

NEGLECTED ARABIA

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TOMB OF ABBAS AT KERBELA
See "The Doctor and the Holy City"

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NEGLECTED ARABIA

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THE ARABIAN MISSION

Medicine and the Traditions

W. NORMAN LEAK, B.C. (Camb.)

EVERY reader of NEGLECTED ARABIA will know something of the enormous influence the traditional sayings and doings of Mohammed have on the life of Moslems, and in this article an attempt is made to give some idea of the way the work of the doctor is touched by these traditions. In reading them it must be remembered that they are not regarded simply as the opinions of a man but the inspired work of the greatest of all prophets and nearly equivalent to the word of God Himself. Thus any opposition between them and our medical practice is in a very real sense a conflict between their religion and ours. For example if you tell a patient that he may eat anything he likes he looks at you askance and is at once reminded that you are an unbeliever, for has not the Prophet said "The stomach is the seat of disease, and the mainstay of treatment is diet?" True to this tradition the Bedouin especially attach enormous importance to diet, and one whose finger you have lanced for a boil will come back perhaps half a dozen times to ask you if he may eat this thing or that. One such once walked two miles to ask me if he might eat a special dainty he found was being provided for supper. I had only the very vaguest idea as to what it was but I naturally told him he might eat it and he went away profoundly satisfied, for dainties rarely come their way.

Very fortunately the Koran itself contains practically nothing directly medical except the statement about honey that "in it is a cure for men" from which it is argued that honey is the best of all medicines, though there is recorded a tradition of Ali, son-in-law of Mahomet, that "the Arabs will never use a better medicine than 'semn' (clarified butter)." The Koranic statement in itself is harmless enough, but the tradition quoted in connection with it, though splendid in its teaching of faith, is pernicious to a degree in its working. It is to the effect that "A man came to the prophet and said 'My brother is complaining of his stomach,' so he said 'Give him some honey,' then he came the second time and he said, 'Give him some honey'; then he came a third time and he said, 'Give him some honey.' So he said, 'I have done so' (and he is no better), so he said, "Believe in God and disbelieve your

brother's stomach, give him some honey.' So he gave him some and he recovered." With such a tradition in their minds we cannot wonder that so many Moslems continue with their hopeless methods of treatment and only bring us their patients when all hope is gone, or if they do come fairly early leave off coming if they are not cured at once, for they can hardly escape the accusing conscience that if they only had more faith to persevere in their traditional ways they would obtain healing at last. It may be fine in a way, but it is more than pitiable and the hours of suffering it causes cannot be thought of without a shudder.

The way they work out the implications of a tradition is very interesting. Thus it is established that in case of necessity it is legitimate for one sex to medically treat the other because a certain lady recalled "We were out with the prophet on a raid and we gave drink to the men of the party and served them, and brought back the dead and the wounded to Medina." In the same way it is established beyond doubt that blood-letting by scarification is superior to venesection because the prophet said "Healing is in three things, a spoonful of honey, the scratch of a scarification and the burn of a cautery." A native comment on this naively says, "Many doctors have wondered (at this) seeing that venesection is so safe while scarification is so painful" for it often suppurates and causes trouble that way, as well as being a common channel of infection with other diseases from infected instruments. They are reduced to finding its superiority in this painfulness for, say they, if it were very simple people might get into the habit of blood-letting too frequently and so weaken themselves thereby. Actually it is noticeable the number of people who do refer their feeling of ill health to the time when they went to be bled, though it is possible that there are an equal number who refer it to the year when they missed having it done. The time for blood-letting is the spring, for then, so the native doctors say, "the blood is stirred" and the time of day is usually the morning for some luckless individual records that "the prophet was scarified while he was fasting," and it is obviously more comfortable to be fasting in the morning than later in the day. This may only have happened to Mohammed once, but it has fixed the custom for all time.

Various herbs, etc., find mention in the traditions, and for some reason or other *nigella* seems to top the list for it is recorded that Mohammed once said, "Be careful of *Nigella* for verily in it is healing from every disease except death, and if it were possible for anything to drive away death from the sons of Adam it would be *Nigella*." Fortunately *senna* holds a high place in the Moslem pharmacopoeia for we read that "the prophet said, 'Be careful of *senna* and honey, for in them is a cure for every disease except death.'" In Kuwait honey is quite a rarity, but we are troubled by people in all stages of disease eating pomegranates, and perhaps the reason for this is to be found in Mohammed's statement, "There is not a pomegranate from your pomegranates but has in it a seed of Paradise," from which the native doctor argues "It is necessary that the whole of it should be eaten so that that seed should be encountered and so there should

be a healing from the disease which is in the stomach." The value of foods is also appraised in the traditions, quite illogically and apparently sometimes just to round off an epigram nicely such as "Be careful of cow's milk, for verily in the milk of a cow is healing, in its fat is medicine and in its flesh is disease," where the words for healing, medicine and disease all rhyme being "shefaa," "dawaa" and "daa." Whatever the reason there is no doubt that beef is actually very little eaten in Kuwait and the above tradition is probably the explanation of the fact.

One might go on to quote other traditions which to us are mere superstitions or absurdities, but which to those among whom we work are of real religious significance, but enough has already been said to show how often the western doctor must unwittingly ruffle the religious feelings of his patient, and all the more so because he is unconscious of doing it. These things constitute a barrier, often unrecognized, sometimes unsuspected and very difficult to overcome. It means going to school all afresh and going to school to learn with St. Paul to "be fools that they may be wise." And the doctor's time is limited and most would question whether it is worth it and many might question the actual influence of such traditions of the mass of the people after all. The latter question the present writer has not enough experience to judge of accurately, but it is probably very considerable even in such an illiterate field as the Persian Gulf. The most popular book on medicine in Kuwait is one called, "The mercy of God in the science of medicine" written by one of the greatest of the later Arabic scholars who was incidentally exactly coeval with Columbus, being born a year before him and dying a year earlier also. Most of the traditions quoted are to be found in the pages of this book, which is also most popular in Jerusalem and probably many other places. Other traditions occur in the great collections of traditions and are certainly pretty widely known. Side by side with such books, however, even Kuwait is being steadily influenced by books of popular medicine on western lines emanating from Egypt and containing no reference to religion. Such books are usually to be seen in the hands of the very few booksellers here and apparently find quite a few readers or buyers. It will be long however before their influence is much felt by the lower classes and these still feel that western medicine is at heart antagonistic to their faith and are very chary of taking that advantage of it which we hope and pray they one day will.



Only Two Hands

MRS. LOUIS P. DAME



NURSE SUNDRI

COME with me for a little while to the women's clinic in the Mason Memorial Hospital at Bahrein. Here are several women waiting already and more are coming. Those in the black, shawl-like garments are Persians, those in blue are Baharners and those wearing the regular "ab-bas" are real Arabs. O, yes, and those others by the door are Jewesses. That old lady you see is very clever at silver embroidery which is particularly Jewish work. She has done it for years and there is always a big demand for her work but her eyes are giving out and she is coming to the hospital for treatment. That little Arab girl with the fearful looking sore on her face had a swollen gland in her neck. Her folks applied a native medicine and this is the result. Besides

giving her so much pain it will leave a bad scar. Those marks on that Baharner woman's wrist are "chowie" scars. For some sickness in the past she was branded with a red hot iron. This is a very common remedy among all classes, rich and poor, children and grown-ups. They brand the wrist, arm, shoulder, back or abdomen according to where the pain is. One wonders how they ever submit to it and in most cases the burns get infected afterwards.

First we will have prayers, read a portion of Scripture and explain it and then offer prayer. The women listen quietly for the most part and when it is over the Jewesses especially are effusive with smiling "Thank you's" to the Khatoon.

"Now," you say, "I suppose the doctor takes a hand and examines all these women and the little girls and the babies."

Would this were true, but alas, we have no woman doctor in Bahrein.

"No woman doctor and all these women come every morning? Who takes care of them all?"

We have one little Indian nurse to do it all, helped occasionally by Miss Dalenberg whose chief duty at present is language study. How glad we will be when she is through with her studies, but that is nearly a year off yet. In the meantime the entire responsibility for women's medical work rests on Nurse Sundri. Here she is, ready for

work in her clean white uniform and becoming nurse's cap. She is having a discussion with some men out on the veranda. They want her to go to Hud, another little island some distance away to see a very sick woman, they say. Another man is waiting with a donkey to take her to see someone at the other end of town. She must look after the clinic first, they must wait. They are impatient and urge the desperate need of the sick ones waiting.

"What I do?" cries Nurse Sundri in her quaint English, "I have only two hands."

She begins her work, eyes to be treated and ears as well as noses, burns and sores. Some have fever, colds or other ailments, one has to have a tooth pulled out, etc. Then there are some new cases who must have a doctor to see them. If they are not willing for the man doctor to see them they must go home discouraged and unhelped. Those who are willing sit and wait until the others have been treated and gone. Then the busy doctor comes from the men's side of the hospital and diagnoses their cases one by one. This process is further hampered by their strict adherence to the purdah system. A woman wants her eyes examined. She arranges her veil so that her face is entirely covered except one eye. The doctor examines that and then must wait until she turns away to readjust the veil, uncovering the second eye and carefully covering the one that has just been examined. So it is with each part. If one patient has to have both ears, nose and throat examined you can imagine the delays while the veil shifting takes place!

Finally they are all prescribed for, get their medicines and go and the nurse is free to go with the waiting men to Hud. To reach this little island there is the walk to the pier and an hour and a half's sail in a native jolly boat. If the wind were unfavorable it would take from two to three hours, which often happens. She arrives at the house and finds a young woman in terrible agony. Lying on the floor on a dirty gunny sack she is sinking into the valley of the shadow to bring a new life into the world. She has been this way for *twelve* days. Upon examination Nurse Sundri finds that the baby has died in the struggle and must be taken away from her. O lady doctor, meant to be in Bahrein, where are you? What nurse in the United States would dare to tackle a case of this sort? But Nurse Sundri goes to it with her two little hands.

The woman is so weak and spent that the nurse feels she will not last through the night. But lo! two days later they bring her to the hospital all that long journey! If only they had brought her weeks before! The time for help is past and she dies. How heart-rending the cries of her grief-stricken relatives! They do not realize that her death is directly due to one of their dreadful customs.

The call to Hud has taken up the greater part of the day. The nurse gets home late in the afternoon and there are the in-patients to look after and some more out-calls to make.

Every day is full. The nurse is very busy. She has ample opportunity for exercising all her nurse's training but added to it are oh, so many things only a doctor can do properly. What an oppor-

tunity is here presented for a woman doctor to use all her skill and knowledge. Cases such as no doctor at home ever sees. Women by the score who need help so badly. The population of Bahrein is estimated at 100,000. At least 60 per cent. are women and children. Do you not agree with me that they ought to have at least one woman doctor?

It is impossible for only two hands to accomplish more than one task at a time. For instance, when the nurse stayed up all night



MASON MEMORIAL HOSPITAL

long and until noon the following day with a fourteen-year-old girl who had a hard time giving birth to twins. In this case everything turned out all right and a tired but victorious nurse came home after her long vigil. But what about the clinic patients who came to the hospital that morning? There was no one to care for them.

The women of Bahrein are more and more learning to turn to the mission hospital for help. We ought to be properly equipped with workers to handle the situation. Last year Nurse Sundri did 8,822 treatments in the clinic and went on 706 outcalls. She took care of 75 confinement cases of which only 17 were normal. She did 78 atresia operations in the clinic and 66 of a more serious nature were done in the operating room. *A woman doctor is sorely needed.* Will someone heed the call and come or must Nurse Sundri continue with "only two hands?"

Arabs Met at Bahrein Hospital

DR. LOUIS P. DAME

THE theory of nationalism is rampant in many places in the East. Now and then one even reads of the Arab Nation as though the Arabs of Arabia proper are now or soon will be a nation. Yet anyone at all acquainted with the Arabs, their different characteristics, their tribal prejudices and their religious differences well knows that the union theory is far from being a near reality.

Patients come to the Mason Memorial Hospital from many parts of the Arab peninsula, a few from Yemen, many from Oman, Hassa, Kateef and Nejd. It is interesting to watch the difference in types from the different places. Bear with me a few minutes as I try to describe them. The population of Bahrein is very cosmopolitan. There are Persians, Baluchies and Indians. But just now we are only interested in two classes, the Baharner and the Arab. The Arabs are from every other part of Arabia, some families having been here for generations. These are not typical and will not be described.

The Baharner shows the effects of years of oppression. He has lost his spirit, but not entirely his cunning. He never trusts anyone and never willingly does what he is asked to do. He is always on the defensive and never answers directly. He belongs to the Shia' sect and never associates with anyone but his own kind. He has a most unattractive personality, and if there is anything he loves more than dirt it is more dirt. Although he makes up a large part of the population, he takes no active part, least of all any leadership, in local politics. He has proven least responsive to our missionary efforts. He makes up but a small percentage of our hospital patients and rarely are there Baharner boys in our school.

The inhabitant of Kateef is really a Baharner. He is the same in dress and manner and acts just like his relative when he comes to us in Bahrein. But in Kateef he seems somewhat different. He does not shun us but is most cordial, even effusive, in his greetings. He is glad to have us talk to him and is more direct in his answers. Just why the difference I do not know. Surely the Turk oppressed him enough in his day; the Bedouin of the desert has frequently enough made raids on him and carried off his dates and rice and sheep. And today, though Bin Saud protects him from raids he claims to pay a higher import and export duty than during the days of the Turk. One day as I sat in the customs office, two men passed by, each carrying some small locally made baskets. They did not stop at the office and apparently did not intend to, but they were called back and when questioned said they had 200 baskets. They were told to pay two rupees export duty. The owner protested and said he could get only four rupees for the lot. After more talk he handed a rupee to the clerk and passed on. The fact that he makes up over 95 per cent. of the population perhaps makes him feel more secure in his own province and has probably helped to keep up his spirit.

The numbers we get from Yemen are small and do not permit me to give a reliable description. Those I have seen seem to be superior in-

tellectually to many of the Gulf Arabs, more refined, almost effeminate, small of stature, with lighter complexions and not so fiery in appearance. They inform me that polygamy is the exception, whereas here it is certainly the rule.

Many are the patients who come from Oman, from Maskat to Sur. Physically they are very much alike. You can always recognize an Omani from these districts by his garb, the way he wears his head dress, and by his sallow complexion and hollow cheek. He always looks half starved and is under medium stature. His thob (robe) is usually greased, giving it a peculiar yellow-brown color and a most characteristic odor. A group in the hospital always identify themselves before they are seen. But give me the Omani for cordiality and friendliness. I know no other Arab that can compare with him. He will rise and begin his greetings from a distance. And his greetings are not the foolish repetition of many words, but there is a reality to them. You feel that it comes from his heart, that here is a man who by nature is cordial and polite. Those of our missionaries who have been fortunate enough to tour this part of Oman testify that their hospitality is as cordial as their greetings.

In the northern part of Oman, along the Pirate Coast, there is a different type. He, too, is cordial and friendly, but to a less degree. He has more pride and dignity and is not so open and frank. Physically he is a splendid specimen. He is of medium stature, though tall men are not unusual, with well developed shoulders and chest, small waist and strong sinewy arms and legs. The beard lover would here be delighted with his find, for the long, flowing black beard so commonly seen here is highly prized. There is much division of power here. Each little town and village has its sheikh who is very jealous of his power and very zealous to get his neighbor's territory. Political arrests are made on the slightest provocation. Sheikhs come and sheikhs go, but the spirit of union and co-operation is far from them. There are many negroes here and they are all slaves. To keep them in slavery, the wealthy pearl merchants object to having the British come in, for that would mean freedom for the slaves. No doubt their desire to keep a wireless station out of the most important city is for the same purpose.

The Katar Arab is very much like the Pirate Coast Arab, though physically I believe he is larger. Many of them are tall, strapping fellows, friendly yet very proud and self-reliant. There is not a race on earth more proud or more dignified than the Arab, and surely with their proud bearing and flowing robes they can put up a splendid showing.

But the Arab that takes the prize for conceit and pride, and who at present is suffering from a tremendous dose is the one I know most about—the Nejdie. Bigot, self-righteous, hater of all mankind, having a form of godliness but no mercy, he despises others more than he loves God and prides himself on his monopoly of God and Heaven. How can he ever associate with Arabs not of his own persuasion. Only by ruling over them, and the Nejdie Ikhwan has no friends outside of Nejd. Physically he is a short, dapper little

fellow, dark-skinned, short, scraggly beard, his hair done in long tight braids full of inhabitants. He always looks dirty and unkempt. Alas, how could it be otherwise when sand answers many purposes for which we use water.

But there is a difference in the Nejdie before and after he "gets religion," that is before and after he is an Ikhwan. I have seen him before he was "converted." He was not at all a bad sort, cheerful and jolly. But as soon as religion gets him he is transformed. A short time ago I carried an Ikhwan off the operating table to his bed. The three adjoining beds also had Ikhwan and three or four of their friends were standing by. The bed clothes of the new arrival were all in a heap and one of the visitors was reclining on the bed. I asked him to get up and straighten out the clothes. He got up but made no move to do more. I again spoke to him, this time more firmly, adding, "Isn't this man a friend of yours?" He only answered: "God is my friend." Only yesterday I asked a boy of about twenty, the son of a man whose leg we just amputated, to hold one end of a bandage which one of the hospital boys was rolling. He did for a minute, then when my back was turned he left the room. I sent for him and asked him if he could not do even that much for us after we had tried to help his father. His only words were a constant repetition of, "I ask the forgiveness of God, I ask the forgiveness of God" as he painfully did something for the unbeliever.

The Hassa Arabs are of two classes, the real Arab and the Baharner. The Hassa Bedouin is very much like the Nejdie, and like him, has become an Ikhwan. The townsman has not joined this fraternal organization and though he is a strict Moslem is more a man of the world. Many of them have business connections in Bahrein, Basrah and Bombay. They read newspapers from Egypt and Iraq. One of them has now gone to Paris in the interest of his pearl business. About two-thirds of the population is made up of the Baharner type. These are the smaller merchants, artisans and gardeners. They are famous particularly for their abbas—the Arab cloak—and copper coffee pots. The town life is greatly influenced by the Ikhwan. Smoking in public is absolutely forbidden and tobacco may not be displayed in the bazaar. Because of the number of Ikhwan who are constantly visiting the towns, these rules are rigorously enforced.

In the hospital the Yemenie, the Omanie from Maskat or the Pirate Coast, the Arab from Katar or Hassa, yes, even the Baharner and the Persian associate together on friendly terms. They exchange coffee and tea and have a good time in general, but not the Nejdie Ikhwan! At best he carries on a limited conversation with any of the others and rarely accepts their coffee.

We in Bahrein rejoice that we are doing our little bit towards breaking down some of these prejudices. For many of these patients a trip to Bahrein, the stay in the hospital, the meeting of many other Arabs from other parts is an event in their lives never to be repeated. It must show them the great similarity between man and man, that we all are but a small part of a great human family.

The Doctor and the Holy City

REV. H. A. BILKERT



STRANGE faces, strange costumes and the air of bewilderment which betrays confusion at the sights and sounds of a strange city are frequently noted even in cosmopolitan Baghdad. Where are they from and where are they going? Well, they may be from Persia, from southern Arabia, from northern India or even from far away Kashmir or Syria. For these are pilgrims on their way to the sacred shrine at Kerbela. Situated on the rim of the desert about sixty miles from Baghdad this holy city is the object of pilgrimage by thousands of Shia' Moslems every year. For here is located the tomb of Hussain, the grandson of Mohammed. Slain on the plain of

Kerbela while trying to vindicate his right to the title of Caliph, or temporal head of Islam, he has since come to be looked upon as a saint and martyr by the entire Shia' sect of Islam. To make the pilgrimage and perhaps to rest for their long, last sleep in the shadow of his tomb is the lifelong desire of these devotees. Pious Moslems in all these lands make provision in their wills to have their remains buried within the shrine. The great building encircling the tomb, with its golden dome and golden minarets, is one huge burying place. Proximity to the tomb depends on the amount of money set aside for that purpose. The methods of burial and the occasional "housecleanings" in the shrine are better left to the imagination. Suffice it to say that their effect on the olfactory organs is decidedly marked and they probably play a large part in the unsanitary condition of the city.

But, not only is Kerbela a great burying place, it is also a center of religious learning the like of which it would be hard to duplicate anywhere else in the Moslem world. To see the wide white turbans and watch the stately tread of these doctors of divinity makes one wonder if the Pharisees of the Master's day were not much akin to these latter day religious teachers. And from all that one can gather these modern Pharisees are quite as jealous of their position as their prototypes of Bible days. The first place and the highest seats at all gatherings are theirs, while their frowns upon the "infidel Christian" leave nothing to be desired in the way of religious zeal. They too, for

a pretense, make long prayers in the mosques, dye their beards red, and eat up the substance of the unsuspecting pilgrim from far away cities.

What a challenge is presented by this city to the Christian missionary. In the eyes of thousands of Moslems it is little less sacred than Mecca itself. Throughout the year the city is thronged with pilgrims, but on the seven special days of "visiting" the number reaches from a hundred to two hundred thousand. They come from all over Mesopotamia, Persia, Arabia, India, Kashmir and even Syria, spend ten or fifteen days in the holy city and then return to their own places with added honor and sanctity. Surely some souls in this throng might be reached. And it is not only to preach the truth in one of the strongholds of their faith, but it is to sow seed on far-flowing waters the results of which cannot be easily calculated. But it is out of the question for the Christian evangelist to take up headquarters in this sacred city. Only in Mecca itself would one find the same amount of fanaticism and bitter hatred toward the intruding foreigner and his detested teaching. These white-turbaned religious teachers would make short work of the missionary whose only stock in trade was the Bible and its message. Such an "unbelieving dog" is to them anathema.

How then, are we to take advantage of the opportunity? The "open sesame" for Kerbela, as it has been for other closed doors in Arabia, is the lancet and scalpel of the Christian physician. These dwellers in the holy city are accustomed to receive and not to give. A service such as a doctor might render would be readily acceptable. In the past they enjoyed the ministrations of a Turkish doctor. On the edge of the town are the ruins of what must have been a very extensive hospital in the days of the Turkish regime. Kerbelites still point with pride to this institution and hope for the day when it will be replaced. At present an Indian with some medical training holds a Government appointment in the city. But he is soon to be removed owing to the demands of economy in the Government budget and Kerbela will be left to the mercies of local quacks. If only there were a doctor we might send. He would need to be willing to face hatred and persecution. It would be an uphill fight to win one's way against the prejudice and jealousy of the learned leaders. But physical ills are stronger among these people than religious prejudices and it would not be long before the people would be seeking his services. And it might well be that from among the halt, the lame and the blind who come far distances to shrive their souls there would be those who found the relief of physical pains of more benefit than uncertain spiritual gain. And as he ministered to the body, the doctor might also give that word of truth which is for the healing of the soul. One can conceive of some weary pilgrim carrying back to his village something far more precious than the memory of Kerbela's golden dome and minarets. And where the doctor leads the way, as experience has proved, it is not long before there is a welcome door for the teacher and evangelist also. "Behold, I set before you an open door."

The Woman Doctor in Oman

MISS SARAH L. HOSMON, M.D.

I AM afraid that Maskat is not as attractive as its harbor to the members of the Arabian Mission, because of its heat and its malignant malaria. The first sight of the severely barren, bleak, and hilly coast of Oman makes one wonder how any human being can live in such a place. But after having learned their language and having become acquainted with the people I have concluded that in this rough end of Arabia dwells a fine class of Arabs. They are small, short built, with thin faces, very cordial and more responsive than the women of some other stations in Arabia. Dr. Dame's operating room gives one a splendid opportunity to study the different types of Arabs as they come from so many quarters of Arabia. The Omanies that came in for their operations were the most cheerful and the bravest of the lot. I took out a tooth from a little Omani boy of seven years and he never groaned. Another one came in the same day to have two molar teeth extracted without anesthesia, and there was not a word of complaint. Another Omani lad has undergone a major operation and was told he would have to undergo another one. He bravely replied, "I have endured this, I can endure another one."

White patients come to me from the Province, still I have been limited to Maskat and Matrah during my nine years' work here. These town women can carry the prize of all the medical clinics in Arabia for their cleanliness. Thereby an Omani woman can be distinguished at once by her appearance as she sits among these town Arabs in the morning clinics.

When this work was first opened we thought a monthly attendance of three hundred was good, but now our monthly records are seven hundred and recently we had eight hundred and fifty, although in the meanwhile Maskat has decreased in the size of her population. Can you imagine yourself drinking a foreigner's medicine the first time? I will tell you what some of these women did when they took their first dose. I saw their lips moving and watched to find out what it meant. They were reciting some verses of the Koran to protect them! I well remember when I did a simple little trichiasis operation on them. They shook as if they were having a violent chill and I wondered if something was wrong with my local anesthetic, but I soon found out it was simple fear. A mule could not have kicked more than one woman did on the table, and when she got up she laughed over it all and said it did not hurt at all; she was only afraid!

We always begin our work with a Gospel service. Attendance at these meetings has been compulsory but I seldom have any difficulty in keeping their attention. Those who now attend these meetings are from all classes. With the exception of the immediate members of the royalty, who do not go out in the daytime, we have the highest classes of Arabs on down to the poorest slave from all parts of Maskat, Sirdab and Matrah. Baloochis, Hindus and the Kojas also attend. Thus you see how far extends the Gospel message through the medical work. During the last two years I have used just one Gospel message repeated

all the year. So by constant repetition they can remember what is said. But this one message contains enough to enable every soul to find Christ as his Savior if he will heed the exhortation given.

The in-patient work has not grown so rapidly. One of the chief reasons is that it is harder for a woman to leave the cares of her house-



A TYPICAL MASKAT ARAB

hold and her children to stay in the ward. Last year we had forty and they also have been from the rich as well as the poor. But it is easier to give the Gospel to the poor for they, as in the days of old, hear of Christ more readily. I wish I could say that this work is able to support itself, but Maskat is very, very poor and we do well to meet half of the expenses from the Arabs. Maskat is longing for a man doctor to come and help them. We are hoping the way will open for us to have one in another year.

PERSONALIA

Rev. S. M. Zwemer was elected President of the General Synod of the Reformed Church in America at its recent session in June at Asbury Park. This office was of unusual responsibility because of the matters of exceptional importance and interest that came before General Synod. Dr. Zwemer sailed from New York on June 23d, expecting to spend some time in England and Europe arriving in Cairo about September 1st.

Rev. and Mrs. F. J. Barny arrived in New York on their furlough June 5th. They were able to be present during the following week at the Commencement of Rutgers College when their son graduated.

Dr. Paul W. Harrison received the degree of D.Sc. from Hope College at its Commencement in June. This high degree in the field of Science was conferred in recognition of Dr. Harrison's services in Arabia and Mesopotamia in the investigation of the cause and cure of disease and his important articles contributed to medical journals. Dr. Harrison addressed the newly appointed missionaries of the Presbyterian and Reformed Churches at the Annual Dinner given by the Presbyterian Union in New York in connection with the Conference for newly appointed missionaries in June.

Rev. E. E. Calverley completed at Hartford his special studies through two furloughs and the period on the field between as a result of which he received the degree of Ph.D., *magna cum laude*.

Dr. Louis P. Dame has recently again visited Hassa on the invitation of the Sultan Bin Saud. An unfortunate sequel was an attack of typhoid fever from which he has recovered. He is now recuperating his strength at Kodai Kanal, South India.
