Reading for Pleasure

“The Albert N’Yanza” by Sir Samuel Baker

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In his book *The White Nile* Alan Moorhead describes Sir Samuel Baker’s *The Albert N’yanza* as the most readable of explorers’ books. This is certainly true. A splendid adventure story, it was first published in 1866, ran almost at once into three editions, and was last printed in 1962.

It is difficult to believe that for Europeans 150 years ago the centre of Africa was an unknown continent. Very little had been discovered since Ptolemy, in the second century AD, had suggested that the Nile arose from two springs in a range of hills that he called the Mountains of the Moon. Slave traders and ivory hunters had certainly travelled in central Africa and were probably aware of the existence of two large lakes, but they kept quiet as they had no wish to publicise their activities. The true explorers—Speke, Burton, Livingstone, and Stanley—were quite the opposite. They wanted to tell Victorian England of their discoveries, and they thoroughly enjoyed the publicity and lionising they received when they got home. Behind them was the formidable figure of Sir Roderick Murchison, a Scottish geologist and president of the Royal Geographical Society. A shrewd public relations man, he was largely responsible for the enormous excitement that was aroused by these journeys into the centre of Africa.

It was in 1858 that Burton and Speke discovered Lake Tanganyika and on the return journey Speke made his famous lone trek to the shores of Lake Victoria. He went back in 1860, this time accompanied by Grant, and found a large river leaving the lake’s northern boundary.

The long walk together

In 1864 Baker discovered Lake Albert and confirmed that Speke’s river flowed into it from Lake Victoria and then continued as the Nile into Egypt. During this journey he was accompanied by his 25 year old second wife. She was a most remarkable person, whose long golden hair constantly amazed the natives in the interior. A Hungarian, possibly from an aristocratic family, she was rumoured to have been bought by Baker in a slave market. She was a most brave and faithful companion and saved her husband’s life on more than one occasion by her courage and swift action. This book, *The Albert N’yanza*, is an account of their long walk together through Africa. There are two volumes. At the beginning of the first one is a full page dedication to Queen Victoria. This is followed by a short preface in which Baker says: “I must take the reader of these volumes by the hand, and lead him step by step along my rough path from the beginning to the end; through scorching deserts and thirsty sands; through swamp and jungle, and interminable morass; through difficulties, fatigues and sickness, until I bring

him, faint with the wearying journey, to that high cliff where the prize shall burst upon his view—from which he shall look down upon the vast Albert Lake, and drink with me from the Sources of the Nile!”

Baker does indeed take one by the hand, and during the six week journey up the Nile from Khartoum to Gondokoro, the reader begins to feel that he is a privileged third person in the party. He too is travelling up the huge river, one mile wide, bordered by vast marshes and reed beds extending to the horizon. The slowly moving stream is covered with bundles of floating water plants, which become entangled in sunken trees and branches. “The night still as death; dogs barking in the distant villages and herds of hippopotami snorting in all directions, being disturbed by the boats.”

A colony of cut-throats

Gondokoro, the last Egyptian outpost, is described by Baker as a perfect hell, a colony of cut-throats and slave traders. He was viewed with great suspicion as “an unwarrantable intrusion upon a locality sacred to slavery and iniquity.” It was here that the whole expedition nearly foundered. Baker’s men mutinied and he was left with only a few servants and camp followers. He soon found that the traders were organised by a character who could have come straight from the Health Service: “there was never any one thing for which he could be held responsible.” But it became obvious that if the Bakers were to get into the interior, they would have to travel with the traders, whether they liked it or not. Having collected some more men, no more reliable than the first lot, they went ahead.

Baker himself was a very tough individual. He had been a big game hunter and had recently built a railway in the Balkans. He possessed great physical strength, but even so it is extraordinary how he came to dominate this party of crooks and thieves. He outmanoeuvred them, he did not hesitate to use his fists, and he threatened them with the power of the Great White Queen. He acquired almost mystical authority when, having cursed some deserters (“Inshallah, the vultures shall pick their bones”), they died most unpleasantly in a fight with the natives. When the party finally reached the limit of the traders’ route, Baker quietly took command. He came to an agreement that there would be no taking of slaves and, in exchange, he promised them 100 cantars of tusks.

They were now entering the country of the Unyoro tribe, whose chief was Kamrasi. He was a weak, unpredictable man with an insatiable greed. He also had peculiar tastes. His wives were forcibly fed with sour milk until they reached such enormous size that they were unable to walk. The previous year Kamrasi had met Speke and Grant and now the Bakers were to be endlessly delayed, while he tried to suck them dry. When there were no more beads, carpets, or guns to be obtained, he asked for Mrs Baker herself.

The final journey to Lake Albert with an escort of Kamrasi’s men, shouting, capering, and dancing, was a nightmare. Both

the Bakers were ill and on the fourth day Mrs Baker collapsed. For two days she was unconscious, there was a sinister rattling in her throat, and her respirations were five a minute. When, on the third morning, she awoke "her eyes were full of madness." In torrential rain they had to continue their journey, as there was no food. "For seven nights I had not slept, and although as weak as a reed, I had marched by the side of her litter. Nature could resist no longer. We reached a village one evening; she had been in violent convulsions successively—it was all but over. I laid her down in the litter within a hut, covered her with a Scotch plaid, and I fell upon my mat insensible, worn out with sorrow and fatigue. My men put a new handle to the pickaxe that evening, and sought for a dry spot to dig her grave."

Mrs Baker survived, but it is surprising that neither of them had died long before. They were tormented by fever and dysentery. They carried quinine and opium but little else that was of any therapeutic value, and their supply did not last the journey. Baker achieved quite a reputation as a medicine man; he could at least do something. And he was given due credit for what he did. A slave trader, after being given some tartar emetic, exclaimed, "He told me I should be sick and, by Allah, there was no mistake about it!"

Power of observation

The climax is undoubtedly the arrival at the lake; but to quote Baker's words at this time would spoil the book for later readers. Suffice to say that he made his usual careful observations and then, obtaining canoes, travelled north to the outlet of the Nile. Here he should have continued on to Gondokoro, but he had promised Speke that if he found this second lake he would explore the river between the two. His luck very nearly deserted him. The local tribes were at war and they had no time for the

Bakers, unless they were prepared to join in battle. For two months the two of them lay in a filthy hut, neglected and ignored, and convinced that they were going to die. Eventually they were rescued by Kamrasi, who was in need of a director of military strategy. They were taken to his capital where they settled down for the next six months.

Baker sent away an attacking tribe by simply hoisting the Union Jack and sending messages to say that the Unyoro were under the protection of the most powerful nation on earth. But when other tribes threatened, Kamrasi foolishly did not listen to Baker and there was very nearly a massacre; it was only avoided by the sudden return of the well armed trading party.

The Bakers were now part of a very large gathering and when they left Kamrasi's kingdom, they were leading about a thousand people. Their progress was slow and very noisy. When they did eventually get back to Gondokoro they found that, long ago, they had been given up for dead.

These two volumes are not a masterpiece, but they are very good books. Your interest is stimulated by Baker's powers of observation and his ability to describe what he has seen. Subjects that could be rather dull from another pen become interesting when he writes about them. He is at his best with dramatic events, such as an elephant hunt or a storm on Lake Albert. You may not share his enthusiasm for killing big game, but you certainly do share the danger and excitement. He becomes dull only when, towards the end of the second volume, he labours his theory that the African native represents pre-Adamite man. This sudden philosophising is out of place and seems decidedly cranky to the modern ear. But the rest of the work makes very good reading indeed, and to find my copies I had only to go to the public library, conveniently next to the health centre.

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Clinical curio: traveller's pupil

While crossing the English Channel to France on a stormy day an 8 year old child returned to the cabin of the boat after exploring the decks and ladders. We noticed in the fluorescent lighting that one of his pupils was widely dilated and fixed while the other was normally constricted. He denied any trauma, and there was no external evidence of this, particularly no sign of head injury. He felt well and had no neurological symptoms. Although there was a family history of migraine he had never suffered from this, and he denied any visual or abdominal symptoms. He had no headache, and his behaviour appeared no different from usual. The pupil remained widely dilated for about eight hours before recovering. No ill effects ensued.

Before setting out that day the child had been given half a travel sickness pill (Joy Rides; hyoscine 0.15 mg/tablet). We assume that the dilated pupil was the local effect of rubbing the eye with a hand contaminated with Joy Rides. This, as we have since shown, can produce a fully dilated pupil after about two hours which may persist for a considerable time. We feel we should draw attention to this phenomenon because if the child had sustained a head injury on the boat and medical advice had been sought unnecessary and potentially dangerous investigations might have been performed.—W D ALEXANDER, consultant physician, Kent, and D H CRAWFORD, honorary senior registrar, London.

Clinical curio: scurvy in a 24 year old

Scurvy has become a disease primarily of the elderly and destitute in this country, and the diagnosis is rarely considered in young patients with bleeding disorders and anaemia. We report such a case in which the diagnosis was initially overlooked.

A 24 year old unemployed engineer presented to the surgical outpatient department with a three month history of spontaneous painful bruising in the right thigh and calf, anorexia, night sweats, and nausea. There was no relevant medical history; he lived with his middle class parents and drank alcohol occasionally. He was thin,

anaemic, and pyrexial. In the right thigh and calf there was extensive ecchymosis with woody oedema. There was no lymphadenopathy or hepatosplenomegaly. Investigation showed a normochromic normocytic anaemia of 7.4 g/dl and a leucopenia of $2.6 \times 10^9/l$ (normal differential). Platelet count and a full clotting screen were normal. Bone marrow aspirate showed appreciable erythroid hyperplasia with plentiful storage iron but substantially reduced intranormoblastic iron. The serum iron concentration was low, but iron binding capacity was also low. Serum B_{12} and red cell folate concentrations were normal; biochemical screening including liver function was normal; immunoglobulins were moderately suppressed. X ray films of the leg showed generalised loss of bone density and soft tissue swelling but no subperiosteal haemorrhage.

Closer examination showed perifollicular haemorrhage in both legs and sponginess and bleeding of the interdental gingival papillas. A nutritional assessment disclosed a diet of peanut butter sandwiches with few vegetables: the patient remembered eating an apple four years previously but could not remember ever eating an orange. He had existed on this diet for over a year, starting at a time of financial stringency as an apprentice. A mental state examination was normal. Leucocyte ascorbic acid concentration was unmeasurably low. The patient was transfused, given vitamin supplements and energetic dietary education, and made a gradual and uncomplicated recovery.

Scurvy is rare in young people and may be confused with haematological neoplasia as it causes fever, lassitude, haemorrhage, jaundice, and anaemia. Our patient showed classic clinical and haematological features of scurvy: of interest are the defect in iron mobilisation and the leucopenia, which have been previously noted but not fully explained. There is a risk of sudden cardiovascular collapse in patients with severe scurvy, and our patient was treated vigorously as soon as the diagnosis was made. This case report reflects the growing incidence of dietary faddism in young people and illustrates the need for a careful dietary history in patients presenting with spontaneous bruising at any age.

We wish to thank Mr K Lloyd-Williams for his permission to report this case.—A L POZNIAK, senior house officer, Bath, and C R TOMSON, Nottingham.