

News, Notes and Queries

THE ENGLISH HOSPITAL, TANGIER, 1883–1908

We can imagine no career more lofty or honourable than that of a well-informed, capable and courageous medical missionary. A few hundred of such men in the next half century would powerfully affect the history of China, India and Africa.

Lancet, 1898

THIS is an account of the work of the English Mission Hospital in Tangier, Morocco, between the years 1883 and 1908. 1883 marks the beginning of medical work in Tangier and over the next twenty-five years this was the only hospital with one qualified doctor for all the five million Moorish population of the country. This account has been made from the reports sent back from the hospital over the years and recorded in the *North Africa Magazine*. In 1890 the hospital is referred to as 'the only hospital for the natives of Morocco'.

Other 'medicine' came from local 'doctors' who used such prescriptions as sulphur, tar and vitriol; leaves or even paper and earth often being used for dressing ulcers and cuts. The difficulties of working under these conditions were immense. The doctors and nurses had to learn Arabic, and French and Spanish were also useful. It is always difficult to persuade people to follow medical advice and this was more than usually so in Morocco through ignorance and suspicion towards all things foreign. It is not possible to give a precise survey as statistics and case notes are not available. This account will aim more at describing the nature of the work and giving an impression of what was done.

The Tulloch Memorial Hospital, Tangier, was founded in 1887. The hospital was preceded by a dispensary which developed spontaneously into a 'hospital' when on 6 July 1886 'an old man with a bad sore on his chest arrived. He is very poor and has journeyed all the way from Fez [300 miles away] to see the doctor. He will not go away. He has seated himself in one corner of the stable and seems to think it a palace. It is empty but clean and sweet and as he desires it he is to remain, so we have our first In-Patient.' The hospital which later came into being was named after Miss Heather Tulloch who died in December 1886, of typhoid fever with pulmonary complications, having spent less than two years in Tangier as a nurse.

The first missionaries arrived in Tangier in 1883, and very soon they began dispensing medicine to the Moorish (Arab), Berber, Jewish and European population. The wife of one of these first missionaries is described as having been 'quite a chemist and doctor in a small way'. In May, 1885, this Mrs. Baldwin wrote 'chills and fever, rheumatism, bronchitis and boils are most common in the town at this time, owing largely to the continued rains'. What lethal diseases were concealed behind this rather mild list we shall never know. She describes the living conditions of the Moslem women, 'the terrace is almost the only place where the poor girls and women get any sun; they are not allowed in the streets, and, if they were, the streets would not afford much sunshine, as they are but three or four feet wide'. She saw fifty-three patients in a week, compounded medicine, and dispensed through an interpreter.

Iatrogenic disease was prevalent in Tangier where the local 'doctors' used valueless and often harmful medicines. Mrs. Baldwin describes a 'woman who had been ill with

inflammation of the lungs. Someone striving to cure her, had put small quantities of sulphur over her chest and stomach, and set fire to it, producing as many as 20 ulcers—a counter irritant few would submit to. These people are wonderfully enduring though their tender mercies are cruel indeed.’ In the hospital at a later date the staff frequently saw patients who had been treated with green tea for the worms which were almost universal. This treatment produced a ‘most virulent dysentery’.

In May 1885 this splendid amateur doctor writes ‘soap and water is invariably my first prescription’. Her other drugs included ‘Epsom salts and some bitter powders’. With even such an elementary pharmacopoeia, she was able to do a great deal of good because dirt was such a common cause of disease and the native medicine was so ineffective. Her fame spread far and rapidly. In August 1885, after less than two years, she had 773 patients attending the dispensary in one month. Many travelled more than 60 miles and some for hundreds of miles. ‘It is wonderful how they come from far and near for medicine. A hospital would be filled up in no time.’ This is the first mention of such a development.

The first doctor to work outside the European community sailed for Tangier in October 1885. Soon after his arrival, a European resident said to Dr. Churcher, ‘what a shame to waste good medicines on the Moors!’ After six months’ medical work the doctor had seen 1,455 patients ‘the majority of whom live at a distance and pay us only a single visit’. He made an excursion into the Angers hill country, near Tangier, during August 1886, and his patients included ‘two cataract cases ripe for operation’, but, as he did not have suitable instruments nor a place to put the patients after operation, he could not proceed. The pressure for a hospital from Dr. Churcher and others in Tangier was considerable and funds in England were collected for the purpose. Another case illustrates their difficulty. ‘June 19 1886. A poor man brought his wife here yesterday. She is very ill with cancer. We were sorry to send them away this morning for the woman was quite willing to submit to an operation, but it was too serious a case to undertake unless she could have remained here some time afterwards; and this is impossible at present, as we have no place fitted up, even for one patient.’

Meanwhile all kinds and conditions of patient were coming to the dispensary—‘a fine wild looking Arab with a gunshot wound in his arm, said to have been received stealing cattle in the country. Another a slave woman . . . a third, a Mohammedan saint, with flowing black hair, and armed with a spear . . ., the Sultan’s cousin and the rich Moor, mounted on a good mule and handsomely dressed, the venerated ‘saint’ and learned taleb [teacher], the veiled women and the little children, the harlots and the libertines, the polished townsman, the wild hillman and the filthy beggars are all equally welcome; for do they not equally need health of body, and most of all, health of soul? May the good Lord give them both!’ They came with a wide variety of complaint—eyes and skins being most commonly affected. ‘June 1 1886, . . . a girl’s eyes were very bad . . . they are like many cases we have had. June 3. In this country almost every other patient is suffering with skin disease.’ They had some bizarre tragedies to deal with occasionally, for example a ‘poor little baby, evidently dying . . . It had swallowed a dead serpent two days previously’.

The gross superstition of the Moors was one of the trials the doctors had to combat.

Various instances of this occur in the records. 'One great difficulty in medical work here is that the people are so unused to civilised remedies that it is very hard to make them understand how to take them. We can never allow them to take away their prescriptions, fearing they might think there was some virtue in the doctor's handwriting and therefore eat them'. In 1887, there was 'a report in circulation for a time, as to the presence at the dispensary of a supernatural visitor that devoured Moorish females. This prevented many of the superstitious women from attending, and will explain the decrease in the number of women' attending the clinic. In 1900, a man's hand was wounded in a gun explosion. The doctor advised amputation but the patient refused the operation; 'Mohammedans believe that any part of the body mutilated on earth will remain so in heaven; consequently, this man would not have his hand amputated and preferred to suffer months of pain while it was healing without the operation having been performed.' In 1890, a patient suffering from influenza and bronchitis discharged himself after two days because another patient in the hospital died.

At the end of 1886, £500 was requested to improve a loft above the stables of the mission house in Tangier to make a twenty-bed hospital with two rooms for the medical missionary. It had been a successful year for the out-patient clinic. 2,255 patients had been seen including 953 men, 921 women and 381 children. The nurses were two gallant ladies without previous nursing experience. Equipment was in short supply and the dispensary was 'grateful to friends at home for gifts of bottles, sugar, bandages, old linen and garments,' and also for quilts for hospital beds. By July 1887, the two wards were always full, with ten to twelve patients in each ward. The cost of maintaining the hospital was minimal. Feeding a patient cost 6*d.* a day, that is less than £10 per year. The total cost of the hospital and other medical work was about £800 a year including the support of the doctor, nurses and dispensers, and also drugs, food for patients, general maintenance, etc. Nearly twenty years later, in 1905, a patient's food for the year still only cost £10 and the cost of one patient's upkeep including drugs and support of nurses and doctor averaged £30 per annum. The Women's Medical Mission with its separate ten beds and 5,000 out-patients in 1905, spent £70 on drugs, £20 per annum per bed and £72 for the rent of the house. Another £25 was requested for necessary maintenance and repairs.

Thus the hospital work was firmly launched in 1887, with growing out-patient clinics and twenty or more in-patients. At the same time a dispensary was opened for two days in the week within the Kasbah (the walled old City) of Tangier. This particular branch of the work was not continued for long. The doctor and nurses did quite a lot of travelling by donkey in the villages around Tangier and they also made domiciliary visits in the town. Occasionally they made longer excursions with tents and drugs into the hills. A tent was required for examining the abjectly servile, veiled Moslem women. The children were seen in the open in the villages. One of the nurses in October 1888, made twenty-one visits to the villages, seeing 280 patients. She made 'records of names, diseases and treatment' of all her patients, but unfortunately this fascinating document is not available now.

In 1888, the doctor started to give lectures on drugs to the nurses for an hour each week. This side of the hospital work was subsequently developed and many efficient

Moorish male and female nurses and orderlies have been trained at the Tulloch Memorial Hospital.

Apart from its Moorish population and occasional invasions by Riffi tribesmen fleeing from famine caused by drought in the mountains, Tangier has large Jewish and European populations. The Europeans were chiefly Spanish with some French and scattered remnants from many other countries. Medically the Europeans were reasonably well provided for but in 1887 a weekly out-patient clinic was held for the poor and badly treated Jewish minority. The Jews and Moors did not mix amicably and in 1890 this clinic was moved into the town of Tangier—to the first floor above the Café Oriental. Two afternoons a week were spent at this dispensary and during 1890 and 1891 3,000 patients were seen, three quarters of whom were Jewish and the rest Spanish. Both these groups were Spanish speaking.

Tangier has seen many different rulers in the last eighty years. These changes of government have often been reflected in the ease or difficulty of managing the Tulloch Memorial Hospital. When the first members of the 'Mission to the Kabyles and other Berber Races of North Africa' arrived in Tangier in 1884, one of them wrote back to England quite bluntly 'Morocco is misgoverned by Sultan Mulai Hassan'. Life for the missionaries has always been difficult and sometimes dangerous. On the occasion of a Moslem feast in October 1885, the Governor of Tangier sent out a proclamation to the effect 'that he would not be held responsible for any fatal injuries that might befall any Christians or Jews who might venture from their homes during the day'.

In 1892, there was a typhus epidemic in March, then a smallpox epidemic and then an exceedingly bloody rising amongst the Rif tribes around Tangier. This caused a decrease in the number of out-patients as travel became very dangerous. It also brought many of the Sultan's soldiers to the hospital with gunshot wounds as the forces of law and order fared rather badly. The summer of 1892 was worse than usual for malaria.

In 1897, an English woman doctor, Miss Breeze, started the Women's Medical Mission in Tangier. The Moslem attitude to women had made it difficult to have women in-patients in the main hospital. Dr. Breeze rented a house in the town. She worked with one nurse and they looked after ten in-patients and sixty to seventy out-patients three days each week. This small hospital had a separate existence for several years and flourished, but eventually women patients became accepted at the Tulloch Memorial Hospital and quite a large number of maternity cases were admitted in later years.

The conditions these early doctors and nurses worked in were, at best, hard and frequently appalling. Epidemics of frightening proportions swept through the city at frequent intervals. The missionaries often suffered in these and from the endemic malaria which sent several of them home to Britain. Very many of these doctors and nurses and others in Tangier suffered from typhoid fever. In 1885 it killed Miss Tulloch; the doctor at the hospital in 1892—Dr. Terry—contracted typhus from a black slave who was in the hospital. The doctor fortunately survived. In late 1898, the pilgrim ship returning from Mecca arrived at the Port grossly overloaded with dirty, miserable, starving passengers. This sparked off an epidemic of plague which brought several patients to hospital. In 1903, Bushaif—a Moor—hospital servant

for twelve years died of consumption'. It does not tell us in his obituary for how many of the twelve years he was disseminating his disease. In one week in 1906, typhoid fever killed both the resident doctor and one of the nurses. During three months of that year, forty of the sixty to seventy in-patients were suffering from typhoid, and of these five died. Smallpox was also rife at this time. Under these conditions the medical missionaries lived and brought up families.

The fallibility of human nature is documented in the records of the hospital concerning individual patients. There was an old man with 'sciatica' who 'stayed for a night and ate a day's food and then disappeared'. There were numerous patients who stopped their treatment for skin ulcers before they had healed properly. There was the 'native doctor with chest symptoms . . . and neglect . . . in a sorely broken down condition'. In 1892 there is recorded the case of 'a fokee [learned man] suffering from ague, in a nervous, depressed state, who thought he was possessed by jins'. In 1890, two patients arrived who had had three of their four eyes gouged with a white hot sickle by irate villagers for theft. At about the same time 'a patient picked a quarrel with the ward servant and had to be thrown out', and a man refusing amputation of the leg died four months later. Another patient drove a nail into his foot and when examined later after neglect, constant use and native maltreatment, the doctor advised amputation. This, the patient refused. Listless, obese wives of prosperous citizens frequently came up to out-patients out of boredom and complained of vague bowel symptoms.

Amputations for compound fractures following gunshot wounds were quite frequent in Tangier apparently at the turn of the century. Dysentery—cause unidentified—was extremely common. In 1901, an interesting summary of a few of the cases is recorded—'one man stabbed in 11 places—healed. Another, recovering from a dreadful wound, succumbed to lockjaw. A lad shot right through the leg below the knee joint after five months is well again. We have seen accidents from tossing, the bursting of guns, gun-shot and other wounds inflicted by robbers, etc.'

In 1892, 'there were far more medical cases than surgical. For the idea that chloroform is allied to alcohol, forbidden by the Koran, and the superstitious dislike of parting with a limb, etc., makes them very shy of the knife'. In 1900 there were 2,000 out-patient consultations; in 1939 there were 7,000; in 1944, 15,000; and in 1949, 20,000.

Gunshot wounds frequently resulted from the Arab habit of firing guns into the air on occasions of public jubilation. In 1896, Dr. Digby Roberts gives an interesting list of sixteen of the in-patients in December. 'Patients 1, 2 and 3—burns, ten or twenty men were sitting on the ground, and one was passing a match to light a kief [hashish] pipe, when a spark fell into a gunpowder flask, the result being an explosion. One died almost immediately. Two others were brought into hospital on Sunday night badly burnt all over. Another came in on Monday—worse. Six others were seen at home. Patient 4—osteomyelitis of the leg in a little boy who was beaten on the leg and then tied to a tree by his leg. No. 5—a man stabbed through the arm, chest wall and lung resulting in surgical emphysema of almost the whole body. No. 6—a youth of 20 shot through the lower part of the body. No. 7—venereal disease. No. 8—consumption. No. 9—a man shot in the leg in a tribal war. His leg was amputated.

No. 10, 11, 12 and 13—malaria treated with quinine and improving. No. 14—a new patient with fever. No. 15—an ulcer on the heel following treatment with quick lime by a native doctor for a wound. No. 16—a black man with a cough. This sample, taken at random, gives an idea of the work undertaken by the hospital.’

Leprosy was occasionally seen. In July 1885, a non-medical observer comments on ‘noses, tongues or throats consumed or nearly so by disease’. Tumours were often very florid when seen. In 1889 an 8 lb. growth was removed from the back of the neck. Despite the poor conditions and the neglected state of the patients in 1905, they could claim that ‘there has never been a fatality at an operation since the work began almost 20 years ago and chloroform has invariably been used.’

Over the years, the staff of the Tulloch Memorial Hospital have served Morocco faithfully and have achieved a great deal, often under extremely arduous conditions, with minimal facilities.

I am most grateful to the office staff of the North Africa Mission for access to their records. I am, of course, indebted to the doctors and nurses of the Tulloch Memorial Hospital, from whose accounts I have drawn my information.

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HUMPHRY DAVY OR FRIEDRICH ACCUM: A QUESTION OF IDENTIFICATION*

THE LONDON MUSEUM owns a fine coloured caricature drawing by Thomas Rowlandson,¹ which is inscribed ‘Mr. Acchum Professor of Chemistry—Lecturing at the Surry Institution 1809’ (fig. 1). The artist’s signature at the bottom left and possibly a narrow strip of the left side of the drawing are cut off. The work was acquired by the London Museum in 1912; its former owner was probably W.T.B. Ashley.

The catalogue of the London Museum adds that an engraving of the same scene was published by Rowlandson, with the title ‘Chemical Lectures’. This rather rare engraving (fig. 2), with different colouring and a few minor variations but otherwise identical, was dated by M. D. George in the British Museum *Catalogue of Political and Personal Satires*² to the year c. 1810 without reference to the drawing. The engraving does not show clearly who the lecturer is, but the name ‘Accum’ is seen on a paper in the pocket of one of the listeners. On the door lintel is the inscription ‘Surry Institution’.

A more conventional print of Accum’s Chemical Lectures in the Surrey Institution (fig. 3), also by Rowlandson, appeared in the *London Microcosm*, a three-volume work adorned with aquatint illustrations and published by Rudolph Ackermann, 1808–11. Here both title and text emphasize the fact that of the two prominent lecturers at the

*Caricatures referred to in notes 2, 4, 6, 7, 8, and 15 are in the Wellcome Institute of the History of Medicine.

¹John Hayes, *A Catalogue of the Watercolour Drawings by Thomas Rowlandson in the London Museum*, London, Her Majesty’s Stationery Office, 1960, No. 20. The drawing was exhibited in the Manchester City Art Gallery’s exhibition ‘Art and the Industrial Revolution’, No. 242.

²Mary Dorothy George, *Catalogue of Political and Personal Satires, preserved in the Department of Prints and Drawings in the British Museum*, vol. 8, 1947, No. 11605.