Introduction:

After two years in Constantinople, it is interesting to look back through these months and watch the development of our medical work as it is today. When I arrived, Dr. Hoover had started two clinics, one at the Girls' College, the other at the Bible House.

Being appointed a member of the Orphanage Committee, I found there was need of a medical inspection of the orphans; and a later investigation of the refugee camps in the city showed a great need of medical care among these unfortunates.

In all of this work in clinics, orphanages and camps, it soon became evident that there was a great need for native nurses who could also act as interpreters. We were fortunate in obtaining the services of Miss Iskouhi Manougian, a graduate nurse from Marsovan Hospital, who has been a very valuable member of our nursing staff. I also started a training class at the Y.W.C.A., Miss White having gathered together some young native girls who could speak English. From this class we obtained seven girls who proved to be well worth the training given them. Later, we were able to obtain others who had been trained.

Orphanages:

In the Turkish orphanages of the city, there were 5,000 children. These orphanages had a sufficient income and were in good condition, so we felt no need of working with them.

There were also 4,500 children in Greek and Armenian orphanages. They all had more or less efficient medical supervision, but no systematic physical examinations had been made. As we were able to increase our medical staff, we assisted the doctors in charge in making physical examination of all these orphans. On the whole, we found the children in fair condition, and with the assistance which we could give them, their general condition was improved. Comparatively few cases of trachoma were found in this inspection, but later it was found to be spreading alarmingly, so three special orphanages were set apart for the isolation of these cases, and it was decided to start an American Trachoma Hospital for children.

When I investigated the large Armenian camp at Haidar Pasha in October, 1919, I found the conditions there very bad. There was a large tent colony placed on low ground, and with the onset of the rainy season, the place was a sea of mud. The medical work done there was practically nil, and there were many sick. Little attempt had been made to separate any contagious diseases, and those suffering from tuberculosis, syphilis, pneumonia, etc., were living in tents with other people. We held daily clinics in the camp, and our nurses visited in the tents. We cared for those who could be treated in the camp and sent many to hospitals. We soon found, however, that the camp was not a fit place for the refugees to occupy during the winter, and
later the Armenian Central Committee obtained buildings in different parts of the city and the refugees were removed to these various camps. In each of these camps we arranged for medical supervision, and in several of them we equipped small hospitals with a resident nurse, where the less serious cases of illness could be treated. Our nurses also visited in the camps, helping the sick and investigating the social conditions, and cooperating with the camp directors in giving out clothing and milk as it was needed. Even in the camps where food was furnished, we found that many children were undernourished and needed milk, cod liver oil, etc. Later, as our other medical work, especially the children's clinics, developed, we withdrew our nurses, and the care of the camps was transferred to other committees. However, our children's clinics were placed so that we could still offer medical care to these refugee children, and at the present time the children of all the camps, except Scutari, come to our clinics. At Scutari Camp, Dr. Orphelia Kassabian is the doctor in charge of the refugees, and it is not necessary for us to do any work with her children.

Trachoma:

The problem of trachoma in the camps has been a difficult one, as many of the people did not realize the need of treatment and would not or could not go the long distances necessary to attend the clinics available in the city. In May, 1921, we started trachoma clinics in the vicinity of all the camps, so that all may now easily obtain such treatment.

Clinics:

Besides the refugees in camps and orphanages, there were thousands scattered through the city, trying to make homes in old khans, in small rented rooms or in ruins of houses in the burned districts of the city.

The Case Committee, under the direction of W. C. Phillips, was giving organized assistance to such mothers as were making homes for their children, provided the father had been killed or had died in the war. The Case Committee had 5,000 children under its care.

It was necessary to begin the work in a small way, as at that time our medical appropriation was largely used to conduct Dr. Hoover's general clinics for adults and children. After a time, however, I obtained a special appropriation to start my corps of native visiting nurses who could follow up our cases in the homes, instructing mothers and nursing the sick. By January, 1920, we had an American nurse appointed and the work was firmly established. With the efficient help of Miss Grace Riley, we also started our first welfare clinic in Stamboul. A few months later Dr. Hoover left the organization to start the American Hospital, and it was decided that he should continue the adult clinics at the hospital and that the Near East Relief should concentrate on the children's work. Wellesley College had sent a generous sum
of money to be spent by the Unit in Constantinople, so a part of this was used to equip six children's clinics, with an additional monthly sum for milk supply. With the aid of the local Case Committee, buildings were found in sections where the need was greatest. We had several changes in American nurses, but finally were fortunate in obtaining the services of Miss Frances McQuaid, under whose enthusiastic and efficient direction the work has grown splendidly. We now have fourteen native nurses working in the clinics and visiting in the homes, and in the month of May, 1921, 3092 children were seen in the clinics and visits made in the homes.

All children under two years of age are brought in regularly to be weighed, and if the condition is not satisfactory, the child is referred to the doctor. Children two to fourteen years are seen if they are ill or undernourished. Many of the children are from refugee camps or case committee families, but the poor of the neighborhood are also accepted. We often have to turn children away, the members being limited only by the strength and time of the doctor and nurses.

Although many of our cases are due to unhygienic conditions and improper food, we have a number of exceedingly interesting medical conditions. Turkey can produce nearly all the skin diseases known to man, and all eye diseases. Contagious diseases we often have—measles, scarlet fever, smallpox, etc., but I have yet to see a case of diptheria here, and the Allied Sanitary Bureau report it very rare. Is it because our babies are almost universally breast fed?

Nearly every child in Turkey has round worms, with their train of symptoms. One child passed 40 worms after a dose of santonin! The subsequent improvement in her general condition was truly wonderful.

The situation has been such that we have been unable to make the work straight child welfare in the usual sense of the word, but we have roughly divided it into the welfare instructive work in which we are endeavoring to teach the mothers how to take proper care of the well children, and, secondly, the treatment of sick children with the visiting nursing necessary for these cases. Most of the babies here are breast fed, but few of the mothers know anything of the first principles of child hygiene. The babies are never nursed properly, are often not bathed, and are tied up in swaddling clothes and frequently left for twelve to twenty-four hours without changing. Sometimes they are bound up with earth in the clothes. The consequences are evident—digestive disturbances, diarrhea, malnutrition and innumerable skin diseases. Most of these conditions being readily corrected by proper care, many mothers are soon convinced of the value of our methods. (One child passed eighty worms after a dose of santonin.) The young mothers wanted to go to school—and followed their instruction with a splendid will.

As many of the refugee children have undergone severe frights, we often find curious types of hysteria.
All the accompaniments of malnutrition are here, except that rachitis is rather rare. The worst feeding problems come after twelve months. Among the older children we find pellagra and Vincent's angina, and tuberculosis in every form.

Most women are confined by midwives, usually ignorant. They have no prenatal care and so we find all the evil consequences to mothers and babies.

We have been very fortunate in having the American and British Hospitals. The latter is the only hospital in the city where we could send children under two years old, and they have rescued many of our babies.

We had the opportunity in May, 1920, of obtaining two pavillons of the Greek Tuberculosis Hospital. The buildings were well made but needed repair. Thanks to money sent by Canada, we were able to take them over and have been running a Tuberculosis Hospital for about one hundred children. It gives us a chance to build up our undernourished children and we have, besides, many true tubercular cases of all types, most of whom are gradually improving. We also have had some influence in education, as the adult tuberculosis patients in the other pavillons near by, now use their porches, a thing unknown before our advent. Many mothers and institutions who hesitated at first to send children, are now most anxious to have them accepted.

Elfe Richards Braff
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Near East Relief
25 Rue Taxim.
Constantinople.