

when the patient is a native. In Africa, where I had a flourishing practice, another condition added to my professional aplomb. I was always moving forward and thus left my clients behind me, cured by faith, I trust. Now, when the case seemed grave, and was that of my friend, I felt miserable in my ignorance. I could but give quinine and look cheerful; it was a hard night for Anginieur, whose fever gasped for water, though he must be covered *cap-a-pie* to keep from freezing. Very early we were up, looking about for H<sub>2</sub>O in any form.

Mohammed Joo climbed to a forbidding niche about a mile away and came back about seven o'clock with a bucket full of reviving snow. Then Lasso explored a near-by elevation, found abundant running water within a quarter of a mile, and soon the rubber bed was full. Perilous as was our position now, a day's rest for the invalid became imperative. And it was equally imperative that the caravan should be lightened. We had now eleven horses and grain enough to quarter-feed them all for about five days. Unless some of them were better fed, all would soon die. So we made a pile containing civilised clothing, books (about a dozen good heavy ones that had come with me all the way from London), our little camp table and chairs, my sextant, and various odds and ends, altogether amounting to about two loads. Then we redistributed the packs and found that we could get rid of at least three animals. Mohammed Joo was told to give no grain to these three, to let them follow, if they chose, in the hope of some sudden relief, or, if he preferred, to shoot them. As his heart was half