The only serious inconvenience has been in observing the sacred month of Ramadan during which Moslems are obliged to fast daily from dawn till dusk. This would sometimes leave him weak for afternoon work and play. Harun's ambition is to help bring enlightenment to his people and rid them of the witchcraft and superstition which he feels is as foreign to the true spirit of Islam as of Christianity.

Two of the more primitive tribes of Kenya are the Marakwet and Turkana. The Medical Training School has one student from each tribe. The Marakwet are represented by Jacob Akan who is almost entirely the product of mission training. Born of Christian parents, his father being a teacher, he was educated at the African Inland Mission and encouraged to apply for medical training. Jacob was never deeply imbued with the traditional culture of his tribe and is characteristic of a growing body of young people who think of themselves as Africans rather than tribesmen. By contrast, George Washington Kamorinyang, the Turkana student, was born in a nomadic household near the Abyssinian border by one of five wives of his father. All of his education has been at government schools. Through the influence of his teachers at Kapenguria Secondary School, he applied for religious instruction at a C.M.S. mission and was baptized a Christian. George states that he likes his medical training but has difficulty with examinations. He is one of the few students who require eye-glasses. His English pronunciation is difficult to understand, and his conversation somewhat erratic. His instructors have found him to be eccentric at times. He has taken Washington as a middle name since entering the School, but apparently not due to the enthusiastic reading of American History. The future will reveal whether there is a spark of scientific genius in this unusual personality.

The girl students at the School are uniformed in tidy pink dresses and are commonly referred to as "pinkies." One of these, a Kikuyu named Purity Wajiro, is a stoutly built, level headed girl whose personal story differs but little from those of some of the Kikuyu boys. Born of Christian parents and educated at the Church of Scotland Mission, she was encouraged



Ida Mbeke,
a "Pinky"

by her father to study medicine. She is engrossed in her work and does not seem to picture herself as a pioneer among African women.

Ida Mbeke, a Kamba girl, is altogether different in manner and appearance. She is a pretty girl with a slender graceful figure. Her voice is soft and shy and she instinctively employs feminine wiles in conversation. She passed the K.A.P.E. at Machakos Secondary School last year and applied for admission to the Medical Training School on the advice of her Christian family. Her father was a hospital dresser till a few years ago when he retired to the country with his savings and now cultivates a shamba. Her oldest sister is a teacher. The other sister also studied at the Medical Training School and graduated last year. Although I have not met this sister, it would seem that she is endowed with some of Ida's charms. In her last year at the School she became pregnant and took her final examination as a maternity patient the very day before her baby was born, thus beating the rule which would have disqualified her had the baby been born first. She is now married to an African bank clerk. I met Ida Mbeke this morning as she was passing Barclays Bank on her day off. She was

simply but neatly dressed in street clothes, and except for the absence of lipstick she might have been taken for a smart American Negro girl.

The seven Asian girls now taking nurses' training represent four different religions—Hindu, Ismailia, Sikh, and one Catholic from the Seychelle Islands. Balvander Dewana is a Sikh. Her father, who came from the Punjab, is a railway employee and a believer in education, progress, and the emancipation of women. He and a sister who is a teacher encouraged Balvander to take the bold step of studying nursing. The situations of the other Asian girls were more typical. Their families resisted the idea in different degrees, but outside influences and the girls' own inclinations prevailed over family prejudices. Balvander possesses a Cambridge School Certificate. She speaks standard British English with hardly a trace of accent and is friendly and quick-witted in conversation. She might well stand as a symbol of progress for the rising generation of Kenya Asians.

In all known societies, and undoubtedly since the beginning of human history, medical practitioners have been set apart from other people in various ways. In primitive societies they are sometimes assigned to a privileged status and usually credited with possessing supernatural powers or techniques. With the rise of civilization and science, medical people came to investigate the human body and to manipulate it in ways from which ordinary people were barred by taboos or ignorance. For common people, even in contemporary America, there is a tinge of uncanniness about medical science. In societies which were organized on the caste principle it was natural that medicine, with its esoteric knowledge and its need for performing acts and touching organs and excretions which would be impure in other contexts, should become involved in the caste system. The caste society par excellence has been India, and from there certain elements have been imported to East Africa and have entered into the problems of the Medical Training School.

Until recently nursing was forbidden for Asian girls in Kenya. In effect, nursing constituted an inferior caste to which other races might belong but not Indians. Such an attitude is clearly incompatible with a social ideal which envisages a system of medical service for the Asian population on the level that prevails in America and Europe. No acceptable vision of the future of multi-racial Kenya could include a system in which all the nursing of Asians was done by European and perhaps African nurses. Accordingly the caste bar is being broached and this social contradiction will be resolved. The start made by the seven Asian girls who have taken up nursing may lead to developments in inter-racial harmony which will brighten the pessimistic picture of contemporary Kenya.

Another caste problem which has now been virtually solved concerns the hospital "sweepers." In most parts of East Africa the cleaning of public lavatories and latrines was done by special workers called "sweepers." Such work came to be regarded as "impure"—a caste concept—and would not be dealt with by ordinary workers. The idea and the term "sweeper" seem to have been introduced from British India by Asian workmen during the building of the Uganda Railway. Although a few tribes may have taboos regarding the touching of human excrement, the notion of "sweepers" was not an indigenous African idea, because the use of public latrines was almost unknown in tribal society. However, the institution became firmly established and accepted by all races.

In the case of hospitals, sweepers were required for the cleaning of bed pans and urinals as well as lavatories. At King George VI Hospital, most of the sweepers came from the Embu tribe who are closely related to the Kikuyu and have been involved in the Mau Mau movement. During Operation Anvil, the great police sweep of Nairobi, some thirty of these sweepers were suddenly taken away for being implicated in Mau Mau. As it was impossible to replace them, the sanitary arrangements of the Hospital were badly disorganized. By heroic effort, the Matron persuaded enough dressers and Hospital Assistants to clean bed pans and urinals for hospital routine to continue, but many of the medical personnel still refused to do sweepers' work and there was no legal way of forcing them. As a result of this crisis, Dr. Hargreaves inserted a new clause in the contract signed by students entering the Medical Training School requiring them to undertake any kind of work which is normally expected of European nurses. Except for a few students who were turned away for refusing to sign the clause, it has been accepted with hardly a murmur. Thus as an indirect result of Mau Mau, and no doubt contrary to its intentions, another caste custom which tended to separate the races has been swept away.

The impact of Mau Mau on medical training has not always been so fortunate, though. Both students and graduates of the School have been lost because of Mau Mau activities. Altogether, thirty qualified Hospital Assistants, Compounders, and Orthopedic Assistants have been arrested, most of them while employed at King George VI. Many were picked up by security forces during Operation Anvil and sent to detention camps, but one terrorist plot to murder the Matron was discovered by the Hospital's own security organization under Dr. Hargreaves and Mr. Shorter and a number of School graduates were captured. Since the start of the emergency, thirteen students have been lost through involvement in Mau Mau. I find it difficult to conjecture as to the psychological state of mind of students and Hospital Assistants after taking the savage and obscene Mau Mau oaths, but no information on this question seems to be available as yet.

Dr. Hargreaves states the ultimate aim of the School as the production of fully qualified doctors of all races. Although no official decision is necessary at this stage, he seems to have the tacit support of the Kenya Medical Department in this view. Some of the other Nairobi doctors, however, challenge the need for a full medical school in Kenya, in view of Makerere Medical School in Uganda which now serves all of British East Africa and is growing rapidly in size and improving in quality. Dr. Hargreaves answers that the foreseeable future of Uganda is as an African state and of Makerere as an essentially African University. By contrast, it is generally agreed that Kenya must make a go of it as a multi-racial state or face chaos. The medical needs of Kenya will differ from those of Uganda and can be best served by a fully accredited multi-racial medical school. Moreover, he points out that the teaching potential of the government and private doctors in Nairobi will soon be sufficient to support a medical school and is going to waste at present.

In regard to a timetable for accomplishing this aim, Dr. Hargreaves speaks optimistically of a period of twenty years, though he admits that it may take longer. It is clear that a great deal of ground work still remains to be done. In conversations with students, I was impressed with the importance of the language difficulty. With few exceptions the students came from homes in which only the native language was spoken and had received their early schooling in the vernacular. Most of them had studied English for only five or six years prior to entering the Medical Training School. Their speech, often delightfully archaic and picturesque, reflects school reading rather than habitual practice in English conversation. Even Japhet Dibo betrayed that he was excessively dependent on classical literature for his English diction when he recently began a serious talk to the student body with the words "Ladies and gentlemen lend me your ears."

It is a common criticism of educated Africans that they can absorb textbook information and repeat it back perfectly in examinations parrot-fashion, but that they lack the judgement and character that must go with knowledge to make a successful professional man. My own observations did not entirely substantiate this view. Perusal of a large number of final examination papers revealed that the written English of the students is of the same character as their spoken English. The other point of the criticism is answered by the innumerable government, missionary, and army doctors who testify that even uneducated African dressers are exceptionally skilful and gentle in their treatment of the sick.

In short, the greatest educational gap that needs to be filled lies in the use and understanding of the English language at a level which will permit the concepts of the basic sciences to be manipulated with ease. Sound medical thinking requires the use of medical language with its wealth of technical terms having precise meanings. To command this vocabulary fluently implies a feeling for the structure and history of the English language which our own education is designed to impart from the earliest years, but which African students have difficulty in acquiring at present. Examples of linguistic confusions could be cited in numbers. The most recent howler comes from an exam paper: "Ciliated epithelium is found in the gents' urinary tract"—meaning, of course, "genitourinary tract." As the present education policy in Kenya bears fruit, succeeding classes of students will no doubt be more and more at home in English. Dr. Hargreaves may yet live to see the transition from medical training to medical education.

Sincerely,
Robert F. Gray
Robert F. Gray

Received New York 11/15/54.