

DR. MIKA MAJALE MEMORIAL LECTURE

Presented at the Kenya Orthopaedic Association 8th AGM and 7th Scientific Conference At Whitesands Hotel, Mombasa 24th – 26th June 2015

**INTRODUCTION**

The Mika Majale lecture is given in honour of the 1st indigenous Orthopaedic Surgeon in Kenya. It is noteworthy that Kenya was a British Colony yet the first indigenous orthopaedic surgeon trained in France. The first orthopaedic surgeon in Kenya was Kirkaldy Willis who was a Canadian and practiced in the King George VI Hospital from 1953 to 1963. Orthopaedics was otherwise practiced by general surgeons in the hospitals and was limited to mostly trauma and correction of the most straight forward of the congenital anomalies and some infective problems such as osteomyelitis, tuberculosis and polio.

The first indigenous orthopaedic surgeon was Dr. Mika Majale. He was born on 30th April 1923 in Kadimbworo village in the then Samia location of Busia District which was part of North Nyanza. His father was Matayo Makanga Majale and the mother Naburi Majale. He was the last born of four children namely Mariam, Salome and Batolomayo. The mother died when he was an infant. He was thus brought up by his paternal uncle Rev. Saulo Okelo and his wife Teresa Were Okelo. Rev. Okelo was Majale senior's younger brother. He also took charge and was responsible for his education. His earlier school was at Namboboto Elementary School, then Maseno Boys School and Alliance High School. He then proceeded to Makerere University in Kampala - Uganda.

He joined Makerere University in 1948. He studied medicine and after he qualified came back to Kenya and did his internship at King George VI (Now Kenyatta National Hospital). He was medical officer of health at Kiambu District hospital then back to King George VI Hospital. During his 2nd stint at King George VI Hospital he disagreed with his bosses so badly they decided he would never follow up his postgraduate studies in Britain. He got help from unexpected quarters, and this helped him get to France in 1961 – 1962. It is there he qualified as an orthopaedic surgeon.

He met and married Eleorna Swai, a Tanzanian

Journalist in 1956. He had four children Irene Majale, Prof. Mike Majale (Architect) Victoria Majale Ojiambo and Chris Majale. Dr. Majale died on 21st April 1978.

As an orthopaedic Surgeon he worked at Kenyatta National Hospital (KNH), Kabete Orthopaedic Unit and Armed Forces Memorial Hospital. He did not do any private practice. He was a dedicated civil servant, so one can understand that he died a poor man. At the time the medical school was started in Nairobi he was one of the three government orthopaedic surgeons namely; Dr. Majale, Dr. Suleiman and Dr. Sheikh. They were later joined by Dr. J. Bodo. Dr. E. Ambeva came later but was posted to Kisii then Mombasa where he spent all his orthopaedic life. The other orthopaedic surgeons were in the university led by Dr. J.C.T. Church.

Scope of orthopaedics then

Dr. Majale worked hard and was good at what he did; however, the scope of surgery was very limited. The surgery was confined to aftermath of poliomyelitis, congenital problems such as club foot, infections such as chronic osteomyelitis and tuberculosis, excision of lumps, osteotomies, laminectomies and occasional hemiarthroplasties. Trauma was the main preoccupation of orthopaedics and even then only straight forward fractures could be fixed. Femoral fractures were treated mostly conservatively by traction except for those that could take a Kunstcher Nail. Perkins traction was common in fractures in the distal femur, now most of the students have no idea what this is.

Orthopaedic space was limited at the KNH. There were a few trauma beds in the general surgical wards and any patients who failed to heal in the expected time were transferred to Kabete Orthopaedics. The beds at the orthopaedic unit were an asset for cold orthopaedics. These were given away at the time orthopaedics was wholly transferred to KNH in 1981. The orthopaedic fraternity was duped into giving up the cold orthopaedic beds. This has lived to haunt the current orthopaedic set up at KNH and especially for training. The equipment was crude; most of the surgery was followed by plaster cast application. Traction was the preferred mode of treatment; to an extent this is still the most prevalent mode of treatment in public hospitals. Needless to say that this is the most uneconomical way of fracture management.

Training

During Dr. Majale's time there was little in form of orthopaedic training. General surgery gave the students who proceeded to be trained in orthopaedics. Things have moved from Majale's time and among the changes brought in include AO which was introduced in 1975 by Alberto Bencivenga on appointment to the Department of Orthopaedics as Professor of

orthopaedics from Somalia. Part time private practice came in and now it is difficult to know whether work at KNH is the part time and the other the full time. College of Surgeons of East, Central and Southern Africa (COSECSA) was launched in 1999; frequent orthopaedic projects by visiting orthopaedic surgeons, and establishment of practical orthopaedic laboratory at Nairobi Surgical Skills Centre (NSSC) at Chiromo in the University of Nairobi (UoN).

The introduction of orthopaedic programme at the UoN and Moi Teaching & Referral Hospital (MT&RH) are making an impact on personnel training but are still far from adequate. The Medical Practitioners and Dentists Board (MP&DB) register of 18th June 2015 showed that there were 5,987 registered doctors in Kenya. Of these only 69 were registered as orthopaedic surgeons giving a ratio of one orthopaedic doctor in every eight six (1:85). This also gives 1:570,000 orthopaedic doctors to population. This is a far cry from World Health Organisation (WHO) requirement of 1:100,000. Currently orthopaedic surgeons are trained in UoN, MT&RH, COSECSA, Specialised workshops, NSSC and also sending the trainees to other countries for attachment to specialised units such as spinal surgery, paediatric orthopaedics and others. The major problem now really is variations in the teaching methods and standards. This calls for a Kenya Board of Orthopaedics to standardise the training and set a unifying board examination. Local curriculum is changing; medical students are doing six year training with orthopaedics in 4th and 6th years; Postgraduate moving up from 3 to 5 years. This may look long but really there is no change as students used to do a three year course in general surgery then two years orthopaedics. COSECSA system may require further scrutiny in this regard.

The institutions currently training in orthopaedics include KNH, MT&RH, all former provincial hospitals – 7, PCEA Kikuyu, AIC Kijabe and Tenwek. The mode of training is by lectures, clinics, theatres, ward rounds, grand rounds, discussion groups, journal clubs and research dissertations. All of these areas have a plethora of problems.

Current scope of orthopaedics in Kenya

The scope of orthopaedics has changed a lot since the time of Dr. Majale. Operations now include complex fracture fixations, arthroplasties, arthroscopies, both diagnostic and therapeutic; complex spinal surgeries and complex paediatric orthopaedic procedures. These are not without their problems. Most of the problems are caused by young orthopaedic surgeons who want to run before they are properly walking. The evil of money is another driving factor in the causation of unnecessary complications that could be avoided by gradual step by step training and gaining of

experience. The see one at a conference and do one at next theatre session should be discouraged as it has caused a lot of harm.

Research

This is one area orthopaedics in Kenya is really lagging behind. Reading dissertations of students both local and neighbouring countries, as an external examiner has really been disappointing. Most students cite papers from Nigeria, Egypt, South Africa and other far off lands with very little citations from Kenya and the neighbouring countries. The problem here is two-fold, first is that very little research is being done, second is that even very good research and observations are simply not published. The dissertations done by some of the post graduate students are excellent, but they are simply left in the hard cover binders they are put once the researchers have graduated. They go to chase what is popularly known in Kenya as *Mbeca*.

Kenyan orthopods don't seem to have time to write. All dissertations should produce at least a paper, and this should also help the university supervisors get promotions. I congratulate the few writers and especially a few from non academic institutions. Kenyan orthopods need to write, write and write including books. One American academician once wrote. 'The only way to write is to start writing'.

The future

The future of orthopaedics in Kenya will only be secured by continued endeavor to improve the practice, improve training and up the training in some of the relevant specialities. Some of the areas that need to be raised to degree levels include physiotherapy, occupational therapy, orthotics technicians and plaster technicians. More use should be made of workshops such as NSSC. Registration of specialists as General Surgery/orthopaedics should cease and probably KAO could see to this. Watch out as medico legal problems are bound to get worse. Major orthopaedic teaching hospitals must have cold orthopaedic wards.

CONCLUSION

Dr. Mika Majale started us off on a journey, much was done in his time and since he left us to be with the Lord, but much more remains to be done to improve our service provision to our country, the region and humanity; both in quality and quantity. Get into clinical –industry partnership, so that all medical materials may be produced locally. This will make orthopaedics more affordable avoiding long flights to seek affordable orthopaedics elsewhere. Watch out for pitfalls!

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