Letter from . . . Abu Dhabi

Welfare of the Hajj

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It hardly seems like 18 months since I became a Hajji but then it has always amazed me how quickly time passes in this part of the world. Perhaps the most vivid memory to survive is that of the ubiquitous crowds which at times were so overwhelming that any attempt at resistance was utterly futile. These were no ordinary crowds, however, for they numbered well over two million and were drawn from all over the world united in the common purpose of doing the Hajj, the annual pilgrimage to Mecca, and for those of us who were called on to provide the necessary medical care for this multitude the experience is likely to remain unique.

The Hajj

The Hajj is as old as Islam itself. It was begun by the Prophet Mohammed some 1400 years ago and regularly takes place during the first two weeks of the last month of the Islamic year. Every Muslim should make the journey at least once in his lifetime, and he should ensure that adequate provision is made to cover his family while he is away; or he may decide to take his family along with him and his wife will subsequently be entitled to assume the name of Hajjia. In olden days the Hajj was fraught with danger—if they weren't robbed or killed by bandits on the way the early pilgrims stood an even chance of succumbing to disease and starvation later on. Nowadays of course things are quite different: most will arrive by plane or boat and will have cars for local transport; whereas before they would have brought a supply of barely palatable dried food to last out the journey, the modern pilgrims may purchase plentiful supplies of fresh food in the markets of Mecca after a journey lasting perhaps only a few hours by jumbo jet. In fact the only traditional hazard that remains is disease, and if anything the risk of this has increased along with the advent of high-speed international travel and the intense overcrowding that now attends this vast gathering. Health responsibility for the Hajj rests ultimately with the Meccan authorities, whose two small hospitals are quite unable to meet the inflated demand singlehanded, so that their efforts have to be supported by medical teams from other Muslim countries. Our team of 60 doctors, nurses, and pharmacists had been sent by his Highness Sheikh Zayed Al Nahayan, Ruler of Abu Dhabi and President of the United Arab Emirates, with instructions that all medical care was to be given free of charge and was to be made available to any Muslim in need regardless of his nationality. This policy, together with the gift of a very generous budget from the Ministry of Health, had ensured that in previous years our particular clinic had been one

of the busiest, and as we prepared for our flight to Jeddah few had any illusions about the size of the job that lay ahead.

Mecca

The holy city of Mecca is impressive by any standards. It lies in a mountainous cleft that stands out from a vast wilderness of barren desert. Right in the centre stands the "Forbidden Mosque," a huge marble clad building of awesome presence and from it the rest of the city radiates out in all directions stretching high up the surrounding rocky slopes. Our clinic was the first floor of a ten-storey building that also served as our living quarters, and no time was wasted after our arrival in setting up shop to receive the first patients.

From the outset the prospect of being accessible to the needs of two million people of all ages, speaking between them at least ten different languages, coming from totally different backgrounds, and bringing with them a very limited grasp of medical knowledge, was to say the least somewhat daunting. Even more so when we considered that they would all have to somehow squeeze into Mecca, which covers an area of only ten square miles (25.9 km²), and would then be moving about like an army on the march during the four days of the holy rite itself, and it would be necessary to provide medical cover around the clock. As it happened, many of our worst fears failed to materialise but from an early stage the work took on a highly individual flavour.

It was general practice in its simplest form because this was the best that circumstances would allow, and it was soon clear that the first major problem was going to be communication. Finding interpreters suitably competent in Arabic, Urdu, Turkish, Indonesian, Persian, and English is a difficult task at the best of times and with the best will in the world taking a history through a third person is tough going when less than a minute can be spared for each patient. I must admit that I felt this language problem more acutely than my colleagues and so for me at any rate sign language rapidly became the order of the day, and it turned out to be remarkably effective. With a little practice one soon recognised the same instinctive code of signs being used by all the patients to describe the same ailments and equally useful were the peculiar noises that would accompany these signs. Thus, for example, a grunting Valsalva manoeuvre usually meant Senokot, and a booming noise, perhaps with a rap across my desk from the patient's stick to draw my attention to his index finger as it drilled a hole into his temple, called for soluble Aspirin. Luckily, most of the diseases were a direct result of the heat and dust generated by the crowds so that simple upper respiratory problems formed the bulk of the workload, but on the other hand I can vividly recall two cases of severe acute asthma that needed vigorous resuscitation on the spot including intravenous hydrocortisone and oxygen. Yet even seriously ill patients such as these made it quite clear that

their only interest was to be rendered fit enough to complete the Hajj, and no complicated explanations were either asked for or expected.

Flexible routine

Our routine had to be flexible enough to cater for a demand that seemed to increase from one day to the next. The doctors did eight-hour shifts on duty working in pairs. Each shift would deal with anything up to 500 patients, a turnover that numbed the mind and reduced even the neatest handwriting to a scrawl. Few were content to leave without a prescription of some kind and so much the better if there was an injection to see them on their way. The crunch came when the entire clinic had to be mobilised to spend four long days on the road while the pilgrim horde paid homage to the nearby holy places of Mina, Arafat, and Muzdalifah. The pharmacy, which was never less than comprehensive, together with our other provisions including food and water had to be packed up and carted around with us during this hectic period—the essential core of the whole Hajj—and at various times along the way I dispensed my services from tents pitched in the desert, from the back of an ambulance, and on one occasion perched high up on a rather disdainful camel.

Referrals to hospital from our base in Mecca were straightforward, but once outside the city the process became considerably more difficult because the roads were constantly blocked by columns of people who always seemed to be going in the opposite direction. Ambulances would sometimes take five or six hours to travel the 10 km back through the endless white blanket of pilgrim camps that swarmed over the sun-scorched countryside. A few lucky ones were airlifted by helicopter but most were less fortunate, and some probably died on the way. The overall mortality figures are uncertain, but undoubtedly the strenuous demands of the Hajj took its toll among the old and frail and those who had set out in the first place knowing that they were sick with time beginning to run out. Fortunately there is consolation for doubtful starters in the *Holy Koran*, which states that anyone who dies on the way to Mecca or before completing the Hajj will certainly receive the full reward of pilgrimage. It was a common sight to see a dead pilgrim being carried shoulder high on a makeshift stretcher by relatives or friends so that he or she could posthumously complete the holy rite. Accidental deaths, however, were rare, and it was remarkable that, despite the hordes and the sheer unstoppable momentum of the whole event, problems arising out of crowd disturbances were minimal—indeed, my surgical instincts were a little frustrated at not being called to any serious case of trauma the whole time I was there.

Eventually the Hajj drew to a close, and the work load mercifully diminished. The sunset on Mt Arafat had come and gone, the Satans in Mina had been thoroughly stoned, and after a farewell prayer in Mecca the pilgrims began to make their way home. For us there was still work to do but in Medina this time, where there would be time to pause for a little historical reflection.

Medina

If Mecca is the foremost sacred city of the Muslim world, being among other things the birthplace of the Prophet Mohammed, then Medina comes a close second. Mecca originally developed as a watering place along the ancient caravan route from the Orient to the Mediterranean, and its wealth became controlled by the Quraysh tribe that Mohammed despised. When in AD 622 he and his followers were forced to flee for their lives their journey to a refuge in Medina signified the birth of Islam. It also meant the start of a protracted war between the Muslims and the rulers of Mecca that culminated

in triumph for Mohammed and the widespread acceptance of his religious teaching.

Medina lies about 200 km due north from Mecca along a road that starts off through a hot flat desert plain, bounded on one side by volcanic mountains and on the other by the Red Sea, and ends up in cooler more hilly country. As Medina is finally reached the country merges with the Hejaz, where, alas, the sleepers are now all that remain of the famous Turkish railway to Damascus that T E Lawrence knew so well. The city itself is dominated by the Prophet's Mosque, where Mohammed is buried, the surrounding architecture being a peaceful mixture of the very old and the very new situated in the middle of an oasis of green date-palms and farmyards, thus making a stark contrast with the bustling mercantile atmosphere of Mecca. The one outstanding feature common to both holy cities was the still silence that descended over everything as the inhabitants knelt to observe the call to prayer that echoed in every corner at the five appointed times each day.

We held our clinic in the same way as before but with much more time for each patient. It was apparent that some had been waiting since the previous Hajj to return for a follow-up visit, which was a touching tribute. Indeed, it was with regret that we were unable to spend more than just a few days in this unassuming place, which in its heyday had united the Arab people and then directed them in a holy war that spread Islam halfway around the globe in less than a hundred years. A sobering thought when one considers what little lasting impression all the centuries of European expansion have made on the Islamic world, which has emerged stronger than ever in the post-colonial era.

The journey home took only two days. Everyone felt in need of a rest but at the same time satisfied that the overall effort had been worthwhile and that our small contribution had not gone unappreciated.

The welfare of the Hajj will continue to be of great importance in the future for several reasons apart from the religious one. Before the days of oil the Hajj was a main source of Saudi Arabia's annual income, and in these days of rapid change in the Middle East it provides a useful opportunity for Muslim Heads of State to meet informally. For lesser mortals too it is one of the few times when it is possible to see friends and relations in communist countries who may use the Hajj as a valid excuse for an exit visa. The western world may not fully appreciate the debt it owes to many of these Hajjis, whose binding faith has long been the backbone of stability in this vital yet volatile part of the world.

Personally, I would not expect to work as hard again for the rest of my professional career, but to those doctors going on the Hajj after another decade or so two million may well seem like pretty small beer if present trends are anything to go by.

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A 60-year-old man died within six months of a renal carcinoma being diagnosed. Two years before his illness his hair went completely white for three months before reverting to its normal brown colour. Is there any connection between the events? If not, what might have caused the hair change?

"Sudden" whitening of the hair is due to diffuse alopecia areata. This condition has predilection, for reasons that remain obscure, for pigmented hairs which may be rapidly shed, leaving behind the previously hidden population of grey hairs. There is no known relation to renal carcinoma, and although such tumours may induce an immune nephritis, the main immune association of alopecia areata is thyroiditis. The speed of recovery of the patient's hair colour suggests he was wearing his hair fairly short at the time, because follicles recovering from alopecia areata sprout hairs at a normal rate and that would give him only 2.5 cm or so of pigmented hair after three months.

Shuster S. *Dermatology in internal medicine*. London: Oxford University Press, 1978: 98-9.