

frangipani, hibiscus, stephanotis, &c., grow luxuriantly. Oranges, bananas, and mangoes grown in the Island are in their season daily in the market in large quantities; while pine-apples grow by the wayside. There is a beautiful acacia tree, also, which about Christmas time is one mass of scarlet blossoms. The chief article of commerce is cloves. The Islands of Zanzibar and Pemba produce three-quarters of the cloves of the whole world, and the clove plantations may be seen, on approaching the island, quite down to the water's edge.

The island, of coral origin, is within seven degrees of the equator. There are no high hills, so that the only way to escape from the heat, if it becomes necessary to do so, is by sea. The hot season begins in November, and continues until about the middle of April, when the great rains begin. About six weeks previous to this there is a slight rainfall, known to the natives as the "softener of the sod." This penetrates the ground, which has been baked quite hard by the heat of the sun, for some inches, and then it is that the crops are sown. The great rains last usually about six weeks, and it is when they are drying up that the most unhealthy time sets in. Malaria, the deadly foe of the European at all times, attacks now both Europeans and natives, and doctors and Nurses have their hands full. After this there is a comparatively cool season until November, though a season which is considerably hotter than a hot English summer, and then the lesser rains come. When it is remembered, however, that the record of the rainfall in one day is as much as 9½ inches, it will be seen that this is not quite an English idea of lesser rain.

But to return to Hospital matters. The English Hospital owes its existence to the advice given by Miss Emily Campbell, an English Nurse—to those who knew and loved her, an *ideal* Nurse—who joined the Universities' Mission in 1890, and who was able to speak with authority as to the advantage which such a Hospital would be. She had the happiness of seeing the work begun; but before the opening of the Hospital, in March, 1893, her work in life was over. Her memory is still cherished in the Hospital, and the native women's ward is named after her.

Besides the English Hospital, there is one under the management of some French Sisters, which has done excellent work, but this is for Europeans only. Mention must be made of a devoted French lady, who for many years has taken sick natives into her house, and, single-handed, attends to many cases which must "rasp hardly against a dainty nature." The work is overmuch for her, and she has appealed to France for help, but no one comes, and she toils patiently on. She said pathetically one day, that she did not expect anyone now, but added, "Perhaps, when I am dead, God will send someone else."

The English Hospital has twenty-four beds for natives on the ground floor, and private wards for nine Europeans above. The Nurses are accommodated in a separate block, and are most comfortably housed. There is a large out-patient department, which is attended by all nationalities. The in-patients have included in their number two English bishops, an archdeacon, a Norwegian, a French woman, the consulting engineer to the Sultan, an Eurasian, and many natives, both free people and slaves. The outcome of the stay of these last in the Hospital has often been that their freedom has been obtained.

The Europeans admitted have for the most part

been suffering from malarial fever. Many of them are members of the Universities' Mission; others residents in the town; others, again, distressed British subjects (including four shipwrecked sailors) sent up by the Consulate, which always defrays the cost of maintenance in these cases.

Malarial fever takes different forms, and these again vary in type with localities. The chief are:—

*Sun Fever.*—From exposure to the direct rays of the sun, or even from exposure to great heat, when the usual precautions as to the sun have been taken.

*Simple Malaria.*

*Malaria accompanied with rigors.*

*Hæmoglobinuria.*—This is a most grave condition, and the most dreaded of all the various forms of fever. It not infrequently runs a course of three days, the patient being acutely ill, and becoming jaundiced in appearance. His condition is always critical. Death often supervenes; when it does, it is usually due to exhaustion, just as the acute symptoms are beginning to pass off. Hiccough, yawning, and vomiting are serious signs. There is usually consciousness to the end.

Ordinary malaria may be either remittent or intermittent. First fevers are most usually of the remittent type. There is always a certain amount of anxiety with a first fever, as one never can form any idea as to how the patient may be affected by it. Succeeding fevers generally follow somewhat on the same lines. All fever patients need careful watching, as, although most cases happily recover, yet unfavourable symptoms may, and from time to time do, set in very suddenly, in a quite unexpected way. The ordinary treatment of a fever patient is first of all to give an aperient, and get the bowels to act freely. Next, the skin must be induced to act also. To this end salicylate of soda, gr. xv., and quinine, gr. x., are given every four hours. They must, of course, be administered separately, as they are incompatibles. Warburgh's tincture is occasionally given in cases of continued obstinate dryness of the skin. If so, it is only kind to give it in tablets, for a more nauseating draught it is difficult to imagine. Arsenic is sometimes prescribed in cases in which the temperature is persistent. In ordinary cases the temperature drops by lysis in from three to ten days. The onset of fever is usually accompanied by pain in the limbs, acute headache, sometimes photophobia, and intense depression. The diet of patients suffering from malaria at first consists mainly of milk, beef-tea, chicken broth, farinaceous and custard puddings, bread and butter, toast, and biscuits, given every two or three hours. Tea may be given if liked, but patients often take a great dislike to it. When the temperature has dropped, it is advisable to include stimulants in the diet. Those most generally given are claret, Burgundy, Marsala, or port, twice a day, and brandy, ʒss., in an egg flip containing crushed ice, in the middle of the morning. In more severe cases, Brand's essence and champagne are a sheet anchor, and life has certainly been saved by their free administration on more than one occasion. Champagne is especially valuable in cases of nervous exhaustion.

Persons who have been resident in the Island for some time, and have had many fevers, not infrequently suffer from chronic enlargement of the liver and spleen, also from severe indigestion. One most serious condition which is present sometimes after long residence in Zanzibar or on the mainland is that of exhaustion,

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