INSTITUTE OF CURRENT WORLD AFFAIRS

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Asian Doctors in Nairobi

P.O. Box 308
Arusha, Tanganyika
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Mr. Walter S. Rogers
Institute of Current World Affairs
522 Fifth Avenue
New York 36, N.Y.

Dear Mr. Rogers:

The last monthly meeting of the Asian Medical and Dental Society of Nairobi was attended by 35 of the 60 members who represent about 80% of Nairobi's Asian doctors. The monthly meetings are held at the homes of the members in rotation. The last one was at the home of Dr. Castelina, a young Goan doctor. There were two guests at the meeting in addition to the regular members--myself and a Mr. Patel from Mombasa who has considerable local fame as a mathematical genius.

After the group had been served with cool fruit drinks, the meeting was brought to order at about eight o'clock by Dr. Ismail, the president, who thereafter maintained firm control of the proceedings and discussions. The reading of the minutes of the last meeting introduced most of the subjects to be later discussed, because at the previous meeting the secretary Dr. V.R. Patel had been instructed to write some letters and make certain inquiries about questions which particularly concerned the Society or Asian doctors. The first subject to be discussed was the closing of the Asian Maternity Hospital by the Nairobi Health Authorities. At the earlier meeting the Society had instructed the secretary to write to the Director of Medical Services (D.M.S.) requesting an explanation. The answer, which had come by return mail, was then read. It stated that the D.M.S., having found sanitary conditions at the Maternity Hospital unsatisfactory, had simply advised the management committee to close the Hospital. This explanation seemed to satisfy the members for a while, until it was recalled that the chairman of the committee was Dr. Walker, an assistant D.M.S. Dr. Topiwala, an elder of the Society and a veteran orator, then took the floor for the first of several impassioned speeches which I had difficulty in following but which seemd to hint darkly at a diabolical plot of the Kenya Medical Department to undermine the Asian doctors. At that juncture, Dr. Adalja, a member of the committee, arrived late and explained that the Maternity Hospital had been closed with the approval of all members of the committee, both Asian and European. The concensus of opinion among the Society members was that conditions at the Hospital were deplorable and that it deserved to be closed, but they were reluctant to leave the subject. A motion to appoint a special committee to inquire into the matter received considerable support until it was pointed out the the management committee was already engaged in such an investigation. Discussion on the question was becoming disconnected, and the president wisely brought it to an end.

The next question concerned a request for a contribution for equipping a recreation room for the use of African technicions at the Kenya Medical Research Laboratory. Discussion on this question was informal, everyone shouting out his ideas without waiting to get the floor. An early suggestion from Dr. Topiwala for giving chairs with the Society's name stamped on them was only laughed at. Someone proposed that a portable radio be given,

but this was rejected in favor of a cash contribution. Ideas on the amount to be given varied from £2 to £20. By an informal vote, the Society agreed on £10, but in his final instructions to the secretary, Dr. Ismail, who felt that they were being parsimonious, set the amount at 250 shillings.

After several minor matters had been disposed of, the last serious subject of the evening was brought up for discussion. This concerned a letter from the D.M.S. warning the members against unethical medical conduct on two specific counts which might bring on disciplinary action. The first warning was against giving aid or support to any unauthorized person who attempted to practice medicine. There was no comment on this. The second point dealt with unethical advertizing. It was particularly emphasized that no doctor was allowed to display a board or sign with any special qualifications printed on it except the letters indicating academic degrees. Dr. Shah, an ophthalmologist and a newcomer to Kenya, stated that he had been warned about this rule on his arrival in the country, but that he believed it was not enforced in the case of European specialists. Several other members voiced their agreement that racial discrimination was involved, but this idea was squelched by the president who cited several cases of European doctors who had been warned against or disciplined for unethical advertizing. Dr. Topiwala then got to his feet and gave his most dramatic speech of the evening. The main point of his argument was that the bulk of the African and Asian patients who consulted Asian doctors, unlike the patients of the European doctors, were unable to understand the academic letters after a doctors name, and therefore deserved the guidance of a simple description on the sign board indicating special qualifications. Dr. Shah, for example, should be allowed to print EYE SPECIALIST after his name instead of the cryptic M.B.B.S.,D.O. To me the point seemed very well put, because I had experienced some difficulty myself in deciphering the letters after doctors' names. The members of the Society, however, did not respond to Dr. Topiwala's eloquence. Having satisfied themselves that no racial discrimination was involved, they were ready to accept the strictest interpretation of the British Medical Association (B.M.A.) ruling on boards and signs.

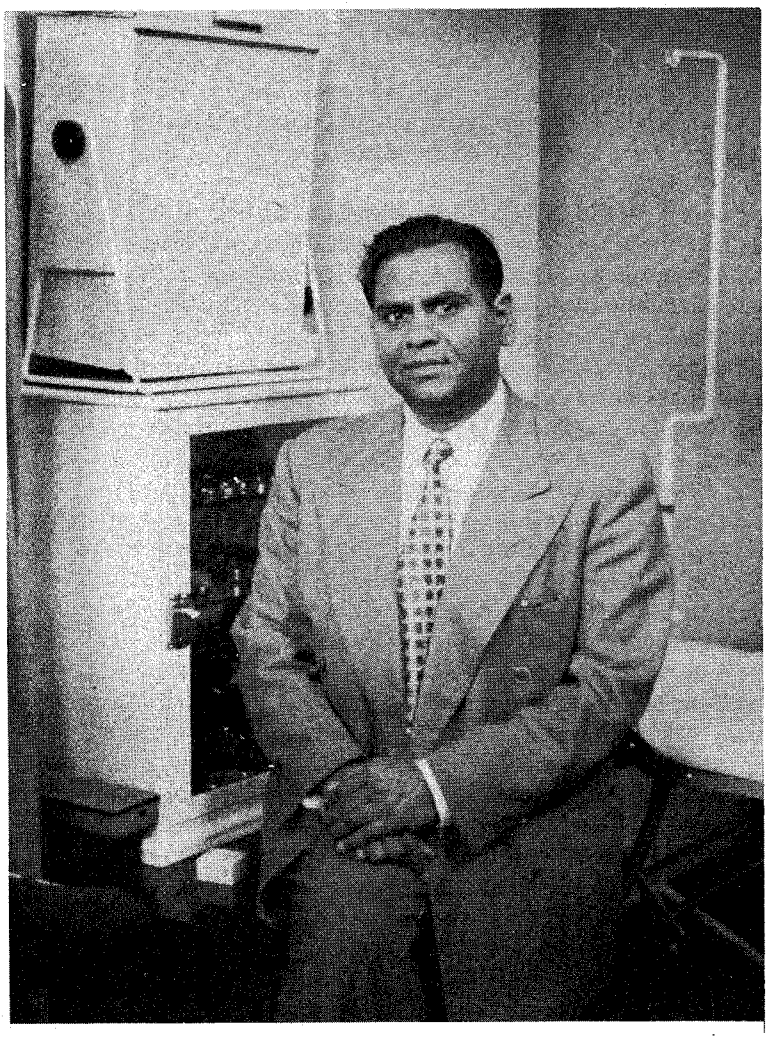
The business meeting was brought to a formal close and attention was focused on the guests. After a long introduction by Dr. de Mello, I was invited to say a few words. I am afraid that my edifying remarks were largely wasted, because the audience was getting restless for the main attraction of the evening—an exhibition of mental arithmetic by Mr. Patel. This young man was born and raised in Mombasa. From his earliest school days he confounded his teachers by working out problems in arithmetic without using pencil and paper. Besides possessing mathematical genius, he is a prodigious reader and can master 500 pages an hour of an ordinary book. He has no desire for a career as a prodigy and plans to go to Cambridge and apply himself to the study of pure mathematics.

For his exhibition at the medical meeting, a series of problems had been worked out by local mathematicians. These were dictated and he was expected to do them in his head. I made notes on some of the problems and the time that he took to get the correct answer. The first problem required 1½ minutes: $588^3 = 20,525,729$. Twenty seconds of concentration revealed that the square root of 46,294,416 = 6,804. To convert 8/59 to a decimal fraction required two minutes, but the answer was carried out to 30 places which completely filled the small blackboard. During one problem (6,754 times 3,278) some people in the back row started whispering and the thread of concentration

was broken. Mr. Patel then explained that the sound of the human voice or the sight of a human face destroyed his power of concentration. He started over again on the problem and got the answer in four minutes. During all this time Dr. de Mello had been working furiously with pencil and paper on the answer to a problem of his own creation which he judged to be particularly difficult: 999 times 432. The guest solved this in six seconds.

By then the spicy aroma of oriental food was seeping through the closed doors of the dining room. Everybody was hungry and we went directly in to a buffet supper. A long table and a sideboard were groaning with foods of every description. We were each given a spoon and a plate. Solid food was eaten with the right hand; the juice and gravy that remained was scooped up with the spoon. The large variety of foods was by no means haphazard, because the Medical Society represents several religions having different food restrictions. For the Roman Catholic Goans (the day being Friday) there were curried fish, spiced eggs, and all the vegetable dishes. The Hindus and several other sects were strictly limited to vegetarian dishes--curries, salads, pastries, fruits, and puddings. A large platter of mutton and rice formed the basis of the Muslim menu. Neither beef nor pork is served at banquets of this kind. For my part, I tasted freely of all the dishes, then settled down to a substantial dinner of chicken cooked in three different kinds of peppery sauces. After eating we were served excellent coffee in the anteroom, and for the Christians and Sikhs there were tiny glasses of liqueur rum from Goa. The serious note had left the meeting. People laughed and talked about personal affairs. Dr. Topiwala, who speaks quietly and sensibly in private conversation, implored me to forget his rhetoric and remember only the serious points of his speeches. I was introduced to the four women members of the Society--all wives of doctors--and to some of the younger members who had been occupying back seats. The charming wife of the host came forth from the kitchen for the first time and mingled shyly with the company. Finally the party broke up in the best of spirits.

The Indian Medical Union, the forerunner of the present Society, was founded in 1935 and has followed a cyclical existence of waxing and waning ever since. The bane of the Society has been politics. Old Dr. A.C.L. de Souza, the first president of the Society and the acknowledged senior of the Asian doctors, is himself a politician and an editor. He resigned from the Society on account of an argument over politics a few years after it was founded, taking away with him his political adherents. Since then he has rejoined and resigned from the Society several times. During its boom periods, the Society sponsors other social events in addition to the monthly meetings. Picnics and excursions for the families of members are then held, and also cricket matches and sports competitions with the Asian Bar Association of Nairobi. Just recently, though, the Society was in the doldrums with only five or six members turning out for meetings and with no other social activities. About a year ago Dr. Ismail took over the presidency, which he had held three times previously, and with the help of the new secretary Dr. V.R. Patel reinvigorated the Society so that it is again an active and popular organization. The Society limits itself to social activities and the discussion of business and the practical problems which confront Asian doctors. It also constitutes itself a watchdog to detect any manifestations of racial prejudice in the field of medical practice. At present clinical problems are not dealt with by the Society, although



Dr. V.R. Patel

regular clinical programs have been attempted in the past. Most of the Asian doctors are also members of the B.M.A. which arranges for frequent medical lectures.

It was at a special meeting of the B.M.A. honoring a visit to Nairobi by Sir Philip Manson-Bahr, the noted authority on tropical medicine, that I had previously met some of the leaders of the Asian medical profession. At that time the person who dominated the whole group by virtue of his height, bulk, and venerable mien—even robust Sir Philip himself—was dark-skinned, white-haired Dr. A.C.L. de Souza. The other old-timers are drs. Adalja, Gautama, and Topiwala. In the course of the last few weeks I visited these men as well as some of the younger Asian doctors in their offices which are mostly located in the streets of Indian shops between River Road and Victoria Street in Nairobi. With the exception of two or three partnerships, the Asian doctors are all independent, each one having his own office or "surgery." In this respect they differ from the European practitioners who are almost entirely organized in group clinics of from two to six doctors.

Dr. M.D. Gautama is in many ways typical of the older Asian doctors. His surgery is located on the ground floor in a row of low Indian shop buildings. One steps from the sidewalk directly into his waiting room. The premises are small and rather shabbily furnished by American standards. Separated from the waiting room by semipartitions are a tiny drug dispensary, a private office, an examining room, and a treatment room. His practice is almost entirely limited to Asian patients. Dr. Gautama was born into a Hindu family in the Punjab 61 years ago. He took a liking to science while still in secondary school and wanted to study botany at the university. His father, who was a land settlement officer, insisted that he study medicine because of the superior prestige and financial returns of that profession. Accordingly he studied medicine at King Edward Medical College in Lahore and received his degree of Bachelor of Medicine and Surgery (M.B.B.S.) in 1922. After two years of army service at the Northwest Frontier of India, he went to the city of Amritsar to set up in private practice. His father had just given him

Dr. U.S. Shah

500 rupees as a final settlement of his inheritance, so he rented a three-story house and equipped a surgery for general practice. Unfortunately no patients came and in four months his money was gone. On the advice of a friend he packed up his instruments and moved to Rangoon where he soon built up a good practice, acquired a wife, and lived for six prosperous years. According to Dr. Gautama, Rangoon was a lawless place in those days, and after his youngest child was kidnapped by gangsters he decided to move to Kenya. He arrived in Nairobi in 1930 and had no difficultu in starting a practice as there were only five Asian doctors at that time. Dr. Gautama was one of the founders of the Asian Medical Society and is a member of the B.M.A. He seems to be genuinely interested in medical problems, but his ideas and methods are no doubt somewhat out of date. It is virtually impossible for a doctor who is practicing all alone among patients of a low economic class to maintain the technical equipment and help which are required by the best standards of contemporary medicine. Very little of this equipment is to be seen in the offices of the Asian doctors in Nairobi.

Although he has only been in Nairobi a little over a year, Dr. U.S. Shah is commonly regarded as a senior member of the profession because of his clinical experience and academic standing as an ophthalmologist. He was born in the district town of Broch in Bombay Province together with four brothers and a sister. His father, a moderately prosperous dealer in grain and cotton-seed oil, encouraged him to study medicine and offered to pay his way, although in secondary school he had had a poor scholastic record and was only interested in sports. Thus he entered Seth Gordhadas Sunderdas Medical College, which is one of the three medical schools affiliated with the University of Bombay, the other two being Grant Medical College and National Medical College. I estimate that 90% of the Asian doctors in Nairobi studied medicine at Bombay. After taking his doctorate in ophthalmology, Dr. Shah was appointed to the staff of C.J. Ophthalmological Hospital in Bombay, in which 400 eye patients

are seen daily and 70 cataract operations are done each week. He also taught both undergraduate and post graduate courses at Grant Medical College, and served as an examiner for Gujerati University at Ahmedabad. During his Bombay years he devoted mornings to teaching and carried on a private consulting practice in the afternoons. Although he was making a good living, he felt that the obligations to give financial aid to his numerous poor relations were excessive, and for that reason he decided to come to Africa. After one year in Nairobi he is a little disappointed. There are three other Asian ophthalmologists in the city and patients have been slow to come. Besides, he misses the intellectual stimulation of university teaching. He feels that the B.M.A. restriction on advertizing is a special disadvantage for him, because the laity do not understand his qualifications and he must depend entirely on patients referred by general practitioners. Being a Jain by religion, Dr. Shah is a complete vegetarian and a teetotaler. He smokes cigarettes, which are not prohibited, but believes that smoking is harmful and plans to stop when he has achieved better psychological equanimity. He has one son 17 years old whom he plans to send to medical school. Dr. Shah speaks rapidly and precisely but with an accent which was unfamiliar to me, so that at first I could not understand him well. His comparatively lavish surgery occupies the corner suite on the second floor of a modern concrete building. His present ambition is to direct a survey of the vision of all the Asian school children in Nairobi, as has already been done for European school children. This project should benefit both the children and the ophthalmologist.

The president of the Medical Society, Dr. A.H. Ismail, M.R.C.S., L.R.C.P. (Eng.), D.T.M. (Liv.), stands midway in seniority between the old-timers and the youngsters of the profession. He was born and received his early education in Majunga, Madagascar, and thus he knows French as well as English, Gujerati, Hindustani, Swahili, and Arabic. Later he studied at a secondary school in Zanzibar and then took his first two years of medicine at Grant Medical College in Bombay. He finished his medical course at Birmingham and took his diploma in tropical medicine at Liverpool School of Tropical Medicine. When he came to Nairobi in 1934 there were eleven Asian doctors, but only one other who had qualified in England. He is a Bohra Muslim (a Shiah sect) and was the first Mohamedan doctor in Nairobi. His offices occupy the entire ground floor of a large corner building, but most of this space is taken up by a large waiting room. Dr. Ismail would like to be a consulting specialist in tropical diseases, but since very few of these cases are referred by other doctors he is forced to do general practice. A good deal of his work consists in home calls, particularly in the case of wealthier Indians. His daily schedule starts at 8:30 in the morning with home calls and hospital rounds. From 9:30 to 12:30 he receives patients in his office, then makes more home calls and goes home to a leisurely lunch. From 3:30 to 5:30 he holds office hours and then ends the day with a round of home calls. Like general practitioners the world over, he is frequently called out at night, but nowadays he refuses all but the most urgent night calls, which is the prerogative of a "fashionalble" doctor. Dr. Ismail is keenly aware of the disadvantages of practicing medicine all alone in Nairobi, but he does not anticipate any rapid change in the system. "Indians are the strongest individualists in the world," he states, "and doctors are the most individualistic of Indians."

Dr. Jules de Mello regards himself as a bridge between the Asian and European communities of Nairobi. On a recent trip to Europe as a delegate to the World Conference on Medical Education, he was entranced by the culture

Dr. Jules de Mello in his Office

of Portugal and France, particularly the fine arts. In fact he was inspired to take up painting himself, and only six months after his return he has already presented his telescoped career as an artist in a one-man exhibition of paintings at the United Kenya Club. Many of his pictures were Paris street scenes painted from memory, but as his memories of Europe fade he is turning more to local subjects including African nudes. Jules and his wife Ruth, who is also a doctor, are well known to many of the American community of Nairobi. His cultural orientation and interests are almost wholly European, but nevertheless he is officially classed as an Asian.

Born 1907 in the village of Sali Gao in Goa, Dr. de Mello was educated in Roman Catholic schools and remains a firm Catholic today. His father, a Goan government official, was exiled to British India for subversive political activity while Jules was still a boy. His mother came from a family of planters in Mozambique. Both parents migrated to Kenya while Jules was still in school. He first met his wife at Grant Medical College in Bombay where they were both students. They fell in love but were prevented from marrying because of religious differences, as Ruth comes from a Jewish family in Karachi. According to the traditional family account, they first got the idea of coming to Africa from watching a Tarzan movie: the free-and-easy life of the jungle would surely free them from restraining social conventions--so they reasoned. Jules came to Kenya in 1938 with Ruth following shortly afterwards, and here they were married. Jules claims that he had every intention of doing postgraduate studies in England, and though his plan was prevented by the outbreak of war he sometimes talks as if he had studied abroad.

Dr. Ruth de Mello

In Bombay Dr. de Mello took special training in pathology and venereal diseases. On arriving in Africa he specialized in malaria and yaws, and now has a large album of his own photographs illustrating the pathology of the latter disease. During the war years he worked up a large practice comprising about half Asian patients and the rest Europeans and Africans. He was consulted by Europeans mainly for skin diseases and V.D. During this period he made a number of visits to outlying European farms from which he conducted surveys of the incidence of malaria in scattered Kikuyu communities. He wrote several short papers on this work and recently summarized the whole subject in a longer article.[1] His ideas on malaria are somewhat obscure, but his conclusions are unorthodox and stimulating. In brief, he entirely discredits the idea of immunity to malaria among endemic populations and attributes the outbreak of sporadic serious epidemics mainly to environmental changes which affect both patients and parasites. He also postulates a second strain of malaria parasite which is related to the endemic strain but more malignant in epidemics. It is difficult to paraphrase his involved style and thinking on this subject so I shall quote: "To get the strain of parasite belonging to the second group, it was found necessary to have an increased rate of relapse, which would enhance the development of the virulent strain." Most of his conclusions concerning malaria might be termed inspired guesses and are not conclusively proved by the data which he presents. The development of anibiotic drugs made the treatment of V·D· so simple that he lost his reputation as a specialist and most of his European patients. Thus he no longer visits European farms and his surveys of splenic and parasitic indexes in native villages have been suspended.

In addition to his malaria study, Dr. de Mello has written a number of papers on yaws, amebic dysentery, and other subjects. He is fond of writing and has twenty or more publications listed under his name. His boldest effort was an analysis of malnutrition in India based on a very short tour of the country.[2] Just this year he published an article in an American journal[3] on medical problems in Kenya in which some of the social and economic drawbacks

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[1]"Survey of Malria among the Indigenous Population in the Highlands of Kenya," E. African Med. Jour., Nov. 1951, pp. 465-73.

[2]"Some Aspects and Effects of Faulty Feeding in India," Indian Jour. of Med. Sciences, Feb. 1952, pp. 140-44.

[3]"Medical Practice in the Colony and Protectorate of Kenya," New England Jour. of Med., Feb. 25, 1954, pp. 321-24.

of racial discrimination in medical practice were stressed. Jules is a member of several official and unofficial medical committees and is also active in a number of social and political organizations including vice-presidencies in the Goan Overseas Association and the Capricorn Society. He denies that he suffers from any form of racial discrimination, explaining that his lively and affable personality prevents this. But the fact remains that he is officially classed as an Asian and is denied certain privileges such as the use of the European hospitals in Nairobi. Falling as he does in some ways between two racial stools, he seems to be focusing his interest more and more on Africans, which may explain why 75% of his patients are Africans. Dr. Ruth de Mello, however, has a predominently Asian practice. In any case, there is never a dull moment for the medical visitor who cares to spend ten minutes in the de Mello offices over the picturesque Victoria Bar.

Another young Asian who is equally progressive in his own way is Dr. V.R. Patel. I first met him at a regular Monday luncheon at the United Kenya Club. He is chairman of the program committee and was just about to book me for a luncheon speech when I mentioned the magic word "flower": immediately he dropped the subject and started talking about roses. Later I visited his home, which is tastefully oriental in style, and was shown through the beloved garden which is only three years old but possesses 216 varieties of roses. He prefers American varieties to British but can only obtain them indirectly through South Africa because of customs restrictions. In fact he is enthusiastic about everything American, while his charming wife, who is an artist, loves England where she lived for seventeen years. There are two sons, one by a first wife who died and the other by his present wife.

Dr. Patel was born in India where his parents had returned after a long stay in Kenya. He is intensely proud of his home town Karamsot, which is the seat of a rural university and from which a long series of Indian geniuses have sprung. Such loyalty to the place of nativity represents a degree of self-assurance that is rare among Nairobi Asians. Dr. Patel is a Hindu, but unlike Dr. Shah he does not believe in idol worship nor does he observe the traditional dietary restrictions. As he states his religious position, "I retain the essential beliefs of Hinduism but ignore the practices." A graduate of Grant Medical College in Bombay, he is now a general practitioner but makes an unusual effort to provide modern diagnostic techniques for his patients, which he estimates are 3/4 Asians and 1/4 Africans. His small but efficient surgery contains a modern X-ray machine and a compact clinical laboratory. But because of the scarcity of technicians in Nairobi he has no trained help just now, so he only uses the X-ray for flouroscopic screening and the lab for simple tests of blood, sputum, urine, and stools. He regards himself as a specialist in tuberculosis and has a large number of private tuberculous patients whom he treats as outpatients with chemotherapy and pneumothorax. He has written papers on the following subjects: tuberculosis in general practice, amebiasis in general practice, vitamin C in infectious hepatitis, yaws and kwashiorkor, and four cases of pseudohypertrophic muscular dystrophy. He is a member of the Kenya Poison and Pharmacy Board, secretary of the Medical Society, and vice president of both the United Kenya Club and the Overseas League. His industry and good will prevent him from being preoccupied with racial problems, and only the slightest trace of bitterness appears at times in his conversation.

The younger generation is well represented by the firm of Castelina and de Costa which specializes in Gynecology and obstetrics padded out with general practice, and I shall conclude this cross-section of Asian doctors

with a visit to their spacious offices on River Road.

The senior member of the partnership, Dr. J.E. Castelina speaks seven languages: Konkani (the language of the Malabar Coast), Hindustani, Marathi, Gujerati, Burmese, Swahili, and English. Oddly enough, although he was born in Goa he does not speak Portuguese, since his family moved to Burma when he was six years old. He was educated in Catholic schools in Burma and entered the Medical College of Rangoon University, which he describes as having an American style campus in contrast to British style universities. After finishing three years of medicine he was forced to walk out of Burma with his family in order to escape from the invading Japanese army. His last two years of medicine were taken at Grant Medical College in Bombay. In 1946, after two years of post-graduate work in Bombay, he received his M.D. in gynecology and obstetrics and then came to Kenya. He claims to have been the first fully qualified Asian specialist in Nairobi. Starting practice as a consulting specialist, he found it necessary to undertake general practice as well, and at present his work is about half and half consulting and general practice. At the time of his arrival it was the custom of Asian doctors to refer their difficult cases in gynecology and obstetrics to European specialists, and at first they were distrustful of an Asian specialist. Dr. Castelina feels that the ice is broken andthe most difficult cases are now referred to him with confidence. He married a local Goan girl (the hostess at the medical meeting) and has two children.

The junior member of the partnership Dr. De Costa was put through medical school by an elder brother. His training was much the same as that of Dr. Castelina whom he had met as a medical student and maintained contact with later through correspondence. In 1952 he immigrated to Kenya and joined Dr. Castelina as a partner. In accordance with Asian custom, Drs. Castelina and De Costa do not themselves perform normal deliveries. Unless there is some reason to expect difficulties, patients are delivered in homes or maternity hospitals and an obstetrician is called only when complications arise. Reviewing their experience of complications of pregnancy both here and in India, they state that diabetes, allergies, hypertension, and toxemias are more common among the Asian women of Kenya.

The special problems that confront the Asian doctors, and some of the ways in which these problems differ from those of European doctors, have been nicely summed up in a recent article by a young second-generation Nairobi Asian, Dr. A.L. Ribeiro.[1] A.ong other interesting points, he mentions the need for multilingual accomplishments and some knowledge of practical anthropology, in order to cope with the variety of languages and cultural and religious backgrounds which are represented in the patients who consult Asian doctors. "Medical knowledge per se," he writes, "would not suffice to handle a large multiracial general practice." He lists some of the special diseases to which different religious and cultural groups are prone, but his conclusions seem to be based more on a priori reasoning than on concrete clinical experience.

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[1]"Multiracial General Practice in Nairobi," British Medical Journal, Oct. 23, 1954.

Considering the marked differences that exist among the members of the Asian Medical and Dental Society, it is difficult to understand how they maintain their unity, unless it is taken into account that they are confronted with the massive racial solidarity of the European community of Nairobi.

Sincerely,

Robert F. Gray

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