Personnel: On June 11, the American Zionist Medical Unit with a personnel of forty-five left this country for Palestine. About half the force returned to America at the expiration of the year's service. The others renewed their contracts for another year, and by this time all but six or seven of the original group are back in America. During this period we sent at the request of the director seven additional physicians, eight nurses, and one dietician from America.

This rapid depletion of the working force of the Unit in its most important departments of medical and nursing staff came very near disorganizing the work of the A.Z.M.U. during the summer of 1919. A general reshifting of the force became necessary, and it also had the stimulating effect of proving that the strength of the A.Z.M.U. did not depend upon any one individual, but upon its organization. The Medical Staff was therefore increased from specialists and physicians available on the spot. The nursing staff was increased, and the personnel now numbers over four hundred, physicians, surgeons, dentists, pathologists, bacteriologists, druggists, graduate American nurses, graduate Russian nurses (feldsheritza), practical nurses, pupil nurses in training, school nurses, the service personnel of four hospitals, six polyclinics and sanitariums, and the administrative staff of the Headquarters in Jerusalem, including secretaries, accountants, bookkeepers, typists, clerks, etc.

While the Unit remains an American institution from the point of view of management, and financial support, and general principles of operation, its personnel consists of Jews from many different countries, with the large body of minor employees almost exclusively hired from the local population, and with the substitution of so many local and European physicians for American physicians, the percentage of Americans in the staff has rapidly declined. This fact is referred to in view of the criticisms made in Palestine as well as in the United States, that the Unit was trying to monopolise the work in the hands of Americans and in this way was unfairly discriminating both against local and European physicians and nurses.

Jerusalem: With nearly half of the Jewish population concentrated in the city of Jerusalem, the largest medical establishments naturally belong to this city. The Unit's central hospital is located here. The following are the conditions under which this hospital, the Meyer de Rothschild Hospital, is operated by the Zionist Organisation of America:

1. The Rothschild family in Paris has the right to designate a representative on the Executive Committee of the American Zionist Medical Unit, to act for it in matters relating to the hospital.

2. For the year from October, 1918, to October, 1919, the Rothschild family in Paris undertakes to contribute the sum of 100,000 francs, and the following years sums not less than 50,000 francs to be agreed upon.

3. The A.Z.M.U. has the use of the hospital for three years, at the expiration of which term anew agreement may be entered into.
4. The Unit is authorised to erect additional buildings on the grounds of the hospital, and whenever, whether it be at the end of three years or before or after, the hospital is vacated by the American Zionist Medical Unit, the sums expended for the erection of these buildings less 10% thereof shall be returned to the Zionist Organization of America, the sum, however, not to exceed 5,000 Egyptian pounds.

5. The furniture, instruments, machinery, etc., placed in the hospital buildings by the A.Z.M.U. remains its property.

The building was erected in 1880 or thereabouts, with a capacity of forty beds. Now it is a hospital of 120 beds, including 12 cribs for new-born babies. Originally the garden space in which the hospital stands was large and open. In this garden space a number of annexes have been constructed: one for the Pathologic Laboratory, consisting of five rooms, the Director's office, general bacteriological laboratory, chemical laboratory, autopsia room, and the library and museum, with the large cellar serving as morgue one for the children's and obstetrical cases; a row of buildings for the medical, surgical, obstetrical, gynecological, ophthalmic, and dental clinics, and for the apothecary; and another row for the X-Ray laboratory, the pupil nurses' class room and diet kitchen, the laundry with its American machinery, its shed for winter drying, the large room for the motor machines, and a lodge for the office. The dermatological work is done in a little building outside of the hospital grounds, and the original main hospital building is used only for surgical and medical cases. Although the buildings are all of stone (the only building material in Palestine) they are none of them massive, and in spite of their number, space is left for a beautifully planted and ever blooming garden in which the patients convalesce.

MEDICAL SCHOOL WORK: One of the most important developments of the work in Jerusalem was the establishment of the Department of Medical School work with Dr. Boruchov (a European physician) in charge. While the organisation of this Department was experimental only and began with the single appointment, the results very soon justified, and in fact made imperative, the extension of this work, which in some ways might be considered the most important work of the Unit, because it is largely preventive in its character. The grave situation with regard to eye diseases in the schools of Palestine had been a matter of common knowledge for some time. Even before the establishment of the special department, a small staff of local nurses was engaged for daily visitation and treatment of the eyes of school children, particularly of trachoma, under the supervision of the Jerusalem ophthalmologist. This system lacked unity because in some schools the work was done by physicians not connected with the Unit and in a good many schools the work remained undone for lack of a working staff. This trachoma work in schools has been largely extended since the Fall of 1919, practically covering all the schools under the supervision of the Board of Education of the Zionist Commission and even many other schools, such as Talmud Torahs, Yeshivot, etc., which of their own initiative applied for this service, on evidence of the results accomplished in those schools. While the time has not yet come for a careful scientific study of the results accomplished so far, there can be no doubt that systematic and persistent work of ophthalmologists and the nurses of the A.Z.M.U. in the schools of Jerusalem during the last two years has considerably reduced the trachoma percentage.

The work of the new Department of Medical School work has gone
beyond this one special line of anti-trachoma work. Practically all children in the Jewish schools were examined by Dr. Boruchov, assisted by his wife, also a physician, who was engaged not only because the work grew too large for one physician, but because of the prejudice discovered to be existing among the older school girls against a male physician. The results of these routine examinations of all the school children immediately disclosed one more important factor in health conditions of the growing Jewish population in Palestine, namely, that of skin diseases. According to the statement of the physician in charge nearly fifty percent of the school children were found to suffer from some form of skin disease, largely due to lack of cleanliness for which the historic shortage of water resulting in the failure of regular bathing habits may account. In addition the congestion and very unsanitary housing conditions of the poorer part of the Jewish population in Jerusalem and the lack of understanding of the contagious character of these skin diseases, produce very serious results. A mere examination and diagnosis is obviously insufficient and even instructions to the children or other parents to send the afflicted children to the clinic of the Rothschild Hospital proved to be insufficient. It became necessary, therefore, to engage a number of women who were put in charge of a trained nurse and instructed in the active methods of applying such treatment as was prescribed by the examining physician. As a very large part of skin diseases affect the scalps of the children, a barber was engaged to clip the hair of the children regularly. The skin disease nurse is at present as familiar a figure in the work of the Jewish schools as has been the eye nurse for some years.

MEDICAL WORK. Dental hygiene has been started in the schools by an American dentist who came to Palestine especially for this kind of work in the schools. The Unit realizes that in the effort to preserve the health of the coming generation, the proper care of the teeth is perhaps as important as that of the eyes and skin, particularly at present when the various relations between decaying teeth and general health are much better understood than they have been before. Unfortunately, however, the limitations of the budget did not allow the director to organize this line of work on as large a scale as that for the care of eye and skin diseases. A beginning has been made in one or two schools and the results seem to justify the effort. The further development of this work depends largely upon means to employ dental hygienists and the purchase of the necessary equipment.

JAFFA: While the work of the Unit in Jaffa has never reached the same dimensions as in Jerusalem, it has, nevertheless, been very thoroughly reorganized. The Unit's finances at no time allowed it to engage in the construction of new hospitals. The city of Jaffa has one Jewish hospital which is, however, located in a building so antiquated and so unsanitary that the Unit did not see its way clear to assuming responsibility for that institution. During the first year the work of the Unit in Jaffa, was largely of an emergency character. To meet the needs of the returning refugees an emergency ward of twenty beds had been organized, but with a very unsanitary equipment, in addition to a small six room apartment in Tel Aviv including six children's beds and four beds for operative eye cases, a clinic without any waiting room facilities and a laboratory. A dental clinic was located in another place and also a drug store in another building.

Instead of these numerous emergency establishments the work of the
A.Z.M.U., in Jaffa is at present concentrated in two places. The private building in Tel Aviv was engaged for a hospital, the lower floor being devoted entirely to a children’s ward and the laboratory, while on the upper floor, the surgical ward with twelve beds was opened. Notwithstanding the small size, this hospital now contains twenty-seven beds and a good deal of surgical and pathological work is done there.

In Jaffa proper the large apartment originally used as an emergency hospital was later converted into a clinic. On the second floor of the same building which was also rented, a drug store moved in and at present the Jaffa Polyclinic is perhaps not only the best organized one in Palestine but perhaps for that entire part of Asia.

HAIFA: While the Jewish population of Haifa is still small, Haifa is destined to be the future port of Palestine and probably will become the centre of a very large Jewish population. The city of Haifa is very inadequately provided with hospital facilities and it is particularly unfortunate that because of lack of a suitable building and because of the lack of necessary funds the A.Z.M.U. has until now been unable to open even a small hospital in Haifa. The original clinic established in Haifa late in 1918 in cooperation with the Government authorities is still known as the Government City Polyclinic, under the administration of the American Zionist Medical Unit, and as a matter of fact only the free rental of the Polyclinic is contributed by the Government and the entire equipment, staff, and drugs, and other materials are all furnished by the A.Z.M.U. Beginning with only one physician and nurse the Polyclinic now has a fairly efficient staff including a general physician, an oculist and his assistant, two graduate nurses, a druggist, and a staff of clerks and attendants. During the past year an entirely new equipment was bought, and the work was extended mainly in the department of eye diseases by the appointment of an oculist and assistant oculist who succeeded in making a large number of operations in the Polyclinic, notwithstanding the absence of any bed capacity. The great need in Haifa is a modern hospital building of a fifty bed capacity.

TIBERIAS: Shortly after the arrival of the Unit in Palestine a cholera epidemic broke out in Tiberias. The military authorities took hold of the situation energetically. The medical, pathological and sanitary work was first taken over by the American Red Cross, and gradually transferred from it to the A.Z.M.U. The work was done in three divisions, at the Cholera Hospital, at the Refugees Hospital, and in the town at large. The activities outside of the hospitals consisted of watching the persons who had come in contact with infected cases, visiting and cleaning the houses in the cholera district and adjacent quarters and caring of the general population. There were at that time about 7,500 people in Tiberias, 4,000 resident Jews, 1,100 Jewish refugees from Jaffa, 2000 Muslims and 3000 Christians. To meet the needs of this population afflicted with endemic meningitis, Spanish influenza, malaria, dysentery and other gastro-intestinal disturbances, and the usual eye diseases a polyclinic was opened. The average daily attendance for all troubles, except eye diseases, was 75. The polyclinic had accommodations for 17 patients.

Out of a total of 80 cholera cases treated by the Unit physicians, 43 died. During the whole epidemic there were 187 cases, 76 ending fatally. The epidemic was stamped out within a few weeks after the arrival of the A.Z.M.U. physicians in Tiberias.
The Unit forces at Tiberias responded to calls from the near-by colonies, Mosha, Poriah, Kinneret, Yemma, Sejara, and Mispeh. As an illustration of the conditions during the latter part of 1919 in these and in all the villages, mention need be made of only one item of work. In Yemma, a small colony, the oculist treated 91 patients, 42% of whom were afflicted with trachoma. The other troubles encountered by the Unit physicians were influenza, with pneumonia complications, bronchitis, gas­tritis, diabetes, and black-water fever and other forms of malaria.

After the subsidence of the epidemic the forces dispatched thither remained, or, when circumstances compelled their withdrawal, were replaced by others. Tiberias thus was one of the seats of the Unit's work from the beginning. Its continuous activity there was favored by the fact that the town has a hospital building belonging to a Scotch Missionary. The vicissitudes of the war had driven him from his post. With the permission of the Government the Unit occupied it, but the Missionary returned and naturally took possession of the building hitherto used by the Unit for patients, clinics, a drug department and a laboratory. It was impossible to find another suitable building for a hospital, nor the means for undertaking the construction of a hospital. After considerable effort, the Unit was able to find an Arab building with very limited sanitary arrangements in which an emergency ward of seventeen beds as well as a dispensary and small laboratory are kept up. With all the efforts towards cleanliness and the generous application of white paint, the institution still falls very far below any expectations that may be put to an American institution even in Palestine. The Director of the Unit was frequently urged by members of the medical staff to preserve the high standard of the work by closing this institution, and from the point of view of medical efficiency alone as well as that of the reputation of the Unit, such a drastic step might be desirable. On the other hand, every suggestion of such a step has caused the consternation of the Jewish population of Tiberias as well as all the colonies of Lower Galilee, of which Tiberias is the centre. Unsatisfactory as are the arrangements of the so-called Tiberias Hospital, it still remains true that it offers seventeen beds for emergency cases. With the prevalence of malaria in this part of Palestine and the existence of many labor groups lacking any facilities for taking care of their sick in that region, the closing of the institution at this time would appear to be calamity and would discourage very materially the settlement of agricultural groups in that territory.

Safed : The community of Safed was first drawn into the circle of the Unit's activities when it itself sent to the Executive Committee an urgent call for help at the outbreak of a typhoid epidemic. A physician and a nurse hastened thither. For months this was all the Unit could undertake to do for a city in dire need of first-class hospital service.

Safed is a mountain town only a few miles from the lake of Tiberias, but with the difference of some 3,400 feet in altitude. Just before the war a small hospital building was presented to the town by Baroness Rothschild. During the war the Turks removed all the equipment and used the building as a stable. When the A.C.M.U. physicians arrived in Safed in the rear-guard of the English army's drive into Galilee just before the declaration of the armistice, not more than the shell of the hospital was found, and a population sorely in need of hospital facilities. Notwithstanding its high altitude
and glorious climate, which would make Safed an ideal place, when the Unit arrived there it was a nest of many contagious diseases and particularly of spotted typhus. The existence of a modern building seemed to make the problem of the organization of the hospital a very simple one, but the absence of available equipment in the country, difficult communication with outside markets, and above all the absence of means of communication between Safed and even the neighboring cities made the problem very complex. By a lucky coincidence the withdrawal of the American Red Cross from Palestine activity at the time offered an opportunity for the purchase of beds and other hospital equipment, but while the distance between Jerusalem and Safed does not exceed seventy-five miles as the crow flies, it took several weeks to transfer the equipment. First the standard-gauge railroad from Jerusalem to Haifa, then the narrow-gauge road from the modern port of Haifa to the filthy little Arab village of Semakh on the lake of Tiberias, then native, crudely constructed raft pulled by a gasoline motor boat for the first time in the history of the country carried modern hospital beds and sterilizers, sinks, and washtubs made in America to relieve the sufferings among the Arab and Jewish population of a little mountain city. The barge pulled the equipment by the city of Tiberias to a little village called Tapanakh, where it was left for several weeks to be guarded by a mountain Arab and a Jewish gendarme in the service of the British Occupied Enemy Territory Administration. The road from Tiberias to Safed is a continuous climb of some 3,500 feet. Two Ford trucks, old hay waggons, donkeys, camels and other conveyances were used to climb the mountain path, but when all that work was completed, the result was a modern American hospital under the management of American surgeons and in charge of American trained nurses.

Some additional construction had to be undertaken to provide room for service purposes, buildings had to be rented to house the pupil nurses. Later on space in the hospital building proved insufficient to house the Polyclinic as well as the wards, and besides the presence of a large group of the Polyclinic patients waiting for their turn materially interfered with the order and cleanliness of the Hospital so that a building had to be rented in which the Polyclinic and the drug store moved. General housing conditions in Safed are so unsatisfactory that the physicians and the American graduate nurses found it almost impossible to obtain suitable lodgings. A building therefore had to be rented for this purpose as well and was put into sanitary condition. At present the hospital capacity theoretically is forty-five, but because of total absence of all other hospital facilities in the city, the number of patients is sometimes increased to fifty and even sixty. The hospital at present includes a considerable staff: a surgeon in charge who is also deputy director, a hospital physician, an internist, an oculist, and a dentist, the Dental Department having been opened some time in January, 1920. In addition school work was undertaken, which at present is primarily limited to the treatment of eye diseases.

HEBRON: The small Jewish community in Hebron does not justify any large establishment. Nevertheless, a physician, a druggist, a midwife, is kept up in that ancient city. Hebron possesses a small but comfortable hospital building which was completed not only for general hospital purposes, but because of the climate, as a tuberculosis hospital. The lack of facilities at present, however, prevents the execution of this project. The physician stationed in Hebron gives gratuitous medical aid to the entire Jewish community and also to a great many Arabs.
During the first year of the Unit's activities it was subject to severe criticism because it limited its operations to the larger cities where, it was claimed, other facilities were available, and neglected the smaller agricultural communities known as the Colonies. Such procedure was inevitable because the larger centers had to be organized first, because without such larger centers medical aid in the colonies could not be developed efficiently. During the second year of the Unit's operations the situation in the Colonies was carefully approached and studied. In view of the limited financial resources of the Unit, it was impossible to undertake a comprehensive system of medical aid for all the colonies, such as was proposed by the Investigating Committee, which was appointed to investigate the sanitary conditions of the country.

It was found that the larger colonies in Judea were in a position to maintain some sort of a medical organization and most of them did so, employing physicians, dentists, and nurses. On the other hand, the situation in the smaller colonies in the Kauvat (cooperative labor groups) was found very critical indeed. In the summer of 1919, there was only one physician in the twenty colonies of Galilee and even he threatened to resign. The Unit, therefore, gradually began to place physicians and others of the medical staff in the various colonies. In order to stimulate the spirit of independence in the population of those colonies, arrangements were entered into with various groups for sharing in the expenses of medical service. The first arrangement of this kind was entered into with the colonies of Upper Galilee. Then a subsidiary contract was entered into with the colony of Metullah and in a few smaller Kauvat surrounding it. Finally in November, 1919, a more important contract was signed with the Association of Fourteen Colonies of Lower Galilee and Samaria, by which their association agreed to contribute a specified amount, and the Unit undertook to furnish a certain number of physicians and nurses sufficient to take care of the medical needs of the entire group. As a result of these various agreements, physicians were placed in Metullah, Yesod, Rosh Pinah, Tomea, Metcha, Marchavia and Balfouria.

The Unit also took over the subsidiary medical personnel consisting largely of practical druggists without diplomas. Gradually these ungraduated druggists are being replaced with graduates who have had proper training. In some colonies nurses are being placed, preferably those who have had some practical knowledge of the preparation of simple drugs. It was found by experience that the Russian "feldsherizas", who have a better training in theoretical medicine than the American graduate nurses, are more adapted both by their training and their understanding of the local community to work in such colonies than the American, the American graduate nurses.

The organization of medical aid in the colonies presented some of the most difficult problems that the Unit had to contend with. At one time it was difficult to find physicians both adapted to the work and willing to remain in the Colonies for any length of time. In one or two cases men had to be brought in for this purpose from Europe, although it is against the policy of the Unit to import general practitioners, preference being given to local physicians or such men who have come in voluntarily.

In devising financial arrangements for this work it is felt that it is necessary on one hand that the local communities be forced to bear part of the burden of medical aid, not only because of the means of the Unit being limited, but also to prevent demoralization of the population by excessive liberality of service.
On the other hand, many of the colonies are too poor to bear the entire burden and so long as the State Authorities are in no position to share in this burden the Unit is justified in contributing to the cost.

One of the greatest difficulties in this work in the colonies is the poor transportation and communication facilities. This limits the sphere of activities of any physician or nurse to two or three colonies, the combined population of which is usually too small to keep anyone busy and all the physicians in the colonies complain of lack of work. The Unit has not felt that it was in a position to furnish its physicians and nurses with automobiles or other conveyances not only because of the initial outlay, but because most of the physicians are not accustomed to handling either cars or horses and the cost of upkeep and chauffeurs would be excessive. An effort will be made to urge the colonies to provide methods of transportation so that larger areas can be served by individual physicians. There have also been considerable difficulties in the organization of the drug service in the colonies.

With all these difficulties, however, the service gives a great deal of satisfaction to the agricultural population of the entire Galilee and since many applications have come in from colonies of Samaria and Judea for a similar extension of work, which and to be rejected because of lack of funds.

**HABITATION**

JERUSALEM: The sanitary work in Jerusalem was organized under the supervision of the Unit’s engineer, Mr. Louis Cantor. The sanitary personnel consisted chiefly of civilians working in supervised gangs. There were also a few soldiers of the Jewish Legion. Under the supervision of these sanitary squads the house, trade, market and street refuse was collected daily and disposed of in incinerators. Nuisances were abated and rubbish heaps removed. Other squads were trained as inspectors of dwellings, yards, bakeries, dairies, meat-shops, restaurants, drinking places, wine-cellars, flour-mills, industrial establishments, public institutions, etc. During the early part of the Unit’s operations in one month 22 Talud Torashes, Yeshibot, synagogues, communal institutions, etc. were inspected, and in another period of seven weeks 246 establishments were whitewashed. The inspection squad saw to it that all food exposed for sale, such as meat, milk, bread, sweets, and fruit were kept covered or screened according to orders issued by the Public Health Department of the then Occupied Enemy Territory Administration. Decayed fruits and vegetables were condemned. Cattle brought to the abattoirs were inspected on hoof and again when slaughtered.

Another series of inspections and operations was directed towards the control of malaria. Cisterns (during the first month 1,354) cesspools, drains, leaders, water-jars, over head water reservoirs, and rain barrels in gardens were treated with crude oil. Efforts were made to have householders cover their cisterns and cesspools with coarse cloth, burlap, or effective wire-screening in order to diminish the need for petrolizing.

In the Jewish quarters the health survey and census undertaken by the Royal Engineers Corps was assigned to the inspectors of the Unit. They secured data relating to 26 localities, having 2,541 buildings, the homes of 4,743 families, consisting of 20,965 individual members.

With a view to a new drainage system, cistern data were obtained first, for the northwestern section of the city and thereafter the old or inner city. The cisterns were listed, plotted, located in reference to street lines, and their size,
capacity, and special condition noted. Their number was 2,252, with a capacity of 319,447 cubic meters. The data was obtained with a view to utilizing certain cisterns for flushing the proposed sewer lines, the city water supply not being available for the purpose. Finally, the engineer of the Unit drew up a complete set of maps, drawings, profiles, details, specifications and tender sheets for the approval of the Occupied Enemy Territory Administration in accordance with which the contracts for the construction of the drainage system and the sewage disposal plants were advertised.

The sanitary engineering department was occupied also with constructions. The Rothschild Hospital and the living quarters of the members of the Unit required extensive repairs and alterations in carpentering, plumbing, tiling, and painting. Later the new buildings on the grounds of the Rothschild Hospital occupied its attention. Besides surveys for improvements were made in hospitals, orphanages, schools, kindergartens, Talmud Torahs, Yeshibot, workshops, bathhouses, latrines, and plans for alterations and extensions were drawn up for the Insane Asylum, the Home for the Aged, and the Blumenthal Orphanage, and submitted to the military authorities with recommendations. By courtesy of the authorities several of the buildings under the Unit were connected with the city water service.

Another fruitful field of activity was that of education propaganda. By way of greeting to the Palestinian population, the Unit on its arrival issued in Hebrew the Ten Commandments of Sanitation. Lectures with screen illustrations on the value of inspection and the cleanliness of streets were delivered. Two illustrated placards on fly and mosquito dangers, available also for cinema exhibition were prepared in Hebrew, English, French and Arabic.

**JAFFA:** In Jaffa, as in Jerusalem and elsewhere, the sanitary work of the Unit was carried on under the authority and supervision of the military authorities and with their cooperation. The first operation was a house-to-house medical and sanitary survey under the Unit's sanitarian, which revealed the need for scavenging, inspection, distribution of insecticides and of rat and mouse traps, screening, petrolizing of wells, etc. From 1300 to 1800 wells were sprayed with paraffine, then with paraffine and Leffray's solution, and finally with crude oil. Special attention was given to latrines. After a considerable number of men were trained, the corps of Unit inspectors were charged with the care of ten military camps and billets, and was assigned by the municipality of Jaffa to the inspection of eating-rooms, bakeries, barber shops, and other public places. Latrines were put up for the use of the Egyptian labor corps employed by the military authorities. In the course of a few months, the persistent treatment of wells and reservoirs after their inspection for larvae showed admirable results in the reduction of the percentage of anopheles-infected places. Here, as in Jerusalem, there was naturally some resistance by the population to the oiling of wells. The resistance was utilized as a lever to inculcate care in keeping water receptacles covered and screened.

**TIBERIAS:** A sanitary squad hastened to Tiberias when the cholera situation had to be met. Houses were inspected; recommendations were made for improved latrines, for whitewashing, cleaning, etc; ten houses situated along the lake were vacated to guard against the pollution of the water; empty lots were closed up; the streets were cleaned, and nuisances abated. Anti-mosquito measures were adopted and carried through rigidly with the backing of the military authorities, who for instance prohibited the storing of kohl water, a source of mosquito breeding. Delinquents resisting the orders issued were brought to book. During one month 2,300 buildings and 1,865 yards were inspected, 18 nuisances abated, and 25 misdemeanants held before court.
SAFED: At first only the schools and orphanages of Safed were inspected, but later systematic sanitary work was begun along the following lines:

1. Extra scavenging work in the Jewish quarters with a force of 12 men.
2. House and yard inspection in all quarters by 3 men.
3. Sealing all cisterns.
4. Registering and marking all cisterns.
5. Cutting down weeds on open lots in the city.
6. Examining cisterns for larvae and oiling them by 4 inspectors.

With the aid of 6 donkeys the 12 scavengers removed 120 loads of garbage and dirt daily; and two inspectors visited about 150 houses and yards daily; by the end of April, 1919, 1,654 houses had been examined, 300 cisterns wholly covered and additional number partly covered, and 410 cisterns had been marked and registered. In May, 1919, the sanitary squad consisted of 12 members, Jews and Arabs; the Arab employees having increased the efficiency of the work in Mohammedan quarters and houses. On May 4, 23% of the cisterns contained larvae; on May 11, 5%, and in the period of May 15 to 25, 5%. When the Unit began its sanitary work in Safed, the city was literally infested with mosquitoes and showed a very high percentage of malaria, and the results have amply repaid the efforts of the sanitary squad.

This work of general sanitation and anti-mosquito campaign was evidently of such importance that under the instruction of the Department of Public Health, the municipalities were forced to take it over and by agreement with that Department, the work was gradually transferred from the A.I.H.U. to the local municipalities in Jerusalem, Jaffa, and Safed. The Unit also withdrew from the field in Hebron and Tiberias where it had cooperated with local authorities. Dr. Louis Cantor was transferred temporarily to the Zionist Commission for the purpose of completing the drainage canal in the city of Jerusalem built out of funds furnished by the Zionist Commission.

Dr. Shapiro, general sanitarian and public health specialist, who had arrived in Palestine in December 1919, was stationed in Hebron for the purpose of controlling the general sanitary work in Galilee, but after the work in the cities was practically abandoned by the Unit, Dr. Shapiro was instructed to concentrate his efforts on the malaria work and the general sanitary improvements of the agricultural colonies. Several inspectors were placed in those colonies, usually in the same districts as the physicians. Almost daily inspections of the houses, yards and water supplies of all the colonies were made and house-to-house educational propaganda was conducted, and it will eventually result in a substantial improvement of all the sanitary conditions which in many colonies are deplorable.

These very modest efforts necessarily fall short of the project of the sanitary and anti-malaria campaign for the entire country, but as both the money and the power for such campaign are lacking, it is hoped that under the civil administration some method will be devised to cooperate with that administration in the efforts for general sanitation of the country.

WORK AMONG THE IMMIGRANTS

In September, 1920, the A.I.H.U. was obliged to extend its work among the immigrants, at the port of Jaffa and in the groups working at road-building.

At Jaffa one of the physicians was detached from the clinic and detailed for duty among the arriving immigrants in the reception houses of the Hapoel Ha-Zair (Organization of "Young workers") and the Ahдут Ha-avodah (Brotherhood of Workers) the two workmen's organizations of Palestine. He examined all arrivals, designated those who on account of some physical defect were not in a condition to do hard manual
labor, and gave medical care to those who needed it, sending some for treatment to the clinic, others to one of the hospitals. He treated 65 patients during the months of September, to whom 227 visits were paid. In view of the growing work, an additional physician was stationed at Jaffa. Records of the health conditions of the immigrants are kept. Besides the medical care, sanitary inspection is provided. An inspector has been placed at Jaffa whose duty is to disinfect the premises in which the newly-arrived live, to clean their beds, guard the water-supply, and administer the quinine which was furnished free by the A.Z.M.U. for prophylactic purposes.

At Tiberias the medical force was likewise increased by one physician who gave his whole time to the patients in the road-builders' camp between Tiberias and Semakh. The Tiberias hospital has been largely occupied by immigrants, and too sanitary inspection has been provided for.

To the immigrants' camp between Haifa and Jeddah a nurse and a sanitary inspector have been furnished; as also to smaller groups, particularly at Um-el-Aleik, a notorious malaria spot. Wherever there is a sanitary inspector quinine is distributed free. To these groups as well as to all other Jewish settlements in Upper and Lower Galilee about 15 kilos of quinine were furnished, and all drugs needed at cost price.

1500 circulars calling attention to the dangers of malaria, intestinal diseases, and eye diseases and their prevention were distributed among the immigrants. In September it was found that in the colony of Midbar practically every member of the workingmen's group was laid low with malaria. One of the physicians attached to the Rothschild Hospital volunteered to go there and with one nurse took care of the patients. His efforts, therapeutic and preventative, proved singularly successful. In a comparatively short time the group was able to resume work.

**SANITARY INSPECTION OF COLONIES OF SAMARIA AND GALILEE**

In September 1920, Dr. Shapiro, the sanitarian, made a sanitary inspection of tour of the colonies of Galilee and Samaria. He reported:

**JAFFA:** He inspected the lodging houses and kitchens of the Hapcel House and Abudt Ha-Avodah, and the various hotels where the immigrants are living. A sanitary inspector has been appointed whose duties will be to care for the sanitary conditions of the lodging houses and hotels, fumigate at weekly intervals and personally attend to the distribution of prophylactic quinine among the immigrants staying at the various clubs-houses. A rule was established that each individual should receive a five grain tablet of quinine which will be given to him by our inspector or his assistant at the evening meal. The managers of the houses will cooperate with us in enforcing this rule. Material for disinfection has been provided: Cresol, Formalin, Sulphur, Stones, Three sprayers, and quinine is being distributed from the Central office in Jaffa.

A physician has been detailed to Jaffa to examine the immigrants as they come in, and he is making periodic visits to the lodging-houses, watching for any infectious diseases, and making calls when necessary.

A meeting with the Hapcel Ha-Zair regarding the organization of medical and sanitary care for the immigrants was held, and the leaders were requested to instruct the men in charge of the various houses to give the necessary cooperation.
KWUZAH (COOPERATIVE LABOR GROUP) IN UN-EL-ALEK: Here sixty persons are working on the swamps near Shuni. This Kwuzah is under the jurisdiction of the Napool-Ha-Isir. They receive their water from a spring and the overflow runs up into a canal that forms a pool of stagnant water. No larvae were found there. At the time of the inspection no toilet provisions had as yet been arranged for. The living quarters are to be improved. There was a great prevalence of malaria among the men in this Kwuzah. Dr. Shapiro found 12 men sick in bed, and he gave them medical attention, one of the young men acting as nurse. A sanitary inspector was sent to this place. He is a medical student, and he will be able, under the guidance of a physician, to give nursing aid. He is attending to the distribution of prophylactic quinine. He was instructed to chlorinate the drinking water and watch the canals, to arrange toilets, and to keep up the general cleanliness of the place. He is also petrozizing that portion of the swamps that can be cared for.
KKUZAH NEAR HAIFA: It was found that the sick and convalescent here were suffering from lack of proper food, and the Hapoel Ha-Zair was urged to provide means for feeding the sick and convalescent. An A. Z. M. U. physician is making weekly visits. The following drugs and materials were left with the Kwuzah when the investigation was made: 5000 quinine tablets, 5 grs. each, 2000 quinine tablets 5 grs. each, 547 yards mosquito netting, 1 mosquito net already prepared, 1 package of linen, 1 sprayer, chlorine tablets, sulfur stones, disinfecting material, with the understanding that the quinine supply was to be replenished within a month.

KKUZAH AT KARKUR AND GAN SCHMUEL: The sanitary inspector of Um-el-Ek visited these Kwuzah of 20 persons each. 2750 tablets of quinine, 5 grs. each were left for prophylactic use in each place.

SHUNI: a Kwuzah of 50 people. Medical care was given by a physician of the I.Z.M.U. stationed at Zichron Jacob.

HAIFA - NAZARETH: There are about 200 people in these camps of road-builders in charge of the Hapoel Ha-Zair. There is a sanitary inspector who personally attends to the distribution of prophylactic quinine. The drinking water has been chlorinated and special barrels with faucets marked “Drinking Water” are in use. Arrangements have been made for proper sewage and garbage disposal. The kitchen and tents have been inspected and necessary suggestions made. On the day that the inspection was made Dr. Schapiro found six cases of malaria, five cases of intestinal diseases, and a few men with wound infections. Most of the men who had malaria contracted the disease when they were in Jaffa and other places, as no mosquitoes were found breeding around the camp. As the infections result from lack of immediate care following a small wound or scratch during work, the nurse in charge of the place was instructed to announce that each man give immediate care to any small wound or scratch. 6000 quinine tablets, 5 grs; 5000 quinine tablets, 5 grs., 1 sprayer, chloride tablets, and disinfecting material were left at this camp.

BALFOURIA: The health conditions here were found very good. The sanitary conditions are also very good. 1000 tablets of quinine, 5 grs. each were left.

MERCHAVIA: An improvement was noted in the water canals, and the number of malaria cases has diminished. A group of 50 men is living and working here, and they are receiving daily prophylactic quinine. 2500 tablets, 5 grs. each, were left here.

TIBERIAS - SEMACH ROADBUILDERS: There are 350 men working here. The health conditions among these men was found to be good. There were, however, a few cases of intestinal diseases, probably explained by the fact that the men were using untreated lake water. More barrels with chlorinated water were placed on the road, so that the water might be available for all the small groups working in scattered places. The camp has a sanitary inspector who attends to the distribution of prophylactic quinine. A pit toilet was arranged for. The tents are being kept in fairly good order. Each day at 11 o’clock, each cleans his tent and airs the bedclothes, and inspection of the tents is made once a week. The kitchen was inspected and necessary improvements suggested. The men bathe twice a week in the sulphur baths of Tiberias, half price accommodations having been arranged for them. 17000 tablets of quinine, of 5 grs. each were left with the A. Z. M. U. physician in charge of the Tiberias Hospital, for distribution among the men in the camp. A record is being kept of all the quinine distributed.
KINNERETH: In the old Kwuzah there was found a relatively small number of malaria cases. There is no stagnant water on or near the place. 3000 quinine tablets of 3 grs. each and 1000 of 5 grs. each were left for distribution.

A group of 35 men were found living in tents near the shore of Lake Kinnereth. The sanitary conditions were not good, and a large number of malarial and intestinal disease cases were found among them, as they were drinking untreated lake water.

Another group of 75 men is living on the Hills of Kinnereth near Perish. Their quarters are very congested. It was found that they have not enough beds or bedclothes, neither were they equipped with the most necessary clothing. The leaders of the group were urged to supply more beds and bedding to the men. Arrangements were made for chlorinating the water that was being brought from Lake Kinnereth on a donkey and naturally the supply was very limited. 5000 quinine tablets, 3 grs. each were left for distribution. It was found also that this Kwuzah had no supply of necessary drugs. The A.Z.M.U. supplied the group with these drugs which were charged to the Hapoel Ha-Zair.

PORTAH: An improvement was noted in the sanitary conditions. Cisterns were closed and toilets repaired, canals cleaned, but prophylactic quinine was not carried out completely. The nurse in charge acknowledged that she was not distributing any quinine since there were no mosquitoes found. She was instructed to resume the distribution of quinine, and a written notice was sent to the working men urging the use of prophylaxis.

YEMMA: Attention was directed to the establishment of latrine pails. Stagnant water was found in the yards. The health conditions of the colony were found to be good. The swamp near Yemma is being drained, and the canals containing stagnant water are being petrolised. This work of petrolising will have to be carried on even after the drainage work is finished since the canals are not laid in stones and they will always retain water.

A Kwuzah of 50 people is living and working near Bot Gan. The men are receiving prophylactic quinine from Yemma.

MISHA: A large number of malarial cases were found in the colony, and abundant anopheles were found breeding in the canals near the spring. An inspector was instructed to secure the necessary number of working men to clean the canal. Soldiers located in the camp were also greatly affected by malaria, and the officer in charge put some men to work and the canal is being cleaned. The Jewish Colonization Association (Ica) was urged to take an interest in this work, but could not do so because there is no budget for this colony.

SEDJERA: A considerable number of malaria cases were found, and the sanitary conditions of the yards were not acceptable. A supply of latrine pails were arranged for.

ROSH PIAH: A number of sanitary improvements were made in the colony. The reservoirs were watched and treated. The general sanitary condition is fairly good and the health condition is better as compared with last year. There is a Kwuzah of 50 men working in Rosh Piah. 1000 quinine tablets of 5 grs. were
left for distribution.

MACHNAYIM: The water supply is being improved. The former open well has been cleaned, built in stone and cement, a cover has been provided, and the water will flow through a pipe. The drinking water has been chlorinated.

JESSOD HAMALAH: The general cleanliness of the yards and houses was found to be satisfactory, no breeding in the wells, and no breeding was found at the shore of the Lake Merom. The shore was inspected at a distance of 3/4 kilo. There were mosquitoes found in the Colony which are probably breeding on the other side of the lake, which could not be taken care of just then. The A.Z.M.U. inspector, visiting this place, and besides the sanitary work is petrolizing the water on the lake shore. Quinine is being distributed.

MISIMOR HAYARDEN: An A.Z.M.U. physician came here very frequently. Prophylactic quinine is carried out. The wells are being watched by the inspector. Here the big problem is the lack of water supply, and it was suggested to the Zionist Commission that they negotiate with the colonists for bringing Jordan water in. It is impossible to undertake the proper sanitation of this colony without a good water supply. Toward this end the colonists are willing to contribute immediately the sum of £50 and to pay the balance in yearly instalments of £50.

AVALETH HASHACHER: An improvement has been noted in the malaria situation. The canal has been cleaned and repaired, and there was much less anophelines breeding. The place cannot be controlled completely since there is breeding going on beyond the region of the colony. The A.Z.M.U. inspector is doing the necessary petrolizing and looking after the general sanitary condition.

KWIZAH ON MT. CARMEL: This is a Kwizah of 30 people under the auspices of the Ahдут Ha-Avodah. The men were found to be living in barracks. The water was brought from a spring and kept in open containers, and the condition of the water was questionable. There were no arrangements for garbage disposal. The kitchen had not been properly arranged, and there was no quinine prophylaxis. Inasmuch as this Kwizah is to remain in this place for a year, it was suggested that the sanitary and nursing duties be entrusted to one man properly selected and trained by the A.Z.M.U.

A meeting of the representatives of all the Kwizahs in the country was called early in September. Dr. Shapiro spoke on the sanitary conditions noticed in each case of the Kwizahs, and pointed out the necessity for more general and active cooperation on their part in bringing about an immediate improvement.

The following recommendations were made:

1. Arrangement for inspection and sanitary recommendation before a new site for a camp is selected and before men are sent there.

Inasmuch as the recently opened camps have been opened without consideration as to the desirability of the location and availability of proper water supply,
Inasmuch as the men have been sent to places without provision having been made even for the most primitive sanitary living,

Inasmuch as it is much harder to bring about sanitary improvements after the camp has been opened.

It is suggested that the various organizations should be communicated with and a demand made for them to call upon the A.Z.M.U. Sanitary Department for inspection and suggestions at the time the opening of a camp is contemplated. This matter should be taken up with the Zionist Commission, the Commission for Immigration, Hapoel Ha-Zair, Achdut Avodah.


Inasmuch as control of malaria cases and prevention of chronic diseases depends a great deal upon early intensive treatment as carried out by physicians,

Inasmuch as a number of physicians because of lack of authoritative backing fail to avail themselves of the more heroic methods of treatment,

Inasmuch as results in the colonies prove that with more intensive treatment the recurrence of malaria cases is diminished,

It is suggested that a short manual of malaria cases be drawn up by the Director of the A.Z.M.U. Medical Department and by others he may select, to be distributed among the A.Z.M.U. physicians with the request that the outlined methods should be adhered to.

Leaflets were distributed at large. One set for immigrant and other groups; another among volunteer sanitarians; another among the employees of the A.Z.M.U.

The estimated cost of the supplies left at the above-mentioned colonies was P.T. 260.35. The quinin and chloride of lime are to be supplied during each month. This estimate does not include the cost of drugs supplied to the colonies from the centres at Jerusalem, Haifa, Tiberias and Safed, nor does it include the cost of transportation by automobile, nor the salaries of the sanitary personnel.

The unfortunate aspect of this work among the immigrants is that the leaders of the workingmen's groups do not realize that even maximum pressure cannot secure from a voluntary organization what is needed in Palestine. What is needed there is a fundamental provision for medical care, some provision that will grow out of the wages of the workingmen, out of the work and out of the state.
NURSES TRAINING SCHOOL: The Nurses Training School was organized in the fall of 1918, shortly after the arrival of the Unit in Palestine. There were approximately one hundred applicants for places in the Jerusalem Training School. The thirty accepted in Jerusalem were chosen on the ground of their previous training and their residence in various parts of Palestine. The latter was made a consideration in order that their training might rebound at the end of their course to the benefit of their home communities. Ten were accepted in Tiberias and six in Safed. When the Tiberias Hospital was closed and at the same time the Safed Hospital enlarged, some of the Tiberias nurses were transferred to Safed. In the summer of 1919, it was found necessary to increase the number of pupil nurses in Safed making a total number of pupil nurses of fifty-five.

When the hospital was first organized in Tiberias and also in Safed it was evidently expected by its organizers that it would be possible to give proper training in nursing in these small local hospitals and probably promises not fully warranted were made to the pupils of such training. It soon became obvious that even in Jerusalem the problem of academic, theoretic training of the pupil nurses was not a simple one, largely because of difficulties of language and that it was practically impossible to conduct a proper school for nurses either in Tiberias or in Safed. It was impossible to find a sufficient number of physicians in a small hospital who would be able to give instruction in Hebrew and besides the clinical facilities even in the Safed were comparatively limited. It was therefore decided to consolidate the two schools to the extent that every pupil nurse in Safed was promised a year to a year and a half instruction in Jerusalem, and in order to make such exchange possible, it became necessary to exchange pupil nurses between Jerusalem and Safed and to exact from pupil nurses in Jerusalem five or six months service in Safed. This plan was not accepted by the pupil nurses without some opposition, but after considerable discussion they agreed that some such system was necessary if the pupil nurses in Safed were to be given a fair chance.

Academic instruction therefore, for all the pupil nurses was carried on in Jerusalem. During the first year comparatively little academic instruction was given; lectures did not begin until March 1919, and extended only for a period of two or three months with only local members of the Medical Staff to give instruction in Hebrew. By October 1919 the number of Hebrew-speaking physicians had increased so that the second school term began with a lecture staff of about eight or nine physicians and separate courses for the first and second year students. Because of lack of suitable space for a lecture room, lectures have to be given at present in the Pathologic Laboratory which considerably disturbs the work of that laboratory.

During the first year the pupil nurses were housed together with the graduate nurses in an expensive building, located on the main street of the city and unsuitable for the purposes for many reasons. Not only the excessive cost, but the fact that it was difficult to enforce two systems of discipline, one for the graduate American nurses and one for the pupil nurses made a change in location desirable and after many months of searching, a more suitable building was obtained at approximately one-third of the rental cost where the pupil nurses are housed by themselves under the supervision of a matron and assistant principal of the Nurses Training School. The house, a three story building was thoroughly renovated and provided for with all necessary sanitary facilities, including four shower baths, and represents perhaps one of the most sanitary buildings in Jerusalem at the present time.
The period between January and May, 1920, was a very turbulent one and was not very conducive to systematic class room instruction. The usual snowstorm in February not only put a heavy burden of work on the entire staff of the Unit but also resulted in the collapse of the roof of the nurses home thus interfering with the normal life of the school for many weeks until the building was repaired. Again the events of March with the Arab attack on Metulah and Tel Hai and finally the disturbances in Jerusalem during Passover Week and the various disturbances following that week all led to interruption of the regular class room work. Despite of all these untoward circumstances the second year proved much more productive in academic work than the first one. By next summer these pupil nurses will have completed three years of training and they will be able to take the places of the American graduate nurses.

Those in authority are enthusiastic in their prognostications concerning this part of the Unit's work. They are inclined to consider it the most important branch of the A.Z.M.U. because it looks to the future. It will introduce into Palestine hospitals the modern American methods of the care of patients, and it will create a new profession for young women in Palestine. These Nurses Training Schools are the first in the world to teach the theory of nursing in Hebrew.

DRUGS: The distribution of drugs is effected differently in various places, in Jerusalem prescriptions are mainly made up in the drug department at the Rothschild Hospital. In Jaffa a drug store has been opened. The Unit has supplied drugs to undertakings administered by other agencies. With the approval of the government authorities, the Unit sold drugs at cost price to some of the Jewish communities or Jewish hospitals, adding only the cost of transportation from New York or Egypt, or England (from where most of the drugs have been purchased). Such hospitals and communal drug stores as were not able to pay for drugs were supplied gratis, a written agreement having been exacted from them to the effect (1) that the poor of the communities are to be supplied from these stores free of charge; (2) that those who can pay are to be charged the cost price; (3) that in no circumstances shall any profit be made on the articles received from the A.Z.M.U.
RELATION TO OTHER AGENCIES

The Unit has entered into amicable relations with the long-established hospitals, and has been in the position of rendering service to some of them. To the Sharee Zedek Hospital, it supplied two nurses temporarily; in the Harat Nahim (the insane asylum) it placed two nurses. Two nurses visited homes in which orphans have been placed by the Zionist Commission. Shortly after the arrival of the Unit, at the request of the American Red Cross three dental clinics were held for it by one of the Unit dentists. At the Syrian Orphanage, 140 dental cases were treated in one month. Services were rendered to all the Jewish Orphanages and in all the schools. Laboratory analyses were made in Jerusalem and Jaffa for the local physicians, the local hospitals, the English and French military hospitals. On the other hand the Unit authorities acknowledge with gratitude the courtesies shown and the services rendered to it by all agencies engaged in the amelioration of conditions in Palestine.

STRAUS HEALTH BUREAU; PASTEUR INSTITUTE: When the Unit arrived in Palestine, the majority of the physicians connected with the research work of the Straus Health Bureau and with the Pasteur Institute had not yet returned from Damascus and elsewhere, whether they had been exiled. A notable exception was Dr. Feigenbaum of the Straus Health Bureau. By the summer of 1918, he had with the support granted by the Zionist Commission, in addition to the fund supplied by Mr. Nathan Straus for its various enterprises, established an Ophthalmological Hospital of 20 beds. In the Pasteur Institute Dr. Beham more recently resumed his aerological work which had been carried on during his absence by his sister. As the pathological work of the Unit was done in the laboratory of the Pasteur Institute, though apart from and independent of the laboratory work of the Institute. Soon it became evident, however, that the Unit's pathologist would require a laboratory of his own. Mr. Straus has recently authorized the transfer of the Health Bureau to the A.Z.M.U. and it is now under the jurisdiction of the Director of the Unit.

ERFA MEDIZIN: During the war period, early in 1917, the medical agencies which had succeeded in maintaining themselves in the face of the prevailing distressful conditions, organized a municipal Medical Service Bureau (Erfa Medizin). Among these agencies were the Palestine Office of the Zionist Organization, Hadassah, the Straus Health Bureau, and local physicians. The objects were the districting of Jerusalem for medical service purposes, the establishment of policlinics, and the organization of district work. On its arrival in May, 1918, the Zionist Commission assumed this important undertaking. Physicians were engaged and paid by the visit, and designated druggists were employed to put up prescriptions for the poor. The monthly expenses, beginning with 500 pounds increased until in October they reached the sum of 1000 pounds. When the unit entered upon its activities, the Zionist Commission requested it to reorganize and supervise the work of the Erfa Medizin. A sub-committee of three of the Medical Board was appointed for the purpose. It conferred with the Agudat ha-Refrim (Association of Physicians) and the Jewish Communal Committee at Jerusalem. The result was that the work was established on a basis of an expenditure of 500 pounds a month and was conducted by a committee of four physicians representing the Zionist Commission, the A.Z.M.U., the Agudat ha-Refrim, and other agencies. Soon after the arrival of Dr. Rubinson (The Unit had preceded him to Palestine by seven months), he was asked to exercise control over the medical activity of the Zionist Commission. The service of the Erfa Medizin was found to be in excess, the number of clinics was reduced and the cost fell from five to three hundred pounds. Even then, however, lack of complete unity between the work of the
RELATION TO OTHER AGENCIES

The Unit has entered into amicable relations with the long-established hospitals, and has been in the position of rendering service to some of them. To the Sharra Zelek Hospital, it supplied two nurses temporarily; in the Enat Nahim (the insane asylum) it placed two nurses. Two nurses visited homes in which orphans have been placed by the Zionist Commission. Shortly after the arrival of the Unit, at the request of the American Red Cross three dental clinics were held for it by one of the Unit dentists. At the Syrian Orphanages, 140 dental cases were treated in one month. Services were rendered to all the Jewish Orphanages and in all the schools. Laboratory analyses were made in Jerusalem and Jaffa for the local physicians, the local hospitals, the English and French military hospitals. On the other hand the Unit authorities acknowledge with gratitude the courtesies shown and the services rendered to it by all agencies engaged in the amelioration of conditions in Palestine.

STRAUS HEALTH BUREAU: PASTEUR INSTITUTE: When the Unit arrived in Palestine, the majority of the physicians connected with the research work of the Straus Health Bureau and with the Pasteur Institute had not yet returned from Damascus and elsewhere, whither they had been exiled. A notable exception was Dr. Feigenbaum of the Straus Health Bureau. By the summer of 1918, he had with the support granted by the Zionist Commission, in addition to the fund supplied by Mr. Nathan Straus for its various enterprises, established an Ophthalmological hospital of 30 beds. In the Pasteur Institute Dr. Beham more recently resumed his serological work which had been carried on during his absence by his sister. At the pathological work of the Unit was done in the laboratory of the Pasteur Institute, though apart from and independent of the laboratory work of the Institute. Soon it became evident, however, that the Unit's pathologist would require a laboratory of his own. Mr. Straus has recently authorized the transfer of the Health Bureau to the A.Z.U., and it is now under the jurisdiction of the Director of the Unit.

ERAA MEDIZINIT: During the war period, early in 1917, the medical agencies which had succeeded in maintaining themselves in the face of the prevailing distressful conditions, organized a municipal Medical Service Bureau (Eara Medizin). Among these agencies were the Palestine Office of the Zionist Organization, Hadassah, the Straus Health Bureau, and local physicians. The objects were the districting of Jerusalem for medical service purposes, the establishment of policlinics, and the organization of district work. On its arrival in May, 1918, the Zionist Commission assumed this important undertaking. Physicians were engaged and paid by the visit, and designated druggists were employed to put up prescriptions for the poor. The monthly expenses beginning with 500 pounds increased until in October they reached the sum of 1000 pounds. When the unit entered upon its activities, the Zionist Commission requested it to reorganize and supervise the work of the Eara Medizin. A sub-committee of three of the Medical Board was appointed for the purpose. It conferred with the Agudat ha-Reflm (association of Physicians) and the Jewish Communal Committee at Jerusalem. The result was that the work was established on a basis of an expenditure of 500 pounds a month and was conducted by a committee of four physicians representing the Zionist Commission, the A.Z.U., the Agudat ha-Reflm, and other agencies. Soon after the arrival of Dr. Robinow (The Unit had preceded him to Palestine by seven months), he was asked to exercise control over the medical activity of the Zionist Commission. The service of the Eara Medizin was found to be in excess, the number of clinics was reduced and the cost fell from five to three hundred pounds. Even then, however, lack of complete unity between the work of the
The Unit is governed by an Executive Committee and a Medical Board.

The following are the rules and regulations affecting these Boards:

**EXECUTIVE COMMITTEE:** Hadassah, the Women's Zionist Organization, vests final authority over the American Zionist Medical Unit and those accompanying it in whatever capacity, in an Executive Committee. To this Executive Committee shall be submitted for approval all medical and sanitary plans in their larger aspects. It shall pass upon the appointment (for dismissals see below) of physicians, nurses, and all other employees to be chosen from among the residents of Palestine, as well as of visiting committees and other similar agents; upon the assignment of physicians to posts and services outside of the hospitals and dispensaries; upon the admission of patients and the fixing of charges to be imposed upon pay patients; upon the methods of meeting extraordinary situations, such as the combating of epidemics; and upon repairs, purchases, and other disbursements. It shall have final authority on all questions affecting the Unit, whether administrative, fiscal, medical, social or political, but it is further expressly provided that the Executive Committee shall not act upon plans relating directly or indirectly to medical undertakings originated by itself or by any individual or body outside of the Medical Board, unless endorsed by the Medical Board. When final action on a medical question is to be taken at a meeting of the Executive Committee, the Medical Board shall be notified thereof, so that it may be represented by a duly accredited member of the Medical Board, who shall however have no vote.

2. The Executive Committee shall consist of at least three members. These three members may by unanimous consent, as and when it is found necessary or expedient, coopt additional members in Palestine with permanent, temporary, or consultative powers. All other matters shall be decided by a majority vote.

3. The Executive Committee shall provide for the appointment of successors to its permanent members.

4. When charges are preferred against a physician or other member of the A.Z.M.U., they must be set down in writing by a member of the Medical Board in conjunction with a permanent member of the Executive Committee; the accused shall be furnished with a copy of the charges and shall be allowed a hearing before the Medical Board, at which the accusing member of the Executive Committee shall be present. Should the charges be sustained in the hearing before the Medical Board, the Medical Board shall act in conjunction with the Executive Committee as a judiciary body, which may exonerate, censure, suspend or dismiss the accused member of the Unit.

**MEDICAL BOARD**

1. With the Executive Committee shall be associated a Medical Board which shall have the exclusive right of laying out all medical plans, and it shall make recommendations on all other subjects affecting the Unit, including those connected with the Pathological, Sanitary, Dental, or Nursing Department, these plans and recommendations to be laid for approval before the Executive Committee by a Conference Committee or by Conference Committees to be appointed by the Medical Board. Reports of the medical undertakings shall be rendered by the Medical Board to the Executive Committee at stated intervals for transmission to Hadassah in the United States.

2. The Director of the Unit shall act as Chairman of the Medical Board, and subject to the approval of the Executive Committee, he shall appoint an assistant director who shall act as Vice-Chairman of the Medical Board.
3. The plans of the Medical Board shall be submitted to the Executive Committee for approval by a Conference Committee or Conference Committees, to be appointed by the Medical Board. It shall be left wholly to the discretion of the Medical Board to determine whether there shall be a single permanent Conference Committee or whether Conference Committees shall be appointed as may be dictated by the exigencies of a given question under discussion, or whether this Conference Committee or these Conference Committees shall consist exclusively of members of the Medical Board, or also of members of the medical staff at large, etc.

4. It is suggested that the Medical Board shall confer with the chiefs of the different departments, from time to time.

SUMMARY: The above represents a brief description of the work accomplished by the Unit. With thousands of patients treated in these hospitals and hundreds of thousands of visits in the Polyclinics, thousands of school children examined and treated, some sanitary work begun, and a nurses' training school in operation, the results represent a substantial progress of the organization of medical aid for Palestine. No claim can be made, however, that all the medical and sanitary needs for all of Palestine, or for all the Jewish population have been made. The work of the Organization proceeded at a rather rapid rate, but the responsibility of the Unit is necessarily limited by its budget; all that is claimed is that the money available has been used to the best advantage.

Since there is no other larger organization at present which is trying to meet the same need, in order that the Unit's work be put on a sufficiently high basis of efficiency as an American institution, and secondly, if the country in order to make immigration safe, improvements would have to be made as follows:

Jerusalem: The Rothschild Hospital is an inadequate one and not at all adapted to the needs of a modern hospital. Polyclinics are housed in temporary shacks; there is no lecture room for pupil nurses; a model diet kitchen is very badly needed in order to teach the pupil nurses dietetics; the administrative office of the AZMU should be located in the hospital grounds which would probably require the expenditure of from ten to twelve thousand pounds.

The bed capacity of the hospital at present is utterly insufficient.

The X-Ray Department is very inadequately housed and equipped and according to estimates by the X-Ray specialist an expenditure of about $20,000 is necessary to provide the Rothschild hospital with a modern X-Ray Department.

Jaffa: The total capacity of the present hospital is utterly inadequate and ought to be doubled or trebled before it will satisfy the needs even of the present population.

Haifa: A hospital of a capacity of from fifty to seventy-five beds is very badly needed. A conservative estimate of the building itself would be about one hundred thousand dollars.

Tiberias: While another hospital exists, it is entirely under missionary management and not only the local orthodox Jewish population, but even more so the more radically disposed population of the surrounding colonies feel a great aversion to obtaining its medical aid from missionaries. The Unit's hospital, as stated above, is thoroughly unsatisfactory and seventeen beds are utterly inadequate. No suitable building can be found and the only solution is the construction of a hospital with a capacity of from fifty to seventy-five beds.

Safed: While the hospital maintained at present is vastly superior to anything know.
before in that out-of-the-way community, many things are needed to put the hospital into a position to do modern first-class medical and surgical work. The doctors and nurses are still inadequately housed and their homes are very inadequately furnished, and the kitchen and other service buildings are altogether unsatisfactory. The hospital lacks the electric light system as well as an X-Ray Department.

Colonies: As far as the size of the medical staff is concerned, the colonies of the entire Galilee region are sufficiently provided for. If the agricultural development of Palestine should be located in Galilee, our physicians and nurses could very easily take care of an agricultural population many times greater than are at present provided. New settlements are easily accessible from the older ones.

COLONIES OF JUDEA: In many of the larger colonies a physician and sometimes a nurse and a druggist are employed by the communities themselves. Several of these are so large that one physician is almost unable to meet the demands made upon him. However several of these large colonies have applied to the A.Z.M.U. to organize medical aid for them on a basis of joint contributions. In the case of all such requests they had to be refused for financial reasons, if for no others, and one might question the propriety of the subsidy from the A.Z.M.U. budget in the case of some of the colonies which are fairly prosperous and should be able to take care of themselves. It remains true, however, that so long as the medical organization is supported by the colonists themselves, the local wage workers, especially the Yemenites, who are either unable or unwilling to contribute to the medical budget are frequently left without medical aid. Besides the quality of medical aid often remains unsatisfactory and the final burden even at present falls upon the hospitals of the A.Z.M.U. in the cities. In some of the smaller settlements in Judea, namely in two or three small colonies near Jerusalem, no medical aid was available and the A.Z.M.U. was forced to place its own nurses, supplementing these by occasional visits by its physicians from Jerusalem. As most of the colonies will probably be made to bear the burden of new immigration, whose medical needs are frequently pressing, a final solution can only be solved by one medical organization controlling medical aid in all Jewish settlements.

SANITATION AND PUBLIC HEALTH WORK: This problem may be subdivided into anti-malaria campaign, general sanitation and public health work. In both branches not only a budget and a personnel, but also governmental authority is very important to accomplish results. When such governmental authority exists and directs the wide efforts towards the improvement of medical aid, an opportunity still remains for voluntary and communal efforts towards public health, school work, etc. As already stated, the A.Z.M.U. had done considerable work in the struggle against malaria and in the general sanitation work in the cities. As far as the new administration will take these matters over, the efforts of the A.Z.M.U. will be restricted to communal work either in Jewish quarters of the city or in Jewish agricultural settlements. Comprehensive results may only be expected if definite cooperation is established between public health activities of the Government and the medical and sanitary staff of the A.Z.M.U. while the Unit cannot undertake large engineering projects, upon successful sanitation and stamping out of malaria depends such other lines of anti-malaria effort, as immunization of carriers, general prophylaxis, assistance in screening of houses, education of the population towards better control of stagnant waters, etc., which can be carried on by the agents of the Unit, especially if they should be able to obtain some police authority from the government.

SCHOOL WORK: While system work outside of anti-trachoma work has been carried on only recently, it has already shown very substantial results and should be further extended. The present staff to conduct the examination of children from Jerusalem is not thoroughly satisfactory and school physicians should be appointed in all the Jewish cities. There should be one or more visiting school physicians to control the health of the children in the Jewish Colonies and to instruct the local physicians to conduct examination and treatment of the school children throughout the country on a uniform basis.

In addition to trachoma, skin diseases and bad teeth are the grave problems (over)
of the school population. While the dental work has been somewhat extended during the year by the creation of dental departments in Tiberias and Safed, little has as yet been done for dental conditions amongst school children. Experimental work by one of the dentists in one or two of the Jerusalem Schools indicates the necessity of similar work in other schools of Jerusalem as well as other cities.

**MALARIA HOSPITALS:** There can be no question that with the increased population and further agricultural development and proper sanitation of cities, malaria will eventually be stamped out in Palestine, but meanwhile it presents a very serious problem both with the local population and especially with the new immigrants. Already all the hospitals of the Unit are forced to carry a heavy burden of malaria cases, and the general shortage in beds, particularly in the late summer is due primarily to malaria. The increase in immigration must aggravate this problem. Many suggestions have been made for simple barrack type of special malaria hospitals in some of the colonies which could be in charge of the colony physician already located there. These could be utilized not only for the acute cases, but also for the prolonged treatment of convalescents and this could be done at a lower cost than malaria convalescence in expensive general hospitals. Under its present budget, the Unit is forced to reject any such proposals of small anti-malaria hospitals.

**TUBERCULOSIS SANITARIUM:** The problem of contagious cases is very serious, for all the institutions of the Unit, lack isolation wards. In Jerusalem relief is provided by the existence of an isolation ward in the Shaare Zedek Hospital to which contagious or suspicious cases are sent from the Rothschild Hospital, but even the Shaare Zedek is unable to handle cases of tuberculosis for any length of time. There is practically no institution where even a mild tuberculosis case can be adequately taken care of and given the proper treatment. While the climate of Palestine is very favorable to the cure of tuberculosis and many suggestions have been made for the establishment of a tuberculosis sanitarium, not a single institution of that kind exists. As a result, we are utterly unable to do anything for cases of tuberculosis and in many instances this situation becomes quite tragic, especially in the cases of children who live under housing conditions which make them seriously dangerous to large families.

The small hospital building in Hebron, not utilized at present, and the hospital building in Zichron Jacob present two possibilities for the establishment of tuberculosis sanitariums, if the means were available for the purchase of equipment and for maintenance.

**SOCIAL SERVICE:** With all its extensive activities in treatment of the sick, in hospitals and dispensaries, the Unit will not fulfill its duty as an agency for the improvement of health conditions in Palestine unless it increases its preventive work, by public health education of the masses, care of mothers, care of infants, and similar activities recognized now as an important function of any public health organization. The women of Palestine have been gradually educated to come to our institutions for their maternity help — insofar as we have available beds we have given them the possibility of going through the function of child-birth under healthy and normal conditions. The extension of school work throughout all the Jewish schools of Palestine and its intensification offers the hope of the improvement of the health conditions of the school population, but there still remains the problem of infant mortality and the morbidity of children under school age. The first trachoma infection usually takes place before the children come to school. Skin diseases are most frequent in the lower grades of the school. The children's wards in our hospitals become rather crowded in the summer as a result of gastric disturbances due to faulty feeding. It is very important, therefore, that we develop a system of social service including home visitation and infant welfare stations to take care of the mothers and of the children from their birth until the school age.

The brief enumeration of the needs as given above indicates how much more can and ought to be done to raise the health conditions of the local population and to safeguard the immigration from the specific dangers of present sanitary conditions in Palestine.

Attached herewith is a statistical table showing comparisons of the main lines of work from month to month beginning with September 1928 to September 1929.