

Personal View

A telephone call from BOMS was why I was heading from Mogadishu towards Juba in the far south of Somalia. After seven hours the Land Rover finally made it to the sugar producing estate whose doctor I was to relieve for a couple of months.

Towards the end of the first week there, soon after nightfall, I was relaxing with a coffee and *The Mayor of Casterbridge* when the mosquito screen over the doorway was wrenched open with an urgency that forecast trouble. A Somali supervisor had backed his car over his own small child playing immediately behind it. The child had been taken to the estate clinic.

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I examined the child, held on the lap of its anguished silent father. The right parietal region had been stove in, but the child, although unresponsive, seemed in fair condition. He clearly needed expertise and I knew that Mogadishu boasted one neurological specialist. The company flies a light twin engine aircraft, but the estate air strip is unlit, so there are normally no night flights. Nor is the airport at Mogadishu usually lit at night. In any case, the place was tacitly reserved for expatriates. The clinic has its own ambulance—another ancient Land Rover—with metal stops welded into the floor to hold a stretcher trolley. But the long road journey—with a high chance of mechanical breakdown or of running into a hyena in the dark—would not have helped the patient. If he went by plane he could be in hospital in two hours.

The general manager promptly gave the go ahead for the flight and the pilot agreed to take off with the aid of car headlights. On the way he would try to raise Mogadishu control tower on the radio. "But," he said, "I know they leave a small red light switched on. If I line up with the lights of the town and come in low over the red light we're pretty well certain to land in the right place." All his attempts to "raise Mogadishu" failed. It was not until we had circled several times over the black void, and he was about to attempt the landing in darkness that two parallel lines of yellow pinpoints suddenly appeared.

As we landed, the world's oldest surviving ambulance came slowly across the tarmac. It turned out that the police in Juba had radioed their colleagues in Mogadishu, but their warning to the airport of our impending arrival had not registered. In the hospital reception room a young English speaking doctor made a cursory examination. "The child will be put in a cot," he said, "and seen some time tomorrow." I quoted the name of the specialist, but my suggestion that it might be a good idea to get his opinion prompted the response, "The neurologist works at the general hospital. If you want him you must go there." Leaving the father to stay with his child, I hurried back to the ambulance with the pilot, who was increasingly morose at the thought of having to fly back at 6 o'clock in the morning.

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At the general hospital it was an Italian speaking policeman who saved the day. He led me out of the hospital to a car from which emerged the commander of police. Not only was he English speaking, but out to help. He was impressed that a visiting European doctor had bothered to accompany a Somali child and

had broken with custom by using the company's private aircraft for the purpose. "Go back to the other hospital," he said, "and wait there. I know the specialist and I'll go to his house and bring him."

Back in the reception room I offered suitably diplomatic regrets at overriding the young doctor and explained that the specialist was on the way.

"Why does he come?" he asked.

"To look at the child."

"The child is not here. The father took him away."

"Took him away? Where to?"

"I did not ask," the doctor said. "He goes somewhere. How do I know?"

"But the child is badly injured. Why did you let him go?"

"I cannot stop him. The father wants to take him so he goes."

"That's it then," the pilot said. "I'm not hanging around here any longer. We might as well go to the hotel and put our heads down. It's past 1 o'clock. You realise that we have to be up again at 5.30."

"But we can't go," I said. "Not after the police have taken all this trouble. They might be here soon with the neurologist."

"I expect," the pilot said wearily, "they'll understand. Don't you see that the father didn't have the money the doctor wanted? Anyway you need a few hours sleep yourself don't you?"

I gave in. Nearing the hotel, I said: "I suppose it's much too late to get a whisky?"

"I've got some," the pilot said. "I always put a bottle in my night bag. You always ought to pack a bottle of whisky on these trips."

In his spartan hotel room we were about to take a first well earned sip by torchlight, when an outsized enraged rat burst from beneath the bed and hurled itself against the wall, the closed door, and us. I am a coward at being in a small room with a large hypermanic rat.

Keeping my voice manfully quiet, I said: "I think I'll toddle off to bed now."

"You might leave the door open," the pilot said with scorn, "to let this thing out as you go."

As I went towards my room the rat disappeared into the gloom of the corridor. I opened my door and tentatively pressed the switch. Surprisingly, the light came on. I listened intently. No scuffling, no squeaking, nothing crawling about. I consoled myself for a failed mission with the pilot's Scotch, undressed, set my alarm clock, and got into bed.

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BOMS? It is the Bureau for Overseas Medical Services, Africa Centre, 38 King Street, London WC2E 8JC. Jane Lethbridge runs the office and gives helpful advice. It is the ideal first contact for medical and related masochists, like nurses and physiotherapists, curious enough to want to see things from a different perspective. It will not be all frustration and discomfort, but do not go just for a holiday.

BENJAMIN LEE

Cambridge