



SKIP NOVAK

WHAT SHOULD YOU DO IF YOU OR ANY OF YOUR CREW SUFFER FROM SEASICKNESS? SKIP HAS PLENTY OF EXPERIENCE OF IT TO SHARE...

Throughout the Antarctic charter season I get asked the same question by many of our guests: “What about seasickness...?” We take many landlubbers down south who would, of course, be concerned but also seasoned sailors who know what it means to be crossing the dreaded Drake Passage. They are also curious to know if we have a magic bullet to hand. We do, but it will mean missing out on a large part of the Drake itself – and I don’t mean simply staying at home. However, this ‘cure’ might be preferable to trying to watch the great wandering albatross with your head in a bucket. Read on.

A combination of the cold, the anxiety of an unknown and the reputation of the Drake for enormous seas and howling storms could all add up to encourage anyone who is prone to seasickness to go down, but any science behind those presumptions is specious at best.

Years ago in my reckless youth (or was it midlife?) I was severely reprimanded by a reader of an American magazine for making light of seasickness by relating our

methods of prevention and care, ie giving our guests a bucket each and letting them get on with it – he demanded that I be taken off the masthead (I wasn’t). I do take seasickness seriously. I know

what it’s like as I get seasick myself, so there is an empathy – and yes, dying sometimes feels as if it might be preferable.

If you are bombproof at sea you are lucky. I have seen all the degrees, from mildly queasy to abject subjugation followed by the onset of dehydration. When I set sail with a headsea and even a mild pitching motion, I will go down. Rolling and yawing are fine, but I don’t do pitching. Over the counter Stugeron is my cure, taken the night before, the morning of departure and one or two for the first day – and then I can stop my pill-popping. From that point Force 9 on the nose can fill in and I will be fine. I am completely predictable and consider myself one of the lucky ones.

People come on board with all sorts of alternative cures, both chemical and natural taken by mouth and also the paraphernalia of pressure point contraptions which may

or may not be placebos. I encourage them all, for anything they do towards mitigating the effects. Whether you apply the Scopoderm patch or take the variety of pills that work for you, it is vital to start taking them well before departure. When going out of the heads, it is usually all too late.

The patch does seem to work for many who have medium to severe issues, although it can affect your balance – not the greatest situation at sea. I had one woman on board whose pupil on the same side as the patch dilated alarmingly, which caused minor panic until we came to the conclusion it was a normal side-effect.

Seasickness can strangely be considered a rite of passage for the Drake and for many other infamous parts of the briny – the Bay of Biscay is one example closer to home. It is something you lived to tell about. But preparation is key to avoiding it in the first place or at least mitigating it if it does happen. A short skipper’s lecture the night before departure about starting your medication of choice early (I recommend after dinner) is the starting point.

Have a bucket near to hand for every bunk and one in the cockpit. If a patient/victim is outside of a safe cockpit area and intends to chunder over the side, they must be clipped on – in any weather. If they insist on staying outside, keep them warm, but in cold climates this is impossible for any length of time. Sipping small amounts of clear water will keep them hydrated. Forget about food – they don’t need it. After an episode, encourage them to go below and get into their bunk. Being prone and staying in that position is sometimes the best cure. And check them often.

We have had some serious cases. When retching comes every 15 minutes or so and the noise becomes intolerable for the rest of us, we inject intramuscularly with 25mg of Promethazine (Phenergan is a tradename), a sedative/anti-antihistamine cocktail. It knocks them out for 12-15 hours and, in more cases than not, when they come to, they are cured for the remainder of the passage.

In extremis, they will not mind the needle, and if they protest you can threaten them with rehydration anally, with a rubber tube and funnel.

But don’t take my advice on any of this, best to first to consult your doctor. ■

For more on seasickness cures, see page 94

‘DYING SOMETIMES FEELS PREFERABLE’