

most difficult to ventilate a cabin without exposing the patient to a draught. And then the noises! I never knew *how* noisy a ship was, until I had a patient in one to whom quiet was essential. The noises begin about 4 a.m., with the washing down of the decks; from 6 o'clock and onwards some of the male passengers are in the saloon (into which the cabins open) in various stages of dishabille, taking their early coffee; then come breakfast bells, and the people who are on deck clatter down the companion, and all the noises of a restaurant begin. After breakfast, talking, laughing, chattering, and flirtations are in full swing, with intermittent music (save the mark!) until midnight, with perhaps a concert or a dance in the evening. Then come four blessed hours of quiet, after which all the noises begin again. When one gets into a port, matters are infinitely worse. The ship probably "coals," and this experience has to be lived through for the discomforts to be fully realized. The noise, as basket after basket of coal is poured into the hold, is appalling; then everything, and everybody, who remains in the ship, is covered with fine coaldust, and, in addition to this, the deck probably swarms with natives, shouting, jabbering, gesticulating, and turning the whole place into a veritable pandemonium, while they endeavour to palm off their goods, upon unwary passengers, at fabulous prices, or to sell the last consignment of articles "made in Germany," as valuable African curios.

My patient, on the first evening, became so alarmingly ill that I sent for the ship's doctor. In due course an official—the doctor as I thought—arrived; to whom I explained, in the best French I could command, the condition and symptoms of my patient. He prescribed for her, but, happily, eventually became frightened at her condition, and went away and brought back the real article, when I discovered that the doctor, on whom naturally I had hoped to rely during the voyage, had sent down the *dispenser* to prescribe for my patient. After this my confidence in the doctor did not amount to much, and I can only hope for the credit of the French medical profession that I came across an unfortunate specimen, for anything more heartless, and callous, than this gentleman's conduct, both to my own patient, and to another passenger who was desperately ill, I have never seen. He diagnosed my patient's complaint as *rien du tout*, and after this I did not trouble him again. Nothing could exceed the kindness of two of the passengers, and how I should have got on without them I do not know; but as one of them, Count Teleki, an Austrian, and a famous African explorer, would come and look sorrowfully at "de dear ting," as he called my patient, and then walk away shaking his head and saying, "I'm frightened," it was scarcely reassuring. The heat in the Gulf of Aden was intense; my patient, who at night was half delirious, would beg to be hung over the side of the ship to "get cool."

We used to carry her on deck, and let her lie in a long deck chair (provided by the Count, who seemed as if he could not do enough for her), and one night she was so ill that I never thought I should get her back to the cabin alive. The next day we arrived at Aden, and coaling, and general pandemonium, began. In despair, at last I went to the captain, who was always courteous and pleasant, and told him that if something were not done to ensure quiet, in some corner of the ship, my patient would inevitably die, for she was in a condition of utter exhaustion. He was most kind, and had the stern of the ship screened off with sailcloth, and sent stewards to carry my patient there, prohibited the yelling native crowd from coming within some distance of us, and finally fetched the doctor, who had not been near us since that first evening. He prescribed some *fleur d'orange*, and told the captain that he thought the best thing to do would be to put us ashore until my patient was better. This was in May, with the Red Sea getting hotter each month, and Aden like a veritable bakehouse. This expression of opinion the captain handed on to me, and inquired at the same time whether my patient had "expressed to expire herself." Of course I declined to entertain the idea of being put ashore, as I knew that the one chance for my patient was to get into cooler regions as soon as possible; but I realised, from the doctor's suggestion, that he thought very badly of her, and did not wish to have a death on board. The question was, whether she would hold out through the heat of the Red Sea. The first and second days tried her terribly, but on the third day we got a breeze from the north; and when our kind friend (Count Teleki) went off at Suez, *en route* for Trieste, leaving his deck chair behind as a legacy, besides making friends of all the stewards for us, I began to have some hope that my patient would reach England alive. When we got into the Canal the cold seemed intense; then came Port Said, and more coaling, then two days of sea-sickness in the Mediterranean. After that my patient really began to improve, and was able to enjoy being on deck when we passed through the lovely Straits of Bonafaccio. We had a rest of twelve hours at Marseilles, and then came straight across France, and crossed from Calais to Dover. How good it seemed to be on English soil again, and to have an English guard to look after our comforts, and provide us with a tea basket! Charing Cross and a friendly welcome were reached at last, and willing hands carried my patient, who even then could not stand, to a four-wheeler. Our troubles, and my responsibility, were at an end when we reached the hospitable shelter of St. John's House on the evening of May 21st, and an English doctor took my patient in hand, who, although she was then practically convalescent, did not diagnose her illness as *rien du tout*.

A LATE MEMBER OF THE UNIVERSITIES MISSION.

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