

EAST AFR. PROT
No. 17747

C. 28
17747

Form. No.
179
1908
25 apr

(Subject)

Late H. C. T. Fisher

last previous Paper.
14111

To medical report. Report for relatives unnecessary as widow is at Nairobi.

(Minutes)

Inform Miss Fisher of the substance of the 2nd par. of the despatch. He need not send to Sir P. Meason as he never saw Mr. Fisher & the case is not one of tropical disease.

Then to Mr. Lobb...

To Mrs. Fisher 21 May

3715A

note on the... referred... accordance... the... in para...

minute on 11/15/57 that
one of the anticipated
emergency measures has
not actually occurred owing
to the Fisher's note.

The Fed Dept. is selecting cont²

525 2/6

11/14/56
Lore

17747
18 MAY 08

Cover
Nairobi,
April 25th 1908.

EAST AFRICA PROTECTORATE
No. 179.
(Incl. 1.)

My Lord,

With reference to my telegram of the 21st instant, I have the honour to transmit herewith the Medical Report on the late Mr. Fischer.

2. I have not thought it necessary to submit a second report suitable for transmission to his relatives, as his widow who is in Nairobi, will doubtless communicate to them direct all such information.

I have the honour to be,
With the highest respect,

My Lord,

Your Lordship's most obedient,
- humble servant,

(In the absence of H. E. the Governor)

Principal Secretary of State
for the Colonies,
Downing Street,
LONDON, S. W.

In Date of 1908

17747
18 MAY 08

EP 1.

Name. Charles Terrence Finlay.
 Nationality. British.
 Age. 48. Sex. Male.
 Date of admission. 9th April 1908.
 Date of death. 21st April 1908.
 Cause of death. Primary cause, Pneumonia.
 Secondary, Heart Failure.
 Place of death. European Hospital, Nairobi.

B. Previous Medical History as far as ascertainable.

(a) The patient says that he has suffered from three attacks of congestion of the lungs, previous to this illness.
 (b) He left Mombasa on 3rd April 1908, feeling out of sorts, and on the journey to Nairobi became ill, vomiting the contents of the stomach, together with a quantity of bitter, fasting material. He could not give any reason for this having occurred. On arrival in Nairobi on April 6th I found him complaining of pain in the left side in the region of the inferior margin of the ribs. This pain "caught him" when he took a moderately deep breath. There was nothing to account for it that I could ascertain, except that the stomach was greatly dilated. The temperature was 102, but there were no signs in the lungs, nor any material organisms in the sputum to account for the condition of the patient. He was treated with a mixture containing bismuth, dilute tincture of opium and bicarbonate of soda, and after a day he was almost entirely free from the effects of the attack.

few

few days he had appar... ite recovered.

B. History of last illness.

A day or two later he came to me saying that he still felt weak and ill, and he was admitted to Hospital. He complained of pain beneath the lower margin of the ribs on both sides, in front, and also across the upper part of the abdomen - and particularly at a spot in the epigastrium a little to the left of the middle line. The stomach was dilated, and on both sides the 'Pectus Abdominis' was tense. There was nothing to be found in the abdomen. The liver, spleen and kidneys appeared healthy, urine acid - specific gravity 1028 and no albumen. The beat of the heart could not be seen or felt, but on auscultation it was found that the cardiac sounds were heard best at a point about one inch below the nipple (left) and in a line with it. They were not very distinct, but were not otherwise altered in character. The cardiac sounds were hardly to be made out at all at the second right and third left costal cartilages; but they again became fairly distinct on descending the sternum. The pulse, on the other hand, was 100 per minute, but was well-filled, regular, of fairly good tension, and equal on both sides. The capillaries of the face were dilated, and the complexion florid. The condition of the lungs did not call for further remark than that a few moist sounds were to be heard over the posterior aspect of the chest wall, but there was no friction or rales to be found.

The blood was examined with the result that no parasites were found - but there appeared to be an incase in the blood.

Microscopic

5.

platelets for ~~the~~ they were not with in unusual number. The patient was given the best treatment which had apparently suited him during the immediately preceding illness - and which I have already described, except that it was necessary to give for the first two nights after his admission an hypodermic injection of a quarter of a grain of morphia, because of the pain which he felt at the epigastrium and in both hypochondriac regions, preventing him from getting sleep or sufficient rest. In a day or two the pain had become markedly less. The temperature which was 100° at the time of admission had gradually risen during these first days to 103 but was 100.4 on the morning of 18th April at which time he felt decidedly easier. At my evening visit, I detected fine crepitations over the lower lobe of the left lung, posteriorly, and over the other aspects of this lobe crepitations were present also, but of a coarser nature. There was slight comparative dullness over this part of the chest wall. The day before this, patient had brought up mucus in which were streaks of blood, but I was unable to say whether this was derived from the lungs or stomach, and in quantity it was not altogether more than a few teaspoonfuls a day.

I now placed the patient on a mixture containing quinine, for the symptoms pointed now to pneumonia of the left lung, and the stomach or rather the symptoms connected with the epigastric region were decidedly less in evidence. Improvements went on steadily. On 18th April he was better - the temperature was 101, the pulse 104 and respirations 20 per

minute

minute. The patient, however, less, the strength was fairly good. Again on 1st April he was felt better, and no pain, and his temperature had fallen to 98 and the pulse to 60, while the respirations were 20 per minute. He said he was free from pain and there was an absence of the spasm, which the nurse material referred to. A portion of this report may now be considered. The appetite was improving and in every way the case was going on satisfactorily, but of course the physical signs were still present in the left lung.

On the morning of the 21st April I found him at my visit in what seemed to be much the same state as I had left him in the previous day, and I still considered him to be making progress. He said that he "felt rather black" but still that he was better than he had been three or four days previously. He had eaten a good breakfast. The nurse told me afterwards that he had felt chilly the evening before, but that she had given him a blanket which caused the patient to feel all right in a short while. After my interview with the patient and while I was in an adjoining room with another patient, I was called to see Mr. Fischer, the nurse saying that he had fainted. I found him in a chair in the verandah, breathing with difficulty, with a flickering pulse, a cold and moist skin, a pallid face, in a syncopal condition from which he never rallied, although he tried by means of strychnine injected hypodermically and by the application of warmth to revive the falling circulation.

(signed) T. J. Fisher

Medical Officer

1908

minute. The pain was much less, and his breath was fairly good. Again on 14th April he said he felt better, and had no pain, and by the 16th April the temperature had fallen to 99 and was pulse 60, when the respirations were 20 per minute. He said he was free from pain and there was an absence of the spasm, which the muscle material referred to in an earlier portion of this report may now be deemed cured. The appetite was improving and in general the case was going on satisfactorily, but of course the physical signs were still present in the left lung.

On the morning of the 21st April I found him at my visit in what seemed to be much the same state as I had left him in the previous day, and I still considered him to be making progress. He said that he "felt rather sick" but still that he was better than he had been three or four days previously. He had eaten a good breakfast. The nurse told me afterwards that he had felt chilly the evening before, but that she had given him a blanket which caused the patient to feel all right in a short while. After my interview with the patient and while I was in an adjoining room with another patient, I was called to see Mr. Fischer, the nurse saying that he had fainted. I found him in a chair in the verandah, breathing with difficulty, with a flickering pulse, a cold and moist skin, a pallid face, in a syncopal condition from which he never rallied, although we tried by means of strychnine injected hypodermically and by the application of warmth to revive the failing circulation.

(signed) T. C. Johnson

Medical Officer.

April 1908.

7/147/05
E. A. P.

DRAFT

Miss T. Fischer

21 May 05

Madam

MINUTE 15/5

Mr. Noall 19/5

Mr. Ellis

Mr. Just

Mr. Antrobus

Mr. Cox

Sir C. Lucas

Sir F. Hopwood

Mr. Churchill

The Earl of Elgin

I am directed by the
E. of Crewe to inform you
with reference to your note
of the 22nd of April, that the
Gov. of the E. A. P. has not furnished
a report on the death of Mr. C. T.
Fischer, for transmission to
his relatives, as his widow
who in Warrick will
(be shown)
doubtless communicate
all such information direct

R. E. ANTROBUS