

EAST AFR. PROT.  
UGANDA  
NYASALAND PROT.  
SOMALILAND

DOMESTIC

18345

N<sup>o</sup>. 18345

22 MAR 08

308  
Paper

Mr. G. G. G. G.  
Chief of Police

Received enclosed of your letter which would  
be allowed to remain in the area but requests to be  
that shall not be set to remove the same as required against

intended  
in law

It is not like carbonaceous  
which are framed with regard to  
bonding in the case apparently  
relative to the terms in an officer's health,  
for it are fair to neither party.

He has only not recovered from a  
very severe illness, although his  
weight increased from 5 1/2 stone to  
26 stone & his general health is  
stated to be very good (18509) I  
think of 50 lbs. a certainly might  
be admiring in not to meet him in  
a tropical climate.

It is a very sad case but I think  
that we ought to let him be.

Sayer - you will see that

Treasury will not part with it

22

(17498)

ME 23/5

Wt. Aug 23  
at. Acc.

C. O.  
18346  
RE  
22 MAY 08

21 Queen Anne Street, Cavendish Square, W.

21st May 1908.

Sir,

In reply to your letter No 17349/1908 and enclosures in reference to Mr G.B. Jeaffreson, Clerk in the Bombay Agency of the British Protectorate in East Africa, I beg to state that I have gone carefully into that gentleman's case on at least five occasions. The leading facts are as follows:- over a eleven years in Calcutta and Bombay; had mch fever and congestion of the liver; invalided for dysentery in May 1906 and operated on for appendicitis on June 20th of that year; very slow recovery. In November 1906 laid up with fever and gastritis; ill again in February 1907; left for India again apparently well on 14th March 1907; May 14th inflammation of the liver; June 29th abscess ruptured through lung; invalided 23th July very ill; subsequently prolonged illness during which he had severe haemorrhage, and discharge from the lung did not cease till the end of last

7

March. He gained much flesh and strength but his right lung is considerably damaged by the prolonged discharge of pus through it.

An important element in the case and one which together with the foregoing influenced me is the family history - a brother and a sister died of consumption. To send such a man with such a history out to West Africa, as Dr Jeafrason says, he would, would be hardly fair to him nor to the Government.

Although I do not accept Dr Eyre's theory as to the nature of the abscess of the liver and although I believe that Mr Jeafferson would run grave risk in returning to India and Government a corresponding risk of loss from his liability to illness or invaliding, I would suggest that he might be allowed to return at his own option and on the understanding that Government shall not be put to expense should he have to be invalided again.

I am,

Sir,

Your obedient servant,

Under Secretary of State,

Colonial Office,

London, S.W.

*W. M. Martin*

10th May, 1908.

Dear Dr. Brock,

With reference to our patient Mr. G.B. Jaffreson, I may state definitely and at once that I fail to see any adequate reason why he should not return to India. This opinion is based upon both general and special grounds.

In the first place, several very similar cases (where however the cure has not been by any means so complete as it is in Mr. Jaffreson's case) have returned to India and have remained there for many years without danger to their life or detriment to their general health. With the conditions of life in India I am not very familiar, so that perhaps my experience in this direction is somewhat limited: but on the other hand I should have no hesitation in allowing him to return to the West Coast of Africa, and I can hardly believe that India is a less suitable country for such a convalescent than the West Coast.

In the second place, the various specimens of pus that I have had from Mr. Jaffreson have been very carefully examined for the amoeba dysenteriae, but without success. His recent infection (even assuming that it was a merely terminal infection) appeared to be purely bacterial. A certain particular streptococcus was always present in the pus, whilst

the

the examination of his blood showed that his resisting power to this particular organism was practically non-existent, although quite normal with respect to numerous other pathogenic bacteria including the Bacillus of epidemic dysentery. Again the effect of the treatment which Mr. Jeaffreson has undergone has been to gradually raise his resistance towards the streptococcus already referred to, considerably above the normal, and this increase in resistance has gone hand in hand with improvement in general health and clinical symptoms, and now so far as the clinician is able to form an opinion (with Dr. Hale White) he is absolutely cured. The recent examination of a specimen of blood shows that his resisting powers against the streptococcus are still maintained at a higher level than would be found in a normal individual, so that for the present, and probably for many months to come, he is and will be less liable to a fresh infection or a relapse than a person with ordinary health proceeding to India for the first time.

These I think are conclusions that would be subscribed to by any bacteriologist who is familiar with this method of treatment (that is by the inoculation of therapeutic Vaccines). How long this acquired immunity to the particular organism which I regard as responsible for his previous affection (and which was in all probability the original cause of his appendicitis and subsequent trouble) will remain efficient

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efficient it is impossible to say; but given the ordinary care that would be exercised by one familiar with India and the conditions of life there, I repeat that I do not consider that he runs any greater risk in returning to India than a new comer would run of infection with the same organism; and any risk that might be present would be still further reduced if his return to India were delayed until the termination of the hot season.

Believe, etc.,

(Signed) JAS. KYRK.

BUCK,

7, FELLOWS ROAD,

SOUTH HAMPSHIRE,

H.W.

77, Fellows Road,

S. Hampstead, N.W.

May 12th, 1908.

Dear Mr. Jeaffreson,

I was greatly disappointed to hear from you that the Colonial Office has decided not to allow you to return to India. I confess I am quite unable to understand by what chain of reasoning this decision has been arrived at. I can only suppose that, while the methods of treatment which modern scientific research has placed within the grasp of medicine, have been tried to the full on you, the old tradition which declares it unsafe for a man to return to the tropics when he has once been the victim of a disease peculiar to that climate has proved too strong to be combatted.

You will not have forgotten that at the beginning of the present year - before Dr. Kyre's vaccine treatment was suggested - that I sent a specimen of your expectoration to the Clinical Research Association, and submitted to them three questions for answer:- viz:-

- (1) Did the pus contain the Amoeba of Dysentery, i.e., the accepted cause of Tropical Abscess?
- (2) Did the expectoration show evidence of a destructive process going on in the Liver in the shape of Liver cells.

(3)



(3) Did the pus contain Tubercle bacilli? To all of these questions, I received answers in the negative. The fact that your expectoration contained no amoebae, and showed no evidence of a destructive process going on in the Liver, aroused my suspicions that the whole of your trouble was really due to the appendicitis. I suggested to you, that possibly infection had spread up from the appendix, behind the large bowel and up on to the upper and posterior surface of the Liver and that from there the pus had burst into the lung.

If you will read Dr. Eyre's letter, you will see that from the bacteriological findings of the expectoration, and the results of treatment by vaccination with an organism, isolated from the pus, which resulted in a cure, he places the blame on the appendix. If this be the solution of the origin of the abscess which burst into your lung, the fact that you have been vaccinated against it, makes you not more, but far less liable, than an ordinary individual returning to the tropics, to a fresh attack.

Believe me, etc.,

(Signed) J. N. E. SHOCK.

M.D., F.R.C.S.

13  
66, Harley Street, W.

I have to-day examined Mr. C.B. Jeaffreson,  
whom I have seen several times during his illness and  
I regard him as cured of his hepatic abscess.

(Signed) W. HALE WHITE.

13th May, 1908.

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M.A. F

E.A.P.

17509  
10346

27 May

27 May 1908

DRAFT

C. B. Jauffman Esq.

Sir

Ans 2009

MINUTE.

Mr. Lobb 25/5

Mr. Ellis 25/5

Mr. Just

\* Mr. Andrews 26/5

Mr. Cox

Sir C. Lucas.

Sir F. Hopwood.

Mr. Churchhill

The Earl of Elgin.

I am directed  
 by the E of Bruce to  
 inform you that he  
~~has received the receipt of~~  
 your letter of the 15<sup>th</sup>  
 inst relative to  
 the question of your  
 further employment  
 under the Dept.  
~~As the same has~~  
 carefully examined  
 the ~~matter~~  
~~of the~~ ~~and~~  
 I am to inform you  
 that after

P.P.D.

Mr. [Name] has given  
very carefully [unclear]  
to the [unclear] of the 15th inst.  
your letter [unclear] its  
enclosures, and has  
consulted his [unclear] on the  
subject, and  
to [unclear] you  
that his [unclear]'s  
regret that he

is unable to approve of your  
departure from the  
decision already  
communicated to  
you in the letter  
from the Dept  
of the 4<sup>th</sup> of May.

returning to  
[unclear] and  
is the risk  
both to yourself  
and to the Govt.  
is too great.

I do.

Wm. P. LANTROBUS.

3 - I was also to  
express Lord [unclear]'s  
regret that the  
Lord [unclear] of [unclear] has [unclear]  
have stated the

inform you that the  
[unclear] of the Treasury  
have not found it  
possible to approve  
the grant of a [unclear]  
[unclear] in

since, as they point out,  
this would be equivalent  
to [unclear] your [unclear]  
stated that non-  
[unclear] as if it had been  
[unclear]  
[unclear] to confer  
his [unclear]'s  
recommendation that  
you should be  
granted a [unclear]  
[unclear] of respect  
from [unclear] -  
the [unclear] Agency.

I do.