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NOVELS BY

R. AUSTIN FREEMAN

THE D'ARBLAY MYSTERY

THE SHADOW OF THE WOLF

THE MYSTERY OF ANGELINA FROOD

THE CAT'S EYE

JOHN THORNDYKE'S CASE BOOK

HELEN VARDON'S CONFESSION

THE RED THUMB MARK

THE EYE OF OSIRIS

THE UNWILLING ADVENTURER

THE MYSTERY OF 31 NEW INN

THE SINGING BONE

THE GREAT PORTRAIT MYSTERY

THE PUZZLE LOCK

HODDER AND STOUGHTON LTD.

PUBLISHERS LONDON, E.C.4

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THE MYSTERY OF 31 NEW INN

BY

R. AUSTIN FREEMAN

Author of "The Red Thumb Mark," "The Eye of Osiris," etc.

HODDER AND STOUGHTON

LIMITED LONDON

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TO

MY FRIEND

BERNARD E. BISHOP

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COMMENTING upon one of my earlier novels, in respect of which I had claimed to have been careful to adhere to common probabilities and to have made use only of really practicable methods of investigation, a critic remarked that this was of no consequence whatever, so long as the story was amusing.

Few people, I imagine, will agree with him. To most readers, and certainly to the kind of reader for whom an author is willing to take trouble, complete realism in respect of incidents and methods is an essential factor in maintaining the interest of a detective story. Hence it may be worth while to mention that Thorndyke's method of producing the track chart, described in Chapters II and III, has been actually used in practice. It is a modification of one devised by me many years ago when I was crossing Ashanti to the city of Bontuku, the whereabouts of which in the far interior was then only vaguely known. My instructions were to fix the positions of all towns, villages, rivers and mountains as accurately as possible; but finding ordinary methods of surveying impracticable in the dense forest which covers the whole region, I adopted

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this simple and apparently rude method, checking the distances whenever possible by astronomical observation.

The resulting route-map was surprisingly accurate, as shown by the agreement of the outward and homeward tracks. It was published by the Royal Geographical Society, and incorporated in the map of this region compiled by the Intelligence Branch of the War Office, and it formed the basis of the map which accompanied my volume of *Travels in Ashanti and Jaman*. So that Thorndyke's plan must be taken as quite a practicable one.

New Inn, the background of this story, and one of the last surviving inns of Chancery, has recently passed away after upwards of four centuries of newness. Even now, however, a few of the old, dismantled houses (including perhaps, the mysterious 31) may be seen from the Strand peeping over the iron roof of the skating rink which has displaced the picturesque hall, the pension-room and the garden. The postern gate, too, in Houghton Street still remains, though the arch is bricked up inside. Passing it lately, I made the rough sketch which appears on next page, and which shows all that is left of this pleasant old London backwater.

R. A. F.

GRAVESEND

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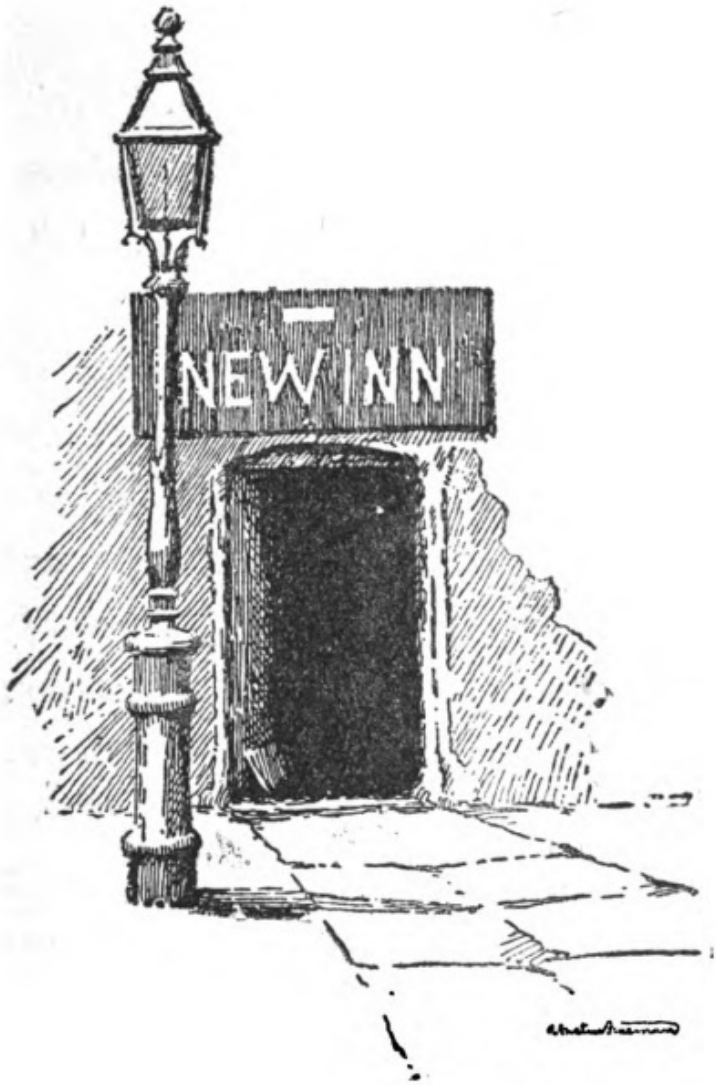

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AS I look back through the years of my association with John Thorndyke, I am able to recall a wealth of adventures and strange experiences such as falls to the lot of very few men who pass their lives within hearing of Big Ben. Many of these experiences I have already placed on record; but it now occurs to me that I have hitherto left unrecorded one that is, perhaps, the most astonishing and incredible of the whole series; an adventure, too, that has for me the added interest that it inaugurated my permanent association with my learned and talented friend, and marked the close of a rather unhappy and unprosperous period of my life.

Memory, retracing the journey through the passing years to the starting-point of those strange events, lands me in a shabby little ground-floor room in a house near the Walworth end of Lower Kennington Lane. A couple of framed diplomas on the wall, a card of Snellen's test-types and a stethoscope lying on the writing-table, proclaim it a doctor's consulting-room; and my own position in the round-backed chair at the said table, proclaims me the practitioner in charge.

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It was nearly nine o'clock. The noisy little clock on the mantelpiece announced the fact, and, by its frantic ticking, seemed as anxious as I to get the consultation hours over. I glanced wistfully at my mud-splashed boots and wondered if I might yet venture to assume the slippers that peeped coyly from under the shabby sofa. I even allowed my thoughts to wander to the pipe that reposed in my coat pocket. Another minute and I could turn down the surgery gas and shut the outer door. The fussy little clock gave a sort of preliminary cough or hiccup, as if it should say: "Ahem! ladies and gentlemen, I am about to strike." And at that moment, the bottle-boy opened the door and, thrusting in his head, uttered the one word: "Gentleman."

Extreme economy of words is apt to result in ambiguity. But I understood. In Kennington Lane, the race of mere men and women appeared to be extinct. They were all gentlemen—unless they were ladies or children—even as the Liberian army was said to consist entirely of generals. Sweeps, labourers, milkmen, costermongers—all were impartially invested by the democratic bottle-boy with the rank and title of *armigeri*. The present nobleman appeared to favour the aristocratic recreation of driving a cab or job-master's carriage, and, as he entered the room, he touched his hat, closed the door somewhat carefully, and then, without remark, handed me a note which bore the superscription "Dr. Stillbury."

"You understand," I said, as I prepared to

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open the envelope, "that I am not Dr. Stillbury. He is away at present and I am looking after his patients."

"It doesn't signify," the man replied. "You'll do as well."

On this, I opened the envelope and read the note, which was quite brief, and, at first sight, in no way remarkable.

"DEAR SIR," it ran, "Would you kindly come and see a friend of mine who is staying with me? The bearer of this will give you further particulars and convey you to the house. Yours truly, H. WEISS."

There was no address on the paper and no date, and the writer was unknown to me.

"This note," I said, "refers to some further particulars. What are they?"

The messenger passed his hand over his hair with a gesture of embarrassment. "It's a ridicklus affair," he said, with a contemptuous laugh. "If I had been Mr. Weiss, I wouldn't have had nothing to do with it. The sick gentleman, Mr. Graves, is one of them people what can't abear doctors. He's been ailing now for a week or two, but nothing would induce him to see a doctor. Mr. Weiss did everything he could to persuade him, but it was no go. He wouldn't. However, it seems Mr. Weiss threatened to send for a medical man on his own account, because, you see, he was getting a bit nervous; and then Mr. Graves gave way.

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But only on one condition. He said the doctor was to come from a distance and was not to be told who he was or where he lived or anything about him; and he made Mr. Weiss promise to keep to that condition before he'd let him send. So Mr. Weiss promised, and, of course, he's got to keep his word."

"But," I said, with a smile, "you've just told me his name—if his name really is Graves."

"You can form your own opinion on that," said the coachman.

"And," I added, "as to not being told where he lives, I can see that for myself. I'm not blind, you know."

"We'll take the risk of what you see," the man replied. "The question is, will you take the job on?"

Yes; that was the question, and I considered it for some time before replying. We medical men are pretty familiar with the kind of person who "can't abear doctors," and we like to have as little to do with him as possible. He is a thankless and unsatisfactory patient. Intercourse with him is unpleasant, he gives a great deal of trouble and responds badly to treatment. If this had been my own practice, I should have declined the case off-hand. But it was not my practice. I was only a deputy. I could not lightly refuse work which would yield a profit to my principal, unpleasant though it might be.

As I turned the matter over in my mind, I half unconsciously scrutinized my visitor—somewhat

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to his embarrassment—and I liked his appearance as little as I liked his mission. He kept his station near the door, where the light was dim—for the illumination was concentrated on the table and the patient's chair—but I could see that he had a somewhat sly, unprepossessing face and a greasy, red moustache that seemed out of character with his rather perfunctory livery; though this was mere prejudice. He wore a wig, too—not that there was anything discreditable in that—and the thumb-nail of the hand that held his hat bore disfiguring traces of some injury—which, again, though unsightly, in no wise reflected on his moral character. Lastly, he watched me keenly with a mixture of anxiety and sly complacency that I found distinctly unpleasant. In a general way, he impressed me disagreeably. I did not like the look of him at all; but nevertheless I decided to undertake the case.

"I suppose," I answered, at length, "it is no affair of mine who the patient is or where he lives. But how do you propose to manage the business? Am I to be led to the house blindfolded, like the visitor to the bandit's cave?"

The man grinned slightly and looked very decidedly relieved.

"No, sir," he answered; "we ain't going to blindfold you. I've got a carriage outside. I don't think you'll see much out of that."

"Very well," I rejoined, opening the door to let him out, "I'll be with you in a minute. I suppose you can't give me any idea as to what is the matter with the patient?"

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"No, sir, I can't," he replied; and he went out to see to the carriage.

I slipped into a bag an assortment of emergency drugs and a few diagnostic instruments, turned down the gas and passed out through the surgery. The carriage was standing at the kerb, guarded by the coachman and watched with deep interest by the bottle-boy. I viewed it with mingled curiosity and disfavour. It was a kind of large brougham, such as is used by some commercial travellers, the usual glass windows being replaced by wooden shutters intended to conceal the piles of sample-boxes, and the doors capable of being locked from outside with a railway key.

As I emerged from the house, the coachman unlocked the door and held it open.

"How long will the journey take?" I asked, pausing with my foot on the step.

The coachman considered a moment or two and replied:

"It took me, I should say, nigh upon half an hour to get here."

This was pleasant hearing. A half an hour each way and a half an hour at the patient's house. At that rate it would be half-past ten before I was home again, and then it was quite probable that I should find some other untimely messenger waiting on the doorstep. With a muttered anathema on the unknown Mr. Graves and the unrestful life of a locum tenens, I stepped into the uninviting vehicle. Instantly the coachman slammed the door and turned the key, leaving me in total darkness.

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One comfort was left to me; my pipe was in my pocket. I made shift to load it in the dark, and, having lit it with a wax match, took the opportunity to inspect the interior of my prison. It was a shabby affair. The moth-eaten state of the blue cloth cushions seemed to suggest that it had been long out of regular use; the oil-cloth floor-covering was worn into holes; ordinary internal fittings there were none. But the appearances suggested that the crazy vehicle had been prepared with considerable forethought for its present use. The inside handles of the doors had apparently been removed; the wooden shutters were permanently fixed in their places; and a paper label, stuck on the transom below each window, had a suspicious appearance of having been put there to cover the painted name and address of the job-master or livery-stable keeper who had originally owned the carriage.

These observations gave me abundant food for reflection. This Mr. Weiss must be an excessively conscientious man if he had considered that his promise to Mr. Graves committed him to such extraordinary precautions. Evidently no mere following of the letter of the law was enough to satisfy his sensitive conscience. Unless he had reasons for sharing Mr. Graves's unreasonable desire for secrecy—for one could not suppose that these measures of concealment had been taken by the patient himself.

The further suggestions that evolved themselves from this consideration were a little disquieting. Whither was I being carried and for what purpose?

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The idea that I was bound for some den of thieves where I might be robbed and possibly murdered, I dismissed with a smile. Thieves do not make elaborately concerted plans to rob poor devils like me. Poverty has its compensations in that respect. But there were other possibilities. Imagination backed by experience had no difficulty in conjuring up a number of situations in which a medical man might be called upon, with or without coercion, either to witness or actively to participate in the commission of some unlawful act.

Reflections of this kind occupied me pretty actively if not very agreeably during this strange journey. And the monotony was relieved, too, by other distractions. I was, for example, greatly interested to notice how, when one sense is in abeyance, the other senses rouse into a compensating intensity of perception. I sat smoking my pipe in darkness which was absolute save for the dim glow from the smouldering tobacco in the bowl, and seemed to be cut off from all knowledge of the world without. But yet I was not. The vibrations of the carriage, with its hard springs and iron-tired wheels, registered accurately and plainly the character of the roadway. The harsh rattle of granite setts, the soft bumpiness of macadam, the smooth rumble of wood-pavement, the jarring and swerving of crossed tram-lines; all were easily recognizable and together sketched the general features of the neighbourhood through which I was passing. And the sense of hearing filled in the details. Now the hoot of a tug's whistle told of

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proximity to the river. A sudden and brief hollow reverberation announced the passage under a railway arch (which, by the way, happened several times during the journey); and, when I heard the familiar whistle of a railway-guard followed by the quick snorts of a skidding locomotive, I had as clear a picture of a heavy passenger-train moving out of a station as if I had seen it in broad daylight.

I had just finished my pipe and knocked out the ashes on the heel of my boot, when the carriage slowed down and entered a covered way—as I could tell by the hollow echoes. Then I distinguished the clang of heavy wooden gates closed behind me, and a moment or two later the carriage door was unlocked and opened. I stepped out blinking into a covered passage paved with cobbles and apparently leading down to a mews; but it was all in darkness, and I had no time to make any detailed observations, as the carriage had drawn up opposite a side door which was open and in which stood a woman holding a lighted candle.

"Is that the doctor?" she asked, speaking with a rather pronounced German accent and shading the candle with her hand as she peered at me.

I answered in the affirmative, and she then exclaimed:

"I am glad you have come. Mr. Weiss will be so relieved. Come in, please."

I followed her across a dark passage into a dark room, where she set the candle down on a chest of drawers and turned to depart. At the door, however, she paused and looked back.

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"It is not a very nice room to ask you into," she said. "We are very untidy just now, but you must excuse us. We have had so much anxiety about poor Mr. Graves."

"He has been ill some time, then?"

"Yes. Some little time. At intervals, you know. Sometimes better, sometimes not so well."

As she spoke, she gradually backed out into the passage but did not go away at once. I accordingly pursued my inquiries.

"He has not been seen by any doctor, has he?"

"No," she answered, "he has always refused to see a doctor. That has been a great trouble to us. Mr. Weiss has been very anxious about him. He will be so glad to hear that you have come. I had better go and tell him. Perhaps you will kindly sit down until he is able to come to you," and with this she departed on her mission.

It struck me as a little odd that, considering his anxiety and the apparent urgency of the case, Mr. Weiss should not have been waiting to receive me. And when several minutes elapsed without his appearing, the oddness of the circumstance impressed me still more. Having no desire, after the journey in the carriage, to sit down, I whiled away the time by an inspection of the room. And a very curious room it was; bare, dirty, neglected and, apparently, unused. A faded carpet had been flung untidily on the floor. A small, shabby table stood in the middle of the room; and beyond this, three horsehair-covered chairs and a chest of drawers formed the entire set of furniture. No

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pictures hung on the mouldy walls, no curtains covered the shuttered windows, and the dark drapery of cobwebs that hung from the ceiling to commemorate a long and illustrious dynasty of spiders hinted at months of neglect and disuse.

The chest of drawers—an incongruous article of furniture for what seemed to be a dining-room—as being the nearest and best lighted object received most of my attention. It was a fine old chest of nearly black mahogany, very battered and in the last stage of decay, but originally a piece of some pretensions. Regretful of its fallen estate, I looked it over with some interest and had just observed on its lower corner a little label bearing the printed inscription "Lot 201" when I heard footsteps descending the stairs. A moment later the door opened and a shadowy figure appeared standing close by the threshold.

"Good evening, doctor," said the stranger, in a deep, quiet voice and with a distinct, though not strong, German accent. "I must apologize for keeping you waiting."

I acknowledged the apology somewhat stiffly and asked: "You are Mr. Weiss, I presume?"

"Yes, I am Mr. Weiss. It is very good of you to come so far and so late at night and to make no objection to the absurd conditions that my poor friend has imposed."

"Not at all," I replied. "It is my business to go when and where I am wanted, and it is not my business to inquire into the private affairs of my patients."

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"That is very true, sir," he agreed cordially, "and I am much obliged to you for taking that very proper view of the case. I pointed that out to my friend, but he is not a very reasonable man. He is very secretive and rather suspicious by nature."

"So I inferred. And as to his condition; is he seriously ill?"

"Ah," said Mr. Weiss, "that is what I want you to tell me. I am very much puzzled about him."

"But what is the nature of his illness? What does he complain of?"

"He makes very few complaints of any kind although he is obviously ill. But the fact is that he is hardly ever more than half awake. He lies in a kind of dreamy stupor from morning to night."

This struck me as excessively strange and by no means in agreement with the patient's energetic refusal to see a doctor.

"But," I asked, "does he never rouse completely?"

"Oh, yes," Mr. Weiss answered quickly; "he rouses from time to time and is then quite rational, and, as you may have gathered, rather obstinate. That is the peculiar and puzzling feature in the case; this alternation between a state of stupor and an almost normal and healthy condition. But perhaps you had better see him and judge for yourself. He had a rather severe attack just now. Follow me, please. The stairs are rather dark."

The stairs were very dark, and I noticed that they were without any covering of carpet, or even oil-cloth, so that our footsteps resounded dismally

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as if we were in an empty house. I stumbled up after my guide, feeling my way by the hand-rail, and on the first floor followed him into a room similar in size to the one below and very barely furnished, though less squalid than the other. A single candle at the farther end threw its feeble light on a figure in the bed, leaving the rest of the room in a dim twilight.

As Mr. Weiss tiptoed into the chamber, a woman —the one who had spoken to me below—rose from a chair by the bedside and quietly left the room by a second door. My conductor halted, and looking fixedly at the figure in the bed, called out:

"Philip! Philip! Here is the doctor come to see you."

He paused for a moment or two, and, receiving no answer, said: "He seems to be dozing as usual. Will you go and see what you can make of him?"

I stepped forward to the bedside, leaving Mr. Weiss at the end of the room near the door by which we had entered, where he remained, slowly and noiselessly pacing backwards and forwards in the semi-obscurity. By the light of the candle I saw an elderly man with good features and a refined, intelligent and even attractive face, but dreadfully emaciated, bloodless and sallow. He lay quite motionless except for the scarcely perceptible rise and fall of his chest; his eyes were nearly closed, his features relaxed, and, though he was not actually asleep, he seemed to be in a dreamy, somnolent, lethargic state, as if under the influence of some narcotic.

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I watched him for a minute or so, timing his slow breathing by my watch, and then suddenly and sharply addressed him by name; but the only response was a slight lifting of the eyelids, which, after a brief, drowsy glance at me, slowly subsided to their former position.

I now proceeded to make a physical examination. First, I felt his pulse, grasping his wrist with intentional brusqueness in the hope of rousing him from his stupor. The beats were slow, feeble and slightly irregular, giving clear evidence, if any were needed, of his generally lowered vitality. I listened carefully to his heart, the sounds of which were very distinct through the thin walls of his emaciated chest, but found nothing abnormal beyond the feebleness and uncertainty of its action. Then I turned my attention to his eyes, which I examined closely with the aid of the candle and my ophthalmoscope lens, raising the lids somewhat roughly so as to expose the whole of the irides. He submitted without resistance to my rather ungentle handling of these sensitive structures, and showed no signs of discomfort even when I brought the candle-flame to within a couple of inches of his eyes.

But this extraordinary tolerance of light was easily explained by closer examination; for the pupils were contracted to such an extreme degree that only the very minutest point of black was visible at the centre of the grey iris. Nor was this the only abnormal peculiarity of the sick man's eyes. As he lay on his back, the right iris sagged

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down slightly towards its centre, showing a distinctly concave surface; and, when I contrived to produce a slight but quick movement of the eyeball, a perceptible undulatory movement could be detected. The patient had, in fact, what is known as a tremulous iris, a condition that is seen in cases where the crystalline lens has been extracted for the cure of cataract, or where it has become accidentally displaced, leaving the iris unsupported. In the present case, the complete condition of the iris made it clear that the ordinary extraction operation had not been performed, nor was I able, on the closest inspection with the aid of my lens, to find any trace of the less common "needle operation." The inference was that the patient had suffered from the accident known as "dislocation of the lens"; and this led to the further inference that he was almost or completely blind in the right eye.

This conclusion was, indeed, to some extent negatived by a deep indentation on the bridge of the nose, evidently produced by spectacles, and by marks which I looked for and found behind the ears, corresponding to the hooks or "curl sides" of the glasses. For those spectacles which are fitted with curl sides to hook over the ears are usually intended to be worn habitually, and this agreed with the indentation on the nose; which was deeper than would have been accounted for by the merely occasional use of spectacles for reading. But if only one eye was useful, a single eye-glass would have answered the purpose; not

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that there was any weight in this objection, for a single eye-glass worn constantly would be much less convenient than a pair of hook-sided spectacles.

As to the nature of the patient's illness, only one opinion seemed possible. It was a clear and typical case of opium or morphine poisoning. To this conclusion all his symptoms seemed to point with absolute certainty. The coated tongue, which he protruded slowly and tremulously in response to a command bawled in his ear; his yellow skin and ghastly expression; his contracted pupils and the stupor from which he could hardly be roused by the roughest handling and which yet did not amount to actual insensibility; all these formed a distinct and coherent group of symptoms, not only pointing plainly to the nature of the drug, but also suggesting a very formidable dose.

But this conclusion in its turn raised a very awkward and difficult question. If a large—a poisonous—dose of the drug had been taken, how, and by whom had that dose been administered? The closest scrutiny of the patient's arms and legs failed to reveal a single mark such as would be made by a hypodermic needle. This man was clearly no common morphinomaniac; and in the absence of the usual sprinkling of needlemarks, there was nothing to show or suggest whether the drug had been taken voluntarily by the patient himself or administered by someone else.

And then there remained the possibility that I might, after all, be mistaken in my diagnosis. I felt pretty confident. But the wise man always

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holds a doubt in reserve. And, in the present case, having regard to the obviously serious condition of the patient, such a doubt was eminently disturbing. Indeed, as I pocketed my stethoscope and took a last look at the motionless, silent figure, I realized that my position was one of extraordinary difficulty and perplexity. On the one hand my suspicions—aroused, naturally enough, by the very unusual circumstances that surrounded my visit—inclined me to extreme reticence; while, on the other, it was evidently my duty to give any information that might prove serviceable to the patient.

As I turned away from the bed Mr. Weiss stopped his slow pacing to and fro and faced me. The feeble light of the candle now fell on him, and I saw him distinctly for the first time. He did not impress me favourably. He was a thick-set, round-shouldered man, a typical fair German with tow-coloured hair, greased and brushed down smoothly, a large, ragged, sandy beard and coarse, sketchy features. His nose was large and thick with a bulbous end, and inclined to a reddish purple, a tint which extended to the adjacent parts of his face as if the colour had run. His eyebrows were large and beetling, overhanging deep-set eyes, and he wore a pair of spectacles which gave him a somewhat owlish expression. His exterior was unprepossessing, and I was in a state of mind that rendered me easily receptive of an unfavourable impression.

"Well," he said, "what do you make of him?"

I hesitated, still perplexed by the conflicting

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necessities of caution and frankness, but at length replied :

" I think rather badly of him, Mr. Weiss. He is in a very low state."

" Yes, I can see that. But have you come to any decision as to the nature of his illness ? "

There was a tone of anxiety and suppressed eagerness in the question which, while it was natural enough in the circumstances, by no means allayed my suspicions, but rather influenced me on the side of caution.

" I cannot give a very definite opinion at present," I replied guardedly. " The symptoms are rather obscure and might very well indicate several different conditions. They might be due to congestion of the brain, and, if no other explanation were possible, I should incline to that view. The alternative is some narcotic poison, such as opium or morphia."

" But that is quite impossible. There is no such drug in the house, and as he never leaves his room now, he could not get any from outside."

" What about the servants ? " I asked.

" There are no servants excepting my housekeeper, and she is absolutely trustworthy."

" He might have some store of the drug that you are not aware of. Is he left alone much ? "

" Very seldom indeed. I spend as much time with him as I can, and when I am not able to be in the room, Mrs. Schallibaum, my housekeeper, sits with him."

" Is he often as drowsy as he is now ? "

" Oh, very often ; in fact, I should say that is his

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usual condition. He rouses up now and again, and then he is quite lucid and natural for, perhaps, an hour or so; but presently he becomes drowsy again and doses off, and remains asleep, or half asleep, for hours on end. Do you know of any disease that takes people in that way?"

"No," I answered. "The symptoms are not exactly like those of any disease that is known to me. But they are much very like those of opium poisoning."

"But, my dear sir," Mr. Weiss retorted impatiently, "since it is clearly impossible that it can be opium poisoning, it must be something else. Now, what else can it be? You were speaking of congestion of the brain."

"Yes. But the objection to that is the very complete recovery that seems to take place in the intervals."

"I would not say very complete," said Mr. Weiss. "The recovery is rather comparative. He is lucid and fairly natural in his manner, but he is still dull and lethargic. He does not, for instance, show any desire to go out, or even to leave his room."

I pondered uncomfortably on these rather contradictory statements. Clearly Mr. Weiss did not mean to entertain the theory of opium poisoning; which was natural enough if he had no knowledge of the drug having been used. But still——

"I suppose," said Mr Weiss, "you have experience of sleeping sickness?"

The suggestion startled me. I had not. Very few people had. At that time practically nothing was

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known about the disease. It was a mere pathological curiosity, almost unheard of excepting by a few practitioners in remote parts of Africa, and hardly referred to in the text-books. Its connection with the trypanosome-bearing insects was as yet unsuspected, and, to me, its symptoms were absolutely unknown.

"No, I have not," I replied. "The disease is nothing more than a name to me. But why do you ask? Has Mr. Graves been abroad?"

"Yes. He has been travelling for the last three or four years, and I know that he spent some time recently in West Africa, where this disease occurs. In fact, it was from him that I first heard about it."

This was a new fact. It shook my confidence in my diagnosis very considerably, and inclined me to reconsider my suspicions. If Mr. Weiss was lying to me, he now had me at a decided disadvantage.

"What do you think?" he asked. "Is it possible that this can be sleeping sickness?"

"I should not like to say that it is impossible," I replied. "The disease is practically unknown to me. I have never practised out of England and have had no occasion to study it. Until I have looked the subject up, I should not be in a position to give an opinion. Of course, if I could see Mr. Graves in one of what we may call his 'lucid intervals' I should be able to form a better idea. Do you think that could be managed?"

"It might. I see the importance of it and will certainly do my best; but he is a difficult man; a very difficult man. I sincerely hope it is not sleeping sickness."

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"Why?"

"Because—as I understood from him—that disease is invariably fatal, sooner or later. There seem to be no cure. Do you think you will be able to decide when you see him again?"

"I hope so," I replied. "I shall look up the authorities and see exactly what the symptoms are—that is, so far as they are known; but my impression is that there is very little information available"

"And in the meantime?"

"We will give him some medicine and attend to his general condition, and you had better let me see him again as soon as possible." I was about to say that the effect of the medicine itself might throw some light on the patient's condition, but, as I proposed to treat him for morphine poisoning, I thought it wiser to keep this item of information to myself. Accordingly, I confined myself to a few general directions as to the care of the patient, to which Mr. Weiss listened attentively. "And," I concluded, "we must not lose sight of the opium question. You had better search the room carefully and keep a close watch on the patient, especially during his intervals of wakefulness."

"Very well, doctor," Mr. Weiss replied, "I will do all that you tell me and I will send for you again as soon as possible, if you do not object to poor Graves's ridiculous conditions. And now, if you will allow me to pay your fee, I will go and order the carriage while you are writing the prescription."

"There is no need for a prescription," I said.

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"I will make up some medicine and give it to the coachman."

Mr. Weiss seemed inclined to demur to this arrangement, but I had my own reasons for insisting on it. Modern prescriptions are not difficult to read, and I did not wish Mr. Weiss to know what treatment the patient was having.

As soon as I was left alone, I returned to the bedside and once more looked down at the impassive figure. And as I looked, my suspicions revived. It was very like morphine poisoning; and, if it was morphine, it was no common, medicinal dose that had been given. I opened my bag and took out my hypodermic case from which I extracted a little tube of atropine tabloids. Shaking out into my hand a couple of the tiny discs, I drew down the patient's under-lip and slipped the little tablets under his tongue. Then I quickly replaced the tube and dropped the case into my bag; and I had hardly done so when the door opened softly and the housekeeper entered the room.

"How do you find Mr. Graves?" she asked in what I thought a very unnecessarily low tone, considering the patient's lethargic state.

"He seems to be very ill," I answered.

"So!" she rejoined, and added: "I am sorry to hear that. We have been anxious about him."

She seated herself on the chair by the bedside, and, shading the candle from the patient's face—and her own, too—produced from a bag that hung from her waist a half-finished stocking and began to knit silently and with the skill characteristic of the

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German housewife. I looked at her attentively (though she was so much in the shadow that I could see her but indistinctly) and somehow her appearance prepossessed me as little as did that of the other members of the household. Yet she was not an ill-looking woman. She had an excellent figure, and the air of a person of good social position; her features were good enough and her colouring, although a little unusual, was not unpleasant. Like Mr. Weiss, she had very fair hair, greased, parted in the middle and brushed down as smoothly as the painted hair of a Dutch doll. She appeared to have no eyebrows at all—owing, no doubt, to the light colour of the hair—and the doll-like character was emphasized by her eyes, which were either brown or dark grey, I could not see which. A further peculiarity consisted in a "habit spasm," such as one often sees in nervous children; a periodical quick jerk of the head, as if a cap-string or dangling lock were being shaken off the cheek. Her age I judged to be about thirty-five.

The carriage, which one might have expected to be waiting, seemed to take some time in getting ready. I sat, with growing impatience, listening to the sick man's soft breathing and the click of the housekeeper's knitting-needles. I wanted to get home, not only for my own sake; the patient's condition made it highly desirable that the remedies should be given as quickly as possible. But the minutes dragged on, and I was on the point of expostulating when a bell rang on the landing.

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"The carriage is ready," said Mrs. Schallibaum. "Let me light you down the stairs."

She rose, and, taking the candle, preceded me to the head of the stairs, where she stood holding the light over the baluster-rail as I descended and crossed the passage to the open side door. The carriage was drawn up in the covered way as I could see by the faint glimmer of the distant candle; which also enabled me dimly to discern the coachman standing close by in the shadow. I looked round, rather expecting to see Mr. Weiss, but, as he made no appearance, I entered the carriage. The door was immediately banged to and locked, and I then heard the heavy bolts of the gates withdrawn and the loud creaking of hinges. The carriage moved out slowly and stopped; the gates slammed to behind me; I felt the lurch as the coachman climbed to his seat and we started forward.

My reflections during the return journey were the reverse of agreeable. I could not rid myself of the conviction that I was being involved in some very suspicious proceedings. It was possible, of course, that this feeling was due to the strange secrecy that surrounded my connection with this case; that, had I made my visit under ordinary conditions, I might have found in the patient's symptoms nothing to excite suspicion or alarm. It might be so, but that consideration did not comfort me.

Then, my diagnosis might be wrong. It might be that this was, in reality, a case of some brain affection accompanied by compression, such as slow hæmorrhage, abscess, tumour or simple congestion.

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These cases were very difficult at times. But the appearances in this one did not consistently agree with the symptoms accompanying any of these conditions. As to sleeping sickness, it was, perhaps a more hopeful suggestion, but I could not decide for or against it until I had more knowledge; and against this view was the weighty fact that the symptoms did exactly agree with the theory of morphine poisoning.

But even so, there was no conclusive evidence of any criminal act. The patient might be a confirmed opium-eater, and the symptoms heightened by deliberate deception. The cunning of these unfortunates is proverbial and is only equalled by their secretiveness and mendacity. It would be quite possible for this man to feign profound stupor so long as he was watched, and then, when left alone for a few minutes, to nip out of bed and help himself from some secret store of the drug. This would be quite in character with his objection to seeing a doctor and his desire for secrecy. But still, I did not believe it to be the true explanation. In spite of all the various alternative possibilities, my suspicions came back to Mr. Weiss and the strange, taciturn woman, and refused to budge.

For all the circumstances of the case were suspicious. The elaborate preparations implied by the state of the carriage in which I was travelling; the make-shift appearance of the house; the absence of ordinary domestic servants, although a coachman was kept; the evident desire of Mr. Weiss and the woman to avoid thorough inspection of their persons;

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and, above all, the fact that the former had told me a deliberate lie. For he had lied, beyond all doubt. His statement as to the almost continuous stupor was absolutely irreconcilable with his other statement as to the patient's wilfulness and obstinacy and even more irreconcilable with the deep and comparatively fresh marks of the spectacles on the patient's nose. That man had certainly worn spectacles within twenty-four hours, which he would hardly have done if he had been in a state bordering on coma.

My reflections were interrupted by the stopping of the carriage. The door was unlocked and thrown open, and I emerged from my dark and stuffy prison opposite my own house.

"I will let you have the medicine in a minute or two," I said to the coachman; and, as I let myself in with my latch-key, my mind came back swiftly from the general circumstances of the case to the very critical condition of the patient. Already I was regretting that I had not taken more energetic measures to rouse him and restore his flagging vitality; for it would be a terrible thing if he should take a turn for the worse and die before the coachman returned with the remedies. Spurred on by this alarming thought, I made up the medicines quickly and carried the hastily wrapped bottles out to the man, whom I found standing by the horse's head.

"Get back as quickly as you can," I said, "and tell Mr. Weiss to lose no time in giving the patient the draught in the small bottle. The directions are on the labels."

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The coachman took the packages from me without reply, climbed to his seat, touched the horse with his whip and drove off at a rapid pace towards Newington Butts.

The little clock in the consulting-room showed that it was close on eleven; time for a tired G.P. to be thinking of bed. But I was not sleepy. Over my frugal supper I found myself taking up anew the thread of my meditations, and afterwards, as I smoked my last pipe by the expiring surgery fire, the strange and sinister features of the case continued to obtrude themselves on my notice. I looked up Stillbury's little reference library for information on the subject of sleeping sickness, but learned no more than that it was "a rare and obscure disease of which very little was known at present." I read up morphine poisoning and was only further confirmed in the belief that my diagnosis was correct; which would have been more satisfactory if the circumstances had been different.

For the interest of the case was not merely academic. I was in a position of great difficulty and responsibility and had to decide on a course of action. What ought I to do? Should I maintain the professional secrecy to which I was tacitly committed, or ought I to convey a hint to the police?

Suddenly, and with a singular feeling of relief, I bethought myself of my old friend and fellow-student, John Thorndyke, now an eminent authority on Medical Jurisprudence. I had been associated with him temporarily in one case as his assistant, and had then been deeply impressed

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by his versatile learning, his acuteness and his marvellous resourcefulness. Thorndyke was a barrister in extensive practice, and so would be able to tell me at once what was my duty from a legal point of view; and, as he was also a doctor of medicine, he would understand the exigencies of medical practice. If I could find time to call at the Temple and lay the case before him, all my doubts and difficulties would be resolved.

Anxiously, I opened my visiting-list to see what kind of day's work was in store for me on the morrow. It was not a heavy day, even allowing for one or two extra calls in the morning, but yet I was doubtful whether it would allow of my going so far from my district, until my eye caught, near the foot of the page, the name of Burton. Now Mr. Burton lived in one of the old houses on the east side of Bouverie Street, less than five minutes' walk from Thorndyke's chambers in King's Bench Walk; and he was, moreover, a "chronic" who could safely be left for the last. When I had done with Mr. Burton I could look in on my friend with a very good chance of catching him on his return from the hospital. I could allow myself time for quite a long chat with him, and, by taking a hansom, still get back in good time for the evening's work.

This was a great comfort. At the prospect of sharing my responsibilities with a friend on whose judgment I could so entirely rely, my embarrassments seemed to drop from me in a moment. Having entered the engagement in my visiting-list, I rose, in greatly improved spirits, and knocked out my pipe

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just as the little clock banged out impatiently the hour of midnight.

Chapter II *Thorndyke Devises a Scheme*

AS I entered the Temple by the Tudor Street gate the aspect of the place smote my senses with an air of agreeable familiarity. Here had I spent many a delightful hour when working with Thorndyke at the remarkable Hornby case, which the newspapers had called "The Case of the Red Thumb Mark"; and here had I met the romance of my life, the story whereof is told elsewhere. The place was thus endeared to me by pleasant recollections of a happy past, and its associations suggested hopes of happiness yet to come and in the not too far distant future.

My brisk tattoo on the little brass knocker brought to the door no less a person than Thorndyke himself; and the warmth of his greeting made me at once proud and ashamed. For I had not only been an absentee; I had been a very poor correspondent.

"The prodigal has returned, Polton," he exclaimed, looking into the room. "Here is Dr. Jervis."

I followed him into the room and found Polton —his confidential servant, laboratory assistant, artificer and general "familiar"—setting out the tea-tray on a small table. The little man shook hands cordially with me, and his face crinkled up into the sort of smile that one might expect to see on a benevolent walnut.

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"We've often talked about you, sir," said he. "The doctor was wondering only yesterday when you were coming back to us."

As I was not "coming back to them" quite in the sense intended I felt a little guilty, but reserved my confidences for Thorndyke's ear and replied in polite generalities. Then Polton fetched the tea-pot from the laboratory, made up the fire and departed, and Thorndyke and I subsided, as of old, into our respective arm-chairs.

"And whence do you spring from in this unexpected fashion?" my colleague asked. "You look as if you had been making professional visits."

"I have. The base of operations is in Lower Kennington Lane."

"Ah! Then you are 'back once more on the old trail'?"

"Yes," I answered, with a laugh, "'the old trail, the long trail, the trail that is always new.'"

"And leads nowhere," Thorndyke added grimly.

I laughed again; not very heartily, for there was an uncomfortable element of truth in my friend's remark, to which my own experience bore only too complete testimony. The medical practitioner whose lack of means forces him to subsist by taking temporary charge of other men's practices is apt to find that the passing years bring him little but grey hairs and a wealth of disagreeable experience.

"You will have to drop it, Jervis; you will, indeed," Thorndyke resumed after a pause. "This casual employment is preposterous for a man of your class and professional attainments. Besides, are

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you not engaged to be married and to a most charming girl?"

"Yes, I know. I have been a fool. But I will really amend my ways. If necessary, I will pocket my pride and let Juliet advance the money to buy a practice."

"That," said Thorndyke, "is a very proper resolution. Pride and reserve between people who are going to be husband and wife, is an absurdity. But why buy a practice? Have you forgotten my proposal?"

"I should be an ungrateful brute if I had."

"Very well. I repeat it now. Come to me as my junior, read for the Bar and work with me, and, with your abilities, you will have a chance of something like a career. I want you, Jervis," he added, earnestly. "I must have a junior, with my increasing practice, and you are the junior I want. We are old and tried friends; we have worked together; we like and trust one another, and you are the best man for the job that I know. Come; I am not going to take a refusal. This is an ultimatum."

"And what is the alternative?" I asked with a smile at his eagerness.

"There isn't any. You are going to say yes."

"I believe I am," I answered, not without emotion; "and I am more rejoiced at your offer and more grateful than I can tell you. But we must leave the final arrangements for our next meeting—in a week or so, I hope—for I have to

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be back in an hour, and I want to consult you on a matter of some importance."

"Very well," said Thorndyke; "we will leave the formal agreement for consideration at our next meeting. What is it that you want my opinion on?"

"The fact is," I said, "I am in a rather awkward dilemma, and I want you to tell me what you think I ought to do."

Thorndyke paused in the act of refilling my cup and glanced at me with unmistakable anxiety.

"Nothing of an unpleasant nature, I hope," said he.

"No, no; nothing of that kind," I answered with a smile as I interpreted the euphemism; for "something unpleasant," in the case of a young and reasonably presentable medical man is ordinarily the equivalent of trouble with the female of his species. "It is nothing that concerns me personally at all," I continued; "it is a question of professional responsibility. But I had better give you an account of the affair in a complete narrative, as I know that you like to have your data in a regular and consecutive order."

Thereupon I proceeded to relate the history of my visit to the mysterious Mr. Graves, not omitting any single circumstance or detail that I could recollect.

Thorndyke listened from the very beginning of my story with the closest attention. His face was the most impassive that I have ever seen; ordinarily as inscrutable as a bronze mask; but to me, who

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knew him intimately, there was a certain something —a change of colour, perhaps, or an additional sparkle of the eye—that told me when his curious passion for investigation was fully aroused. And now, as I told him of that weird journey and the strange, secret house to which it had brought me, I could see that it offered a problem after his very heart. During the whole of my narration he sat as motionless as a statue, evidently committing the whole story to memory, detail by detail; and even when I had finished he remained for an appreciable time without moving or speaking.

At length he looked up at me. "This is a very extraordinary affair, Jervis," he said.

"Very," I agreed; "and the question that is agitating me is, what is to be done?"

"Yes," he said, meditatively, "that is the question; and an uncommonly difficult question it is. It really involves the settlement of the antecedent question: What is it that is happening at that house?"

"What do you think is happening at that house?" I asked.

"We must go slow, Jervis," he replied. "We must carefully separate the legal tissues from the medical, and avoid confusing what we know with what we suspect. Now, with reference to the medical aspects of the case. The first question that confronts us is that of sleeping sickness, or negro-lethargy as it is sometimes called; and here we are in a difficulty. We have not enough knowledge. Neither of us, I take it, has ever seen a

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case, and the extant descriptions are inadequate. From what I know of the disease, its symptoms agree with those in your case in respect of the alleged moroseness and in the gradually increasing periods of lethargy alternating with periods of apparent recovery. On the other hand, the disease is said to be confined to negroes; but that probably means only that negroes alone have hitherto been exposed to the conditions that produce it. A more important fact is that, as far as I know, extreme contraction of the pupils is not a symptom of sleeping sickness. To sum up, the probabilities are against sleeping sickness, but with our insufficient knowledge, we cannot definitely exclude it."

"You think that it may really be sleeping sickness?"

"No; personally I do not entertain that theory for a moment. But I am considering the evidence apart from our opinions on the subject. We have to accept it as a conceivable hypothesis that it may be sleeping sickness because we cannot positively prove that it is not. That is all. But when we come to the hypothesis of morphine poisoning, the case is different. The symptoms agree with those of morphine poisoning in every respect. There is no exception or disagreement whatever. The common sense of the matter is therefore that we adopt morphine poisoning as our working diagnosis; which is what you seem to have done."

"Yes. For purposes of treatment."

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"Exactly. For medical purposes you adopted the more probable view and dismissed the less probable. That was the reasonable thing to do. But for legal purposes you must entertain both possibilities; for the hypothesis of poisoning involves serious legal issues, whereas the hypothesis of disease involves no legal issues at all."

"That doesn't sound very helpful," I remarked.

"It indicates the necessity for caution," he retorted.

"Yes, I see that. But what is your own opinion of the case?"

"Well," he said, "let us consider the facts in order. Here is a man who, we assume, is under the influence of a poisonous dose of morphine. The question is, did he take that dose himself or was it administered to him by some other person? If he took it himself, with what object did he take it? The history that was given to you seems completely to exclude the idea of suicide. But the patient's condition seems equally to exclude the idea of morphinomania. Your opium-eater does not reduce himself to a state of coma. He usually keeps well within the limits of the tolerance that has been established. The conclusion that emerges is, I think, that the drug was administered by some other person; and the most likely person seems to be Mr. Weiss."

"Isn't morphine a very unusual poison?"

"Very; and most inconvenient except in a single, fatal dose, by reason of the rapidity with which tolerance of the drug is established. But we must

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not forget that slow morphine poisoning might be eminently suitable in certain cases. The manner in which it enfeebles the will, confuses the judgment and debilitates the body might make it very useful to a poisoner whose aim was to get some instrument or document executed, such as a will, deed or assignment. And death could be produced afterwards by other means. You see the important bearing of this?"

"You mean in respect of a death certificate?"

"Yes. Suppose Mr. Weiss to have given a large dose of morphine. He then sends for you and throws out a suggestion of sleeping sickness. If you accept the suggestion he is pretty safe. He can repeat the process until he kills his victim and then get a certificate from you which will cover the murder. It was quite an ingenious scheme—which, by the way, is characteristic of intricate crimes; your subtle criminal often plans his crime like a genius, but he generally executes it like a fool—as this man seems to have done, if we are not doing him an injustice."

"How has he acted like a fool?"

"In several respects. In the first place, he should have chosen his doctor. A good, brisk, confident man who 'knows his own mind' is the sort of person who would have suited him; a man who would have jumped at a diagnosis and stuck to it; or else an ignorant weakling of alcoholic tendencies. It was shockingly bad luck to run against a cautious scientific practitioner like my learned friend. Then, of course, all this secrecy was sheer tomfoolery,

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exactly calculated to put a careful man on his guard; as it has actually done. If Mr. Weiss is really a criminal, he has mismanaged his affairs badly."

"And you apparently think that he is a criminal?"

"I suspect him deeply. But I should like to ask you one or two questions about him. You say he spoke with a German accent. What command of English had he? Was his vocabulary good? Did he use any German idioms?"

"No. I should say that his English was perfect, and I noticed that his phrases were quite well chosen even for an Englishman."

"Did he seem to you 'made up' in any way; disguised, I mean?"

"I couldn't say. The light was so very feeble."

"You couldn't see the colour of his eyes, for instance?"

"No. I think they were grey, but I couldn't be sure."

"And as to the coachman. He wore a wig, you said. Could you see the colour of his eyes? Or any peculiarity by which you could recognize him?"

"He had a malformed thumb-nail on his right hand. That is all I can say about him."

"He didn't strike you as resembling Weiss in any way; in voice or features?"

"Not at all; and he spoke, as I told you, with a distinct Scotch accent."

"The reason I ask is that if Weiss is attempting to poison this man, the coachman is almost certain to be a confederate and might be a relative. You

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had better examine him closely if you get another chance."

"I will. And that brings me back to the question, What am I to do? Ought I to report the case to the police?"

"I am inclined to think not. You have hardly enough facts. Of course, if Mr. Weiss has administered poison 'unlawfully and maliciously' he has committed a felony, and is liable under the Consolidation Acts of 1861 to ten years' penal servitude. But I do not see how you could swear an information. You don't know that he administered the poison—if poison has really been administered—and you cannot give any reliable name or any address whatever. Then there is the question of sleeping sickness. You reject it for medical purposes, but you could not swear, in a court of law, that this is not a case of sleeping sickness."

"No," I admitted, "I could not."

"Then I think the police would decline to move in the matter, and you might find that you had raised a scandal in Dr. Stillbury's practice to no purpose."

"So you think I had better do nothing in the matter?"

"For the present. It is, of course, a medical man's duty to assist justice in any way that is possible. But a doctor is not a detective; he should not go out of his way to assume police functions. He should keep his eyes and ears open, and, though, in general, he should keep his own counsel, it is his duty to note very carefully anything that seems to him likely to bear on any important legal issues.

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It is not his business officiously to initiate criminal inquiries, but it is emphatically his business to be ready, if called upon, to assist justice with information that his special knowledge and opportunities have rendered accessible to him. You see the bearing of this?"

"You mean that I should note down what I have seen and heard and say nothing about it until I am asked."

"Yes; if nothing further happens. But if you should be sent for again, I think it is your duty to make further observations with a view, if necessary, to informing the police. It may be, for instance, of vital importance to identify the house, and it is your duty to secure the means of doing so."

"But, my dear Thorndyke," I expostulated, "I have told you how I was conveyed to the house. Now, will you kindly explain to me how a man, boxed up in a pitch-dark carriage, is going to identify any place to which he may be carried?"

"The problem doesn't appear to me to present any serious difficulties," he replied.

"Doesn't it?" said I. "To me it looks like a pretty solid impossibility. But what do you suggest? Should I break out of the house and run away up the street? Or should I bore a hole through the shutter of the carriage and peep out?"

Thorndyke smiled indulgently. "The methods proposed by my learned friend display a certain crudity inappropriate to the character of a man of science; to say nothing of the disadvantage of letting the enemy into our counsels. No, no, Jervis; we

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can do something better than that. Just excuse me for a minute while I run up to the laboratory."

He hurried away to Polton's sanctum on the upper floor, leaving me to speculate on the method by which he proposed that a man should be enabled, as Sam Weller would express it, "to see through a flight of stairs and a deal door"; or, what was equally opaque, the wooden shutters of a closed carriage.

"Now," he said, when he returned a couple of minutes later with a small, paper-covered notebook in his hand, "I have set Polton to work on a little appliance that will, I think, solve our difficulty, and I will show you how I propose that you should make your observations. First of all, we have to rule the pages of this book into columns."

He sat down at the table and began methodically to rule the pages each into three columns, two quite narrow and one broad. The process occupied some time, during which I sat and watched with impatient curiosity the unhurried, precise movements of Thorndyke's pencil, all agog to hear the promised explanation. He was just finishing the last page when there came a gentle tap at the door, and Polton entered with a satisfied smile on his dry, shrewd-looking face and a small board in his hand.

"Will this do, sir?" he asked.

As he spoke he handed the little board to Thorndyke, who looked at it and passed it to me

"The very thing, Polton," my friend replied. "Where did you find it? It's of no use for you to pretend that you've made it in about two minutes and a half."

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Polton smiled one of his queer crinkly smiles, and remarking that "it didn't take much making," departed much gratified by the compliment.

"What a wonderful old fellow that is, Jervis," Thorndyke observed as his factotum retired. "He took in the idea instantly and seems to have produced the finished article by magic, as the conjurers bring forth rabbits and bowls of goldfish at a moment's notice. I suppose you see what your *modus operandi* is to be?"

I had gathered a clue from the little appliance—a plate of white fret-wood about seven inches by five, to one corner of which a pocket-compass had been fixed with shellac—but was not quite clear as to the details of the method.

"You can read a compass pretty quickly, I think?" Thorndyke said.

"Of course I can. Used we not to sail a yacht together when we were students?"

"To be sure we did; and we will again before we die. And now as to your method of locating this house. Here is a pocket reading-lamp which you can hook on the carriage lining. This notebook can be fixed to the board with an india-rubber band—thus. You observe that the thoughtful Polton has stuck a piece of thread on the glass of the compass to serve as a lubber's line. This is how you will proceed. As soon as you are locked in the carriage, light your lamp—better have a book with you in case the light is noticed—take out your watch and put the board on your knee, keeping its long side exactly in a line with the axis of the carriage. Then enter

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in one narrow column of your notebook the time, in the other the direction shown by the compass, and in the broad column any particulars, including the number of steps the horse makes in a minute. Like this."

He took a loose sheet of paper and made one or two sample entries on it in pencil, thus—

" 9.40. S.E. Start from home.
9.41 S.W. Granite setts.
9.43. S.W. Wood pavement. Hoofs 104.
9.47. W. by S Granite crossing. Macadam—

and so on. Note every change of direction, with the time ; and whenever you hear or feel anything from outside, note it, with the time and direction ; and don't forget to note any variations in the horse's pace. You follow the process ? "

" Perfectly. But do you think the method is accurate enough to fix the position of a house ? Remember, this is only a pocket-compass with no dial, and it will jump frightfully. And the mode of estimating distance is very rough."

" That is all perfectly true," Thorndyke answered. " But you are overlooking certain important facts The track-chart that you will produce can be checked by other data. The house, for instance, has a covered way by which you could identify it if you knew approximately where to look for it. Then you must remember that your carriage is not travelling over a featureless plain. It is passing through streets which have a determined position and direction and which are accurately represented on the ordnance map. I think, Jervis, that, in spite

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of the apparent roughness of the method, if you make your observations carefully, we shall have no trouble in narrowing down the inquiry to a quite small area. If we get the chance, that is to say."

"Yes, if we do. I am doubtful whether Mr. Weiss will require my services again, but I sincerely hope he will. It would be rare sport to locate his secret burrow, all unsuspected. But now I must really be off."

"Good-bye, then," said Thorndyke, slipping a well-sharpened pencil through the rubber band that fixed the notebook to the board. "Let me know how the adventure progresses—if it progresses at all—and remember, I hold your promise to come and see me again quite soon in any case."

He handed me the board and the lamp, and, when I had slipped them into my pocket, we shook hands and I hurried away, a little uneasy at having left my charge so long.

Chapter III "A Chiel's Amang Ye Takin' Notes"

THE attitude of the suspicious man tends to generate in others the kind of conduct that seems to justify his suspicions. In most of us there lurks a certain strain of mischief which trustfulness disarms but distrust encourages. The inexperienced kitten which approaches us confidingly with arched back and upright tail, soliciting caresses, generally receives the gentle treatment that it expects; whereas the worldly-wise tom-cat, who, in response to friendly advances, scampers away

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and grins at us suspiciously from the fancied security of an adjacent wall, impels us to accelerate his retreat with a well-directed clod.

Now the proceedings of Mr. H. Weiss resembled those of the tom-cat aforesaid and invited an analogous reply. To a responsible professional man his extraordinary precautions were at once an affront and a challenge. Apart from graver considerations, I found myself dwelling with unholy pleasure on the prospect of locating the secret hiding-place from which he seemed to grin at me with such complacent defiance; and I lost no time and spared no trouble in preparing myself for the adventure. The very hansom which bore me from the Temple to Kennington Lane was utilized for a preliminary test of Thorndyke's little apparatus. During the whole of that brief journey I watched the compass closely, noted the feel and sound of the road-material and timed the trotting of the horse. And the result was quite encouraging. It is true that the compass-needle oscillated wildly to the vibration of the cab, but still its oscillations took place around a definite point which was the average direction, and it was evident to me that the data it furnished were very fairly reliable. I felt very little doubt, after the preliminary trial, as to my being able to produce a moderately intelligible track-chart if only I should get an opportunity to exercise my skill.

But it looked as if I should not. Mr. Weiss's promise to send for me again soon was not fulfilled. Three days passed and still he made no sign. I

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began to fear that I had been too outspoken; that the shuttered carriage had gone forth to seek some more confiding and easy-going practitioner, and that our elaborate preparations had been made in vain. When the fourth day drew towards a close and still no summons had come, I was disposed reluctantly to write the case off as a lost opportunity.

And at that moment, in the midst of my regrets, the bottle-boy thrust an uncomely head in at the door. His voice was coarse, his accent was hideous, and his grammatical construction beneath contempt; but I forgave him all when I gathered the import of his message.

"Mr. Weiss's carriage is waiting, and he says will you come as quickly as you can because he's took very bad to-night."

I sprang from my chair and hastily collected the necessaries for the journey. The little board and the lamp I put in my overcoat pocket; I overhauled the emergency bag and added to its usual contents a bottle of permanganate of potassium which I thought I might require. Then I tucked the evening paper under my arm and went out.

The coachman, who was standing at the horse's head as I emerged, touched his hat and came forward to open the door.

"I have fortified myself for the long drive, you see," I remarked, exhibiting the newspaper as I stepped into the carriage

"But you can't read in the dark," said he.

"No, but I have provided myself with a lamp," I replied, producing it and striking a match.

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He watched me as I lit the lamp and hooked it on the back cushion, and observed:

"I suppose you found it rather a dull ride last time. It's a longish way. They might have fitted the carriage with an inside lamp. But we shall have to make it a quicker passage to-night. Governor says Mr. Graves is uncommon bad."

With this he slammed the door and locked it. I drew the board from my pocket, laid it on my knee, glanced at my watch, and, as the coachman climbed to his seat, I made the first entry in the little book.

"8.58. W. by S. Start from home. Horse 13 hands."

The first move of the carriage on starting was to turn round as if heading for Newington Butts, and the second entry accordingly read:

"8.58.30. E. by N."

But this direction was not maintained long. Very soon we turned south and then west and then south again. I sat with my eyes riveted on the compass, following with some difficulty its rapid changes. The needle swung to and fro incessantly but always within a definite arc, the centre of which was the true direction. But this direction varied from minute to minute in the most astonishing manner. West, south, east, north, the carriage turned, "boxing" the compass until I lost all count of direction. It was an amazing performance. Considering that the man was driving against time on a mission of life and death urgency, his carelessness as to direction was astounding. The tortuousness of the route must have made the journey twice as long as it need have

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been with a little more careful selection. At least so it appeared to me, though, naturally, I was not in a position to offer an authoritative criticism.

As far as I could judge, we followed the same route as before. Once I heard a tug's whistle and knew that we were near the river, and we passed the railway station, apparently at the same time as on the previous occasion, for I heard a passenger train start and assumed that it was the same train. We crossed quite a number of thoroughfares with tram-lines—I had no idea there were so many—and it was a revelation to me to find how numerous the railway arches were in this part of London and how continually the nature of the road-metal varied.

It was by no means a dull journey this time. The incessant changes of direction and variations in the character of the road kept me most uncommonly busy; for I had hardly time to scribble down one entry before the compass-needle would swing round sharply, showing that we had once more turned a corner; and I was quite taken by surprise when the carriage slowed down and turned into the covered way. Very hastily I scribbled down the final entry ("9.24. S.E. In covered way"), and having closed the book and slipped it and the board into my pocket, had just opened out the newspaper when the carriage door was unlocked and opened, where-upon I unhooked and blew out the lamp and pocketed that too, reflecting that it might be useful later.

As on the last occasion, Mrs. Schallibaum stood in the open doorway with a lighted candle. But she was a good deal less self-possessed this time.

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In fact she looked rather wild and terrified. Even by the candle-light I could see that she was very pale and she seemed unable to keep still. As she gave me the few necessary words of explanation, she fidgeted incessantly and her hands and feet were in constant movement.

"You had better come up with me at once," she said. "Mr. Graves is much worse to-night. We will wait not for Mr. Weiss."

Without waiting for a reply she quickly ascended the stairs and I followed. The room was in much the same condition as before. But the patient was not. As soon as I entered the room, a soft, rhythmical gurgle from the bed gave me a very clear warning of danger. I stepped forward quickly and looked down at the prostrate figure, and the warning gathered emphasis. The sick man's ghastly face was yet more ghastly; his eyes were more sunken, his skin more livid; "his nose was as sharp as a pen," and if he did not "babble of green fields" it was because he seemed to be beyond even that. If it had been a case of disease, I should have said at once that he was dying. He had all the appearance of a man *in articulo mortis*. Even as it was, feeling convinced that the case was one of morphine poisoning, I was far from confident that I should be able to draw him back from the extreme edge of vitality on which he trembled so insecurely.

"He is very ill? He is dying?"

It was Mrs. Schallibaum's voice; very low, but eager and intense. I turned, with my finger on the patient's wrist, and looked into the face of the most

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thoroughly scared woman I have ever seen. She made no attempt now to avoid the light, but looked me squarely in the face, and I noticed, half-unconsciously, that her eyes were brown and had a curious strained expression.

"Yes," I answered, "he is very ill. He is in great danger."

She still stared at me fixedly for some seconds. And then a very odd thing occurred. Suddenly she squinted—squinted horribly; not with the familiar convergent squint which burlesque artists imitate, but with external or divergent squint of extreme near sight or unequal vision. The effect was quite startling. One moment both her eyes were looking straight into mine; the next, one of them rolled round until it looked out of the uttermost corner, leaving the other gazing steadily forward.

She was evidently conscious of the change, for she turned her head away quickly and reddened somewhat. But it was no time for thoughts of personal appearance.

"You can save him, doctor! You will not let him die! He must not be allowed to die!"

She spoke with as much passion as if he had been the dearest friend that she had in the world, which I suspected was far from being the case. But her manifest terror had its uses.

"If anything is to be done to save him," I said, "it must be done quickly. I will give him some medicine at once, and meanwhile you must make some strong coffee."

"Coffee!" she exclaimed. "But we have none in

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the house. Will not tea do, if I make it very strong?"

"No, it will not. I must have coffee; and I must have it quickly."

"Then I suppose I must go and get some. But it is late. The shops will be shut. And I don't like leaving Mr. Graves."

"Can't you send the coachman?" I asked.

She shook her head impatiently. "No, that is no use. I must wait until Mr. Weiss comes."

"That won't do," I said, sharply. "He will slip through our fingers while you are waiting. You must go and get that coffee at once and bring it to me as soon as it is ready. And I want a tumbler and some water."

She brought me a water-bottle and glass from the wash-stand and then, with a groan of despair, hurried from the room.

I lost no time in applying the remedies that I had to hand. Shaking out into the tumbler a few crystals of potassium permanganate, I filled it up with water and approached the patient. His stupor was profound. I shook him as roughly as was safe in his depressed condition, but elicited no resistance or responsive movement. As it seemed very doubtful whether he was capable of swallowing, I dared not take the risk of pouring the liquid into his mouth for fear of suffocating him. A stomach-tube would have solved the difficulty, but, of course, I had not one with me. I had, however, a mouth-speculum which also acted as a gag, and, having propped the patient's mouth open with this, I hastily slipped off one of the rubber tubes from my

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stethoscope and inserted into one end of it a vulcanite ear-speculum to serve as a funnel. Then, introducing the other end of the tube into the gullet as far as its length would permit, I cautiously poured a small quantity of the permanganate solution into the extemporized funnel. To my great relief a movement of the throat showed that the swallowing reflex still existed, and, thus encouraged, I poured down the tube as much of the fluid as I thought it wise to administer at one time.

The dose of permanganate that I had given was enough to neutralize any reasonable quantity of the poison that might yet remain in the stomach. I had next to deal with that portion of the drug which had already been absorbed and was exercising its poisonous effects. Taking my hypodermic case from my bag, I prepared in the syringe a full dose of atropine sulphate, which I injected forthwith into the unconscious man's arm. And that was all that I could do, so far as remedies were concerned, until the coffee arrived.

I cleaned and put away the syringe, washed the tube, and then, returning to the bedside, endeavoured to rouse the patient from his profound lethargy. But great care was necessary. A little injudicious roughness of handling, and that thready, flickering pulse might stop for ever; and yet it was almost certain that if he were not speedily aroused, his stupor would gradually deepen until it shaded off imperceptibly into death. I went to work very cautiously, moving his limbs about, flicking his face and chest with the corner of a wet towel, tick-

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ling the soles of his feet, and otherwise applying stimuli that were strong without being violent.

So occupied was I with my efforts to resuscitate my mysterious patient that I did not notice the opening of the door, and it was with something of a start that, happening to glance round, I perceived at the farther end of the room the shadowy figure of a man relieved by two spots of light reflected from his spectacles. How long he had been watching me I cannot say, but, when he saw that I had observed him, he came forward—though not very far—and I saw that he was Mr. Weiss.

"I am afraid," he said, "that you do not find my friend so well to-night?"

"So well!" I exclaimed. "I don't find him well at all. I am exceedingly anxious about him."

"You don't—er—anticipate anything of a—er —anything serious, I hope?"

"There is no need to anticipate," said I. "It is already about as serious as it can be. I think he might die at any moment."

"Good God!" he gasped. "You horrify me!"

He was not exaggerating. In his agitation, he stepped forward into the lighter part of the room, and I could see that his face was pale to ghastliness —except his nose and the adjacent red patches on his cheeks, which stood out in grotesquely hideous contrast. Presently, however, he recovered a little and said:

"I really think—at least I hope—that you take an unnecessarily serious view of his condition. He has been like this before, you know."

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I felt pretty certain that he had not, but there was no use in discussing the question. I therefore replied, as I continued my efforts to rouse the patient :

"That may or may not be. But in any case there comes a last time ; and it may have come now."

"I hope not," he said ; "although I understand that these cases always end fatally sooner or later."

"What cases ?" I asked.

"I was referring to sleeping sickness ; but perhaps you have formed some other opinion as to the nature of this dreadful complaint."

I hesitated for a moment, and he continued : "As to your suggestion that his symptoms might be due to drugs, I think we may consider that as disposed of. He has been watched, practically without cessation since you came last, and, moreover, I have myself turned out the room and examined the bed and have not found a trace of any drug. Have you gone into the question of sleeping sickness ?"

I looked at the man narrowly before answering, and distrusted him more than ever. But this was no time for reticence. My concern was with the patient and his present needs. After all, I was, as Thorndyke had said, a doctor, not a detective, and the circumstances called for straightforward speech and action on my part.

"I have considered that question," I said, "and have come to a perfectly definite conclusion. His symptoms are not those of sleeping sickness. They are in my opinion undoubtedly due to morphine poisoning."

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"But my dear sir!" he exclaimed, "the thing is impossible! Haven't I just told you that he has been watched continuously?"

"I can only judge by the appearances that I find," I answered; and, seeing that he was about to offer fresh objections, I continued: "Don't let us waste precious time in discussion, or Mr. Graves may be dead before we have reached a conclusion. If you will hurry them up about the coffee that I asked for some time ago, I will take the other necessary measures, and perhaps we may manage to pull him round."

The rather brutal decision of my manner evidently daunted him. It must have been plain to him that I was not prepared to accept any explanation of the unconscious man's condition other than that of morphine poisoning; whence the inference was pretty plain that the alternatives were recovery or an inquest. Replying stiffly that I "must do as I thought best," he hurried from the room, leaving me to continue my efforts without further interruption.

For some time these efforts seemed to make no impression. The man lay as still and impassive as a corpse excepting for the slow, shallow and rather irregular breathing with its ominous accompanying rattle. But presently, by imperceptible degrees, signs of returning life began to make their appearance. A sharp slap on the cheek with the wet towel produced a sensible flicker of the eyelids; a similar slap on the chest was followed by a slight gasp. A pencil, drawn over the sole of the foot, occasioned

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a visible shrinking movement, and, on looking once more at the eyes, I detected a slight change that told me that the atropine was beginning to take effect.

This was very encouraging, and, so far, quite satisfactory, though it would have been premature to rejoice. I kept the patient carefully covered and maintained the process of gentle irritation, moving his limbs and shoulders, brushing his hair and generally bombarding his deadened senses with small but repeated stimuli. And under this treatment, the improvement continued so far that on my bawling a question into his ear he actually opened his eyes for an instant, though in another moment, the lids had sunk back into their former position.

Soon after this, Mr. Weiss re-entered the room, followed by Mrs. Schallibaum, who carried a small tray, on which were a jug of coffee, a jug of milk, a cup and saucer and a sugar basin.

"How do you find him now?" Mr. Weiss asked anxiously.

"I am glad to say that there is a distinct improvement," I replied. "But we must persevere. He is by no means out of the wood yet."

I examined the coffee, which looked black and strong and had a very reassuring smell, and, pouring out half a cupful, approached the bed.

"Now, Mr. Graves," I shouted, "we want you to drink some of this."

The flaccid eyelids lifted for an instant but there was no other response. I gently opened the unresisting mouth and ladled in a couple of spoonfuls

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of coffee, which were immediately swallowed ; whereupon I repeated the proceeding and continued at short intervals until the cup was empty. The effect of the new remedy soon became apparent. He began to mumble and mutter obscurely in response to the questions that I bellowed at him, and once or twice he opened his eyes and looked dreamily into my face. Then I sat him up and made him drink some coffee from the cup, and, all the time, kept up a running fire of questions, which made up in volume of sound for what they lacked of relevancy.

Of these proceedings Mr. Weiss and his housekeeper were highly interested spectators, and the former, contrary to his usual practice, came quite close up to the bed, to get a better view.

"It is really a most remarkable thing," he said, "but it almost looks as if you were right, after all. He is certainly much better. But tell me, would this treatment produce a similar improvement if the symptoms were due to disease ? "

"No," I answered, "it certainly would not."

"Then that seems to settle it. But it is a most mysterious affair. Can you suggest any way in which he can have concealed a store of the drug ? "

I stood up and looked him straight in the face ; it was the first chance I had had of inspecting him by any but the feeblest light, and I looked at him very attentively. Now, it is a curious fact—though one that most persons must have observed—that there sometimes occurs a considerable interval between the reception of a visual impression and its complete transfer to the consciousness. A thing

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may be seen, as it were, unconsciously, and the impression consigned, apparently, to instant oblivion; and yet the picture may be subsequently revived by memory with such completeness that its details can be studied as though the object were still actually visible.

Something of this kind must have happened to me now. Preoccupied as I was, by the condition of the patient, the professional habit of rapid and close observation caused me to direct a searching glance at the man before me. It was only a brief glance—for Mr. Weiss, perhaps embarrassed by my keen regard of him, almost immediately withdrew into the shadow—and my attention seemed principally to be occupied by the odd contrast between the pallor of his face and the redness of his nose and by the peculiar stiff, bristly character of his eyebrows. But there was another fact, and a very curious one, that was observed by me subconsciously and instantly forgotten, to be revived later when I reflected on the events of the night. It was this:

As Mr. Weiss stood, with his head slightly turned, I was able to look through one glass of his spectacles at the wall beyond. On the wall was a framed print; and the edge of the frame, seen through the spectacle-glass, appeared quite unaltered and free from distortion, magnification or reduction, as if seen through plain window-glass; and yet the reflections of the candle-flame in the spectacles showed the flame upside down, proving conclusively that the glasses were concave on one surface at least. The

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strange phenomenon was visible only for a moment or two, and as it passed out of my sight it passed also out of my mind.

"No," I said, replying to the last question; "I can think of no way in which he could have effectually hidden a store of morphine. Judging by the symptoms, he has taken a large dose, and, if he has been in the habit of consuming large quantities, his stock would be pretty bulky. I can offer no suggestion whatever."

"I suppose you consider him quite out of danger now?"

"Oh, not at all. I think we can pull him round if we persevere, but he must not be allowed to sink back into a state of coma. We must keep him on the move until the effects of the drug have really passed off. If you will put him into his dressing-gown we will walk him up and down the room for a while."

"But is that safe?" Mr. Weiss asked anxiously.

"Quite safe," I answered. "I will watch his pulse carefully. The danger is in the possibility, or rather certainty, of a relapse if he is not kept moving."

With obvious unwillingness and disapproval, Mr. Weiss produced a dressing-gown and together we invested the patient in it. Then we dragged him, very limp, but not entirely unresisting, out of bed and stood him on his feet. He opened his eyes and blinked owlishly first at one and then at the other of us, and mumbled a few unintelligible words of protest; regardless of which, we thrust his feet into

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slippers and endeavoured to make him walk. At first he seemed unable to stand, and we had to support him by his arms as we urged him forward; but presently his trailing legs began to make definite walking movements, and, after one or two turns up and down the room, he was not only able partly to support his weight, but showed evidence of reviving consciousness in more energetic protests.

At this point Mr. Weiss astonished me by transferring the arm that he held to the housekeeper.

"If you will excuse me, doctor," said he, "I will go now and attend to some rather important business that I have had to leave unfinished. Mrs. Schallibaum will be able to give you all the assistance that you require, and will order the carriage when you think it safe to leave the patient. In case I should not see you again I will say 'good night.' I hope you won't think me very unceremonious."

He shook hands with me and went out of the room, leaving me, as I have said, profoundly astonished that he should consider any business of more moment than the condition of his friend, whose life, even now, was but hanging by a thread. However, it was really no concern of mine. I could do without him, and the resuscitation of this unfortunate half-dead man gave me occupation enough to engross my whole attention.

The melancholy progress up and down the room re-commenced, and with it the mumbled protests from the patient. As we walked, and especially as we turned, I caught frequent glimpses of the housekeeper's face. But it was nearly always in profile.

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She appeared to avoid looking me in the face, though she did so once or twice; and on each of these occasions her eyes were directed at me in a normal manner without any sign of a squint. Nevertheless, I had the impression that when her face was turned away from me she squinted. The "swivel eye"—the left—was towards me as she held the patient's right arm, and it was almost continuously turned in my direction, whereas I felt convinced that she was really looking straight before her, though, of course, her right eye was invisible to me. It struck me, even at the time, as an odd affair, but I was too much concerned about my charge to give it much consideration.

Meanwhile the patient continued to revive apace. And the more he revived, the more energetically did he protest against this wearisome perambulation. But he was evidently a polite gentleman, for, muddled as his faculties were, he managed to clothe his objections in courteous and even gracious forms of speech singularly out of agreement with the character that Mr. Weiss had given him.

"I thang you," he mumbled thickly. "Ver' good take s'much trouble. Think I will lie down now." He looked wistfully at the bed, but I wheeled him about and marched him once more down the room. He submitted unresistingly, but as we again approached the bed he reopened the matter.

"S'quite s'fficient, thang you. Gebback to bed now. Much 'bliged frall your kindness"—here I turned him round—"no, really; m'feeling rather tired. Sh'like to lie down now, f'you'd be s'good."

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"You must walk about a little longer, Mr. Graves," I said. "It would be very bad for you to go to sleep again."

He looked at me with a curious, dull surprise, and reflected awhile as if in some perplexity. Then he looked at me again and said:

"Thing, sir, you are mistake—mistaken me—mist——"

Here Mrs. Schallibaum interrupted sharply:

"The doctor thinks it's good for you to walk about. You've been sleeping too much. He doesn't want you to sleep any more just now."

"Don't wanter sleep; wanter lie down," said the patient.

"But you mustn't lie down for a little while. You must walk about for a few minutes more. And you'd better not talk. Just walk up and down."

"There's no harm in his talking," said I; "in fact it's good for him. It will help to keep him awake."

"I should think it would tire him," said Mrs. Schallibaum; "and it worries me to hear him asking to lie down when we can't let him."

She spoke sharply and in an unnecessarily high tone so that the patient could not fail to hear. Apparently he took in the very broad hint contained in the concluding sentence, for he trudged wearily and unsteadily up and down the room for some time without speaking, though he continued to look at me from time to time as if something in my appearance puzzled him exceedingly. At length his intolerable longing for repose overcame his politeness and he returned to the attack.

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"Surely v' walked enough now. Feeling very tired. Am really. Would you be s'kind 's t'let me lie down few minutes?"

"Don't you think he might lie down for a little while?" Mrs. Schallibaum asked.

I felt his pulse, and decided that he was really becoming fatigued, and that it would be wiser not to overdo the exercise while he was so weak. Accordingly, I consented to his returning to bed, and turned him round in that direction; whereupon he tottered gleefully towards his resting-place like a tired horse heading for its stable.

As soon as he was tucked in, I gave him a full cup of coffee, which he drank with some avidity as if thirsty. Then I sat down by the bedside, and, with a view to keeping him awake, began once more to ply him with questions.

"Does your head ache, Mr. Graves?" I asked.

"The doctor says 'does your head ache?'" Mrs. Schallibaum squalled, so loudly that the patient started perceptibly.

"I heard him, m'dear girl," he answered with a faint smile. "Not deaf you know. Yes. Head aches a good deal. But I thing this gennleman mistakes——"

"He says you are to keep awake. You mustn't go to sleep again, and you are not to close your eyes."

"All ri' Pol'n. Keep'm open," and he proceeded forthwith to shut them with an air of infinite peacefulness. I grasped his hand and shook it gently, on which he opened his eyes and looked at me sleepily.

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