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DESPATCH.

EAST AFR. PROT.

No. 26836

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Regd 29 JUL 05

Desp.	No.
[illegible]	389

1905

[illegible] July

previous Paper.

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20337

(Subject.)

Death of Mr P. de la Chersois

Trs medical report on death of

(Minutes.)

Mr Read

This is one of the despts that went astray in arrival. No harm has been done through the delay.

As Mrs de la Chersois was with her husband we need not condense the report for her.

The report is rather a 3d-3-& affair & would, I suppose, be more valuable if it had stated whether Mr de la C. started dosing himself with quinine before or after the first symptoms of blackwater.

Report to Sir P. Manson in ordy. for return

W.B.S.

5/5 on 28795 herewith

17/8

[illegible] 18/8

[illegible]

Sent [illegible] Sir P. Manson [illegible] 19 Aug [illegible]

Commissioner's Office,

Mombasa,

July 6th 1905.

EAST AFRICA PROTECTORATE.

No. 389

Sir,

With reference to my telegram No. 138 of June 6th, I have the honour to transmit to you herewith the medical report on the last illness and death of Mr. Philip de la Cherois, Collector of this Protectorate.

I have the honour to be,

Sir,

Your most obedient,

humble servant,

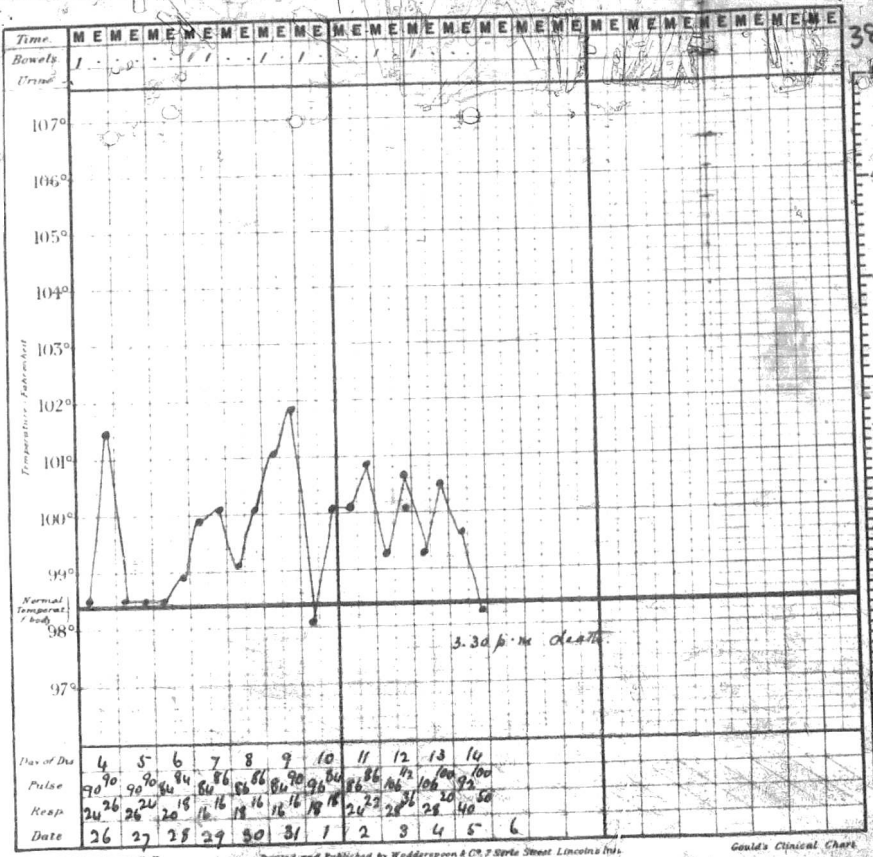
D. Stewart

The Right Hon. Principal Secretary of State

for the Colonies,

Downing Street,

LONDON.



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Entered at Stationers Hall

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Gould's Clinical Chart

Notes of Mr. Dela Chereis case.
Blackwater Fever.

Previous History.

For many years Mr Delachereis was stationed in British Central Africa as Assistant Collector, While he had many attacks of fever - one of which nearly proved fatal. Three years ago he was transferred to the Lamu district of this Protectorate. For the last eight months he has been stationed at Mumias. Both in Lamu and at Mumias Mr Delachereis suffered from repeated attacks of fever. His last leave was spent in Ceylon, here also he was much troubled with fever.

Mr Delachereis was 36 years of age slighly built, very thin and had marked malarial cachexia. He had no faith in the efficacy of quinine & always refused to take it.

Present Illness.

At 4 a.m. on Friday morning June 26th Mr Delachereis get up and went outside to pass water - he discovered his urine was quite dark in colour nearly black. About the same time bilious vomiting set in and lasted throughout the whole of Friday and Saturday morning.

On Tuesday May 23rd, Mr Delachereis get very wet cross-ing a river and did not change immediately. He was ill in bed with fever all Wednesday - he confessed afterwards to his wife that on this day his water contained blood. On Thursday he went about as usual but felt ill & feverish. Early on Friday morning blackwater recommenced. I reached Mumias at 4 p.m. on Saturday June 27th. I found the patient cheerful, pulse was good. 90 per minute - respirations 24. Face very sallow and thin, conjunctivae, slightly yellow. Urine was being passed freely - quite black in colour but not thick, and no clots were passed. Sickness had been continuous up till Saturday at 11 a.m. when it ceased. An enema was given by Father Kallen & the Hospital Assistant Mr Coelho on Friday afternoon. Bismuth, Acid Hydrocyan dil and various

and various other gastric sedatives were given to try and stop the vomiting. Hot water bottles were applied over the kidneys. I found the temperature on my arrival was normal. At no period throughout the illness did it rise above 102. 389

June 28th. On this date the icterus was intense. Patient was sick once in the morning.

The urine slowly improved in colour till on the 1st June it was normal in colour but contained albumen in small quantity.

Patient's general condition had slowly deteriorated - he was profoundly anaemic - tho' the icterus was not quite so marked.

On June 2nd. Urine was free of albumen. At no time was the spleen enlarged much beyond the costal margin. No enlargement of the liver could be felt.

Haemic murmurs were heard at pulmonary base and apex and along left margin of sternum. These murmurs became louder as the illness progressed. At 10 p.m. on June 2nd as patient was lying quitly in bed he fainted - pulse & respirations becoming very rapid. This only lasted a few seconds.

On June 3rd. Patient seemed much weaker - pulse & respirations were more rapid. Mild delirium at night. For sleeplessness sulphonal was given but had not much effect even with a maximum dose. At 2 p.m. patient was sick once. During the night of June 3rd & 4th patient was very restless & wandering. Respirations were laboured rapid. 36 per minute. Patient slowly became worse - On June 5th, at 10 a.m. the respirations became 40 per minute, tho' the pulse was only 92. Respiration rate increased to 50 per minute after midday and patient died at 3.30 p.m. Hands and feet became slightly cold shortly before death.

The urine

The urine remained normal after June 1st. At no time was there any suppression. An enormous quantity of blood must have been lost between May 26th and 29th.

The bowels were made to act when required by enemata & by salts.

Stimulants were given throughout as required - as champagne , & brandy, strychine & digitalin.

Between May 23rd and May 26th patient took some large doses of quinine - he was unable to tell me exactly how many grains.

No quinine was given at all by me.

Diet throughout consisted of milk & soda , barley water was taken in large quantities and later lime juice. As urine improved, chicken broth, milk puddings, &c were given but patient had a great loathing for any food. Liquids he always took freely. I consider death was due to the profound anaemia caused by the excessive destruction of Haemoglobin - the anaemia being so great patient was unable to rally.

(Signed) F. L. Henderson.
Medical Officer.

Countersigned,
A. Gillespie MO
July 1st 1915