

LEGISLATIVE COUNCIL

Friday, 27th April, 1951.

The Council met at 2 p.m., His Excellency the Officer Administering the Government, Mr. J. Gutch, O.B.E., President in the Chair.

PRESENT :

The President, His Excellency the Officer Administering the Government, Mr. J. Gutch, O.B.E.

The Hon. the Colonial Secretary, Mr. D. J. Parkinson, O.B.E. (Acting),

The Hon. the Attorney General, Mr. F. W. Holder, K.C.

The Hon. the Financial Secretary and Treasurer, Mr. E. F. McDavid, C.M.G., C.B.E.

The Hon. C. V. Wight, C.B.E. (Western Essequibo).

The Hon. Dr. J. B. Singh, O.B.E. (Demerara-Essequibo).

The Hon. Dr. J. A. Nicholson (Georgetown North).

The Hon. W. J. Raatgever (Nominated).

The Hon. V. Roth (Nominated).

The Hon. G. A. C. Farnum, O.B.E., (Nominated).

The Hon. Capt. J. P. Coghlan (Demerara River).

The Hon. D. P. Debidin (Eastern Demerara)

The Hon. J. Fernandes (Georgetown Central).

The Hon. Dr. C. Jagan (Central Demerara).

The Hon. W. O. R. Kendall (New Amsterdam).

The Hon. A. T. Peters (Western Berbice).

The Hon. W. A. Phang (North Western District).

The Hon. G. H. Smellie (Nominated).

The Hon. J. Carter (Georgetown South).

The Hon. F. E. Morrish (Nominated).

The Hon. L. A. Luckhoo (Nominated).

The Clerk read prayers.

The minutes of the meeting of the Council held on Wednesday, the 25th of April, 1951, as printed and circulated, were taken as read and confirmed.

GOVERNMENT NOTICES

BILLS—ALL STAGES.

The ATTORNEY GENERAL gave notice of his intention at a later stage to move the suspension of Standing Rules and Orders to enable him to take the following Bills through their remaining stages :—

A Bill intituled "An Ordinance to make special provisions for the housing of labour workers on sugar estates."

A Bill intituled "An Ordinance to amend the Sugar Industry Special Funds Ordinance, 1947."

A Bill intituled "An Ordinance further to amend the Income Tax Ordinance with respect to the imposition and evasion of income tax."

APPOINTMENT OF DR. HO AS EYE
SPECIALIST.

Mr. CARTER : Sir, before we proceed to the Order of the Day I beg leave to move the suspension of the relevant Standing Rule and Order in order that the motion which was tabled on my behalf on Wednesday last may be taken now.

Mr. FERNANDES seconded.

Question put, and agreed to.

Mr. CARTER : I am grateful to hon. Members for supporting my application for a suspension of the Standing Rules in order that this motion, which I consider one of the utmost urgency to this country, might be taken today. The motion deals with the recent departure of Dr. Murray, Eye Specialist, on leave, and the proposed appointment of Dr. Ho to serve during Dr. Murray's absence. The motion reads:—

"WHEREAS the recent departure of Dr. C. Murray, Eye Specialist, on leave has resulted in much distress among persons suffering from eye disease;

"BE IT RESOLVED that this Council recommends to the Administration the immediate appointment of Dr. H. Ho to act as Eye Specialist during the absence of Dr. C. Murray on the terms offered by him."

A great deal has appeared in the Press with regard to this matter. There has been a *communique* from the Bureau of Public Information and a reply thereto in the *Sunday Chronicle* of April 22, which put the matter in two different lights. Those of us who are not members of the Legislative Council Advisory Committee on the Medical Department have had no official *communique*, until yesterday, with regard to the decision of that Advisory Committee in respect of this appointment. Most of us should be acquainted with the circumstances of this matter but I think, nevertheless, I should make

a brief statement on the issues as I see them. Dr. Ho, I am informed, is an Eye Specialist, and also a specialist in Ear, Nose and Throat diseases, and since the termination of the services of Dr. Richardson in 1948, has acted as Ear, Throat and Nose Specialist at the Public Hospital, Georgetown, at a salary of \$400 per month, in addition to half of the fees collected by him in the course of his duties as such.

It is interesting at this stage to point out that at the time Dr. Richardson was negotiating with the Administration for an increase of salary he was in receipt of a salary of less than \$400 per month for whole-time service, and it is because, I believe, Government refused to pay that officer \$400 per month, it was necessary for Dr. Ho's services to be continued up to the present time at a salary of \$400 per month, plus half fees. Dr. Ho has been carrying on those duties since 1948 as Ear, Nose and Throat Officer. It happens, incidentally, that Dr. Ho is also an Eye Specialist, and when Dr. Murray left these shores apparently Dr. Ho was invited by the Director of Medical Services to act in his place at an additional salary of \$200 per month for part-time service. It seems to me that the service which he was required to give was exactly similar to that he had been giving as Ear, Nose and Throat Officer. In other words, Dr. Ho would give the same amount of time as Eye Specialist, and for that he asked Government for an additional salary of \$400 per month plus half fees.

In the *communique* issued by the B.P.I. it is made to appear that this offer by Dr. Ho to act for Dr. Murray at a salary of \$400 per month is monstrous, and that he is attempting to point a gun at the head of the Administration in order to extort what they consider an unreasonable sum. But in my humble opinion it is not unreasonable for a person with Dr. Ho's qualifications and experience to ask for a salary of \$400 per month for his work

as an Eye Specialist. We all know that this gentleman carries on a hospital in Kingston which is a successful business venture, and it would mean that if in addition to the time he has to devote to the Public Hospital in respect of diseases connected with the ear, nose and throat, he had to devote further time in connection with eye diseases, his business venture, on which he relies, must necessarily suffer. It is not Dr. Ho's fault that this country has been unable to find specialists. I think that specialists in those two fields have for a long time been absent from British Guiana, and I think the Director of Medical Services has had enough time to acquire or train specialists in those particular fields. It seems, from what I have read in the newspapers, that at the time when we lost Dr. Green as a result of a tragic accident, Dr. Ho offered his services to the Hospital free of charge. I mention that because the B.P.I. *communiqué* would give the impression that Dr. Ho is a kind of monster who is trying to extract exorbitant fees.

If one calculated the number of hours, or the number of surgeries which Dr. Ho would have to take over a period of a month, it would be seen that for each surgery he gives at the Hospital in respect of diseases of the eye, all it would cost Government is a sum less than \$20, and when one considers the whole period of six months it means that the Administration is quibbling over the paltry sum of \$1,200, because the extra expenditure for six months would be \$1,200. When one reduces that sum further by the 40 per cent. income tax which would have to be paid by the officer, one sees that the extra amount which Dr. Ho would actually receive would be only \$720, and because of this paltry sum people are suffering in this Colony for the lack of an Eye Specialist. I have heard of cases of people who have actually gone blind during this period, and I think it would be wicked if this state of affairs was allowed to continue. I understand that there are a

number of general practitioners at the Hospital who are attempting to treat patients suffering from eye diseases. Those men are not specialists, and I am instructed that, during the course of their training, general practitioners are trained for exactly three months in the treatment of diseases of the eye, whereas a specialist's training is over a period of two years on that subject alone. I want to issue a warning to those doctors who are attempting to treat eye cases about which they know nothing—that they may open themselves to actions in the Supreme Court for damages as a result of negligence.

Dr. SINGH: To a point of correction. General practitioners are trained in the treatment of the eyes. They can treat the eyes but they do not specialize. At this Public Hospital, when there were no specialists, general practitioners did all the operations. If there is a specialist he looks after the eye cases, but that does not mean that a general practitioner is not trained to treat the eyes.

Mr. CARTER: All I said was that the training of general practitioners in the eyes lasted exactly three months.

Dr. SINGH: That is not so today; it is longer. It used to be nine months for a specialist.

Mr. CARTER: Apparently the hon. Member is not hearing me clearly. I said that it takes a specialist two years to secure his training in the treatment of eyes, but the general practitioner takes only three months. I say that on good authority. I repeat that if those general practitioners who know very little about eyes, continue to treat patients at the Public Hospital they will render themselves open to actions in the Supreme Court if, as a result of their treatment, patients lose their sight. That is a warning I want to give them, so that everyone may realize how serious the position is

I think hon. Members must have considered the state of affairs existing at the Public Hospital today. I do not think there is any need for me to elaborate on it. In my humble opinion the offer made by Dr. Ho is a reasonable one, and should be accepted by the Administration. He is getting \$400 per month for specialist work in one field. There is no reason why he should not get another \$400 per month in another specialist field. He obtained his specialist degrees, I suppose, at his own expense, and there is no reason why he should suffer, because it might be felt that the sum of \$800 per month is too princely a salary for a doctor at the Public Hospital. The circumstances are unusual and I am imploring this Council to support this motion because the offer made by Dr. Ho is a reasonable one; because people are suffering at the Hospital today, and if their suffering is to continue for a period of six months I do not know what is going to happen. That is all I have to say.

Mr. FERNANDES: I would like to second this motion. I had the pleasure of presenting it yesterday on behalf of my friend, the hon. Member for Georgetown South (Mr. Carter). I second it because, like the mover, I feel that there is a tremendous amount of suffering on account of the fact that there is not employed by Government at the Public Hospital an officer who can treat people for eye troubles who are unable to pay for that service in the ordinary course of things. Of course, as I see it, the matter would never have arisen if Dr. Ho, the Ear, Nose and Throat Specialist, and Dr. Ho, the Eye Specialist, were brothers, or two different individuals. Government would not have hesitated to pay two officers \$400 per month each. The trouble has only arisen because one person holds the two specialist qualifications, and the money would go into one pocket. I have made those remarks to establish that Government has not refused to appoint Dr. Ho in order to save money, but because it is thought that it would be too much money for

one man to receive. I am sure nobody can contradict me when I say that Government must be satisfied with the service Dr. Ho has given as Ear, Nose and Throat Specialist, otherwise we would have had one from abroad already. In the same way, if another person had the Eye Specialist qualification, Government would not have hesitated to employ him on the same terms and conditions. It is not a question of saving the money of the taxpayers, but of trying to make sure that one person did not get a laugh at Government.

I am not surprised at Dr. Ho demanding his pound of flesh, because I do not know if hon. Members will remember the statement I made in Finance Committee a few years ago, shortly after I became a Member of this Council. I attended a meeting of Finance Committee exactly three days after Dr. Ho had removed my tonsils, and Members will remember that I kept as much noise on that day as on any other day. I never missed any of those meetings and I hope never to do so. Members will remember that I pointed out then that Dr. Ho had obtained his specialist qualifications at his own expense. They may also remember that I pointed out that he had applied for three years' study leave without pay, but Government saw fit to refuse to grant him leave without pay. However, when Dr. Ho said he would have to tender his resignation some kind soul decided that Government would alter its decision and permit him to have three years' study leave without pay, in order that he might obtain these two qualifications.

Some time after that Dr. Ho had a little difference of opinion with Government. I am not going into that, because Members knew everything about that only too well. But what do we find? We find today that because of those incidents on the one side, and because Government on the other side wants to make sure that one man does not draw both sums of money, the poor people

of British Guiana are being allowed to suffer. There is no part of a man's body more valuable to him than his eyes, and to permit even one person to go blind because of a difference of \$200 a month is something I cannot stay here and countenance.

It is unfortunate that Government finds itself in this position today. I say so because I am sure that Government knew that the terms asked for by Dr. Ho were likely to be his terms. The Director of Medical Services also knew that the Eye Specialist was going to leave British Guiana on holiday. The least I would have expected the Director of Medical Services to do was to find in the Service an officer who had at least a little more experience and a little more practice on the eye than the ordinary Government Medical Officer, and get him to work along with Dr. Murray for at least three months before Dr. Murray went on leave. I feel very strongly that that was not done, because it shows lack of concern about what happens to the people. When it has happened Government attempts to hold it up to the public against Dr. Ho in the light of suggesting that he is trying to exploit Government.

There is a similar situation in another Government institution. I speak now of the Best Hospital. Members will remember that when the Medical Department's vote came up in Finance Committee (I am sure the hon. the Financial Secretary and Treasurer can bear out the correctness of what I am saying). I asked the Director of Medical Services why he did not place a local medical practitioner at the Best Hospital to understudy Dr. Fernandes for the remaining period between then and the time when he would have to go on leave in May. He told me that Dr. Fernandes would not train anybody. On the spur of the moment, without thinking of the possible after-effect—and I am going to be very frank with what I mean by after-effect—I said that my information was that that

statement was not correct. I took the trouble to ask for an appointment with Dr. Eddey to discuss that matter fully with him. He told me he was going to get a Specialist in Tuberculosis from the United Kingdom to come down before Dr. Fernandes left, so as to relieve him. I was very bold to make the statement to him that I knew otherwise, and I knew that he felt absolutely certain that he would not get that Specialist to come out here to work at the Best Hospital before Dr. Fernandes left. Therefore I was offering it for what it was worth in the interest of the people of British Guiana whom I represent, that he should take the best of the youngsters we have in the profession and place him at the Best Hospital, as at least he would have four months to become acquainted with the treatment given by Dr. Fernandes and so be able to carry on that treatment in Dr. Fernandes' absence, even if he was not able to do the work as efficiently as Dr. Fernandes is doing it. We find that Dr. Fernandes is due back in another month, and that we are still without anybody. We find that according to the minutes of the Advisory Committee (I hate to quote from the minutes of these Committees) a doctor who is on leave in England has been selected to come out and go to the Best Hospital. I know the particular medical officer.

Mr. ROTH: To a point of order! I understand the motion has to do with the appointment of Dr. Ho and not Dr. Fernandes.

The PRESIDENT: It is quite true. The hon. Member is wandering off the point.

Mr. FERNANDES: If you think, Sir, that the principle of having the people of British Guiana suffer for want of an Eye Specialist is different from having them suffer for lack of treatment for Tuberculosis, I accept it as a ruling, and I shall have to move a motion in this Council at its next sitting. I did not want to move it, but

if there is no other way of bringing these things to the Government's attention and to the attention of the people of British Guiana, I would have to do it. In that case I would appeal to Members to bear in mind that had Dr. Ho been a different person there would have been no hesitation by Government in paying \$400 extra for the same work. The fact is that he would be giving the same service as the other person who is appointed. I am sure I can convince Members that they should not allow a matter of \$200 to lose that service, because the hon. Member was at pains to point out that it is a matter of \$200, less income tax, which would deny the people of British Guiana skilful eye treatment. When I say "people", I mean the poor people who cannot afford to pay. We should not deny the people that service for such a small difference in the cost. Nothing has been put forward in any B.P.I. *communiqué* to suggest that Dr. Ho would not give the service which is necessary to relieve that suffering. That being so, I ask Members very strongly to support the motion.

Dr. SINGH: Hon. Members of this Council who are members of the Medical Advisory Committee are Dr. Nicholson, Mr. Raatgever, Dr. Jagan, Dr. Gonsalves, Mr. Kendall and myself.

Mr. WIGHT: To a point of order! The hon. Member should not mention the names of the Members but the Districts they represent, or as Nominated Members.

Dr. SINGH: If my hon. friend would just consider how I started he would see I prefaced my remarks by saying "Hon. Members". However, Sir, the Medical Advisory Committee is a useful appendage to the Medical Department. It is also useful to this Council and to the Colony as a whole. I know this Council realizes the duty of the Medical Advisory Committee, but I do wish Members to realize it too, because our function as a Medical Advisory Committee is simply to ad-

verse Government. We are not there to administer the Medical Department. We are not there to take part in the administration of the Department, to make appointments, to make acting appointments, to offer remuneration to persons who are going to act in the places of others. When the Medical Department made arrangements with Dr. Ho to be a part-time officer for the Ear, Nose and Throat Department, they came to some terms, but when it came to the question of the Eye Department they were at variance, with the result that the whole matter came to the Medical Advisory Committee. What was put to us was that Dr. Ho—

Mr. RAATGEVER: To a point of correction! My friend the hon. Member, is wrong. The matter was raised in the Medical Advisory Committee as the result of questions asked by me.

Dr. SINGH: That is true. The hon. Nominated Member asked about it. When the whole matter was explained to the Medical Advisory Committee—that Dr. Ho would look after pauper and poverty patients, those paying 50 cents per day, and get 50 per cent. of the consultation fees for the others, that his condition of service would be five days per week of two hours a day for treatment of the ear, nose and throat, and two hours for the treatment of the Eye,—the Committee thought the amount offered was a rational sum and agreed to it. But, Sir, Government and the Medical Department have been making endless efforts to procure the services of an Eye Specialist. They were aware of the fact that Dr. Murray would be going on leave, and they tried everything possible to get someone to act for him. Having failed they had no other alternative than to ask Dr. Ho. Dr. Ho had good reasons for driving a hard bargain. His services are necessary at the present time because we cannot get another Eye Specialist, and the country does need the services of one.

The hon. mover of the motion said that the course for a medical prac-

itioner in the treatment of the eye is three months, and to become an Eye Specialist it takes two years. I myself was a very keen student of the eye, and when I intended to take the course it was then only nine months. I can assure my hon. friends that in this profession we have had enough teaching and training to be able to treat the eye. When we were attached to the hospital we treated all the eye cases there, and to say that the medical practitioner could be brought up for abusing the practice of his profession should he treat the eye, you may as well say that as there are Heart Specialists, Lung Specialists, the general medical practitioner should not tackle those cases. I think it is easier for young men to specialize as they have nothing else to do but just confine themselves to one organ of the body, but general practitioners have to study the whole human system, which is much more difficult. The craze today is to become a specialist. The time will come when there will be very few general practitioners, as everyone realises that specialized study is not so difficult. Returning to the question of Dr. Ho, I would say that from what I see there is no other alternative, and we may have to agree to his terms.

Mr. DEBIDIN: I wish to add my little quota to this debate, and will begin by saying that it is extremely unfortunate that we have a motion of this kind before the Council, for it does reveal a sad state of things to begin with. With respect to the subject matter, may I say it is a case of "While the grass is growing the horse is starving". It seems to me we are really trifling with the situation at this moment, and it is painful to think that Government, or the Medical Department, could not have been more realistic in the appointment of a Specialist to take charge of the treatment of the eye.

With respect to the particular terms offered by Dr. Ho, can this Council say they are unreasonable, when in the very Medical Department we have men, such as the Radiologist and others, who are receiving fees, etc.,

which make a figure well above \$1,000? Is it unreasonable to speak of \$800 plus half fees, when we have had men in the general service who are contracted at \$800 a month to do certain jobs?

Mr. RAATGEVER: To a point of correction! Dr. Ho's services are limited to 10 hours a week, and the officers mentioned by my hon. friend are whole-time officers. That is the service Dr. Ho is giving for \$400 per month.

Mr. DEBIDIN: I am assuming that when an offer is made the person making the offer intends to cover the services of the person engaged completely. If it is being advanced here today that Dr. Ho is not giving full service to the needs of the Colony in so far as the treatment of the ear, nose, and throat is concerned, then I say we cannot agree to this motion. But that is not the point. As far as I see, it involves an offer already accepted—\$400 plus half the consultation fees in respect of one specialised section — Ear, Nose and Throat. It means, therefore, that if Dr. Ho is offering his services in respect of this other department, then he is giving up the time in which he could also earn a considerable sum of money. He is giving a double service to the Government and the people of the Colony, and I feel, we should begin from there and consider the reasonableness of it.

What I want to emphasize is this: Can we measure a specialist's services really in terms of money? Must not the services of Dr. Ho be measured by the needs of the people of the Colony? If he is going to perform a service which the people of this Colony, not only the wealthy who can pay his fee at his private surgery, but the poorer classes of people who are not able to pay a private practitioner's fee but nevertheless are in need of the same kind of treatment, I feel we have to regard this matter not in terms of cash but in terms of necessary service for which we must pay. I consider \$800 is a sum not out of proportion with what has been offered to other people coming here on contract to do specialised service, I am

thinking of the Economic Advisor's post, Mr. Costello's post, and the Consulting Engineer's post. Those are all services which, because of the special qualifications required, are specially provided for as essential to this Colony.

Why no special effort was made to contract Dr. Ho at \$800 plus half fees as a further incentive to giving that essential service to this Colony? What we have to consider, particularly, is that this is a short term of Service for which we are contracting someone. It is not pensionable and does not carry with it leave rights. Therefore it is not unreasonable for the holder of the post, a specialised practitioner, to impose terms which he considers reasonable. One can quite appreciate that it does not insult the intelligence of anybody else, except the Director of Medical Services, to appreciate that if that individual devoted his time to his own private practice at a time when the Colony has not a specialist in the Eye, Ear, Nose and Throat he would make far more than \$800 a month. I want to remind hon. Members that medical practitioners in the country districts in some cases make \$2,000 by reason that they get not only a substantive salary from Government but a lucrative practice, made so because there has been no revision of the boundaries of medical districts and also made lucrative by the fact that the population has increased considerably. We find that in spite of the increasing population the boundaries have remained the same, and in some cases I have heard medical practitioners themselves state that they are unable to cope with the work. I have known a private practitioner to have charged as much as \$15 for a little case which, had that person the facility to go to the Georgetown Hospital, would have been done for one shilling, or by paying 50 cents per day for a bed.

When we are thinking of these things we have to bear in mind that this is a specialist post and, therefore, it is a question of whether we must

accept or refuse. To refuse the appointment when we have no alternative, or no person else to carry on the work effectively is, to my mind, to do a great disservice to the Colony. To accept is to fulfil a sacred duty, something which, to my mind, does not strain at common-sense or reasonableness. I am sorry to think we have had to debate this question. The Director of Medical Services ought, in wisdom, to have accepted and to have said "I cannot do better; this gentleman will only work for a similar sum and I have to accept." I say this because I was one of the persons who opposed bitterly in this Council the creation of the post of a Curative Assistant Director of Medical Services. I looked upon the whole thing as a disgrace to increase the administrative side of the Department and so afford the Director of Medical Services more time to twiddle his thumbs. It is a waste of the taxpayers' money to have these men wasting their specialised knowledge in doing work which can be carried on by clerks.

We are not paying sufficient attention to the clinical and curative side of the medical service. Children are being born in the Colony without the services of midwives in the rural districts and creek areas. What has the Director of Medical Services done to help in that direction?—Nothing at all. The very hospital is lacking in its staff of midwives and nurses. Yet we are doing these things. When it comes to the question of a few hundred dollars to pay for specialised service for the Colony we cavil, but yet we spend thousands of dollars in building houses for medical officers who are not here, instead of building surgical wards. That is something for which the Department should be condemned, and when it comes to this question of the refusal of \$200 more for a specialist in a very important service to the community it is something I cannot condemn strongly enough. The fact that we have had to come here and debate this trifling matter may be useful, as the public will thereby know that

those of us who are the guardians of the people of the rural areas and the towns hold together and say we are sorry for the very sad state of affairs existing in the Medical Department of the Colony.

Dr. NICHOLSON: I think I should correct one or two errors which have crept into this debate. It was stated by one hon. Member that Government did not prepare for this eventuality. I am at pains to inform Members that Government had afforded ample facilities for one Government Medical Officer to study the eyes in the United Kingdom. That officer was given two years study leave on full pay but, unfortunately, he did not obtain his diploma. Had he done so we would not have been in this trouble. The hon. Mover of the motion said that, generally, medical men spend three months in pursuing the study of the eyes. At my University, Edinburgh, I spent six months in the study of the eyes. If I were a young man, as my colleague in this Council said, I would do specialised work, because you only have to be a specialist today and you draw high fees. In our opinion—it is not only my opinion but that coming from headquarters in Britain—the specialist is described as a man who knows less and less of everything, and the general practitioner is a man who is learning more and more of everything. I think I prefer to be a general practitioner and to know more and more of everything.

Then another Member said that Government should get a specialist from Britain. It is not as easy, as many Members think, to secure the services of a specialist from Britain at the present time. A specialist of the first order in England gets a salary of £5,000 per annum, which works out at \$2,000 per month. It is not possible to get one of those men to come here. I know that Government has been trying all these months, and these past years, to secure the services of specialists from Great Britain in all kinds of things, but we cannot afford to pay the money for

their services. Had we come and asked this Council to give an extra £100, we all know what would have transpired. We would have got a debate lasting three hours.

Mr. FERNANDES: I cannot allow that remark to pass unchallenged. The hon. Member cannot quote any case where a vote for a real specialist came up in Finance Committee. He knows what transpires. The Finance Committee has no option but to approve.

Dr. NICHOLSON: Perhaps not a real specialist. Another Member pointed out how mercenary medical practitioners are that one mercenary fellow charged someone a fee of \$15, but I am afraid that if it were a case of a lawsuit that person might have had to pay \$4,000 or \$5,000. One does not go to a lawyer and get away with a small fee like \$15. Another Member said that the Asst. D.M.S. for curative work is doing clerical work, but he was actually speaking without any knowledge of the facts, because the Asst. D.M.S. for curative work spends his time at the Hospital, and I know that his job is not confined to clerical work.

Mr. DEBIDIN: I was not directing my remarks to him personally, but to the fact that work of a clerical nature was being done by him.

The PRESIDENT: I think everybody understood what the hon. Member said.

Dr. NICHOLSON: I am trying to correct something which will be recorded in Hansard. The officer is not doing clerical work. To come back to the subject under discussion, the position is that for the permanent post of Eye Specialist a salary of £1,200 per annum or \$480 per month is provided, and the reason why the present holder of the post is not drawing \$480 per month is because he has not yet reached his

maximum of the incremental scale. Then there is an additional £150 for the specialist post, so that his ultimate salary would be \$540 per month. Then there is free housing, which is worth anything like \$60 per month; so that the permanent holder of the post would ultimately get \$600 per month. The officer on contract would get \$800, a difference of \$200 per month. Of course the holder of the permanent post would be entitled to pension rights, and I suppose on retirement he would get a pension in the vicinity of \$200 per month, and if he leaves a widow she would get something like \$100 per month from the Widows and Orphans' Fund if he remained long enough in the Service.

Mr. FERNANDES : To a point of correction. The Widows and Orphans' Fund is contributed to by the officer himself.

Dr. NICHOLSON : I thought I was helping the hon. Member to bring the salary from \$600 to \$800 per month. The permanent holder of the post is also entitled to sick leave, and Dr. Ho has pointed out that he was without salary when he was ill for one or two days. Then there are holidays with pay for the permanent holder of the post. I feel that on second consideration \$800 per month may not be considered an extraordinary salary. We can all change our opinions on closer examination of a question. I am trying to help the Council. The holder of the permanent post is entitled to a maximum salary of \$540 per month with a free house which is equivalent to another \$60 per month. The other \$200 can be accounted for by pension rights, sick leave, holidays with pay and free passage to the U.K. In the circumstances we cannot regard \$800 per month as an exorbitant sum.

We are told by Dr. Ho that his contract calls for two hours' work in the morning but that in fact he spends the entire morning at the Hospital.

Well, if he has any humanitarian instinct in him —

The COLONIAL SECRETARY : To a point of correction! Dr. Ho is not employed during the morning at all; only in the afternoon.

Dr. NICHOLSON : Anyway he spends the whole afternoon there. I am sorry to have to say that the humanitarian side of medicine is absent today. Persons are getting a little too mercenary. If Dr. Ho attends at the Hospital at 1 o'clock in the afternoon and remains until 3 o'clock or sometimes up to 4 o'clock, it means that he spends nearly half the day there. In the circumstances there is not very much energy or time left for his private practice, and on that account, and after viewing the situation very closely, I feel that Government should agree to give him \$800 per month for the two jobs. I would, however, like to say that I regret very much that it was necessary to ventilate this matter in the public manner in which it has been done.

Mr. RAATGEVER : I would like to clear up one or two points as a member of the Advisory Committee. First of all the Committee was not consulted before the offer of \$200 per month was made to Dr. Ho. The feeling outside is that the Committee was consulted, and either suggested or agreed to the salary of \$200. That is not correct. The Committee was told when I enquired what was being done in connection with the filling of the vacant post, that Dr. Ho had been offered \$200 per month for 10 hours' service weekly. The members of the Committee were asked whether they thought the salary should be increased, or whether it was adequate, and the Committee unanimously agreed that the salary was adequate, in view of the fact that Dr. Ho was only required to give two hours' service daily for five days per week, and that he was only required to attend to pauper and poor patients. All other eye patients would have to go to Dr. Ho's hospital

for treatment. We felt that the salary offered was adequate, and we said so. I stick to that opinion, but if, as some Members have said, people are going blind for the want of an Eye Specialist, and it is felt that the salary should be increased to \$400 per month, I would agree to it, because I cannot allow people to go blind for the sake of avoiding the expenditure of \$200 per month.

One hon. Member said that there was a shortage of nurses at the Public Hospital, and that the whole Medical Service was being badly run. I would like to join issue with him. This Colony is spending \$2½ million on its Medical Service today, while before 1939 the expenditure was only \$500,000. We are spending five times what we spent before, and it seems to me we can spend quite as much more, and the nursing staff and the medical staff will still be inadequate, and there will always be complaints. One hon. Member said that Government was very remiss in not having medical officers. I too have complained about that, but I am satisfied that it is not the fault of the Government of this Colony. Efforts have been made to get specialists to come here, but without avail. When I was in the United Kingdom I took the matter up with the Colonial Office, and I am satisfied that every effort was being made to get specialists, but we simply could not get them because of the very favourable conditions of service in the U.K. I do not think the Government of this Colony should be blamed for the lack of specialists or medical officers. I think the remedy lies in the hands of our own people. Our people should go to the U.K. to study medicine and, when qualified, they should return to the Colony and practise, instead of going elsewhere.

I was told yesterday of a case which is to come up before the Supreme Court in which four lawyers will be engaged. The barristers' fees are over \$1,000 and the Solicitors' \$500. So that when the fees of lawyers and doctors are compared I think the lawyers get away with it all the time.

Mr. LUCKHOO : Like the hon. Member for Eastern Demerara (Mr. Debidin) I think it is most regrettable that we should have had the necessity to debate such a motion. I feel that it is a matter which we should view objectively, and we should not be concerned with the personality of the individual concerned. Viewing it objectively it seems to me that the position is that we are in need of an Eye Specialist; that at the moment there is one in the Colony, and that he has placed a value upon his services to the extent of \$400 per month. It is therefore up to the Government or the Medical Department to say whether it is prepared to pay that salary, and if it is not regarded as reasonable, to take measures to secure the services of a specialist from abroad. When one peruses the documents, the files and various statements in the Press, it becomes abundantly clear that it is a matter of \$200 per month which separates the two points of view. We have an offer of \$200 being made by the Medical Department, and on the other hand a request for a salary of \$400. I feel that if the negotiations were kept open some amicable settlement might have been reached which would have been satisfactory to the parties concerned. It seems that there was a breakdown, and we have had the hon. Member bringing to the notice of Members of this Legislature the very sorry feature that people are suffering, and that something should be done for them.

This subject is one which plays upon the heart strings. Evidently the Medical Department is standing up for some principle. The Department feels that it is too much money to pay the particular individual concerned, and that is where I lay the blame on its shoulders. The Department should have been prepared to go to any extent to obtain the services of some specialist in order that the people of the Colony should not suffer. It is a moot point whether the particular gentleman's request is a reasonable one or not,

because the point is well made by the hon. Member for Georgetown Central (Mr. Fernandes) that the individual concerned is receiving a salary of \$400 per month as Ear, Nose and Throat Specialist. Is it contended that an Eye Specialist is in any inferior position? It is not my concern to go into the respective merits of the specialist's work in these particular fields. What concerns me is that the Colony should not be without the services of an Eye Specialist, and that, if necessary, negotiations should be resumed immediately with a view to securing the services of that particular individual at the Public Hospital for those who cannot afford to consult him in his private capacity.

Mr. WIGHT: I have heard quite a lot about the fees charged by medical men and by lawyers. No doubt the tremendous fees which are alleged to have been paid to lawyers, as compared with those paid to members of the medical profession, indicate that the value of the legal profession is perhaps higher than that of the medical profession. It seems to me that this debate has been occasioned by what I may term the confusion and muddle with respect to this particular post from the point at which Dr. Ho resigned. Let me say very frankly that when he resigned he came to me and I have had many discussions with him with regard to his petition, and seen his papers. In fact I prepared his petition which was sent to a Member of Parliament to be forwarded to the Secretary of State for the Colonies, on whose reply we are still waiting. The position is that Dr. Ho should never have been allowed to resign from the service of this Colony. The fact remains that he was forced into resignation from the Service, as any man of any character would have done who had been treated like a schoolboy.

I happen to know that since his resignation, and about a year after, Dr. Ho was perfectly willing to be re-

employed in the service of the Colony if the period after his resignation was not treated as broken service but as leave, and that his pension rights be not affected. On that basis an arrangement could have been made for the re-employment of Dr. Ho, but again it was Dr. Ho! How much consideration was given to that aspect of the case I do not know. What has struck me in this particular case is that it must have been obvious that, with the present call upon his services, Dr. Ho would naturally expect to be remunerated very substantially. Some Members have tried to differentiate between the salary of the permanent holder of the post at \$600 and the person on a part-time contract for a salary of \$800.

Mr. RAATGEVER: The permanent officer only gets \$480 per month. That is what Dr. Murray's salary is.

Mr. WIGHT: Well, \$480 against \$600 on contract. Dr. Ho has given several years' service and has lost his pension rights. Here is an opportunity for him to get back some of his pension. Let us look at the matter from a business angle. What I cannot understand is why should the appointment of officers, which is purely an executive or administrative matter, be in any way the concern of the Medical Advisory Committee? We may be told that it was because finance was involved, but the appointment of every officer involves finance, yet neither this Council nor the Advisory Committee is asked to consider appointments.

Mr. RAATGEVER: I thought I had made it quite clear that the Medical Advisory Committee was not asked to consider the appointment or the salary. I explained that it was as a result of a question asked by me that the D.M.S. told the Committee of the arrangements he was making, and asked whether we considered that Dr. Ho was entitled to further consideration, and we unanimously agreed that the remuneration offered was satisfactory,

because the appointment only entailed 10 hours' service weekly. That was the position, and I thought I had made it clear.

Mr. WIGHT: I remember that in this very Council we had a debate in connection with the appointment of another officer, and nobody was asked to say whether the terms of that appointment were satisfactory or not. The whole point is that the appointment is a matter for the Administration, while the salary is provided by this Council. In such a case I believe the Financial Secretary has some vote from which he can pull the amount required. I think it is from Miscellaneous or Contingencies, but I would like to know where it is coming from. I can see no difficulty in arriving at a decision in a case of this nature, when it is obvious that the Hospital must have an Eye Specialist, and if there is one available in the Colony his services should be secured.

I also understand that under the Colonial Regulations leave to officers is subject to the exigencies of the Service. If there was no one to act for him the permanent holder of the post should not have been allowed to go on leave. It is all very well to say that that officer was due for leave, but it must be borne in mind that he came from another Colony and has been here only a short time. Although we have heard from my friend on my left (Dr. Nicholson) that consideration for humanity is gradually dying out from the practice of medicine, I think the officer concerned should have allowed his leave to be postponed until a substitute was found. That again is something I cannot understand. It is something which should strike anyone who is administering a Department. If there are no understudies or capable officers in the Service then the sooner arrangements can be made whereby such a situation can be avoided the better it would be for the Service. It was well known that Dr. Ho was not on good terms with Government, yet Dr. Murray was allowed to go on leave. As a Guianese I say unhesitatingly that

any officer in the Service who was born in this Colony would have postponed his leave for two or three months in order to render service to his fellow citizens until a substitute was found for him. My friend, the hon. the Attorney-General, tells me that one has not to be born here to postpone his leave in such circumstances.

I feel that it is not a question of money, or whether a lawyer gets \$600 for a case, a doctor gets a fee of \$15, or a dentist gets a dollar for extracting a tooth. That has nothing at all to do with it. It seems to me that the root cause goes right back; it goes to the *fons et origo*, and instead of realizing it and seeing the position and facing it, and knowing that this is the only individual available, this Administration allowed the holder of the post to go on leave. It is not the only case. We have just recently had a similar case in another Department where the Head goes and other arrangements have had to be made. If leave is a matter of the exigencies of the service, then leave should only be granted when the exigencies of the service permit. Therefore it seems to me there is no alternative but to have that post and several other posts, specialist or otherwise, filled as soon as possible.

I have said that if we cannot get local material, if we cannot get it from England, we would have to go to outside sources. We have done so before as far as the medical profession is concerned. If we are going to be up against the wall while waiting for local men to qualify, and we cannot get men from the United Kingdom, then we would have to get doctors from outside, whether they have qualified in England or otherwise, as long as we are satisfied they are qualified, and bring them in on contract until the gaps are filled. We have had to adopt that policy before in the case of the medical profession. We can go outside and get them from some other country, except those countries behind the Iron Curtain. I mean allied countries. I know we can get them. If our brothers from

the United Kingdom demand so much let us try someone else who wants less. My hon. friend on my left, the hon. Member for Georgetown North, suggests that specialists in England are paid £5,000, but he has forgotten that when income tax is finished with that £5,000 it is nearly brought on a par with our figure. I do feel that this Council and this Government can do nothing better than accept, and knowing doctors as I do, I am rather surprised that Dr. Ho did not increase the amount which he has asked for.

Mr. KENDALL: This is a situation which forces us to accept the motion as presented by my hon. friend, the Member for Georgetown South. But I think it should be an object lesson to the Head of that Department to see to it that his Department is carried on in a manner which will make available at all times specialists who are needed to run that Department efficiently. We have now in the United Kingdom a few Guianese students who are taking up medicine, and I think it would be well if this Government saw to it that those students specialize in the various branches of the profession that are needed presently for the perfect running of the health of this country. I am a member of the Medical Advisory Committee and I agree with the remarks made by those Members as to how that Committee accepted the observations made by the Director of Medical Services when the question was asked by the hon. Nominated Member, Mr. Raatgever. We accepted it because the Director of Medical Services intimated to us that this offer was made to Dr. Ho for combining both posts in this emergency, and I felt then that the offer made was reasonable, because of the exigencies of the service and the demand placed upon the two Departments. I have no hesitation in saying that I would agree to Dr. Ho being paid his \$800.

This brings me to another aspect which is somewhat similar, and which concerns another section of the same

Department, where an officer, because of a monetary demand, is leaving an institution where his services are of vital importance to that section of the Colony's population. I refer to the County of Berbice, and I regard this particular section just as important as any other. I would be glad if you, sir, would indicate to the Director of Medical Services that in order to retain the services of the Resident Surgeon of the Public Hospital in New Amsterdam it may be well that the emoluments he is asking for be given to him. I understand that it is very small. He is recognised as a very good surgeon. I know he would like to remain at the institution. If it is a question of dollars and cents it may be well for the good of the people that such accommodation be given also to that individual in order that we might have the services we desire in Berbice.

The COLONIAL SECRETARY: I propose to confine my remarks to the subject of the motion and not to refer to the various extraneous matters which have been touched on by the hon. Member for New Amsterdam on the position of the Resident Surgeon of the Public Hospital, Berbice, and also the question of a replacement for Dr. Fernandes at the Best Hospital. Well, sir, I entirely agree with the view of the hon. the Deputy President that the sooner we make arrangements for understudies the better. I am a little disappointed, however, that he did not make or offer any practical suggestion as to how we are to do it. We have in fact been trying to do it for a very long time. I am grateful to those Members who in their speeches referred to the efforts which Government has made.

Sir, the accusation that Government has been negligent and short-sighted in this matter is, as I shall hope to show, entirely without foundation. The situation was foreseen a long time ago, but again the fact that it was foreseen does not mean that one can produce a solution even though one may have foreseen it some months ago.

As long ago as the 13th November, 1950, we addressed a communication to the Colonial Office about the vacancies in the Medical Department. I do not know whether hon. Members are aware that there is a scheme recently inaugurated whereby the Colonial territories may be able to obtain the services of officers of the National Health Service in England, specialists or otherwise, on secondment for limited periods, and we have intimated our willingness to participate in such a scheme, because it suits our needs very well. If we can get those officers to come out here for two or three years while we are waiting on the local men to qualify, that is exactly what we want today. I am sure hon. Members will agree that is more satisfactory than to make permanent appointments. Naturally, we intimated our willingness to participate in the scheme and, as I said, on the 13th of November, 1950, we addressed a communication to the Colonial Office which dealt with the number of vacancies, and said that it was a matter of increasing urgency that there be early temporary recruitment under that scheme. The posts mentioned were as follows—a Senior Physician, an Assistant Surgeon, Public Hospital, Georgetown, an Ear, Nose and Throat Officer, a Medical Superintendent, Mental Hospital, Berbice, an Anaesthetist. We then went on to say in the communication:

“It would be of great assistance also if the recruitment from the National Health Service could be secured by four Doctors of the G.M.O. category possessed of substantial experience and preferably academic qualifications in Ophthalmology, Tuberculosis and Surgery (two in the last named subject). The urgency for this arises from the fact that the Medical Department faces a major staffing crisis early in 1951, as the substantive holders of the posts of Surgeon Specialist, Tuberculosis and Ophthalmologist are all anxious to proceed on long vacation leave due to them and there is no officer in the Service here qualified to relieve them”.

The situation was then foreseen and we made that request. Unfortu-

nately, however, it has not so far been possible to obtain doctors of the particular category; that is, with the qualifications in Ophthalmology, Tuberculosis and Surgery.

I would like here to introduce the question of Dr. Murray's leave. He came to this Colony with accumulated leave from his previous appointment. He came on the understanding that he would be granted leave at a fairly early date, and in view of that understanding it was very difficult for us to refuse him leave. It is quite true, as the hon. the Deputy President said, leave is ordinarily subject to the exigencies of the Service, but ordinarily one cannot apply that rule rigidly and without some regard for the personal feelings of officers. I do not know if the hon. the Deputy President had the administrative responsibility of staffing he would wish to do so, as if he did he would have no trouble with his staff but would shortly have no staff at all.

Mr. WIGHT: I did have once, and I brought back the Town Clerk. Instead of staying away six months he took three.

The COLONIAL SECRETARY: Circumstances differ in different cases and one has to make exception. When Dr. Murray came here we were bound by an undertaking that he would be allowed to go on leave early, and so we had virtually no alternative but to allow him to go. When it became apparent early this year that we were not going to secure relief from the United Kingdom from the National Health Service Scheme, the Director of Medical Services then considered another alternative. The hon. Member for Georgetown North has referred to a Medical officer in the Service who has recently spent two years on full pay study in the United Kingdom to obtain qualification in Ophthalmology but, as the hon. Member mentioned, he unfortunately failed to obtain the qualification. I would like to mention here that we have adopted in recent years

a generous policy of study leave to enable local doctors to obtain specialist qualification. They go to England to study with the view of obtaining them, but unfortunately they do not always obtain them. We had two such cases. However, the doctors concerned obtained very useful and valuable experience and the time spent was not wasted by any means. I want to make it clear, however, that study leave, particularly in the present state of staffing, and the shortage of staffing in the Medical Department, must be subject to the exigencies of the Service. There is that difficulty. We would like doctors to go but in the present circumstances it is extremely difficult.

Why I refer to this Medical Officer who had spent two years studying eye work in the United Kingdom, is because it was suggested to him by the Director of Medical Services that he should assist in the Public Hospital by dealing with those cases with which he felt qualified to deal. However, he had been pressing with other doctors in the Service to be posted to a district, and he declined to undertake those duties. The Director of Medical Services, in view of the fact that he did not actually possess any qualification, did not feel able to press him to do so. So that alternative fell through.

Then we come to the offer to Dr. Ho which was in effect the only alternative left. I would like to say at once here on the subject of Dr. Ho, that I strongly repudiate any insinuation, if such was intended by the hon. the Deputy President, of prejudice against Dr. Ho. That does not exist. Dr. Ho's resignation took place a long time ago, long before you came here, Sir, or I came here, or the present Director of Medical Services or the Assistant Director. To suggest that Government is not on good terms with Dr. Ho is hardly borne out by the fact that he is presently employed by Government for \$400 per month for working two hours a day and five days a week. So there is no reason to believe it would not be possible to come to terms with him to un-

dertake the eye work, particularly as he had done so on a previous occasion.

Mr. WIGHT: May I rise to a point of order with regard to Dr. Ho's appointment—

The COLONIAL SECRETARY: I would like the hon. the Deputy President to tell me where and how I am out of order. Hon. Members get up on alleged points of order which they are not really entitled to do, unless one is speaking out of order. There is no objection to a Member getting up on a point of correction if the speaker is making an incorrect statement. I have no objection to that, but I submit I was not out of order in anything I have said so far.

We come to the offer to Dr. Ho. The facts of this had been set out in the communique which was issued on the 15th April. Dr. Ho also handed his version to the Press. I do not think that the facts as given in the communique have been disputed or shown to be wrong in any way. The offer to Dr. Ho was that he undertake to combine eye, ear, nose and throat work for two hours in the morning and two hours in the afternoon, five days a week, for \$600 a month plus 50 per cent. of all fees, plus the liability to deal with emergency cases when they arise, but which are not frequent. Dr. Ho in his own statement said he did at least one a week or sometimes more. There is nothing, I submit, very unusual about combining those duties, as they are often combined by one Specialist and Dr. Ho runs a hospital at which he deals with eye, ear, nose and throat cases. It is true that we have been paying him \$400 a month for two hours a day and five days a week, and it is, I know, felt in some quarters—and I am inclined to agree—that that rate is extremely generous.

As to the question of how much time is actually occupied by Dr. Ho, the offer was for two hours' work. Dr. Ho in his statement said. (I am quoting from the *Chronicle* of the 22nd April):

"In practice, however, the clinic every day lasts until the last patient is seen, irrespective of the hour, and that, I submit, is the only way in which any conscientious medical man can do his duty to the public and his patients".

Naturally, I do not quarrel with that. He does not say he has to stay a long time after the two hours. He says "until the last patient is seen", and I suppose he goes home after that. It does not say, and I have no evidence before me to the effect that he works much longer than the two hours agreed on. The question is whether \$600 a month is a reasonable remuneration for the amount of work, that is four hours' work a day, five days a week, which would undoubtedly permit Dr. Ho to carry on his own work in his own hospital, presumably on a reduced scale. He is in the fortunate position of being only concerned in the Public Hospital, Georgetown, with the pauper and poverty patients. The paying patients have to go to his hospital. As far as Government is concerned his only work is with the pauper and poverty cases.

The real point on which the whole argument turns is: is it reasonable or is Dr. Ho justified in asking for \$800 as he had done? When the offer of \$600 was declined and the counter-offer of \$800 was put forward, Government naturally gave it careful consideration and came to the conclusion that \$800 was not reasonable. This conclusion was shared by the Members of the Legislative Medical Advisory Committee unanimously at the time; though some Members appear to have changed their views it was unanimously agreed with at the time. It was also considered in Executive Council.

Mr. KENDALL: To a point of explanation! I particularly said,—and I hope the hon. the Colonial Secretary has noted what I said—I am a member of the Medical Advisory Committee and the Director of Medical Services never took us into his confidence and intimated that he was negotiating with Dr. Ho.

The PRESIDENT: The hon. Member has already had a chance of explaining to the Council what occurred in the Medical Advisory Committee.

Mr. KENDALL: I appreciate that, Sir, but the hon. the Colonial Secretary is indicating to the public that the Medical Advisory Committee has agreed to something and is changing now. He should realize what has prompted us to change.

The PRESIDENT: Other Members of the Committee will have the opportunity of explaining the reason for the change.

The COLONIAL SECRETARY: I have seen the minutes of the Advisory Committee and I do not consider my statement is unjustified. I did not refer to any Member personally. That was a question to which reference has been made, and it has been suggested, not very strongly in this Council but in the Press, that Government has adopted a heartless and inhuman attitude in a matter of \$200, and there is more, probably, involved in this question. I do not want to underrate the suffering which may result. I personally can claim to have more experience than any other Member, and I am well aware that even if you have a specialist his services would not always be available, and when that is so the doctors at the hospital would do their best and I for my part would not think of bringing any action against anyone.

I would like to say here that I do not think any general Medical Officer or private practitioner in the Colony is likely to be seriously alarmed by the warning given to them by the hon. Mover of this motion, because I am sure that any doctor, if a case is brought to him, must do his best and treat it to the best of his ability. I do not see any danger of his being successfully prosecuted if he does it conscientiously and to the best of his ability. But that is by the way.

The only thing I want to say is that the accusation of inhumanity on

the part of Government suggests that Government was not considering sufficiently the sufferings of the people. In any negotiation there are two sides. It is not only Government which may be expected to consider the sufferings of the people. It is a question which, no doubt, Dr. Ho would ask himself—whether in view of the sufferings of the people he would be making a great personal sacrifice if he undertook to work four hours a day, five days a week for \$600 a month. He apparently reached the conclusion that he would. I assume that from the fact that he is not prepared to accept less than \$800 where he has to pay 40 per cent. Income tax.

However I do not want to enter into argument about that. The facts are fairly obvious and speak for themselves. I feel quite strongly on it, but I do not want to speak strongly on it, because I share the hope, as the hon. the Seventh Nominated Member (Mr. Luckhoo), that it may well be possible to come to terms with Dr. Ho. I share that hope and for that reason I also, like other Members, deplore the fact that we have had to debate the matter in this Council this afternoon. However I still hope that what has transpired here this afternoon will not prejudice the chance of Government coming to terms with Dr. Ho. I must say that it is not possible for the Administration to accept the resolution contained in the hon. Member's motion:

"That this Council recommends to the Administration the immediate appointment of Dr. Ho to act as Eye Specialist during the absence of Dr. C. Murray on the terms offered by him."

That is, and must be, quite unacceptable. However, if the hon. Member agrees to withdraw his motion I would be quite prepared to give an undertaking to this Council that Government would re-open negotiations with Dr. Ho, and I would like to put that suggestion to him as a possible solution of this difficult problem.

Capt. COGHLAN: There seems to have been a great amount of confusion about the offer to Dr. Ho, and as to what he agreed to accept. It must be borne in mind that Dr. Ho is in receipt of a salary of \$400 per month as Ear, Nose and Throat Specialist. That is separate and apart from the appointment he is being offered to act as Eye Specialist. As the hon. Member for Georgetown Central (Mr. Fernandes) has explained, we are not to take into account the fact that Dr. Ho is getting \$400 per month as Ear, Nose and Throat Specialist, as debarring him from making a special contract to take on the duties of an Eye Specialist in the place of the officer who has gone on leave. They are two separate things and must be treated as such. So that when it is said that he has been offered \$600 per month for the joint posts it really means that he has been offered \$200 per month to act as Eye Specialist, the salary of which is in the vicinity of £1,000 per annum. The fact that Dr. Ho has his own hospital, where he does a very large practice as Eye Specialist, means that he must sacrifice a good deal of his time to Government if he takes on this extra work. If his service as Ear, Nose, and Throat Specialist is worth \$400 per month there is no reason whatever why, taking the other appointment as a separate contract, he should not get exactly the same sum as Eye Specialist.

Government cannot deal with Dr. Ho as if it were making the second contract a condition of sale, for which an ordinary businessman is prosecuted in the Magistrate's Court. Government should not say "We will only give you \$200 per month as Eye Specialist because we are already giving you \$400 as Ear, Nose and Throat Specialist." That has nothing whatever to do with the second contract. There is also the question of supply and demand. There is no other Eye Specialist in the Colony and, as has been pointed out by some hon. Members, it is only a sum of \$1,200 involved. Even if one person loses his sight it would not be proper

for Government not to engage Dr. Ho's services on the terms he asks. The hon. the Deputy President (Mr. Wight) has said that the whole cause of the trouble is that Dr. Ho was forced into resignation. With your permission, Sir, I would like to quote from the Hansard report of the debate on May 5, 1949, in which I said:

"I am in a position to say that this doctor was brought before the Colonial Secretary, the Colonial Treasurer, and the Director of Medical Services, and had some difference with them because he would not accept the terms they put up to him. The result was that after 18 years' service the officer found that he was forced out of the Service".

To that the Colonial Secretary replied:

"I must refute that statement. It is untrue, and I am asking the Deputy President to rule this discussion out of order. It is not true what the hon. Member has said."

I saw the transcript of the notes taken by the Official Reporter immediately after that debate, and I am sorry to say that what now appears in Hansard is not what appeared in the transcript of the notes. What the Colonial Secretary said at the time was "It is absolutely untrue". That is not what appears in Hansard. I then went on to say:

"Isn't it true that the officer has left the Service after 18 years, and would the Colonial Secretary tell this Council that any man who has served this Government for 18 years would voluntarily give up his right to pension unless he had some good and valid reason for doing so?"

To that the Colonial Secretary replied:

"The answer is that he volunteered himself to resign, much against our will."

The correspondence which passed between Government and Dr. Ho throws a different complexion on that matter. This story of Dr. Ho is one which leaves an indelible stain on the

reputation of this Government. I wish to quote further—

The PRESIDENT: Is it necessary for the hon. Member to read the whole of the report of the previous debate?

Capt. COGHLAN: It is necessary. I am going into the background to show that it was the very same thing that happened to Dr. Ho when his post was abolished. He was Ear, Nose and Throat Specialist, and he was told to take on the duties of Eye Specialist after Dr. Browne had left the Colony. The first letter to Dr. Ho from the D.M.S. was written on the 23rd of August, 1945, and states:

"I have to inform you that Dr. J. A. Browne, Government Ophthalmologist, will be proceeding on leave prior to retirement, as from 1st September, 1945."

Mr. RAATGEVER: To a point of order! Is all this relevant to this debate? I have no desire to stifle the hon. Member, but I would like to know.

The PRESIDENT: I do not wish to stifle the hon. Member but we have already had this from some hon. Members, and I do not think it is really necessary to refer to it again.

Capt. COGHLAN: You were very anxious for a full ventilation of this matter. I have the correspondence here before me and I am sure you are only too anxious for this ventilation, and to have the truth told.

The PRESIDENT: The ventilation to which I referred was the ventilation of the particular business now being discussed by the Council and not what transpired in 1945, before the Colonial Secretary and I came to this Colony. Will the hon. Member proceed?

Capt. COGHLAN: What happened then was that, just as on the present occasion Dr. Ho was drawing a salary of £1,000 as Ear, Nose and Throat Specialist, and he was offered the

vacant post of Eye Specialist for the same £1,000. He refused the appointment under those conditions and subsequently resigned from the Service. Some time ago he accepted a part-time appointment as Ear, Nose and Throat Specialist, to give two hours' service per day for five days a week for a salary of \$400, which is exactly what he drew as the substantive holder of the post. The same situation has occurred again. Dr. Ho has now been offered \$200 per month for part-time service as Eye Specialist. The question is what is the job worth—not a question of paying Dr. Ho \$800 per month. What are his services worth to the Colony? We read in today's newspapers that a lawyer is going to Hollywood for a salary of \$4,000 a week. Surely, if a lawyer can get \$4,000 a week Dr. Ho's request for a salary of \$400 as Eye Specialist is a reasonable one—if not cheap. So I think that in the public interest, and in the interest of humanity, Members of this Council should not hesitate in recommending that Dr. Ho be given \$400 per month as Eye Specialist—the same salary he is receiving as Ear, Nose and Throat Specialist.

Mr. RAATGEVER: In view of what the hon. the Colonial Secretary has said I would like to move an amendment.

Mr. FERNANDES: To a point of order! The hon. Member has already spoken. I was ruled out of order in this Council at the instance of the hon. the Financial Secretary on a previous occasion, and I resolved that from that day I would move everybody out of order when the occasion arises.

Mr. RAATGEVER: I am moving an amendment and I am perfectly in order.

Mr. FERNANDES: I was ruled out of order by the hon. the Attorney-General. It is recorded in Hansard. I am sorry that it happens to be my personal friend who is out of order.

The PRESIDENT: Rule 21 of the Standing Rules and Orders of this Council states:

"21. No Member shall speak twice on a Motion except as hereinafter provided.

(a) The mover of an original motion shall have the right of reply after all Members who desire to speak shall have spoken but the mover of an amendment shall not have any right to reply.

(b) Any Member who may second an original motion in the formal words "I second this motion" and no others, may reserve his speech until later in the debate.

(c) When the Council is in Committee.

It is clear that no Member can speak twice on a motion except the Mover, who has the right to reply.

Dr. JAGAN: There has been a great deal of confusion on this issue. Indeed the hon. the Colonial Secretary remarked a moment ago that even the members of the Medical Advisory Committee seemed to have changed their minds in the matter, and it seems also that the hon. Member for New Amsterdam (Mr. Kendall) wanted to reply, but since he was not allowed to do so I will take this opportunity to bring some clarification to this issue. The hon. Nominated Member, Mr. Raatgever, has pointed out that it was only when he asked for information in the Advisory Committee that the D.M.S. raised the points which had been raised before. I do not know whether they were raised in Executive Council, or privately by the Director of Medical Services, or someone else. Members are aware that the function of an Advisory Committee is not to deal with questions of appointments but with questions of policy. It is true that if the D.M.S. knew that a certain officer was about to go on holiday it was incumbent on him to inform the Advisory Committee so that its advice could be had in time. I recall the case of Dr. Yorke, the Radiologist, which I personally brought up on the Advisory Committee. I knew that

his contract was about to expire and I asked the D.M.S. what was being done about it—whether the post was to be filled or not. In this case the Advisory Committee was not told anything at all about Dr. Murray's going on vacation until it was a *fait accompli*. We were then told what arrangements were being made to fill the post, and that Government considered \$800 per month too much to pay Dr. Ho—what were our views on the matter? We have heard criticisms of Advisory Committees before, but on this occasion those criticisms are very valid, in the sense that the Advisory Committee was being used as a tool, to rubber-stamp what Government had already rejected. In many cases the Advisory Committee was not consulted in advance of the negotiations.

In order to make the position quite clear all the facts must be stated. When the matter was brought before the Advisory Committee the question was: "Do you think the salary requested is too much? Government has considered it and thinks it too much." Even if the

Advisory Committee had disagreed with Government's view it would not have affected the position in any way. It would merely have been the Committee's advice to Government. Let me make my position clear, lest it be said that I am a turncoat, because I am not used to that sort of thing. I considered then that the fee was very high, and I still think it is too high. I know that quite a lot has been published in the newspapers, and that Members have said that they are two different posts, and that since the salary for the post of Ear, Nose and Throat Specialist is \$400 per month for two hours' work per day, the salary of the post of Eye Specialist should be the same, whether the same individual does the two jobs or not. The question is: was it an equitable proposition when Government entered into a contract two years ago to pay \$400 per month for two hours' service per day? When that contract was entered into two years ago it was I who championed the cause of the officer by

suggesting that he be placed on the permanent establishment, because I felt that if he was to get \$400 per month for two hours' work per day, five days per week, it would be better to appoint him as a full-time officer, pay him \$500 per month, and restore his pension rights, which I felt he was entitled to.

Do not let us argue that because Dr. Ho is receiving \$400 per month for two hours' work per day, the salary should be doubled if he is to do the work of Eye Specialist in addition. In my opinion the original contract was not in the best interests of the people, because Government should have employed him as a full-time officer and saved a lot of money. If that had been done we possibly would have had the same officer acting today for Dr. Murray while he is on leave. I still hold the view that \$400 per month is a very good salary for two hours' work per day for five days per week. It works out at approximately \$10 per hour, while Government's offer to Dr. Ho of a salary of \$600 per month for the combined posts is equivalent to \$7 or \$7.50 per hour. I am a dentist and I feel that by all professional standards \$7.50 per hour is indeed quite a good pay. On that ground I decided at the meeting of the Advisory Committee that the salary offered by Government was adequate.

I would, however, like to explain what was operating in the minds of the members of the Advisory Committee. We knew that there was a medical officer, to whom the hon. the Colonial Secretary referred, who was sent away for training. He was given two years' full-pay leave but, unfortunately, he has not qualified. Nevertheless, he was still at the Hospital and some of us felt that, having had two years' practical training, he would have been able to carry on in the absence of Dr. Murray who would have dealt with the serious cases before he left, and that, if necessary, Government could, as it was done before, pay a private practitioner so many guineas per case for eye operations which needed specialist attention.

But while we had those things in our minds the members of the Advisory Committee felt that the salary offered by Government was quite adequate, and in view of the fact that there was an officer in the institution who had had two years' training, we felt that everything would be o.k. That is the reason why we decided as we did. A few days after, however, I went to the Hospital where I saw in the Eye Ward Dr. Luck, who had just returned from the U.K., and not Dr. Gillette who had received the training. At the last meeting of the Advisory Committee held at the Victoria Law Court I suggested that the officer should be made to treat minor eye cases, because I felt that Government had spent money in an endeavour to get him qualified, and whether he desired to be posted to a district or not (the D.M.S. told us he had asked to be transferred to a rural district where he could earn more money) I suggested at the time that he should be made to work in the Ward and treat eye cases.

So it was not that members of the Advisory Committee were not aware that people were suffering, but we felt that there was provision for adequate attention to eye cases. On my visit to the Hospital I saw a man who told me he had been injured on a sugar estate and needed specialist attention. His eye was cut but he could not get attention. I was subsequently informed by the D.M.S. that he would allow him to seek treatment outside, because the Workmen's Compensation Ordinance protected him, but when I talked with the other patients I found that they were not cases affected by the Workmen's Compensation Ordinance. One man had a badly inflamed eye which required to be removed lest the other eye be affected, and the operation had to be done immediately. There was another man from the Dharam Sala who was also suffering with an inflamed eye. When I saw those cases I realized that everything was not well at the Hospital; that the cases I have mentioned had not been operated upon, and that the officer who has had

some training was not serving that particular Ward. I therefore promised the patients that I would bring the matter up at the next meeting of the Advisory Committee.

To come back to the object of the motion—that some arrangement should be made to re-employ Dr. Ho. When one has heard the stories of patients (one was actually crying while he was talking with me) one realizes that one cannot put a price on the service of a specialist officer. I am therefore supporting the motion, because I intended to present a case at the next meeting of the Advisory Committee, as I told the D.M.S., for a reconsideration of the matter. This will not be the last occasion on which we will have such an emergency. I have referred on many occasions in this Council to the shortage of medical officers, and specialist officers, during criticisms of the Medical Department. In March last a statement was laid on the table in this Council showing the number of scholarships which had been awarded, but when one examines the list it will be seen that there will still be a shortage of medical officers for some years to come, unless we do something about it. The list shows that there are four medical scholarships awarded from C.D. & W. funds, and one Guiana Scholar studying medicine. There are 13 persons either on scholarship or as Guiana Scholars studying medicine at the present time. Eight are on C.D. & W. scholarships, one on a Nuffield Scholarship, one on a West Indies University Scholarship, and three Guiana Scholars. With respect to these thirteen scholars, only eight have any conditions attached. Some of these eight have already returned to this country and are working in the institution, but that is not enough.

The reason why we cannot get specialist officers is, the Director of Medical Services has told us, that we have not enough officers to spare any to be sent for specialist training. Unless

we get more officers, and many more we will never be able to train specialist officers, and we have a lot of specialist posts vacant. On the 21st February, 1951, the Director of Medical Services sent a letter to me showing the positions which had not been filled. I had asked him to supply the Members of the Advisory Committee with the number of medical districts, the number of local doctors employed, the number of foreign doctors employed, the number of officers on contract, and the dates of expiration of those contracts, the number of private practitioners and the position involved at present. I merely want to read to Members of this Council the last paragraph of that letter to show the necessity there is for immediate action in the interest of the people of this country. It states:

"Positions unfilled at present:—

- (a)—An Anaesthetist;
- (b)—Medical Superintendent, Mental Hospital;
- (c)—Ear, Nose and Throat Officer;
- (d)—Senior Physician;
- (e)—Health Officer, Demerara, and Lady Health Officer;
- (f)—Medical Officers (six)."

I know of nothing more urgent in the realm of medicine than the need for an Anaesthetist, because the whole success of an operation or the life of the patient depends on the Anaesthetist. The Medical Superintendent, Mental Hospital—if one goes through the Mental Hospital in Berbice and sees the patients sitting around one would very well appreciate the necessity of having a trained psycho-pathist to give special treatment to those individuals. Ear, Nose and Throat Officer—it is necessary to have such an officer to perform such services to members of the community, but we are not going to have this post filled as we have not been able to separate the Ear, Nose and Throat which Dr. Ho combines and is performing temporarily. As regards the post of

Eye Specialist we do not know when Dr. Murray may decide to leave the Colony for good. This situation will always recur when officers have to go on leave, unless Government takes care to provide more scholarships to students to go away and study and return to the Colony to serve on either a five or a ten-year contract. I am no more for giving these scholarships, because I have seen several of those who had these scholarships at Government's expense come back here and use big-stick methods to get benefits at the expense of the people, as in the case of one officer in New Amsterdam. He has had experience at Government's expense, and now when he should utilize it for the benefit of the people he wants to go to a district where he can make more money. That is not satisfactory. In future, when any scholarship is given, it must be on a contract to either return and serve the people for a number of years, wherever such officer's services are required, or refund the money expended on him. That is the only way we are going to get a satisfactory Medical Service in this country.

In view of these remarks I have nothing else to do but to support this motion. It is not that we, the members of the Medical Advisory Committee, are turning coat on this particular issue. It is because we are not taken into the confidence of Government on all issues. Lots of times decisions are made by the Advisory Committee, the hon. Nominated Member (Mr. Raatgever) could tell you, and are not acted upon. We have recommended that certain things be done but they are either not done then or when they are done the cost has gone up one or two times what it should have been. One hon. Member mentioned the case of a Specialist at another institution. This matter will recur and recur in this Legislature, and from time to time we will be forced to deal with motions like this one. I do not think that such a situation is satisfactory for this Colony. At the present time we have no alternative but to

employ Dr. Ho. If Dr. Ho demands \$800 for his services—whether Members consider the figure too high or not, seems immaterial at the present moment—his services are necessary and must be provided. Therefore I am going to vote for the motion.

Mr. FARNUM: Sir, I do not feel it is justified to go into the merits or demerits of the matter of Government *versus* Dr. Ho. What concerns me most is the fact that there are quite a number of people who are in need of attention to their eyes but the expert skill is not available. I have heard members mention that there is an officer who spent two years in England trying to qualify in the treatment of the eyes, but has not, and that doctor should be made to perform the work. But I do not think that he should be imposed on those poor people who would be running the risk of losing their sight. It may be a bread-winner who represents himself and a large family. So when one man loses his sight it is not only he that you will be bringing misery and distress on but a large number of people. What I think we should aim at is to try and get the best available skill to attend to these people, and I think every effort should be made to bring the negotiations with Dr. Ho to a successful issue. Therefore I have pleasure in moving this amendment:

“Be it resolved that this Council recommends to the Administration the re-opening of negotiations with Dr. Ho with the view to his appointment to act as Eye Specialist during the absence of Dr. C. Murray.”

I feel, sir, that if this amendment is accepted Government would be able to re-open negotiations with Dr. Ho, and I feel satisfied that the negotiations would be successful. I fancy it is much better to have these negotiations between Government and Dr. Ho conducted in a cordial atmosphere rather than to force Government to accept Dr. Ho's terms.

Mr. R. ATGEVER: I beg to second the amendment.

Mr. FERNANDE: I have a right to speak on the amendment. Dr. Murray is on leave for six months and it is quite possible, if the amendment is allowed to go through, he will be back without the finalizing of any agreement, and the negotiations will be still taking place. I am afraid I will be bound to vote against the amendment, because the relief which is being sought after on behalf of the poor people who are to lose their sight, is immediate and, I am afraid, does not permit of further delay. I speak with some authority on the question of the need being immediate. I was nearly blinded 26 years ago by slipshod treatment from a man who, at the time, had not the requisite eye qualification. I had to do without my sight for 24 days. I know it is only by the sheerest bit of luck that I am able to stand here and see everybody today. I would not like to put anybody else in a similar position.

Mr. WIGHT: I am afraid I will have to oppose the amendment on the ground of what I endeavoured to explain when the hon. the Colonial Secretary was stating the terms of Dr. Ho when his first appointment was made. I did not refer to that in specific terms because, even in that case, there were considerable negotiations before those terms were arrived at between Government and Dr. Ho. A considerable time elapsed. I think the hon. Member for Central Demerara, who is on the Medical Advisory Committee, knows fully well what occurred. I think he has described what occurred when the terms in respect of \$400 a month were mentioned. The hon. Member said he was then opposed to the original agreement as he thought the price was too high. Therefore I am afraid if negotiations are to be carried on they may be protracted, despite what has been said in this Council about the reappointment of Dr. Ho. I think Dr. Ho will allow himself to be re-employed because he realizes that there are several persons in the hospital who need his attention and, therefore, I am opposed to

the amendment on the ground that I think there is the possibility of too much delay. As far as I understand and have been informed by several people of the poorer class (I do not think the hon. Member for Central Demerara gets these reports from the poorer class) there is very little attention given to the people of the poorer class at the hospital. I had a report the other day where one man had his eyes bandaged for four days, and when the bandages were taken off he was blind.

There will no doubt be protracted negotiations unless Members press that it be immediately agreed upon. There is no reason why, if we are all agreed that Dr. Ho should be paid the extra \$200 he is asking for, it should not be decided now. Government has in any case intimated through the hon. the Colonial Secretary that it cannot accept the motion as it stands. If the motion is passed, it is up to Government to decide what it is going to do, and it will do it in the same way as if the amendment is passed. It seems that the amendment places us in the same position as if the motion was passed, and Government can deal with the matter as it likes.

Mr. DEBIDIN: I never intended to say anything in this matter, but there is a question of principle involved. I join issue with any policy such as has been hinted by the hon. the Colonial Secretary, that if the Government (by that I mean the Governor or you, Sir, as Officer Administering the Government, and the Members of the Executive Council) feel that they cannot accept the motion if it is passed, then the subtle suggestion is that it will not implement it. I look upon that as being a most unfortunate suggestion to have been brought before this Council. It is more unfortunate than our having to discuss this motion. This Council having an elected majority which is the voice of the people of this Colony, decides upon something in an emergency. That is the only reason why we have agreed to the suspension of the Stand-

ing Rules and Orders to deal with this matter. If Government chooses to flout the majority wish of this Council, I feel that a constitutional crisis may arise. It does give rise to a very important issue which I do not intend to debate here this afternoon. But I issue this warning—that if that occurs there would be vigorous action against the action of Government as it would then be stamping this as truly an Imperial or Crown Colony Government. I hope you are not bringing us to that position. Then we have many counter-actions, one of which is to move the suspension or dismissal of the Director of Medical Services, or not vote his salary at the annual estimates.

The FINANCIAL SECRETARY & TREASURER: I did not intend to speak, but I think I should say a few words briefly on the original motion. I would like to recall to Members that all this trouble really arose from a recommendation made in 1944 by an authoritative Committee to the effect that we should endeavour to combine the functions of the Ophthalmologist and the Ear, Nose and Throat Officer. That is really the fount and origin of our trouble. It was a very authoritative Committee of which the Chairman was my Deputy, Mr. O'Connor, and the members were Dr. Hetherington, Messrs. Boyce, Roberts and C. R. Jacob, the Hon. F. Dias, Capt. Nobbs and Dr. Brown. The paragraph in question—

Mr. DEBIDIN: Has not this been ruled as irrelevant?

The FINANCIAL SECRETARY & TREASURER: I am only explaining briefly how the trouble arose. I need not read the paragraph. That recommendation was actually put into effect, and in the Estimates for one year there was at the post of Eye, Ear, Nose and Throat Specialist as one. At the same time a post was created for an Assistant to that officer. The object was to have two officers so that one would be available to act for the other when on leave. It was thought that that led to the trouble

in 1945 when Dr. Ho did not want to go under it. A good deal has been said about the Advisory Committee. I think it is correct to say that they are not primarily concerned with matters of staff appointment, but at the same time they are often consulted. On this occasion they were not directly consulted and, as the hon. the Third Nominated Member (Mr. Raatgever) said, it was due to him and his enquiry that the whole matter came up in the Advisory Committee. I think it is most desirable, in view of the varying statements made about what took place, that I should read and get on Hansard the report of that discussion in the Minutes of the Advisory Committee of the 5th of April.

Mr. KENDALL: To a point of explanation! Those minutes are not confirmed, and until they are confirmed they should not go into Hansard.

The FINANCIAL SECRETARY & TREASURER: I would ask for a ruling. These minutes were submitted to the Governor and it is on these minutes that he has to some extent considered this matter.

Mr. RAATGEVER: The minutes of the 5th April were confirmed. I have it here.

The PRESIDENT: I have read the minutes in question, and as far as I recollect they have been confirmed. I think, however, it will be to the advantage of the debate if they are read.

The FINANCIAL SECRETARY & TREASURER: I think it is only fair when so many statements have been made, that they go on record. It begins:

"Mr. Raatgever next asked the Director of Medical Services to state the present position respecting the services of an Eye Specialist at the Public Hospital, Georgetown.

"The Director of Medical Services stated that it was found the Colony's substantive Ophthalmologist had had no vacation leave for four years. Under

Colonial Regulations he was permitted to bring forward vacation leave earned in respect of his services in his previous Colony (St. Vincent), and at his urgent request, that leave had now been granted him. There was only one other person in the Colony fully qualified to do Ophthalmological work and Government had sought to secure this person's services before Dr. Murray's departure. The individual concerned was already performing part-time duties as Ear, Nose and Throat Officer on behalf of the Government. He had however, expressed his willingness to give two hours service per day for five days per week in each of the two specialities. Such services would be limited to clinics for pauper and poverty patients other than in cases of emergency but would include operative work. The officer was to receive consultation fees where these were payable.

"Unfortunately, the officer had declined, both verbally and in writing, an offer of \$600 per month for the carrying out of these combined duties, and was insisting on payment of \$800 per month which Government considered so unreasonable for part-time duties as to be unacceptable.

"Dr. Jagan observed that the Officer concerned had been serving on a part-time contract as Ear, Nose and Throat Officer at \$400 per month since Dr. Richardson left the Colony in 1948. It was not good enough that this high figure should continue to be paid for the very limited service given, Government should have secured the services of a permanent Ear, Nose and Throat Officer long since.

"Members of the Committee considered that the \$600 per month offered was quite adequate considering the number of hours the officer would be required to work, and agreed that no greater offer than this amount should be made."

That was the decision of the Advisory Committee, and the record gives those present—Hon. Dr. J. B. Singh, O.B.E., Chairman; the Director of Medical Services, Deputy Chairman; Hon. Dr. J. A. Nicholson, Hon. W. J. Raatgever, Hon. Dr. G. M. Gonsalves, Hon. Dr. C. Jagan, Hon. W. O. R. Kendall. I do submit that Government is justified in coming to the conclusion that it was acting with the solemn advice of the Members of the Advisory Committee. What is the position today? Those

Members have, and I think rightly, explained why on further consideration they think that the exigencies of the situation are such as to demand that this matter should be re-opened. That is the position, and let us be quite frank. The hon. the Colonial Secretary has said that Government would wish to continue the negotiations with Dr. Ho in the prospect of arriving at a reasonable solution. As a matter of fact the amendment is precisely in those terms. I think it is quite unnecessary to proceed further; seeing that is the position which the hon. the Colonial Secretary has said is one favoured by Government, and also the amendment which has been moved by the hon. Nominated Member, Mr. Farnum, and seconded by the hon. the Third Nominated Member, Mr. Raatgever, I might suggest that that is undoubtedly the best solution.

Dr. JAGAN: I am opposed to the amendment because we do know that negotiations have already taken place, and we do know also the terms under which Dr. Ho will work for the Government, and that Dr. Ho has turned down Government's offer. Obviously there is only one conclusion — either we take Dr. Ho at his terms or we do not take him. I do not see the necessity for any further negotiations. The hon. the Financial Secretary and Treasurer read a statement from the minutes of the Advisory Committee, but I will again say that it is nothing more than I explained a moment ago in this Council. But I would like to point out to the hon. Member that when the original agreement was made with Dr. Ho for \$400 for two hours a day for the treatment of Ear, Nose and Throat, the matter never came to the Advisory Committee. The appointment was made without consulting the Committee, but in this case, because Government turned down the offer, it was brought to the Committee to make the Committee the

Mr. RAATGEVER: I must correct the hon. Member. It was not

brought to the Committee. I raised the question there.

Dr. JAGAN: That is so. If the hon. Nominated Member had not raised it it would not have been brought to the Committee.

Mr. RAATGEVER: Exactly!

Mr. PETERS: I see in this very protracted debate what one may very correctly describe as a very imposing clash of loyalty and solicitude, which it is our duty to seek to solve in a way which will redound to the best interest of our people of this Colony. Fundamentally, Government's attitude is one of—shall I say—loyalty to the interest of the people, and solicitude for their well being. So far as I am concerned I am prepared to take up that stand with respect to Government's attitude. So far as I can understand it the position is this: Government feels that if Dr. Ho receives \$400 per month for part-time service of two hours a day for five days a week, and he is being offered an extra \$200 for further part-time service as against approximately \$400 or more for full-time service as an Ophthalmologist, if he is only giving part-time service he should get only part of the pay. After all the money comes out of the taxpayers' pocket, and one certainly cannot quarrel with that attitude. However, Members of this Council, myself included, feel that if Dr. Ho is the only man available for the time being, in the interest of suffering humanity we should not quibble when it comes to giving him his \$400 per month so as to have the work done in order to relieve the physical distress and discomfort of our people. It is simply a clash of loyalty and solicitude on both sides. If we decide that we should continue the negotiations, it means that while the negotiations are proceeding people will continue to suffer.

For my own part I feel that what we should do today is to decide on the

motion. Let the Council express itself on the motion and, without any postponement or amendment, let the Council decide. In the interest of the people a definite decision should be arrived at at once, and arrived at to the extent of asking Dr. Ho to accept the appointment at the salary he asks. If the Government feels we are imposing too much on this solicitude for the people, and takes upon itself the responsibility of refusing to implement that decision, it would be up to Government to do so.

Mr. ROTH: I move that the question be put!

Dr. NICHOLSON: To a point of explanation! I thought the hon. Member said I was out of order.

The PRESIDENT: I must ask hon. Members to be brief. We have spent the whole afternoon on this particular motion when we have urgent legislation awaiting the attention of the Council.

Dr. NICHOLSON: Speaking on the amendment I would like to say that I am not altogether satisfied with the resolve clause in the motion—

“That this Council recommends to the Administration the immediate appointment of Dr. Ho on terms offered by him.”

It seems as though we are putting a pistol at Government's head. I think, that Government has to conduct the affairs of this country with some dignity, and that we should have some balance. I am certain that after all has been said—

Mr. DEBIDIN: I must seriously object to the insinuation! It is quite out of order for any Member in his speech to make any suggestion that we are not conducting ourselves with dignity because we are attacking certain actions of Government.

Dr. NICHOLSON: That is my opinion. We should say to Government that we feel this way: There is suf-

fering, and Government should arrange as early as possible to have Dr. Ho employed, and so we leave it to Government to re-open negotiations with Dr. Ho. But to say to Government that we want the immediate appointment of Dr. Ho on the terms offered by him is not the right thing to do. So I recommend to the Council the acceptance of the amendment, as I am positive that Government would go into it at once.

The COLONIAL SECRETARY: There are two points I desire to make in answer to Members who have spoken on the amendment—(1) The hon. Member for Central Demerara suggested there was a complete deadlock and there was no need for further negotiation. That is not correct. Members were not in a position to know that there was a possibility of further development in the negotiations. I hinted at it when I spoke previously on the motion. It is not therefore correct to say there is no possibility of further negotiation. (2) I feel I must reply to the hon. Member for Eastern Demerara who was, if I may say so, talking at a windmill. When I said the motion was not acceptable to Government, I meant no more than that Government would oppose it. That is to say, the Official Members would vote against it. That is all I implied. I had broken my rule; I should have said the Administration. What action the Administration takes if the motion goes through, is a matter for you, Sir, to decide with your advisers. I am not in a position to make a statement on that here and now.

Capt. COGHLAN: I am opposed to the amendment on the ground that it is a case of “Nero fiddling while Rome is burning.” We know what Dr. Ho's terms are but the hon. the Colonial Secretary thinks he may make better terms. If the hon. Mover of the motion would just alter the motion to read “on terms acceptable to Dr. Ho” it would be all right.

Mr. CARTER: I have no desire to reply at length. I would just like to

say that I am against the amendment altogether and, like hon. Members, regret that it was necessary to make this motion. But I do not think the blame can be put on me. It is clear where the blame should fall. The fact that this motion has been tabled today shows clearly that it was because the Administration and Dr. Ho could not come to terms, and only one person is responsible for that. We are casting no reflection on the Advisory Committee. I do not hold that the Advisory Committee is at fault. I think an attempt is being made to use the Advisory Committee to whitewash what took place before.

Original motion put, and the Council divided and voted as follows:—

For—Messrs. Luckhoo, Morrish, Carter, Smellie, Phang, Peters, Kendall, Fernandes, Debidin, Roth, Wight, Dr. Jagan, Capt. Coghlan, Dr. Nicholson—14.

Against—Messrs. Farnum, Raatgever, Dr. Singh, the Financial Secretary and Treasurer, the Attorney-General and the Colonial Secretary—6.

Motion adopted.

The Council adjourned to Wednesday, 2nd May, 1951, at 2 p.m.