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ADDRESS.

THE MEDICAL NEEDS OF SYRIA.

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The attention of the civilized world has lately been awakened to a certain corner of it where crime and massacre have become rife, and where fanaticism and tyranny have been maturing their most horrible results. Information about the lands in which these scenes have been, and are being enacted, and about the nations that are groaning under the iron hand of the unspeakable Turk, now assumes a new aspect of interest to all, especially to the sympathetic hearts of the American people. To physicians and all others interested in their noble profession, all that pertains to the medical conditions and needs of these countries will be among the first topics of interest. It shall be my effort tonight to present before you the medical needs of Syria, my native country, which, though not undergoing the same convulsions that are now tearing up other sections of the Ottoman Empire, may yet be taken as a fair representative of the rest, inasmuch as the same general conditions prevail in it as in the others, and as it breathes the same religious and political atmosphere.

But allow me to say at the start that I shall not be able to present the subject before you from a professional point of view. I can bring no resources of medical knowledge to bear, for I have none. And when in my country I never tried to make a particular study of its medical conditions. Nevertheless, there are certain phases of its medical needs that do not require a specialist to discover. And I shall attempt to exhibit them in a popular, rather than a technical way—to give the facts as they are suggested to my mind.

And first of all a few words about the climatic conditions of Syria may be appropriate. There are certain peculiarities of the Syrian climate which may have a tendency to help the rise and spread of disease. One is the continued drought of the summer season. For over four or five months, no rain falls at all. The soil becomes parched up and in frequently beaten places it is pulverized into dust, the particles of which flying about in the air, enter the system in various ways, sometimes carrying with them organic germs, and they give rise to several diseases. Then in some localities, especially in low lands, the heat of the summer is intense, and favors those diseases that are fostered by a hot climate. A very few localities besides are marshy, and hence malarial. But these are all the natural disadvantages, as far as I know, from which Syria suffers. In all other respects, its climatic conditions are favorable. The climate is mild and even. There are not those sudden changes in the tempera-

ture which prevail in large portions of this country. Our climate, like our music, is rather monotonous, and indeed the balmy breezes of the Mediterranean sea which sweep along the slopes of the Lebanons, and the thousands of clear, crystal springs that gush forth from the mountain side, and the numberless delights that reside in its glens and valleys, render that region one of the garden spots and health resorts of the world. And as far as the climate is concerned, there is no reason why the people of Syria should die of any other complaint than accident or old age. But the fault is not with the climate or the country, but with the people. If the people of Syria undergo any physical suffering (and they do) it is because they violate nature's laws and the violation carries along with it the penalty.

One of the agencies that militate against them in this respect is the comparative ignorance that prevails as to the plainest facts about medicine. Of course, all the people of a country, however highly civilized it may be, are not expected to have a comprehensive knowledge of medicine. But there are certain rudimentary facts that ought to be the common possession of all, not professionals only, in order to ward off all avoidable suffering, and in this respect the people of Syria are deficient. There is considerable ignorance about the constitution of the human body; and as to the nature of disease, some very curious notions prevail. For example, a variety of ailments are classified as "winds." The felon is called the "thorny wind." Cholera "yellow wind." And there are also winds of the side and of the hip, and of the chest, etc., so that you might imagine that every man was a new edition of Æolus, except that the winds are not under his control.

The laws of health are very little known, at any rate very little observed. Negligence of personal habits as to cleanliness is very common among the poorer classes, especially among the Mohammedans. Mohammedanism does not often go hand in hand with cleanliness. And if the Arabic proverb is true that "Cleanliness is of faith" (or religion) then Mohammedanism has very little of either. At any rate, it is one of the most productive causes of disease. It might sound rather strange to say that a people's religion could injure their health. But this is true at least in the case of Mohammedanism. It is an unhealthy religion. A brief consideration of some of its underlying principles and the practices of its adherents, will be sufficient to show that the above statement is not fanciful.

Fatalism enters the warp and woof not only of the Mohammedan's theology but of his every day life and practice. He has very little use for physicians, for no physician can alter the predetermined course of events and the fate of the patient; and he deems it entirely unnecessary to take any precautions against disease, even when an epidemic is ravaging the country. The

more intelligent classes of Mohammedans, however, have outgrown this belief in practice, if not yet in theory. They do summon medical aid to the bedside of their sick. But the common run of them are still wedded to their old belief, and act accordingly.

Polygamy also has its by no means small share to contribute to the unhealthy influence of Mohammedanism. In addition to the awful degradation of morals, it has a very derogatory influence on the physical constitution of parents and offspring. Moreover, it creates peculiar domestic circumstances that tend to the neglect of the proper nursing of children. The several wives of the same man are often too busy with their own rivalries and jealousies to attend to such trifling things as children. The children are allowed just to grow as best they can, without any attention being paid to their moral or physical welfare. And their propensities to filthiness in both respects are given free scope, so that a certain degree of squalor becomes a necessary adjunct of a Mohammedan community. This, in conjunction with other causes, manifests itself in a variety of diseases, among which those of the eye are most common: Strabismus, cataract and myopia are prevalent. And the number of blind men parading at the head of funeral processions, or hanging around about mosques and other public places, is remarkable. Any number of cases of myopia can be seen, some of them very extreme, indeed. I heard of a Mohammedan who was once asked to sign a document. Taking the pen, he raised the paper close to his eyes, and traced the signature. But on returning the paper, the signature was not there. It was found on his fleshy nose.

To do justice to Mohammedanism, however, one favorable fact about it must be mentioned. And that is that it enjoins upon its followers total abstinence from all intoxicating drinks. The Mohammedans, with rare exceptions, observe this injunction, to the shame, I am grieved to say, of their Christian neighbors. And by the way, the drink demon is becoming more and more serious. For formerly though almost all the Christian element of the population drank wine and *raki*, they did it in moderation and there were very few drunkards. But now the number of drunkards is awfully increasing and deaths from the effects of liquor are becoming more numerous.

A great deal of superstition prevails among the ignorant classes of the country. Mohammedans, as well as others, and many of these superstitions that bear on medical subjects are interesting on account of their oddity. A great number of diseases are attributed to the *evil-eye*, or some other magical influence. It is believed that certain people have a peculiarly harmful power residing in their eyes, and whenever they look with covetousness or evil will upon any object it is brought under an evil influence. A material object becomes liable to breakage or loss; a plant, to decay; an animal, to disease and death; and the danger is dreaded no less against man than against any other being. Babies especially are exposed to the *evil-eye*. A mother who has a healthy baby or one particularly pretty or 'cute (and you know *all* mothers have such babies) is greatly apprehensive for its welfare and takes active measures to shield it from all harm. She resorts to charms of many descriptions. Eggshells, blue beads and bones are regarded very efficient, and a triangular scrap of leather inclosing a scroll with some talismanic inscription is irresistible. In this country physicians try to

heal diseases by *prescriptions*, there they seem to do it by *inscriptions*. Another remedy that is helpful not only in cases of evil-eye but really in all diseases, is the following: Write a few verses of the Koran on a slip of paper, boil in water and administer internally or externally or both ways, and cure will follow, God permitting. This is of avail only in case of Mohammedans. For a Christian, verses from the Bible must be substituted. Sometimes a child of a weak constitution is made to wear a piece of the bone of a tiger or some other ferocious animal suspended on its neck. The idea being that since the beast is strong, and the bone the strongest part of the body, therefore it will communicate this strength to the wearer. A very bright idea, indeed!

But though the Syrian mother's love to her child be very tender, and her solicitude for its welfare very intense, yet there are certain of her practices as to child care that do not seem to me to be very apt to promote the child's robustness. The infant is cramped tight in its cradle and tied up in its swaddling clothes. The tighter the baby is swaddled the stouter it is believed to become when full grown. This practice seems to me to have a tendency to retard the child's development and to injure its vascular and respiratory systems by decreasing the capacity of its chest and hindering the free circulation of blood.

In addition to the above, natural prejudices and stereotyped systems of social habits play their part against the sanitary welfare of Syria. Among the Mohammedans, as you know, women are entirely excluded from all association with men. They are not allowed to show their faces, even to the nearest male relatives. The higher they are in the social scale the more strictly is this seclusion observed. So that even when the negative obstacle of fatalism does not stand in the way to prevent calling medical aid, this powerful prejudice comes up and makes it next to impossible for a male physician to examine the condition of a female patient. He has to form his diagnosis from the description of the father or husband. Sometimes, indeed, in very urgent cases, the hand of the patient may be stretched from behind a screen, allowing the pulse to be felt. But to see the face or tongue—never!

The first need of Syria, then, is to all that tends to break up these adamantine walls of prejudice and custom, and to dissipate these clouds of ignorance and superstition. We need general enlightenment among the people and a fair acquaintance with the primitive facts of the science of health. And we need all the agencies by which this can be carried on. We need to have instruction about physiology and hygiene introduced into our schools, and we need the *schools* in which to carry on the instruction. We need popular papers and magazines that make common the knowledge of the plain facts of medicine, and we need to have the majority of the people so educated that they can read them. Above all, we need to get rid of Mohammedanism and its superstitions and to have Christianity with its purity and enlightenment to raise the morals of the people not only, but also to to promote thereby their physical and intellectual condition.

Another phase of Syria's need is to sanitary institutions of all kinds. Hospitals are badly needed. Though a few such cities as Beirût, Jerusalem and Damascus have their hospitals, yet the larger number of cities from twenty to eighty thousand people have

no such institutions. And indeed in that country, there should be a greater need of hospitals than in this. For owing to the ignorance among the masses of the people as to the proper ways of treatment and nursing, and owing to the lack of conveniences at their homes, it becomes very urgent that all cases of any degree of seriousness be brought not merely for treatment, but even for nursing, into suitable quarters and under competent medical supervision.

Then there are no insane asylums in Syria. The demented are allowed to go at large, wandering along the streets, sometimes objects to the jeers and practical jokes of heartless fellows, who lack but very little themselves of being in their places, and often presenting sights that are shocking to all sense of decency. Violent cases, however, or raving maniacs who are supposed to be dangerous are shut up, bound in chains and fetters and cast in some dungeon or cell where the harsh treatment brings to a speedy end their wretched existence.

Herein also Mohammedanism has its part to play. The Mohammedans believe that insanity is a species of inspiration. Insane people are peculiarly blessed from above. They are *ualis* or saints, and great respect is paid to them. Indeed this belief sometimes leads to practices extremely immoral.

When I said that there were no insane asylums in Syria I ought, perhaps, to have made *one* exception. For there is one such place known as the Monastery of St. Qurhayyah. It is a gloomy cave in one of the fastnesses of Mt. Lebanon, presided over by a number of monks, whose business it is to heal the insane people that are brought under their care. The cure is effected by frequent floggings and exorcism, which are supposed to drive the evil spirit out of the sufferers, for, contrary to the Mohammedans, they believe that insanity is possession by the devil. But to one witnessing their ways of treatment, the evil spirit would seem to reside in the monks rather than in their patients. At any rate, they often succeed, and oftener they succeed too much. They drive not only the *evil* spirit but even the very *life* spirit out of their patients.

Now Syria needs a few asylums conducted after modern plans and in the light of modern science in order to take care of these miserable wrecks of humanity, to restore to sanity those in whom there is any hope of recovery, and to provide a habitation for those that are hopeless.

Again, sanitary precautions of all sorts are needed in our cities. No good systems of sewerage or drainage exist. Even in Beirût, the most progressive of all Syrian cities, no satisfactory system is in operation. And in many of its streets the stench is unbearable and proves to be a prolific cause of disease. Then the cities are very crowded, the streets are narrow, sometimes not more than 8 or 10 feet wide, and sometimes they are arched over, or rooms are built across, so that the wholesome rays of the sun can rarely find an entrance into the houses. As to ventilation, it becomes out of the question. People here talk about the tenement districts of New York. I have seen some of them; they are bad indeed, but they do not compare with some portions of Beirût that I have seen, and still less with portions that I have not seen.

These are some of Syria's medical needs, but her greatest is to *medical men*. I do not mean merely to numbers. For though there is by no means the same proportion of physicians to population as in this

country or Europe, and though in larger parts of the country no medical help at all can be secured within many miles, yet the need is not of *so many more* but of *so much abler* physicians. Up to about twenty-odd years ago we had scarcely any men of ability in the medical profession. The land was under the sway of quacks, whose knowledge, when they had any at all, was limited to a partial acquaintance with Avicenna or Galen or some other old-fashioned writer, and to the old and even then out-of-date notions about medicine. They knew nothing about anatomy and their system of practice was based on speculation and theory rather than scientific fact and investigation. The way in which they acquired their education was peculiar. A few months' attendance on, or, it may be, acquaintance with, a physician was thought sufficient. Among the papers of my father I once fell upon the copy of an official report which he had presented to the governor of the district in which he held office after having made a tour of inspection concerning practicing physicians, their diplomas, qualifications, etc. In one of the villages of Mt. Lebanon a man was found practicing medicine and selling his drugs. Asked where he had received his education, he replied that he had accompanied Dr. Somebody for two years in the capacity of a groom, and now he started practice on his own hook, seemingly getting the profession by contagion. Another man seems to have got it by heredity, for he said that his uncle had been a physician before him, and [that was the reason *he* was one also.

With such thorough courses of training, we might reasonably expect a proportionately scientific mode of treatment. Cupping, bleeding and cauterization were frequently resorted to. Herbs, more or less indifferent, and concoctions therefrom were administered in liberal doses, and if the patient survived it all it was not the physician's fault.

But the reign of ignorant quackery in Syria is now practically at an end. Among the very few wise things that the Turkish government has done have been the strict regulations as to licensing only physicians who bear the diplomas of a well-reputed medical college, and who stand a satisfactory examination before the Imperial Medical Board at Constantinople. But notwithstanding these restrictions, physicians of high ability are still few and badly needed. Our danger now is not from ignorant quacks but from licensed and so-called educated ones.

Besides thoroughly equipped medical men, Syria needs medical women—lady physicians. The state of society and the prejudices of the people, even among non-Mohammedan sects, being what they are, it is necessary that women be treated by physicians of their own sex. This is the only means possible to relieve them from considerable suffering and to save unborn generations a great deal of physical weakness and hereditary tendency to disease.

Thanks to the kind aid of the missionaries, those from this country especially, this, as well as other needs of Syria, have begun to be supplied. Indeed, our country is under unbounded obligation to the United States, not only for the greater part of the modern social, intellectual and religious development, but also for meeting the physical needs of the people. It is indeed a complete charity that seeks to compass *all* the needs of its objects. This is the genius of Christianity and missions are its manifestation. The American Mission in Syria now maintains the only

lady medical missionary actively engaged in her work. The American missionaries have given us the *first*, and for many years the *only*, medical college. From within the walls of that institution about two hundred men have gone forth fully equipped to practice the healing art, and are now scattered all over Syria, Egypt and other countries in the Levant.

In this connection allow me to address a few words to you, gentlemen of the graduating class, not by way of advice but as an appeal. You are now going forth to give to the world the fruit of your preparation in one of the first institutions of the land; you have had the rare fortune of being trained under professors of the highest ability and of national and international reputation. You have entered upon the fruits of the labors of centuries of progress in your profession, and now you bear in your hands one of the most beneficial boons that has been allotted to men. What use will you make of this power? Shall it be only as a money-making scheme, to take advantage of men's necessity and make it contribute to your financial interest? Nay! but let me repeat to you what I am sure your worthy professors have enjoined upon you once and again: *Do not degrade your profession to the level of a trade.* It is true that every profession must provide an ample support to those that practice it, and that in proportion to their ability; but this should not be the sole end. It should rather be the means to the greater and nobler ends, the advancement of the profession and the welfare of humanity.

The strides that have been made by the medical science in all its branches during the last fifty years are marvelous, but, as you all know, the possibilities have not yet been exhausted. The doors are still open for you to study, to investigate, to discover, to apply. For it is to your country that the world looks up for leaders in this as well as in other lines. *Be among these leaders.*

And then there is another aim that might well claim a place in your hearts. If one of the ends before you in your professional life is to promote the welfare of your fellowmen, one of the best means in which this can be done is through medical missions, one of the grandest philanthropies of the present century, and destined to hold a still more prominent place in the century to come. There are many lands not as highly favored as your own, in which teeming millions of humanity suffer and die in ignorance and misery, and it is within the power of medical science to reach them and alleviate their suffering.

But then there is a higher and still nobler mission that the physician can perform. It is not only to relieve physical pain, but by so doing to reach the hearts of the sufferers with cheer and consolation, to administer to them with the *physical* the *spiritual* remedy.

I have one more word to say. It is to discharge the pleasant duty of expressing in my own behalf and in the behalf of my own country, the warmest gratefulness to the esteemed professors of this institution. Gentlemen, tonight you have added an important item to the indebtedness of my country to yours, by giving us two young physicians, who, inspired by your spirit and electrified by contact with you, shall be bright lights in the medical firmament of Syria. And in the future, if you ever wish to attempt the impossible and trace the wholesome influence that your institution has exerted, be assured that Syria shall not prove herself the least receptive, and from her distant shores there

shall be borne across the face of the mighty deep a deeper and mightier gratitude.

ORIGINAL ARTICLES.

FIRST AID IN RAILWAY EMERGENCIES.

Read at the Third Annual Meeting of the American Academy of Railway Surgeons, held at Chicago, Ill., Sept. 24, 1896.

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Introduction.—About 9 o'clock in the evening of the 11th of last August, during a blinding thunder-storm, an express train dashed into a small freight train a short distance outside of the passenger station at Columbus. W. N. S., the fireman of the passenger engine, an unusually vigorous man of 38 years of age, was hurled violently down from the cab to the Scioto River, twenty feet below. So tremendous was the force of his ejection from the engine cab that his body was completely torn from his right foot which had been caught in the wreck, leaving a horribly lacerated stump midway between the ankle and the knee, while the soft parts above the latter joint were also severely injured, rupturing the anastomotica magna and giving rise to a considerable hematoma in the thigh. Throughout the accident, this man retained entire self-possession and when found some time after the disaster, he was engaged in tying a portion of his cotton jacket about the injured limb to check the alarming hemorrhage which was occurring from the wound. Unacquainted with the means of properly tightening his extempore tourniquet, sufficient compression to close the arteries failed to be exerted, and when he arrived at the University Hospital, an hour and a half after the collision, the bleeding from the external wound together with that from the ruptured anastomotica had brought him almost to the point of exsanguination. At the hospital, he was so fortunate as to be admitted to the service of the senior surgeon, my distinguished friend, Dr. R. Harvey Reed—to whose courtesy I am indebted for the privilege of quoting the case—and his colleague Dr. W. U. Cole. The patient's wet clothing was instantly removed, he was wrapped in warmed blankets, hot water bottles were placed about him, and other measures designed to restore the normal temperature and revive the vitality were employed, such as alcoholic stimulants, hypodermics of strychnin and nitroglycerin, and injections of hot saline solution. The hemorrhage was controlled by the elastic ligature, and the limb amputated as quickly as possible at the juncture of the middle and lower thirds of the thigh. Very little anesthetic was needed and very little given. The patient rallied promptly from the anesthesia but, owing to his bloodless condition and the impossibility of correcting it, he gradually became delirious and about an hour before the end experienced a tonic spasm, after which he sank rapidly, expiring about eighteen hours after the accident, a victim of exsanguination.

This accident occurred in the midst of a city of a hundred and fifty thousand inhabitants, containing a hundred and fifty medical practitioners, numerous hospitals, and two medical colleges. There were a dozen physician's offices within five minutes walk of the locality of the disaster, not to speak of numerous telephones by means of which dozens more might