

EAST AFR. PROT.
N <sup>o</sup> . 40401

C. O.
40401
REC <sup>d</sup>
REC 13 NOV 1905

No. 566  
905  
Oct 17  
Previous Paper.

(Subject.)

Death of Sir D. Stewart

In detailed medical history of case & a brief history of case suitable for transmission to relatives

(Minutes.)

Mr. Antrobus.

Send a copy of the second one to Lady Stewart, & say that in communicating this report, the A. & Comm. stated... (as in the 2<sup>nd</sup> & 3<sup>rd</sup> para. of the desps.)?

H. J. R.

13/11.

Mr. Antrobus has spoken to me about this & does not think it necessary to communicate the report to Lady Stewart.

Desps: in orig. to H. P. Manson for personal & return 3<sup>rd</sup> Pers. Note

at mee.  
H. J. R.  
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Commissioner's Office,

Mombasa,

October 17th 1905.

EAST AFRICA PROTECTORATE.

No. 566

Sir,

With reference to my telegram of October 1st reporting the death of Sir D. Stewart, K.C.M.G., His Majesty's Commissioner and Commander-in-Chief for this Protectorate, I have the honour to transmit to you herewith the detailed medical history of the last illness, and a brief history of the case suitable for transmission to the relatives.

It is with deep regret that I have had to chronicle the lamented death of Sir Donald Stewart, who, although he had only occupied the position of Commissioner in East Africa for little more than a year

H. M. Principal Secretary of State

for the Colonies,

Downing Street,

LONDON.

year, had done much towards solving some of the difficult problems connected with the administration of this country, and who by his kindly nature and charming personality had won the hearts of all.

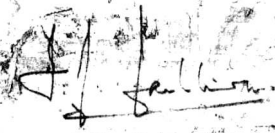
The funeral of the late Sir Donald Stewart took place at Nairobi with military honours. A Memorial Service was held on the same day at the Cathedral at Mombasa.

I have the honour to be,

Sir,

Your most obedient,

humble servant,



Acting Commissioner.

C. O.  
40401  
REC'D  
13 NOV 05

Detailed History  
of the last illness of  
Sir Donald Stewart, K.C.M.G. His Majesty's  
Commissioner & Commander-in-Chief,  
British East Africa.

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Disease : Pneumonia.  
Date of onset: Sept: 22nd. 1905.  
Date of death: Oct: 1st .1905.

Previous history.

Patient had served in India and Egypt, and for several years on the West Coast of Africa, in which latter country he had suffered a good deal from Malaria. In England, three years ago, he suffered from a very severe attack of Pneumonia.

Some little time prior to his last illness, while on a tour of inspection in Kenya and Naivasha Provinces, he developed cellulitis in the buttock which confined him to bed for several days, but appears to have been completely recovered from this.

History of last illness.

Three days prior to the onset of the disease he devoted several hours to duck shooting in a swamp, thereby getting wet and being unable to effect a change of clothing for some hours afterwards. This was most probably the predisposing cause of the disease.

On the night of the 22nd Sept: he complained of pain in the left side, and early on the following morning sent for medical assistance.

On examination of the chest, a limited area of bronchial breathing, with dulness on percussion, was localised at the base of the left lung. The remaining portion of the left lung and the whole of the right

right were emphysematous, cough was persistent and accompanied by the expectoration of rusty sputum in which the diplococcus of Pneumonia was identified. 476

The temperature was 102.6. pulse 130 per minute, regular and of good volume, and the respirations 30 per minute. As it was stated that he had suffered from several mild attacks of malaria in this country, blood films were examined under the microscope, but the search for evidence of malaria infection proved negative.

Urine - amount passed in 24 hours, 52 oz., Sp. gr: 1023; acid; traces of albumen and bile pigments; no sugar.

Two nurses were at once detailed for day and night duty.

For the first 24 hours patient progressed favourably, pain decreased, expectoration became free, and signs of resolution were established in the affected lung.

On the evening of the third day unfavourable signs manifested themselves, the patient became restless and a certain amount of deafness was observed. The respirations although fairly deep, became accelerated and there was slight cyanosis.

On auscultation, moist râles were heard over the entire area of both lungs, but had disappeared by the following morning, except over the affected area of left lung.

From this time onward the patient became steadily worse and sank into a condition of semi-coma, evidently the result of posterior basal meningeal infection, and died at 7.10. a.m. on the 1st of October.

Death was due to sudden failure of the respiratory centre, the cardiac action continuing for some time after respiration had ceased.

Treatment - throughout the disease this was of a stimulating and supporting nature. Ammonium carbonate, sulphuric ether, and brandy were given, with inhalations of oxygen gas. 477

The diet consisted of beef tea, chicken broth, soups, egg flip, milk, tea, and custards.

NAIROBI.

Oct. 7th. 1905.

(Signed) J. A. Haran.

Med. Officer.

I attended the case with Dr. J. A. Haran and have nothing to add to his notes further than that pneumococcal invasion of the basal meninges appears to be unusually common in this country.

(Signed) J. Will.

Principal Medical Officer.

9th October 1905.

NAIROBI,

British East Africa

8th October 1905.

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It is with feelings of profound regret that one places on record the death of Sir Donald Stewart, K.C.M.G., Commissioner and Commander-in-Chief of British East Africa.

Some two months since he undertook an extensive tour of inspection through regions involving marked variation in altitude. This journey was punctuated by an illness which incapacitated him for several days, and from which he apparently completely recovered. Immediately prior to his return to Headquarters, he indulged in a day's shooting in a swamp, subsequent to which he neglected to change his clothes for a considerable time. This unfortunate omission, no doubt, precipitated his final illness. On the night of the 22nd September he fell ill with a violent pain in his right side accompanied by a feeling of fever, and on medical aid being summoned, pneumonia was found to have developed. For the first two days of his illness everything went well, the affected portion of the lung progressing towards recovery. Unfortunately, however, at this stage, brain symptoms manifested themselves, which caused a fatal termination, despite treatment, at 7.10 a.m. on the 1st October.

From the commencement of his illness and during the periods of his consciousness, Sir Donald Stewart expressed gloomy forebodings, and opined that his end was near. Fortunately among those at hand was Lady de Crespigny, whom he charged with the conveyance of affectionate messages to his relatives, more especially to his mother. He constantly referred to them in his conversation in a manner which left no doubt that the dominating thought was an unhappy one, involving the idea of an eternal farewell. It is not meet to chronicle in detail the words of a dying man - words which should be held as sacred, and not to be revealed. It can only be said that Sir Donald Stewart died in a truly Christian manner.

(Signed) J. A. Haran.

Med: Officer.





J. A. Starnes + J. Will  
 is stated that the  
 of the 2d Capt. is complete  
 of pain in the left side  
 whereas in the right  
 signat J. A. Starnes  
 pain is stated as  
 in the right side. It  
 is a small event

at relatives under such  
 circumstances are often  
 inclined to be captious.

Ammon  
 P. S. Starnes