

ever-living spring. It is there the missionaries go to refresh their lungs with a breath of clean, pure air.

According to some there is no future for Bahrein. They say there is no possibility in the soil itself, and the people, corrupted by pearl gambling, lack the thrift and initiative to improve or change the place. But for the Christian missionary there is at least hope in the people for whom he came out. The only way of judging the future is by the past. That a change for the better has come to Bahrein is all too evident to gainsay. People may be more fanatical than formerly, but that is only a sign that their eyes are being opened. Arabs are opening book shops at every corner; Egyptian newspapers are read widely, and Reuters' telegrams are translated for them every week. A desire for education has been created so that boys leaving our school go to India and Beirut for further study. All classes of people apply to our hospital for medicines, making their once-famous quack doctors a laughing stock; no longer surrendering the sick and dying to grim fate, as formerly, but to the surgeon of our hospital, to do as he thinks wise.

In view of this, we think Bahrein still worth while.

Bahrein.

Our Medical Work

P. W. HARRISON

The Medical Missionary's work in Arabia, differs from that of the Doctor at home in many ways, particularly in the breadth of his practice. The same morning may bring him ringworm, cataract, malaria, hernia, tuberculosis and plague. All of these must be treated as efficiently as possible, for there is no specialist to consult. The missionary is chief of staff to the hospital, head of the out-patient clinic, and general practitioner as well, a sort of reversed *E Pluribus Unum*, which serves to keep him very busy, and also militates against his best work.

He works for a varied constituency. The rich have houses that are airy, and, to a fair degree, clean. Their habits of life are reasonably hygienic, in outward things. The poorer classes, on the contrary, and especially the Bedou are dirty to a degree scarcely believable. They have little instinct to be clean, and seem to lack any perceptible sense of order, so their homes present a chaos quite indescribable. Even their cooking is most inefficient. The writer distinctly remembers a dinner with a Bedou. The smallest piece of mutton in the dish was selected. It had to be swallowed whole, for it was impossible to even bite it in two, to say nothing of chewing it.

In comparison with Hospital work at home, the Medical Missionary's work is not expensive. The Massachusetts General Hospital spends 46 cents on each out-patient treatment, and about \$3.00 a day, or \$45 all told, on each in-patient. Their money is spent too, with the greatest economy and good judgment. The Busrah Hospital takes care of five hundred in-patients, and fifteen thousand dispensary

treatments yearly, on a budget of less than \$4000. It would be idle to contend that all that is done for the sick in Boston is done in Busrah, but the difference for a large majority of the patients is not as great as might be supposed. Busrah has the largest and most expensive work. The entire medical work of the four stations totals in the neighborhood of fifty thousand dispensary treatments, and one thousand in-patients in the course of a year.

It is interesting to compare the medical situation in Arabia with that in America. Many features are common to both, but there is no lack of striking differences. Everywhere man goes in the Persian Gulf, the malaria microbe seems to follow. Even Kuwait, formerly practically free, is becoming more and more infected. In 1913 the Men's Dispensary in Kuwait treated more cases of malaria than of any other one disease. In Busrah, Bahrein, and Maskat, the whole medical situation is dominated by malaria. Even Europeans take an occasional attack as a matter of course. Maskat is the only station where black water fever is found.

Venereal disease ranks next to malaria. No one acquainted with the clinics in our large cities at home, will have any feeling of national self-righteousness, but certainly such diseases appear more common here, and less condemned, and for this the social conscience, which is directly reflected from the Koran, must be held responsible. History repeats itself in Arabia, and it is a notable fact that the cities and especially the coast cities, are hot-beds of moral corruption.

Tuberculosis is terribly prevalent, but why it should be so is very difficult to explain. The roving Bedou of the desert, who lives out of doors all the time, and develops remarkable physical endurance, appears more affected than the town dweller, though the disease is common enough everywhere. No one living with the desert Arab will want to admit that physical endurance is an adequate test of ideal health and fitness, as seems to be the tendency in certain quarters at home. Pulmonary tuberculosis is common enough, but it appears to be outnumbered by the cases of tuberculosis of the bones, joints, skin, peritoneum, etc. The Arab seems to possess no unusual resistance to ordinary infection, either. Abscesses, whitlows, furuncles are seen out here as they are at home.

There are many diseases whose cause is not at all obscure. The cases of scabies, ringworm, favus, etc., reflect the unclean habits of the people. The Doctor often wishes that their treatment was as easy as their diagnosis. To revolutionize the habits of a lifetime to get rid of a patch of ringworm of the scalp, doubtless seems a very unreasonable demand to the simple minded Bedou. The thousands of divers from Bahrein and Kuwait suffer from a great deal of ear trouble, and also seem specially disposed to tuberculosis. This is not surprising, when we know that very many of them expectorate blood for a week or two, at the beginning of the diving season, when the water is cold. Scurvy is common toward the end of the season, due to their poor food and exhausting work. As a further disease due to the food eaten, might be mentioned the very poor teeth in Oman,

which the people, probably with good reason, attribute to their diet of dates.

The doctors that attribute chronic rheumatic pains to a meat diet must not come out to Arabia. The desert Bedou, while inordinately fond of meat, and capable of devouring astonishing quantities when he can get it, eats very little meat usually, for he is exceedingly poor. Chronic rheumatism is, however, an almost universal complaint. It seems sometimes that they all suffer from it, after the age of thirty-five. Doubtless there are some who escape, but the per cent. of sufferers is very high. They run barefooted Summer and Winter, even when wearing four or five thicknesses of clothing to protect the remainder of the body, and this is probably one cause of the trouble.

No account of the diseases of Arabia is complete without mention of the eye diseases that are so common. All that we know at home are here, and possibly some in addition. "Pink eyes" of all sorts for the young, and cataract for the old. Many cases of irritation by the sun, wind and dust, a surprising number of cases of glaucoma, and occasional corneal ulcer, are all here. The disease that overshadows all others, and possibly outnumbered them all together, is trachoma. Acute, chronic, with all its sequelae, trichiasis, which is remediable by a simple operation, and the staring white corneal scar, which is quite beyond all hope. One of the first things to surprise the new arrival in Arabia is the number of people with a terrible, staring, white scar over one eyeball. Not a few of the many blind are to be counted as results of this same disease. If Dr. Magitot in Paris can only perfect some method whereby his efforts to transplant rabbit's cornea into such eyes may be successful, he will be a great benefactor to Arabia.

Some diseases we miss. Appendicitis, for instance, is practically unknown. Cancer is rare, though it is seen. Nervous exhaustion because of over-work seems confined to Europeans. In general, abdominal troubles of a surgical nature are not common.

Now that we are able to rejoice over provision for a Hospital in each of our four stations, what should be done further? The Medical Missionaries in Arabia have accomplished great things, but there are still greater ones needing accomplishment. In the first place provision must be made for adequate equipment. Few realize how expensive a matter it is to properly equip a Hospital. It would be a safe statement, that as much should be spent inside as is put into the building, and a certain amount of this should go for a suitable laboratory for clinical and pathological work. Such an ideal may seem far from realization now, but the need should be recognized and prayed for, and we can be sure that in good time it will be provided.

A second need is perhaps even more important. It is the provision of a trained nurse for each of our hospitals. Without her the hospital is a crippled institution. She will double its efficiency. She should be fully trained, both at home and in the language on the field, for her responsibility will be great, and her field of usefulness, a Queen might envy. Granted these two things, the medical work in Arabia may be

expected to develop in efficiency and extent, and to prove an increasingly valuable means of advancing Christ's Kingdom.

Kuweit, P. G.

First Impressions

MISS MINNIE C. HOLZHAUSER

I should like to state—by way of an apology for appearing in these pages so soon—that I have been sternly requested to do so, and being quite infantile as concerns missionary experience I must obey, that trait being a peculiar missionary prerequisite. Perhaps this will suffice also to explain why the spark of literary genius is not evident in an article like this; the wee bud of ability in that line that may possibly exist is coldly nipped.



TWO OLD MINARETS OF BAHREIN

My first impressions upon my arrival in Busrah were singularly pleasant. After a trip of something over eleven thousand miles one is very glad to arrive most anywhere; and it was a luxury indeed to unpack and have my belongings about me.

With great fortitude I was prepared for the worst, and spared it. I doubt if there can be many places in this part of Arabia prettier than the river scenery from the Gulf to Busrah. Busrah itself seems busy, oriental and cosmopolitan all in one; I am sure there were at least a dozen large date-ships here at the time of my arrival, and as one viewed its many lights at night, both on the river and shore, one could not think of it as being a lone, desert, missionary outpost. Thus far I have been much pleased with everything here and I feel devoutly