

When there is time I visit the women in the mud huts on the way from hospital. Poor souls! I wonder when we shall have sufficient workers to teach them and their children. The mothers are often called "cows," and truly they have little more intelligence. Their outlook is indeed narrow. The better-class women often live in the upper part of the house with only a slit in the wall to show them the world beneath. The child mothers, of whom we see little, take everything as a matter of course. When a child is born, its eyes are rubbed with *kohil*, its little dark face colored with yellow powder, patterns marked on its hands and toes, its head plastered with mud and oil, and a few charms to keep away *ginns* (evil spirits) are hung on various parts of its body. The climate being so hot, few clothes are necessary, and the child simply lies in a corner of the mother's garment.

Boys are much more thought of than girls, but the latter are valuable because the father is willing to marry them to the men who can give most for them. It is strange to hear even little children say "Min Allah"—"It is from God." A little girl of three one Sunday climbed where Miss Miller had forbidden her to go. The result was a broken leg, but when picked up she brightly said, "Min Allah."

When a man shoots another he says, "Min Allah," for he thinks God has delivered his enemy into his hands. If a man steals he thinks just the same. In this way one begins to realize something of the fatalism of the Arab mind, and its utter lack of any sense of personal responsibility.

Is it all worth while? Ian Keith Falconer's bright, brief life; Dr. Young's twenty-three years of strenuous lonely toil, lightened in the past seven years by the help of his colleague, Dr. MacRae, and the nurses, one of whom now rests in God's Acre there by the sea.

Surely it is! This "arid spot" is the gateway to Arabia, the cradle of Islam, so long closed to the gospel of love. In the bright day that is dawning for the world this country, too, must have a share; and those who are working at Sheikh Othman are looking and longing for the time when the Gateway will be swung wide open, and, reinforced by other laborers, they shall go forward bearing the light which, one day, will illumine every corner of that dark land.

—*The Women's Missionary Magazine, United Church of Scotland.*

Annual Report of Men's Medical Department, Kuwait

C. STANLEY G. MYLREA, Physician in Charge

After some five years of pioneer work, done in a native house in the native quarter of the town, medical work in Kuwait entered the second phase in its history when the new and modern hospital was opened last November. The first in-patient was admitted on November 9th, and the first dispensary was held on November 25th. Sheikh Mubarek was good enough to inspect the hospital on January 27th

and expressed his admiration of all that he saw, although he admitted that the making of wounds was more in his line than the healing of them. In my office he asked what the microscope was for so I showed him a flea highly magnified, which perhaps persuaded him more effectively as to the possibilities of the microscope than any amount of talking would have done. He has never forgotten that flea, and people come out to the hospital asking to see the flea that entertained Sheikh Mubarek.



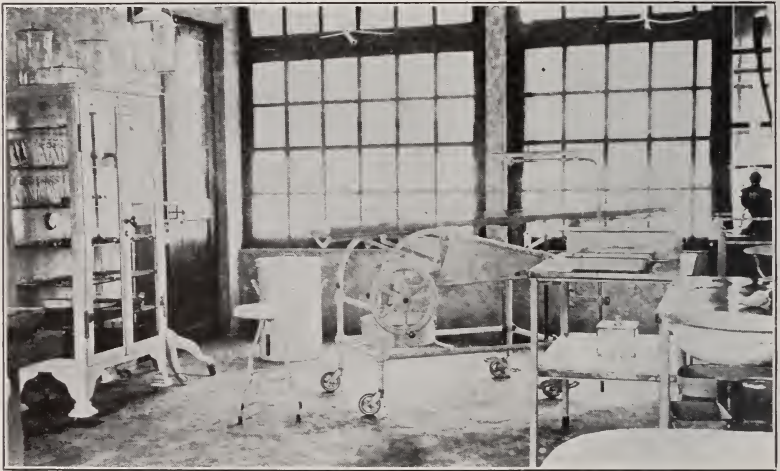
DR. MYLREA

On February 2nd, only a few days after the Sheikh's visit we were privileged to show Lord Hardinge, the Viceroy of India, round our hospital—this visit has already been described in detail in "Neglected Arabia," so I will not dwell further on the matter except to say that I believe that we have in Lord Hardinge a firm supporter of Medical Missions. His gift to the hospital of three hundred rupees I propose to spend on a few articles of furniture for the operating room, amongst other things a clock and a lamp. Early in the year, Seyyid Rejb, the Nekib of Busrah, visited our hospital, and on January 20th gave us the pleasure of his company at lunch—he has been a frequent caller at our house and has shown the same sympathy with our hospital work here as he does at Busrah.

We had one more state visit when on July 23rd Sheikh Mubarek brought Sheikh Khazal out to see us. On this occasion the Sheikhs came into our house and accepted refreshments, staying half an hour. This, so far as I know, was the first time that Sheikh Mubarek has entered the house of a missionary.

I only mention these visits by way of a pleasing contrast between the standing of the Mission in Kuwait to-day and its standing a few years ago. All honor to those who did the pioneer work. Comparing this year's work with last there is a slight increase in the number of in-patients—58 as against 52—the average stay in hospital was the same this year as last, viz., 16 days. The 58 were made up as follows: Surgical 37, medical 10, eye 11. These patients spent, in all, 933 days with us. We could have taken in more patients, but lack of accommodation has forced us to turn people away in the cooler weather when the verandah afforded insufficient protection. In this connection it gives me great pleasure to say that Lieut.-Colonel W. G. Grey has bound himself to raise Rs.1000/ for the erection of two additional rooms, which will be put up as soon as possible. This act of kindness on the part of Colonel Grey is the last link in a long chain of gifts to our work in Kuwait this year not only in money but also in deep sympathy and association with all that we are trying to do. Among our in-patients this year we have not only had the

poor and needy, but the upper classes are beginning to enter our wards. Examples of this are Sheikh Naer, the son of Sheikh Mubarek, and a prominent member of the Khamiss family here. The number of visits this year is 177 as against 95 last year—39 of the 177 were made by one of the assistants acting under my directions. In about 90 of these visits we took a fee, the remainder were made without charge. I mention this latter fact because there seems to be an impression about that missionary doctors never make a visit unless they get paid for it. With reference to this branch of the medical work in Kuwait, something should be said about the need for some means of conveyance. Distances in Kuwait are great and the time consumed in going to a house between two and three miles away is a consideration on busy days. There are no carriages or bellums here as in Busrah, and for some reason it is not considered the thing to ride a donkey in Kuwait. With the exception of the Sheikh everyone walks everywhere. Besides the time consumed there is also the matter of physical fatigue, which cannot be left out of the account. In fact, it seems to me that long distance visits will be more or less out of the question for any lady doctor who may be appointed to Kuwait.



OPERATING ROOM IN NEW HOSPITAL AT KUWEIT

Fees and dispensary receipts this year brought in Rs.1625/13/6; of this total Rs.115/ were contributed from the Women's Side, making the net increase on the Men's Side over last year nearly Rs.700. The number of dispensary treatments is smaller than last year by 1896—this is, I think, merely due to the lean attendance during the days when our hospital was first opened, before people had time to find out where we had moved to. In the month of November we saw very few people. However, everything is going steadily now and there is no lack of work. All classes of the community have

come to the dispensary, from the Sheikh's family to the wandering Bedouin. The actual figures for dispensary attendance are: New cases, 2,387; old cases, 4,287; total treatments, 6,674.

Surgical operations this year numbered 165, exclusive of teeth extractions. Chloroform was administered 25 times and Novocaine 51 times. It has been a great pleasure to use the new operating room, with its complete outfit of appliances and instruments.



HOSPITAL AT KUWEIT PRACTICALLY COMPLETED

The evangelistic work has been carried on along the same general lines as last year, viz., dispensary services conducted by myself or one of the colporteurs, with personal work among the patients by the colporteurs after the service. It is also the colporteur's business to see that there is always a table set out with Scriptures and portions upon it. Unfortunately, our hospital lacks a waiting room, and the verandah has to serve in that capacity. A verandah, on account of its lack of privacy, is not the most suitable place for dispensary services, especially since the Kuwait Hospital is only some twenty feet from the road, and only separated from that road by an open wire fence. Then in the winter the verandah is often cold and wet—I hope that the day is not far distant when we shall have a proper waiting room. I am not able to give the exact figures as to attendance at the dispensary services, but about half the number treated is a fair estimate. We have been lucky this year in having an excellent colporteur for hospital work. Ever since Michael came in April we have put him on especially to hospital evangelistic work and he has spent his mornings at the hospital talking and reading with patients as opportunity offered. Personally I think that this kind of

work, with the right kind of man to do it, is of far more value than the dispensary service. Michael has made something like two-thirds of his total Scripture sales in the hospital, and moreover, by this method, the late comers do not escape personal contact with the gospel. I would suggest that all of our hospitals have a colporteur regularly attached to the hospital during dispensary hours, if suitable men can be found. There are no tours to report from Kuwait this year, but I received a very pleasant visit one day from a man whom I knew in Shargeh some eight years ago—Sheikh Ahmed—nephew of Abd-el-Latif, the British Political Agent in Shargeh. He assured me most positively of a welcome if ever I should come to either Shargeh or Dubai, in spite of the strong anti-foreign feeling prevailing there, which latter fact he acknowledged. He left me his full postal address and said he hoped I would write him if I felt able to accept his hospitality. He spent at least an hour with me, thoroughly examining everything, and expressed the wish that Dubai could share Kuwait's advantages. In connection with the subject of touring, the Mission will be interested to know that I was able in October to visit Doha, the principal town of Katar, and to meet Sheikh Abdallah there and his son Ali. I do not think that Doha is ready yet to receive a missionary, but if we have patience there will probably be a welcome there for us before many years are past. It is doubtful if the place will ever be worth occupation by a regular missionary force. It is of no particular strategic importance from any point of view, and being only twenty-four hours sail from Bahrein, medical advice is not altogether out of the reach of its inhabitants.

Sowing and Reaping

MRS. MINNIE W. DYKSTRA

It was interesting and encouraging to be told on our first Sunday in Bahrein after our return, "Be sure you go to church in time if you wish to have a seat," and the well filled church certainly was a cheering sight. This attendance has kept up well until the present diving season, which employs about three thousand men, who are at sea for several months at a time, and among them are those who attend our church. The attendance of the women has, however, remained the same.

Last spring the missionaries in Bahrein organized the Sunday School on the plan of the Sunday Schools at home. Two classes were organized for women, one for Christians and the other for Moslems. Then there is one class for boys, one for girls, a men's adult Bible class for the Christians, and a class for Moslem men who happen to be present at the church services. The attendance at the two all-Moslem classes naturally varies, but there are always some present.

At our communion service in April we had the blessed privilege of seeing three individuals confess Christ and unite themselves with His body, the Church. These three represented three faiths, Islam,