

Around the end of 1948 the Victoria Memorial Hospital was timely closed except for outpatient.

The second census was held in 1950. The total population was 109,650 which showed an increase of 23 %. Both Malaria and Smallpox were not reported which must have been a medical triumph. That year also witnessed the opening of two dispensaries one in Karzakan and one in East Raffa. Once or twice a week a midwife would go there to see antenatal cases.

In 1953 the first ante-natal clinic was officially opened in Manama. Dr. Shanon D.R.C.O.G. was appointed that year to help doctor Doeg. (Because of the increase in the number of maternity cases). The first child welfare department was organised under the supervision of a senior Health Visitor. (Sr. Weymes).

By the mid fifties the services were approaching international standards. An old transfusion unit was inaugurated, the village dispensaries were doubled and expanded. 25,000 visits for women outpatient were registered in 5 villages.

From 1955 there has been a stronger emphasis on Public Health measures and progressive refinement of the standard of the medical practice. For instance, Dr. Hoda, the first T.B. trained doctor was appointed to look after the New Chest Hospital.

Because prior to this date Anaesthesia was given by people who had no special training in this field, the first trained Anaesthetist Dr. Youngman D.A. was engaged in the Health Department.

The most important event however, was the launching of the first Island campaign of Child Welfare which covered the main towns and 29 villages in Bahrain. New blood was also introduced into this department with the appointment of Miss. Hemingway who replaced

Miss Weymes as the supervisor of the Child Welfare Centre. In so far as Maternity services are concerned the Assistant Dr. Shanon left Bahrain to be replaced by another female Gynaecologist Dr. Lourie.

Outside the Hospital, the country experienced the first Public Health campaign designed for disinfection of rats.

Around that period the political mood in Bahrain was very high because of local troubles and the Middle East conflict of 1956.

In Bahrain, a Senior British Advisor became the target of people's demonstrations. Luckily or unluckily he was suddenly rushed to London with carcinoma of the neck of the bladder where the famous Badenock of London performed a radical operation. Despite these troubles, the Hospital practice was not affected to a great extent. On the contrary, the Women's Hospital in Naim was getting congested, and the staff were clinically over taxed.

Fortunately, the relief was soon to come. His Highness the late Ameer, opened the Maternity Section in Salmaniya in the year 1957. The total bed capacity was 68. Naturally the Child Welfare Section in the Health Department was also enlarged and increased by two British Sisters so that by then three teams operated in Bahrain.

In 1959, the results of the third census were announced by the Government. The post war baby boom and immigration contributed to a sharp rise in population which reached 143,133 a 31 % increase over the population of 1950.

The 1960's were even more eventful with regard to medical scene. The first Nurses Training School was opened with seven students under Sister Omayah Kourabi, a qualified sister tutor. A free National Health Service was inaugurated by His Highness Shaikh Bin Hamed Al-Khalifa (the

late Ruler). Exceptions were made for Private Ward Rentals, all treatment became free for Bahrainis, Foreigners and Visitors.

The event of the year, however, was the planning for four Maternity District Hospitals each having 12 beds. His Highness specifically wished 2 to be built in Sitra and Malchiya for 1961, and 2 for 1962 in Budaya and Sanad/Nowaidrat areas. Only the first two eventually materialised. Dr. Doeg was nearly 60 years old, and retired after 18 years of hard devoted pioneering services as Lady Medical Officer of the Women's Medical Department Dr. J. Pym D.G.O. replaced her. So far as Child Welfare is concerned it was incorporated under the administration of Public Health. A National Association of "Ladies Voluntary Services" for child welfare was established.

In the following year 1961 Dr. Ali Fakhro M.D.(Beirut) was appointed as the first Bahraini Medical Specialist.

A new Muharraque Maternity Hospital (30 beds) was adopted from 4 blocks of flats. Alterations were also initiated in Hidd Maternity Hospital to accommodate 12 beds.

After prolonged discussion, legal adoption was officially allowed, but as you all know it is recently, changed to be limited only to Muslim Bahrainis.

The key staff appointment by then included more Bahrainis. Dr. Ibrahim Yacoub M.D. Beirut the second qualified Bahraini Doctor arrived with Paediatric Training to be in charge of that Department.

By the end of 1962 Polio Oral Vaccine sabin substituted for salk. Over 3000 children under the age of 10 were vaccinated. Three extra Health Visitors were also recruited to work in Child Welfare.

Despite all this progress the Maternity Department became understaffed, the reason being the sharp increase in Hospital



deliveries. The annual birth in 1964 as reflected in hospital records was approaching 4500 babies. Because of the difficulties the Director of Medical Services arranged a loan of an R.A.F. obstetrician for 6 weeks until Dr. McKewan D.G.O., the new Senior Lady Medical Officer arrived. Later Dr. Shanon D.R.C.O.G. rejoined the department on a permanent basis. Antenatal clinics expanded to six weekly. A good continuity between maternity, post-natal, paediatric and child welfare in follow up of babies was firmly established. The paediatric practice was obviously improving so that in 1963/1964 the infant mortality from Gastro-enteritis was reduced to 18 % out of 289 admissions.

The afore-mentioned Sitra and Malchiya Maternity Hospitals were opened by H.E. Shaikh Khalifa Bin Salman Al-Khalifa. Two antenatal clinics were also attached there. Obstetric Annexe of 28 more beds were added to the maternity until in Salmaniya.

Dr. Rashid Abdulla, Paediatric Specialist, Haematologist who was appointed in the same year had a tremendous influence on the

refinement of paediatric care particularly with regard to management of Haemolytic disease of the new-born. Dr. Shanon became the Lady Medical Officer for Obst. & Gynae Department in place of Dr. McKewan who left at the end of the year. The national 4th census of 1964/1965 showed a 27.4% increase to 182,203 a substantial rise for such small period of time!

The stillbirth rate declined from 187/1000 to 19/1000. More significant was the marked decrease in Maternal mortality from 62/1000 to 0.5/1000. Although I believe that this figure did not include all the mortality of home deliveries.

The past 14 years of obstetric and paediatric practice highlighted an impressive progress both in clinical and statistical results. However, I would avoid any chronological narrative of this period which most of us were and still part of and would rather limit myself to end results.

In 1978 the hospital perinatal mortality which is an index of prevailing socio-medical condition reached an international level of 22 per 1000. Nearly 85 percent of deliveries in Bahrain was con-

ducted in Hospitals.

The Maternal mortality for the state of Bahrain dropped to 34/100,000. (Only 2/3 of this figures are real direct obstetric mortalities).

The main causes of the maternal deaths in Bahrain are apparently socio-medical, a combination of multiparity and its consequences, lack of family planning, poor general health, and anaemias due to sickle-cell haemoglobinopathy.

The reproductive wastage however is lower than many European countries. While it is estimated that 1 in every 5 pregnancies in England and Wales ends up in abortion, the number of abortions in Bahrain is nearly 1 in every 10 deliveries.

The stillbirth rate is lower than Kuwait despite all their medical facilities.

In conclusion, there is a lot to be said for the preventive medical value of Family Planning in the coming years. That is if we decided to have less morbidity, mortality, and a practice that deals with quality children rather than number of those who are born-alive. □