The reign of 'Abd al-Rahmān Khān (1880–1901) is considered by most historians to have been the foundation stone of modern Afghanistan and consequently much has been written about this formative period of Afghanistan's history. However, despite the extensive literature available on his reign, several important features about the Afghan Amir appear to have been either overlooked or ignored.

Probably the most significant, and least studied, aspect of 'Abd al-Rahmān Khān's reign, is the sickness which afflicted him throughout his period of rule. This illness so incapacitated him that he eventually lost the use of his hands and feet. By the middle of the 1890s, the Amir was so ill that he had to be carried everywhere in a palanquin (Martin, 1907, p. 125). During the more violent and serious attacks, he was susceptible to fits and prolonged periods of unconsciousness. In order to conceal the severity of his illness and disabilities from his Court and the public at large, 'Abd al-Rahmān Khān deliberately isolated himself in the harem, admitting only a select few of his most trusted government officials. The result was virtual paralysis of state business which went hand-in-hand with widespread rumours of the Amir's death.

During 'Abd al-Rahmān's own lifetime, doctors who attended him diagnosed his affliction as gout, which provided at least a superficial explanation for the Amir's growing immobility (Sultan Muhammad Khan 1900, i, pp. 266ff.) – a diagnosis that has remained unquestioned to the present day. Detailed examination of the known symptoms of the Afghan ruler's illness, however, reveals that he was suffering from a disease, or combination of diseases, much more acute and dangerous than has been previously suspected. The evidence available makes it clear that 'Abd al-Rahmān Khān's frequent attacks of chronic illness not only physically disabled him but also brought about a steady deterioration of his mental powers. Amongst other things, we find that he was subject to hallucinations, paranoia, mania and other psychotic disorders which had a direct effect on Afghanistan's internal and foreign policy.

We are fortunate in as much as the sickness of 'Abd al-Rahmān Khān has been well chronicled. During the late 1880s and the 1890s the Amir was intermittently attended by two British physicians, Dr Gray and Dr Lilias Hamilton. In the case of Dr Gray, his
autobiographical work, *At the Court of the Amir* (1895), contains several references to *Abd al-Rahmān Khān’s* illness, Dr Gray’s diagnoses, and the *Amīr’s* symptoms. Dr Hamilton, though the author of two novels about Afghanistan,² did not publish any memoirs of the time she spent in Kabul, but on her return to England she lectured extensively on Afghanistan and published short articles in various British journals and magazines.³ In addition, several other Europeans and Afghans at the *Amīr’s* court published details of the king’s sickness, or reported privately to the government in India on his condition, albeit from a layman’s viewpoint (cf. Martin; Sultan Muhammad Khan). The unpublished records in the India Office Library and Records, such as the diaries of the various native newswriters in Kabul, Qandahar, Herat etc., the confidential reports of British agents, diplomats and travellers, and translations of letters, proclamations and tracts by *Abd al-Rahmān Khān himself, also provide considerable detail about the *Amīr’s* mental and physical health. It is interesting to note in this context that whilst his sickness was a subject of much debate in India, Britain and Russia, as well as amongst Afghans themselves, the official “biography” of *Abd al-Rahmān Khān* (Sultan Muhammad Khan, 1900) makes only passing reference to the acute nature of the *Amīr’s* sickness, and glosses over the severity of the symptoms. It is evident from this work, and the secrecy which always surrounded the king’s frequent attacks of “gout”, that he did not wish his own subjects, let alone Britain or Russia, to realise how severe his illness was, lest he be deposed and replaced by someone better qualified, mentally and physically, to protect British interests in the region.

From the information available, it is possible to trace the various attacks and seizures which the *Amīr* suffered, starting from an early age up until his last, and terrible, illness. According to his own confession, *Abd al-Rahmān Khān* first experienced the symptoms of the disease when, as a child, he received a blow on the arm which resulted in “a gouty eruption” breaking out on the smaller joints.⁴ Some while later, whilst he was a general in his father’s army in northern Afghanistan, he appears to have had a more serious, and debilitating attack (Gray, p. 476). This was probably around 1868, when he was occupied in campaigns against the supporters of Shār ‘Ali Khān. This illness left him so weak that he “had to be carried on a charpai⁵ to war” (Gray, p. 476), and was hoisted onto the shoulders of his men, or placed on a house-top, so he could direct the fighting. The main symptoms were stomach cramps and other abdominal disorders, which his *hakīms* (native physicians) attributed to a “snake”. After a period of fasting, followed by a meal of rich food, a tapeworm came out through the mouth. Such acute abdominal pains, which were sufficient to reduce *Abd al-Rahmān Khān* to a state of immobility cannot, however, be

² Her only published work was, *A Vizier’s Daughter, Tales of the Hazara War* (London, 1900), but a second, unpublished novel exists in the Wellcome Institute for the History of Medicine Library (a second copy is in the India Office Library and Records) called, *The Power that walks in Darkness*, a chilling account of the repressions in Kabul under *Abd al-Rahmān Khān*, IOLR: Mss. Eur. C375; WIHML: PP/HAM.

³ Her unpublished personal letters, diaries and lecture notes, in final and draft form, can be found in WIHML: PP/HAM. We also know that she sent extracts of her private diary to India at the end of 1894, when it was thought that the *Amīr* was on his death bed, though this particular manuscript does not seem to be in the India Office Records: *Note of a conversation with Mr. Clarke*, 27 (?) Dec. 1894, IOLR: SLEI/L/PS/7/77 fols 141; Telegram, *Simla to London*, 15 Oct. 1894, IOLR: Home Correspondence, L/PS/3/340 fol. 1183.


⁵ chahār pāyī – a native bed.
solely attributed to this parasite. Since we know the symptoms which occurred at this time were similar to those which marked subsequent attacks, we conclude that this was but the first of many attacks of the illness that was to plague the Amir for the rest of his life. In this particular instance, his suffering was compounded by other intestinal problems.

The next recorded attack took place in Balkh, possibly in 1880, whilst 'Abd al-Rahmān was mounting a challenge to the throne of Kabul, following the flight and death of Shīr 'Alī Khān. This attack, though minor in comparison to the one he had suffered previously, gave the Amir considerable pain in his foot and for ten days he went into seclusion and was unable to perform any state duties. Later in his life, he attempted to dismiss the severity of this particular attack as only "slight pains in the arms" which lasted for a matter of a few days, but it is clear from the contemporary reports that even before he had begun to reign, 'Abd al-Rahmān Khān was already suffering severely from an acute and painful illness that, on occasions, made him inaccessible to government officials.

Less than two years later the illness returned whilst he was in Qandahar (autumn/winter of 1881) and continued to afflict the Amir throughout the Afghan winter, until at least February 1882. Once more he was forced to confine himself to his private quarters, to the detriment of affairs of state, and in June 1882 an important member of the royal family, Sardar 'Abd al-'Azīz Khān, son of 'Azam Khān, privately reported to the British native agent in Kabul that the King had "gone mad". By September of the same year the disease was "on the increase" with the Amir once more confined to his private apartments, and though he quickly recovered, he appears to have continued to be afflicted with head and other pains during the winter of 1882/3. As a result of this attack, which brought a return of the symptoms he had suffered on previous occasions, the Amir concluded that he was suffering from a recurrent disease.

During the winter of 1887/8, 'Abd al-Rahmān Khān suffered a "long and severe" attack of "gout", which was the worst and most prolonged period of sickness that he had ever experienced. According to his own admission, he was sick for nearly six months up until the autumn of 1888 (Sultan Muhammad Khan, pp. 266ff.; Gray, p. 159). Though it is not known exactly when he began to feel ill, the first indication that something was not right was when the king broke with his usual tradition in order to spend the winter of 1887/88 in Jalalabad. Due to its lower elevation, this city has no snow in winter and is consequently much warmer than Kabul, where several feet of snow can fall in the space of a few days. The move to a warmer climate, however, was only partially successful, since in January 1888 the Amir was taking medicines for an unspecified disorder.

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6 KN, 28 Jan. 1893, IOLR: SLEI/L/PS/7/69 fol. 875. The Amir does not state the exact date, nor is there any record of his being in Balkh during the early months of 1880. "Balkh", however, may be being used here in its wider sense, namely the territory which was ruled from Balkh, which was the seat of the governor of Afghan Turkistan. Alternatively, but less likely from the context, it could refer to the winter of 1868/9 when 'Abd al-Rahmān Khān was governor of Afghan Turkistan for his uncle, 'Azam Khān.

7 Peshawar Confidential Diary, Jan. & 2 Feb. 1880, IOLR: SLEI/L/PS/7/72 fol. 842, 1027.
8 KN, 28 Jan. 1893.
9 ibid.
11 KN, 27 June 1882, IOLR: SLEI/L/PS/7/33 fol. 705.
13 KN, 28 Jan. 1893.
14 Trans-Frontier Journal, May 1888, IOLR: SLEI/L/PS/7/34 fol. 106.
15 KN, 3 Jan. 1888, IOLR: SLEI/L/PS/7/52 fol. 625.
By early July 1888, the Amir, now back in Kabul, suddenly took a turn for the worse. His health was said to be bad, his temper, never very good at the best of times, had become worse and he was abusing everyone, "whether he be an influential man or not". As a result the king was forced to cancel his darbār, and issued orders that no-one, except one or two "respectable" persons, should be allowed to see him. A few days later he felt well enough to return to public life, but he was obviously still very ill. During his first darbār he publicly denounced, "all the Afghans, including myself" as infidels, claiming that, "the only Musulmans are the Persians and the Kizilbash". He also ordered a proclamation to be read all over Kabul to the effect that, "Ali had issued orders from Mazar-i Sharif that during the Amir's reign tigers and goats should drink water from the same spring".

In mid-July the Afghan court moved to Paghman, to avoid cholera which was raging in Kabul, but a few days after they arrived, the Amir caught "a cold" which was soon followed by fever and "gout", and he was forced to hand his darbār responsibilities over to Habibullah. After taking medicine, the Amir recovered sufficiently to order a distribution of alms, but at the same time, he privately confessed to the British native news-writer in Kabul, that he still "felt very unwell, and that he had had no sleep for seven nights and days; but that he slept the day previous only; that the pain which he felt in both his feet on account of the gout had not decreased; that he had applied leeches; and that he was going to apply more". At this point in the conversation, the Amir launched into a tirade against his subjects whom he claimed, were "ignorant and short-sighted". Later in the same day he became, "abusive and obscene" to senior army officers and the Khān-i Mullā Khān (chief religious leader of Kabul) and threatened all his officials, "that he would turn their wives over to the Russians". It was probably during these early weeks of July 1888, when the king's sickness was at its height, that he fell insensible with an attack of "syncope" which led to widespread rumours that he had died (Gray, p. 159).

By the end of July, the Amir's "gout" had moved from his toes to his thighs, with continuous sciatical pains and some swelling of the affected limbs (Gray). A few days later the "kidneys" were affected and gave the Amir some pain and though he managed to attend the darbār during the second week of August, it was only "with great difficulty" and the aid of crutches, since his feet had become swollen and very painful. Meanwhile, his absence meant that the affairs of state were, "at a standstill". The reappearance of the Amir, however, was not a good omen for some, as he used the occasion to condemn to death several individuals who had been spreading rumours that he was dead.
It is obvious that the Amīr did not wish anyone, except his most intimate advisors and family, to see the effect his disease had on him. Not only was he physically incapacitated, but he had been suffering from swoons or periods of unconsciousness, and there are definite indications that his mind had become disturbed. Consequently, the veil of secrecy once more fell over the whole sickness (cf. Sultan Muhammad Khan, pp. 266ff.), but far from preventing rumours spreading, this policy actually contributed to the growing belief that the Amīr was dead or dying. These rumours circulated freely in Afghanistan, and by August 1888, reached the ears of the governor of Afghan Turkistan, Išhāq Khān, a son of the former Afghan Amīr, ‘Azam Khān by an Armenian wife, who had a good claim to succeed ‘Abd al-Rahmān Khān. Under pressure from his advisers, and discontented with the king’s mismanagement of the country’s affairs, he had himself proclaimed Amīr in Mazar-i Sharif on 10 August, with the almost unanimous support of the Afghan soldiers and the local rulers of Afghan Turkistan (Gray, pp. 146ff.; Kakar, 1971, p. 147). News of Išhāq’s rebellion reached Kabul in less than thirty-six hours, and was broken to the Amīr, who was still extremely ill. When he heard of the rebellion, he broke into a violent rage and castigated the Muhammadzayi clan (of which he was, at that time, the most prominent member) as “bad people … no-one should expect any good from them”. The whole tribe, he fumed, was “lawless”, “unworthy”, “like camels” and with “no sense of their own”, and declared, “If I belong to this tribe, I ought not to be trusted either!”

The shock of Išhāq’s rebellion and the sheer physical effort required of the Amīr to organise his army to defend his throne, was probably directly responsible for the relapse which the king suffered a week or so later. Once more his kidneys were troubling him, the acute pains in his knee and leg had returned and he was said to be “suffering a great deal”. In a short space of time, paralysis had so affected his legs that he was unable to walk more than two or three paces. However, despite the severity of his attack, the Amīr continued to reassure Britain that his illness was, “not a dangerous one”, provided the proper remedies were applied. As a result, British officials in Calcutta and London, failed to realise how critically ill the king had been during these months. But others, who had direct access to the Amīr, knew that he was gravely ill and there were those in the royal family who were seriously concerned about his health. At the end of July the Amīr’s chief wife was contemplating an unseasonal visit to the shrine of Mazar-i Sharif, renowned for its ability to heal the incurable.

Išhāq Khān’s rebellion was eventually crushed, but ‘Abd al-Rahmān Khān decided that his presence was required in the north, and made plans to travel to Turkistan, despite the fact that he was still having to take purgatives and miss the occasional darbār; a situation that continued well into October. In December 1888, the king, still barely recovered, left

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28 The ruler of Maimana, Hussain Khān, refused to acknowledge Išhāq, who had him put to death.
29 KN, Paghman, 14 Aug. 1888, IOLR:SLEI/L/PS/7/54 fol. 939.
30 KN, 21 Aug. 1888.
31 KN, Paghman, 21 & 24 Aug. 1888, IOLR:SLEI/L/PS/7/54 fol. 969; ibid. vol. 55, fol. 15.
32 Amir to Earl Dufferin, 7 Sept. 1888, IOLR:SLEI/L/PS/7/55 fols 205–6.
33 PCD, 24 July 1888, ibid. vol. 54, fol. 735.
34 The decisive encounter took place on 27 September at Ghaznimag, south of Tashqurghan. Išhāq Khān fled to Samarqand and exile, where he lived for the rest of his life.
Kabul for Turkistan and wrote to the Viceroy in India to request an English physician, who specialised in "gout", to be sent to Afghanistan to treat him.\textsuperscript{36} Whilst he awaited the specialist, he established Balkh as the temporary capital of Afghanistan and, for the next eighteen months or so, personally supervised a "reign of terror",\textsuperscript{37} which decimated all social and racial groups then living in Afghan Turkistan. Though the Amir had suppressed the Chilzāyi rebellions of 1886/7, and other local opposition, with severity, the Turkistan purges of 1889–90, implemented as they were with clinical ruthlessness, marked a new level of state violence, imposed by the king's orders through implemented by officials who, with some notable exceptions, were themselves reluctant participants in the destruction of many thousands of civilians and soldiers. Indeed, the "Turkistan atrocities" brought the Amir's relations with Britain very nearly to breaking point.\textsuperscript{38}

Despite the Amir's justification that he was, "reducing ... disorderly people to a state of new order",\textsuperscript{39} the Turkistan purges can only be properly understood in the context of the king's nearly fatal attack of an illness which not only physically handicapped him, but had undermined his mental stability. From about July 1888, even before news of Ishāq Khan's rebellion reached Kabul, it is clear that the king had become violent, paranoiac, and frequently incoherent in his public statements. The rebellion merely exacerbated these symptoms. Once in the northern provinces of Afghanistan, the Amir's paranoia gave rise to his determination to eliminate the followers of Ishāq Khan, of the former king Shēr 'Ali Khan, and anyone else whom he considered posed the least threat to his throne. There can be little doubt that the brutality of the repressions, which were the hallmark of the king's time in Afghan Turkistan, was directly influenced by the psychological disturbances that were brought on by his illness. It is important to note that, from 1888 onwards, the history of his reign is a history of escalating violence against individuals and tribal, religious and ethnic groups.

The sickness that had been the catalyst for Ishāq Khan's rebellion, continued to plague the Amir during his stay in Turkistan. During the winter of 1889/90, he was so badly incapacitated that he was forced to use a palanquin to travel any significant distance (Gray, p. 159). The latest bout of sickness was marked by further, increased purges of presumed opponents. By this time Dr Gray, the specialist who had been requested the previous year, had reached Turkistan from India. His medical observations, published in his journal,

\textsuperscript{36} KN, Rabat, 7 Dec. 1888, IOLR:SLEI/L/PS/7/55 fol. 1390.
\textsuperscript{37} The phrase was used by Lord Roberts of Kandahar in a Memorandum on Afghanistan, written in 1885, and later, by the political officer in the Khyber, Col. Warburton, to describe the events in Afghan Turkistan which followed the defeat of Ishāq's rebellion. Memorandum (on Russia and Britain in Central Asia) Gen. F. Roberts, 22 May 1885, IOLR:SLEI/L/PS/7/64 fol. 30, p. 15; Col. Warburton to Sir H. M. Durand, 21 July 1889, ibid. vol. 56, fols 145–9.
\textsuperscript{38} The various news-letters and reports sent by the British agent who went with the king to Turkistan, as well as others in Kabul, Kandahar, Herat, Baluchistan and the N.W. Frontier, are full of descriptions of the repressions. As a result of growing concern in India, and a general belief in the administration that the reports sent by native agents in Afghan Turkistan and other parts of Afghanistan were highly exaggerated, two reports were compiled by British political officers. One, by Col. Griesbach, who was employed by the Amir in Afghanistan during 1889, could not be disputed since he had been a reluctant eyewitness of the events in Turkistan. The other, was by Col. Warburton, Political Officer in the Khyber: Warburton to Durand, 21 July 1889; C. L. Griesbach, Memorandum on the Disposal of the Turkistan Prisoners by the Amir, Simla 13 Aug. 1889, IOLR:SLEI/L/PS/7/58 fols 145–9.
\textsuperscript{39} Turkistan Atrocities, the Amir's Reply, 30 Sept. 1888, IOLR:SLEI/L/PS/7/58 fols 503–7.
show that the Afghan king was subject to frequent and dangerous attacks of sickness, which affected both his mental and physical powers.

In August 1889 the Amir was forced to miss his darbār due to an attack of "gout" in his left arm and side which caused, "intense pain" and rendered his left arm completely immobile.40 A week or so later the Kabul news-writer, who had accompanied the king to Turkistan, reported that, "His Highness' appearance has altered much owing to the sickness".41 The attack, however, soon passed, and there was no recurrence of the sickness until November, when once more the king was taking purgatives to relieve his painful hand.42 Dr Gray was called in to treat the Amir, and found that he had a "severe chill", a temperature of 102.4°F and catarrh in the throat and the eustachian tube of the middle ear, which was causing some deafness. The next morning the king was still feverish, with pains in his shoulders and back. The native physicians claimed that the Amir had had a fever during the night, but Gray dismissed this. However, he did admit that the king looked, "uncommonly ill" and felt "oppressed". After being bled, 'Abd al-Rahmān Khan declared that he felt better, and by the afternoon he was "reasonably recovered" (Gray, p. 253). The improvement continued from this point, and the worst symptoms appear to have quickly abated.

The following winter, after the Amir's return from Turkistan, there was a further relapse. On, or around, 9 September 1890 (Gray, p. 388) 'Abd al-Rahmān Khan was reported to be ill with "the gout", and Dr. Gray was asked to prescribe for him. He found the Amir suffering from a "gouty" inflammation of the right foot and knee and pains in most of his joints, accompanied by recurrent shivering and fever. The next day the pain had nearly gone as a result of rubbing with various oils, massage of the legs, and bleeding. A week later, however, the Amir was still suffering from "gouty pains" in the right knee and was having trouble walking down stairs. The native doctors continued the régime of massage and bleeding, and were plunging the affected foot into icy water whenever the pain became too intolerable (Gray, pp. 369ff.). Not unnaturally, this treatment left the Amir rather weak.

By October the king was in "great pain" and "a distracted state of mind".44 Pain continued to afflict his knee and foot throughout the early part of November (Gray, p. 381). At the end of that month, the king had a serious relapse and was reported to be lying "dangerously ill at the palace" (Gray, p. 388). On 2 December, Gray was called in and found the Amir groaning with the pain of, "acute gouty inflammations" of the right shoulder, elbow, wrist and knee, accompanied by "shooting, neuralgic pains" running up and down his left calf. In addition to these unpleasant symptoms, the patient had crackling noises in his chest and lung area ("coarse crepitation of left auxiliary base"), a cough, and was having difficulty swallowing ("faucial congestion"). Some enlargement of the heart was noticed, with a significant increase in protein in his urine, indicating a malfunction of the kidney and/or liver ("albuminuria to the extent of roughly 1/5th"), coupled with a

40 KN, Mazar-i Sharif, 12 & 16 Aug. 1889, IOLR:SLEI/L/PS/7/58 fols 171, 204.
41 KN, Mazar, 27 Aug. 1889, IOLR:SLEI/L/PS/7/58 fol. 263.
42 KN, Mazar, 8 Nov. 1889, IOLR:SLEI/L/PS/7/58 fol. 834.
43 Gray described the pain as "sciatica".
44 KN, 11 Oct. 1890, IOLR:SLEI/L/PS/7/64 fol. 727.
disorder of the bladder ("extreme vesical irritability") which may mean, euphemistically that the Amir was incontinent. His temperature was 102°F, with a weak pulse. He had not slept for several nights.

Dr Gray ordered the inflamed joints to be bathed in hot water and bandaged, and he administered some medicine, part of which was probably a sleeping draught, since the Amir managed to sleep soundly for three to four hours. By the next day the patient's condition was a little better, with the temperature and the bladder back to normal. He was also able to swallow, and the pains in his joints had lessened but, despite this and the alleviation of his cough, he was still unable to sleep. A few days later the burning pain in the hands and foot returned, only to abate by the evening.

The next day the pain had nearly gone, but he was still unable to sleep. In the afternoon, however, the pain returned in his knee and, after a restless night, he gave up taking European medicines and returned to the régime of his native doctors. Dr Gray, however, seems to have continued to have access to specimens of urine etc., since he records that the proteins (albumin) had nearly disappeared (specific gravity 1012), with crystals of lithium oxide being deposited. Occasional "tube casts" were discernible.

A day or two after the Amir had dismissed Dr Gray, the pain returned and grew worse, with more fever, insomnia and shivering. The following day the king's urine had once more an excessive protein count (albuminuria at 1/12th, later rising to 1/5th - s.g. 1016), and his left ankle had once more become swollen. At five p.m. the same evening, the Amir's pulse was 100 and weak; temperature 97.2°F (Gray, pp. 388–9).

A few weeks later, on 27 December 1890, the king had a "fainting fit" and took vodka, "to restore his health." A day or so later, "alarming head symptoms" developed, with "a sort of aura" passing from his head to his feet, accompanied by buzzing noises in the ears, headache and great heaviness of the head (Gray, p. 407). Gray, by this time thoroughly alarmed by what he had seen of the king's illness, thought that he was about to have a fit or apoplexy as the "gout...threatened to attack His Highness's head". A few years later, 'Abd al-Rahmān Khān himself privately admitted that during this period he had become, "insensible and impercipient," and that his illness during this December had been the most severe that he had ever suffered.

Dr Gray was the first European to witness the severity of 'Abd al-Rahmān Khān's illness, which up to that point had been one of the closest secrets of the Afghan Court, and concluded that the Amir could not live more than two years. He therefore informed the British native agent in Kabul of this important fact, who, in turn, quickly conveyed Dr Gray's professional opinion to his superiors in Calcutta. The news that the Amir might be dying took the British government completely by surprise and, since 'Abd al-Rahmān Khān's death would have serious implications for British foreign policy in the region, this report produced a flurry of correspondence between Calcutta and London regarding the

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45 Lithium water was a standard treatment for gout at this period, and these deposits were undoubtedly the traces of Gray's prescription. 46 KN, 7 Feb. 1891, IOLR:SLEI/L/PS/7/62 fol. 713.
47 See also Letter to Viscount Cross, Fort William, 4 Feb. 1891, IOLR:SLEI/L/PS/7/62 fol. 597.
future of Afghanistan and which of 'Abd al-Rahmān Khān's sons should be recognised as the heir apparent.62

- The worst symptoms disappeared over the next few days, but on 29 December the pain once more returned to the king's limbs. Though the fear of any further "fits" had receded and there was less cause for immediate anxiety, throughout the remaining winter months the king continued to suffer almost continuously from pains in the foot and the muscles of his right hand (Gray, p. 412). By the end of January 1891, his right hand was virtually paralysed and he was unable to use it for eating. He had also stopped taking snuff (naswar) since his lips had become "unserviceable". 55 It was not until March that Gray reported 'Abd al-Rahmān Khān had sufficiently recovered to walk a little (Gray, pp. 405-8), but even then he continued to suffer from pains in the foot and had to be carried if he wished to move any distance (Gray, p. 253). He was still unable to digest his food, had completely lost his appetite and was "very weak", doubtless in part due to being heavily bled, and from taking large quantities of purgatives.64

During these months of illness the Amīr once more showed clear signs of psychological disorder. Gray states that he was in "a distracted state of mind", and severe punishments were meted out to rebels, this time the Shaikh 'Ali Hazāras of Ghurband. From August 1890 onwards large numbers of these Hazāra tribesmen, as well as other prisoners who were still being sent from Turkistan as a result of the continued purges of army and civilians in that region, began to swell the jails in Kabul. Many were executed in a variety of novel ways, whilst others were forced into hard labour repairing roads, or were subjected to other rigorous punishments and mutilations.59 In October 1890 the prisoners from Turkistan were particularly singled out for the Amīr's vengeance, and despite the increasing severity of his illness as winter approached, he continued to insist on personally supervising the sentencing of these unfortunate individuals, who were either summarily executed or condemned to suffer some other awful punishment.56 By December, when the Amīr's attack was at its most severe, the number of Shaikh 'Ali Hazāra prisoners in Kabul had reached between six and seven thousand men, women and children57 and the number of draconian sentences, including severe torture, mutilation and execution, being meted out to these, and other prisoners, led many of the ordinary people of Kabul to claim that the Amīr was suffering from "mania", similar to that which afflicted Nādir Shāh Afšār.58

Discontent with the Amīr's "iron" rule was not, however, confined to the man in the street. Even important members of the royal family attempted, during the height of his illness of 1890/1, to moderate the king's swingeing punishments, and to bring home to him the true consequences of policies which had brought the administration of the country to its knees. This led to serious confrontation between Prince Habībullah and his father.

55. KN, 16 & 30 Aug. 1890; Peshawar Confidential Diary, 6 Sept. 1890, IOLR:SLEI/L/PS/7/60 fols 406-7.
56. KN, 20 Sept. 1890, IOLR:SLEI/L/PS/7/61 fol. 509.
57. Peshawar Confidential Diary, 8 Jan. 1891, IOLR:SLEI/L/PS/7/62 fol 376.
58. Peshawar Confidential Diary, 20 Sept. 1890, IOLR:SLEI/L/PS/7/61 fol. 411.
Habibullah had attempted, behind his father's back, to moderate some of his severe sentences, only to be rebuked by the Amir: "You have seen how I rule over these people," he raged, "notwithstanding all that, you deal with them gently and mildly".59

This had not been the first time the Amir had clashed with Habibullah. In the autumn of 1890, 'Abd al-Rahmān Khān, on his return from Turkistan, had upbraided Habibullah, who had ruled Kabul in his father's absence, because he had shown a degree of clemency and mercy towards his subjects, "acquiring thereby a good name". His father, far from complimenting him, was exceedingly angry. "You have not followed my footsteps," he fumed. "People call you a worthy person, and me a 'kafir' [infidel]. You ought to have followed me step-by-step. In future I shall keep an eye on you. Whoever calls me a 'kafir', is himself a 'kafir'"."60

In June 1891, the Amir had recovered sufficiently to visit the seven hundred or so forced labourers who had been condemned to repair the road at Tang-i Gharī. 'Abd al-Rahmān Khān, in an unusually forgiving mood, promised to release them all provided they completed a specified quota of work; announcing his conditional pardon, he asked them to, "forgive and forget if you have suffered injustice and wrongs at my hands, and I forgive you your offences".61 In all, around five hundred prisoners were released during June, but the Amir's clemency was far from universal or consistent, as during the same month he banished several hundred other prisoners abroad and thousands of others were forcibly removed to Turkistan.62 It is clear that the Amir had a "change of mind"63 soon after his partial recovery, but unfortunately this reformation was not only temporary, but arbitrary; motivated by a sense of relief that he had been saved from certain death. Though the release of prisoners was consistent with Islamic and Afghan norms, his persecution and deportation of others continued unabated.

The following winter (1892/3) saw a further recurrence of the disease. In December the Amir was said to have gout and to be suffering from acute pain in his right shoulder. A few days later he was forced to take to his bed, and passed on some of the minor responsibilities of state to his sardars.64 On 11 January 1893 the Amir called in Hindu soothsayers to discern the cause of his "disease and disquiet" and, though he soon recovered, no one, except a few privileged persons, was allowed into his sickroom.65 By the middle of February he had returned to work.66 During this period he made a number of erratic decisions, which caused considerable puzzlement amongst his officials.67 The remission did not last long and in June and July of the same year the symptoms returned. Though details of this attack are scanty, we do know that the Amir experienced, "pains in the heart" and suffered "severely". In order to relieve his discomfort and insomnia, he ordered his band to play to him throughout the night.68

59 KN, 28 Feb. 1891, IOLR: SLEI/L/PS/7/62 fol. 917.
60 KN, 13 Aug. 1890, IOLR: SLEI/L/PS/7/60 fol. 1341.
61 KN, 11 June 1891, IOLR: SLEI/L/PS/7/63 fol. 673-4.
62 Ibid. 63 Ibid.
65 KN, 11-13 Jan. 1893, IOLR: SLEI/L/PS/7/69 fol. 625. The Amir had come to the conclusion that the cause of his affliction was "bile", KN, 28 Jan. 1893.
66 KN, 14-17 Jan. 1893; Peshawar Confidential Diary, 21 Feb. 1893, IOLR: SLEI/L/PS/7/69 fol. 747, 1205.
67 Kandahar News-letter, 28 April 1893, IOLR: SLEI/L/PS/7/70 fol. 669.
68 KN, 17-20 June; 1-4 July 1893, IOLR: SLEI/L/PS/7/70 fols 1795, 1921.
The following year there was a further, severe seizure, which probably started in June, and continued through the winter of 1894/5. By this time, Dr Lilias Hamilton had arrived in Kabul from India on "sick leave" and attended the Amir during the worst part of this, and subsequent, illness. The first signs that the Amir was ill came when it was reported that his hand was causing considerable pain, and that he had ordered an increasing number of executions and confiscations of property. Prisoners were still being brought to Kabul, as a result of military operations in the Hazarajat, and fifteen captives a night were condemned to death by the King, "until they are got rid of". As there were an estimated five thousand such prisoners whom the Amir claimed "deserved punishment", the task of disposing of those condemned to death was a formidable and unpleasant one. In order to make their disgrace even worse, 'Abd al-Rahman Khan ordered halters to be put on the necks of the condemned, "in the same manner as one would treat dogs", whilst their wives and children were to be sold as slaves at public auctions.

By the first week of October 1894 the Amir was dangerously ill, and Dr Hamilton was asked to prescribe for the patient. When she had finished examining him she realised, like Dr Graż before her that, "his was not a trouble for which I could treat him single-handed or for which, indeed, he could be treated successfully under any circumstances in Kabul. He was suffering from a disease which must, I knew, eventually be fatal". Hamilton, unfortunately, does not state what she believed the "fatal disease" to be, but during her examination, she noted that the Amir had had a "haemorrhage" from his kidneys, presumably based on the appearance of blood, or a similar red or purple-coloured substance, in the urine or faeces. On 8 October, Hamilton again attended the king, who had spent a restless night in great pain, "followed by prostration" and "swooning". The native hakims, thinking that the Amir was about to die and fearing for their lives, tried to blame Hamilton’s prescriptions for the king’s sudden turn for the worse, and disputed Hamilton’s diagnosis of "blood" in his urine, claiming that it, "was a red humour due to the heat which had been generated all over his system, but especially in his brain, by the medicines you have been giving him". Hamilton, angry about their attempts to save their own skins, retorted, "it’s blood right enough... there is no use our fighting over that. The point is how to stop it!"

The grave nature of the king’s illness led Hamilton to report the situation to Walter Pyne, another European in Kabul who at that time was acting as a secret news gatherer for the British government. On 8 October Pyne sent an urgent telegram informing Calcutta that the king was “hourly expected to die” from a “haemorrhage of the kidney”. Whilst British officials pondered on the implications of this news, Hamilton’s own life hung by

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69 Hamilton arrived in Kabul on 25 April 1894, Dr. Hamilton to Dear –, Kabul, 26 April 1894. There is some mystery surrounding the reason for Hamilton’s arrival in Kabul. In her private letters the stress was for her health, which had been very poor, but the costs of her road expenses were all covered by the Indian government. In a letter from her former headmistress at Cheltenham Ladies’ College, Hamilton is told: “We think you have received a special call from God to prolong, perhaps save, the life of the Ameer”; Principal, Cheltenham Ladies’ College to Dr. Hamilton, Oct. 1894, WHIML:PP/HAM/A1.

70 Trans-Frontier Journal, June 1894, IOLR:SLEI/L/PS/7/75 fol. 109.

71 KN, 9–12 June 1894, IOLR:SLEI/L/PS/7/75 fol. 131.


73 Ibid., fol. 10–11. Hamilton, amongst other things, had ordered the Amir to observe a strict diet.

The intrigues of the Amir's native physicians had been so successful that she believed that, were he to die, she would face execution or imprisonment on the charge of poisoning the Afghan ruler. For a few days she kept a fast horse tethered near the entrance to the palace so that, in the event of the Amir's death, she would be able to make a dash for freedom. Habibullah, realising the difficulty she was in, personally reassured her and pledged his protection to Hamilton in the event of his father's death, and her horse was returned to its stable.

Despite the fact that the Amir was expected to die, utmost secrecy prevailed in the Afghan court regarding the real state of his health. As on previous occasions, however, it was impossible to prevent rumours of his death circulating throughout Afghanistan and as far afield as India and Russia. These rumours arose partly as a result of letters issued during the king's illness which, "differ so much from His Highness' disposition, that [it] led the people to believe he is seriously ill". Fortunately for Lilias Hamilton, the Amir made a surprising recovery, and by 13 October, just a week after Pyne had telegraphed India, he was able to inform Calcutta that the "haemorrhage" had stopped and the king was out of danger.

In February 1895, the Amir was once more seriously ill. This time, the sickness manifested itself by "sudden pains" in the stomach, followed shortly afterwards by "gout in the feet". In May the pain in his leg was worse, and he confided to his mother, "My end has arrived and I do not hope to live much longer." By June, the royal letters no longer carried the king's signature due to the immobility of his right arm, though his seal was still being used. Because of his chronic ill-health and his pessimism about surviving the current attack of illness, he finally had Habibullah publicly proclaimed as the heir apparent, with temporary responsibility for the internal affairs of Afghanistan.

Though the Amir's health improved somewhat during the height of the Afghan summer, by the end of September 1895 he was again ill, this time with dysentery, and Habibullah took the opportunity to release more prisoners as an act of charity and merit for his father's recovery. Despite this, and other efforts to seek a cure, the Amir continued to be in "a habitual bad temper" and ordered an increasing number of executions and imprisonments. On 4 January 1896, he was again gravely ill having had a "paralytic stroke" which had rendered his right hand useless. No-one, except one or two trusted court officials, was allowed access to the Amir.

78 Note of a conversation with Mr. Clarke, c. 27 Dec. 1894, IOLR:SLEI/L/PS/7/78 fol. 141.
81 KN, 27 Feb. 1895, ibid. fol. 1728.
82 KN, 5 June 1895, IOLR:SLEI/L/PS/7/78 n.p.
Once more the Amīr rallied, and for a short while the effects of this attack, combined with a growing sense of foreboding that he would not live much longer led, in the short term, to an increasing emphasis being placed on prayers for his recovery. Once his health revived sufficiently to permit him to take control of affairs again, he gave orders for the release of many prisoners, some of whom had been incarcerated for several years, and for a while he adopted a “less harsh” attitude towards offenders. 88 In May the Amīr was persuaded by prominent members of his family to issue a proclamation to the effect that he wished to treat his citizens mildly, and would do so if they, “refrain[ed] from mischief”. 89 Despite these humanitarian gestures, however, ‘Abd al-Rahmān Khān continued to suffer paralysis in his legs and right arm, and performed state business from an armchair. 90 The policy of leniency towards offenders did not last either. A pharmacist, whose medicine had made the king sick, was imprisoned, and others, accused of spreading reports of his death, had their tongues cut out. 91 In late July 1896 the Amīr’s foot was so bad that he was incapable of making any excursions, however brief 92 and it is clear that he was again seriously ill. Once more the royal family feared for the Amīr’s life and one of his wives, the mother of Muḥammad ‘Umar, began to distribute largesse to various important and influential persons in the country, in the hope that she could thereby secure the succession for her son, though without any particular success. 93

Though the Amīr remained ignorant of this intrigue, his spies alerted him to another, presumed, threat to his throne. Sometime in August 1896 Habibullah, the heir apparent, held a feast for some forty Muḥammadzāyī sardārs after which they continued in deep conversation until the early hours of the following morning. 94 The content of this after-dinner conversation is not recorded, but the king’s spies were clearly present, and immediately reported the matter to ‘Abd al-Rahmān Khān, who concluded that the heir apparent was involved in an intrigue against him. Despite it being two o’clock in the morning, the king, who was still wide awake, 95 ordered his son brought to him, and Habibullah was ignominiously dragged out from his party – more than likely in front of his horror-stricken guests – and forced to walk to his father’s quarters with his wrists bound behind his back by a handkerchief.

Habibullah’s humiliation was far from over. When the king saw him, he flew into a violent rage, accusing his son of trying to overthrow him, and heaped abuse on him, whilst Habibullah, well aware of the fate of others who had faced his father’s rage, could only stand trembling. When the king had finished his tirade, he ordered his son to be imprisoned, whereupon Habibullah, doubtless fearing he was about to be sent to the notorious Siyāh Chāh, or Black Well, fell prostrate to the floor in front of his father. Despite his pleas, the heir to the Afghan throne was dragged away and incarcerated in a room in the Bāgh-i Bālā, with orders that he should be moved to prison the next morning.

88 Peshawar Confidential Diary. 10 May 1896, IOLR: SLEI/L/PS/7/85 n.p.
89 Peshawar Confidential Diary. 8 May 1896, IOLR: SLEI/L/PS/7/86 n.p.
90 Ibid.
91 KN, 16 May 1896, IOLR: SLEI/L/PS/7/86 n.p.
93 Ibid.
95 Ibid.
Before this could happen, however, the Amir had a change of mind and, two hours later, Habibullah was brought before his father once more, only to endure a further tirade. Finally, ‘Abd al-Rahmān Khān relented, spared Habibullah any further disgrace and let him go. Publicly humiliated, deprived of sleep and still suffering from the shock of the night’s events, Habibullah returned, weeping, to his house, where he stayed for three days with a “headache”. Yet, despite the fact that such incidents would have been public knowledge very quickly, the British native agent in Kabul continued to blandly reassure his masters in India that the Amir was only suffering from, “a slight indisposition”.

By October 1896 the Amir was again obliged to hand over some of the more mundane affairs of the country to Habibullah, and was recommended by his doctors to winter in Jalalabad, in the hope that its warmer climate would help to alleviate the “slight fever” and “cold” from which he was suffering. The Amir, however, did not leave Kabul that winter, and it is not surprising to find that it took until January 1897 before he recovered from his “indisposition”. The official statements about the king’s health, however, hid the real seriousness of his illness during the winter of 1896/7. The very fact that Habibullah was again required to assume the function of regent, indicates how sick the Afghan ruler really was. As on previous occasions, a cloak of secrecy quickly descended over the Afghan court and, in order to further conceal the real nature of his attacks, the Amir confined himself to his private quarters, or the harem, where he could be tended by confidential physicians, away from the gaze of all but the most intimate courtiers. Despite such precautions; however, news of the true condition of the Afghan ruler was passed on confidentially to the British government by Afghan sources near the throne. From these reports it is clear that the Amir, far from suffering some minor “indisposition”, was critically ill. Indeed, he was as dangerously ill as he had been at any time and “fainting fits” were a weekly occurrence.

In the autumn of 1897, the Amir again succumbed and continued to be intermittently ill throughout the winter. By the middle of February 1898 he was reported to be, “very ill”, and in October of the same year he was forced to cancel his darbār since he was “somewhat reduced in health”. At the beginning of 1899, the Madras-based newspaper Muḥammadān reported that the king was, “sick, even unto death — of that insidious and fatal malady, Bright’s disease”, and about a month later he was again “in seclusion” — a

96 Ibid.
99 Cunningham to Lee Warner, India Office, 14 Sept. 1897, IOLR:SLEI/L/PS/7/95 no. 959 (though there is no pagination, the volumes are divided according to reports from vol. 91 onwards, the number refers to the report file number in the volume, and the annual indexes of the Political and Secret Dept.). This report is based on an interview with Sultan Muhammad Khan, former munšī to Sir Salter Pyne, and later made famous for his two volume biography of ‘Abd al-Rahmān Khān (1900). He maintained he had “fled” Afghanistan to avoid the Amir’s wrath and eventually spent some time in London. It was only after his return to Kabul a few years later that it was clear that he had been acting as the Amir’s agent all the time.
100 Herat News-letter, 14 Oct. & 11 Nov. 1897, IOLR:SLEI/L/PS/7/98 no. 1243; vol. 99, no. 177.
102 Diary of Kabul Agent, 19 Oct. 1898, IOLR:SLEI/L/PS/7/109 no. 1096.
103 Extract from the Muḥammadān, 12 Jan. 1899 in, IOLR:SLEI/L/PS/7/111 no. 280. Bright’s disease: a form of chronic nephritis, or inflammation of the kidney, which results in œdema (swelling) of the legs and body and high blood pressure (hypertension).
sure sign that he was seriously ill, despite reassurances to the contrary from the Kabul news-writer.\(^{104}\)

In August 1899 'Abd al-Rahmān fell ill again, and by December he was so sick with "dysentery and fever" that Habibullah cancelled plans to send two regiments to Afghan Turkistan, preferring to keep them in Kabul in case they were needed to put down disorder if his father died.\(^{105}\) In January 1900 rumours about the Amīr's health claimed that he was suffering from dropsy, rather than dysentery.\(^{106}\) So sick was the king, that he was more often absent from public darbār than present; a situation that continued well into the the spring of 1900. During the same period the whole framework of government, which had never really functioned properly at the best of times under 'Abd al-Rahmān Khān, virtually ground to a halt.

The Amīr, despite being in no mental or physical state to run the country, continued to oversee even the smallest item of state business, and government officials, who went in fear of doing anything without their ruler's personal sanction lest they were disgraced or put to death, found it was impossible for them to obtain an audience with the king, to discuss matters of state, or to obtain the royal consent. 'Abd al-Rahmān Khān, however, continued to refuse to acknowledge that he was unfit to rule and instead blamed the "stupidity of the Afghans" whom, he claimed, were the reason why he had decided to withdraw from public gaze!\(^{107}\)

By July, officials in Herat and other provinces were seriously concerned. They had had no direct orders from the Amīr for over six weeks, and it was only when a royal farrān finally reached Herat from the king himself, that they were able to "reassure" the people that their ruler was still alive.\(^{108}\) A month later, however, the Amīr had a further relapse which very nearly killed him. By then, so widespread was the belief that the king had died that people in Kabul began to bury their treasure and prepare for the anticipated disorders that would follow.\(^{109}\) Though still alive, the Amīr realised that his life was drawing to a close, and he called his officers to Paghman where he exacted an oath of loyalty from them to his heir apparent, Habibullah.\(^{110}\) At the same time individuals accused of spreading reports of the king's death were severely dealt with. Other unfortunate victims of this particular round of repression were prisoners in the Kabul jails who had openly rejoiced when they heard that their ruler was dead, and a group of thirty Kāfir (Nūristānī) elders, who had held a special party to celebrate the death of the ruler who had caused so much misery to their people.\(^{111}\)

\(^{104}\) Diary of Kabul Agent, 25 Feb. 1899, IOLR:SLEI/L/PS/7/112 part II fol. 196.

\(^{105}\) Herat News-letter, 28 Sept. 1899; Khyber Political Diary, 16 & 23 Dec. 1899, IOLR:SLEI/L/PS/7/118 no. 1113, vol. 119, no. 207. \(^{106}\) Khyber Political Diary, 13 Jan. 1900, IOLR:SLEI/L/PS/7/119 no. 251, p. 3.

\(^{107}\) Khyber Political Diary, 14 & 28 April 1900, IOLR:SLEI/L/PS/7/122 no. 556 p. 3; vol. 123, no. 609, p. 2. \(^{108}\) Herat News-letter, 19 July 1900, IOLR:SLEI/L/PS/7/126 no. 1025.

\(^{109}\) Herat News-letter, 19 July 1900; Diary of Kabul Agent, 18 Aug. 1900, IOLR:SLEI/L/PS/7/126 no. 1035, 922. The common belief was that he had died from the cholera which was then raging in Kabul and other areas of Afghanistan, Khyber Political Diary, 29 Sept. 1900 & 9 Feb. 1901, IOLR:SLEI/L/PS/7/128 no. 1209, p. 3, vol. 131, no. 369.

\(^{110}\) Diary of Kabul Agent, 18 Aug. 1900.

\(^{111}\) Khyber Political Diary, 29 Sept. 1900 & 9 Feb. 1901. The prisoners were bayoneted to death and the Kāfir elders imprisoned.
'Abd al-Rahmān, however, survived for another twelve months—albeit more or less as a bed-ridden invalid. This final year of the Amir's life passed without his being able to take much part in the daily running of affairs of state, though his overpowering presence continued to awe even Habibullah, who by now had become Afghanistan's unofficial regent. But the future Afghan king was still obliged to consult daily with his father and obtain his consent before any course of action could be undertaken.\(^\text{112}\)

In the spring of 1901 the Amir suffered a "stroke", combined with an attack of "gout" which he blamed on his native physician, whom he thought was trying to poison him.\(^\text{113}\) After a short remission,\(^\text{114}\) he quickly became extremely ill, and suffered a series of three "epileptic fits" over a period of a fortnight, which left him weak and convinced that his death was near (Martin, p. 126).\(^\text{115}\) Yet even at this late stage, and despite the obvious deterioration in the Amir's health over the past few years, certain British officials still believed that the Amir's illnesses were more "diplomatic" than signs of severe physical disability, and claimed that he would soon recover.\(^\text{116}\) It was not until later in the year that serious concern was finally expressed in India about the state of the king's health, as news of the seizures and other "severe gout" symptoms were forwarded to India and Britain,\(^\text{117}\) but by then it was clear to many in Afghanistan that 'Abd al-Rahmān Khan was dying. In August he was moved to Paghman in the hope that the change of air would revive him, but when this failed to have any effect he was returned to the Bagh-i Bālā on the outskirts of Kabul. He arrived there virtually incapable of anything and required assistance for every move he made.\(^\text{118}\)

On 18 September the Amir had further attacks of "gout" and fever, and, ten days later, orders were given that alms were to be distributed to various religious causes, and fifty prisoners were released daily until the king recovered.\(^\text{119}\) But it was already too late for such gestures, as he was slowly dying in the most awful manner. For fourteen days prior to breathing his last, 'Abd al-Rahmān Khan's sufferings were terrible to behold, as the "Iron Amir's" body gradually stopped functioning. A few days before he finally passed away, both his feet had "died", and the stench from the rotting, gangrenous flesh was so unbearable that no-one was able to stay in the sick room for more than a few minutes at a time (Martin, p. 126).\(^\text{120}\)

On the night of 2 October the Amir, realising he was already more than half dead, once more called his officials to his bedside and made them swear their loyalty to Habibullah on the Qur'ān.\(^\text{121}\) The next day the king was dead, and by the same evening he had been

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\(^{112}\) Trans-Frontier Journal, Aug. 1901, IOLR:SLEI/PS/7/137 no. 1117, p. 2.

\(^{113}\) Khyber Political Diary, 16 March & 25 May 1901, IOLR:SLEI/PS/7/132 no. 501, vol. 134, no. 760. The doctor was imprisoned.  

\(^{114}\) Khyber Political Diary, April 1901, IOLR:SLEI/PS/7/133 no. 610, p. 4.

\(^{115}\) Khyber Political Diary, 29 June 1901, IOLR:SLEI/PS/7/135 no. 906.

\(^{116}\) Khyber Political Diary, 11 May 1901, IOLR:SLEI/PS/7/133 no. 760.

\(^{117}\) Trans-Frontier Journal, July & Aug. 1901, IOLR:SLEI/PS/7/136 no. 1004, vol. 137, no. 1117, p. 2. The only senior government official who realised at an early stage that the Amir's sickness could lead to a sudden, and unexpected, termination of his reign was Gen. Roberts, see Memorandum by Gen. Roberts, 22 May 1885.

\(^{118}\) Khyber Political Diary, 17 Aug. 1901; Habibullah to Viceroy, 4 Oct. 1901; British Agent, Kabul, to Foreign Dept., 5 Oct. 1901, IOLR:SLEI/PS/7/137 no. 1117, p. 2; vol. 139, no. 1300, pp. 12, 18.

\(^{119}\) Khyber Political Diary, 3 Aug. 1901; British Agent, Kabul, to For. Dept., 2 Oct. 1901, IOLR:SLEI/PS/7/136 no. 1092; vol. 138, no. 1260, p. 7.

\(^{120}\) Habibullah to Viceroy, 4 Oct. 1901.

\(^{121}\) Telegram, Political Officer, Khyber, to For. Dept., 5 Oct. 1901, IOLR:SLEI/PS/7/138 no. 1260, p. 7.
buried in the mausoleum which he had commissioned a few years earlier. So unpopular had this Afghan king been, that unprecedented security measures were required in Kabul for the funeral. There were several plots afoot to intercept the cortège, kidnap the body and feed it to the dogs. Even after the burial the tomb was set on fire three times by unknown hands, which gave rise to rumours that blue flames had been seen rising from the building, proof, it was said, that his spirit had gone to hell (Martin, p.126).

The history of the many, and increasingly frequent, illnesses of the Amir, reveals that whatever complaint ‘Abd al-Rahmān Khān suffered from, it was not gout, but a disease that was much more chronic, debilitating and dangerous. A summary of the Afghan king’s physical symptoms demonstrates this graphically. They include severe abdominal pains; “rheumatism” (diagnosed by Dr Gray as “sciatica”) and acute pain in limbs and head; creeping paralysis of both legs and hands which, during the height of an attack could leave the king unable to walk or stand; increasing chronic stiffness of other limbs and joints accompanied by severe swelling of limbs and glands; high fever; sensations of “heat and burning”; lung infections; high blood pressure and pulse rate; paralysis of respiratory muscles leading to difficulty in breathing and swallowing; insomnia; epileptiform seizures resulting in prolonged periods of unconsciousness; “fits”; pains in, or behind, the eyes; burning sensations in the ears; nystagmus, or rapid movements of the eyes (Martin, p.39); incontinence; acute pains in the region of the kidneys, liver and/or abdomen which were sometimes followed by “blood” or other blood-like substances appearing in urine and/or stool samples. From the available evidence it is possible to deduce that the Amir was more susceptible to an attack of “gout” during the severe Afghan winter, and that a period of illness was frequently preceded by symptoms that could indicate he had caught either a cold or influenza. During the warmer spring and the hot summer months, he tended to recover only to succumb the following winter. By the middle of the 1890s, the attacks of “gout” were a regular occurrence from the middle of October to the end of February each year.

However acute and distressing the physical symptoms of the Amir’s disease, more important, from the historian’s point of view, is strong evidence that suggests the several attacks of illness also produced a marked psychological deterioration in the king, which is seen in his growing intolerance of political opponents, escalating violence against ordinary citizens of all races, as well as erratic decisions and unpredictable outbursts of anger during which he often became incoherent.

We have already seen that, during his attacks, the king’s temper, never very good at the best of times, became terrifying, and purges of political opponents, executions, torture and forced migrations of sections of Afghanistan’s population, tended to peak whenever he fell ill. This is most graphically shown between 1888–9 in the events surrounding the revolt of Ishāq Khān and the “reign of terror” which followed its suppression. During this period the Amir experienced two severe attacks of “gout”; the first, in the summer of 1888, which gave rise to reports that he was dead, was the catalyst for the Turkistan revolt. The king was still quite ill when Ishāq’s revolt was crushed, and very sick when he insisted on going to the north and supervising, in person, the repressions that followed. Having barely recovered his health by the summer of 1889, he once more fell ill during the winter of that
year. During this period of eighteen months the Amir personally oversaw the destruction, often in brutal circumstances, of scores of thousands of the inhabitants of Turkistan who came from all races and levels of society, including Afghans related to the royal family of Dost Muhammad Khan who had been given land and positions of authority in the region under the previous kings.

On other occasions there was a similar link between the Amir's "gout" attacks and his increasing brutality and paranoia. Contemporary sources not only support this thesis, but frequently refer to the manner in which the king's character changed for the worse during the height of his various attacks. According to Martin, a British employee in Kabul during the 1890s, the Amir was subject to strange and violent facial contortions, brought on during fits of uncontrollable rage which came on suddenly and unexpectedly. In the space of a few seconds the king's mood would change from one of perfect affability into a sudden, violent and unpredictable rage. When such a mood took him, Martin records, "his face became drawn and his teeth would show until he looked wolfish, and then he hissed his words rather than spoke them, and there were few of those before him who did not tremble when he was in that mood, for it was then that the least fault involved some horrible punishment" (Martin, p.39). Dr Hamilton also noted these swift changes of countenance, which would suddenly contort the Amir's features: "That mouth, which could smile so sweetly, could be so cruel, so passionate,... was horrible to see, more like that of some beast than of a man made in the likeness of God".122

Excessive garrulity may well have been another side-effect of the king's affliction. "The Amir did all the talking", Martin writes, "and all he required of one was to listen and answer shortly, except when some matter required full explanation and then he would listen very attentively" (Martin, p. 39). Sir Mortimer Durand who, in 1893, tried to bring home to the king the grave concern in England over the "barbarous punishments" he was inflicting on political and civil prisoners, discovered that he was "determined to evade all discussion on this point... but takes refuge in stubborn silence, or talks volubly about something else... Once the Amir begins to talk with a purpose, it is impossible to stop him".123

We have already seen that, by the early 1890s, many Afghans, including important members of the Afghan royal family, had come to the conclusion that the king was "mad". Martin, who lived for some years in Kabul and enjoyed the Amir's favour, believed that his brain had been so badly affected that, "it was only at times he was able to think or reason clearly" (Martin, p.125), whilst Lilias Hamilton, in a graphic passage in one of her lectures, specifically links the king's purges with a deterioration in his mental state.

He began to see an avenging hand wherever he turned his eyes. He recognised a poisoner in every flatterer... a usurper in every man with brains enough and independence enough to be ambitious... a possible assassin in every man brave enough to dare repay with death the death of his near relatives.

who had probably been justly [sic] executed by the Amir's orders. He got in the way of looking for and suspecting evil in everyone, evil that he was always afraid of not finding until too late. He kept looking round for details that were quite beneath his notice, and for petty intrigues which were often imaginary. 

Though the Amir's fear of assassination is not unique amongst heads of state, this fear had so gripped the Afghan king that it became an obsession, and led directly to the persecution of anyone who posed an actual, or imagined, threat to his autocratic control of Afghanistan. However, it is apparent from the sources that paranoia was not the only psychological disorder that he suffered from. Like Britain's most notorious "mad" King, George III, 'Abd al-Rahmān Khān too lived "in a world of his own...like the details of a dream in its extravagant confusion" (MacAlpine and Hunter, p. 10). This world of fantasy found its expression in the numerous fārmāns or royal proclamations that the Amir issued during his reign, as well as in his private confidences to Dr Lilias Hamilton, which she subsequently recorded in her assessments of him. These proclamations and confessions reveal a man who lived in a detached and remote world of his own, oblivious to the suffering and chaos his reign had brought to the peoples of Afghanistan. It was a world which was both schizophrenic and increasingly dominated by visionary, occult experiences.

During the Amir's reign a large number of decrees, proclamations, tracts and other public statements were distributed throughout the country. These public statements of the king were nailed in prominent places in the major towns of Afghanistan, or ordered to be read at Friday Prayers and in other places of public assembly. Dictated personally by the king, and written often in the first person rather than in the impersonal style of the traditional fārmān, these proclamations were usually statements of royal self-justification which urged the Afghan peoples to obedience, or declarations of the Amir's intent or policy. Consequently they give us an interesting insight into the way in which his mind was working, and his own personal assessment of situations which may have given rise to popular unrest.

In 1889, whilst he was still in Turkistan, the Amir issued a proclamation which attempted to justify the Turkistan, "reign of terror" in the face of rising opposition both at home and abroad. However, far from believing that his rule was too severe, the Amir declared that:

The leniency, consideration and calmness with which I treated my enemies and offenders of the State were exemplary... All faithful Muhammadans, generals and the Afghan tribes especially, should consider a ruler in my person a great blessing to them... My mercy, kindness, generosity and justice towards the people of Afghanistan, outweigh those of former kings and rulers...

The semi-autobiographical and apologetical official life of the Amir, continues this same theme in even more bombastic terms:

125 Translation of a Tract entitled Iṣlah-ul Bīyān fi Nasīḥatul Afghān, min hisnun Amir-ul Mominin, Amir Abdul Rahman Khan, Wali Afghanistan, Khurāsan va Turkistan, IOLR:SLEI/1,PS/7/58 fols 387-9. And this, when it was still a local proverb to say, "Is Dōst Muhammad dead that there is no justice?"
Praise God that the same country, which was in a deplorable condition... has made such marvellous progress, blessed by peace and prosperity... They are such peaceful, obedient subjects to me, that they are ready to carry out all my orders and instructions with the greatest delight and affection (Sultan Muhammad Khan, ii, p. 229).

Other royal proclamations and statements reiterate such sentiments, and indeed this was a favourite subject for the king’s increasingly frequent public announcements. Despite evidence to the contrary all around him, ‘Abd al-Rahmān Khan believed that his country was peaceful and prosperous, and that, apart from certain individuals, he enjoyed the confidence and support of the majority of his subjects. One only has to read the works of Martin or Gray, or the unpublished novel of Dr Hamilton’s, The Power that walks in Darkness, to realise that the opposite was true.

But the Amir’s most extravagant public claim was published in a tract of 1893, in which he listed twenty-four “reforms” which he claimed he had made for the betterment of the country. After a repetition of his belief that he had freed Afghanistan from the miseries of war and bloodshed, he claimed he was:

One whose word was endowed with the efficacy of Christ... sent by God... [who]... lifted from our minds the burden of sorrows that was crushing it down... does his best for the welfare and advancement of the Muhammandans. He is always seeking means whereby his subjects may become prosperous.128

The notion that he had a messianic mission to his people, far from being merely a rhetorical device in an oriental proclamation, was a deeply-held belief of ‘Abd al-Rahmān Khan, which went further than the occasional outrageous palace statement. We have already seen how, during his serious illness of August 1888, a proclamation had been distributed throughout the country, claiming that an oracle from Ali’s shrine in Mazar-i Sharif prophesied that during the reign of ‘Abd al-Rahmān Khan, “tigers and goats should drink water from the same spring”. Other evidence reinforces the belief that the Amir was highly susceptible to “supernatural” interventions. His claim that he had been given a messianic or prophetic mission to his nation clearly influenced his actions and decisions. Lilias Hamilton informs us that the Amir was, “absolutely convinced of his own supernatural powers”,127 powers which, by his own confession, led him to the conclusion that the “ceremonial enjoined by the Koran was unnecessary” as far as he was concerned, since his own mind was able to “soar above constraints of any kind”.128

This occult vision of his own self-importance, tinged, as it was, with the belief that normal moral and religious constraints were for those of lesser spiritual perception, appears to have broken in on the king’s consciousness when he was quite young. For a variety of reasons, he had had difficulty learning to read and write, but he claimed that this problem was solved overnight when he dreamt he saw an angel who bestowed this ability on him.129 Later, when he became ruler of Afghanistan, ‘Abd al-Rahmān Khan was in the

126 Translation of a Pamphlet by Amir Abdul Rahman Khan, 30 Aug. 1893, IOLR:SLE/L/P5/7/73 fols 427ff.
127 The Late Ameer, Abdul Rahman Khan; the Ameer as a Mohammad, WHML:PP/HAM/A24.
128 Hamilton, The Ameer as a Mohammadan, fol. 3.
129 Hamilton, Abdul Rahman, fol. 11. However, despite this claim, Hamilton states that the Amir still wrote illegibly and incorrectly. In his “autobiography” he claimed it was a Sufi saint who had appeared to him.
habit of recounting his latest dreams to his court officials. "It was not to be wondered at", remarks Hamilton somewhat wryly, "that his dreams and visions were listened to with respect... The pity of it was that his dreams and visions did not always incline him to mercy and pity, but more often led him to dismiss cases without trial, and resulted in the unfortunate prisoners being thrown into prison for an unlimited period, or meeting with an even more horrible fate".130

Hamilton's papers reveal that this personal world of visionary experience influenced the Amir's administration of justice. On one occasion he confided to Hamilton that when he decided whether a prisoner was guilty or not, "need to make enquiries, I see distinctly before me the course that I have to adopt. This power is often given to kings and leaders among true Mohamedans".131 How this "power" of "inspiration" was used in practice during his reign was more clearly described by the king, when he explained to Hamilton the method he used to judge the guilt, or otherwise, of individuals who were brought to him for sentencing:

I am always inspired to know what I should do directly the prisoner enters the room. I do not need to enter into the details of the case. I am inspired to know what punishment I should mete out. If the criminal ought to be hanged, I see a black rim round the throat. If I see a red rim round his throat I know his throat ought to be cut. If I see a blank, I know that he ought to be blown to pieces by a gun and his brains scattered to the winds. When I see a halo of glory and a light about them, then I know that they are to be rewarded and not punished.132

This exclusive reliance on dubious supernatural powers and "inspiration" resulted in subjective and arbitrary judgement based on the whim of a moment and was followed up, more often than not, by the infliction of the most appalling tortures, slow, painful death, or prolonged periods of imprisonment in inhuman and overcrowded prison-houses. The king's unshaken faith in his messianic mission explains why, even when pressurised by Britain or members of his own royal household, the Amir stubbornly refused to listen to their remonstrances. For 'Abd al-Rahmān Khan, any compromise was tantamount to sacrilege since he was convinced that he was merely God's instrument. So convinced was he about these powers that he trusted his visionary experiences even when they led him into direct conflict with Islamic law (Shari'a) or his own tribal tradition (Gray, pp. 95, 317).133

Tragically, the medical evidence indicates that the Amir's visions and "inspirations", far from being proof of his supernatural powers or a prophetic calling, were a direct result of his sickness, which not only severely disabled his physical members, but had also unbalanced his mind. The royal decrees and farmanis, as well as the king's private confidences to Dr Hamilton, strongly suggest that by about 1888, if not before, the illness of the Amir had begun to unbalance his mind. From this time onwards during his various attacks, we can detect signs of paranoia, mania and even schizophrenia. Believing that he was in direct communication with supernatural forces, the Amir became progressively more and more divorced from the realities of the world around him, and lived in a

130 Ibid. 131 Ibid. 132 Hamilton, The Ameer as Judge, fol. 8, WHML:PP/11AM/А24. 133 See also, Hamilton, The Ameer as a Mohammedan, fol. 13.
twilight world dominated by visions and dreams, which he believed confirmed his messianic convictions but which were merely the outworkings of a disease which was eating into both his body and mind. The physical disabilities of the Afghan king, combined with the deteriorating state of his mental powers, proved catastrophic for the nation over which he was permitted to exert unlimited and unquestioned authority by the British, who for twenty-one years continued to support 'Abd al-Rahmān Khān whenever his throne was challenged by a rival, in pursuance of their Central Asian policy which required Afghanistan to be ruled by a strong king if Russia was to be kept from conquering Herat and the "gateway" to India.

What, then, was the disease which produced these terrible and painful symptoms and which brought 'Abd al-Rahmān Khān to the edge of madness? Whatever the illness was, it is clear that, contrary to the accepted diagnosis, the Amir did not suffer from the medical condition known as gout. "Gout" during the last century tended to be a generic term used to cover a variety of distinct clinical conditions. To be fair to both Hamilton and Gray, both of them realised that the Amir’s condition was serious, even dangerous. On several occasions Gray and Hamilton recorded that the disease had attacked the king’s head, and it is likely that both believed he was suffering from "flying" or "wandering gout", a term physicians of previous centuries used as a common diagnostic category to describe violent illnesses which affected both the limbs and mind of the patient. This form of "gout" was often referred to as the "Disease of Kings" a term, in its Persian translation (maraq ul-mulāk), which at least one contemporary author used when referring to the sickness of the Afghan Amir (Leitner, 1894, p. 14).134 The origin of this name is found in the prevalence of "flying/wandering gout" in several of the royal lines of Europe, of whom George III of England, the "mad" king, is probably the most famous sufferer (MacAlpine and Hunter, 1968). Modern medical science, however, requires a much more specific diagnosis to explain the physical and psychological effects associated with 'Abd al-Rahmān Khan’s illnesses, since "flying/wandering gout" has no single parallel in modern clinical medicine and could refer to one, or more, chronic diseases.

Unfortunately, any attempt at a modern clinical diagnosis of the Afghan ruler’s condition, will be subject to debate, even controversy, amongst medical historians, since retrospective diagnoses are considered by the profession, at the very best, as only probable, given the fact that the patient is deceased and samples of blood, urine etc. are no longer available for proper analysis. Despite these qualifications, however, we can say that there are several possible causes of the Amir’s illness.

When the available medical evidence was presented to the Wellcome Institute for the History of Medicine, Dr Geraint Janes, a clinician, diagnosed that 'Abd al-Rahmān Khān certainly suffered from chronic nephritis.135 This would account for the albumin, blood and casts in the urine that Dr Gray noted in 1889 and 1890, and for the presence of blood in

134 It is interesting that the term the "Disease of Kings" was not just confined to European medicine, but was known to the Oriental world also, and under the same name.

135 Personal communication and correspondence with Dr James and the Wellcome Institute, to whom I am indebted for their medical advice and opinion. I am also grateful for the help of medical students in Sheffield University’s Faculty of Medicine for more detailed information on the various diseases mentioned here as well as Kumar and Clark (1897); Horder (1952).
the stools and/or urine which so nearly brought both the Amir’s, and Lilias Hamilton’s, life to a premature end in 1894.

Nephritis or glomerulonephritis, of which there are many types, including “Bright’s Disease”, is inflammation of the kidneys resulting in damage to the tissue which, in addition to the symptoms already noted, can lead to hypertension, oedema (swelling of legs, eyes and buttocks), a vast decrease in urine output, and massive increases in the level of urea in the blood. In some cases, chronic renal failure results in a complete collapse. Anorexia, nausea, vomiting, anaemia, breathlessness, confusion, coma and fits can all follow such a collapse. A possible side-effect of this renal failure could be brittleness and/or severe pain in the bones and even heart failure. With the exception of the last symptom, ‘Abd al-Rahmān Khān exhibited all of these symptoms at one time or another during his lifetime. They were particularly evident during the period 1888-90, the time of the Turkistan “Reign of Terror”.

Another possible cause of the Amir’s ill-health could have been cirrhosis of the liver combined with portal-systemic encephalopathy. Hepatic cirrhosis is the result of the death (necrosis) of the liver cells which interferes with blood flow and the function of the liver. Since Hepatitis B and C were, and still are, endemic in Afghanistan, it is possible that the king suffered from this chronic complaint. The symptoms of this chronic liver disease are: jaundice; itching; breast-swelling; loss of sex drive; testicular atrophy; swelling of the ankles, abdomen and veins; fluid retention; gastrointestinal hemorrhage (bleeding from the bowel); vomiting blood; and red-palmed hands. The subject can also become disorientated and confused. Neither Dr Gray, nor Dr Hamilton mention the Afghan king suffering from jaundice or from testicular atrophy, though the Amir did suffer from other common symptoms of cirrhosis during his attacks.

One cause of cirrhosis of the liver is alcohol poisoning. If indeed the Afghan king did suffer from this disease, it may be that alcohol, rather than a hepatitis virus, was the cause of it. We have already noted that the king sometimes took vodka when he was ill—a habit that he had presumably acquired during his enforced exile in Samarkand (by 1868 under Russian tutelage) from 1868 to 1879. In addition to vodka, locally distilled spirits were plentiful in Kabul during the Amir’s reign. Indeed they were produced under royal licence. One of the enterprises that ‘Abd al-Rahmān Khān established in Kabul was a distillery “for fulminate of mercury”, an essential ingredient, at the time, in the production of rifle cartridges. But the distillery also produced wine and spirits, including brandy, champagne and whisky, “for export”. According to the British Agent in Kabul, the king’s distillery was capable of producing fifteen thousand bottles of spirits every eight hours. Despite ‘Abd al-Rahmān Khān’s own opinion, presumably based on first-hand experience, that the end product of this distillery tasted “vile”, nevertheless many Afghans in positions of power drank it, often with disastrous effects on their health. The Amir himself later acknowledged that, “many who drank it [became] afflicted with various diseases” (Sultan Muhammad Khan, ii, p. 37).130

130 Cf. British Agency Munsdi, Kabul 23 July 1890, IOLR: SLE1/L/PS/7/60 fol. 9. In his public proclamations to the Afghans the king claimed that, “wine was not even available for medicinal purposes”; Translation of a
This hypothesis is given more weight by the fact that at least one prominent member of the royal household had to be treated for the effects of alcohol poisoning, which indicates that heavy drinking of locally distilled spirits was not unknown in the Afghan court. In a confidential medical report Surgeon-Major Leahy, the army doctor deputised to the entourage of Prince Nasrullah during his state visit to Britain in 1895, stated that Sardar Muḥammad Akram Khān, brother-in-law of the Amīr, was an alcoholic and had been subject to attacks of delirium tremens during his stay in London.137 It may be, given these facts, that 'Abd al-Rahmān Khān’s illness was partly due to alcohol poisoning, either as a result of excessive drinking, or from imbibing the local “moonshine”.

*Portal-systemic encephalopathy* is a side-effect of cirrhosis of the liver, or indeed any chronic malfunction of the liver. This condition, according to Dr James, would “explain perfectly the distressing changes in mood, mania and illogical acts”138 of ‘Abd al-Rahmān Khān. The mechanism of this chronic neuro-psychiatric sickness is still unknown, but it produces disorders of personality, mood and intellect. The patient can become irritable, confused and disorientated. Slurred speech, nausea, vomiting and weakness, all of which the Amīr experienced at sometime during his attacks, are symptomatic of this disorder.

Another possible diagnosis of the Amīr’s illness is Behçet’s Disease; a multi-system disorder which is “extremely common in Afghanistan – about ten thousand times more frequent than porphyria” (see below),139 though Kumar and Clark (1979) claim that it is, “a rare syndrome”. This disease also affects the brain, joints, eyes and “most other organs”.140 The skin of the patient can swell up into red lumps, and on rare occasions inflammation of the joints (polyarthritis) and intestinal symptoms such as diarrhoea, can be observed. Neurologically, complications can include meningitis and/or encephalitis, all of which fit with the symptoms of the Afghan king’s attacks. However, other symptoms of Behçet’s Disease, including ulceration of the mouth and/or the genitalia, inflammation of various parts of the eye (conjunctivitis, keratitis, iritis) are not specifically mentioned in the sources as being part of the affliction of ‘Abd al-Rahmān Khān.

A further, contributory, cause of the Afghan king’s sickness may have been syphilis, which could produce the malfunctioning of his kidneys and liver. Syphilis, as well as affecting the joints can also attack the brain, leading to mental degeneration. It is interesting to note, however, that despite syphilis being a well-known condition in the last century, neither Gray nor Hamilton mention this as a possible diagnosis when they discuss the sickness of ‘Abd al-Rahmān Khān. Indeed, this diagnosis, as far as we can ascertain, was never mooted as a possible explanation for the ill-health of the Amīr despite the fact that the health, or otherwise, of the ruler of Afghanistan was a matter of public debate in newspapers and political circles in Britain and India.

A more controversial diagnosis, but one which is also consistent with the superficial symptoms of the Amīr’s illness, is acute or mixed porphyria.

Pamphlet by Amir Abdur Rahman Khan, 30 Aug. 1893, IOLR:SLEI/L/PS/7/73 fol. 427, p. 5. It was presumably the output of this distillery that Akram Khān relied on to supply his addiction to alcohol (see below).


138 Quoted from personal communication from Dr Geraint James of the Wellcome Institute for the History of Medicine. 139 Ibid.; the source of this research is not given in Dr James’ communication. 140 Ibid.
The porphyrias are a group of hereditary diseases that demonstrate a wide range of physical and psychological symptoms. There are three basic strains. In cutaneous porphyria, the patient shows acute sensitivity to sunlight which causes the skin to blister. In acute porphyria, the sufferer is subject to a whole series of painful symptoms, including severe abdominal pains, vomiting, constipation, weakness and paralysis of limbs or, more rarely, of the respiratory muscles. Pain can also appear in other parts of the body besides the abdomen – for example in the head and limbs – and there can be epileptiform seizures. As a result of the partial paralysis of the lungs, sufferers also develop infections in the lungs, or experience severe breathing difficulties, which can sometimes prove fatal. Other symptoms include high blood pressure and a rise in the pulse rate. Attacks can occur every few months, or there can be periods of long remission.

The disease also produces severe psychiatric disturbances which can lead to sufferers being wrongly diagnosed as suffering from hysteria, psychoneurosis, paranoia, or schizophrenia. It is not unknown for patients suffering from this disease to be medically certified as insane. In some cases, the patient can suffer from a combination of cutaneous and acute porphyria (mixed porphyria), making their suffering even worse (Goldberg, 1968, p. 66).

Acute porphyria is caused by enzyme deficiency and results in a disturbance of the porphyrin metabolism that produces the purple-red pigments which every cell of the human body contains. When the porphyrins are being produced normally, they are manufactured in very small quantities. In cutaneous porphyria the porphyrins are produced in massive quantities by the liver or in the bone marrow, whilst in acute porphyria there is a great increase in a precursor substance, porphobilinogen, which is formed in the liver. In this latter case, the most characteristic symptom is the passing of blood-red, purple or, on some occasions, bluish urine, which can be erroneously diagnosed as internal bleeding. In fact, the body is excreting the excesses of porphyria, or its precursor substance, through the urine or feces (Goldberg, 1968).

According to research done by MacAlpine and Hunter (1968) on the illness of George III of England (1738–1820) he exhibited many of the superficial symptoms of acute porphyria, which they assert was inherited through the Stuart line via Sophia (1630–1714), daughter of Elizabeth of Bohemia (1566–1662), the grand-daughter of Mary Queen of Scots, all of whom suffered from symptoms similar to that of George III (MacAlpine, Hunter and Rimington, 1968, p. 21). MacAlpine and Hunter, in their study of George III, collected a considerable amount of contemporary evidence to support their diagnosis of porphyria drawn from newspapers, court bulletins and the journals of the king’s physicians (MacAlpine and Hunter, 1968), and though their diagnosis is still a subject of academic debate within the medical profession, the parallel between many of the symptoms of George III’s illness and those of 'Abd al-Rahmān Khān give rise to the possibility that both kings were suffering from the same complaint, acute porphyria.

George III’s symptoms were many and varied. At one time or another he suffered from: severe abdominal pains – diagnosed as “rheumatism” and “gout” when the legs were affected – colic, constipation, racing pulse, sweating attacks, cramp, lameness, hoarseness (attributed to “fever”), intractable insomnia, and fits. Like 'Abd al-Rahmān Khān, George
Ill's attacks were often preceded by symptoms of a cold, cough or general malaise, which were quickly followed by anginal pains ("stitches in the breast"), acute pains in the abdomen and a rasping, hardly audible, voice. During his attacks, George III was unable to walk or even stand unaided, and holding a pen or cup was impossible due to the stiffness and weakness of his limbs. He also complained of heat and burning sensations, was unable to bear the touch of clothes or other materials on his body, and was almost totally insensitive to the blisters which his doctors applied to his legs. He also had general tremors, localised pain in his head, face and neck, and sometimes foamed at the mouth. On occasions he was unable to read due to visual disturbances, or rapid, uncontrollable vibrations of the eyes. He had attacks of dizziness and was sometimes "speechless", and incontinent. Vasomotor disturbances were marked by profuse sweating, suffusion of the face, swollen legs, and once great weals appeared on his arms. By 1812 he had become blind, and later went deaf (MacAlpine and Hunter, pp. 10ff.).

As far as mental (cerebral) disturbances were concerned, George III showed; "agitation"; talked with "uncommon rapidity and vehemence"; suffered from almost total insomnia; was given to incessant rambling, "like the details of a dream in its extravagant confusion" (MacAlpine and Hunter); was liable to "gross errors of judgement"; aimlessness; illusions; delusions and hallucinations during which his doctors reported that he became, "engrossed in visionary scenes" and "lived in a world of his own". Extraordinary excitement and irritation led to, "stupor, insensibility ... and convulsions" so much so that his doctors were afraid he was about to suffer a paralytic stroke, or predicted, "imminent dissolution". On at least four occasions George III passed "dark coloured" urine which, MacAlpine and Hunter claim, clinches their diagnosis of acute porphyria (MacAlpine and Hunter, pp. 15-16), though there is no certainty that this dark red urine was not blood, or the result of other liver or kidney disorders, rather than the presence of porphyrins or porphobilinogen.

Most, if not all, of the symptoms of George III's illness can be found in the affliction of 'Abd al-Rahmān Khan, which lends some credence to the hypothesis that both kings may have suffered from the same disease. Of particular importance when discussing a possible diagnosis of acute porphyria is the references made by Gray (1888/9) and Hamilton (1895) to the malfunction of the Amir's kidneys and his passing of "blood" in his urine. MacAlpine and Hunter, on the basis of similar, though less certain references, claimed that this was clear justification for their thesis that George III suffered from acute porphyria, though both their findings and diagnosis are questioned by Dr James and other eminent clinicians.

If 'Abd al-Rahmān Khan did suffer from acute or mixed porphyria we can expect to find other members of the royal line, or the Mūḥammadzāyī or Saddozāyī clan who were afflicted with this disease, since it is an hereditary disorder. That other members of the Afghan royal family were, and still are, afflicted with "gout" is a matter of common knowledge in Afghanistan. In the last century it was a popular superstition that only those members of the royal family who suffered from "gout" actually occupied the Afghan throne. In the reign of 'Abd al-Rahmān Khan, this belief gave rise to predictions that Prince Nasrullah, rather than the heir-apparent, Habibullah, would succeed 'Abd al-
Rahmān Khān, since he suffered from twinges of gout in his lower limbs (Gray, p. 153). Shēr 'Ali Khān, son of Dōst Muḥammad Khān and uncle of 'Abd al-Rahmān Khān, suffered “very severe” gout pains (Gray, p. 153) during his life and, like 'Abd al-Rahmān Khān, had gangrene of the lower leg just before he died (Yavorski, 1885, ii, p. 124). In the latter part of the previous century, Timūr Shāh (ruled 1772–93), son of Ahmad Shāh Durrānī, the “Father” of Afghanistan, died after suffering from a “pain in his kidney”111 which was associated with acute “dejection”,142 fever and headache.143 The linking of Timūr’s mental state to a kidney disorder, high fever and head pains provides some tentative evidence to support a diagnosis of acute porphyria, though, as in the case of ‘Abd al-Rahmān Khān, he could have also suffered from one or more of the other diseases we have discussed above. The former occupant of the throne of Afghanistan, the exiled Zāhir Shāh, also suffers from “gout” (nikris) and “rheumatism” of the knees (Amstutz, 1986, p. 103).

In 1890, a member of the Barakzāyī tribe, Shāhghāsī Iṣḥāq Āqāsī Muḥammad Sarwār Khān, son of Muḥammad Ḥusayn Khān Muḥammad, a Muḥammadzāyī sadār, was governor of Turkistan. He was an extremely well-connected and influential member of his clan, since he was a father-in-law of Prince Ḥabībullah (Gray, p. 109). In the summer of 1890, he was attacked by a “severe illness” which resulted in the Amīr ordering Sarwar’s relatives to bring the invalid to Kabul, “with the greatest care” travelling only at night to avoid the sun.144 Subsequently it became evident that Sarwar Khān had become, “insane”,145 “melancholy mad”,146 “imbecile”,147 and “maniac” (Gray, p. 109). He was also temporarily, “blind and deaf” and later on all five of his physical senses were affected by a sickness which left him, “thin and weak”.148 Although Dr Gray diagnosed Sarwar’s illness as, “sunburn” (Gray, p. 109), the sudden onset of the sickness and its violence, combined with the public rivalry which existed between Sarwar and the military governor of Turkistan, General Ghulām Hādīr Khān, gave rise to the belief that Sarwar Khān had been poisoned by the general.149 Despite being so ill, by January 1891, Sarwar Khān had recovered enough to prepare to return to Turkistan and resume his duties there.150 The symptoms of mental instability combined with acute sensitivity to the sun would be consistent with a diagnosis of cutaneous porphyria or possibly mixed porphyria, though it is impossible to state this with any degree of certainty. However, Sarwar Khān was a distant relative of ‘Abd al-Rahmān Khān and the royal family being a member of the same Barakzāyī clan to which the Amīr belonged.151 The fact that at least one previous Amīr of Afghanistan, Timūr Shāh, suffered from acute kidney disorders, associated with some sort of mental disturbance, is significant when combined with the occurrence of

144 KN, 10 Sept. 1890, IOLR:SLEI/L/PS/7/61 fol. 308.
145 KN, 2 Aug. 1890, IOLR:SLEI/L/PS/7/60 fol. 1305.
147 Kandahār News-letter, 21 Sept. 1890, IOLR:SLEI/L/PS/7/61 fol. 703.
150 Peshawar Confidential Diary, 8 Jan. 1891, IOLR:SLEI/L/PS/7/62 fol. 375–6.
151 Another “gout” sufferer was Sādār ‘Abd al-'Arīż Khān, Governor of Turkistan from 1892, who was also a Muḥammadzāyī sadār, cf. Peshawar Confidential Diary, 8 Jan. 1892, IOLR:SLEI/L/PS/7/66 fol. 1263.
“gout” in both Shēr ‘Alī Khān and Zāhir Shāh. We have seen how misleading the term “gout” is in the case of ‘Abd al-Rahmān Khān, and from the sketchy evidence available, it would seem likely that, like his successor, Shēr ‘Alī Khān did not suffer from the clinical complaint of gout but was afflicted with some other, more acute, disease which eventually led to a similar death, and would provide at least some justification for suggesting that at least two members of the Afghan royal line may have suffered from porphyria. The extraordinary sickness and associated “mania” of Sarwar Khān Barakzāyi, which may have been cutaneous porphyria provides some further evidence for this contention. If so, then porphyria could be present in both of the major Afghan royal lines, the Barakzāyi and Suddozāyi and, indeed in any of the Abdalī tribe.

Although the exact nature of ‘Abd al-Rahmān Khān’s and George III’s sicknesses will continue to be a matter of debate amongst medical historians, it is clear that both suffered from many similar symptoms and to the same degree of intensity. Consequently, it is difficult for us to believe that the Afghan Amir’s illness did not affect his mental powers to the same degree as those of George III, an illness which eventually resulted in the British king being certified as unfit to rule. In the case of ‘Abd al-Rahmān Khān of Afghanistan, however, the opposite was true. For the twenty-one years of his reign he was supported, financially and militarily, by his British sponsors. For over two decades the long-suffering peoples of Afghanistan were obliged to endure the autocratic and draconian rule of a king whose grasp on reality was yearly more and more tenuous. Whenever the severity of the Amir’s misrule led to uprising in the countryside (cf. Kakar, 1971, pp. 95, 123), or pretenders to the throne such as Ayūb Khān, who had a much stronger claim to succeed Amir Shēr ‘Alī Khān, challenged the Amir, ‘Abd al-Rahmān Khān, backed up by an annual subsidy, additional cash payments and special deliveries of arms from India, was able to suppress all opposition (cf. Martin, 1907, p. 303). 152

Towards the end of the reign of ‘Abd al-Rahmān Khān, this alliance of mutual convenience led Afghans to believe that the British were, “the friends of the Amir and not of the Afghan people”. Though the nation “looked to England to free them of Abdur Rahman Khan and [they] would accept almost anyone whom the British Government chose to nominate, or indeed, any reasonable Afghan who might present himself”, 153 Britain had no wish to risk its Central Asian policy by supporting a rival to the Afghan throne.

This is not to claim that there were no reservations about this policy in both India and England. During the height of the Turkistan purges of 1888/9, the Viceroy himself had addressed a letter of “remonstrance” to the Amir, though without a great deal of success, and it is clear from the India Office Records that despite the public support Britain gave to the Afghan ruler, in private, influential persons within government circles in Calcutta and London had grave doubts about continued British support of ‘Abd al-Rahmān Khān.

152 This was the case with the war against Ayūb Khān in Herat (1879–81); the revolt of Ishaq Khān in 1888; the conquest of Maimana in 1884 and other major rebellions. Cf. Lord Roberts, Memorandum, 22 May 1883, p. 15; “Had it not been for gifts of arms and money, Abdur Rahman Khan would long ere this have lost his hold over Afghan Turkistan and Herat.”

and his "barbarous" government. Some, such as Ney Elias,\textsuperscript{154} advocated the return of Ayib Khan from his British-imposed Indian exile. Other senior government figures, though not going so far as to support a campaign of subversion aimed at the overthrow of the Amir, thought that it was, "almost absurd to pay a subsidy to a ruler whose whole object seems to be to injure us"\textsuperscript{155} and found "it difficult at times to justify to ourselves our actions in supporting upon the throne of Afghanistan, for political reasons, a ruler so bloody and intractable".\textsuperscript{156} The British government, however, continued to support the Amir despite these moral reservations, "for political reasons".\textsuperscript{157} Committed reluctantly to supporting a king whose style of rule they found increasingly embarrassing, British officials were unable to exert any real moderating influence over the Amir's tyranny, other than the occasional "remonstrance", whenever the situation in Afghanistan became too intolerable, or awkward questions were asked in the Commons and in the British press (cf. Hansard, 1890).

Caught on the horns of a dilemma of their own making, and seeking to justify their support of the Amir, Calcutta and London set out to present the "Iron Amir's" rule as essential for Afghanistan's political development and the security of British India - indeed of the whole of Central Asia. These ends, it was suggested, justified whatever means the Amir decided to take to achieve them. As a consequence, the proceedings of 'Abd al-Rahman Khan ought not be measured by the standards "which prevail in countries more advanced than that [in] which [His] Highness is chief". Since, it was argued, Afghanistan had been in a state of "anarchy" and "barbarism" prior to the reign of the "Iron Amir", the process of "civilising" that nation, which the Amir had taken upon him, required that he be "severe as well as just".\textsuperscript{158}

Throughout the 1890s this official line pervades official communications as well as the public statements and published works of expatriate Britishers who were living, or had lived, in Kabul. To one degree or another, of course, these individuals, such as Hamilton, Gray and Martin, were all employees of either the Amir, or the British government, or both. Consequently it is not surprising to find that they supported the official line, even if, like Hamilton, in private they had a more ambivalent attitude to events in Afghanistan and the "Iron Amir's" policies. Despite serious private reservations about 'Abd al-Rahman Khan's character, which is revealed in her unpublished manuscripts and the book, The Power that walks in Darkness, Lillas Hamilton's lectures and articles, printed in a variety of influential papers and journals, seek to justify and reinforce official government policy towards Afghanistan, and to fend off criticism of the Amir. In line with the double standard of morality which the official line required, Hamilton, though conceding that the Afghan king's rule left much to be desired, and that his reforms were, "muddle-headed" and "clumsy", still concluded that "the world and future generations may point to Abdur

\textsuperscript{154} Ibid.
\textsuperscript{155} Hand-written memorandum prefacing Afghanistan, Establishment by Amir of a Monopoly of Fruit, etc. exported to India, 13 June 1893, IOL: SLEI/L/IPS/7/70 fol. 455.
\textsuperscript{156} Foreign Dept. to Viscount Cross, Simla, 16 Aug. 1892, IOL: SLEI/L/IPS/7/67 fols 385-408.
\textsuperscript{157} Ibid. "Just now when we have our Russian negotiations in hand it would be impolitic to move strongly in this matter" (ref. trade restrictions on exports of goods from Afghanistan).
\textsuperscript{158} Victory to Amir, 10 Sept. 1889.
Rahman Khan as the Founder of consolidated Afghanistan", having done "a grand work – work that only such as he could have accomplished". As far as the dark side of 'Abd al-Raḥmān Khān's character and reign was concerned, Hamilton publicly proclaimed her belief that, "it is doubtful whether these defects will produce any lasting evil effect at all on the people". Such declarations, by government officials and others who had every reason to support the official policy on Afghanistan, glossed over, and possibly even deliberately suppressed, the true situation in the country. Nor did such claims give any hint that influential persons in the India Office had grave doubts about the propriety of Britain's continued support of the Amīr. The reason for this was, as one more independently-minded author wrote, that "if the whole truth had been known in London, there would have been an outburst of public resentment at the deeds of slaughter and devastation perpetrated by a ruler who was under British protection and in receipt of a British subsidy" (Wheeler, 1895, p. 155). Since the "whole truth" was far too uncomfortable and embarrassing to the government to make public, the image of the "Iron Amīr" and the "Founder of Modern Afghanistan" was fostered to counteract criticism. Needless to say, 'Abd al-Raḥmān Khān exploited both Britain's unwillingness to act firmly against him, and the cosmetic image of the great Afghan reformer. Indeed, the Amīr needed little persuasion since, as we have seen, he was already convinced that he had a messianic mission to reform his nation and reduce it "to a state of new order". The publication, in 1900, of the English version of the semi-autobiographical life of 'Abd al-Raḥmān Khān; which had been commissioned by the Amīr and published with his direct approval, only further reinforced the public view that he was the saviour of his people, and the guardian of the "gateway to India". The work was essentially a polemical work – a defence of his reign, rather than a work of historical accuracy. That it succeeded in its aim is clear, since even modern historians continue to maintain that 'Abd al-Raḥmān Khān was the "Founder of Modern Afghanistan".

Quite the opposite was, in fact, true. Though it does not lie within the scope of this article to discuss this issue in detail, the very fact of the chronic nature of the Amīr's illness, which was not a matter of public knowledge, raises serious questions about the Amīr's competence, mentally and physically, to rule Afghanistan at all. It also casts serious doubt on the appropriateness of Britain's policy in Afghanistan following the second Anglo-Afghan War.

Despite the Amīr's claims to have reformed the political and administrative system in Afghanistan, he had, in reality, created a centralised system of government that required his seal of approval on even the smallest items of business. So centralised was the Amīr's administration, that governors of Herat, Qandahar, Turkistan and other provinces were unable to make any decisions without first obtaining the royal assent in Kabul, something that could take up to two or three weeks, depending on the weather and the

159 Experiences in Afghanistan, WIHM:PP/HAM/A23.
160 Ibid. Hamilton, however, does go on to suggest that, "a gentler hand might have possibly achieved more".
161 Abdur Rahman, WIHM:PP/HAM/A23.
162 Amīr to Viceroy, 30 Sept. 1889.
163 It is interesting that the modern heirs of the "Forward Policy" turn to this work when discussing the current Afghanistan crisis (Amstutz, Washington, 1986, introduction).
164 Hamilton, The Amīr as King, WIHM:PP/HAM/A24 fol. 3.
amount of business the Amir had to attend to. In a physically fit ruler, this system might have worked, but 'Abd al-Rahmān Khān was frequently so incapacitated by sickness that he was unable to perform any state duties, or sign any documents, for weeks at a time. On other occasions he cut himself off from all but one or two confidential advisers. In spite of this, he refused to delegate effective powers to his heir apparent, Habibullah, or his ministers.

The result was complete atrophy of provincial administration. Governors not only had to have the king's approval for even the minutiae of civil and military matters; they lived in constant fear of disgrace, heavy fines, imprisonment and even execution if they acted on their own initiative, or opposed the will of their ruler. The federal system of government, which all previous Amīrs had found to be suited to Afghanistan's distinctive tribal, linguistic and cultural needs, was swept away and governors, mostly from the Muḥammadzāiī and Barakzāyī Pushtun tribes, replaced the native rulers of Turkic, Mongol, Dardic or Persian origin who had ruled their native areas in the name of the Afghan king for the last hundred or more years. This Amīr's innovative and inefficient system of government was alien to all the races of Afghanistan, since its origins lay not in Asiatic or Islamic concepts of government, but in a feudalistic European one, that of the autocratic rule of the Russian Tsars - particularly the reign of the Amīr's life-long hero, Peter the Great. It is not to be wondered at, therefore, that the Amīr's autocracy was deeply resented by all the races and tribes of the country, as well as attracting numerous anathemas from all the main Muslim sects, Sunnī as well as Shi'ī. This clash of ideologies was one of the main reasons for the series of tribal rebellions that plagued 'Abd al-Rahmān Khān's administration (see Kakar, 1971, pp. 94-95, 123).

The king's economic policies were no less retrograde. Forced relocation of rebellious tribes (Ghīlāzāi, Hazāras, Turkmen and Nūristānīs) into distant, often hostile, regions; the colonization of other regions such as Turkistan and Badghīs by other tribal peoples (Pushtuns and Amīrīs); a policy of external exile and the flight of thousands of other peasants to Persia, Russia or the N.W. Frontier of India to escape punitive taxation or just starvation, meant that many areas of formerly fertile land lay untilled. Many who remained perished as a result of various local wars and epidemics such as cholera, typhoid and plague, which decimated the country, particularly Afghan Turkistan, whilst others lost their lives as a result of the famines that were often an indirect result of the Amīr's mismanagement of the economy, the imposition of misguided prohibitions on the export of cash crops such as pistachio, raisins and other dried fruits, karakul skins, sheep and horses, and the sale of monopolies in these, and other, commodities, to the highest bidder.

More sinister and tragic was the effect that the various purges and terror campaigns had on the population. By the end of 'Abd al-Rahmān Khān's reign, more than one hundred thousand persons had been judicially executed, often in the most appalling way (Martin,

165 Cf. KN, 14 March 1891, IOLR:SLEI/I/PS/7/62 fol. 964-5.
166 Hamilton, Stories of my Life in Cabul; Amir to Vicerey, 30 Sept. 1889.
167 See Peskhamar Confidential Diary, 12 March 1891, IOLR:SLEI/I/PS/7/62 fol. 904.
p. 157). The persecution of the Shi'īs of the Hazarajat, Herat and Kabul (Qizilbash) was so severe that the Persian government complained to the Viceroy that these minorities were "threatened with a general massacre". We have already seen that similar action in Turkistan, taken after the defeat of Išāq Khan in 1888, incurred the rebuke of the Viceroy of India.

The net result of these administrative, economic and ethnic policies was disastrous. Not only did the Amir, when he died, leave a country blighted by economic and political mismanagement, he also left a more destructive and unfortunate legacy of mistrust and ethnic and religious rivalry, which has yet to be fully resolved. Though the Amir's great hero was Tsar Peter the Great, 'Abd al-Rahmān Khan's reign could be better compared to a more modern leader of the USSR, Stalin. Both used state coercion and terror as a means of enforcing often ill-thought-out economic policies, both so centralised the government that, to all intents and purposes, it was their word and whim alone which decided policy. Both rulers were responsible for the deportation or enforced relocation of many different ethnic and religious groups and used forced and prison labour as the main (and cheapest) means of fulfilling grandiose state projects. Both rulers, in different ways, claimed that they were modernising and improving their nation. Finally, in pursuance of this aim, both rulers were directly responsible for the destruction of many hundreds of thousands of their own people, presiding over a personal "reign of terror", until they ruled "by fear alone, in a Kingdom divided against itself". When we take these factors together we must cast serious doubt on the long-held assumption of historians, based on the "official" line of the British government during the reign of 'Abd al-Rahmān Khan, that the Amir was, "the Founder of Modern Afghanistan".

We conclude, from the evidence of various contemporary writers, that 'Abd al-Rahmān Khan, for most of his reign, probably suffered from one or more chronic sicknesses that brought him to the edge of insanity. The contemporary diagnoses of "gout" or "wandering/flying gout" do not stand up to close examination, and we must look to other, more chronic, diseases as the cause of the king's frequent, and increasingly debilitating, attacks. The nature of this disease cannot be conclusively diagnosed retrospectively though it is clear that, amongst other things, the Amir suffered from chronic nephritis, possibly compounded by either cirrhosis of the liver; chronic portal-systemic encephalopathy; Behçet's disease; syphilis; or acute/mixed porphyria. In the case of this latter, hereditary, complaint, there is some tentative evidence to suggest that at least two other kings of Afghanistan may have suffered from porphyria, as well as possibly other leading members of the Barakzayi and Muḥammadzayi clans.

Whatever the cause of 'Abd al-Rahmān Khan's illness, it produced extremely painful physical symptoms which were accompanied by psychological disorders, particularly mania, paranoia and possibly schizophrenia. The combination of the king's physical and mental degeneration is seen in the violent, brutal and often sadistic repression of any form of dissent, over which the Amir personally presided. His withdrawal from the public eye

169 Viceroy to Amir, 1892, IOLR:SLEI/L/PS/7/68 fol. 335.
170 Memorandum by Gen. Roberts, 22 May 1885.
during his extended periods of illness, combined with the swoons and fits which he suffered during his attacks, led to frequent rumours of his death which in turn precipitated revolt. In the case of the rising of Ishāq Khān, the “Turkistan atrocities” which followed during 1889 were directly related to the continued ill-health of the Amīr which had seriously affected his mind. There are similar links between attacks of “gout” and the suppression of the Hazāras in the early 1890s.

Furthermore, the psychological side-effects of the king’s illness led him to believe that he had special, supernatural powers and gifts that placed him beyond the world of ordinary mortals and exempted him from the normal moral restraints and obligations of Islam or, indeed, any religion. His preoccupation with this dream-like world, led the Amīr to be guided by these delusions in both civil and judicial matters, which resulted in decisions that flew in the face of Islamic and tribal law, the advice of judges, religious leaders, his own government, members of the royal family and the British government. It was these visions which “inspired” him to the many novel means of execution which, in turn, earned him the reputation of being one of the most notorious Asian potentates of the late nineteenth century.

Finally, despite the British government’s propaganda about the “Founder of Modern Afghanistan”, which was reiterated by expatriates who had worked in Kabul for the British government or the Amīr and reinforced by ‘Abd al-Rahmān Khān’s own self-justification, I conclude that the Amīr’s twenty-one year reign, far from consolidating the Afghan state and replacing the presumed anarchy of previous generations, was a period of regression, stagnation and devastation, which plunged Afghanistan into a series of economic, political and social crises the effects of which are still felt today. The reign of ‘Abd al-Rahmān Khān must now be reassessed, and the assumption that he was the “Founder of Modern Afghanistan” must be more critically examined. It may be that a detailed study of the reign of ‘Abd al-Rahmān Khān’s son, Habībullah, which up to the present has been neglected by scholars,171 may reveal that he had a much more important role in the development of the state of Afghanistan than has previously been believed.

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171 It is curious that, although many books have been devoted to the reigns of ‘Abd al-Rahmān Khān and Amanullah Khān, both in their own way colourful figures, no comprehensive study of Habibullah’s reign has yet appeared.
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