

ORIGINAL

AROUND the year 1900, the prevailing health environment in this country was appalling. Malaria was rampant not only on the Bahrain Islands, but throughout the entire Gulf Region, stretching from the villages around Basra to the town of Muscat in Oman. Quite often villagers would leave their work and retire to their homes to "have their fever".

The spleen incidence in Bahrain was as high as 80 percent in the villages, 15 percent in Manama and a little less in Muharraque. The worst hit areas on these Islands were Sitra and Sanad. Nowaidrat was also known for Malignant Malaria.

Other endemic diseases were also taking their toll. Among those who survived the fate of malaria having been helped by their sickle-cell haemoglobin, fell victim to the endemic diseases such as tuberculosis, dysenteries, smallpox, infections hepatitis and typhoid fever. Venereal diseases were found in all stages.

The population in Bahrain declined and many people took refuge in other areas in the Gulf. The Shaikhdom of Muhamara which is now called Khozestan or Arabestan province in Iran received many Bahraini families.

In that year a small 10 bed-hospital was opened by the Government of India and called "The Victoria Memorial Hospital". It was called locally as "(Hakeem Al-Kooti)". One doctor was put in

Milestones in the Medical History of Bahrain with Special Reference to Maternity and Child Welfare

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charge of this unit plus the Quarantine Station opposite the R.A.F. Jetty. This station remained functioning until 1929 and then switched to Fort-Bu-Maher of Muharraque Island.

The American Mission Hospital which was opened in 1901 during the regime of Shaikh Essa Bin Ali Al-Khalifa was also far from coping with even the basic health demands of the population. The Medical scene was dishearteningly bleak. The capital Manama was stinking with sewers. Large dumps of rubbish were sky high in every district. They used to be called (Samadah).

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Swamps were also common place, covering all the areas of Manama from the site of the present Middle East Hotel and covering the major parts of Gudhaybia. There was no water supply and people depended on house wells for washing and water brought from far away by animals for the purposes of drinking.

The areas of Naim and Fareej Bu-Sera were so bad that the first hospital and clinic were built in this area (the so called Isolation Hospital) which is now used as Nursery.

In the early twenties major disasters struck our Islands, nothing less than the bubonic plague. This claimed the lives of thousands of Bahrainis over three dark years. The tears were not yet dry when in 1925 a cyclone caused untold destructions of the Bahraini pearling fleet, with a loss, conservatively estimated of 5000 out of 25000 dhows and obviously thousands of deaths.

The first few years after the first World War witnessed a little improvement for the Baladiya began in 1927 to fill in all the swamps in Gudhaybia and Southern Manama with rubbish, sand, and later oil.

Two major events were however, soon to happen. With the international economic recession living began to get harder for Bahrainis. Another factor was the flourishing of the Japanese cultured pearl industry which was at the expenses of this very vital trade

in Bahrain. The people naturally began to look for new variety of trade and business in far away countries. Those who eventually returned from India or Europe talked about the health practices and the wealth of those states. Rich tuberculous Bahraini patients were soon sent out to Sanitoriums in India. A trained Indian Midwife was also soon brought to Bahrain and appointed by the Government for Muharraque Island around 1930. Her name is UM-Jan and she is still living and full of colourful memories.

Ladies and Gentlemen, the ordeal of women in those years was unbelievable, for even men were scared then to go to Hospitals. Naturally child-birth was left in the hands of the local traditional midwives. The maternal mortality and morbidity was so high that it was customary for senior women in the society to write their will before going into labour.

The folklore of those midwives was shockingly medieval. Obstructed labour managed by ritual prayers. Eclamptic fits patients were propped up on a cushion in the courtyard of the house and a stallion is brought in to eat some food from the patient's lap. If the horse shook his head and this happen quite often the woman was then presumed to be doomed to death.

The explanation was that eclampsia is caused by the spirit of an evil horseman and the ritual is designed to exorcise the patient.

Postpartum haemorrhage was also a subject of speculation by old midwives. The best story I have heard and it naturally comes from the rich persian folklore is that the condition is caused by a demon spirit in the form of a wild wolf which eats up the inside of the afflicted woman. The appearance of heavy bleeding was ominous of death.

An old man told me that all his

daughters died after prolonged childbirth. The diagnosis in retrospect and thinking about it now must have been an obstructed labour.

Three of my colleagues in this Hospital have lost their mothers during childbirth.

No proper medical care during pregnancy or childbirth was existing. Three years after UM-Jan of Muharraque was employed and became successful, the Government appointed another Indian trained midwife for Manama. Sister Singh of the A.M.H. whom the Bahraini called "Shereefa" in gratitude was also practicing in Manama.

With the gradual improvement of the economic conditions after the discovery of oil the Baladiya opened a clinic and a house for Maternity Inpatients around 1937.

A new clinic in South Naim was also built for isolation of female inpatient (it is still standing but occupied by a children nursery).

In the same year a child welfare clinic was opened at the Fort.

By 1938 a plan was made for a women and men 120 bed Hospital. The site chosen was on Naim seashore. The land was bought from Al-Quassibi brothers and reclamation started immediately.

In that very same year Dr. Mc Dowall M.R.C.O.G. was appointed as a Senior Lady Medical Officer. In her first stormy year in Bahrain she conducted 84 confinements with 79 women having rock salt atresia.

H.H. Shaikha Aysha Al-Khalifa ceremoniously opened the Women's Section of the Hospital when it was completed in May 1940. The number of female beds were 30 mainly occupied by maternity cases.

In so far as antenatal care is concerned it was seldom practiced. The maternal mortality in hospital cases however was reduced in the first year to 61.6 per 1000 and still

birth rate to 187 per 1000. These optimistic figures for their time were only the tip of an iceberg of morbidity and mortality. The population of Bahrain in 1941 was only 89,970 i.e. much less than 80 years before.

In 1942 Dr. Mc Dowall left Bahrain after reporting few cases of R.S.A. to the Journal of OB/GYN of the British Empire.

Dr. Doeg replaced Dr. Mc Dowall as in-charge of the Women's Section of Naim Hospital, and stayed for 18 years. Child Welfare, Health Visiting and Maternity were by now well appreciated. Sister Maguire who later on became a Matron was in charge of the Maternity Section.

By 1945 General Public health measures, inoculative and antenatal care were accepted (and not considered by the indigenous population to be of doubtful value). In the following year a Public Health and Welfare Committee were set up, composed of all heads of hospitals, Maternity and Infants Welfare. Things were really beginning to brighten up. In 1947, Miss Allsop was appointed as Theatre Sister and also Sister in-charge of the Women's Hospital. In this year also Dr. Mary Abraham was enlisted as the first Indian Lady Doctor to work in the Maternity.

Appreciating the needs, our patron Shaikha Aysha Al-Khalifa swiftly donated her house in Muharraque to the Department of Health. It was converted into a 16 bed Maternity Hospital and daily dispensary. Another house in East Raffa was also made into a Women's dispensary.

The Health Committee issued a decision to register and supervise untrained traditional midwives. A maternity film was also shown to the public to discourage Atresia (now nearly died out). The traditional midwives were also visited regularly by an English Health Visitor for the purposes of training.