



E. AFRICA
W. AFRICA

C.O.
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Colonial Office

1913

Jan.

Last previous Paper

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2000

Contra 4 Feb 1913

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Blackwater fever patient

means rel. to danger of removal,
traveling to

Mr. Bottomley 27

Mr. [redacted]

Mr. Strachey

Mr. Read

See p. 6

The W.A.P.B. (2nd ed.) laid down that
in every case of BW form it was advisable that the help
of a medical man should be obtained as soon as
possible, & the patient should be taken to a doctor when
this would be quicker than sending for a doctor to
come to the patient. The medical section advised
a careful review at Dr. Hare. Two days before the
1st ed. (present) edition was brought out, Mr. Strachey
was left uncharged.

The FA Note (current edition) are more
cautious, & while retaining the insistence on consulting a
medical man as soon as possible, say that unless the case
is very grave it may be quicker sometimes to take the patient
to a doctor instead of sending him "to the goa." The
main indications for treatment are also less strict.
This is not too helpful. In the forthcoming edition on Dr.

Next subsequent Paper

or 8979 were

on 12/10/10
series 2

TELEPHONE 8001 MAYFAIR

29, HARLEY STREET, W.

Dr 19.1.1913

1046

RECD.

REGD 9 JAN 13

Dear Dr. Brumby

The advice I give the men
in my lectures is that after the
first 24 hours of Blackwater fever
whatever the circumstances they are
running great risk by traveling at
all.

In the first 24 hours provided
that (1) there are great advantages
such as moving from a tent
to a hospital before running to
medical assistance is available
+ (2) that neither age nor illness
is their present factor + that
there are not removable comforts

removal is permissible if they
can travel comfortably & we
will consider further as we get stronger
as we have now

30

We saw a good deal of the bad effects
moving people & many of the hospital
wells from Peninsula. There are in
my opinion directly due to travelling to
infectious disease or to anæmia produced
and

the numbers as regards the first day
be considered on its merits, as regards
to advantage you will see

itself, after the 1st day the risks
are enormously increased so much
that, under very few circumstances, would
under removal advisable

approximately

B. J. Gould

C.O.
1046

Rec'd
Am 9 JAN 13

Ag. Gov. 796 - 12 November 1912.

(Death Certificate and reports only)

Noted, S.H.
H.J.
C 18/12/12
S.R.
L.J.B.
19/12
& V.S.
H.E.W.

Mr. Bottomley

Mr. Read

A sad business. In view of the fact that the Trans-Nzio District is shortly going to be thrown open to European settlement, it seems to me a great pity that it was impossible to clear up further the origin of the disease.

H.P.B.

5/12

(Of course the occurrence of the case cannot be assumed to have any bearing on the healthiness of the district.)

(Page 60)

The origin of a case of blackwater is a problem which in the present state of our knowledge it is impossible to clear up.

Dr. Mayer has drawn my attention to the danger of moving blackwater patients, which was done in this case. Such a step is contemplated both in the W.A.P.B. (page 61) and in the "Notes for Officers appointed to East Africa and Uganda"; but I think the point requires looking into. Dr. Manning (D.P.M.O., Northern Nigeria) in speaking to me a day or two ago about a temporary Medical Officer who had incurred a good deal of popular censure by sending a blackwater patient by rail to hospital (he died in the train) took it for granted that the patient should not have been moved.

On this point we might perhaps consult Dr. Daniels - not necessarily officially.

The Principal Medical Officer's comments would have been useful.

A.P.

Mr. Read

Yes.
H.J.R.
Done.
C.O.B.
16/12

remained where he was and the doctor had come ~~all~~ the way.
We need not, of course, say anything on the particular
case, but the question of revising the advice or sug-
gestions in our handbooks should be considered?

T.C.B.

23/12.

Mr. Bottomley.

This alteration has already been made in the
i.e. Notes for
Officers.

T.F.G.M.

24th Dec/12.

O.D.
R. 30 JAN
XVI

M.C.O.

1046

E.A.

33

13



W.A.

P

E.A.P. No. 100

Cos Belvedere

Uganda No. 57

Cos Jackson

Almonaster 144

DRAFT. 0.H.R.

N.W.S. No. 69

Cos S. F. Legend

S.W.S. No. 105

Cos S. F. Legend

R. W.S. No. 68

Cos S. H. Clifford

S. L.S. No. 46

Cos S. H. Mawby

W.H. MINUTE. No. 29

Cos S. H. Edging

Mr. Fiddian 30/1/18

Mr.

Sir G. Piddes.

Sir H. Just.

Sir J. Anderson.

Lord Emmott.

Mr. Harcourt.

L.N.Y. 1974 was
done 89 79 note
regarding
the 24/6/18.

14761
15515 W.A.
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Done

by Dr Daniels 25 July 1975

4 February 18

That a question has emerged in
the general direction being given
in the W.A. Pocket Book for
Notes for officers affected by
I.A. etc. in regard to removing
patients suffering from black
water fever for the purpose of
taking them to a medical men-

2. In the current edition
of the W.A. P.B. of the medical
section (which was carefully
read prior to republication
(1971)) it is laid down that in
case of blackwater fever it is
advisable that the help of a
medical man should be obtained
as soon as possible. It is the
patient should be taken to

whether or not the patient ought to travel. Dr. Daniels who has been consulted since the wording of this section was decided, advises that "after the first twenty-four hours of blackwater fever, whatever the circumstances, patients are in very great risk in travelling at all. He thinks removal from the field is permissible within the first twenty-four hours if there are great advantages such as moving from a tent to a hospital where nursing & medical attendance are available, since they would not be if the patient were left where he is, & if it is possible for the patient to travel comfortably in a recumbent position, as on a stretcher or in a hammock.

✓ reasonable
comfort

~~that~~ 5 Haffens tells me that this question must be settled by weight of evidence and I have to report that you will count your medical advisers to consider this question and furnish an