MINISTERING TO THE THIRSTY THISTLE

Medical Aspects of a Nine-Month Tour in Sharjah

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Introduction

THE First Battalion Scots Guards was posted to Sharjah in the Trucial States for a nine-month unaccompanied tour from February to November 1970. I joined the Battalion as their regimental medical officer six months before in Chelsea and accompanied them to Sharjah—my first taste of the 'tropics'. This paper gives a short account of the impressions and experience which I gained.

The stage

Sharjah is a small fishing town of ten thousand souls situated on the West Coast of the Masandam Peninsula, which projects almost due North into the Persian Gulf. Ten miles South along the coast lies Dubai, the metropolis of the area, with a population of one hundred thousand, while northwards in line lie the small sheikdoms of Ajman, Umm Al Quawain and Ras Al Kaymah. Eastwards inland runs thirty miles of flat dry desert, ending in a line of jagged, barren mountains (the jebel), which runs along the

East coast from the tip of the peninsula in the North into the Oman in the South. On this attractive and green East coast are the villages of Diba, Kawr Fakkan and Fujeirah. Due South across the soft sand from Sharjah is situated the fabled Buraimi Oasis on the borders of Saudi Arabia, Abu Dhabi and Muscat, while following the coast from Dubai one comes first to Abu Dhabi and then, three hundred miles from Sharjah, to Bahrain.

The climate

The climate in this area is unpleasant, but easily tolerable. In the hot season, from June to October, the coastal strip is very humid, while, in contrast, inland in the desert and the jebel the air temperature and radiated heat are much higher, but the humidity is low. I measured and recorded the dry, wet and black bulb temperatures every day from May to October and the monthly maximum readings are shown in Fig. 1 (the column 'G.G.' contains the maximum readings recorded on Exercise Gazala Gallop, vide infra).

The battalion

The battalion strength at the start of the tour was six hundred and thirty all ranks. There were six companies, including Number Two Company seconded for the tour from the Second Battalion Grenadier Guards.

The Camp

The camp was a large rambling affair situated at Sharjah, built mainly of Twineham huts (intermittently air-conditioned) and housing the Battalion, British Troops Sharjah (an Armoured-car Squadron, Engineers, transport, mechanical workshops and an Air Corps Squadron) and the Royal Air Force. This constituted around two thousand five hundred men. The camp contained the full range of sports facilities, including a nine-hole golf course, which was like playing your round in one gigantic continuous bunker! Water came from wells controlled by the Sheikh of Sharjah, but was carefully chlorinated within the camp.

The medical facilities

Medical facilities consisted of a commodious medical reception station with two fifteen-bed wards, X-ray, laboratory and dispensary facilities and a fully equipped operating theatre. This was staffed by Royal Army Medical Corps personnel under the command of a Senior Medical Officer. However, included in the medical 'set-up' was the battalion medical centre, the Royal Air Force medical centre and a medical section of a field ambulance (24 Field Ambulance during our stay). There were therefore four medical officers at the station to share duties and out-of-hours calls. I found the other doctors very friendly and helpful.

A general calendar of events

February—Fly from Gatwick to Dubai. Acclimatisation and fitness training (daily early-morning physical training and afternoon sport).

March—Company and platoon training in desert and jebel.

April—Camps, live-firing and marches.

May to June—Duties and courses within camp.

Medical Reception Station, Sharjah

Fig. 1. Monthly maximum readings from May to October

July—Exercise Gazala Gallop; Battalion exercise near Buraimi.

August—Adventure training; Iran, Cyprus, Bahrain, Singapore, ship cruises.

September—Omex Patrol visit by medical officer.

October—Exercise Bugle Call; Battalion test exercise near Sohar.

November—Searchlight tattoo for the Sheikh of Sharjah. Prepare for, and return to the United Kingdom.

Sickness profile

The numbers and types of sick attendance within the battalion for the full nine months are shown in Table I and Figs. 2 and 3. It is interesting, though hardly surprising, that injuries, the majority sporting, caused more morbidity than any other group, particularly during the acclimatising period of March to April.

The Alimentary group included three proven cases of Sonnei dysentery, but was constituted mainly of non-specific diarrhoea, gastro-enteritis and upper addominal colic of unknown aetiology. In this group also were three cases of infective hepatitis and five cases from the same company of what seemed to be acute anicteric hepatitis (right subcostal tenderness, hepatomegaly to percussion, fever, raised E.S.R., but normal liver function tests). There were three cases of appendicitis during the tour.

The Respiratory Group included many typical viral upper tract infections, several fairly severe with high fever and prostration (? arbor virus), bronchitis, pleurisy, pneumonia, tonsillitis and monilial pharyngitis.

Skin troubles as was expected in the humid conditions, were plentiful, from sunburn and prickly heat to severe secondarily-infected tinea. The combination of salt and sand on the beaches led to many unpleasant rashes.

Table I
Sick attendances within the battalion for the full nine months

Month	Disease groups										Admissions
	Respiratory		Alimentary		Skins		Others		Injuries		
	a	b	a	b	a	b	a	b	a	b	
February	17	18	24	31	33	39	33	46	37	46	M.R.S. 21 Hosp. —
March	8	14	17	28	27	49	31	38	61	112	M.R.S. 20 Hosp. —
April	13	46	23	50	39	72	27	58	76	159	M.R.S. 25 Hosp. 4
May	6	18	7	20	12	25	24	68	31	60	M.R.S. 22 Hosp. 8
June	10	20	12	23	13	22	30	70	30	55	M.R.S. 23 Hosp. 9
July	11	18	8	13	9	15	23	40	28	45	M.R.S. 13 Hosp. 3
August	18	28	13	19	41	79	21	34	23	54	M.R.S. 19 Hosp. 1
September	17	22	11	15	31	44	18	25	26	45	M.R.S. 18 Hosp. 5
October	4	7	5	10	21	38	23	60	27	69	M.R.S. 11 Hosp. 1
Totals	104	191	120	200	226	383	230	439	320	645	M.R.S. 172 Hosp. 31

Notes: Column a—First Attendances. Column b—All Attendances. M.R.S.—Medical Reception Station, Sharjah. Hosp.—Royal Air Force Hospital, Muhurraq.

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REFERENCES

1. Medical Science (1967) May p. 37-49.
2. Contraception (1970) 1: 57.
3. Lancet (1967) (2): 612.
4. Multi-centre trial data available to F.D.A. (1968).

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Fig. 2. Numbers and types of sick attendances for the full tour

The Group 'Others' included ear disease, particularly frequent being pustular otitis externa following swimming in the sea on the East coast. Many mild cases of heat exhaustion occurred, mainly during training, often exacerbated by the fluid loss of gastro-enteritis. No heat stroke was seen in the battalion.

A nine-month unaccompanied tour brings its crop of compassionate and psychiatric cases. Of the latter there were four who required evacuation—two suicidal gestures (wrist-cutting), a depersonalisation and a paranoid depressive.

Infection of grazes, cuts and bites was invariable, especially if these were left untreated for twenty-four hours. This resulted in many cases of cellulitis in hands and feet. The causative organism was in ninety-nine per cent of cases coagulase positive staphylococcus aureus, shown in almost every case to be resistant to penicillin and Ampicillin. The reason for this resistance is difficult to explain in an area where modern medicine is only just being developed.

We had no cases of malaria while out in Sharjah, but two cases of Benign Tertian have occurred since our return home, one of whom admits to missing one day's Paludrine while on exercise near Sohar.

There were no deaths in the battalion during the tour.

Fig. 3. Numbers and types of attendances for the full tour

Exercises

There were two major battalion test exercises in the nine months, which involved the full regimental aid post in the field. They were Gazala Gallop from 6 to 13 July and Bugle Call from 4 to 9 October. The first took place in the jebel and foothills North East of Buraimi in very hot and dry conditions (maximum shade temperature of 117° Fahrenheit and maximum black bulb of 149° Fahrenheit). The latter was a sea-borne exercise on the East coast in the region of Sohar.

The medical organisation used in both exercises consisted of a regimental aid post at Battalion Headquarters or Echelon, a casualty clearing post at the airhead provided by 24 Field Ambulance section with their medical officer Captain J. Dornan, R.A.M.C., and a medical orderly with each rifle company assisted by two first-aid trained pipers.

Even in the extreme conditions of Buraimi casualties were light. Only one man with viral pleurisy was evacuated from the exercise area. There were five mild cases of heat exhaustion, all of whom recovered rapidly. The rest consisted of minor injuries or abdominal 'upsets'. There were thirty-five sick in all.

The 'pundits' had prophesied a 'forty per cent heat casualty rate' while ours amounted to one point-four per cent. This was due, I believe, to proper acclimatisation and fitness, due appreciation of the hazards of heat, avoidance of activity during the

hot hours of the day (11.00 to 16.00 hours), unlimited water, liberal use of salt on food and in water and a comprehensive medical 'back-up'.

In Sohar the climate was much less severe and the exercise considerably shorter. The only trial was the enormous numbers of mosquitos.

Medicine with other units

When performing the duties of orderly medical officer at the Medical Reception Station, one dealt with the problems of all units in the camp. Of interest was a case of near-drowning in Sharjah Creek, who responded well to continuous oxygen, intravenous infusion with dextrose saline and bicarbonate and antibiotic cover (as outlined in Rivers et al (1970). *Brit. med. J.* ii, 157). Also from a 'desert-survival' course I was faced with a man in presumed hyponatraemic coma, who responded dramatically to rapid infusion of two litres of normal saline.

On most Wednesdays I held a 'cyst-drive' in the operating theatre, exercising under local anaesthetic a variety of sebaceous cysts, warts and papillomata.

On a visit of the anaesthetist from Bahrain, we performed a bilateral Zadek operation under general anaesthesia, with a good result.

Casevac calls

While duty medical officer one was liable to be called out by the Royal Air Force for a 'mercy flight'. I went on six such calls. Five were by Wessex helicopter; to Kawr Fakkan (four arabs injured in a traffic accident), the Muscat mountains (a young girl with a burnt hand), Bithnah in the Wadi Ham (a warrant officer with cardiac ischaemic pain) and two to Fujeirah (to evacuate injured arabs). The sixth call was to Masirah Island off the South coast of the Oman, to accompany a case of appendicitis by Andover aircraft to the Royal Air Force hospital at Muhurraq. These provided an interesting and instructive insight into the use and capabilities of aircraft, particularly helicopters, in casualty evacuation.

Local medicine

The local population on the coast remain unhygienic and disease-ridden. Particularly common are tuberculosis, malaria, pyogenic infection and worm infestation. Medical services are however being developed.

In Dubai the Al Maktum Hospital provides full medical cover under its super-intendent physician, Doctor Honeyman, a Scot. His medical staff are Pakistani and Indian, but while we were there the first Dubai national returned after qualifying abroad. The brand-new Raschid Hospital was being built during our stay and on completion will have three hundred and ninety beds. The first Medical Officer of Health was appointed for Dubai in September 1970.

He was faced immediately with the appearance of cholera in Dubai. This was the El Tor variety, already reported as a pandemic in India, Iran and Turkey in the summer of 1970. It never reached epidemic proportions in Dubai, there being only five proven cases and two deaths. We inoculated all personnel working within the camp and, though there were several scares, we had no cases.

Up-country life is still very primitive and this is particularly true in the mountains of Muscat. The battalion, by arrangement with the Sultan's Armed Forces, was able to

send a patrol of platoon strength to Saiq on the Jebel Akhadar (the Green Mountain) for a fortnight at a time. I was able to visit one of these in September for five days.

The small square-housed villages cling to the steep sides of the wadis with only donkey-tracks for access. The people live by cultivating small orchards of pomegranate, vines and incredible terraces of maize. They are very hospitable and we were given the traditional 'fuddle' in every village which we visited.

When the coffee had gone the rounds the 'doctor sahib' was asked to carry out sick parade. Rife in this area I found trachoma and pyogenic eye infection, especially among the children. Chronically infected wounds (Fig. 4) and malunited fractures are a common sight. All the diseases which thrive on poor hygiene and malnutrition are seen everywhere. Branding is widely practised as a 'cure-all'. One could only hope to alleviate suffering rather than effect any permanent cure in such surroundings and with limited resources.

The new young ruler plans to develop medical services, but it will be some time

Fig. 4. Young girl of Muscat with sloughing of dorsum of foot following snake bite two weeks previously

before modern medical practice and hygiene standards are established on the Jebel Akhadar.

Conclusion

This nine months in the heat and sand of a Trucial Sheikhdom were enjoyable, interesting and instructive. The experience which I gained, medical military and general while ministering to the Thirsty Thistle will, I am certain, prove invaluable.

Acknowledgements

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Mitchiner Memorial Medal 1972

The Mitchiner Memorial Medal for 1972 was awarded by the Royal College of Surgeons of England to Major R. Myles Gibson, E.R.D., M.D., M.Sc., F.R.C.S., F.R.C.S.(Ed.), R.A.M.C. (T.A.V.R.)

Major Myles Gibson is Officer Commanding, 374 Neurosurgical Team, a T.A.V.R. unit; Consultant Neurosurgeon to the General Infirmary Leeds and Leeds Regional Hospital Board; Consultant Neurosurgeon to the Army; Chairman of the Armed Forces Committee of the British Medical Association and a member of the Armed Forces Committee on Postgraduate and Dental Education.