

## **The Jebel Akhdar in 1960.**

Our troop ship docked in Aden at the end of February 1959, of the six RAMC, National Service "Docs", who disembarked I can remember two, Lt. Iain Stewart and Lt. Graeme Matthew. Iain Stewart shocked us all by signing on as a permanent regular. The eventual Captain Stewart became a lynch pin of the 10 Brigade Group Medical Company, to which, much to my disgust and horror, I was attached to for a short time.

Not being a natural soldier, interested in medicine and not in drill and administration, I regarded it as an absolute waste of time. It was run by a Lt-Col. I absolutely detested and unfortunately could not disguise that detestation, whom I referred to all and sundry, including National Service privates, as The Pillock.

My actual boss was Lt Col. Donald Matheson RAMC, who addressed me as Bill and signed his letters Donald. He had sent me off to the Somaliland Scouts, when they had thrown their own M.O. out and the RAMC was under a cloud. That I had carried out my instructions correctly the following unsolicited testimonial shows. It was a very nice letter to get since all I had done for that six months was to thoroughly enjoy myself.

My lack of discernment and inability to judge army character is illustrated by the fact that while Donald Matheson had an uneventful army career. The Pillock, Jimmy Miller M.C. became Major- General Jimmy Miller, head of NATO's, military medical establishment.

It was with great relieve to me and no doubt to the future Major-General, when Donald Matheson sent me off to the Jebel Akhdar. I wonder, I had a great friend in the RAF Medical Centre at Khormaksa, known as Flt-Lt. Piss-Head Pearce, he had an ability to get absolutely plastered and upset any of the RAF top brass in the vicinity,

as a result he was always being sent to outlandish out of the way places. I had always assumed that I was sent to out of the way places because I was considered reliable and able to cope on my own or was it because of my ability to upset the top brass when I was stone cold sober.

From:- Lieutenant Colonel MEM MacWILLIAM, DSO, MC, TD.,



SOMALILAND SCOUTS,  
SOMALILAND PROTECTORATE.

DO/191/1

<sup>nd</sup>  
22 December, 1959.

*My dear Bill,*

I was hoping to see you in ADEN before you left on your Comet, but Colonel MATHESON told me you had made an early start. I hope you had a really splendid Christmas leave, which you fully deserved and that you found your family in good shape, especially your first born.

We would all like you to know how much we valued your work and the energy you put into it during your stay with us. Both the soldiers and the families, both BRITISH and SOMALIS, have good reason to be most grateful for all your help and attention. I personally feel that the test of your success was on the issue of the SOMALIS faith and confidence in you and it was patently clear to us all that you gained this very quickly and that the issue was never in doubt.

I would myself have liked your stay to have been longer but my hands were tied on this score. Nevertheless, I hope you will be able to find time to make at least one visit to us before your tour in ADEN finishes, and you will be most welcome.

Let me wish you a most successful career in medicine and, having seen you in your early days, I am completely confident that you will do very well indeed.

With salaams and every good wish for 1960 and the future from us all.

*Yours ever,*

Lieutenant W.R. GOLDTHORP, RAMC.

*Mem MacWilliam*

One thing, on return I was usually able to flannel Donald Matheson into arranging things that were not normally allowed, which was being home for Christmas in 1959 and touring Kenya in October 1960.

Graeme Matthew was sent to the Jebel Akhdar early 1959, I relieved him for three months in March 1960.

On disembarkation, sweating in thick battledresses we were collected by a RAMC colonel, who kept jumping about in delight saying “We’ve captured the Jebel Akhdar.” We had not a clue what he was on about. We did not even know what a jebel was. We had been aboard ship for 12 days with hardly any news and at the time the newspapers were not interested in the Oman. Television was in its infancy, black and white and BBC only. No news reporters trying to become famous with colour photography.

I arrived at the RAF hospital, close to Niswa at the end of March or early April as the following letter shows.

From:- Lieut Colonel D MATHESON, M.B., RAMC



Headquarters  
British Forces Arabian Peninsula  
British Forces Post Office 69

BFAP/2247/2/A/MED

← Apr 60

Dear *Bill*

I got your letter of the 29th a couple of days ago and am arranging publication of the necessary Part III Orders.

Matthews turned up here last night on the casevac Comet from Bahrein and I ran into him at the RAF Hospital whilst I was boarding Lt Keightley home. He gave me a good picture of the form and at the moment is running round seeing if he can get on to a EQAC plane tonight, there being no hope of a RAF indulgence seat just now. When he gets back in about 6 weeks he will return to Saiq and relieve you. You will then go down to Bait Al Falag and relieve Hind who comes here for a 2 month spell among the flesh pots of Aden. He will then return and you will come back here. I am thinking again about how to cope with Hinds subsequent reliefs at Bait but there is plenty time for deciding on that.

I hope you enjoy your time at Saiq and find the work interesting.

Yours *sincerely,*

*Donald Matheson*

Capt W.C. GOLDTHORPE RAMC  
c/o Northern Frontier Regt  
British Forces Post Office 63 Group 'B'

I was now a Captain and relieved Captain Graeme Matthew, who had been on the jebel for over a year.

National Service doctors were sent to the Oman after two British soldiers (not SAS) had died of heat exhaustion during the time of the fighting. The order had been given that a doctor was to be attached to all British units serving there. That meant not only the engineers rebuilding the phalages (water channels) on the jebel but all visiting

battalions on exercise. The medics also looked after the officers and NCOs seconded to the SAF (Sultan's Armed Forces) together with the contract officers. Graeme Matthew arrived on the jebel to find he had hardly any thing in the way of equipment. He had to play hell to get anything, eventually a conglomeration of ancient out of date drugs and equipment arrived, the sweepings from any unused ancient store that could be found. No one had budgeted for drugs and equipment.

There were no modern anti-malarials, but half a barrow load of ancient quinine tablets. Much of the equipment and massive supply of unneeded sulphaguanidine (for diarrhoea) was marked Habanyana, a base in Iraq that had been evacuated years ago. Fortunately there was a massive supply of Pen V tablets, the first oral penicillin. The only injectable antibiotic was an oily suspension of streptomycin, seven years past its sell-by date, of a type now known to cause deafness in the recipients. Because of the edict regarding heat exhaustion there was a good supply of every intravenous preparation imaginable apart from blood. There was also a good supply of modern plastic intra venous giving sets, some of which I was able to cannibalise and make catheters from when the need arose.

Trachoma was rampant on the jebel, a viral infection of the eyes causing scarring of the eyelids, so that the lashes rubbed on the eyeball causing infections leading to blindness. Capt. Matthew had realised what this was. He was able to contact Lederle a pharmaceutical company who made aureomycin eye drops and eye ointment, an effective treatment. Lederle had voluntarily sent him a large supply of both. Our pharmaceutical companies are not always the vicious grasping bastards that many would have us believe. That supply was very useful because, whereas you cannot use ordinary aureomycin cream in the eyes, there was nothing to stop you using the eye cream for other problems.

Capt Matthew had little actual medical work to do most of the time, so he gradually took over the administration of the jebel, particularly organising the engineers who were replacing the phalages, destroyed during the bombing, making sure each job was correctly done and no village missed out. It was for this work, which he had taken over quite voluntarily, that he was awarded the MBE in the New Year's Honours List for 1960. Which is pretty good going for a chap who was barely 27 years old.

A good organiser, he wrote the following letter to me when he knew I was to be his replacement.

c/o NFR,  
BFPO 63 Gp B  
March 9th

Dear Bill,

I hear you are coming out here while I am on leave but that (this from Wing Commander Ferguson, SMOPG) you may go to Bait al Falaj while Ian Hind comes up here - or half in one place, half in the other. In any case you would probably like to hear a little about the places and jobs.

Bait al Falaj. Officially MO to small British detachment but the MO of HQ SAF will be on leave and so there will be quite a lot to do at this time. All told about 25 BORS, 25 Officers 4 beds in British MI room, about eight beds in native MI room with a daily sick parade of up to forty. You have a British corporal with detachment but the native orderlies have very little knowledge and the standard is not a high one to maintain. Comfortable air conditioned room but probably shared (new house may be ready in time to avoid that). Good food. Mess of odd characters but including some young air force officers. Daily routine up to oneself. No bullshit. Temperatures may reach the 100s. Recreations; swimming, tennis, good sea fishing, some shooting. Additional films arrive. American Mission Hospital in Muttrah, takes native cases. British Casevac to Bahrain. Gynae will welcome you if you want to go along to discuss cases see their cases. The Gynae is run by a woman and whether would be allowed there I do not know.

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aiq. 6500 ft. Climate delightful. Comfortable room to self with bed provided. ~~Bring your own kit, sheets, pillow etc.~~ (Camp kit I will leave my camp kit, sheets, pillow etc. (Camp in case you want to spend nights away). Pleasant mess with two other officers. Bring necessaries such as soap, tooth paste....no shops or other amenities. Frozen food is flown in sometimes and we eat well. A company of soldiers provide only a few cases and the real work is with civilians. 2000 live in scattered villages, to which one goes on foot. There is no malaria and the people are reasonably healthy - much eye trouble. They are friendly but feckless so that with language difficulties, lack of diagnostic aids, their habit of not keeping appointments, it is difficult to have the kind of standard of Medicine one would like. Amount of work depends on how often one wishes to walk out to villages to see what there is. It is really too small a population to deserve a doctor in the context of this country, but we are here as part of the rehabilitation of the area, which was badly bombed in the rebellion and are lent to the Foreign Office for this scheme only. One does a certain amount of real good however, in that occasionally lives can be saved, of persons

who would otherwise have been left to die. I have compromised between saying 'If they want treatment they can come and tell me' (they are too lazy for that to be honest) and going a continuous round of all the villages (which would mean an awful lot of walking for each case of the common cold!). Personally I have been very busy however for an awful lot goes on here in the way of transforming a camp into a permanent station, training a novice Force, exploring the country. There are very few officers and yet everything needs close supervision. The officers also have to do a lot of ordinary mechanical jobs themselves (mending lights, fridge etc) for the soldiery are so primitive. I have looked after the mess and done many other things connected with the above matters. <sup>of this</sup> HOWEVER there would be no need for any locum to do anything at all. He would be completely his own master. Personally I have found in an enlightening experience working with these two contrasted backward people, the Baluch soldiers and the local arabs. There is no interpreter here at the moment but one should come soon.

Amongst reasons why I am glad to have this post is the fact that the practical ~~xxx~~ alternatives - BAF & Bahrain - usually give no chance of any medical experience and are much less pleasant and interesting in other ways. I might get sent back to Aden but between lack of a.c. in that climate and what I hear about human relations there, I have no wish for that. If the authorities learnt that the medical work here is rather normal General Practice than rehabilitation, that it is fairly limited in scope and that I have been working a good deal for SAF in other ways, they might easily ~~xxxxx~~ withdraw me. It is 'policy' to give no help to SAF beyond what has been officially laid down. I therefore ask you to keep the above guff under your hat both now and when you have finished here.

I look forward to seeing you before I go off and to hearing about Somaliland and other things you have done. You have certainly seen the widest variety of country of us all.

I hope your wife is well. And you will have been a father for some time?

Yours

*Graeme P. Matthew*

BRING SPARE PAIR DESERT BOOTS FOR YOURSELF  
*one goes through them fast here.*

The signature is Graeme Matthew. The PS. Bring spare pair of desert boots, one goes through them fast out here. a.c. means air conditioning.

After Capt Matthew returned, Dr. Thoms of the American Mission Hospital in Muscat got permission to visit the jebel on two occasions, when he taught Capt Matthew the operation of partial tarsectomy and eversion of eyelashes. Many people were relieved

of the severe discomfort of in-turned eyelashes with in some cases improvement of their sight. He also showed him how to do a penile ring block, so that he was able to circumcise a generation of boys who had been denied that religious necessity because the travelling “wise woman” who had previously done the job never came back after the fighting.

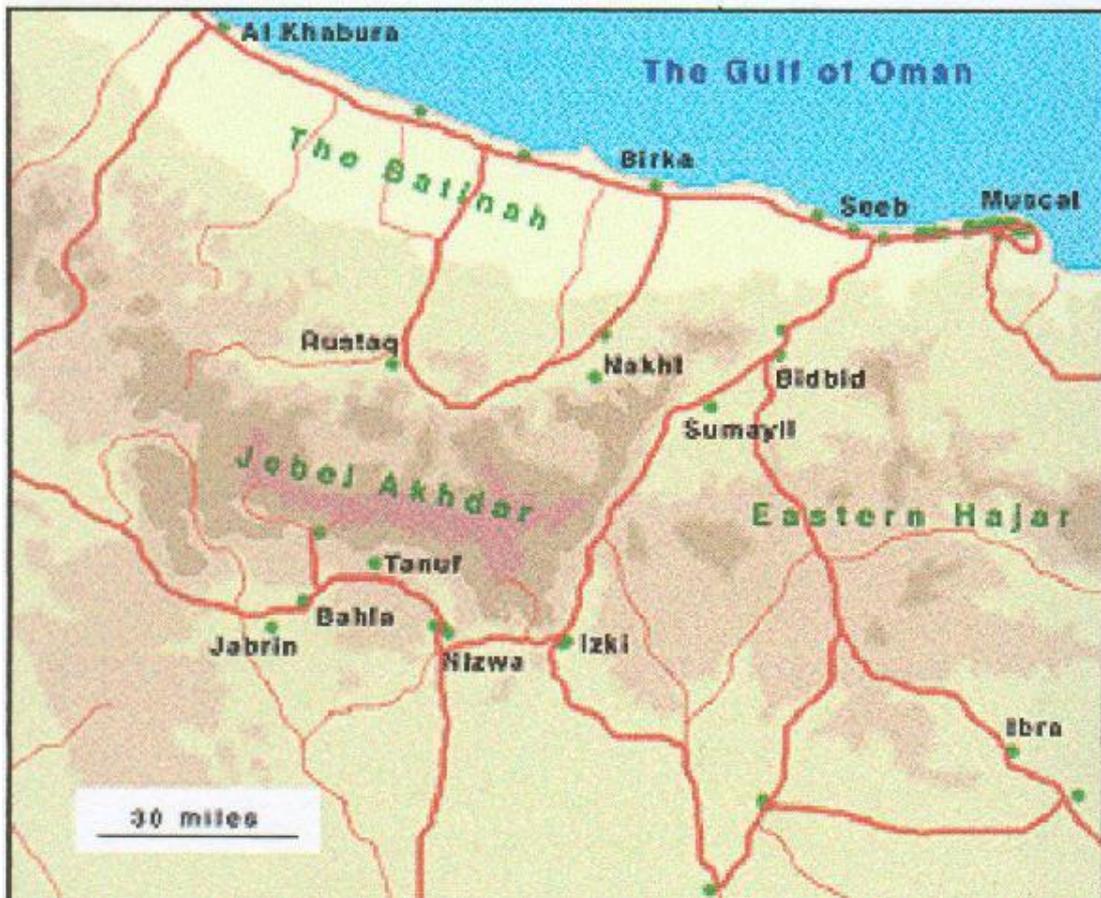
He stayed on after his national service as Civilian Relief Medical Officer answerable to the British Consul General in Muscat, responsible for the care of the Jebel people, except when British units came on exercise, when he left the jebel to accompany them.

After Eric Roe the Governor of the Jebel Akhdar left he took over his duties, which included distributing money grants to enable them to rebuild their homes. This he found difficult because of the subterfuges used to get hold some of the money and his having to rely on interpreters.

I ran into problems with a teenager who had a ruptured urethra, who should have gone into hospital. Not knowing any better I followed the official channels when trying to get him transferred. He belonged to a tribe that was a traditional enemy of the Sultan, so that transfer was refused.

Capt Matthew solved that problem, he arranged with the British pilots of the Sultan of Oman’s Air Force (SOAF) to fly such patients to Dr. Thoms at Bait al Falag and carefully told no one or asked permission.

Translated the Jebel Akhdar means Green Mountain.



This is a more modern map showing tarmaced roads, in 1960 there was no tarmac, all roads rough tracks developed over the centuries, some just the bottom of boulder strewn wadis.

Most of the jebel is at 6 to 7,000 feet but especially at the north end it reaches 10,000 feet, over 3,000 metres, known as the Jebel Sham. Prior to 1960 it was unmapped which is why the army and SAS had so much difficulty with it.

The Jebel Sham the north 3,000 metre end of the Green Mountain.

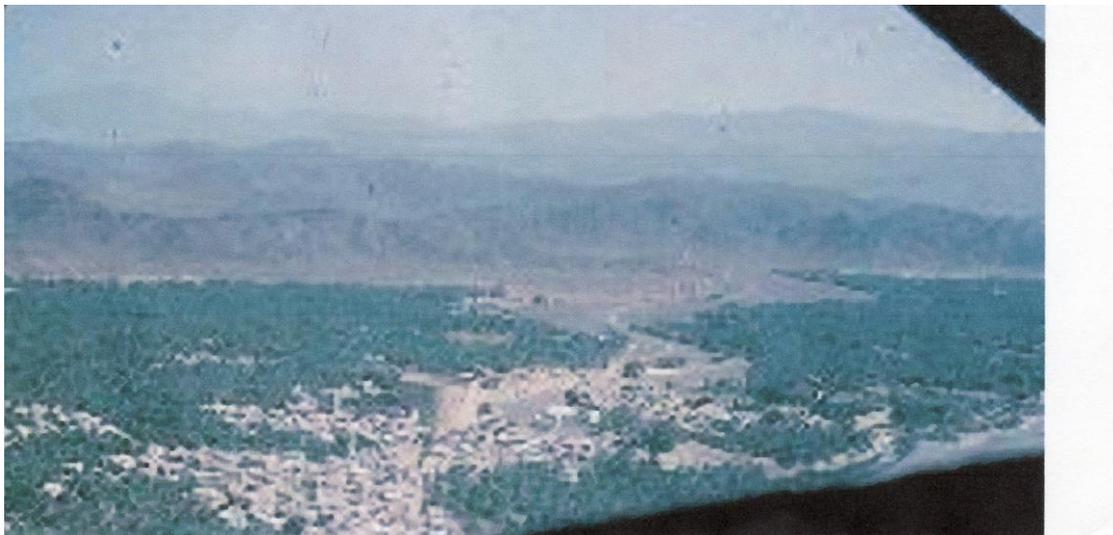


South end of the jebel, the Wadi Maiden which goes deep into the jebel, then a rough track now a modern road. We will descend into the Wadi Maiden later.



My trip to Niswa in the Oman started in one of the old Dakotas which were the backbone of Aden Airways, a branch of BOAC. I cannot remember if I actually had a seat. Transport for individuals was on anything that was available. I flew to Somaliland earlier in a Beverley, lying on a tarpaulin covering a pile of supplies. We landed at the airstrip at Salalah on the south coast of the Oman where I changed to a Twin Pioneer of the Omani Air Force. All the pilots were ex-RAF contract officers. I met a very interesting character at the Salalah airstrip. An SAS sergeant, about 35, unmarried, he had returned from some secret assignment and been given three months leave. Having no family and ample charm to gain him access to any sergeant's mess, army or RAF, he had wangled flights from UK to Germany, then Malta, Libya, Cyprus, Kenya and was now on his way to visit friends in Bahrain. Apart from clearing his mess bill in each of his stopovers it had not cost him anything. He planned to return to UK in a similar manner.

### **The Great Fort at Niswa.**



The holes around the top had been built for cannon, which covered the whole town, In addition strong points were built all around the outskirts and further strong points beyond.

The white building in the distance for example.

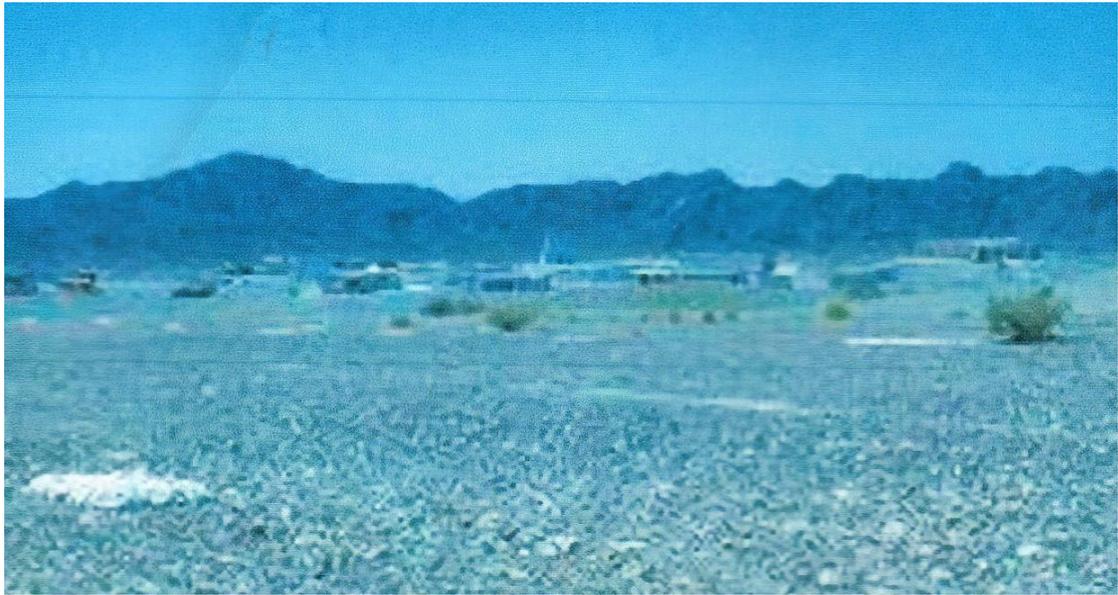


The streets, just doors at ground level, which could be barricaded, windows on the first floor. An attacking force with just hand weapons would find entry impossible.



At one time Niswa had been an independent state.

Niswa camp from the airstrip, RAF and attached British army specialist units.

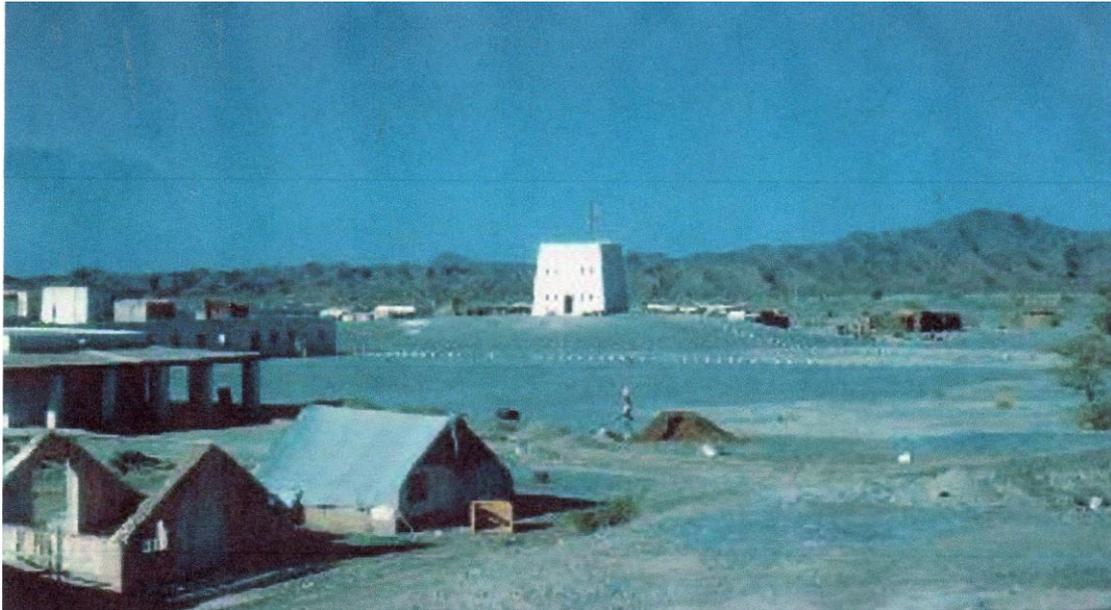


Twin Pioneer landing.



Nearby was the camp of the Northern Frontier Regiment of the Sultan of Muscat's Armed Forces recruited from Baluchistan., Omani Arab officers with British Advisory Officers and British officers and NCOs providing the skilled support services.

Northern Frontier Regiment Niswa Head quarters.



A Baluchi patrol, which I joined for the day to visit Bahlah. Bahlah had also been an independent state and is now a World heritage Site.

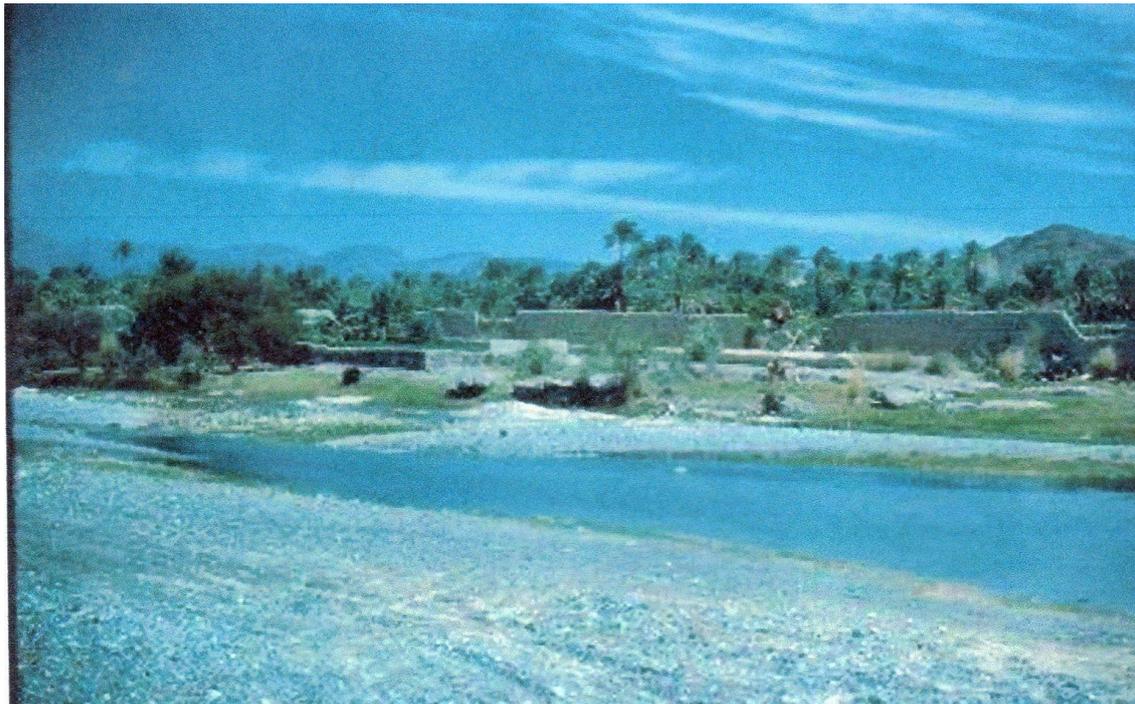
The Baluchi patrol.



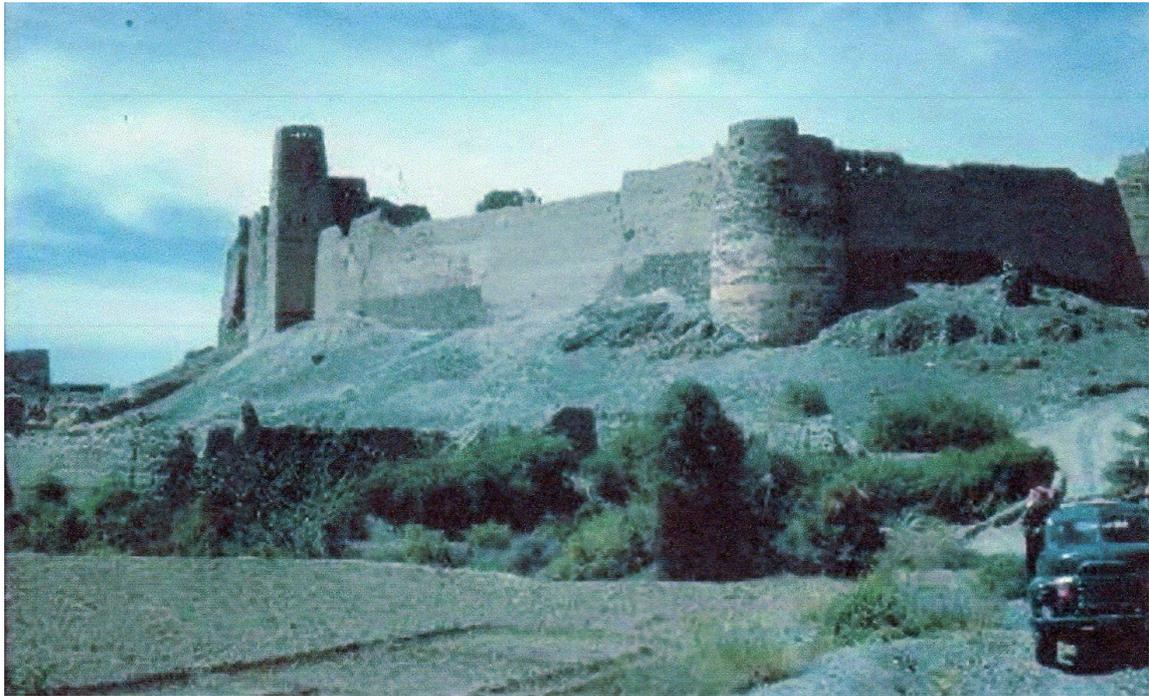
Approaching Bahlah from the north



Main entrance. Women collecting water.

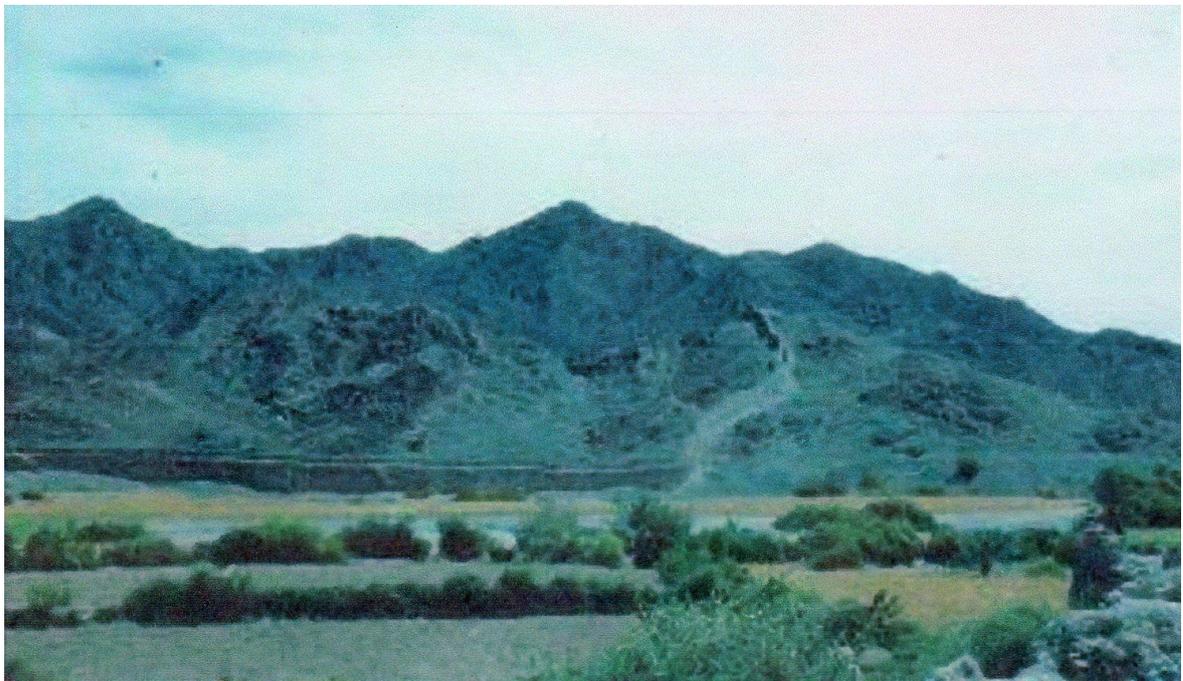


## The Central Citadel

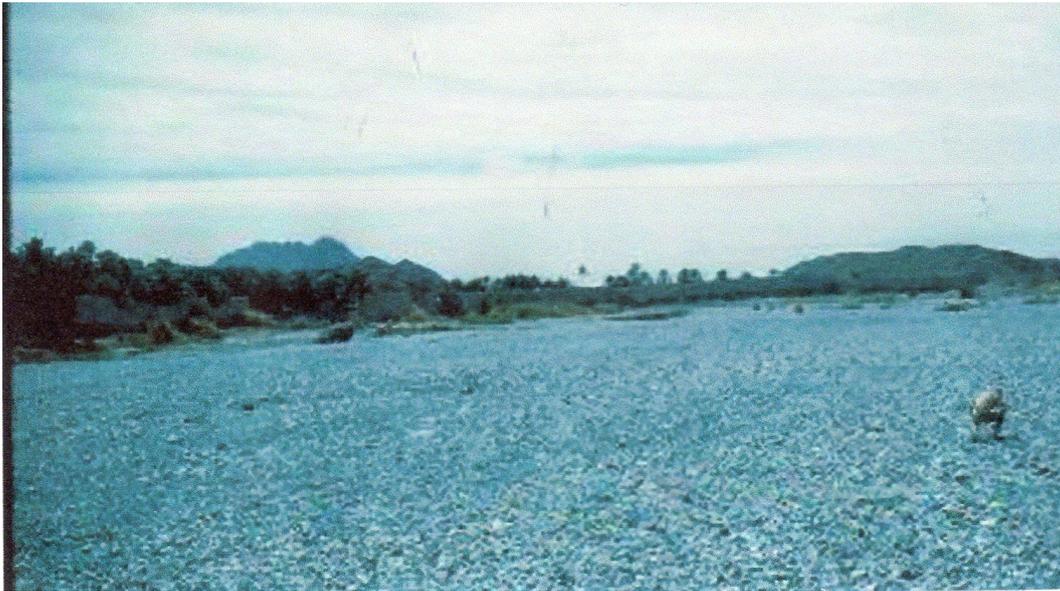


The whole oasis is surrounded by a wall, which covers the surrounding hills as well.

The firing step can be seen.



The north wall.



I had not spotted the soldier on the right but it allows me to bring up an item of protocol that would not usually be brought to the attention of the average squadie, but was important for those living closely amongst the Arabs.

Is he squatting or squatting?



A person has two hands, that on the right is the clean hand that on the left the unclean hand. I will bring this up again when I discuss manners at fuddles (feasts).

Arab tribes vary, but some appreciating that urine from a height can splash on your bare feet in sandals (something not noticed by boot wearing Englishmen) therefore it is more hygienic to pee squatting.

An Arab wishing to relieve himself, either way, will head to a stony area. He will select either a smooth round stone or a long narrow one. If he pees, then the long narrow stone is used to tap the appropriate member to remove the remaining drops. The round stone is used to clean his rear after he defecates, until it is time for his next prayer when all seven external orifices are washed, nose (2), mouth, ears, penis and back end.

The RAF ran a male hospital in Niswa, men, boys and very little girls. Females were not allowed anywhere near the RAF personnel even the medics. There were no other medical services so they had to rely on the local wise woman or witch. The Arabs were still a little suspicious of their medical attendants and a ward that was crammed full at 21:00 hours could be almost empty in the morning if someone died in the night, the occupants deciding it was safer at home.

A visit to Niswa.

The Great Fort.



Inside the Great Fort.



A main road into Niswa, note the tower strong points for riflemen on either side. That on the right, lower due to lack of maintenance.



We visited the fort during Ramadan 1960. Every night, a watch was kept on the sun towards dusk, when it went below the horizon, a cannon was fired, everyone could then drink and eat.

#### Making gunpowder.



All males went armed, usually ancient Martini- Henri rifles firing heavy lead 45 slugs. Nor very accurate but they could make a mess if they hit anyone, as I was to find out later. Note the heavy silver decoration together with the silver khanjah (knife) in its silver scabbard. That young man is also wearing cartridges for a Martini-Henri on his belt. An apparently poverty stricken looking Arab would often have over a pound weight of silver on his person. We did not stay long on this occasion. They decided to have a smoke whilst making the gunpowder.

2005.



There has been a lot of building close to the fort. Now an oil rich state, instead of a poverty stricken back water all the old buildings have been restored. There are replica cannons in the old gun-ports.

I took a file with my old photographs on this trip, during our tour, our guide disappeared with the file and came rushing back with an invitation to visit the Governor of the fort in his office.

A new museum was to be built alongside the fort, all he had from the 1950s and '60s were a few old British army black and white photos. They had never seen coloured ones before. The old sultan had kept the country so much in the past, no Omani in 1960 even owned a camera. The Governor pestered me by e-mail for several weeks when I returned home until I sent him e-mail copies of all the photographs I had.

The Governor's most fantastic comment was about the gunpowder photograph.

**“ That's my uncle”**

#### The Jebel Akhdar

Supplies for Saig on the jebel were usually taken by donkey caravan a journey which would take the whole day. Fortunately I flew up otherwise it would have taken me two or three days due to the altitude.



Special and urgent supplies, such as gin and lager went up by plane, a Single Pioneer  
The airstrip at Saig was not big enough for anything larger.

Loading my Single Pioneer.



Saig airstrip.

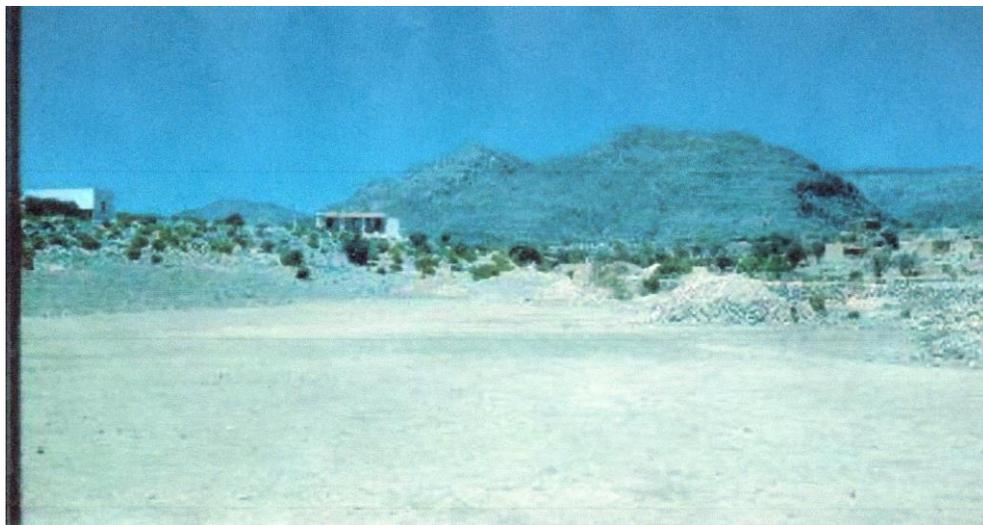


Saig is between 6,000 and 7,000 feet. The gardens and terraces are part of a larger cultivated area known as the Sheirajah bowl. The terraces go down several hundred feet. The airstrip was on top of the escarpment. This was another occasion when I

nearly had a heart attack. Because of the heat in the daytime after 9 am there is a marked updraft of hot air in front of the escarpment. As we approached the pilot reduced the throttle I thought we would smash into the escarpment. The updraft lifted up over the edge and dropped us on the airstrip.



The camp from the airstrip.



British barracks, unoccupied, officers mess, camp wall, on the left officer's baroustities and other buildings. Sangers had been built on all corners of the wall and either side of the entrance to act as machinegun posts. In fact the chance of an attack was infinitesimal. There were no practice standtos

The height of the cold war and I was serving under the Red Flag. (The Sultan of Muscat colour.)



Men's lines, administration fort and on the right the waiting room for my ??? hospital.

The young man was not a patient but a guide, the younger brother of Khalil bin Thabet, of whom more later, who had come to take us to visit Khalil and join in a celebratory fuddle given in our honour.

Saig plateau, above the camp, stretching about four miles before reaching another escarpment going up to 10,000 feet.



I only went onto the top of the jebel on one occasion and that was to retrieve a badly wounded man.

Every four to six weeks we were visited by a tough Omani Political Officer, armed with a revolver and 303 rifle. His job was to tour all the villages visiting the headmen of each village, find out what was going on, and give orders from the sultan about what was expected of them and other intelligence work. Three days after he stayed with us a message came that while he was crossing the high area to visit a village on the other side of the jebel, someone had taken a pot shot at him with his Martini-Henri and actually hit him. He had managed to stagger to a nearby village that sent for help. We went out mob handed, the British Major and Captain, several Arab officers and two platoons of Baluchis. Of course by the time we arrived the assailant was long gone probably well on his way to Saudi Arabia by then. We arrived after about 24 hours. The man was stable, all bleeding stopped, but he had by all accounts bled heavily. The .45 lead slug had hit him low in the armpit travelled beneath the right shoulder blade and come out between the shoulder blades. The exit hole was a hell of a size.

There was little for me to do except tidy things up apply dressings and start him on oral antibiotics.

Then the problem, how do we get him home? We had taken a stretcher but no one had any experience using it. Bearers had to be changed frequently, often stumbling over rough ground, nearly dropping him. Then we reached the 2,000-foot escarpment down to Saig plateau, not vertical but still pretty steep. Our patient solved our problem, he absolutely refused to stay on the stretcher, and he walked down between two Baluchis and six in front to catch him if he fell. Back at base we gave him a light meal, sweet tea, I checked his dressing and kept him company until a specially ordered single pioneer came to collect him.

Physically he would recover, but psycholigally he was shattered. His bottle had gone, whether he would ever return to his previous strong personality I don't know. He just could not understand why anyone would shoot at him.

On arrival, I was immediately affected by altitude sickness, not the severe type that effects a person at rest but it certainly affected me on exercise. That afternoon I was asked to accompany a patrol to Monacre, a village about two miles away, it took me two hours both ways. I had to stop to rest.

#### Patrol to Monacre.

Pissed off fit Baluchi soldiers and Salah the medical orderly having to cope with this Englishman, who could not walk 500 yards without having to rest.



Living conditions.

Unlike many National Servicemen I finished my two years with over £500 soaked away in my deposit account with Glynn Mills. At the end of my three months stint in Dahla with the Aden Protectorate Levees, I was puzzled to find an unexpected £90 in my account. On making enquiries I discovered that British officers and NCOs on assignment in unusual areas were entitled to a European life style and a tax-free allowance was made to enable this to be achieved. In Dahla it was 20 shillings or £1 per day. In most places very efficient sergeants had applied their skills to the cost of living problem and in the vast majority a satisfactory living standard achieved at a fraction of the cost allowed, something that the authorities at home should not become aware of. My information was shut up and keep quiet.

In Somaliland for six months it was 45 shillings per day my mess bill including fags and beer rarely reached £15 per month.

At Saig on the Jebel Akhdar the allowance was 70 shillings per day. Using local resources and cheap supplies provided by Indian traders, flown up free by the pilots of the SOAF our living expenses were minimal. Dhobi men, cooks, tailoring were provided free by the Sultan of Muscat's Armed Forces. There were only three

Europeans on the Jebel, myself, a major and a captain. The barracks were empty; we ate in the officer's mess and had our own barousties. (Houses)

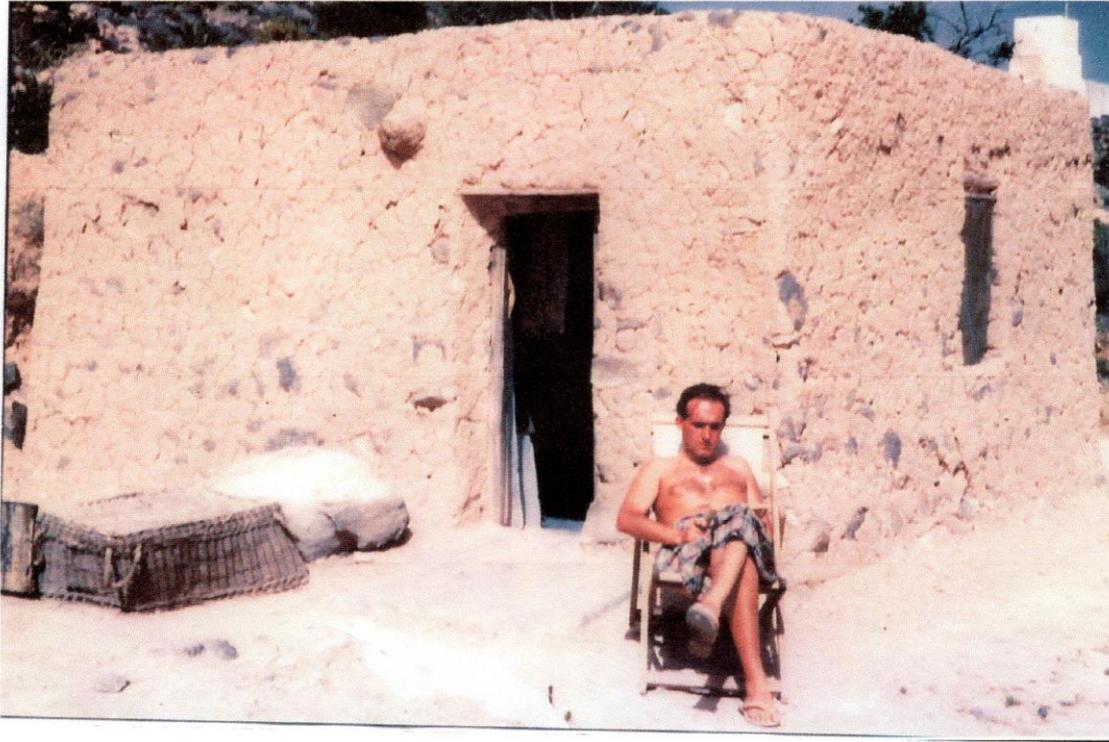
The hospital to the left, officers' kitchens on the right.

On the left my two roomed "Hospital", the tent for rarely used stores. On the right the British officer's mess kitchen.



Saig was a village site, which had been deserted due to fall in the water table. A baroustie was a one or two-roomed house made of stone and compacted dried mud. The roof made of rough twigs and branches covered with straw, then a thick layer of mud making a flat roof sloping to one corner where a hollowed out branch carried the water away from the walls. When the roof of mine started to leak, local Arabs came and threw about ten more buckets of mud on the roof, smoothed it out and ended the problem. Inside the walls and ceiling ceiling were plastered with mud and whitewashed when dry.

## My baroustie.



The common off duty wear flip-flops and a longi, like a dress made from a long piece of cotton wound round the waist. Note the yellow sparkle of a gold cross on my chest. My wife gave me that cross and chain when I left England and I wore it non-stop. I never had any difficulty, in the Koran, Jesus is a prophet of healing and for a Hakim (Healer cum wise man cum witchdoctor) to quietly declare himself in such a manner was accepted.

There is another photograph of myself standing outside the baroustie, whereas the above was taken by myself with a delayed action shot, the other was taken by an Arab. They had no experience of cameras at all. The shot was supposed to show me standing above a cache of 50 mortar bombs that we had found. The photo shows me above the knees. The cache had been hidden by the dissidents before they left the Jebel. Everyone likes a firework display, it was surprising how many turned up to watch, in spite of no radios or telephones, when the bombs were to be destroyed.

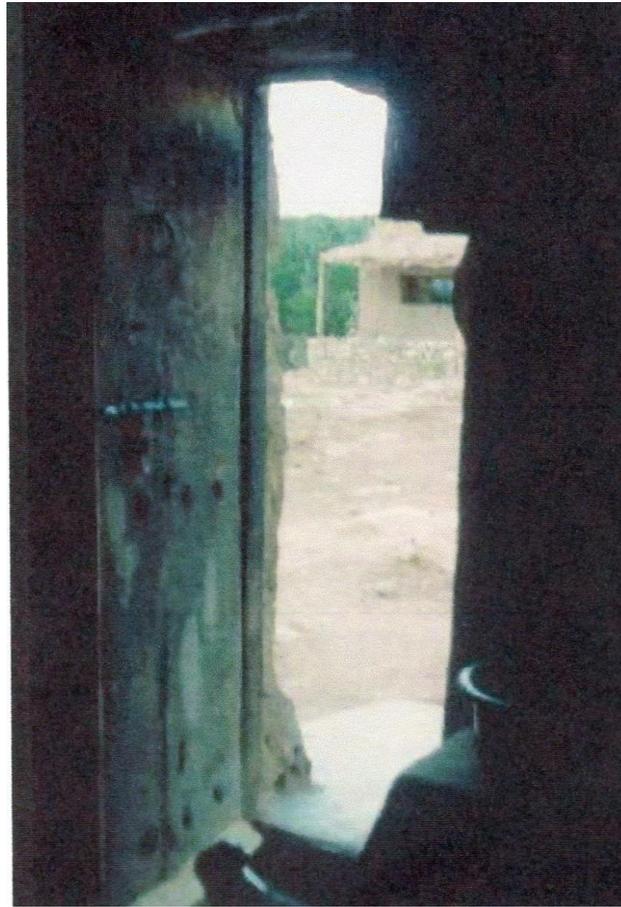
Mike Wilkinson setting the fuses.



Numerous spectators including me at a safer distance.



My baroustie door.



Furniture, camp bed, chair, portable canvas stand-in bath, a desk unmovable and solid made of stones and hard dried mud, wardrobe, an alcove with a curtain across it with wooden hanging rail. Solid stone and mud washstand, you can see the edge of a plastic bowl, a cracked mirror, dresser, mud and stonewalls with ancient varying sized wooden planks for shelves. Two five-gallon jerry cans of cold water replenished each morning. Hot water was a rare luxury; I had no personal bearer, that I had got used to in Dahla and Somaliland. Shaving was usually in cold water. The jebel was not exactly warm so bathing tended to be rarer than in other circumstances. Standing in a canvas bowl, wetting yourself all over followed by soaping then lifting a jerry can full

of what seemed like ice-cold water to pour over yourself was not an exactly thrilling experience.

One morning picking up my flannel to wash my face I suddenly noticed a pretty little back scorpion about two inches long sitting in the middle of it. By now of course after 15 months in Arabia and Somaliland the habit of turning my boots and shoes over and banging them on the floor before putting them on, had become thoroughly ingrained. Indeed so ingrained that three or four years later in the surgeon's changing room after assisting my Professor of Gynaecology, he was to ask

“ Goldthorp, when getting dressed why do you always turn your shoes over and bang them on the floor”. My answer “ Scorpions. Sir!” was somewhat unexpected.

The Prof., almost 40 when the war started and Reader in Obstetrics at Edinburgh University and considered too valuable at home to be called up, had never been abroad.

Salah, a Baluchi, was the company Medical Orderly and as such he became my orderly, assistant and interpreter. He spoke, Baluchi, Urdu and Arabic but no English. He had of course acted as Capt, Matthews orderly and interpreter for the previous 12 months. How we did it I do not know, but with a smattering of Arabic, English, rude coarse Arabic and English swear words and sign language, between us we communicated clearly and could ferret out what an Arab was complaining of.



Salah, in the hospital, our water supply in jerri cans, the window taken from a plane that had crashed on the jebel, the furniture made out of stone and dried mud then whitewashed. We did have three wooden chairs. Our patient is undergoing menthol steam inhalation treatment. That room was very well lit, **the roof had fallen in**. I have mentioned earlier how our drugs and equipment were the sweeping up of any old stuff that could be found. We made do with what we could get hold of. We were never short of surgical spirit, the poisonous methyl alcohol. There was loads of that only it was stained blue and called methylated sprits, normally used to light the Tilley lamps. A young Arab lad about 12 also attached himself to the officer's mess and us acting as runner and a "do anything that needed doing". I do not think he was paid, but he was well fed and given unneeded clothes plus tips, basically he was very pleased with his lot. One of his two front incisor teeth had been broken. He kept getting gumboils above it due to a root abscess. Extraction of the tooth was needed but he absolutely refused. He had no way of getting another. He tolerated each painful attack hoping

eventually they would stop. Apicectomy, (removal of the abscess) was another treatment but only in a Western hospital.

Higher up Saig wadi, water carriers filling jerry cans. Note the cave nearby and the fact that the wadi looks like a recently used quarry. That is due to bomb and rocket damage. The cave was one of the rebel's hideaways.



Sulieman bin Hamyar's cave.



Mike Wilkinson approaching the cave.



The cave was deep and large and could shelter a large body of men. There is evidence of rocket attacks and bombing here as well.

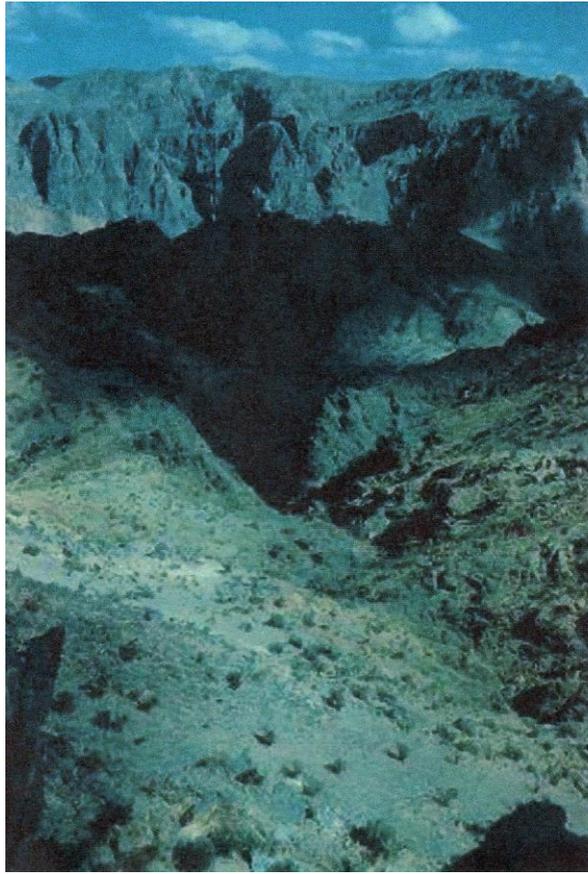
In 1960 the country's name was not The Oman but the Sultanate of Muscat and Oman. There were two rulers the Sultan of Muscat and a religious leader The Imam. The rebellion was not a Marxist one but a rather older fashioned one between the Imam and the Sultan. Sulieman bin Hamyar supported the Imam, his position could be described as the ruler or owner of the Jebel Akhdar, and he had a fiefdom that was the Jebel rather like a medieval Baron in England. I will later show photographs which show a large part of the land uncultivated. The locals paid rent for their land by working Sulieman's land. Although beaten he was still alive and exiled. So that the locals worked their own land but had not as yet started to take over Sulieman's land. They were afraid he would return as powerful as he had previously been. Sheriejah was the nearest large village which I first visited during the Aed celebrations in 1960.

Sheriejah. Bomb damage.



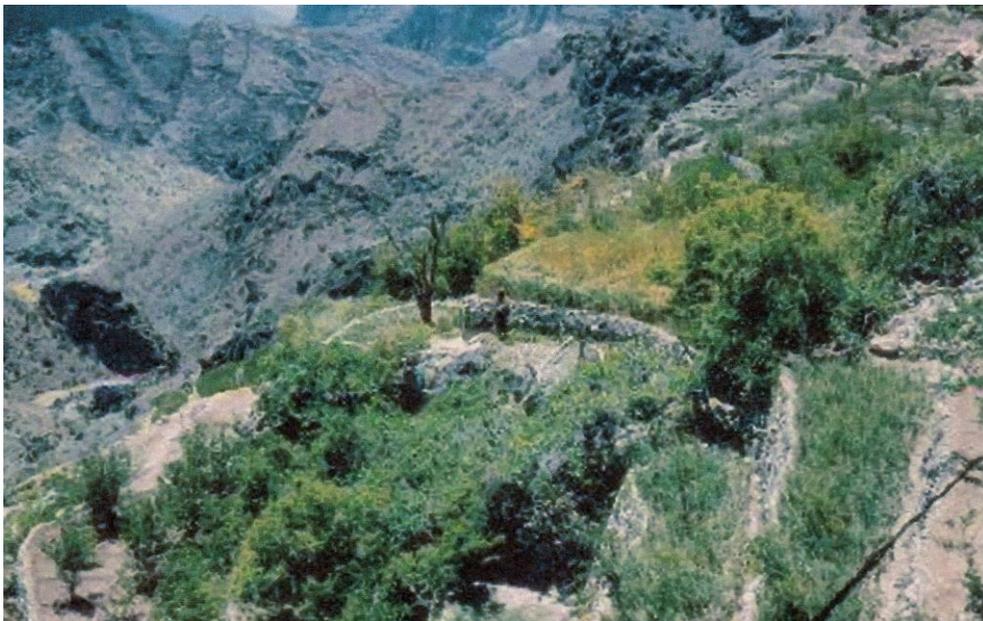
I have similar photographs of other villages. The terraces are the start of the Sheriejah bowl. All villages would have water-collecting tanks as shown here, phalages using gravity to supply the terraces.

The Shereijah wadi leading to wadi Maiden the upper part of whose 6 – 7,000 walls can be seen at the rear.



Terrace cultivations the Sherajjah Bowl.





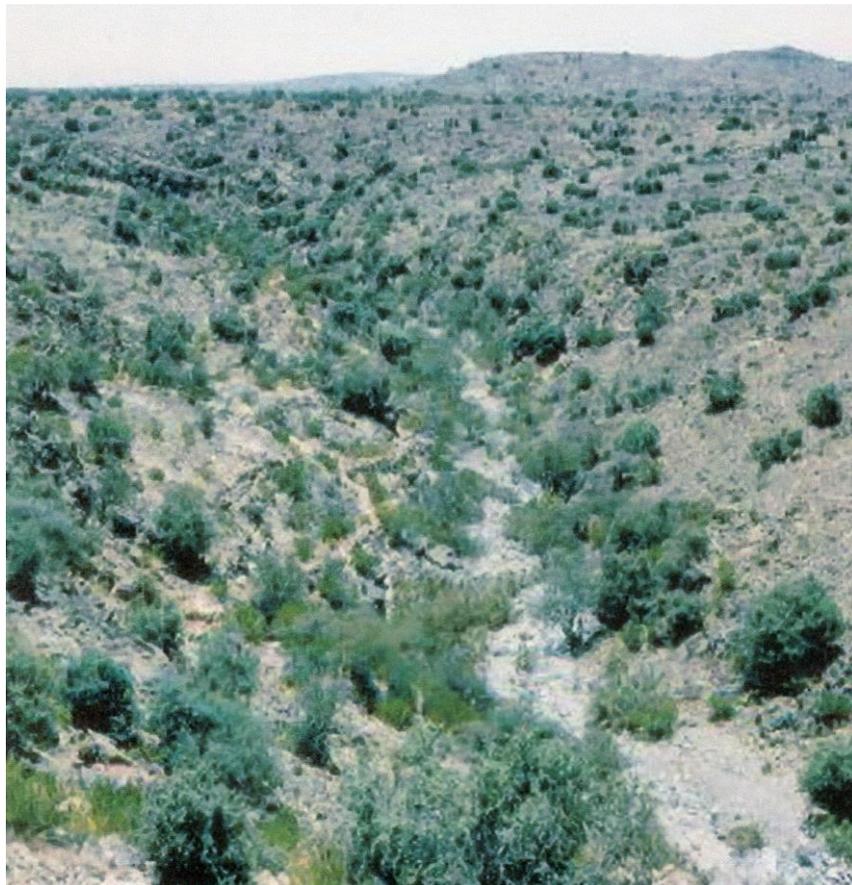
Some times the lack of cultivation was due to damaged phalages, as yet not repaired.

Each village had a water collecting point in the wadi of that village.

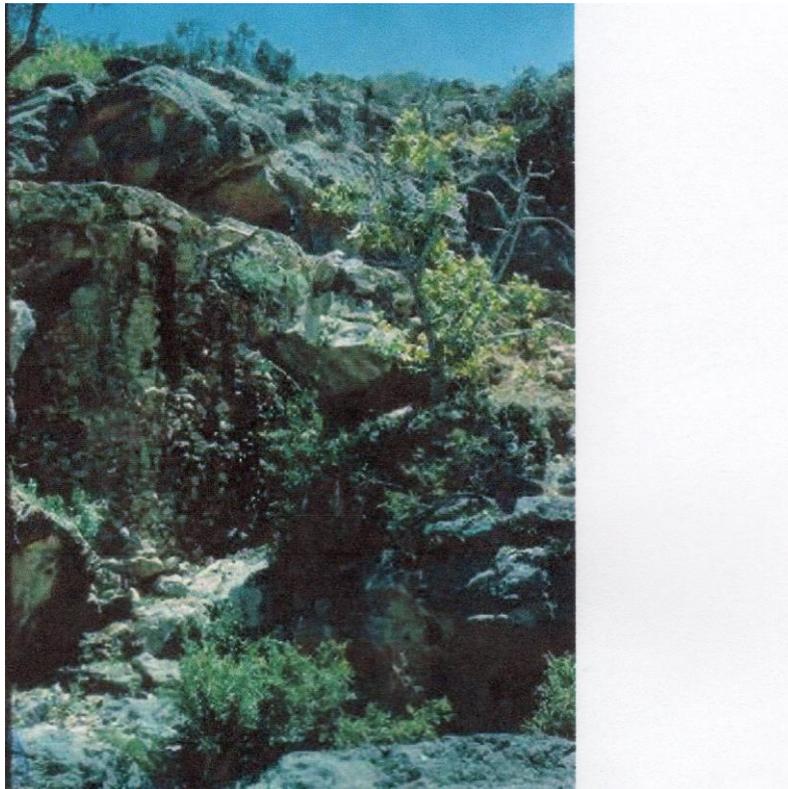
Collecting ponds in the rain.



Phalage running along wadi side.



Phalages carried the water to the terrace gardens. The gardens were so productive that the amount of land per family was very small.



A phalage high on the wadi side.

A phalage viaduct.



The bombing had destroyed a lot of the phalages and therefore the irrigation system of the ordinary people. After taking over the jebel British army engineers were responsible for repairing the irrigation system.

Capt. Graeme Matthews was deeply incensed about the bomb damage and believed it was totally unnecessary, an attitude that could be taken by one who had lived on the jebel for almost three years. He would know it intimately and be aware of all the tracks up it. For example it would have been easy to drop troops by helicopter on the plateau above Saig.

The problem of the Jebel Akhdar was a psychological one. It was a totally unknown situation. The Omanis and British had no knowledge of the geography of the jebel. There was no way of contacting the local population, which was still almost in the middle ages, no one owned radios. It was assumed that the population like that of all semi-feudal societies was loyal to Sulieman bin Hamyar, which turned out not to be the case. My own estimate is that they did not give a jot one way or the other, although, as I represented the Sultan they would not have expressed anything

detrimental to me. I also represented the British, who were repairing the bomb damage and providing some medical care. On the whole I think they preferred the current situation.

Pomegranate in bloom.

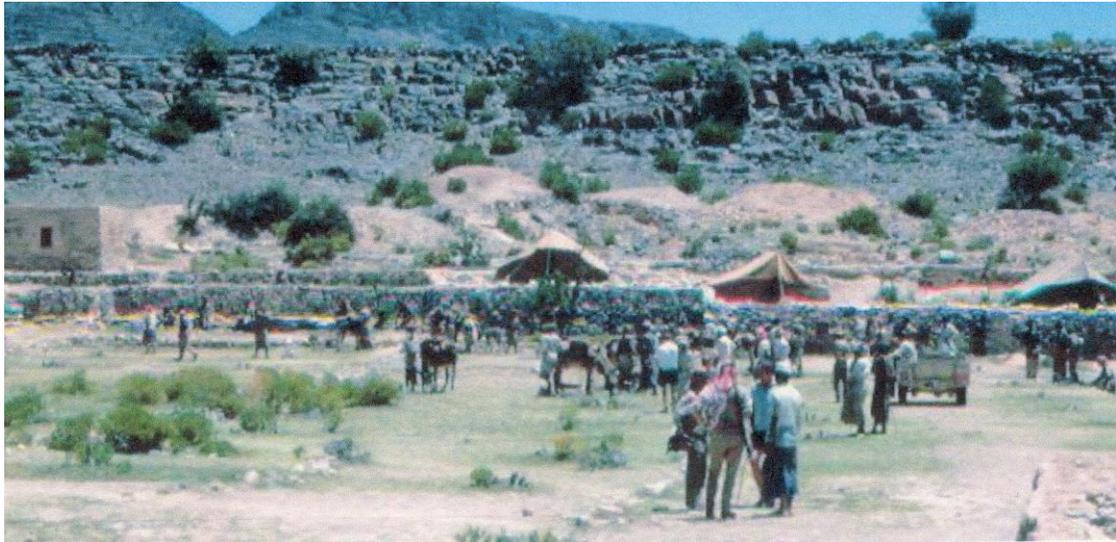


Cereals were the main food crop, rice for special occasions was bought in Niswa and like all imports brought up by donkey. Fruit, limes, lemons, oranges etc and some nuts were the cash crop and taken by donkey to Niswa for sale. Scruffy chickens, like bantams, goats, sheep and some cattle were also kept.

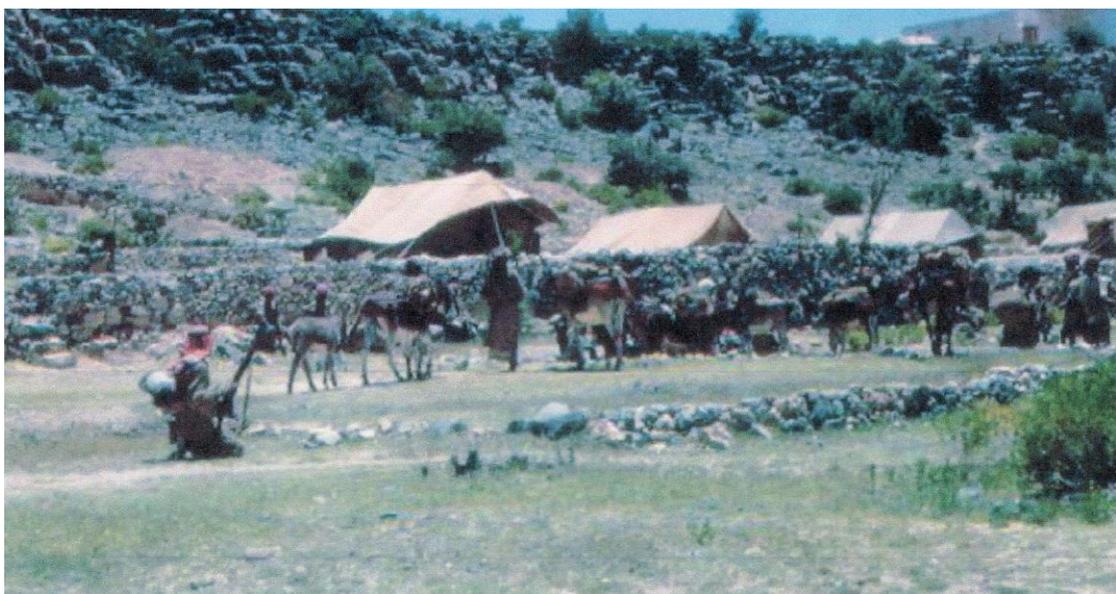
### **Round Ups.**

There was still concern with regard to rebel activity, so that whereas other Omanis travelled armed, it was forbidden on the jebel. There was still the possibility of arms smuggling, with out any pattern once or twice a month, a **round-up** was held. Small

patrols 4 to 6 men covered all the known tracks on the jebel and all traders and their donkeys were brought into Saig, where a thorough search was carried out. Traders included any jebel farmer taking his produce to Niswa for sale or returning with whatever he had bought.



The officer in the group of four at the front wearing the traditional shemag and aggle with rifle was the British major. The land rover had been flown up to Saig in pieces on a Single Pioneer and was used to carry heavy loads around the camp



Note the Baluchi soldiers lining the wall and the one on the left. They covered the traders, the rifles were loaded one up the spout and the safety catches off. The

Baluchies, non Arab, mercenaries had no loyalty to the Arab tribes or jebel people and would have carried out their orders of shoot to kill if any insurrection had been attempted. There were no armed men on the side from which I took the picture so that none of the soldiers would be hit if shooting took place. There were no problems in the three months I was there and I heard of none afterwards.

The following shows that the fighting was not all one sided, with the advantage toward well-equipped modern forces.

The scattered wreckage of a jet fighter.



Parts of a plane were often cannibalised for use elsewhere. The two windows in my hospital!! had been taken from the wreckage of an aircraft.

It is Arab tradition that a warrior should preferably be buried where he falls.

A pilot's grave.



### **Aed 1960**

The Aed celebration occurred after I had been on the jebel a week, I had adjusted to the height a little and agreed to visit with some Omani NCOs the nearby large village of Shereijah where there were two or three people to see.

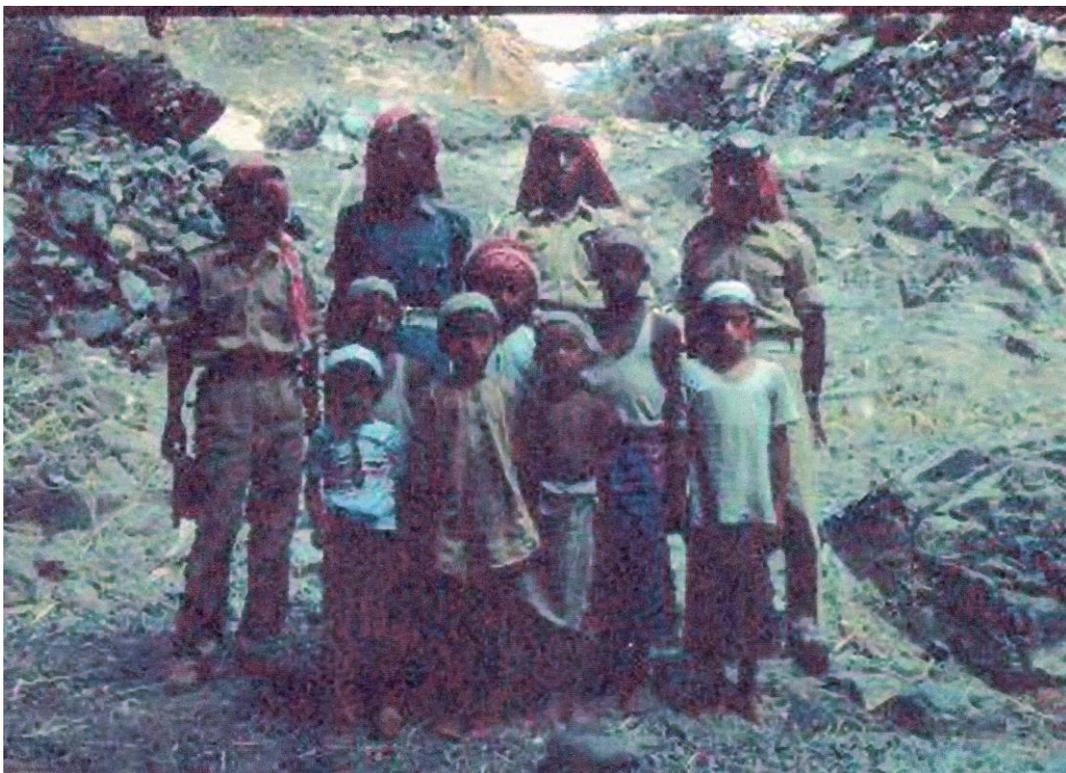


Sergeant-major, Darwish, Arab junior officer and audience.



Askari, armed, Talib, head coolie, Halfan, headman of Sheraijah, Darwish, sergeant-major.

Chicos and askaris.



Work.

Imshallah, it's the will of Allah, having never known anything different the Jebel Arabs' were very stoical. An acceptance of what life threw at them knowing that there was very little they could do to alter matters. This applied to illnesses in particular and they were not usually prepared to travel to seek help.

My morning sick parade rarely had more than a couple of Baluchi soldiers and one or two from the two nearby villages, Sheraijah and Hail Yemen.

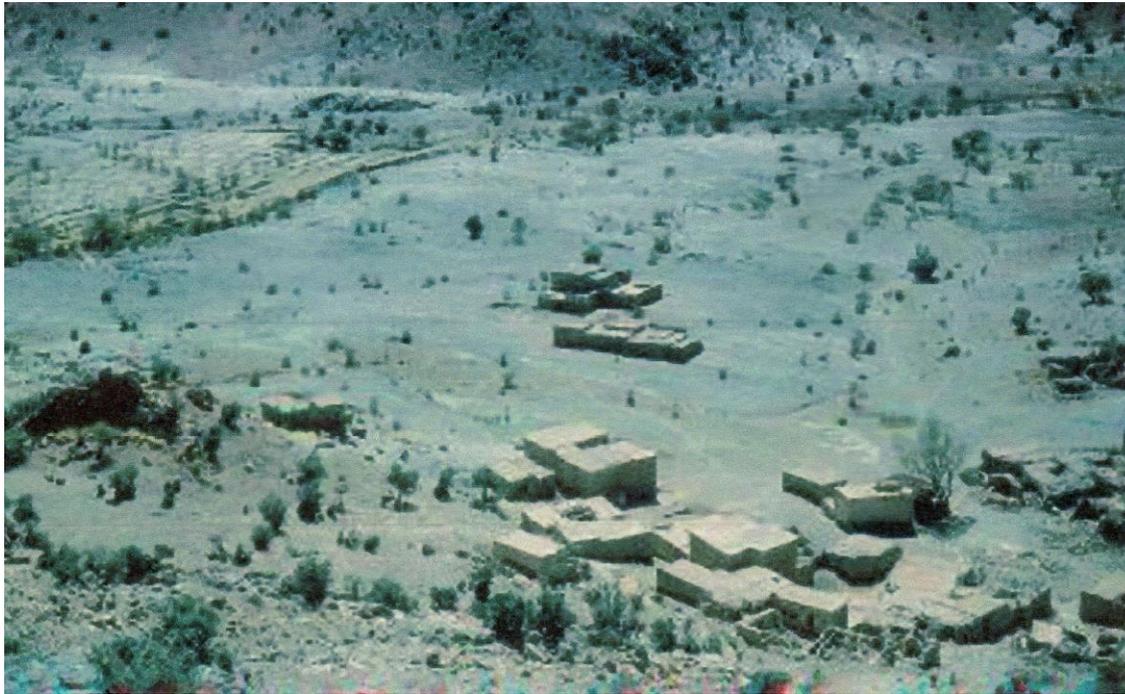
One of Capt. Matthews remits was to watch for epidemics, which may result from damage to water sources as a result of the bombing. This meant that on many mornings Salah and I would wander off on one of the various tracks to visit the villages to see what we would find. Within a few weeks I was a fit as I would ever be, apparently slimmer but just as heavy due to having thighs and calves like tree trunks. There was only one way to travel and that was walking not always on the level but down a wadi side and up the other. I carried the usual MO's bag but we both had a satchel with extra supplies and equipment in it, gradually the distances increased from one hour each way to about three. We always tried to return by dusk, even if it meant leaving by dawn, with a full water bottle and a half-inch thick chapatti rolled up and stuck in a pocket for lunch. Rarely we would stay in a village overnight.

Hail Yemen was the nearest village about a mile away. It was 100 feet below Saig, where the water table was still high and reliable enough to cultivate crops.

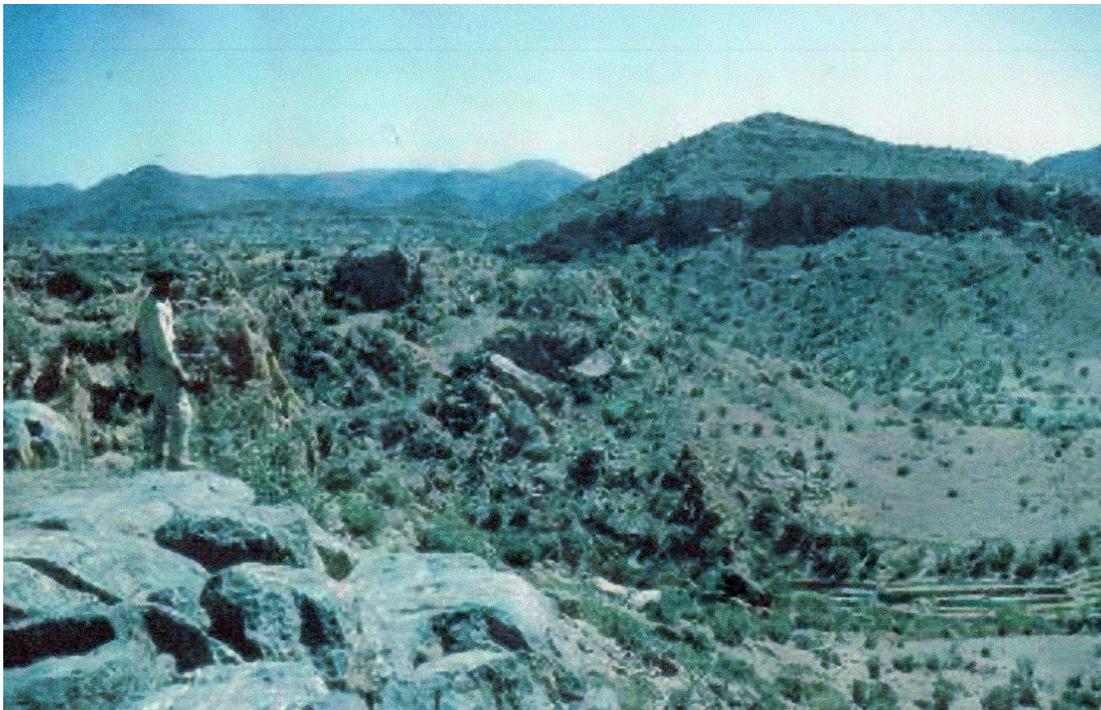
This was where I came across an unusual way of selling a goat. Remember in Islam an animal must be eaten the day it is killed. Any meat left until the following day cannot be used. There were several men already in the meeting house, various parts of the goat had been sold. As further men arrived money changed hands and another

piece was sold. The goat would not be killed until all the edible parts had buyers.

Something I did not wait to see.



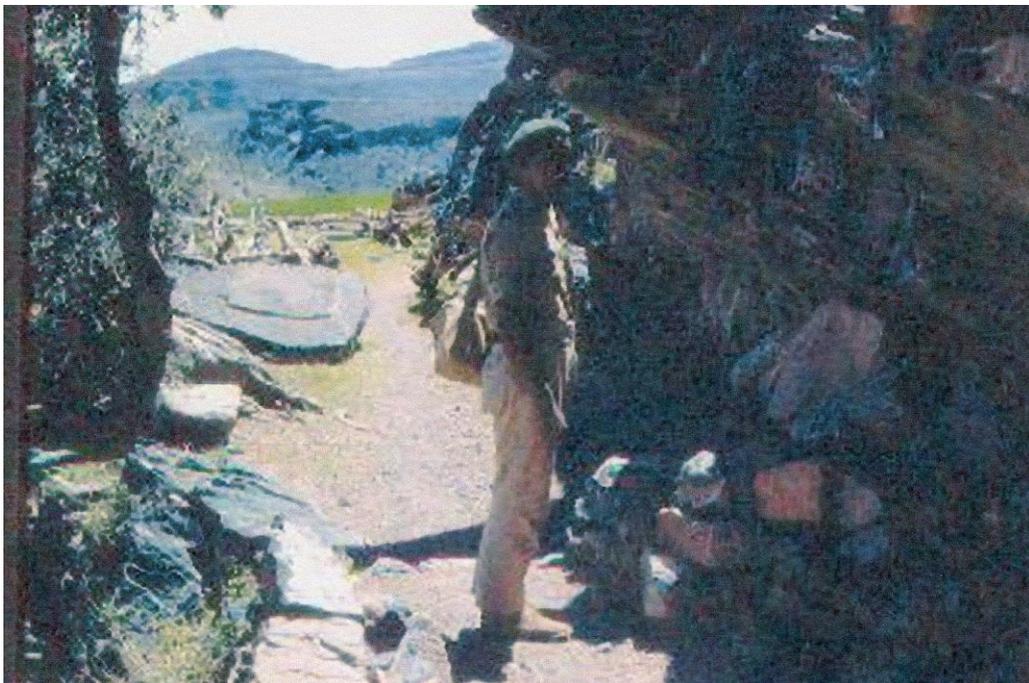
Salah on the path to Hail Yemen.



Some lived in caves. Salah seeing if anyone was at home. Note the goatskin full of water, which would percolate through the skin, evaporate and cool the water.



On the Accre track. A rebel Arab picket's grave.



A natural permanent water source at Accre.



Terraces at Accre.



Women washing cooking pots, Wadi Habib.



**Habib. Bomb Damage.**



Solut, two miles beyond Shereijah and about 1,500 feet lower.



Solut was almost in the danger zone, at about 5,500 feet. The anopheles mosquito the carrier of malaria does not fly above 5,000 feet, so that cases of malaria should be unusual above that level but of course people would travel below 5,000 feet and get infected. We the three British continued with our daily paludrine, anti-malarial and our two grams of sulphaguanidine to prevent bacterial dysentery, but dispensed with daily salt tablet we took on the plain.

The absence of the anopheles could be considered an advantage but the cooler atmosphere brought a disadvantage, body lice. They do not like heat, which is why typhus spreads so rapidly, as soon as the human host's temperature goes up as a result of typhus, (jail or ship fever as it is often known) the louse moves onto an uninfected host. It is the host's scratching breaking the skin that allows typhus to enter the body.

It was some weeks before I realised what the big red itchy blobs on the skin under my belt were. I then noticed armies of them heading in my direction whenever I sat in a jebel Arab's dwelling. My clothes were thoroughly dusted with AL 65 every morning before I dressed and I scattered a ring of AL 65 around me before I sat down. Which the local Arabs though very amusing and assumed I was a bit of a sissy.

### **Visiting a village.**

Whether I had been asked to see a patient in a village or were just visiting on our routine walks over the jebel the routine was always the same. It required patience at first on my part but it soon developed a pleasure of its own. It is important in any community but more so in an old traditional one of the jebel Arabs to follow their customs and act as they considered polite. In such a way their friendship and co-operation was easier to obtain.

### **The greeting.**

This would involve all the unoccupied village males from the headman or his deputy in order of seniority down to a small 6 or 7 year-old boy. Every male's hand down to the small boy would be shaken accompanied by the following greeting.

Arab.	Myself.
Salam alaicum.	Alaicum as salam.
Queff halaque (How are you)	El hum dillallah. (I am well thanks be to Allah)

We would then stroll to the meeting house when the coffee and chai(tea) ceremony would commence.

If we had been walking some time before entering a village, Salah and I would always drink from our water bottles, we knew from experience that it may be some time before a drink of water would be offered.

### Coffee and chai ceremony.



A charcoal burner would be produced and lit. Once the coals were glowing a large cast iron spoon with long handle would be produced. Coffee beans were poured into the spoon and roasted. Once roasted, the beans were poured into a heavy solid silver highly decorated but dirty and tarnished mortar, using an equally heavy, dirty, tarnished, highly decorated silver pestle the roasted beans were ground into a powder. The gentleman on the left is holding a solid silver coffee pot, whilst the beans were being ground this would be filled with water and put on the charcoal burner to boil. Once ground the beans were added to the coffee pot, sometimes flavoured with spices and boiled.

When the coffee was ready, our host would take three tiny cups without handles of very delicate and decorated porcelain about the size of egg cups, if they were not exactly clean any handy bit of rag was used to clean them. Then starting with me as senior guest he would pour from a height of two feet two teaspoons of coffee in the cup and hand it to me. Salah as the next senior guest would get the next cup and the

headman the third. When the cup was empty our host would pour another two teaspoons in it and hand it back. A guest could have as many cups as he wished but it was considered polite to have only three after which, you turned the cup upside down and shook it, with a phrase that sounded like “Dilla, Dilla.” but could not be because “dilla” meant slowly and “dilla, dilla” very slowly or cautiously. The cup would be taken two more teaspoons poured into it and handed to the fourth man in the seated line and so on until they reached the 6 year-old boy at the end.

Once this part of the ceremony was completed you would be offered water from a large unglazed earthenware pot, the water in the pot being kept cool by evaporation of water from the unglazed surface. Various receptacles were used but the commonest were empty tins. Luxuries such as tinned fruit would be brought onto the jebel, the cans when empty were worked on with files etc, to ensure that there were no cutting edges left on the inside and then used as drinking receptacles.

Then chai would be prepared, the Arab in the centre holds a large kettle, a pint or two of goats milk was poured in, two large handfuls a tea, two of sugar, mint or some other spice, filled with water and boiled for about ten minutes. The resulting concoction was enough to blow your head off, but starting with myself all would have a container of sweet milky tannin and caffeine flavoured with mint etc. I did not appreciate it as much as the Arabs did but taught myself to drink it. If tired after a long walk it certainly woke one up.

Having been at the village now for at least one hour, I was at last allowed to see the patient. Others also took the opportunity to see me and I was treated to a demonstration of all the chronic conditions in the village. Once to the delight and hilarity of all the other men in the village, one demonstrated his hernia, a bag of intestines dangling down to his knees totally obliterating his genitalia, which he

proudly demonstrated were still there. Usually I recommended them trying to arrange a visit to the RAF hospital at Niswa for surgery, but on this occasion could not imagine how anyone could repair it.

Occasionally I would be discreetly allowed to speak to a woman, examination being no more than her face and hand or rarely feeling a possible abdominal tumour through layers of clothing.

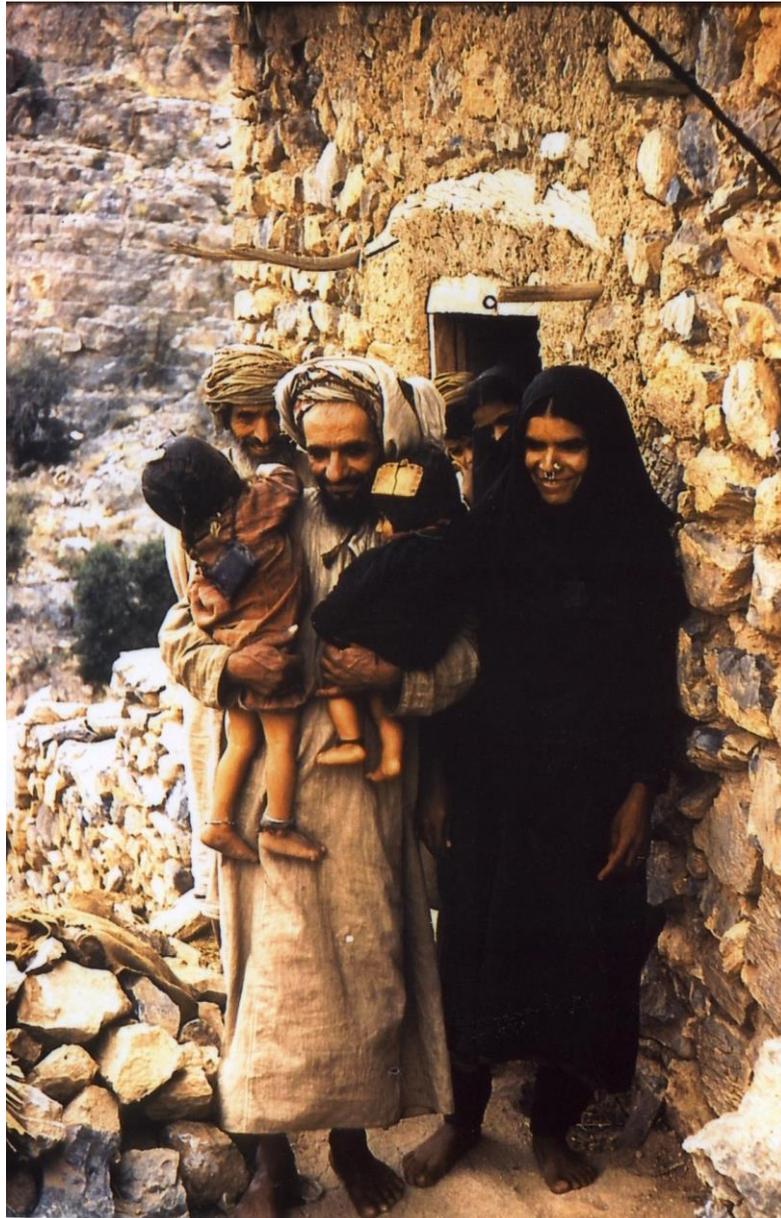
Then I insisted that all the children be brought to see me, trachoma a viral infection of the eyes transmitted by flies was endemic on the jebel. I would pull down their lower lids and put a layer of Aureomycin eye-cream on it. I also had tummy-tickling session. Normally the spleen cannot be felt but when enlarged and often tender it indicated chronic malaria. I had no modern anti-malarials but loads of quinine tablets, each child was given a weeks supply of quinine. Whether I did any good I doubt, it certainly made me feel better and I am sure filled that important job of the army with a civilian populations, of winning friends and influencing people.

Capt. Matthews eventually recruited the teachers on the jebel to use aureomycin eye drops on all children two or three times per week. Whether they actually carried out his instructions or merely sold the eye drops in the souk, he did not know.

At the end of the visit the ceremony went in reverse order, a receptacle of chai followed by the three tiny cups of coffee, finally a handshake all round from the headman in order of seniority to the little six year old boy.

#### **Some of the residents.**

Firstly Monsur bin Nasser and his family, unusually his wife shyly joined in to have her photograph taken. There was never any trouble with taking photographs of the jebel people in contrast to some Arab tribes. It must be remembered, that the production of human likenesses is frowned upon by Islam.



Just as each village had a mosque and imam or mullah it also had its teacher. Apart from Muscat there were no schools in the whole of the Oman as we know them. Each village had its Koranic School and teacher, where young boys and the odd girl would chant verses from the Koran whilst following the Arabic script with their finger. The result was that nearly every male had the ability to read and write if somewhat laboriously in some cases.

### Monsur the Teacher.



As a good Arab host Monsur is preparing coffee. Outside his house Monsur had built a lean-to with proper roof, the walls made of interwoven twigs through which shafts of sunlight shone. It made a light but cool airy room for him to entertain visitors but played havoc with my light-meter. I have had to adjust with difficulty the highlights and shades of the slide in order to get this picture.

A very academic man, Monsur was writing a history of the families and tribes on the jebel. I was shown this treasure with pride, carefully handwritten on expensive paper and kept carefully covered in a strong box, it is to be hoped that it has not been lost as it would now be very valuable. Just as valuable as the Venerable Bede's History of the Saxons in the 8<sup>th</sup> century.

Omar was one of the coolies from Solut who worked in Saig camp. Standing in the bomb damage of Oman's house, is his son. Oman and his family had been able to repair half the house where they lived.

**Oman's son salutes.**



Slides of Solut meeting house and Hamdan and Suliemen making coffee cannot be used the contrast of the brightness outside to the dullness inside prevent the people being seen clearly. But all show the welcome with which the “the Hakim Sahib” (me) and his orderly were received. We only had trouble with one jebel resident, a bull.



Standing in the centre of the track, evasive action was necessary, a scrambled detour over nearby rocks.

### **A Fuddle.**

These would sometimes be organised when the villagers knew we were coming. I had been to fuddles before in the Western Aden Protectorate. Those on the jebel were more relaxed and informal. After the usual coffee and chai ceremony we would be taken to the host's house and seated on the floor, not used to squatting I sat to one side usually my left ensuring my left buttock was on my left hand, to make sure I would not use it by mistake. There was no cutlery one ate with your right hand. Hands were washed, **after the meal**, when they were sticky and greasy. The only time the left hand was used was to hold a bone whilst a piece of meat was ripped of it.

The meal was served on a decorated solid silver plate about a yard across and half an inch thick. There would be a heap of boiled rice with a whole boiled sheep or goat on it. There were dishes of spices or flavouring to pour over the rice. A handful of rice was taken squeezed into ball, a hole made with the forefinger and a piece of meat ripped from the animal placed into it and then eaten.

I was pleased on the jebel that the status of the women was higher than that in the Aden protectorate, where they would eat after the men when all was cold, congealed and relatively tasteless. On one occasion the large room was divided by a curtain, after the fuddle started a large part of the rice and goat were passed behind the curtain. I looked up whilst this was going on the woman receiving the food gasped with embarrassment on being caught by the senior guest doing what was not supposed to happen. A smile and thumbs up sign of agreement produced an answering smile and laughter behind the curtain.

Politeness and acceptance was all important on these occasions. Once when the headman was sitting alongside I noticed a half-inch long sturdy black thumb-nail on his right hand. In certain places close to the bone in a lamb or sheep are small pieces of especially tasty meat. The headman made the usual ball of rice, made a hole with his forefinger, picked up the bone with his left hand and with the long black thumbnail scooped out a especially tasty piece of meat. This was placed in the hole and with a smile offered to me. No problem, no delay I accepted with a smile and thanks and ate it. In any case I had no qualms, I took my 2 grams of sulpha-guanidine every morning had been in Arabia and nearby for almost 18 months, my fortnightly attacks of the squitters, sudden diarrhoea, had ceased about four months previously, by now I reckoned I was immune to all the current viruses there were in Arabia.

#### **Khalil bin Thabet**

Khalil was about 17 or 18 years old, he lived in Maseera a village in Wadi Maiden. He had been chasing a goat along a wadi side and slipped and fell straddling a rock. His perineum became swollen bruised and he was unable to pass urine. No treatment being available he was nursed on his back and after a few days became comatose. His father Thabet and uncle made a home made stretcher and carried him along the wadi for a few miles until they reached a donkey track which wound its way 6,000 feet up the wadi side to Saig, to bring him to the British Army Hakim that they had heard was based there. I cannot remember the temperature, pulse and blood pressure but they were not too bad. His scrotum, penis, perineum and lower abdomen were swollen. My surgical bible as a student had been Bailey and Love's "Short Practice of Surgery" all 1096 pages of it. Now out of date but for years I have always thought it a good place to start with when I wanted to look up anything of a surgical nature. As a student I plodded through that book at 20 to 25 pages a day trying to commit as much

to memory as possible. It was surprising how facts surfaced when needed. The appropriate page and picture surfaced when I saw Khalil and depressingly I knew what was wrong.

Khalil needed urgent transfer to a surgical unit and there was one an American Mission Hospital in Muscat at Bait al Falage. I contacted the RAMC Lt-Col. requesting a transfer. He will be long dead by now but I believe his answer was completely un-ethical, I still find it difficult to accept that British doctor would act in such a way.

“ Wrong tribe, deal with it yourself.”

1. Obviously he was useless as a doctor, he should have known that what he told me to do what virtually impossible.
2. He should not have dismissed it out of hand. There are always ways to get round authority in such circumstances. Even a Sultan would turn a blind eye for such a young man.

My answer “ How? I haven’t got any catheters.”

His “We will send some”

Even then there was no urgency or effort made to help. The catheters arrived about two weeks later, when Khalil I expected would have been long dead. They were the scrapings from ancient batches probably vintage 1920, totally useless, about the size to catheterise a stallion.

#### **Khalil’s treatment.**

I was in a state of despair, whatever I did I thought Khalil would die. I assumed that the urethra had torn transversely and assumed that any catheter would disappear into the tissue and not enter the bladder, if it did a temporary channel would form, which

would close down after a week or two. I found out later that the urethra often splits longitudinally following accidents like this, which means that it is intact apart from the leaking tear underneath. That is what must have happened in this case.

#### Treatment.

1. Catheterisation. I hadn't got any catheters, but I had plenty of clear plastic intravenous giving sets. I cut both ends of one of them, made a slanting cut at one end, borrowed some fine sandpaper off the company carpenter and polished the slanting end to make it round and smooth. I passed the catheter with my right hand until it appeared to stick, then slowly manipulated it forward with my left hand on the perineum, when to my surprise it slid into the bladder and started to drain, stinking concentrated blood stained urine. As this drained away the swollen areas reduced being reabsorbed into the circulation and gradually went down over the next three days.
2. Dehydration. Khalil had been comatose for two days so was dehydrated. Any old combination of intravenous fluid had been sent onto the jebel, saline, glucose, Hartman's solution, sterile water, etc. I gave him what I had got, glucose-saline, then Hartman's, then anything. I reasoned that now he was passing urine and he was young, his kidneys would sort things out for him.
3. Infection. The stinking urine. He could not take anything by mouth. The one box of a dozen ampoules of streptomycin, seven years past its use by date. Not an up to date preparation but an oily suspension I had never seen before. Early streptomycin was known to cause deafness, but what good were perfect ears to Khalil if he was dead. I gave a dose every 12 hours for a week and then moved onto oral sulphonamides.

### **Khalil in hospital.**



Note the window made taken from a crashed plane, the mud and stone furniture apart for the chair, only blankets, the pillow stuffed with straw. The intravenous drip set can be seen and the catheter draining heavily blood stained urine into an empty Gordon's Gin bottle, a use, which no one could have imagined. Khalil's uncle holds his head and the profile of Thabet gazes hopefully at his son.

I tried to organise proper nursing by turning him onto his side and moving every two hours but could not explain why. Thabet and his brother always turned back onto his back.

Nothing happened for 48 hours, then Thabet came rushing to see me in a state of great joy. Khalil had opened his bowels semi-solid stuff all over himself and the blankets and bench. It stank like hell and was tarry black suggesting he had also bled into his intestines. Arab males are not keen to get involved in such matters but Thabet and his brother were cleaning up with joyful smiles. For them this was a sign of normality

returning. Next day he started to come round and was able to take fluids by mouth, two days later he started to eat. I took the intravenous drip down.

I moved Khalil to a room in one of the barousties and continued sulphonamides for another week. His uncle returned home and came back a week later with a donkey to take Khalil home. I promised a visit the following week.



Khalil after three weeks, with father Thabet on his right and Salah behind, my baroustie is just above Khalil's head.

A young Arab about 14 arrived to guide us to Maseera, Khalil's village, in Wadi Maiden the following week. This was an important visit more than to examine a patient, a fuddle had been organised by the whole village to thank the "Hakim Sahib". I wanted to examine Khalil and check his progress but my attendance at the fuddle was also a political necessity. Refusal to attend would have been a grievous insult to the village.

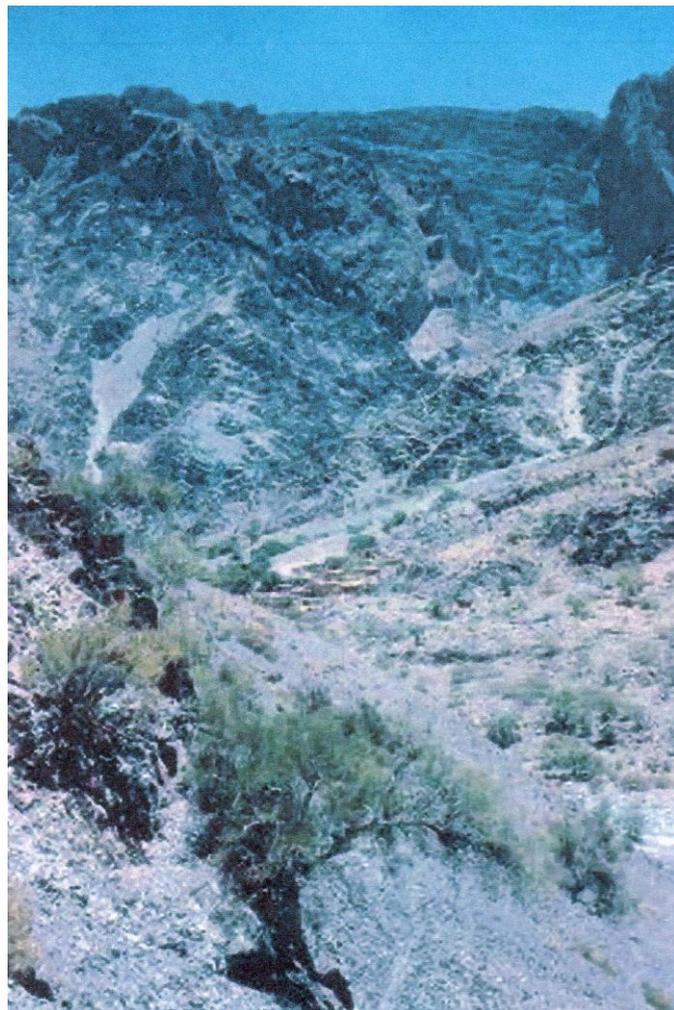
Salah and I followed the young man to the edge of the escarpment where he disappeared from view. He was happily skipping down an almost vertical cliff on

little ledges about 3 inches wide. I was informed this was the common short cut that humans used. There was no way I was going down there without a rope and harness to lower me down. On enquiry I was informed that there was a donkey track, but no one used it unless they had a donkey. We used the donkey track.



At the start of the donkey track, I took the photo, standing at the top of the track at the edge of the escarpment, below are Salah and the young Arab. This is Wadi Maiden 6,000 feet down, a rough track for vehicles can be seen at the bottom.

The following photograph, shows Sahal and the young Arab at the bottom in Wadi Maiden. Off the track about three quarters of the way up is another wadi and village which we visited two weeks later. We still had about two miles to go before reaching Khalil's village, Maseera. The reason that I do not appear on many photographs is that both Baluchi's and Arabs had no experience with cameras and the few taken of me by them are unusable.



Maseera village is in the centre of the picture.

I was pleased with Khalil's progress on this visit, although I was worried about his back over the sacral region. I had tried to prevent a problem by turning onto his side but his father had always put him back onto his back.

**Khalil and Thabet at home.**



I visited Khalil about three weeks later, a few days before I left the jebel. On this occasion the major asked me take a young corporal with me, he was about 23 from the Engineers and had been send to the jebel to start preparing for a party of engineers who were to map the jebel. The major assuming he would be bored with little to do and in need of getting used to the jebel, thought the experience would be useful. I suppose it was in a way. Something I bet he would never forget.

He was ready early with all his gear on and armed to the teeth.

“ What the hell are you carrying all that crap for?” or something similar.

“ I've been told the jebel is a very dangerous place and I have been told never to leave the base without my weapons”

No matter what Salah and I said he would not budge, if I had realised how heavy a sten-gun, four magazines and all his other gear were I would not have taken him with us.

There were no problems on the way down although it took us a little longer than previously. It was on the way back up. We had started in ample time hours before dusk, but we were going upwards, although fit he was not used to continual climbing, for Salah and I it was just walking upwards we had done the 6,000 feet in about one and half hours previously, after a third of the way we slowed down dramatically. Then I was carrying his sten-gun and a magazine plus medical bag, Salah the rest of his kit and his own medical bag. Half way up, we were supporting him one on either side making slow progress with constant rests. It was obvious we would never reach the top before nightfall. We reached the side wadi and turned down to the village.

Hospitality was traditional for Arab tribes, even if your sworn enemy enters the village in the evening, he must be fed and given somewhere to sleep, when he leaves in the morning, three days must pass before he is followed with any attempt to kill or maim him. I always reckoned I could be back in UK in three days if I upset anyone that much.

We were met by the headman, who took us to the meeting house, provided chapattis and water and where we stayed until dawn, when we set off again.

I settled back, produced my AL 69, doused all my clothes in powder, scattered where I would be lying, Salah did the same. The corporal rather intrigued and feeling somewhat rested inquired why, and I pointed to the small army of body lice marching towards us.

Up like a shot “ It’s OK sir, I feel fine, lets go. I’ll have no problem”

Etc Etc.

“Do as you like corporal, take the torch. The path is pretty wide, there’s no moon, but you could make it. Don’t scream and wake us up when you fall off. Salah and I are staying here until it is light enough to see.”

It was uncomfortable but Salah and I were used to it and we slept on and of. Whether the corporal did I don't know. At first light we left and we continued one on either side of the corporal carrying his gear and half carrying him. We reached the top of the escarpment at about 9 am. The poor corporal staggered to his tent went in and slept for 24 hours.

Ten days later that corporal fully acclimatised to the height would be skipping round the jebel like a goat and having a good laugh at his mates when they arrived.

On this visit I was not all that happy with Khalil. He seemed OK and had no complaints but my instinct said otherwise. I had been looking after coloured people now for almost 18 months and could recognise little signs that caused doubt.

Did he survive? I do not know.

I am still feel anger at the way a British doctor dismissed Khalil as of no importance.

But I am not an army man. One thing I do know is that the most skilled surgeon or brilliant physician would never make major-general and probably not even be selected for Staff College. Humanity, personal feelings I assume must be controlled when they reach that level, they must consider the army as a whole and not be distracted by individuals. That RAMC Lt-Col. probably had political arrangements to consider but I wonder if he was at all upset when he went to the officer's mess for his dinner that night. I doubt it, most likely had forgotten all about it.

In Somaliland, George, the wife of Major Nipper Harris, said that she would be very sorry when National Service ended. We get proper doctors as RMOs, ones who are not bothered about the next promotion or their senior officers reports, who will argue with senior officers on behalf of their patients or if medical ethics are being threatened.

I suppose I was one of those, making a good Regimental Medical Officer, but not a potential Senior Army Medical officer.