Western Medicine in Palestine, 1860-1940: The Edinburgh Medical Missionary Society and Its Hospital*

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Abstract. This study considers the development of Western medicine in Palestine, focusing on the Edinburgh Medical Missionary Society's hospital in Nazareth. This hospital—one of the earliest British medical institutions in the region—was created by the society in Palestine in 1866.

Résumé. Ce texte étudie le développement de la médecine occidentale en Palestine, et plus particulièrement l'histoire d'une des plus anciennes institutions médicales britanniques établies dans la région, l'hôpital fondé à Nazareth en 1866 par la Société missionnaire d'Edimbourg.

During the nineteenth century, the Near East became a field where Europeans and North Americans established institutions of health care and higher learning. These developments related to religious missionary fervor and more general European expansion. In the lands of the Ottoman Empire, foreign cultural intrusion was encouraged by the so-called millet system, where the Turkish authorities permitted local religious institutions to operate with a relatively free hand. In the following discussion, I consider one of the earliest foreign medical missionary efforts, that of the Edinburgh Medical Missionary Society.¹

A PROTESTANT CIVILIZING MISSION

The Edinburgh Medical Missionary Society was founded in November 1841 at the instigation of the Scottish physician John Abercrombie.²

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Abercrombie, "a son of the manse" from Aberdeen, had been favorably impressed by the American medical missionary, Dr. Peter Parker of the China Society, who had passed through England, Scotland, and France for a fund-raising tour in 1841. Parker was well received by Abercrombie, "who was so greatly interested in the intelligence he received from him, especially with reference to his experience of the value and the healing art as a pioneer to the missionary effort, that he invited to his house a few friends, to hear Parker's account of his work, and [also] to consider the propriety of forming an association in Edinburgh, for the purpose of promoting medical missions."

Parker's meeting in Edinburgh soon contributed to the creation of the Edinburgh Association for Sending Medical Aid to Foreign Countries. On 28 November 1843, the name of the Association was altered to the Edinburgh Medical Missionary Society. One of the aims expressed in the resolution which led to the foundation of the EMMS was "to give intelligent proofs of the nature and practical operation of the spirit of love which, as the fruit of our holy religion, we desire to see diffused among all nations." Abercrombie was chosen president and headed the Society until his death in November 1844. The Directors of the EMMS, soon after the formation of the Society, turned towards the Holy Land. The recipients of the Society's aid were Parker's Medical Missionary Society in China and the Syrian Medical Aid Association, recently founded in London.

Then Directors of the EMMS considered the question of sending a missionary of their own to the Holy Land. The first to put into practice the Society's aims was Kaloost Vartan, who had been trained in both medicine and in missionary activities, "the diagnosis and treatment of disease and the dealing with patients on the concern of the soul." Vartan was a young Armenian from Constantinople, financed as a student in Edinburgh by the Society "[and] strongly recommended by the missionaries of that city both American and Scottish." He arrived in Syria in 1861 to help the victims of the recent massacres and was supported by an annual grant of £100 from the Syrian Asylum Fund. After spending time in Beirut, he made his way to Nazareth and set up a mission there. This was to become the basis of the EMMS medical mission, when, in 1864, on the disbandment of the Syrian Asylum Fund, the Society sponsored Vartan directly. In 1866, he officially became the Society's first missionary to the Holy Land.

Vartan found himself working in a special environment. Under Ottoman rule, there were few traces of government health services in Palestine. While in theory Ottoman Law provided for medical services, in practice it did not go beyond the employment of part-time municipal
doctors. It was the task of the voluntary and charitable hospitals to pro-
vide medical and health services to the population.9

The prevailing conditions of health in Nazareth at the time when Var-
tan set up his mission there were uncharitably described by Sir Ludoric
Grant in his opening of the bazaar held in 1913 to raise money for the
new mission hospital: "The work at Nazareth was carried on in a sphere
of gross ignorance and credulity in matter of health and hygiene, and of
rampant medical quackery and imposture."10 "Ignorance" is a leitmotif
among the descriptions of the medical missionaries. Vartan's wife told
the missionary society in 1872, for example, that the existence of much
preventable disease was due to the public "'ignorance of even the first
principles of health and physiology."11

With their notions of cultural superiority, missionary physicians rid-
iculed the folk remedies invoked by native healers. A cure for conjunc-
tivitis was "to cover the eyes with a cloth which was not to be removed
for fifteen days. When removed, the [patient] would be either blind or
healed."12 A common remedy encouraged by native healers and
widely accepted by the public was the custom of the "key." Dr. Freder-
ick John Scrimgeour, a fellow missionary and later successor of Var-
tan's at Nazareth, described it graphically: "One form of this barbarous
treatment is a raw surface caused by burning and kept raw for weeks
or even months by the application of green leaves daily... The contin-
ual discharge from the 'key' is supposed to be beneficial. I have known
patients on whose arm 'key' has been kept open as long as five years to
prevent attacks of eye inflammation."13 Traditional remedies included
the use of human milk as eyedrops, and a form of inoculation against
smallpox by using live smallpox virus.14 Finally, some of the mission
workers interpreted Arab practices in terms of "fatalism": "The doc-
trine of fatalism, too, is responsible for so much neglect of children's
health."15

Missionaries count converts just as physicians count patients. Dur-
ing the five years between his founding of the mission and its being
adopted by the EMMS, Vartan reported having seen 15,000 patients.16
In 1866, the number of patients treated at his dispensary was 2,456.17
By 1874, Dr. Vartan was seeing from 50 to 60 outpatients daily. He was
also visiting villages within a radius of 15 to 20 miles on horseback
twice a week, and caring for the 9 or 10 patients who occupied beds in
his temporary hospital.18

Patients at the medical mission were of different religious denomi-
nations, the majority being Christians of various denominations, fol-
lowed by Moslems and some Jews. A sample of patients visiting the
mission in the year 1899 shows that 5,747 patients were Christians and
2,680 were Moslems.19 One exception to this distribution was the visit
paid by Vartan to the High Priest of Tiberias, an important Jewish leader, to remove a carbuncle from his back. The patient generously rewarded him with seven gold Napoleons, whose value was around £5. 12s.\textsuperscript{20}

This mixture of religious affiliations could be expected to be reflected in the attitudes of the different members of religious communities to the establishment of a Protestant mission in Nazareth. The Moslem community in particular was suspicious of the missionary or proselytizing aspects of the medical mission. Scrimgeour wrote in 1913 that

Eastern conservatism had to be overcome; Moslems looked with suspicion on the Christian teaching which accompanied the medical work. In time, however, the obvious superiority of the new remedies brought from the West, the startling cures effected by modes of cure infinitely more humane than those in vogue, and especially the gracious personality of the medical missionary, Dr. Vartan... steadily broke down oppositions, and secured the growing confidence of the people far and near.\textsuperscript{21}

One may expect the reports of those directly involved in promoting Christianity of the type advocated by the Scottish Free Church to be biased in their views. Scrimgeour continually emphasized that "The deadening effect of Islam has permeated all departments of life."\textsuperscript{22}

NAZARETH MISSION HOSPITAL

Vartan’s dream was to establish a hospital at Nazareth, but he was not destined to see it fulfilled in his lifetime. His first attempt was dependent on the financial cooperation of a gentleman from London, "who with some others in Syria was interested in the project."\textsuperscript{23} Even after a visit to London for the purpose, nothing came of it. Still, on the same trip to Britain, Vartan married a Scottish woman, who seemed a fitting partner for his missionary and medical work.\textsuperscript{24}

The beginnings of the EMMS mission at Nazareth were modest ones. Vartan worked out of his own residence, receiving and visiting outpatients. The first movement towards providing accommodation for patients was in 1867 when he installed some beds for surgical cases "in a large upper room in [his] residence." The cost of this innovation was £100, and it marked the beginning of the Society’s interest in purchasing land for the building of a missionary hospital.\textsuperscript{25}

But in the meantime, with the expiration of the lease on his house imminent, Vartan gained approval from the EMMS for the acquisition of two adjoining houses which were to serve as a hospital and residence. The rent for the as-yet-unfinished properties was £400 for 10 years. Nevertheless, the society withheld the payment of the balance of £250
until the contract could be checked. This caution is accounted for by the strained financial circumstances in which the society operated. In 1870 the EMMS, which depended on donations from well-wishers, had an annual income of only £1,503, from which it maintained 34 medical missionaries.

By 1870, Vartan was installed in his temporary premises, and was receiving patients on the ground floor of his home. He had only six beds. In the first year, 36 inpatients were admitted and 70 to 100 patients were seen every day. This hospital was described by a Scottish visitor of the period as "a neat, fastidiously clean, well-aired house, with admirable contrivances for protecting patients from noise, and the glaring rays of the sun."

These, then, were the modest beginnings of the EMMS's work in Nazareth. The Nazareth of Vartan's arrival was a town of some 9,000 inhabitants. It is probably safe to assume that the religious distribution of the inhabitants did not differ greatly from those of 1931 when around three quarters of the Nazarenes were Christians of various denominations. The populations of the outlying villages, however, were predominantly Moslem.

Vartan struggled to implement his plan. During leave in Scotland in 1880, Vartan tried to raise money for the construction of the hospital on a site donated to him by the native owner and consisting of 35 acres of arable land. The estimated costs of £3,000 were raised and work began on the new hospital in 1882. The memorial stone was laid on 4 April 1882 by the Rev. J. H. Wilson of Barclay Church, Edinburgh.

But Vartan's progress was continually hampered by the Turkish authorities. He contested to obtain Turkish permission for his construction until 1887 when the Ottoman authorities decided not to grant the "firman" on the grounds that land was in fact crown land. They also gave the mission £1,000 in compensation for the partially completed building, the completion of which they had blocked for many years. This initiated a search for a "less conspicuous site." Renewed efforts to establish an EMMS hospital at Nazareth were aided greatly by a three-day bazaar held in Edinburgh to raise funds: about £5,000 was raised. This occurred in 1913, five years after Vartan died.

The growth of the "hospital on the hill," as it would later be called, once more met with setbacks on the outbreak of the First World War. Though progress had been made in the building, when the hospital authorities were absent, it was taken over by the Turkish authorities when they allied themselves with the Germans in the war. When the hospital administration was restored in 1919, the hospital was found to have suffered greatly. Scrimgeour, who had been the hospital's director during its construction, rented temporary premises, and an ap-
peal was launched for a hospital restoration fund. The new hospital was finally inaugurated on 20 April 1924. The then British Governor of Palestine, Colonel Symas, presided in representation of His Majesty's Foreign Office. By the summer of 1931, new building and improvement had begun in the newly established hospital. By 1935, a sanitary annex had been added to the maternity ward, and electricity was installed.

Parallel with the aims of establishing a larger and more appropriate hospital to serve the community of the Nazareth region ran the growth of the need of the community, which the hospital development was designed to meet. In 1908, the number of daily visits by outpatients rose to an annual total of 13,734, approximately 46 per day, and the resident inpatients were 340. In addition, visits to nearby villages had increased to 1,224 for that year. But in 1935, the number of inpatients was 1,136, almost three times that of 1908, and the annual daily outpatients' visits dropped to 8,483, that is, around 28 patients per day and little more than half the number seen in 1908. This trend towards greater inpatient service, and a drop in outpatient service may be accounted for by the increase in the number of dispensaries then available in the area, and the establishment of clinics in neighboring villages for the treatment of outpatients.

With the growth of the physical plant, the variety of services also increased. Vartan and Scrimgeour, the first two medical practitioners at the mission, carried out their healing in premises not designed specifically for such a purpose. The aim of the mission to improve its medical services appeared as early as 1876 when Vartan used a microscope, a gift from "some Edinburgh friends." By 1923, special plans were being made to establish infant welfare clinics in every nearby village, since the infant mortality rate was 70 percent. Likewise, by 1926, eye clinics in villages had been successfully established, and plans were made for establishing special measures for dealing with tuberculosis, then a growing problem, by building a separate sanatorium. By 1936, the mission hospital boasted an X-ray machine, the result of a legacy to the hospital.

Naturally, this increase in service had to be met by an increase in staff. When Vartan first began in Nazareth, he labored alone. In 1880, the mission had, besides Dr. Vartan, one native assistant and one native nurse, attending outpatients, and a 24-bed inpatient department. While Vartan was on a visit to Great Britain in 1881, his native assistant "carried on the work ably." It was not until 1904, when Vartan's mission was in its 43rd year, that Scrimgeour came to assist, and ultimately succeed him. In 1905, nurse Edith Johncock joined them in their efforts. Another nurse, Croft, began her service in 1908. In 1912, Ian
Macfarlane was appointed as an assistant to Scrimgeour. The inadequate number of staff seems not to have compromised basic health care delivery.

In 1912, Scrimgeour informed the society that one native nurse had finished her training with them and that four others were at different stages in their preparation. This training of nurses continued to grow, and the mission hospital was recognized in 1919 under the British Government's mandate as one of the 13 hospitals for training nurses. The importance of voluntary organization in this task is borne out by the fact that of the 29 students who passed the third-year nursing examination imposed by the government, none was a graduate of government hospitals; all came from voluntary hospitals like that of EMMS at Nazareth.

Medical practitioners count cures in addition to patients, and they are fond of classifying procedures. In 1876, when primitive conditions still existed in Vartan's 20-bed hospital, 126 were treated. Of these, 29 underwent serious operations and 79 left cured. Another 30 improved in condition, 5 showed no progress and 6 died. Similar statistics in 1879 show either cure or improvement in 170 out of 205 patients. The following table shows the nature of the work during 1911-12, together with the classification of patients and the kinds of operations performed.

WORK DONE BY THE EDINBURGH MEDICAL MISSIONARY SOCIETY HOSPITAL, 1911-12

| Attendance at the Dispensary | 9,799 |
| Visits paid to patients in their own homes | 1,153 |
| Patients treated in the hospital wards | 553 |
| Number of operations performed | 759 |
| Teeth extracted | 114 |
| Confinements conducted | 46 |

LIST OF OPERATIONS

General operations
Acute abscess 108
Chronic abscess 9
Diseases of bone 40
Whitlow 16
Hernia: radical cure 36
Hydrocele: radical cure 12
Haemorrhoids 18
Fistulae and sinuses 32
Tubercular glands 26
Amputations 7
Circumcisions 12
Vesical calculi (super pubic operation) 10
Laparotomies: exploratory or for tuberculosis 9
Tumors and cysts 36
Paracentesis 21
Hepatic abscess 4
Foreign bodies: bullets, etc. 18
Enucleation of prostate (Freyer's operation) 1
Extraversion of bladder (Wood's operation) 1
Amputation: breast 1
Ascites (Peterson's operation) 1
Antral empyema 1
Various 90

Eye operations
Trichiasis, single and double (on 132 lids) 83
Cataracts 9
Iridectomies 25
Evisceration of eye 8
Pterygium 7
Strabismus 3
Various 25

Gynecological and obstetrical
Curettings 61
Ventral fixations 15
Vesico-vaginal fistulae 2
Ovariotomy 1
Instrumental labor 3
Various 8


The medical missionaries claimed to have improved public health generally. Scrimgeour's analysis of the background to his work shows a society relatively free from the diseases common in other parts of the region. Water-borne disease was rare and unusual occurrences of cholera had been "imported" from the coast. Lack of overcrowding helped prevent the spread of contagious diseases. The airborne diseases, like smallpox, were nevertheless common; such illnesses caused a high mortality rate among infants. Eye disease was a constant scourge of the people of Nazareth and its surrounding areas; as late as 1936 the British Journal of Ophthalmology noted: "Palestine has the distinction of a greater percentage of blind persons among her general population than any other country in the world."

The difficulties met by the workers at the EMMS mission were not caused only by the difficult health conditions which they encountered. As mentioned, the establishment of a permanent hospital was at one point hindered by the outbreak of the First World War. Other wars also affected directly or indirectly the region where they had chosen to
work. Vartan mentions disturbances in Salonika which made him "apprehensive of some general commotion throughout the country." Vartan did not live to suffer the effect of the First World War conflict, but his successors at the mission, nurses Johncock and Croft, were caught up in the turmoil. They served 400 Turkish soldiers brought to Nazareth for treatment, and even, towards the end, some Allied soldiers. During this period nurse Croft died and was buried by the Turkish authorities with full military honors. After the war Scrimgeour and Johncock were both honored by the King of England, receiving the O.B.E. (Officer of the British Empire) and the R.R.C. (Royal Red Cross) respectively.

Personal tragedies afflicted the founder Vartan. He and his wife lost three children in quick succession, including their first, born in 1871. Nonetheless, one son and two daughters all followed Vartan in his missionary work, his son studying as his father did in the missionary student college in Edinburgh.

CONCLUSION

The EMMS missionaries at Nazareth achieved a great deal as healers. Their second aim, winning the souls of their patients, was less successful. The social acceptance of the missionaries as healers and health-givers nevertheless served the purpose of opening autochthonous eyes to the depth and sincerity of those who practised the creed. Respect for the medical missionaries among the Arab population is illustrated by the fact that the conflicts between the British government in Palestine and Arab bands in the 1930s did not influence the good relationship established between Palestinians and British missionaries.

Medical practitioners have been, as they sometimes claim to be, above the fray. It seems possible to disaggregate, then, the medical and the religious impact of physician missionaries. This conclusion suggests that it is not unreasonable to count men and women as figures of national importance who, from another point of view, are imperializing proselytizers.

NOTES

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1 At the end of the nineteenth century, Palestine was provided with many hospitals maintained by charitable and missionary organizations. The hospitals were located in more than 10 cities and operated by British, French, German, American, and Italian
organizations. Of these, British medical societies operated nine hospitals in Palestine, the French had four and the Germans ran three.


3 Lowe, Jubilee Memorial.

4 Lowe, Jubilee Memorial, p. 9.

5 Quarterly Papers, February 1912 to November 1915, p. 226 (publication of the EMMS).


7 Annual Report, 1862, p. 12. These massacres were the result of the civil war that erupted between Christians and Muslims in Lebanon in 1861.


11 Quarterly Papers, 1899, p. 368.

12 Quarterly Papers, 1871, p. 190.

13 Frederick J. Scrimgeour, Nazareth of To-Day (Edinburgh, 1913), p. 60.


16 Quarterly Papers, 1871, p. 15.


19 Quarterly Papers, 1899, p. 358.

20 Quarterly Papers, 1871, p. 190.

21 Scrimgeour, Nazareth of To-Day, p. 62.

22 Scrimgeour, Nazareth of To-Day, p. 62.


25 Annual Report, 1868, p. 11-12.

26 Annual Report, 1869, p. 11-12.

27 Lowe, Jubilee Memorial, p. 20.

28 Quarterly Papers, 1871, p. 11.

29 Annual Report, 1869, p. 12.

30 Quarterly Papers, 1871, p. 43.

31 Quarterly Papers, 1874, p. 237.


33 Annual Report, 1881, p. 16-17.

34 Annual Report, 1882, p. 19.

35 Annual Report, 1883, p. 16-17.

36 Annual Report, 1883, p. 17.

37 Annual Report, 1887, p. 22-23.


39 Quarterly Papers, 1915, p. 312.

40 Quarterly Papers, 1915, p. 341.

41 Quarterly Papers, 1919, p. 148.

42 Quarterly Papers, 1919, p. 158.

43 Quarterly Papers, 1924, p. 9.

44 Quarterly Papers, 1924, p. 273.


46 Annual Report, 1931, p. 10.


51 Annual Report, 1876, p. 15-16.
54 Annual Report, 1936, p. 16.
56 Annual Report; 1881, p. 16-17.
57 Quarterly Papers, 1905, p. 232.
58 Quarterly Papers, 1905, p. 232.
60 Annual Report, 1910, p. 21-23.
61 Annual Report, 1912, p. 21-23.
63 Annual Report, 1876, p. 15-16.
65 Scrimgeour, Nazareth of To-Day, p. 55-56.
67 Annual Report, 1879, p. 231.
70 Quarterly Papers, 1919, p. 148.
71 Annual Report, 1871, p. 12.
72 Quarterly Papers, 1893, p. 234.
73 Annual Report, 1937, p. 15.