

relationships with each other and their colleagues are convincing. Their next appearance is later this year when *Too Young to Die* will be published by Constable. John Rossiter's wide experience of murder cases, the professions concerned with them, and the shady people who live on the fringe of the law lends an authenticity to his work that is rarely found in fiction.

Sometimes he confirms a fact with his local Home Office pathologist, or refers to a medical textbook, but generally speaking he relies on his memory.

This is the third in a series of six articles based on interviews with writers of crime fiction who include medical details in some or all of their books.

## MATERIA NON MEDICA

### Bohemian in Borneo

I spent last summer absorbing north Borneo from the pillion seat of a trial motorcycle. This was the most practical way of traversing regions where metalled roads are scarce and rivers form the chief thoroughfares.

Brunei, Sarawak, and Sabah are three adjacent countries. The latter two belong to Malaysia while Brunei is an independent state ruled by a Sultan. The capital of Brunei is often referred to as the Floating City because the houses are built on stilts in a large estuary and at high tide the wooden supports submerge and the houses appear to be afloat. The ebbing tide serves a function analogous to that of a modern mains flushing toilet. Brunei is an ostensibly rich country owing to her copious oil supply, and it would appear to the traveller that much of this wealth is centred upon the City Mosque, a gigantic extravagance of glitter and gold that dominates the capital city.

Sarawak and Sabah are landscaped with a lush abundance of greenery, ranging from the paddy fields around the periphery to the dense jungles and forests of the interior. We crossed the stretch of water separating Brunei from Sabah by sampan and expected the tiny boat to sink when we lifted the motorbike aboard. Our priority in visiting Sabah was to climb Mount Kinabalu, the highest peak in South-east Asia at 13 455 feet. The expedition took two days, and in a group of six led by a Kadazan guide we reached the peak by sunrise on the second day. Having camped overnight in aluminium huts at 11 500 feet, we set out at 3 am in enveloping darkness using torches to light the way. The final climb was across wet, slippery rockface and at times we were hoisting ourselves up ropes against a vertical incline. It was a relief when the dawn broke at 6 am and shed light on the task, although we had already achieved the summit according to schedule. It was a rewarding joy to watch the sun rise, revealing the panorama of east Malaysia below.

Our visit to Sarawak coincided with the Dayak Festival, an annual celebration in thanksgiving for the rice harvest. The native Dayaks relish the traditions of cockfighting and merrymaking and the colourful atmosphere created on this occasion is stored among the outstanding memories that I treasure from this trip to the Far East.—JANE LOVETT (Chalfont St Giles, Bucks).

### Medical officer to the races?

What an extraordinary request to a girl on a working holiday in New Zealand who had been to the races only once previously. My husband and I were working in general practice in a farming town south of Auckland, surrounded by luscious meadows—a centre of excellence for stud farming. As I was available on 1 May and the weather was glorious, what better way to see yet another aspect of life in New Zealand, on my last day in the North Island, than to accept a job as medical officer at the races?

I was given a series of badges admitting me to the car park, president's enclosure, and dining room, and asked to attend at 10 am, half an hour before the start. Any jockey who has taken a tumble cannot race again without medical clearance, and three young men were already in the St John Ambulance hut when I arrived, looking remarkably fit and eager to ride. I followed them into the weigh-in room, where each sat on a spring balance clutching his saddle. There were jockeys of all ages, including one lady.

My instructions were that I could go anywhere on the course and had to report to the ambulance room only when requested by tannoy. The meeting started with a hurdle race for class B and maiden hurdlers—minimum weight 60 kg—over ten flights of hurdles and about 2800 metres. Three jockeys fell, so I was duly summoned to

examine them, only to diagnose a few abrasions and bruises, much more chagrin than pathology.

The day continued without incident during the flat racing, allowing ample time for me to be schooled in the various aspects of racing, including the Quinella betting system (one selects two horses to run first or second in either order in one race).

In one steeplechase the leading jockey fell at the last fence, almost in front of me, and it was with fear and trepidation that I watched several following runners unable to avoid him, leaving jockey and horse motionless in their wake. The jockey was taken by stretcher into the ambulance (which followed every race inside the track), and a vet appeared to attend to the horse, which luckily got up several minutes later.

In the ambulance I found a jockey writhing in agony, bleeding from a large laceration of the scalp where a horse's hoof had pierced his protective helmet and clutching his left cubital fossa, where another hoof had landed. He was admitted forthwith to the nearest general hospital. I learnt later that my jockey was the "iron man" of New Zealand racing, who had escaped serious injury in three falls in the past 15 days. His scalp required 12 sutures, and his contused elbow was likely to prevent him from racing for a month.

I was called again at the start of the last race, to be told that an elderly owner (an asthmatic) had collapsed in the excitement of watching his horse competing. He was given mouth-to-mouth resuscitation and external cardiac massage, and after he had re-established respiration but not consciousness he was dispatched to hospital. A sad conclusion to an otherwise fascinating day.—DAPHNE S SPRAGUE (Jarrow).

### An ambition realised

Ever since, at the age of 8, I read the descriptions and studied the photographs in my grandfather's *National Geographic Magazine*, I have always been fascinated by New Zealand's geothermal region. Now, 40 years later, my expectations have not been disappointed. The all-pervading sulphurous smell about Rotorua is not as offensive as some would have you believe, but it does suggest the cauldrons of Hell which lurk not far beneath the peaceful town and its warm placid lake. Not so placid was nearby Mount Tarawera on those fateful days in 1886 when it erupted with stunning violence, scattering nearly 2000 feet of mountain top around the surrounding countryside. From the air the silent crater is awesome in its magnitude, dusky-red and ash-grey, with a sprinkling of green from the reluctant vegetation.

Not for me George Bernard Shaw's remark that he would gladly have paid £10 never to have seen Hell's Gate. The narrow path winds perilously between the Devil's Bath—an 18-foot deep boiling pool—and the unfathomable boiling whirlpool, and on beside the Inferno, whose steaming grey graphite-filled waters bubble malevolently with open menace. No railings for the unwary: one slip and a horrible death is assured. But no one slips, and GBS was a garrulous old fool anyway.

We drove on to Waiotapu, Maori for "sacred waters." A different scene here: collapsed craters, some 40 feet in depth, with boiling springs on their floors and crystallised sulphur colouring yellow their rugged walls, the Champagne Pool, a spring 60 yards in diameter, eternally bubbling carbon dioxide through its steaming hot waters. Next to it was the Artist's Palette, aptly named, with colours of every hue, and fumaroles hissing like miniature steam engines beneath the ochrous waters.

Alas our time was limited and to my regret we saw no geyser erupt. But what better reason do I need to return?—C G HILL (general practitioner, Southland, New Zealand).