Medical Arts and the Healing of Souls:  
A Transnational Story of Tuberculosis Care in Early Twentieth-Century Syria and Lebanon

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Abstract

The story of tuberculosis care in Ottoman Syria (present day Syria and Lebanon) dates to the early twentieth-century medical work of American Presbyterian missionaries. This essay explores the history of the American Syria Mission's tuberculosis hospital, the Hamlin Memorial Sanatorium in Mount Lebanon, from 1910-1930. Recognizing the work of the sanatorium's founder Dr. Mary Eddy and of Harriette Eddy Hoskins, its longtime director, this study attends to the experiences of patients and Syrian medical workers alongside those of missionary women. In the Syrian context, the disease known as “consumption” had the power to divide and the power to unite, as tuberculosis sufferers of all religious backgrounds and social classes left or were turned out from their homes. Tuberculosis was also a disease on the move, spreading rapidly within Syrian migrant communities. This article reveals how Hamlin Memorial Sanatorium opened a space for women to practice ministry and became a site of transnational and interreligious encounter. Within its walls, the lives of Americans, Europeans, and Middle Easterners converged in the work of tuberculosis care.

"May all services in His name bring forth fruits to His glory. And His fame went throughout Syria and they brought unto Him all sick people – divers diseases – and He healed them."
So in the Sanatorium (the only one of its kind in Syria) we in His name try to do what we can and He, we feel sure, in loving mercy grants the healing of souls if not of bodies.
With these words in 1911, Harriette Hoskins concluded her first annual report on the American Syria Mission’s tuberculosis sanatorium in Lebanon (then part of Ottoman Syria). Framing this medical mission as a testimony to Jesus Christ, she alluded to the transient existence of those afflicted with a disease that had long mystified doctors. Patients remained under treatment for a season and then went away cured, or else they received spiritual care before passing on to the next world. The high death rate for “consumptives” in the early twentieth century made the religious aspect of this work urgent in Hoskins’ view. She would certainly have agreed with the assessment in Susan Sontag’s now classic study: “TB is a disease of time; it speeds up life, highlights it, spiritualizes it.”

For patients who took refuge at the mission’s sanatorium – often journeying for miles over land and sea – tuberculosis was also an illness on the move. In the early years, the facility that became known as Hamlin Memorial Sanatorium migrated between two locations, from the Mediterranean coast north of Beirut in the winter to Mount Lebanon during the summer. The American mission brought medical advances to Ottoman Syria by introducing new treatments and transporting equipment and supplies across borders, and news of such services for tubercular patients spread throughout the region and among Syrian communities abroad. Appeals by Hoskins and other missionaries for monetary support and personnel also travelled far and wide, hastening the arrival of American and European medical professionals and funds from Syrians and Western mission supporters. Thus, the sanatorium became a transnational site where people, ideas, goods, and money converged after moving across territorial space. The individuals responsible for the institution’s operations also developed transnational identities, having been shaped by experiences of “rootedness – both physically and emotionally – in more than one community or society for an extended period of time.”

Focusing on such transnational entanglements, this essay examines the sanatorium’s history from 1910-1930, during its first two decades as an institution of the American Syria Mission. I use missionary publications, station reports, and unpublished correspondence to explore the experiences and perspectives of Americans, Ottoman citizens, and travelers in the region whose lives became intertwined through tuberculosis care in early twentieth-century Ottoman Syria and in Greater Lebanon, a smaller region established in 1920. Despite the political shifts of this time, many in the Syro-Lebanese population continued to self-identify as Syrian over the next decade or so, and American missionaries held onto such language as well. For this reason and for consistency throughout this article, I employ the term “Syrian” even when covering the 1920s to designate local residents experiencing a period of national transition in the region formerly known as Ottoman Syria.

I begin with a historical overview of the Hamlin Memorial Sanatorium. Then the second section considers the role of women missionaries and funders who supported the sanatorium’s work. The third section addresses the involvement and contribution of Syrians to the medical treatment of tuberculosis in their homeland. Finally, I turn to the tubercular patients and the disease that brought together individuals from all social classes, various religious backgrounds, and multiple nationalities. By attending to the stories of patients and Syrian medical workers, this essay reveals how the Hamlin Memorial Sanatorium became a site of transnational encounter and interreligious collaboration across Christian denominations and between Christians, Muslims, and Jews.
Beginnings

Unlike Protestant missions in other parts of the Middle East, medicine was not a primary focus of the American Syria Mission, which invested far more resources into its educational endeavors and its translation and distribution of the Arabic Bible. Nevertheless, doctors were often among the mission’s personnel from the 1830s onward. In 1832, the American Board of Commissioners for Foreign Missions (ABCFM) sent its first medical missionary to Beirut with the instructions, “[R]egard your medical skill, and your future practice, as a means of furthering the spiritual objects of the mission… As a physician, however, your first duty will be to your brethren and sisters in the mission.” Believing that the art of healing could thus advance missionary work in multiple ways, the ABCFM and the Board of Foreign Missions of the Presbyterian Church in the United States of America (or BFM, which took oversight of the American Syria Mission after 1870) continued to send medical missionaries to Syria in small numbers throughout the nineteenth century.

By the early twentieth century the Presbyterian BFM supported several dispensaries and two major medical facilities in Syria: the Kennedy Memorial Hospital in Tripoli and the Hamlin Memorial Sanatorium near Hammana. Through these institutions, the mission claimed it had begun to achieve the aims of its medical work to provide an “opening wedge for the reception of the gospel.” In short, as in a number of other international mission fields, medical care was portrayed as a means toward the American Syria Mission’s more important spiritual work. This is apparent in the excerpt above from Hoskins’ 1911 annual report and in her subsequent writings on the BFM’s services for tubercular patients in Syria.

Dr. Mary Pierson Eddy (1864-1923), Harriette Hoskins’ sister, founded the region’s first sanatorium in 1908 near the Mediterranean coastal city of Jounieh, and two years later it became an official institution of the American Syria Mission. The seaside facility eventually merged with Eddy’s private tuberculosis clinic in the Lebanon mountains, and the BFM renamed it the Hamlin Memorial Sanatorium according to the wishes of a donor church in the United States. By 1930 the sanatorium had grown into a large and viable institution that served tubercular patients from many parts of the globe.

Still today, this Protestant mission legacy remains in Hammana, Lebanon, as the Hamlin Nursing Home and Hamlin Rehabilitation Center run by the National Evangelical (Presbyterian) Synod of Syria and Lebanon.

Transnational Missionary Women: Founders, Funders, and Administrators

The founder of the Hamlin Memorial Sanatorium, Mary Eddy, was an American Presbyterian missionary who became the first woman licensed to practice medicine in the Ottoman Empire in 1893. Her unique story has been documented by Ellen Fleischmann. Eddy’s accomplishments as a woman in medicine made her the pride of the mission until 1917, when deteriorating health required her to seek an early retirement. Eddy’s role as the founder of the first tuberculosis hospital in Ottoman Syria is critical, but it is only the beginning of the story of Hamlin Memorial. For Harriette Mollison Eddy Hoskins (1855-1929) took up her sister’s vision for tuberculosis care in Syria and Lebanon beginning in 1910 when Eddy
went on temporary leave, and Hoskins subsequently directed the sanatorium until her own death in 1929.

Naami Nucho, a doctor born in Palestine who had begun working with Eddy as a visiting physician, served alongside Hoskins as the hospital’s attending physician. After Hoskins’ death Nucho became the sanatorium director. Yet sanatorium records and missionary correspondence show that the daily operations of this medical facility were in the hands of women who worked there as nurses, administrators, and housekeepers. Likewise, while Hamlin Memorial was an American missionary enterprise, those records show that its leadership was international, with missionary women from the United States, Great Britain, Denmark, and New Zealand all working at the institution between 1910-1930. This diverse female staff was also transnational, with nurses like one Miss Vartan, a Scottish-Armenian missionary who traveled to Mt. Lebanon from the Scotch hospital in Tiberius, Palestine each summer from 1922-1927 to cover for the sanatorium nurses on vacation.13

Harriette Hoskins was the American missionary responsible for running the sanatorium during its first two decades under the Presbyterian BFM. The daughter of American missionaries in Syria, Hoskins served the Syria Mission as principal of the Sidon Seminary for thirteen years before marrying a fellow missionary, Franklin Evans Hoskins (1858-1920), in 1888. She then moved to her husband’s mission station in Zahleh and relocated again in 1903 when Franklin became head of the central station in Beirut. Harriette’s “official” contributions to the American Syria Mission’s operations received little attention from the time of her marriage until 1910, when she took charge of the sanatorium after Mary Eddy went on furlough to the US for medical treatment. Unlike her sister, Harriette was not trained in medicine, but sanatorium management allowed her to extend Eddy’s legacy and to run a mission institution again for the first time since she married, left the Sidon Seminary, and began raising a family. Franklin noted in his annual report for that year that his wife had “added this to the care of her work and home duties in Beirut.” He described her new responsibilities:

> It meant receiving the constantly increasing stream of sufferers with their importunate friends, almost daily conferences with Dr. Nucho and the other doctors, the purchase of most of the provisions and medicines, the providing of servants and helpers, and weekly visits to the Sanatorium.14

Hoskins and her missionary colleagues continued to speak of the tuberculosis hospital as a project of Mary Eddy until 1917, when the ailing doctor entered a nursing home in Washington, DC.15 Yet with Eddy’s frequent periods of medical leave before that date, Hoskins acted as the de facto head of tuberculosis care from 1910 onward, directing the sanatorium even after her own retirement from the Syria Mission in 1924. As the BFM stated following her death, “such honorable retirement, however, meant no slightest diminution of work on her part.”16

Along with her duties as director, Hoskins followed Eddy’s example by arranging Sunday worship, daily chapel services, and evening prayer meetings at the sanatorium. She often spoke at these services and assumed the role of a preacher or evangelist even though she could not undertake such activities formally in the Syria Mission’s churches.17 By offering spiritual guidance, Hoskins believed—and saw
the evidence—that the sanatorium could care for the patients beyond attending to their bodily needs. Recalling one chapel service she wrote:

I spoke lately on the ‘Value of small things,’ the stone in David’s hand, etc. As the meeting closed a fine tall young man stood up and told me how he responded to what I had said. Outwardly a picture of health two days later we had to send for his parents as he appeared to be nearing his end. They arrived and he rallied enough to be taken home. Our little chapel (never consecrated) is used by all sects. May the Great Physician be near each one and guide us in teaching them to seek help from above.18

Crucially, Hoskins was also a skilled fundraiser, sending regular reports, pamphlets, and personal correspondence to her American contacts to solicit support for the institution. She would return from her furloughs in the US with donations from these American friends, but her practice of receiving personal gifts rather than channeling them through the mission board was a cause for consternation at the BFM headquarters in New York. Stanley White, Board Secretary, explained to a potential donor that “Mrs. Hoskins is rather a law unto herself,” and he recommended that contributions to the sanatorium be made to the mission board rather than through Hoskins’ banker.19 I emphasize that Hoskins’ fundraising efforts were crucial because the medical facility received only $800 each year from the BFM, and even this amount came directly from Church of the Covenant in Washington, DC, where Harriette Hoskins and Mary Eddy had close ties. In response to the appeals of its Ladies Society, the congregation committed to this annual contribution in 1910, the same year that the BFM agreed to take responsibility for the sanatorium. The mission then named the institution the Hamlin Memorial Sanatorium in memory of this church’s former pastor, Teunis Hamlin.20

Although tuberculosis work was not a funding priority for the BFM, under Hoskins’ direction the sanatorium expanded its services. Thanks to the additional funds that she and her supporters raised, it became a 100-bed institution by 1930 with up-to-date medical equipment. After securing a generous donation from a long-time supporter, the mission built a solarium to provide sun treatment for the patients, and it was dedicated just days after Hoskins’ death in 1929. Characteristically, in the last mission report she submitted, Hoskins wrote about the solarium as she did of the sanatorium in general as a place of medical treatment and care for the dying and also a place for transformation of the soul:

We are praying that the healing rays of the sun act beneficially on the bodies of our patients, so may the ‘Sun of Righteousness’ penetrate the heart of each one. That spiritual as well as physical blessing may result from their residence at the Hamlin Memorial Sanatorium.21

Hoskins depended especially upon women supporters to raise funds for such projects, and she also sought out other missionary women to oversee the institution’s operations when she went on furlough. Anna Jessup, daughter of missionary Henry Harris Jessup, played this role in Hoskins’ absence...
during World War I, from 1916-1919. Jessup was not a commissioned member of the Syria Mission and therefore received little credit for this work in official mission reports. Yet her efforts were instrumental to the sanatorium’s survival when it became impossible for American supporters to send funds during the war. She reported:

> More than once we seriously considered closing the Sanatorium. But always the question came up what could be done with those stranded ones, helpless and dependent upon us. It was not possible to close. ‘Relief’ money came to us … from the U.S. But it was not considered a legitimate use of such money to keep alive hopeless cases of TBC when there were so many well people to be kept alive.\(^22\)

Jessup’s correspondence with the Syria Mission demonstrated how she met such resistance when trying to secure funds to keep the institution alive during this time. For example, Charles Dana, the mission’s treasurer, made the following response to her request for assistance in 1916:

> I am sure that the Mission could not at this time consider running the Sanatorium in debt… I think it would be a mistake to use relief money for tuberculosis patients; though it is very difficult to choose in these days, I feel that if necessity demands it that we should close the Sanatorium… I have for some time been in favor of this, not that I do not believe in such work or its tremendous humanitarian importance but because we are here as missionaries to promote a work and not for the purpose of providing an asylum for the incurable and a sanatorium for those who may possibly be cured.\(^23\)

Despite the view of some missionaries that neither relief money nor additional mission funds should be expended on a sanatorium where most patients came to die, Jessup was able to secure support from the American Red Cross and the Near East Relief agency in Beirut to do just that.\(^24\) She also received assistance from a Syrian organization headed by Protestant church member Katrine Khuri for the support of tubercular patients. In addition, according to Jessup, “Several patients were supported by a Jewish society and a Christian girl was put in the Hospital by a Moslem benevolent Society.”\(^25\) Thus, this American Protestant enterprise came to depend on Syrians from multiple religious backgrounds during the war years, as leaders, workers, and funders.

Before the war, most of the funding for the sanatorium had come from individuals, mission societies, or churches in the United States, and many of these funders were women, like the Ladies Society at the Church of the Covenant. Other large donations came from the Women’s Board of Foreign Missions in New York, from William E. Curtis (Washington, DC), Mary E. Peebles (Ohio), Mrs. John Kennedy (New York), and Mrs. Charles P. Turner (Philadelphia).\(^26\) During WWI, increased support came from American relief organizations in Syria and, as Jessup’s report indicated, from Syrians themselves. This trend continued following the war, as Syrian schools, churches, and Sunday school children associated
with the American mission gave small but frequent donations. The Syrian Anti-Tuberculosis Society of Beirut began sponsoring a number of poor patients in the sanatorium, and funds were also given by Syrian immigrants in the Philippines and by the Syrian Association in Boston. The most substantial support continued to come from American mission societies and churches, but the Syrian character of the institution is apparent when we recognize the rising number of Syrian donors and, beyond financial support, the fact that Syrians were involved at all levels of the sanatorium’s work from the very beginning. We turn now to such local contributions, which, like women’s contributions, have been overlooked so often in histories of the Protestant missionary enterprise.

**SYRIANS IN THE SERVICE OF HEALING**

In a pamphlet for American supporters printed in 1924, Harriette Hoskins wrote, “The Syrians all call the Directress ‘one of them,’ so the Sanatorium is truly in the charge of Syrians.” Hoskins was born to missionary parents in Beirut and had lived in Syria for most of her life. She therefore claimed a bi-cultural American-Syrian identity, as did her sister, Mary Eddy. Eddy was similarly named a “patriotic Syrian” by those she served, and as Fleischman noted, missionaries like Eddy and Hoskins better understood and appreciated Syrian society because they were part of it. Yet in the last years of her life Hoskins notably searched for another American woman to take over her position rather than looking for a Syrian director. In claiming her transnational identity as key to the Syrian character of the sanatorium, Hoskins also glossed over the reality that throughout her tenure as director, Syrians managed its day-to-day operations. In this section I draw upon sanatorium records and the correspondence of Syrian doctors and nurses to show that Syrian workers should also be credited with the institution’s successful development and its continued existence during and after WWI and that many of them, like Hoskins, were shaped by transnational experiences.

Hamlin Memorial Sanatorium would not have survived long without the work of Dr. Naami Nucho (1877-1955), who began his association with the institution as a visiting physician for tubercular patients. After Mary Eddy’s retirement in 1917, he became the physician in charge, and following Hoskins’ death he served as sanatorium director from 1930 until his own death in 1955. Nucho was born in Nazareth, in Palestine, and he graduated from the Medical School of Syrian Protestant College (renamed American University of Beirut in 1920). Nucho led Syrian efforts to raise funds for the sanatorium, and he was also a founding member of the Syrian Anti-Tuberculosis Society, which aimed to educate the public about tuberculosis and involve them in combatting the disease. The society established a Syrian-run tuberculosis hospital in 1924, where Nucho also served as an attending physician. Between 1923 and 1924, Nucho traveled to France and the United States to study new methods of tuberculosis treatment that he instituted upon his return, thereby contributing to the migration of medical knowledge and equipment across national and cultural boundaries. After adopting such approaches like the “Absolute Rest Cure” and artificial pneumothorax treatment, Nucho reported “a distinct improvement in the results obtained at the Sanatorium.” He sought to improve the institution’s medical equipment, and in the same report, for example, emphasized the great need for an X-ray machine, arguing:
The number of difficulties that can be overcome in questions of diagnosis, and the excellent control that the rays will afford during Pneumothorax treatment can only be appreciated by visiting similar institutions in Europe and America.\textsuperscript{30}

Along with his private practice and work at Hamlin Memorial, Nucho was a lecturer at the American University, and he recruited medical students to intern at the sanatorium beginning in 1925. The doctor sought to make the sanatorium a teaching hospital for such students, and his first report as acting director in 1930 emphasized how the institution not only cured patients and relieved them of suffering but also aided the entire country by teaching new doctors how to diagnose and treat the disease in its early stages, a crucial intervention. He explained his vision:

There is no telling in what part of the country these students may put into practice, when they graduate, some of the principles they have learned at the Sanatorium. Nor can it be estimated what their influence may lead to; as they all leave the institution full of inspiration and zeal to go out and fight a disease which while terrible and horribly neglected, is at the same time preventable.\textsuperscript{31}

Thus, under Nucho’s leadership, the sanatorium became a center of learning, from which young doctors might be sent out to heal the sick throughout the region. The hospital served a similar purpose for the nurses in residence who went on to work elsewhere in Syria and abroad.

The sanatorium’s head nurse for much of this early period was Afifa Saba, who retired in 1922 “after fourteen years of years of faithful and able service as superintendent.”\textsuperscript{32} As this reference indicated, along with her nursing duties, Saba managed the institution’s daily affairs and informed Nucho and Hoskins—neither of whom lived on site—about patients and operational needs. Like Nucho, Saba was born in Nazareth. She studied nursing in Tiberius, Palestine before working for five years in South Africa and another five years in Scotland, and for most of her years of service she was the sanatorium’s only trained nurse. Through her travels, Saba learned to speak, read, and write English so well that one visiting Scottish nurse from the British Syrian Mission deemed her “a Scotchwoman in appearance, as well as in voice.”\textsuperscript{33} Along with the presence of Scottish nurses, Saba’s training abroad deepened the sanatorium’s transnational character. Her story also conveyed the special place of Scotland as a center to which Arabs and Armenians in Syria often turned for medical training, sometimes to subvert American control.\textsuperscript{34}

Published mission reports rarely named Syrian women employees like Saba, but Franklin Hoskins’ general Beirut Station report of 1911 reflected favorably upon her, saying, “[Afifa Saba] too has shown the finest possible spirit – cheerful, fearless, faithful and willing. Her kindness and care for the little children has touched the hearts of all.”\textsuperscript{35} Saba, herself, recognized the holistic nature of her work, remarking to Harriette Hoskins, “According to my experience it is not simply a sanatorium but a refuge for homeless and destitute.”\textsuperscript{36} Many of the sanatorium workers were cured patients whom Saba trained on site as “practical” nurses.\textsuperscript{37} During WWI when ties between Syria and the BFM directors in the US
were almost completely severed, Nucho explained, Saba “played farmer as well,” growing vegetables at
the sanatorium and selling some of them to provide money for other provisions. In her letters to Anna
Jessup, who supervised the sanatorium during this period, Saba recounted her efforts to secure food
stores, hire workers, and care for the patients. After reporting on one failed attempt to buy wheat in 1916,
a year of extreme famine in the region, Saba revealed her personal religious convictions when she stated,
“On the whole things are looking more difficult than ever. However we must trust our father who cares
for all. It is always darkest before dawn.” Saba’s letters also revealed her concern for poor and starving
people in neighboring villages, and her efforts to help find them employment. In early 1917 she wrote to
Jessup, “Forgot to ask you if anything can possibly be done towards helping these poor wretches in Barjah.
Have taken some of their names when you told me last time in case we could do something for them. It is
torturous to see their conditions.”

After Afifa Saba retired in 1922, the sanatorium had two Syrian Muslim head nurses. Sahila
Saadeh, who worked as head nurse and superintendent from 1923-1926, was the first Muslim to earn a
graduate nursing diploma at the American University of Beirut (AUB). In 1923, Saadeh planned one of
the memorial services held in for Mary Eddy, who died in September of that year. While sanatorium records
do not describe the details of the service, this suggests that non-Christian women were encouraged to
exercise leadership in the ritual life of this Christian institution beyond the use of their nursing skills. In
1925 Hoskins reported with pride that Saadeh was invited to lecture on the history of nursing in Syria at a
Muslim conference at AUB and that she was the only woman asked to write a paper. In this same report,
Hoskins emphasized the qualifications and religious diversity of her larger nursing staff, saying:

We have now three graduate nurses, and a doctor congratulated us on the amount of
responsibility assumed by these nurses, for they give treatments and injections.
The third nurse is an Armenian, the Head Nurse is a Moslem, and the other is a
Protestant. Also we have Jewish and Greek Orthodox helpers, so we have a variety,
but all work in harmony.

A second Muslim woman, Emilie 'Atiya, served as head nurse from 1927-1928, having previously worked in
Mexico, the United States, and Egypt. After a conflict between 'Atiya and the missionary from New Zealand
who supervised the institution during one of Hoskins’ absences, the nurse left the sanatorium. Following
Hoskins’ death in 1929, a Syrian Protestant named Hannah Haddad was appointed as head nurse and
given charge of the sanatorium along with Naami Nucho. Nucho’s first report as acting director confirmed
that Haddad, like other women involved in the hospital’s medical operations, played an evangelistic and
ministerial role:

Miss Haddad is showing deep interest in the work and has improved matters in all
departments in the Sanatorium. Miss Haddad as a good Protestant girl is very much
interested in the religious side of the work. She takes the daily prayers and other
services with willingness and earnestness.
While the American mission entrusted the sanatorium fully to the care of Syrians only in 1930, Syrian doctors, nurses, and assistants were essential to the institution from the very beginning and to the mission’s goal of curing patients and healing souls. It is to these patients that we now turn.

**Transnational and Interreligious Encounters of Tubercular Patients**

Though the life of Hamlin Memorial Sanatorium is very much a Syrian story, it is also a transnational story, as patients came from or resided in multiple countries before arriving at the facility. Presbyterian mission archives have preserved the writings of some Syrian employees like Nucho and Saba, but nearly all of the information that has survived on tuberculosis patients in Syria and Lebanon comes second hand from mission reports. Nevertheless, something of value can be gleaned from what Harriette Hoskins wrote about the patients, who were victims of an illness with the power both to divide and unite. Hoskins’ reports offered four important points of insight about the individuals who sought medical care at Hamlin Memorial.

First, these reports revealed that individuals suffering from tuberculosis became outcasts in Syrian society. Until the 1920s, the majority of patients arrived at the sanatorium with very advanced stages of the disease. Hoskins lamented that not much could be done for such medically “hopeless cases,” other than providing them a place to die in peace and comfort. Of the 70 patients treated between 1910 and 1911, she noted, “24 crossed the river of death – all peacefully.”46 Because of the deadly nature of the disease, tuberculosis was greatly feared and misunderstood within Syrian society, and its victims were often turned out of their homes by their families and rejected by their neighbors.47 Some communities still feared the disease even after their loved ones returned home cured. Hoskins wrote, for example:

> A very poor widow arrived one day in rags and tatters. After six months stay the doctor pronounced her cured and she returned home. But on her arrival at her home she was not even allowed to sleep one night and passed it in the streets. Where should she go? Back to the Sanatorium. Instead of being discouraged she commenced to learn to read and commit Scripture to memory, and now she is a valuable assistant.48

By 1922, however, annual reports indicated a gradual change in Syrian attitudes toward the disease. Although the health office in Beirut reported more deaths from tuberculosis that year than ever, Hoskins’ report noted that, “the people of Syria are beginning to appreciate Sanatorium treatment and demand to be admitted into the Sanatorium at an earlier period of the disease than in previous years.”49

Second, tuberculosis afflicted all social classes, and in that sense it broke down social distinctions. Nevertheless, the sanatorium maintained first-class, second-class, and lower-class rooms, and it depended upon full-paying patients for funds that could be used to provide for those who were destitute. Arabic brochures published by Hoskins and distributed in Syria and Egypt showed pictures of the private first-class rooms to prospective patients who might travel great distances for the top rate care afforded to
them at Hamlin Memorial. Second- and third-class patients shared rooms and received simpler, yet “very wholesome and nutritious food,” according to the director. Many of the third-class residents were “gratis patients” sponsored by charity organizations or individual donors.50

Third, like the report on the Muslim nurse Sahila Saadeh referenced above, many of Hoskins’ reports emphasized the religious diversity of sanatorium staff and patients, and she repeatedly noted that all existed together in perfect harmony. During any given year, the list of patients included individuals from most of Syria’s religious sects. At the time of Hoskins’ first report in 1911, for example, the patient list included 5 Protestants, 8 Muslims, one Druze, one Jew, one Jew who had converted to Protestantism, and a number of Maronites and Greek Catholics (Melkites).51 In the last report that Hoskins submitted before her death, the sanatorium’s 93 patients included 26 Muslims, 25 Gregorians (members of the Armenian Apostolic Church), 14 Orthodox Christians (likely Greek Orthodox), 8 Catholics, 8 Protestants, 6 Jews, 4 Maronites, and 2 Alawites.52

Hoskins also highlighted the spiritual sentiments of patients who approached their disease calmly and prayerfully, indicating to her financial supporters how the sanatorium contributed to the healing of souls, not only of Protestant converts but of members of other religious communities as well. She told of a Greek Orthodox Christian who found solace in the picture of Christ hanging in his room and who continually expressed heartfelt thanks to the sanatorium.53 She also recounted interactions with non-Christians, noting, for example, “A Moslem remarked to me, ‘I am trying to fight a good fight, like a soldier — as you suggested.’ Another wrote, ‘True charity found in this Sanatorium.’ Two Testaments were given to the men who united with the Church.”54 Such comments, along with Hoskins’ enthusiastic inclusion of non-Christian workers, indicated that her aims for interreligious engagement went beyond conversionary motives. Yet the longtime sanatorium director also conveyed such openness in language that evangelical Protestant supporters might understand, emphasizing that members of all faiths collaborated in pursuit of the sanatorium’s Christian goals. Lamenting that few patients knew “the real joy of Christ’s love,” for example, she highlighted the attractive personality of an Armenian girl who was given an Armenian Bible and was often found reading and talking about scripture with a blind girl from a missionary school in Jerusalem. Together, Hoskins believed, these two girls—neither of them Protestant—exerted a positive impact on other “sad patients whose religion gives them no hope and joy.”55

Fourth and finally, the Hamlin Memorial Sanatorium emerged from Hoskins’ reports as a transnational institution that served patients from across the Middle East and Eastern Europe. It also treated numerous Syrians who returned to their homeland after emigrating and then becoming ill in North America, South America, Australia, and other regions with growing Syrian populations in the early twentieth century.56 A woman named Adma who had attended a Presbyterian church in the US, for example, was received into communion with the Syrian Evangelical Church before she died at the facility.57 Another patient returned to Syria from Brazil, but his illness was too advanced to receive any medical benefit from treatment.58 Arabic speaking patients came from Egypt, Iraq, Palestine, and the Arabian Peninsula. Others were Turkish and Armenian, especially Armenian orphans after WWI. Jewish patients included those who had emigrated from Poland and Russia. This transnational character was also apparent in the linguistic diversity at the sanatorium, where up to eight different languages might be in use at any
Conclusions

Founded and directed by women, funded by women's groups in America, and served by Arab and Armenian nurses, the sanatorium was one of many missionary institutions in the early twentieth century that afforded women the chance for leadership and ministry. Because it was led by women and by Syrians, Hamlin Memorial gained less official recognition during this period than did the medical institutions that American men managed, like the Kennedy Memorial Hospital in Tripoli or the medical school at the American University of Beirut. Yet its marginal status also afforded the sanatorium a high level of independence from the oversight of American men in the Syria Mission and at BFM headquarters. Empowered by this opportunity, Harriette Hoskins emphasized in her reports how Hamlin Memorial became the site of transnational and interreligious encounter. Her words, and the involvement of missionaries from Europe and America, indicated the growing ecumenical efforts of the Protestant missionary movement in the early twentieth century and its rising concern for interreligious concord, which would become stronger after the International Missionary Council meeting in Jerusalem in 1928.  

Movement across multiple national boundaries was not peculiar to American and European missionaries alone, however. The experiences of sanatorium workers and patients reflected the historical migration and return migration of tens of thousands of Syrians to and from North and South America in the early 1900s. As the institution sheltered homeless tuberculosis sufferers, the presence of European Jews and Armenian Christians among its patients also indicated how Greater Lebanon became a refuge for displaced people in the interwar period. Along with the movement of these workers and patients, new medical knowledge, equipment, and funds also migrated into the region. Hamlin Memorial Sanatorium was one medical institution within the larger Protestant missionary enterprise, but its story mirrored the transnational experiences occurring across the global mission field a century ago. Within its walls, the lives of Americans, Europeans, and Middle Easterners converged in the work of tuberculosis care.
Endnotes

1 A version of this paper was presented at the meeting of the Yale-Edinburgh Group on the History of the Missionary Movement and World Christianity held from June 27-29, 2013, at Yale Divinity School.

2 Harriette Hoskins, "Report on Dr. Mary P. Eddy’s work," 1911. Record Group 115-8-17, Syria Mission Archive, Presbyterian Historical Society, Philadelphia [henceforth PHS].


5 Ellen L. Fleischmann, “‘I Only Wish I had a Home on this Globe’: Transnational Biography and Dr. Mary Eddy,” Journal of Women’s History 21, no. 3 (2009): 113. With an emphasis on transnational missionary identity, Fleischmann expanded scholarly conversations of transnationalism and defined Ottoman Syria as “home to transnationalism itself.”

6 Known today alternately as Greater Syria, the Levant, or Bilad al-Sham, the Ottoman administrative region of Syria included contemporary Lebanon, Syria, Israel, and Palestine. American Presbyterians focused on Lebanon and the region of western Syria in the vicinity of Homs. The term “Syrian” as used in this article is not a marker of nationality or ethnicity, but it includes both Arabs and Armenians who called Ottoman Syria home. The French began laying claim to Lebanon during WWI, Greater Lebanon officially came under the French Mandate in 1923, and the Lebanese constitution was inaugurated in 1926. Lebanon became independent of France in 1943. On Lebanon’s history, see William Harris, Lebanon: A History, 600–2011 (Oxford: Oxford University Press, 2012), 173-192.


For Eddy’s biography, see Fleischmann, “I Only Wish I had a Home.”
Margaret Thomas from New Zealand filled in for Hoskins from 1928-1929, as did the Danish Miss Peterson from 1924-1925. Miss Johnson of Scotland served as sanatorium nurse from 1910-1914. Edith Simpson moved from the British Syrian Mission in Damascus to work as sanatorium housekeeper from 1921-1922. An American nurse, Alice Doolittle, arrived at the Sanatorium shortly before Simpson's departure but left the position early in 1923 due to illness. Sanatorium Reports, 1920-1929: PHS 115-8-17. Miss Vartan's father, the Armenian physician Dr. Pacradooni Kalooost Vartan, worked for the Edinburgh Medical Missionary Society and married a Scottish missionary in Nazareth, Mary Anna Stewart. Michael Marten, Attempting to Bring the Gospel Home: Scottish Missions to Palestine, 1839-1917 (London: I.B. Tauris, 2006), 64-66, 102, 226, 261; Yaron Perry and Efraim Lev, Modern Medicine in the Holy Land: Pioneering British Medical Services in Late Ottoman Palestine (London: I.B. Tauris, 2007), 129-141. Much information is available on Dr. Kalooost Vartan, but Nurse Vartan's first name is not included in this secondary literature. Publications of the United Free Church of Scotland also commonly omitted her given name. She was pictured and named “Miss Vartan” in the following report describing the mission hospital in Hebron: “Our Youngest Jewish Mission,” The Women’s Missionary Magazine of the United Free Church of Scotland, no. 26 (December 1903): 293.


Fleischmann, "I Only Wish I had a Home," 117.


Stanley White to Mrs. A. R. Perkins, Sept. 12, 1918: PHS 90-15-5. BFM leaders and male missionaries in Syria often complained about women and Syrian Protestants who received personal donations and did not channel these funds through the mission board. For example, missionaries accused Layyah Barakat, a Syrian Protestant immigrant in the US, of keeping the money she received while lecturing on Presbyterian mission work. Linda K. Jacobs, Strangers in the West: The Syrian Colony of New York City, 1880-1900 (New York: Kalimah Press, 2015), 330-331.

The Rev. Dr. Teunis Slingerland Hamlin (1847-1907) was the first pastor of the Church of the Covenant, a Presbyterian Church in Washington, DC, where he served from 1886 until his sudden death in 1907. The memorial pamphlet the church published in his honor named him as an avid supporter of missionary efforts abroad, including those of Mary Pierson Eddy in Syria. See Church of the Covenant, “Tribute to the Life and Character of Rev. Teunis S. Hamlin, D.D., Pastor of the Church of the Covenant” (Washington, DC: s.n. 1907), 36, 48, 86. Courtesy of Princeton Theological Seminary Library.
26 “Gifts Toward the Sanatorium,” 1908-1914: PHS 115-8-16.
27 Sanatorium Reports, 1920-1929: PHS 115-8-17.
29 As Fleischmann noted, near the end of her life Eddy was so lonely for her Syrian home that her sister Harriette accompanied her back to Beirut, where she lived until her death. Fleischmann, “I Only Wish I had a Home,” 118, 123.
34 This was true for John Wortabet, an Armenian ordained as an evangelist by the American Syria Mission who turned to the Edinburgh Medical Missionary Society for medical training in Scotland and applied to work as a missionary for the United Presbyterian Church of Scotland. On reasons for Wortabet’s distancing from the American mission, see Uta Zeuge-Buberl, The Mission of the American Board in Syria: Implications of a Transcultural Dialogue, trans. Elizabeth Janik (Stuttgart: Franz Steiner Verlag, 2017), 209-215.
35 Hoskins, “Report of the Beirut Station – Syria Mission, for the year 1911.” This general report was submitted to the BFM and excerpts from it and other station reports appeared in the BFM’s published annual report.
38 Naami Nucho, “A Brief History of the Hamlin Memorial Sanatorium,” 1937: PHS 115-8-17. Other local Syrian efforts for humanitarian relief during the war included the soup kitchen launched by Mariam Cortas, a teacher in Brummana. The kitchen was supported by Cortas’s two sisters and other women from the village and by the English doctor Arthur Dray, who taught dentistry at Syrian Protestant College. Leila Tarazi Fawaz, A Land of Aching Hearts: The Middle East in the Great War (Cambridge, MA: Harvard University Press, 2014), 103-104, 356.


40 Saba to Jessup, February 14, 1917: PHS 115-8-18.


42 Hoskins, “Hamlin Memorial Sanatorium, 1924-1925.”


44 James Nicol to Harriette Hoskins, December 20, 1928: PHS 115-8-19.


46 Hoskins, “Report on Dr. Mary P. Eddy’s work.”

47 After the Syrian Protestant author Hanna Kurani died of tuberculosis in 1898, for example, her family burned all of her possessions – including irreplaceable manuscripts she had authored – for fear of catching the disease. Kurani was, however, nursed at home before her death. Womack, “Conversion, Controversy, and Cultural Production,” 241.


49 Hoskins, “Annual Report,” 1922. While such reports emphasized the institution’s services for the people of Syria, the sanatorium drew Arab, Turkish, and Armenian patients from the wider Middle East as well as European Jews who had immigrated to the region.

50 Ibid.

51 Harriette Hoskins, “Report on Dr. Mary P. Eddy’s work.”

52 Hoskins, “Hamlin Memorial Sanatorium, Report for 1928-1929.”


56 On the phenomenon of return migration to Syria, see Akram Khater, Inventing Home: Immigration, Gender, and the Middle Class in Syria, 1870-1920 (Berkley: University of California Press, 2001), especially 108-145.

57 Hoskins, “Report on Dr. Mary P. Eddy’s work.”


59 Hoskins, “Hamlin Memorial Sanatorium, 1924-1925.”