



G81 Hola Camp Massacre Kenya 1959

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The goal of this presentation is to demonstrate where in cases where either living victims of violence or the dead resulting from violent acts' it is important to investigate the medical history of the victim when conducting the clinical examination or the autopsy.

This presentation will impact the forensic community and/or humanity by drawing the attention of the forensic community to the fact that these cases do occur. The complete forensic evaluation that includes a review of the clinical record for all patients undergoing a full autopsy examination should become a routine procedure in such cases.

The "Hola Camp Massacre" occurred on 3 March 1959 in a detention camp run by the British Colonial Government of Kenya during the Mau Mau rebellion. The detention camp, established early in the Mau Mau Kikuyu rebellion that raged from 1952 to 1960 was situated in a remote area of the coastal province of Kenya.

The camp was staffed by Kenyan African warders and commanded by British Colonial prison officers with locally recruited Kenya European civil servants.

The following facts are beyond dispute.

The warders were authorized to use reasonable force to induce resisting camp detainees to work against their will. In the incident under consideration, warders used unauthorized excessive violence with clubs, sticks and body kicks.

Eleven 11 men were killed and some sixty 60 injured. Of these, 26 men were admitted to the camp hospital in a state of surgical shock, with extensive bruising, subcutaneous hemorrhaging and hematoma in many areas of the body surfaces.

Clinical examination revealed signs of severe chronic deficiency of Vitamin C, (Ascorbic Acid).

The eleven bodies were flown to the Medical Research Laboratories in Nairobi, where the author performed autopsy examinations in his capacity as the Police Forensic Pathologist.

The autopsy examination revealed extensive subcutaneous hemorrhages, hematoma and laceration of muscles in the region of the head, neck, torso and the limbs. No serious fractures were found in the bodies, except for a linear fracture in the occipital skull bone in one case. All internal organs were anatomically intact. There were hemorrhages in the respiratory, the gastro-intestinal tracts and in the urinary bladder. There was severe pulmonary edema.

The cause of death in these cases was determined to be due to acute hemorrhagic shock; with complications resulting from their state of severe Vitamin C deficiency at the time they received the multiple beatings with a club-like weapon.

The patients in hospital were diagnosed as suffering from acute traumatic hemorrhagic shock and responded to therapeutic doses of Ascorbic Acid (Vitamin C) and to supportive medical treatment. The clinical diagnoses showed clearly that the detainees were suffering from Vitamin C deficiency or Scurvy when they were subjected to the beatings.

The important principle as illustrated by these cases is that the forensic scientist must evaluate both the complete clinical syndrome presented by the victim of an assault and the autopsy examination diagnosis as a whole concept.

The question arises whether similar blows inflicted on healthy detainees could have produced the acute hemorrhagic shock syndromes that were suffered by the beaten detainees?

This presentation will show that in terms of the above principle, the answer must be negative.

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