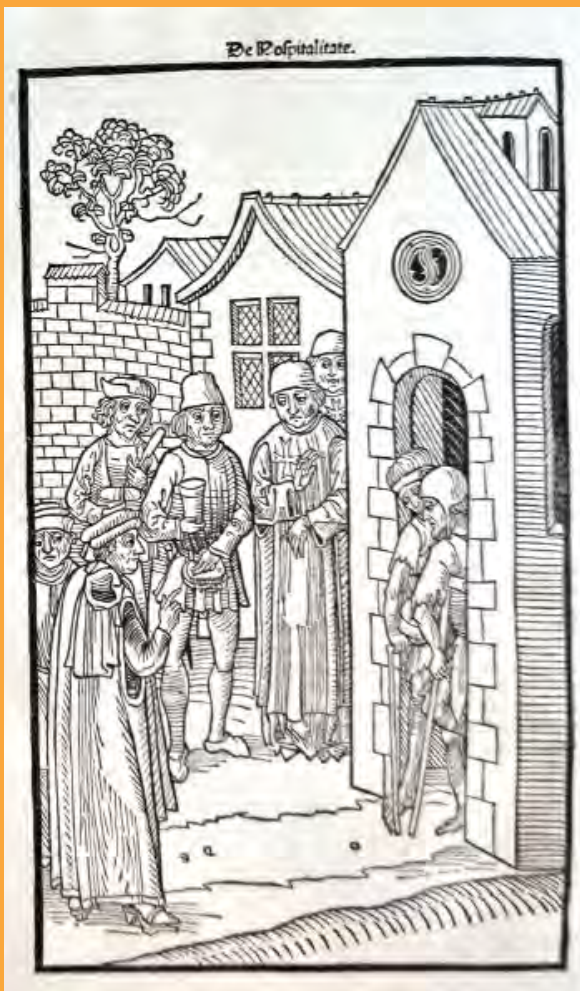


One St John

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The 'logo' of *One St John*: 'Almsgiving by the brothers of the hospital of St John of Jerusalem', from *Stabilimenta Rhodiorum Militum* by Guillaume Coursin, 1493. By kind permission of the Museum of the Order of St John.

Sixth volume of One St John

This is the sixth annual volume of *One St John*, the online historical journal of the Most Venerable Order of the Hospital of St John of Jerusalem.

As previously, Volume 6 has been compiled by its trio of co-editors: Messrs Ian Howie-Willis, John Pearn and Matthew Glozier. They have devoted this edition of the journal to the history of the St John of Jerusalem Eye Hospital Group, until 2015 known as the St John Ophthalmic Hospital in Jerusalem.

As well as being the co-editors for this edition of the journal, Messrs Howie-Willis, Pearn and Glozier are authors of all the articles herein. As co-editors and authors, they have particular reasons for producing this Eye Hospital Group 'special edition':

- they are great admirers of the Eye Hospital Group, having long been convinced that its eye health programs are among the very best work ever done under the Order's banner
- and because of that, they are anxious to promote the sight-saving work of the Group through every means available to them
- they are the Group's official historians, having been commissioned by the Eye Hospital Group Trustees in May 2019 to produce the Group's 140th anniversary commemorative history, a book due for publication in 2022.

Work on the 140th anniversary history is well advanced. The three co-authors, Messrs Glozier, Howie-Willis and Pearn, have each undertaken extensive archival research in the Library of the Order at St John's Gate, Clerkenwell, London; and all three have visited the St John Eye Hospital in Sheikh Jarrah, Jerusalem, to meet the administrators and medical staff who guide the Group's destinies.

As the 'working name' for the book they are producing, the three co-authors have chosen this main title and sub-title:

A Beacon of Hope.

The St John of Jerusalem Eye Hospital Group.

140 years of eye care in Palestine & Israel, 1882–2022.

Messrs Glozier, Howie-Willis and Pearn believe that *A Beacon of Hope* will be a scholarly yet highly readable account of the evolution of the present Eye Hospital Group from the original St John Ophthalmic Hospital of 1882. They are confident that their book will be the definitive account of the Hospital Group's history. They consequently expect that the book will become the key reference work on the Group for decades to come.

This volume of *One St John* is devoted solely to the history of the Eye Hospital Group. The articles which now follow reflect the research undertaken for *A Beacon of Hope*.

Note from the editor. The Guidelines for contributors to *One St John* has been updated. You are encouraged to read the Guidelines if you would like to submit an article for publication.

July 2020

Submission proposing a general history of the St John of Jerusalem Eye Hospital Group to commemorate the 140th anniversary in 2022 of the establishment of the original Hospital.

Ian Howie-Willis, John Pearn and Matthew Glozier

This article comprises most of the three co-authors' submission to the Steering Committee of the Grand Council of the Most Venerable Order of St John proposing the publication of a 140th anniversary official history of the Order's Eye Hospital Group.

The submission, dated 26 October 2018, was approved by the Steering Committee later that year and then referred to the Trustees of the Eye Hospital Group for consideration. The Trustees adopted the project in May 2019 and commissioned Messrs Howie-Willis, Glozier and Pearn to produce the proposed 140th anniversary official history.

Histories of the Order

In the 130 years since the Most Venerable Order of St John received its Royal Charter from Queen Victoria in 1888, many dozens of official histories of the Order and its St John Ambulance foundations have been published. Chronologically, the range of titles include:

- WKR Bedford and R Holbeche 1902. *The Order of the Hospital of St John of Jerusalem: Being a History of the English Hospitallers of St. John, Their Rise and Progress*
- NC Fletcher 1929. *The St John Ambulance Association: Its history, and its part in the ambulance movement*
- EJ King and H Luke, 1967. *The Knights of St John in the British Realm*
- I Howie-Willis 1983. *A Century for Australia: St John Ambulance in Australia 1883–1983*
- RC Mackintosh 1986. *A Century of Service to Mankind: A History of the St John Ambulance Brigade*
- GS Sainty 1991. *The Orders of St John: The History, Structure, Membership and Modern Role of the Five Hospitaller Orders of St John*
- M Wales and J Pearn 1998. *First in First Aid: A History of St John Ambulance in Queensland*
- J Riley-Smith 1999. *Hospitallers: The History of the Order of St John*
- C McCreery 2008. *The Maple Leaf and the White Cross: A History of St John Ambulance and the Most Venerable Order of the Hospital of St John of Jerusalem in Canada*
- G Hunt 2009. *First to Care: 125 years of the Order of St John New Zealand, 1885–2010*
- St John Ambulance Malaysia, 100th Anniversary 1908–2008 (2010)
- F Dunstan 2013. *Awkward Hours, Awkward Jobs: A History of St John Ambulance in the Northern Territory [of Australia] 1915–2012.*

As this representative list suggests, the official histories include books on the original ancient Order of Knights Hospitaller, the modern Most Venerable Order, the Order's confraternal 'Alliance' Orders, the Order's St John Ambulance foundations, and numerous national and state-level centennial St John histories.

Conspicuously absent from any such list is a history of the St John of Jerusalem Eye Hospital Group, previously known as the St John Ophthalmic Hospital in Jerusalem.

This is highly anomalous, given that the Eye Hospital Group is now the second oldest among the Order's array of humanitarian enterprises. At 136 years old in 2018, the Eye Hospital Group pre-dates the Order's 1888 Royal Charter by six years!

Why no book-length history of the Eye Hospital Group has ever been published is a mystery. The Eye Hospital has always been the 'jewel in the crown' of the Order's international charitable effort. The work of the Eye Hospital Group represents the very best and the most altruistic of the Order's international humanitarian endeavour. Without that, the Order would be much diminished and depleted.

We suspect that one reason why the Group has been overlooked by the Order's historians has been their fixation on the ancient Order of St John, the mediaeval Knights Hospitaller. While that is a fascinating topic, it is not the history of the modern Order, much less that of the present Eye Hospital Group.

As this submission will argue, the lack of a general history of the Eye Hospital Group is a huge, glaringly obvious gap in the Most Venerable Order's historiography. The history of the St John Ophthalmic Hospital is truly the Order's greatest untold story.

The submission will argue further that not only is a general history of the Eye Hospital Group long overdue, but it could be readily compiled and published if confident, experienced, capable and committed practising St John historians were assigned the task of producing it. Such historians are available. Brief profiles of three such St John historians with proven track records of efficient, highly professional productivity are provided in Section 9 of this submission. An historic opportunity could be lost if their talents are not utilised in producing the commemorative history proposed in this submission.

The submission concludes by proposing that an official history of the Eye Hospital Group be published by the Order.

Why is history such an important issue for the Order of St John?

The Most Venerable Order of St John is an institution that claims an ancient lineage and aims to fulfil the ideals summarised in its two ancient Latin mottoes, *Pro fide* and *Pro utilitate hominum*—'For the faith' and 'For the service of humanity'.

For an organisation claiming to belong to a 900-year old tradition dating back to the Crusades and earlier, history and heritage have always been vital considerations for the Order and its various St John Ambulance off-shoots.

The same will be true of the St John Jerusalem Eye Hospital Group, which, uniquely among other Foundations and Establishments of the Order, enjoys the great advantage of being located *in situ*—at the very epicentre of the origin of the Order's ancient historical tradition.

Members of the Order and most St John Ambulance workers would agree that being well-informed about the history of the Order's charitable and humanitarian ethos and activities is a vital motivating factor for them.

We would assume that the Eye Hospital Group's leadership and staff in both Jerusalem and London will share this viewpoint.

The present-day tasks and ethos of the Order, the Eye Hospital Group and St John Ambulance are inextricably intertwined with the organisation's traditions and history.

No one who is new to St John Ambulance, salaried or volunteers, be they directors, senior managers, medical specialists, health professionals, instructors, office staff or uniformed volunteers, can hope to be 100% effective in their roles unless they understand and value those traditions and that history.

We submit that this will be as true for the Eye Hospital Group as for any of the Order's other Foundations or Establishments. We also suggest that the history proposed by this submission will not only *inform* but will *positively inspire* sustained effort.

Why is the dearth of historical information on the Eye Hospital of great continuing concern to St John Historians?

As well-established and senior St John historians, holders of responsible appointments relating to heritage and history within the Australian Priory, we are greatly perturbed by the dearth of historical information about the Eye Hospital Group.

Because of our positions within St John Ambulance Australia, we have become increasingly concerned that the Eye Hospital Group alone among the most prominent Foundations and Establishments of the Order has so far not been the subject of an official history.

As far as we can determine, so far in the twenty-first century the history of the Eye Hospital Group has been dealt with in just two historical journal articles, each of which was published in *St John History*, the annual journal of the St John Ambulance Historical Society of Australia.

Meanwhile, of course, the Eye Hospital Group is vigorously promoted in *The Link*, the excellent on-line newsletter of St John International, and also on the Eye Hospital Group's own website, <https://www.stjohneyehospital.org/>, which is another outstandingly effective means of rapidly communicating information about the Group to a worldwide audience.

Excellent though they are, however, both *The Link* and the Eye Hospital Group's website essentially comprise the output of on-line magazine journalism. They are not works of history which do what history books do.

The great difference between magazine journalism and 'serious' history may be seen, on the one hand, in various articles on the Knights Hospitaller published in a popular mass-distribution magazine such as the *National Geographic** and, on the other hand, in the books by contemporary historians who have specialised in Hospitaller history. The latter works include, most eminently, Henry JA Sire in *The Knights of Malta* (1994) and *The Knights of Malta: A modern reconstruction* (2016), the late Jonathan Riley-Smith in *Hospitallers: The History of the Order of St John* (1999) and Helen Nicholson in *The Knights Hospitaller* (2001).

The difference between 'magazine' or 'journalistic' historical articles and the books of history by a Sire, a Riley-Smith and a Nicholson is stark. The former are 'glossy' and, no matter how

* See, for example, these recent articles: (1) Mairav Zonzein, 'Mideast's largest Crusader-era hospital unveiled' in *National Geographic* 5 August 2013; (2) Lisa Abend, 'Modern Malta: Old and new collide on this island nation' in *National Geographic* 17 November 2016; (3) Jean-Pierre Isbou, 'True tales of covert cults and organizations and their leaders' in *National Geographic* 13 October 2017.

well-written, generally skate across the surface of the subject under discussion. As such, they are ephemeral. The latter, by contrast, will continue to be read for decades to come because of their incisive historical analysis and the strength of their narrative.

What a book of institutional history does is:

- probe the origins of the institution in question
- set out its development in chronological sequence
- examine the motives and attainments of significant figures in its past
- demonstrate how management structures have changed over time to accommodate emerging needs
- identify significant themes, issues, problems and failures
- highlight—and celebrate—historic achievements
- and, through all of the foregoing, serve as a reference work for management, staff, clients, friends and the general public.

As St John historians who have specialised in St John institutional history, we are greatly concerned that the Eye Hospital Group, alone among the Order's Foundations, has never benefited from the production of its own institutional history.

As we observed earlier, the dearth in historical information about the Eye Hospital Group is a huge gap in the Most Venerable Order's historiography.

Here we wish to re-emphasise a point made above. This is that the Eye Hospital Group sustains *the original mission* of the ancient Order of Hospitallers in *the original location*. The Blessed Gerard, we may be sure, would have been profoundly gratified in 1113 if he could have known that, nine centuries hence, a reincarnated iteration of his original Hospice would be fulfilling a vital role in health service delivery in the Holy Land!

We also draw attention to the way in which the Eye Hospital Group has been at the very centre of some of the greatest geopolitical developments of the 20th and 21st centuries. These include two world wars, the creation of the state of Israel and a series of Arab-Israeli wars, including the Suez Crisis of 1956, the Six-Day War of 1967, the Yom Kippur War of 1973 and more recently a series of Palestinian Intifadas.

The proposed history would explore these important themes in depth, examining how such historic developments have impacted on the Eye Hospital Group.

The importance of the St John Jerusalem Eye Hospital to the Priors of the Order: a summary of Australia's involvement

The St John Jerusalem Eye Hospital Group is a Foundation of the Order that has always been of vital concern to the other Foundations and Establishments of the Order. The latter, of course, have customarily provided much of the funding on which the former depends.

Something of the various Priors' commitment to the Eye Hospital Group can be seen in the experience of the Australian Priory.

In the 77 years Australia has had a national federal St John Ambulance organisation, eleven distinguished men have held the position of Hospitaller. The Hospitaller is the Priory Officer responsible for support for the St John Ophthalmic Hospital in Jerusalem, now more familiarly known the Eye Hospital Group. In order of appointment, the 11 have been: Brigadier Robert M. Stodart (of Queensland, who held the position 1941–1942), Sir Donald Cameron

(Queensland, 1943–1946), Major-General F Arthur Maguire (New South Wales, 1947–1952), Sir Kenneth Fraser (Queensland, 1953–1968), Dr Selwyn G Nelson (New South Wales, 1969–1986), Professor Gerard W Crock (Victoria, 1987–1996), Sir William Knox (Queensland, 1997–1998), Professor Frank A Billson (New South Wales, 1999–2005), Dr William ('Bill') J Glasson (Queensland, 2006–2008), Dr Michael J Campion (New South Wales, 2009–2015) and Associate Professor Nitin Verma (Tasmania, 2015–present).

Australian support for the Eye Hospital has varied over time. Most commonly the support has been financial. For over 40 years, from the early 1940s until the mid-1980s, Australian fundraising for the Eye Hospital was conducted at the State and Territory level by various 'Ladies' Guilds' and 'Linen Guilds', that is women's auxiliaries which toiled to raise money through various enterprises.

Eventually the notion of women's auxiliaries became passé; thereafter particular individuals tended to 'adopt' the Eye Hospital as a 'cause', often raising money from special events, for example an annual quiz night.

In 2010 a more systematic approach was introduced with the establishment of a National Ophthalmic Committee headed by the Hospitaller. A further development, in 2016, was the foundation of the 'Friends of the Eye Hospital' scheme, through which supporters of the Eye Hospital Group could become registered 'Friends', pledging themselves to provide regular and continuing financial support.

An important innovation in Australian support for the Eye Hospital was introduced in 1969. This was the 'Ophthalmic Fellow' scheme, under which young Australian ophthalmologists were posted to the Hospital for a year as ophthalmological registrars. The scheme continued into the early 1990s; and while it was still in place over 20 Australian Ophthalmic Fellows worked at the Hospital successively.

The Ophthalmic Fellow arrangement had advantages for Australian ophthalmology as well as for the Hospital because the Fellows gained wide and intensive experience during their year in Jerusalem, developing skills which ultimately benefited their Australian patients.

Unfortunately, the scheme ended because of the hazards of the political situation in Israel and Palestine during the first Palestinian Intifada. Instead of funding Australian ophthalmologists at the Hospital, the focus shifted to providing training at the Hospital for indigenous ophthalmologists and ophthalmological nurses. In addition, several of the Hospital's local medical professionals were brought to Australia for study and experience.

After first aid training, the Jerusalem Eye Hospital Group is the second oldest of the endeavours of the Most Venerable Order of St John. Founded in 1882, the Order's ophthalmic enterprise in Jerusalem has continued for 136 years. The work done by the Eye Hospital Group remains as vital and as critical as at any time in the Hospital's history. The mission of the Eye Hospital Group will accordingly continue to depend on the enthusiasm and generosity of the Priors of the Order, which, like the Australian Priory have been the mainstay of its support.

How would a history of the Eye Hospital Group be structured?

The history we are recommending could be structured in two different ways—chronologically or thematically.

1. If structured *chronologically*, it would deal with the organisation's development decade by decade or perhaps by, say, successive 30-year 'chunks' of time. Alternatively, it could

develop its narrative according to the main periods in Palestinian–Israeli history, for instance: (1) ‘Origin: the negotiations between Sir Edmund Lechmere and the Ottoman rulers leading to the establishment of the original Ophthalmic Hospital in 1882’; (2) ‘The early Hospital, during the last decades of Ottoman rule, 1882–1917’; (3) ‘The re-establishment of the Hospital and its development under the British Mandate, 1917–1948’; (4) ‘The Hospital during the emergence of the Israeli state and the Arab–Israeli Wars, 1948–1973’; (5) ‘The Hospital after the Yom Kippur War, 1973–2000’; ‘The Hospital during the early 21st Century, 2000–2022’.

2. If structured *thematically*, it would focus on developing particular themes, e.g., ‘the Hospital’s clientele’, ‘the Hospital staff—medical and administrative’, ‘the expansion of the Hospital’s facilities and services’, ‘the Hospital as a training institution’, ‘international support for the Hospital’, ‘the Hospitallers’, ‘the relationship with the Order’s senior management in London’, ‘Fundraising’, ‘dealings with the Israeli health authorities’, ‘links with the Hadassah Medical Centre’, ‘VIP visitors to the Hospital’, ‘the Hospital’s outreach clinics’, ‘decentralisation and the shift from single Hospital to the Eye Hospital Group’, ‘the Eye Hospital Group’s status as an equivalent Priory of the Order’, ‘the Group’s establishment of a presence in the Muristan’ etc.

Whatever structure is decided upon, the proposed history would deal comprehensively with the historical growth, development and changing nature of the St John Jerusalem Eye Hospital Group, the shifts in focus and emphasis, the leading personalities, the impact on the Hospital of war and shifting international borders, the major challenges (past, present and future) and the Eye Hospital Group’s historic achievements.

Suggested working title

During the time a book of history is being researched and written, it needs a working title to identify and explain what kind of book it will be. The suggested working title for the proposed Eye Hospital Group history is this:

A Beacon of Hope [main title]

The St John Jerusalem Eye Hospital [subtitle]

140 years of eye care in Palestine and Israel, 1882–2022 [subtitle]

Whatever published title is eventually adopted, the proposed book would celebrate the historic achievements of the Eye Hospital Group.

The book would also uphold the dignity of the Order, demonstrating how the Order has always nurtured its Jerusalem Ophthalmic Foundation, building it into a model for internationally supported medical care in a disadvantaged society.

How much would it cost?

The cost of the project would depend largely on the kind of publishing job done.

A book in which multiple copies are printed, delivered, stored and progressively sold would be the most expensive option, with high up-front costs for the publisher, i.e. either the Order itself and/or the Eye Hospital Group.

A much cheaper alternative is ‘Publishing on demand’, an arrangement whereby a printing-publishing firm is engaged to produce the book. The only copies printed are those paid for in advance by purchasers, i.e. only ‘on demand’ as customers request and pay for them.

This is a most economic means for publishing books because the client does not have to pay many thousands of dollars for hundreds of copies, which then create storage problems and costs until they are all sold.

Printing on demand is also highly cost-effective because it shifts the cost of publishing from the client (in that case the Order and/or the Eye Hospital Group) to the buyer (the purchasers of the proposed history of the Ophthalmic Foundation).

Benefit to the Eye Hospital Group and more broadly to the Order

We recommend below that the Order should commission a team of three historians to research and coauthor the general history which we are proposing. The team approach is recommended because that would enable the proposed history to be produced more expeditiously while also benefiting from the in-put of three historians not just one.

But what are the benefits and disadvantages of such a project? As we see them, the benefits are as follows.

- The Order would make up for the opportunity missed in 1982 by not at that time publishing a commemorative centenary history of the Eye Hospital that would have been worthy of both the Order and the Hospital.
- The project would celebrate the Eye Hospital's many notable achievements across a large stretch of time—140 years. In doing so, it would point to reasons why the Eye Hospital has become the 'jewel in the crown' of the Order's humanitarian endeavour.
- The project would have the effect of encouraging St John members in the Order's Priories, Commanderies and Associations around the world to recommit and rededicate themselves to the St John values represented by the present Eye Hospital Group.
- A comprehensive general history of the Eye Hospital Group would be a valuable aid to the obligatory process of institutional review and renewal that both Order and Eye Hospital Group must engage in. Thus, it would enable Great Officers, Grand Council members and senior management to look at the Eye Hospital Group in its historical perspective and to understand better issues relating to the Group's further development.
- Such a history would assist Grand Council, Steering Committee and senior Eye Hospital Group management to anticipate the future proactively while becoming better informed retrospectively.

But are there any disadvantages? The only ones we can see are:

- cost—although the book we are suggesting would minimise costs and essentially be cost-neutral by virtue of being 'printed on demand', there would be certain costs, such as: administrative expenses (photocopying, postage, stationery, advertising, computer supplies etc); graphic design and other related production costs; publicity and book-launching costs
- research expenses for the commissioned historians, including travel expenses, accommodation when visiting Jerusalem and London for research. (NB: the three-member team of historians would not seek a retaining fee but would work voluntarily on the project as part of their pro bono commitments to the Order.)

The three historians making this proposal

The three historians making this proposal are eminently skilled, highly competent, very productive independent practising professional historians with long experience in both general history and, more specifically, Order of St John history. Each has an admirable 'track

record' as a commissioned historian who works expeditiously, meets deadlines and produces high-quality output. Briefly, their backgrounds are as follows.

Professor Major-General John H Pearn DSc. MD PhD MPhil. GCStJ

John Pearn is the Professor Emeritus of Paediatrics in the University of Queensland and a former Surgeon-General of the Australian Defence Force. A professionally trained and qualified historian as well as medical specialist, he is Australia's foremost medical historian with many hundreds of publications to his credit, including many books of history. Professor Pearn is a former Director of Training for St John Ambulance Australia, a Deputy Commissioner for the Queensland District of the St John Ambulance Brigade and President of St John Ambulance Council in Queensland. As Director of Training, Professor Pearn was responsible for a new edition of *Australian First Aid*, the major St John Ambulance training manual in Australia. He also produced *The Science of First Aid*, a major textbook for health care professionals. He is currently the Librarian of the Australian Priory of the Order. He was the co-author of the definitive history of St John Ambulance in Queensland, *First in First Aid: A History of St John Ambulance in Queensland* (with Murdoch Wales, 1998). He is a regular contributor to *St John History*, the annual journal of the St John Ambulance Historical Society of Australia, and a regular presenter of papers at the Historical Society's seminars. With Dr Howie-Willis, he is the cofounder and coeditor of the Order's international online historical journal, *One St John*.

Dr Ian Howie-Willis PhD MA MA (Sociology) KStJ FRHistS

Ian Howie-Willis is an independent professional practising historian and the author of 20 books. Six of these books were major official National or State histories of St John Ambulance Australia, commissioned either by the Priory or its State branches. Away from St John, he is one of Australia's leading military-medical historians, having produced four major monographs in this field on behalf of the Australian Army. He was the Assistant Librarian for the Australian Priory of the Order for 22 years and was then the Librarian for a further nine years. He was the co-founder of the St John Ambulance Historical Society of Australia and served as its inaugural Secretary over its first ten years, 2001–2011. He was also the founding editor of the Society's journal, *St John History*, 19 annual volumes of which have now been published; he also founded and edits the Society's quarterly newsletter, *Pro Utilitate*. He inaugurated, and is a regular contributor to, the Historical Society's continuing annual history seminar series. He is currently the Historical Adviser to the Office of the Australian Priory, a position he has held for ten years. With Professor Pearn, he is the co-founder and co-editor of the Order's international on-line historical journal, *One St John*.

Dr Matthew Glozier JP, PhD, MPhil, BA, GradDipEd, FRHistS, FSAScot

Matthew Glozier is an independent professional practising historian and the author of eight books. One of these was a biographical dictionary of members of the Order of St John in New South Wales. During 2017 Dr Glozier was appointed honorary Official Archivist–Librarian to St John Ambulance Australia in New South Wales; and during 2018 he was commissioned to produce the official commemorative history to mark the 130th anniversary of the establishment of a permanent St John Ambulance organisation in New South Wales. He is the cofounder and Chairman of the St John Ambulance Historical Society of New South Wales; a Committee member of the St John Ambulance Historical Society of Australia; and the current Editor of *St John History*, the Australian St John Historical Society's annual journal. With Professor Pearn and Dr Howie-Willis, he is coeditor of *One St John*, the Order's

international online historical journal. Dr Glozier is the History Master at Sydney Grammar School, one of Australia's oldest and most prestigious Great Public Schools. He is also the School's official historian.

As the above biographical profiles suggest, Messrs. Pearn, Howie-Willis and Glozier are foremost among the practising historians currently associated with the Most Venerable Order. If a commemorative history of the Eye Hospital Group is to be compiled and published, they are the historians best qualified to produce it.

Recommendations

Given the arguments we have proffered in the preceding sections of this submission, we are now pleased to recommend that:

- the Steering Committee of the Grand Council approve the proposal for a commemorative history to celebrate the 140th anniversary of the establishment of the St John Jerusalem Eye Hospital Group, such history to be published in the anniversary year, 2022;
- the task of research and writing such a history be assigned to the three historians who have made this proposal, viz. Professor John Pearn, Dr Ian Howie-Willis and Dr Matthew Glozier;
- the Grand Council endorse the proposed project and authorise the three historians to proceed with it in consultation with the Hospitaller and the Eye Hospital Group.

[signed by Messrs Pearn, Howie-Willis and Glozier]

Announcement by the Trustees: A 140th anniversary history of the St John of Jerusalem Eye Hospital Group

When the Trustees of the St John of Jerusalem Eye Hospital Group chose to adopt the proposal for a 140th anniversary commemorative history of the Group, the Chair of the Trustees, Sir Andrew Cash issued an announcement that was widely reported in newsletters of the Most Venerable Order of St John. The following is the text of Sir Andrew's announcement.

Sir Andrew Cash OBE, the Chair of the St John Jerusalem Eye Hospital Group, on 23 May 2019 announced that the Group's Board of Trustees has appointed three Australian historians to produce the Hospital's official 140th anniversary history.

The announcement came in an email from Sir Andrew to the Lord Prior of the Order, Professor Mark Compton AM, GCStJ. [Professor Compton is the former Chancellor of the Australian Priory of the Order.]

The three historians are Dr Matthew Glozier FRHistS, FSA Scot (Historian and Archivist to St John Ambulance New South Wales), Dr Ian Howie-Willis OAM, KStJ, FRHistS (Historical Adviser to the Office of the Priory of St John Ambulance Australia) and Professor John Pearn AO, GCStJ (Librarian to the Australian Priory.)

The idea for such a history began with Messrs Glozier, Howie-Willis and Pearn, who as St John Ambulance historians had grown increasingly concerned that no general SJEHG history existed. After raising their



Sir Andrew Cash,
Chair of the
Trustees of the St
John of Jerusalem
Eye Hospital Group

concerns at the meeting of the Office of the Priory in Canberra in May 2018, they were authorised to prepare a submission on the subject for the Steering Committee of the Order's Grand Council.

The three historians subsequently prepared a joint submission advocating a commemorative history to be published by November 2022, the 140th anniversary of the foundation of the original St John Ophthalmic Hospital in Jerusalem.

Professor Compton presented the submission to the Steering Committee of Grand Council at its December 2018 meeting. After considering the proposal, the Steering Committee referred it to the Eye Hospital Group's Board of Trustees for an opinion and a decision.

The Trustees discussed the proposal at their meeting on 20 May 2019. They enthusiastically accepted the proposal, which included a recommendation that Messrs Glozier, Howie-Willis and Pearn be the historians commissioned to produce the commemorative history.

As the submission by the three historians argued, the Eye Hospital Group has had an extraordinary history. The original Ophthalmic Hospital was established when Jerusalem was still within a province of the now defunct Ottoman (Turkish) Empire. After British forces captured the city in 1917 during World War I, its government passed to a military administration and then to the British Mandate of Palestine established under League of Nations auspices in 1920. It remained within the Mandate until that gave way to the partition of Palestine between the new states of Israel and Jordan in May 1948. Since then its fortunes have ebbed and flowed with the flux of Middle Eastern politics; but despite its many historic vicissitudes its task has grown and continues expanding.

Surprisingly, then, no book-length history of the Eye Hospital Group has ever appeared. The Hospital has been written about in numerous general histories of the Order and in various journal articles. The Hospital's own lively on-line newsletter, *Jerusalem Scene*, has occasionally published items about SJEHG history. Apart from that, however, no one has ever published a book-length account of the Hospital's history.

In their submission, Messrs Glozier, Howie-Willis and Pearn stated that they thought that was amazing, given that the Hospital has been the 'jewel in the crown' of the Order's endeavours outside the UK ever since it was established in November 1882!

The Eye Hospital Group Trustees have appointed a five-member Hospital 'Steering Group' to oversee the project. This group comprises Dr Ahmad Ma'ali (Eye Hospital Group Chief Executive), Mr Peter Khoury (Director of Finance), Dr David Verity (Order Hospitalier), Mr Guy Morton (Deputy Chair) and Ms Fiona Stewart (Director of Fundraising). [NB: Ms Stewart subsequently left the staff of the Eye Hospital Group and was replaced by Ms Joyce Yung.]

The three historians have now begun liaising with this Steering Group and consequently expect to begin work on the project in the near future.



Professor Mark Compton, Lord Prior of the Most Venerable Order of St John

Professor Compton has said that the announcement by Sir Andrew Cash was ‘Good news!’ He thanked the three historians for ‘suggesting this important project and offering to do the substantial work on it’.

Professor Compton also observed that it was a great honour for Australian St John historians to have been entrusted with such a project. For their part, the historians assure him that they will strive to produce a history worthy of its subject and worthy of the Australia Priory, for which they will be representatives.

The three historians will have their first face-to-face contact with the Trustees’ Project Steering Group in September, when Dr Howie Willis will be in Jerusalem attending the ‘Hospital Summit’ (i.e. annual conference). Meanwhile, they have already begun work on their project by gathering relevant background historical information.

The three historians: left-right are Dr Ian Howie-Willis, Dr Matthew Glozier and Professor John Pearn, who have been appointed to produce the 140th anniversary history of the St John Jerusalem Eye Hospital Group



Chronology of the St John of Jerusalem Eye Hospital Group

Matthew Glozier

Dr Glozier compiled this chronology as an *aide memoire* in undertaking his research for *A Beacon of Hope*, the 140th anniversary history of the St John of Jerusalem Eye Hospital Group.

The chronology is divided into four main parts:

1. earlier times—pre-1882
2. section one of the book—1882–1918
3. section two of the book—1919–1959
4. section three of the book—1960–2022.

These four separate parts now follow.

Earlier times—pre-1882

c. 1048	Merchants from the Italian maritime republic of Amalfi found a hospital for pilgrims in Jerusalem.
1099, 15 July	First Crusade captures Jerusalem; the ‘Latin’ or ‘Crusader’ Kingdom of Jerusalem subsequently established.
1113	Gerard, Master of the Hospital in Jerusalem, receives Papal recognition via the Bull <i>Pie Postulatio Voluntatis</i> . This is the foundation of the Order of the Hospital of St John of Jerusalem.
1187, 2 Oct.	Saladin recaptures Jerusalem for Islam. The Order of St John moves its headquarters to Acre, on the coast of the Holy Land.
1291	The end of the Latin Kingdom in the Holy Land. The Order of St John removes itself to Cyprus, before finally settling on Rhodes.
1516	Ottoman Empire under Sultan Suleiman the Magnificent takes control of Jerusalem.
1872	Jerusalem becomes a Mutasarrifate (special administrative district) of Ottoman Empire; also called the Sanjak of Jerusalem.
1876	Sir Edmund Lechmere (Secretary-General of the [British] Order of St John) requests permission from Ottoman imperial government to establish a hospital in Jerusalem; this begins long period of negotiations leading to hospital’s opening in December 188. ²

Section one—1882–1918

- 1882, 24 Apr. Ottoman Sultan Abdel Hamid II issues Firman (royal decree) to Governor of Jerusalem instructing him to grant Order of John land for construction of a hospital.
- 1882, Nov. Dr JC Waddell, ophthalmologist, recently appointed as Resident Surgeon of proposed Order of St John hospital, arrives in Jerusalem
- 1882, 4 Dec. Dr Waddell opens 'British Hospice and Ophthalmic Dispensary' for business in temporary premises near Jaffa Gate within Old City of Jerusalem
- 1883, Feb. Sir Edmund (Secretary-General of Order) and Lady Lechmere visit Jerusalem to inspect recently opened British Hospice and Ophthalmic Dispensary; Sir Edmund arranges purchase of property 1 km south of Jaffa Gate on Bethlehem Road for conversion as permanent hospital.
- 1883, June–Dec. In this period British Hospice and Ophthalmic Dispensary moves to permanent site on Bethlehem Road.
- 1884, May Dr Waddell's contract as Resident Surgeon terminated; he returns to Britain; the 'British Hospice and Ophthalmic Dispensary' is temporarily closed.
- 1884, Sept. Dr JH Ogilvie, Dr Waddell's successor, takes up duty at what is now called 'British Ophthalmic Hospital'.
- 1888, Apr. Dr WE Cant, Dr Ogilvie's successor, takes up duty; he remains British Ophthalmic Hospital's Resident and Chief Surgeon for next 23 years.
- 1898, 29 Oct. German Emperor, Kaiser Wilhelm II, makes grand entrance into Jerusalem with his entourage during formal state visit.
- 1911 Dr Cant retires as Chief Surgeon in April and is succeeded by Dr W. Ward, who dies in June only two months after taking up duty; Dr D. Heron succeeds Dr Ward in October.
- 1914, 28 July World War I begins; Britain declares war on Germany 4 August; 29 October Ottoman Empire joins war on Germany's side; Britain and Ottomans are now at war.
- 1914, 25 Sept. British Ophthalmic Hospital in Jerusalem closed for duration of war; during December Ottoman forces commandeer British Ophthalmic Hospital then strip it of furniture and equipment.
- 1914–18 World War I.
- 1916, May Sykes–Picot Agreement, secret treaty between Britain and France on partition of Ottoman territory in Middle East in event of Ottoman defeat in World War I.
- 1917, 2 Nov. Balfour Declaration, statement by British government that it favours creation of Jewish homeland in Palestine.
- 1917, 8 Dec. Ottoman governor and troops withdraw from Jerusalem in face of city's imminent capture by British forces; before withdrawing Ottomans attempt to demolish British Ophthalmic Hospital buildings with explosives, causing extensive damage.

[Section one—1882–1918 continued]

- 1917, 9 Dec. British forces enter Jerusalem; city's Mayor surrenders Jerusalem to senior British officer; city comes under British military administration; British Commander, General Allenby, makes formal entrance into city through Jaffa Gate 11 December.
- 1918 Rebuilding of partially demolished British Ophthalmic Hospital in Jerusalem organised by city's military governor.
- 1918, 11 Nov. Reopened British Ophthalmic Hospital begins receiving outpatients; Armistice of Compiègne ends World War I.

Section two — 1919–1959

- 1919, 26 Feb. Rebuilt British Ophthalmic Hospital officially opened by General Allenby (Commander-in-Chief of British Forces in Middle East).
- 1919, June Lieutenant Colonel (later Sir) John C Strathearn takes over as Chief Surgeon of British Ophthalmic Hospital; his title changed to 'Warden' in 1921; he retains position until retiring in 1940.
- 1920, July British civilian administration in Palestine succeeds previous military government; creation of the British Mandate of Palestine; Britain governs Palestine as League of Nations 'Class A' Mandate (i.e. territory to be guided to independence) until end of Mandate on 14 May 1948.
- 1921 Name 'British Ophthalmic Hospital at Jerusalem' changed to 'Ophthalmic Hospital of Order of St John of Jerusalem in England' (short form, 'Ophthalmic Hospital of Order of St John').
- 1927, 11 Jan. Earthquake causes extensive damage to Ophthalmic Hospital.
- 1927 Watson House in Muristan area of Old City of Jerusalem gifted to Order of St John.
- circa 1928 Linen Guild established in London as fundraising auxiliary for Ophthalmic Hospital.
- 1929, Aug. Palestine riots, involving extensive communal violence between Arabs and Jews with heavy repression by British authorities.
- 1930, June Opening of Hospital Annexe (new building) on western side of Bethlehem Road, opposite main Ophthalmic Hospital building.
- 1934 Order of St John acquires Strathearn House in Muristan area of Old City.
- 1934, Dec. Ophthalmic Hospital opens Arab Girls' School in Strathearn House in Old City of Jerusalem experimentally; school runs spasmodically until finally closed in March 1936.
- 1935–36 Colonel JL Sleeman (Chief Commissioner, St John Ambulance Brigade Overseas) tours overseas Dominions, vigorously promoting Ophthalmic Hospital.
- 1936–39 Arab revolt in Palestine; numerous acts of violence with heavy repression by British authorities.
- 1936 Palestine Royal Commission into civil disturbances in Palestine finds that British Mandate in Palestine is unworkable and should be abolished.

[Section two—1919–1959 continued]

- 1939, 1 Sept. World War II begins with Germany's invasion of Poland; Britain and France declare war on Germany on 3 September; Palestine soon becomes part of Mediterranean–Middle East theatre of war and major base for British and Allied military campaigns within the theatre.
- 1939–45 World War II; causes major disruption of Ophthalmic Hospital routines, but Hospital remains open and its caseload increases.
- 1940 Ophthalmic Hospital's new South Block for fee-paying patients built and opened.
- 1940–41 Sir John Strathearn retires as Warden; succeeded by Dr Norman L Manson.
- 1942, 6 May Official visit to Ophthalmic Hospital by HRH Prince Henry Duke of Gloucester, Grand Prior of Order of St John.
- 1943 Retirement of Mr Yakub Kubeisy as Ophthalmic Hospital Dispenser after 43 years' service; penicillin used for first time in the Hospital to treat case of acute conjunctivitis.
- 1947, 28 Nov. UN General Assembly Resolution 181 recommends territorial boundaries for a proposed Jewish state, in effect determining Palestine's partition between its Jewish and Arab inhabitants.
- 1947–48 Palestine War, struggle for control of Palestine between Jews and Arabs.
- 1948, 14 May British Mandate in Palestine ends; British officials and troops begin withdrawing; Israel declares its independence; Palestine effectively partitioned into separate Jewish and Arab nations; over succeeding days five neighbouring Arab nations (Egypt, Iraq, Lebanon, Syria, Transjordan) send military forces across Palestine borders, signaling onset of first Arab–Israeli War.
- 1948, 15 May Remembered by Palestinians as 'Nakba [catastrophe] Day' because 700,000 or more Palestinian Arabs displaced by war become refugees in neighbouring nations.
- 1948, 18 May Arab–Israeli War forces evacuation of Ophthalmic Hospital; soon afterwards Israeli forces shell then occupy Hospital's buildings, which are effectively lost to the Hospital.
- 1948, early June Dr Elias Doany (Ophthalmic Hospital House Surgeon) begins treating outpatients in Watson House after his release from Israeli captivity.
- 1948, 1 Dec. Jericho Conference sees 2000 Palestinian delegates call for unification of Palestine and Transjordan as a step toward full Arab unity.
- 1949, Jan.–Apr. UN-brokered ceasefires between Israel and its five Arab neighbours take effect; these signify an armistice between the belligerents, ending First Arab–Israeli War.
- 1949, Feb. Ophthalmic Hospital reopens in Watson House within Old City of Jerusalem.
- 1949–52 Spafford House in northern sector of Old City of Jerusalem loaned to Ophthalmic Hospital for use as inpatient department.

[Section two—1919–1959 continued]

- 1952, July–Sept. Watson House and adjacent Strathearn House reconstructed to combine them so that Ophthalmic Hospital can be temporarily contained in one building pending construction of new Hospital elsewhere.
- 1954 Chapter-General of Order of St John agrees to establish new Hospital; site for this chosen in Sheikh Jarrah, Palestinian suburb 1.6 kms north of Old City.
- 1955 Site for new Hospital, on Nablus Road, Sheikh Jarrah, purchased.
- 1956 Construction work on new Hospital begins; first building, a research laboratory completed.
- 1956, 29 Oct. Suez Crisis: Israeli troops cross Egyptian border, occupying Sinai Peninsula, and Britain and France occupy Suez Canal zone in a bid to prevent Egyptian nationalization of Canal (ends 6 Nov).
- 1957 Linen Guilds formed throughout Australia to raise funds for Ophthalmic Hospital; similar fundraising auxiliaries had been functioning for many years elsewhere among the Order's Establishments.
- 1958 Warden's house and Nursing Sisters' quarters of new Hospital completed and occupied.
- 1959, Mar. Official laying of two foundation-stones at new Hospital in Sheikh Jarrah.

Section three—1960–2021

- 1960, 11 Oct. New Hospital opened.
- 1967, May–June Arab–Israeli Six-Day War; Israel seizes the Gaza Strip and the Sinai Peninsula from Egypt, the West Bank, including East Jerusalem, from Jordan and the Golan Heights from Syria.
- 1969 Sir Stewart Duke-Elder stands down as Hospitalier; succeeded by Air Commodore Thomas Keith Selfe Lyle (ret'd).
- 1969 Dr Boase CMG retires as Warden, after 13 years' service; replaced by Dr Keith Batten.
- 1973, 6–25 Oct. Yom Kippur War (1973 Arab–Israeli War); Israel forced to negotiate on terms.
- 1978 Camp David Accords see return of the Sinai to Egypt and normalised relations; the first peaceful recognition of Israel by an Arab country.
- 1978 Dr Keith Batten, retires as Warden of the Hospital; replaced by Dr Geoffrey Bisley OBE.
- 1980 Mobile Outreach Programme initiated.
- 1981, 1 Jan. Mr T Keith Lyle stands down as Hospitalier; replaced by Sir Stephen Miller KCVO.
- 1982 Dr Bisley stands down as Warden of the Hospital; succeeded by Group Captain Anthony Morgan (ret'd).
- 1987, Jan.–Mar. Sir Randal Elliott acting Warden of the Hospital.
- 1987, 9 Dec. First Intifada (ended 1993).
- 1990 Dr Michael Ward OBE appointed Warden of the Eye Hospital.

[Section three—1960–2021 continued]

1990, 2 Aug.	Gulf War (ended 28 Feb 1991).
1992, 2 Aug.	Yitzhak Rabin proposes creation of a physical barrier between the Israeli and Palestinian populations.
1992	Gaza Clinic established as a satellite care facility.
1992	Surgeon Vice-Admiral Sir Godfrey Milton-Thompson becomes Order Hospitaller.
1994, 25 Feb.	Hebron Massacre; 29 killed, 125 wounded.
1994, 26 Oct.	Israel–Jordan peace treaty concluded.
1995, Nov.	Assassination of Yitzhak Rabin, Prime Minister of Israel.
1995	Dr Michael Ward OBE resigns as Warden of the Eye Hospital.
1995	Noel Rice becomes Order Hospitaller.
1996	Israel–Gaza barrier completed.
1999	Maj.-Gen. Duncan McPhee appointed Warden of the Eye Hospital; he subsequently resigned later in the year.
1999	Warden position divided into a non-medical Chief Executive Officer in a management role, and a Medical Director performing clinical supervision role.
1999	Name of Hospital changed to St John Eye Hospital in Jerusalem (from ‘St John Ophthalmic Hospital in Jerusalem’, the name since 1971),
2000, Sept.	Second Intifada (al-Aqsa Intifada) (ended Feb 2005); over 1300 Qassam rockets fired into Israel by Palestinians (ended 21 Dec 2006).
2002	Anthony Chignell becomes Order Hospitaller.
2003	Mr Bob Frost acting as interim CEO of the Eye Hospital Group.
2004	Mr Steve James appointed CEO of the Eye Hospital Group.
2005, Aug.–Sept.	Israeli disengagement plan establishes exclusive control over Gaza’s airspace and territorial waters, continued patrol and monitoring of the external land perimeter of the Gaza Strip and monitoring and blockade of Gaza’s coastline.
2005, Sept.	7000–9000 Israeli artillery shells fired into Gaza; 80 Palestinians killed (ended Jun 2006).
2005	Election of the Islamist political party, Hamas.
2005	Satellite clinic in Hebron, West Bank, opened.
2006, Jan.	Hamas wins Palestinian legislative election, gaining a majority of seats in the Palestinian Legislative Council.
2006, 9 June	Gaza beach blast kills 8 Palestinians.
2006, 25 June	Palestinians captured Israeli soldier Gilad Shalit, leading to massive retaliation by the Israeli army, including air strikes against Hamas targets.
2006, 26 Nov.	Ceasefire signed between Palestinian organisations and Israel.
2006	Franco–Italian–Spanish Middle East Peace Plan.

[Section three—1960–2021 continued]

2007, Apr.	Anabta Eye Centre opened near Nablus (56 miles north of Jerusalem).
2007, June	Internal fighting between Hamas and Fatah; Hamas consolidates its power by staging an armed coup d'état and taking control of the Gaza Strip.
2007, 7–15 June	Battle of Gaza: 118 Palestinians killed; over 550 wounded.
2007, Sept.	Israel declares Gaza 'hostile territory' and initiates blockade, preventing the transfer of electricity, fuel, and other supplies into Gaza.
2008, 17 Jan.	Israel completely seals its border with Gaza, following a rise in rocket attacks.
2008, 19 June	2008 Israel–Hamas ceasefire.
2008, 4 Nov.	Israel breaks ceasefire by attacking Gaza.
2008, 27 Dec.	Operation Cast Lead (Gaza War/Gaza Massacre/Battle of al-Furqan) (ended 18 Jan 2009).
2008	John Talbot becomes Order Hospitaller.
2011	Philip Hardaker becomes Order Hospitaller
2012, Mar.	Israeli Defense Forces initiates Operation 'Returning Echo'; worst outbreak of violence since 2008.
2012, Oct.	Operation Pillar of Defense (Gaza War); 158 Palestinians killed (including 102 civilians, 55 militants and one policeman, 30 children, 13 women).
2012	Mr Nicholas Woolf becomes Order Hospitaller, replacing long-time Hospital Director as Chairman-Hospitaller, Philip Hardaker.
2013, Apr.	Rod Bull OBE, longest-serving CEO of the St John of Jerusalem Eye Hospital Group, retires; replaced by Brig. Tom Ogilvie-Graham MBE.
2014, 8 July	Operation Protective Edge (Gaza War); 2205 Palestinians (including at least 1483 civilians) and 71 Israelis (including 66 soldiers) and one foreign national in Israel killed.
2015	Name changed to St John of Jerusalem Eye Hospital Group to reflect the institutional reality that the Eye Hospital in Sheikh Jarrah now had three satellite hospitals and clinics and a Mobile Outreach service.
2016	Gaza hospital opened.
2016	Muristan Clinic opened.
2018, 30 Mar.	Land Day protests; 168 Palestinians killed, thousands injured.
2018	David Verity becomes Order Hospitaller.
2019, May	Dr Ahmad Ma'ali appointed CEO of the Eye Hospital Group.

‘Then their eyes were opened.’

A secular pilgrimage to Emmaus, the site ‘about threescore furlongs from Jerusalem’ where the risen Christ revealed himself to two of his followers.

John Pearn

On Tuesday, 10 March 2020, the author, Professor John Pearn, made a long-imagined visit to the archaeological site of Emmaus, 31 kilometres north-west of Jerusalem. The site is located in Canada Park, the extensive Heritage and Nature Reserve established by the Jewish National Fund of Canada; and maintained by the Israel Nature and Parks Authority. This article reflects on the significance of Emmaus in the Christian tradition.

‘Then their eyes were opened’¹

‘Then their eyes were opened’ is a quotation from the *Gospel of Saint Luke*, Chapter 24, Verse 31. It refers to the realisation by two followers of Jesus in the days after his crucifixion that they had met, travelled and conversed with the risen Christ. Similar phrases evoking spiritual awakening occur elsewhere in scripture.

The allegorical and literal references to sight in both the Hebrew Tanakh and in the Christian Bible are many. The priceless wonder of vision, and its obverse—that of blindness—features both in its physical and metaphorical sense in many places throughout these canonical texts. As a metaphor, blindness refers not only to ignorance or compromised judgement,² but also to inappropriate attitudes or mistaken beliefs.³ There exists an extensive literature on the use of blindness as a metaphor.⁴ In 1821, the French scholar, Pierre Fontanier (1768–1844), wrote:

He who does not clearly distinguish ideas and their relationships, he whose reason is disturbed, obscured, does he not slightly resemble the blind man who does not perceive physical objects?⁵

The feminist scholar, Naomi Schor, in her seminal paper ‘Blindness as Metaphor’, wrote:

We see something when we understand it. So we use non-seeing to express non-understanding.⁶

The Eye Hospital of the Most Venerable Order of St John was founded in Jerusalem in 1882, to provide a service of muscular Christian philanthropy to all who sought its care; and to establish a physical base in the city where began the Hospitaller tradition of healthcare. Since that time, the St John Eye Hospital has cared for millions of patients, and performed sight-saving operations on hundreds of thousands of patients who otherwise had no recourse to specialised and skilled ophthalmological care. The mission of the Eye Hospital, throughout its almost 140 years of service, has encapsulated both the spirit and the pragmatic good works of the Biblical injunction to ‘be not weary in well doing’.⁷

The site of the ancient village of Emmaus is near the Latrun junction on the main highway between the St John Eye Hospital in Jerusalem and the commercial capital and main port of Israel at Tel Aviv. It is 31 kilometres west of Jerusalem. In one sense, it is one of the most significant places where Christendom began, for it was there that the risen Christ revealed himself to two of his followers. They, no doubt, counted themselves richly blessed for having been among the first of his followers to meet him in the sad, fraught days after his crucifixion.⁸

The author had long been captivated by Caravaggio's famous 1601 painting, 'The Supper at Emmaus'.⁹ Caravaggio depicted the moment of revelation, 'their eyes opened', of the two followers as they realised that their fellow sojourner at the inn at Emmaus was Jesus, who just three days earlier had been crucified and placed in a sepulchre in Jerusalem. The metaphor in the Biblical text of Saint Luke has a practical parallel with the sight-saving outreach of the Order of St John—in particular serving the Palestinian Arab population of Israel and Jordan. The three Abrahamic Faiths—Judaism, Christianity and Islam—share a history of Emmaus; and secular historians acknowledge the significance of its heritage.



'The Supper at Emmaus' by Caravaggio, 1601.
Courtesy of the National Gallery, London, with acknowledgements.

Emmaus

The current archaeological site, former village, and still earlier garrison town of Emmaus originally centred about a natural hot spring. The Jewish-Roman historian, Flavius Josephus (c. 37–100 AD), wrote about Emmaus:

... now Emmaus, if it be interpreted, may be rendered A warm bath, for therein is a spring of warm water, useful for healing.¹⁰

The word 'Emmaus' is from the Hebrew word 'hammab', meaning 'hot spring'.¹¹

It is believed that the settlement at Emmaus developed from Bronze Age times around the hot springs of the region—as do settlements everywhere where such thermal waters come to the surface. The town was to become the centre of great battles; and, in the context of its origins of Christendom, a site which was to change the history of the world.

In the second century BC, Emmaus was the centre of battles between the Seleucid army (from Syria) and the local Jewish population. The First Book of Maccabees (in the *Apocrypha*) recounts some of these historic events.¹² From the beginning of the second century BC, the Maccabees developed as a Jewish sect who defied the ruling Seleucid (Syrian) nation. The Maccabees:

... went forth with all their power, and came and pitched by Emmaus in the plain country.¹³

Rich local merchants came to the town; and purchased the Maccabean children as slaves.¹⁴ The Maccabean leader, Judas Maccabeus, defied the Seleucids. The Seleucid military general, Bacchides (fl. 160 BC), occupied Emmaus with a huge army of between 20,000 and 40,000 infantry and some 2000 cavalry:

[Bacchides] did ... strengthen [Emmaus] with high walls, with gates and bars... and in them he set a garrison, that they might wreck malice upon Israel.¹⁵

Two hundred years later in 68 CE, the Roman army again occupied Emmaus, at that time a town with a Samaritan synagogue. In the First Jewish-Roman War (66–70 AD), the Roman Emperor Vespasian's Fifth Legion of 800 men encamped at Emmaus. In 75 AD Josephus wrote:

[The Roman Emperor] ... Vespasian removed from Emmaus, where he had last pitched his camp.¹⁶



The archaeological site of Emmaus, 31 kilometres west of Jerusalem. One of the most significant origin sites of Christendom. Photograph by the author, March 2020.

One hundred and fifty years later, in 222 AD, Emmaus was besieged and greatly damaged by Quintilius Varus. The town was rebuilt, and in 223 AD was renamed Nicopolis — one of several cities in the ancient world, to be given this name.¹⁷ Nicopolis is from the Greek Νικοπολις, 'City of Victory'.

Over the centuries, Emmaus continued as a Palestinian village called Imwas. The village was razed to the ground in 1967, during the Six Day War, but the Israeli army spared the Byzantine-Crusader basilica and the village cemetery.¹⁸



The Muslims conquered Emmaus, then called Nicopolis, in the 7th century A.D; and its name reverted to Amwas (or Imwas). It was a regional centre of trade, as attested by coins of the period found during archaeological excavations.

In 1973, the Jewish National Fund of Canada established the extensive Canada Park, encompassing the whole area, near the Latrun junction on the main Tel Aviv–Jerusalem highway of today. Canada Park is currently maintained by the Israel Nature and Park Authority. Therein are to be found the archaeological ruins of the Emmaus basilica.



The roadside sign pointing to Emmaus. The Emmaus site is maintained today by the Catholic Community of the Beatitudes, who welcome visitors.

Emmaus in the Gospels

Emmaus is an iconic place in Christian tradition through its association with the resurrection of Jesus following his crucifixion.

The four Gospels, of Matthew, Mark, Luke and John, differ on who among Jesus's followers first saw the resurrected Christ. Briefly, the Gospel accounts are as follows:

- According to Matthew 28:9–10, it was Mary Magdalene and another woman also called Mary.
- Mark 16:9 also has Mary Magdalene being the first follower to meet the risen Christ; and shortly after that, in verse 12, two unnamed followers met him while out walking in the country.
- Luke 24:10 says that the first to meet him were Mary Magdalene, Joanna and Mary the mother of James; and then in 24:13–35 he goes on to tell how two followers, only one of whom, Cleopas, is named, met the risen Jesus while walking to Emmaus.
- John 20:11–17 has Mary Magdalene alone being the first of the followers to meet the post-resurrection Jesus.



Christ and his Disciples on the Road to Emmaus by the Flemish painter Jan Wildens (1586–1653). Wildens, who specialised in realistic, serenely depicted and detailed landscapes, clearly had little idea of what the countryside around Emmaus looks like. In this painting his imagined landscape is that of leafy, well-watered north-western Europe, not the harsh, arid landscape trodden by Christ and the two disciples along the road between Jerusalem and Emmaus.

As these references indicate, all four Gospels credit Mary Magdalene with having been the first of the followers to meet Jesus after the resurrection. Only one Gospel, Luke, tells the story of the walk to Emmaus; however, Mark hints at it without naming the followers or the place they were walking to. Matthew and John omit the story altogether.

Despite only the one Gospel describing Jesus's appearance along the road to Emmaus, Luke's account has always been among Christianity's best-loved Bible stories.

Throughout the Christian world, many buildings, retreats and places of sanctuary are consequently named 'Emmaus'—with reference to this place where events occurred which were to have great influence on the chronology of world history.

Reprise

To visit and walk in a place long known from literature and historical record brings to many a reality and focus to events otherwise seen but 'through a glass darkly'. In the Hebrew record, Emmaus is a special place, rich in Maccabean lore. In the Islamic record, it features in history. In the Christian canon, it was a place where two of Jesus' followers, Cleopas and one other whose name is forever unknown, felt themselves in the presence of their risen Christ in the days after the crucifixion.

Insofar as 'their eyes were opened', there is a congruence of the healthcare ministrations of the Hospitaller Crusaders who came and ministered a millennium after; and for the last 140 years, of the work of all the staff of the St John Eye Hospital in Jerusalem, 31 kilometres to the east of this place.

Just as the fate of Emmaus has changed throughout the millennia, so too has the metaphorical reference to blindness changed. Victims of blinding diseases rightly feel aggrieved when their disability is used metaphorically, as an idiom for ignorance. Naomi Schor wrote:

There is a casual cruelty, an offhanded thoughtlessness, about metaphors of illness.¹⁹

A secular pilgrimage to Emmaus promotes reflection on these themes and on the history of this special place. For some, it is a place of wonder; for others, it is a place which engenders a resolve to promote the messages of peace, fundamental in all the Faiths which share this history.

Acknowledgments

I thank Dr Ahmed Ma'ali, Chief Executive Officer, and Mr Assem Ali, of the St John of Jerusalem Eye Hospital Group, based in Jerusalem, for much kindness and hospitality, and for the provision of resources which made this visit a reality. I also thank my confrère and fellow historian, Dr Ian Howie-Willis, for commenting on the draft of this article, and for advice on the scriptural references.

Notes

1. The *Gospel according to Saint Luke*, Holy Bible, King James Version, Chapter 24, verses 13, 31. Verse 13 reads: '... two of them [Jesus' followers] went that same day to a village called Emmaus, which was from Jerusalem about threescore furlongs'. Verse 31 reads: '... and their eyes were opened, and they knew him ...'.
2. Note: An example here is in *Exodus*, where the unknown author wrote that accepting a gift in one sense puts one under an obligation and may alter judgement: 'Thou shalt take no gift: for the gift blindeth the wise', *Exodus* 23:8.
3. Note: An example is a reference in Paul's *Letter to the Ephesians*, 4:18, in which he speaks of a 'blindness of the heart'.
4. Deborah J Gallagher, 'On using blindness as metaphor and difficult questions: a response to Ben-Moshe' in *Disability Studies Quarterly*, 2006, Vol. 26, No. 2), accessed 20 March 2020.
5. Pierre Fontanier [1768–1844], *Les Figures de Discours*. Republished as *Les Figures de Discours*, Paris, Flammarion, 1977.

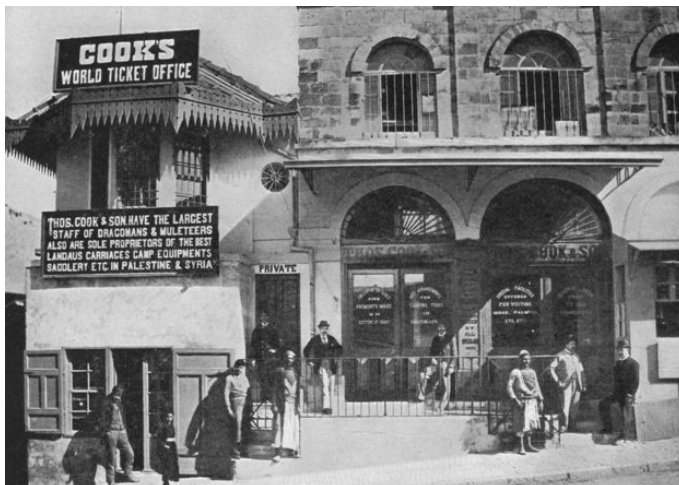
6. Naomi Schor, 'Blindness as metaphor' in *differences: A Journal of Feminist Cultural Studies*, 1999, Vol. 11, No. 2, pp. 76–105.
7. *The Epistle of Paul the Apostle to the Galatians*, Holy Bible, King James Version, Chapter 6, Verse 9: 'And let us not be weary in well doing: for in due season we shall reap, if we faint not'.
8. *The Gospel according to Saint Luke*, Chapter 24, verse 31.
9. Michelangelo Merisi da Caravaggio. *The Supper at Emmaus*. Painted in 1601 and acquired by the National Gallery, United Kingdom in 1839. The painting was commissioned by Arioco Mattei (1542–1614, brother of Cardinal Gerolamo Mattei), and is currently displayed in Room 31 of The National Gallery, London. This chiaroscuro painting is one of Caravaggio's most powerful religious works. Caravaggio 'captured the dramatic climax of the story [of Christ's first revelation following resurrection], the moment when his followers suddenly saw what had been in front of them all along. Their actions convey their astonishment: one is about to leap out of his chair while the other throws out his arms in disbelief'. Accessed 15 March 2020 on [The National Gallery website](https://www.nationalgallery.org.uk/paintings/michelangelo-merisi-da-caravaggio-the-supper-at-emmaus).
10. Flavius Josephus, *The War of the Jews*, Book IV; 3. [The Jewish–Roman War of 66–70 AD], published in 75 AD.
11. GW Bromiley [ed.], 'Emmaus' in *International Standard Bible Encyclopedia*, Vol. 2, E–J. William B Eerdmanns Publishers, Michigan, USA, 1995, p. 77.
12. Note. The Maccabees were a group of Jewish rebel warriors who took control of Judaea, and eventually controlled an independent kingdom from 110 to 63 BC
13. I Maccabees 3:40.
14. I Maccabees 3:39.
15. I Maccabees 9:50, 51.
16. Flavius Josephus, *The War of the Jews*, Book IV; 3. [The Jewish–Roman War of 66–70 AD], published in 75 AD.
17. Note: Several cities in Western Greece, Egypt and Bulgaria were named Nicopolis. The Greek Nikópolis was founded by Caesar Augustus in 31 BC, north of Actium. The Nikópolis on the Danube in Bulgaria was the site of the defeat of the Crusader Army by the Ottomans, on 23 September 1396. See Charles L Tipton, 'The English at Nikópolis' in *Speculum*, 1962, vol. 37, pp. 528–40.
18. Rich Wiles, *Behind the Wall: Life, Love, and Struggle in Palestine*, Potomac Books Inc., Washington DC, 2010, pp. 17–24.
19. Naomi Schor, *op. cit.*, pp. 76–105; I Maccabees 3:39.

The British Ophthalmic Hospital at Jerusalem: the first 40 years, 1882–1922

Ian Howie-Willis

In exactly two years, November 2022, the St John of Jerusalem Eye Hospital Group will celebrate its 140th anniversary. November 1882 was when a 33-year old Scottish ophthalmologist, Dr John Craig Waddell (1849–1888), arrived in Jerusalem to open an institution called the ‘British Hospice and Ophthalmic Dispensary’ for the Order of St John.

Dr Waddell got to work straight away. Soon after arriving in Jerusalem, he secured temporary premises for the new Hospice—not yet called a Hospital—next to the Thomas Cook travel agency near the Jaffa Gate, just inside the Old City. It opened for business on 4 December 1882.



The Thomas Cook & Son offices in Jerusalem, 1880s. Dr JC Waddell opened his Hospice in rented accommodation next door to this building on 4 December 1882. (Photograph from Hulton Archive/ Getty Images.)

The Hospice was an immediate success. Word about it spread quickly throughout the local communities. The Palestinian populace flocked to it. They were a mixture of Jews and Arab Muslims and Christians; and they came from near and far—up from the coast near Jaffa to the west, from the south around Hebron, from Jericho in the Jordan valley to the east, from Nablus in the north, and from towns and settlements further afield.

Three important qualities of the Hospice ensured its success. First, it was a charitable institution: it didn’t charge its patients fees. Second, like the original Hospitallers, it accepted patients regardless of their race, creed or class. And third, although the Order was a Christian institution, it did not seek to proselytise or try to impose its religion on its clientele.

In his first six months in Jerusalem Dr Waddell conducted 6138 consultations. He ‘treated’ 1952 patients, of whom he believed he had cured 1000. (What the ‘treatments’ entailed is now unknown.) On many days he had 140 consultations. He was assisted by an interpreter, but had no clerical or nursing support.

The reasons for the popularity of the Hospice lay in the extraordinarily high rate of infectious eye diseases in Palestine. Two diseases in particular predominated: trachoma, caused by the bacterium *Chlamydia trachomatis*, and acute conjunctivitis, which may be caused by bacteria, viruses or allergies. The hot, dry, dusty conditions, and lack of water for washing faces and hands produced annual epidemics of these contagious diseases during the long summers. These factors resulted in high rates of blindness.

The Hospice was the brainchild of Sir Edmund Lechmere (1826–1894), the Secretary-General of the Order of St John. As well as being a philanthropist and humanitarian, Lechmere was a wealthy, enterprising landowner, banker and parliamentarian from Worcestershire. During the parliament's long winter recesses, he and his wife customarily travelled to the eastern Mediterranean. Becoming aware of the dire eye health needs of the Palestinians, he decided that the Order should open an eye hospital in Jerusalem. Jerusalem, of course, had great symbolic significance for the Order because that was where the original Order of St John, the mediaeval Knights Hospitaller, had run their hospital during the eleventh and twelfth centuries.



Sir Edmund Lechmere, 3rd Baronet Lechmere.
The portrait, by an unknown artist is held by the Lechmere family. (Photograph by the author.)

Almost single-handedly, Lechmere and his wife, Lady Katharine, brought the Ophthalmic Hospital into existence. In 1876 he contacted the Istanbul-based government of the Ottoman Empire, of which Palestine was a province, for approval to open a hospital in Jerusalem. Permission was finally granted by Sultan Abdul Hamid II on 24 April 1882, after years of protracted five-way negotiations between the Order, the Ottoman ambassador in London, the British ambassador in Istanbul, the Sublime Porte (as the Ottoman imperial government was known), and the Ottoman Governor of Jerusalem. A critical factor was the intervention of Albert Edward, the Prince of Wales (and future King Edward VII), the Order's first Royal Grand Prior. The break-through came when the Prince advised the Ottoman ambassador in London that it was his personal wish that the Order's request be granted.

Sir Edmund and Lady Katharine visited the Hospice in early February 1883, two months after it had opened. They were well pleased with what they found. Sir Edmund, realising that the Hospice was living up to expectations and fulfilling a vital, sight-saving need, used much of his time to locate and arrange the purchase of a suitable permanent building. He found what

he wanted, a two-storeyed Turkish house on the Bethlehem Road, a kilometre south of the Jaffa Gate. The total cost, including conveyancing, repairs and furniture was £1,450, or about £177,000 (Aus\$347,500) in present-day values.



The Turkish house on the Bethlehem Road purchased for the Order of St John in early 1883 for conversion into an Ophthalmic Hospital. The view is from the south-west, looking north-east across the Valley of Hinnom towards the Old City of Jerusalem.

The Hospice transferred to its new, permanent premises at some time between February and June 1883. It suffered a setback in May 1884 when Dr Waddell's contract was terminated after only 18 months in the job. The ostensible reason was his ill-health, but the underlying reasons possibly related to issues of morality and sobriety.

Dr Waddell was a tragic figure. In 1880, two years before he arrived in Jerusalem, his 22-year old wife died, possibly in childbirth, leaving him with an infant daughter who does not seem to have survived. He himself died in 1888 aged only 39.

Dr Waddell's successor was Dr John Hovelle Ogilvie (c. 1854–1936), another Scottish ophthalmologist. The Hospice had closed temporarily after Dr Waddell's departure. It reopened five months later when Dr Ogilvie took up duty in Jerusalem in October 1884. At this time the name became the 'British Ophthalmic Hospital at Jerusalem'—the first of a series of name changes over the following decades.

Whatever the name, the Hospital's caseload continued growing. Thus, in 1886, there were 13,462 consultations and 231 operations. The next year, 1887, there were 17,052 consultations and 329 operations, growth of 27% and 42% respectively in consultations and operations. Such growth was possible because Dr Ogilvie's wife, a nurse, worked voluntarily at the Hospital, effectively becoming its first Matron.

Dr Ogilvie departed in 1888 after four years' service, mainly because of disagreements over his salary. He was paid £200 but wanted a raise. He was offered £300, but refused that because he thought he was worth £400 and told the Hospital Committee it was unlikely to attract anyone else under £500. The Committee called his bluff, refused to renew his contract and appointed Dr William Edmund Cant from Colchester, Essex, in his place.

Dr Cant went on to become one of the longest-serving of all the Hospital's Surgeons. He remained at the Hospital for the next 23 years, until his retirement in 1911. His wife, a nurse, became the second Matron. Eventually the workload grew too large for them to manage, and so an Assistant Surgeon and other nurses were employed. With more staff, more patients could be treated; and so the caseload spiralled upwards. Over Dr Cant's time as surgeon, the

growth in both out-patient consultations and number of operations performed was sixfold. In the period 1889–1909, consultations rose from 6276 to 42,100, and operations from 270 to 1857. To accommodate the increase, the Hospital was obliged to extend its buildings on several occasions.

Dr Cant was replaced by Dr W Ward, who died in office in June 1911, only two months after taking up duty. Characteristically, Dr Cant, who had only just returned home to Colchester, came back to Jerusalem to run the Hospital until a replacement for Dr Ward could be appointed. The replacement was Dr David Heron, another Scottish ophthalmologist, who reached Jerusalem in October 1911.

Dr Heron remained Chief Surgeon for just three years before the Hospital closed on 25 September 1914, because of the outbreak of World War I early the previous month, when Britain had declared war on Germany. As the Ottoman Empire was allied to Germany, it was fairly obvious that Britain and the Ottomans would soon be at war as well and that the Hospital could not continue under such circumstances. The Ottomans joined the war on 29 October.

The Order hoped that the Hospital's closure would be only temporary, but the longer the war lasted the less likely that became. Within two months of the Hospital staff withdrawing, the Ottoman military forces commandeered the Hospital buildings, which they used as an ammunition storage facility. Before that happened, however, the Hospital was looted and stripped of all its furniture, fittings and equipment. The medical equipment and stores probably ended up in Ottoman military hospitals. What happened to the rest is unknown, but the buildings were thoroughly trashed. For example, the marble memorial plaques commemorating the service of Sir Edmund and Lady Lechmere were lost and never restored; so, too, was the large, personally signed portrait of Queen Victoria, which was one of the Hospital's treasures.

Catastrophe struck the Hospital on 8 December 1917. That was the day on which retreating Turkish troops spent about eight hours in trying to blow the Hospital up, presumably to deny it to the British, who entered Jerusalem the next day during their conquest of Palestine. It was possibly then that the Lechmere memorials were destroyed. They had adorned the walls of the Hospital's central courtyard, which was the most thoroughly demolished section of the Hospital. I suspect that Queen Victoria's portrait would have been among the first items trashed by the Turks when they took over the building in December 1914.



The Ophthalmic Hospital's central courtyard on 9 December 1917, the day after retreating Turkish troops attempted to demolish the building with explosives.

As we shall see, the Hospital building was subsequently restored, and the Hospital reopened in 1919. It then ran continuously until May 1948, when it was overrun by Israeli troops during the first Arab-Israeli War. The Israelis shelled the building, causing extensive damage. The Order of St John lost the building, which was in the Israeli-occupied sector of West Jerusalem. During the 1970s, the former Hospital was renovated and transformed into a luxury hotel, the Mount Zion Hotel, which is still extant (as of 2020).

Meanwhile, after losing its Bethlehem Road campus to the Israelis, the Ophthalmic Hospital relocated into the Old City of Jerusalem in 1948, occupying Watson & Strathearn Houses, properties that the Order of St John owned in the Muristan precinct near the Jaffa Gate, where the Blessed Gerard had opened the original Hospice of the ancient Order of St John circa 1080. In 1960 the Hospital moved to a new, purpose-built campus in Sheikh Jarrah in the Palestinian sector of Jerusalem, a mile north of the Damascus Gate. This is the edifice with which we are most familiar, and which many St Johnnies from around the world have visited. New memorials in the courtyard there record the service of the Lechmeres and other Hospital benefactors.

But back to the Hospital! After the British occupied Jerusalem on 9 December 1917. The British occupation made possible the dream of reopening the Hospital. The British military governor of Jerusalem, Colonel (later Major General Sir) Ronald Storrs, formed a local organising committee, which he chaired, to ensure that the Hospital could be reopened as soon as possible. The committee had the advice of the local commanding officers of the Royal Engineers and the Royal Army Medical Corps, as well as the region's leading ophthalmologist, Dr Arthur MacCallan, the Director of the Egyptian Government Ophthalmic Hospital in Cairo.

The clearing of the site and the rebuilding of the damaged sections proceeded expeditiously, despite unexploded ordnance continually being discovered in hidden corners, including 'vast quantities' in an underground cistern as late as December 1919, after the Hospital had reopened. To facilitate the restoration program, the Chairman of the Hospital's London Committee, Sir Courtauld Thomson, travelled out to Jerusalem to liaise with Colonel Storrs and his local organising committee.

The Committee, in abeyance for the three years since the Hospital's closure in September 1914, had quickly resuscitated itself as soon as British forces had captured Jerusalem. During the reconstruction, the Grand Prior himself, HRH Prince Arthur, Duke of Connaught and Strathearn, visited Jerusalem to inspect the restoration works.

The rebuilt Hospital began receiving out-patients on 11 November 1918, which happened to be the day when World War I ended with the Armistice. The first in-patients were not admitted for another eight months, on 30 June 1919.

A grand official reopening ceremony took place on 26 February 1919. This festive event took place on 26 February 1919. The ceremony was performed by none other than General Sir Edmund Allenby, the Commander-in-Chief of the victorious British army in the Middle East. 'On this historic occasion,' the Chapter-General's *Annual Report* recorded, 'every nationality, creed and institution in Jerusalem was represented'. That descriptor wouldn't have included Turks or representatives of the recently defeated Ottoman regime, but for whom the restoration would have been unnecessary.



General Sir Edmund Allenby (as indicated), Commander-in-Chief of British Military Forces in the Middle East, with dignitaries at the Ophthalmic Hospital's after he officiated the reopening ceremony on 26 February 1919. (Photograph from Getty Images.)

The reopened Hospital was initially run by two short-term appointees, Royal Army Medical Corps officers seconded for that purpose. They were, successively Captain William Gowans and Captain Thomas Findlater, Scottish medical officers; however, in June 1919 a permanent Chief Surgeon was appointed. This was Lieutenant Colonel (later Sir) John Strathearn (1879–1950), who was yet another Scottish ophthalmologist.



Dr (later Sir) John Calderwood Strathearn. In this 1926 portrait he is wearing the regalia of the Hospital Warden. (Photograph provided by Dr M Glozier.)

Dr Strathearn had already spent three years at the Hospital, as an Assistant Surgeon under Dr Cant, 1906–1909. He would spend the next 21 years at the Hospital, superintending which became his main life's work. From 1921, he was called the Warden, the new title given to the Chief Surgeon. His total period of service at the Hospital, 24 years, was a record for an expatriate medical officer. Only Dr Cant's 23 years pre-war was of similar length.

The name of the Hospital also changed in 1921, from 'British Ophthalmic Hospital at Jerusalem' to 'Ophthalmic Hospital of the Order of St John of Jerusalem'. (That was the short title because the full name was 'Ophthalmic Hospital of the Grand Priory in the British Realm of the Order of the Hospital of St John of Jerusalem'.) The reasons for the change were, first, the use of 'British' was deemed less important than when Jerusalem had been under Ottoman rule. Before the war the title was implicitly nationalistic; but with the city under British control such

emphasis no longer seemed so necessary. Second, the Order 'thought it was desirable to bring into greater prominence the Association of the Hospital with the Order'. Except for the insertion of 'Venerable' in the Order's own title in 1926, the new title remained essentially the same for 50 years, until 'St John Ophthalmic Hospital in Jerusalem' was adopted in 1971. The next change came in 1999 when 'Eye' was substituted for 'Ophthalmic'. And following the opening of satellite hospitals in Hebron, Gaza and Anabta, the name became the 'St John of Jerusalem Eye Hospital Group' in 2015.



The Ophthalmic Hospital (right) and its new Annexe (left, on the western side of the Bethlehem Road) in 1934. The view is to the north, looking towards the Old City of Jerusalem. The power pole and power line running along the right (eastern) side of the Bethlehem Road were installed in 1923. (Image from the Ophthalmic Hospital's 1934 annual report.)

Not only did the name change, for Dr Strathearn's appointment marked a turning from one era to another in the Hospital's history. Before the war, the Hospital had not been connected to the city's water or power supply or the telephone network. Post-war, with Palestine under British administration, the Hospital increasingly became a part of the modern world. There were many trials and tribulations ahead — continued tensions between the Arab and Jewish clientele, the great Arab Revolt of 1936–39, World War II, the emergence of the state of Israel, three Arab-Israeli wars and two Intifadas. As seen, it lost its campus on the Bethlehem Road in 1948 during the first Arab-Israeli war, but it survived and eventually became the Eye Hospital Group of today, which all St Johnnies around the world know and love.

Survival against the odds has always been an important theme in the Eye Hospital's history. Somehow, it has always managed to beat the odds. Why? Well, first, it serves a vital humanitarian sight-saving need. Second, those who run it have always been committed to its success. And, third, it has always been able to rely on the support of those people from around the world who have given unstintingly to fund it. I'll conclude by thanking you for generously supporting the Hospital; and I urge you to continue that.

This article summarises the author's chapters in the forthcoming *A Beacon of Hope*. Readers wishing to know the author's sources of information are invited to contact him, care of the Australian Office, St John Ambulance Australia, PO Box 292, Deakin West, Australian Capital Territory 2600, Australia.

A hospital garden.

A time of reflection in the fading light of late afternoon, in the garden of the St John Eye Hospital, Jerusalem

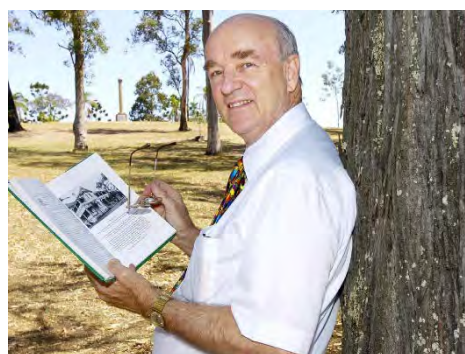
John Pearn

Major General Professor John Pearn AO, RFD, GCStJ is the Librarian of the Australian Priory of the Most Venerable Order of St John. A professionally trained and much-published historian, Professor Pearn is a member of the trio of professional historians commissioned to write *A Beacon of Hope*, the history of the St of Jerusalem John Eye Hospital Group, for the Group's 140-year anniversary in 2022. He was the guest of the St John Eye Hospital during a research trip to Jerusalem in early March 2020.

John Pearn is an eminent physician and intensivist, and a former Surgeon-General of the Australian Defence Force. He has served in a third career in the work of St John Ambulance Australia, in which he served successively in uniform as Divisional, Corps and State Surgeon of St John Ambulance in Queensland. For nine years (1990–1998) he was the national Director of Training for St John Ambulance Australia. During this period, he edited *Australian First Aid*, the textbook of the formal doctrine for Senior first aid courses, with annual sales of 400,000 units. It was Australia's bestselling book for that decade. Professor Pearn has also served on the Australian Resuscitation Council for three decades.

In the context of his work for the St John of Jerusalem Eye Hospital Group, he has published in the field of paediatric ophthalmology and preventive eye trauma; and in November 2018 was awarded the Ophthalmology Heritage Medal of the Royal Children's Hospital, Brisbane. The citation for this prestigious award reads as follows:

To commemorate clinical ophthalmological service to the children and families of Queensland; and to commemorate research into diseases of the eye; and as a tribute to his leadership and service in undergraduate and postgraduate medical education.



Professor Pearn in a public park in his home town, Brisbane, perusing a copy of one of the many historical books he has published—*Auchenflower, the Suburb and the Name: A History of Auchenflower*, Amphion Press, Brisbane, 1997.

Gardens

‘It is a good idea to be alone in a garden ... at dusk so that all its shy presences may ... possess you in a reverie of suspended thought. James Douglas

A garden is a place of reflection. The gardens of the St John Eye Hospital in Jerusalem have special significance for all who come to this place of sanctuary and healing — that sight might be preserved or restored.

Patients walk in these gardens. Parents wait here whilst their children receive sight-saving operations. Some sit or walk for quiet repose. Some simply enjoy the beauty of the flowers and trees and shrubs. Others come to read the tribute plaques, each placed beneath a special tree, to honour those whose lives were ones of exceptional dedication to the care of others.

It was once said that ‘when the flower blooms, the bees come uninvited’.¹ But for almost 140 years, the St John Eye Hospital has invited those of all religious faiths and also no faith, to visit its clinics and to receive its care and ophthalmological expertise. In 1953, from the time of its first planning as a newly-built Hospital after the conflict devastations of 1948, when the Hospital lost its campus on the Bethlehem Road, the Hospital was to ‘make a concentrated attack on eye afflictions in the whole of the Middle East’.²

The Eye Hospital gardens

By 1959, the planned new Hospital and its garden had become a reality:

The Hospital stands on one of the most commanding sites of the modern Jerusalem within[which] a large component will be laid out as a garden.³

The St John Eye Hospital today, encircled by its garden, is in the Sheikh Jarrah District of Jerusalem.



Visitors relaxing on the lawn within the eastern section of the Eye Hospital garden



The Foundation Stone of the St John Eye Hospital, Jerusalem. The Hospital opened at this Sheikh Jarrah site in 1960.

The Hospital is on the site of the former Nashashibi House, a home of the family of the former Mayor of Jerusalem, Raghib al-Nashashibi (1881–1952), also the former (from 1949) Governor-General for Arab Palestine. The name of the Sheikh Jarrah District has a silent synergy with the international work of the Eye Hospital. Sheikh Jarrah was the doctor, Hussein al-Din al-jarrah, the personal physician to Saladin (1137–1193), the Kurdish-born Islamic warrior who liberated Jerusalem from the Crusaders. ‘Jarrah’ means ‘healer’ in Arabic.

In March 2020, there existed everywhere the beginning of the medical, social and administrative turmoil of the coronavirus pandemic, and the quarantine necessarily imposed to protect the vulnerable. Immediately before the period of both self-imposed and administrative quarantine, I was privileged to walk alone in the fading light, in the deserted gardens of the St John Eye Hospital.

Like so many who, throughout the preceding decades, have strolled and reflected in this place, I was moved by the beauty of the Hospital Garden. One gives thanks for the hands that created and maintained this garden, today a haven of stillness and quietude which surrounds this place of healing.



Hospital staff gathered in the garden.

In the early dusk light, the green colours are soft. There is a feeling of both timelessness and of heritage in this special place. One is alone, but many have walked here, like those who have come alone or with their families, for specialized eye care.

Here in the grass are miniature cyclamens, small pink flowers as harbingers of the early spring, native to this region.⁴ They grow in clumps, bonded together, giving support and strength each for the others. In another place, in the rear unvisited but tended garden, remote from view, are rows of broad beans, planted by an anonymous gardener, that a space among the rubble of the Hospital's detritus might not be wasted.



Wild miniature cyclamens, harbingers of spring, flowering in the garden lawn of the St John Eye Hospital, Jerusalem. Photograph: the author, March 2020.

Many, with progressive eye disease, who have walked in this garden are now blind. Perhaps for some, there are memories of the form and colour of the flowers. For them:

whose sight could not continue, but where laughter remains as in a darkened room, and though they love light, wear yet a spray of bright colour ... because colour was so dear to them.⁵

Here in this garden are wonderful orange trees, laden with ripe bright orange fruit, symbols of the Middle East, resilient and functional, but also adding their aesthetic beauty to their fruitfulness.



Orange trees in their full fruiting season, beside a rosemary-bordered path in the Hospital garden.
Photograph: the author, March 2020.

Several ancient olive trees stand like sentinels in the grounds. They have borne olives for many decades, perhaps centuries on this spot before the current Hospital was built.

The Eye Hospital, at its earlier site, also had a productive olive grove; and the staff delighted in the sale of the annual olive crop, a noted feature which each year was chronicled in its annual report.⁶ A related theme is expressed in the words:

How wondrous are the trees and budding flowers ...
How fair the sunbeams; wonderful to see!
With what slow tasting of beloved hours
We return Earth's rejoicing ministry'.⁷



A venerable olive tree, both a relict of an earlier time and place, and a symbolic Peace Tree, the plaque at its base is an affirmation of enduring hope of peace in this region. The tree is also dedicated to the memory of Mrs Gail Goltra (1942–2015), a Dame of Grace in the Venerable Order of St John (see Note 9). Photographs: the author, March 2020.

The Hospital's annual olive crop was a creation of the garden, as was the Hospital's recreation of restored sight to thousands. All about, in the garden beds and on the paths are limestone chippings—waste flakes from the white blocks of stone shaped by the stonemasons who built this Hospital.

Among the shrubs are plaques, memorials to lives of special service. One is reminded of lines from Jean Galbraith's book, *The Garden in a Valley*:

Within the garden and its flowers and trees, come memories to receive and to leave fragments of their passing.⁸

The Memorial plaques are a testimony to the enduring memory of service of several who have done so much to give the gift of sight to those who had no other recourse to skilled ophthalmic care.⁹ In this Garden, their service is not forgotten. These small Memorial plaques, each beneath a special tree or shrub, tell of the philanthropic service of but a few who have served in this Hospital.



A Tribute Cedar Tree, the evergreen conifer *Cedrus libani*, recording the service (1984–1989) of Matron Pauline O'Donnell to the St John Eye Hospital. Photographs: the author, March 2020.

Those who have so freely given their resources (and their time) have come, and continue to come, from many different walks of life—doctors, nurses, orthoptists and optometrists, secretaries, administrators, cooks, craftsmen and healthcare volunteers of many types, philanthropists, drivers and tradesmen—supporters all of this special Hospital and its work.



A tortoiseshell cat in the Hospital's garden. Photograph: the author, March 2020.

A garden is a living thing, with creatures therein. Swifts and other birds find food and sanctuary here and in the air above. Also in the hospital gardens, there is a clowder of resident cats to keep the garden free of rats and mice. My experience is that almost every hospital, anywhere, has at least one tortoiseshell cat, necessarily female, and an example of the dynamics of lyonisation in medical genetics.¹⁰

In the Hospital garden, in a quiet place, is a path bounded by rosemary (for remembrance), by oleander bushes (timeless and resilient species native to the Middle East), and high above is an Australian gumtree, a eucalyptus from across the world. Support for the Hospital comes from St John volunteers in more than 30 nations. In this place are the hopes and unspoken messages of all who support the work of saving and restoring one of creation's most precious gifts, the wonder of sight.



A quiet path in the garden of the St John Eye Hospital, perhaps symbolic of the international work of St John. At left are oleander trees (*Nerium oleander*), native to the Middle East; and rosemary plants (*Rosmarinifolia*) bordering the path. Towering overhead is an Australian eucalyptus. Photograph: the author, March 2020.

Acknowledgment

I thank Doctor Ahmad Ma'ali for his kindness and hospitality during my visit to the Jerusalem Eye Hospital.

Notes

1. This is a famous saying of Sri Ramakrishna Pararamahansa (1836–1886). See Swami Tejasananda, *A Short Life of Sri Ramakrishna*, Advaita Ashrama, Mayavati (India), 1940. Post-chapter XVIII. 'Last Sayings'. Unpag. Also, Max Friedrich Muller, *Ramakrishna. His Life and Sayings*, Longmans, Green and Co., London and Bombay, 1916, pp 98–187.
2. *Annual Report*, St John of Jerusalem Ophthalmic Hospital, 1953, p 13.
3. *Annual Report*, St John of Jerusalem Ophthalmic Hospital, 1959, p 11.
4. The wild cyclamen, *Cyclamen persicum*, is native to Israel, Palestine and Jordan. The Bedouins of Mandate Palestine used to collect the cyclamen root and use it to stun fish in lakes and waterways. See: Aref Abu-Rabia, *A Bedouin Century: Education and Development among the Negev Tribes in the Twentieth Century*, Birghahn Books, New York, 2001, p. 47. Photograph by the author, 10 March 2020.
5. John Pearn, *Through Gardens Green. A Biography of Elizabeth Helen Pearn*, Amphion Press, Brisbane, 2002, p. viii.
6. *Annual Report*, St John of Jerusalem Ophthalmic Hospital, 1949, p. 14. (Note: In 1945, the Hospitaler wrote 'Our olive trees this year yielded 110 rottls [315 kg] of olives and when processed 21 rottls [66 kg] of oil worth 16.50 were obtained'.
7. Jean Galbraith, *Garden in a Valley*, Horticultural Press, Melbourne, 1939. Republished, Five Mile Press, Melbourne, 1985.
8. *Ibid.*
9. The plaque beneath the venerable olive tree in the Hospital's forecourt garden is one such example. This ceramic plaque is a duplicate of the one beside the Tree of Hope, a sculpture commissioned and erected in the Muristan, in the Old City of Jerusalem. The text was composed by Peter Seipp Goltra in 2016, a Knight of Justice (2010) in the Venerable

Order of the Hospital of St John of Jerusalem. Peter Goltra and his family have been most generous philanthropists of the Hospital. The text, entitled 'Swifts', was composed and dedicated (21 November 2016) in the year following the death of his first wife, Gail Goltra (1942–2015), a Dame of Grace (1994) in the Order, and an indefatigable supporter of the Eye Hospital and its outreach work in Gaza and other clinics. The Common Swift, *Apus apus*, is a much-loved bird in Israel, where many places particularly in Jerusalem are 'a paradise for swifts and swift lovers'. Since before recorded time, the swifts have annually migrated from southern Africa to Northern Europe. Many stopover for their 100-day nesting season in Jerusalem. There is a Friends of the Swifts Association in Israel. World Swift Day is held annually on 7 June.

10. The term 'lyonization' refers to a fundamental theme in medical genetics. It refers to the inactivation of one of the two X chromosomes of all female mammals. This process occurs in early embryonic life, typically at the 64-cell stage. The term is an eponymic record of the life and works of the esteemed British radiobiologist, Mary Lyon (1925–2014), who in 1961 discovered the phenomenon of random inactivation of one of the X chromosomes in each of the cells during the early embryonic life of all female mammals. Lyonization explains why some female carriers of X-linked recessive diseases, such as haemophilia and Duchenne muscular dystrophy, may show clinical features of these diseases.

Dr William Edmund Cant, third resident surgeon at the Order of St John Ophthalmic Hospital in Jerusalem

Ian Howie-Willis

The present St John of Jerusalem Eye Hospital Group is the product of some 140 years of institutional evolution. The Group currently comprises the central Order of St John Eye Hospital in Sheikh Jarrah, Jerusalem, satellite hospitals and/or clinics in Anabta, Gaza, Hebron and the Muristan precinct of the Old City of Jerusalem, plus Mobile Outreach Services in the Occupied Territories of the West Bank and Gaza.

All of these institutions trace their origins to the 'British Hospice and Ophthalmic Dispensary at Jerusalem' opened by the Order of St John on 4 December 1882. In 1884 the name changed to 'British Ophthalmic Hospital at Jerusalem'. Whatever the name, however, the function continued to be saving the sight of the many thousands of the inhabitants of Palestine suffering from eye diseases. Most common were the endemic contagious eye diseases of the region, principally trachoma and acute conjunctivitis.

The British Hospice and Ophthalmic Dispensary was opened by a recently recruited resident surgeon, Dr John Craig Waddell, a Scottish ophthalmologist. He started very well, by conducting 6138 consultations in his first six months; but he left after only 18 months in the position. He was replaced by another Scottish ophthalmologist, Dr John Hovelle Ogilvie, who remained for four years.

The third resident surgeon was Dr William Edmund Cant (1845–1936). Unlike his two predecessors in office, Dr Cant held the position for decades rather than years. At his retirement in 1911 at the age of 66 he had been the Surgeon for 23 years. Perhaps strangely, comparatively little is now known about Cant's life. Unfortunately, no known photograph of Cant seems to have survived. The following biographical profile endeavours to draw together from several fragmentary sources the basic details of his life and work.

Who was William Edmund Cant?

William Edmund Cant was an ophthalmologist who was born in Colchester, Essex, England, on 30 June 1845. He was the only son of William Cant, a seed-grower, and his wife Elizabeth (née Cross). After education at the Colchester Royal Grammar School, he underwent medical training at St George's Hospital at Tooting in London. He worked as a house surgeon

at the hospital after completing his training. He became a Member of the Royal College of Surgeons (MRCS) in May 1867, a Licentiate of the Royal College of Physicians (LRCP) in 1868, a Fellow of the Royal College of Surgeons (FRCS) in 1874 and in 1885 was awarded the MD degree of Durham University.¹

During this extended period of postgraduate training, Cant held many positions, apparently taking surgical jobs wherever he could find them. In 1871 he was the medical officer at the Union Workhouse in Watford, Hertfordshire. He subsequently held house surgeon positions at the Royal Westminster Ophthalmic Hospital, the Seamen's Hospital at Greenwich, the Great Ormond Street Hospital for Sick Children in Bloomsbury, London, and the Royal Albert Hospital at Stoke Damerel near Plymouth, Devon. During the years 1878–1885 he was the surgeon-in-charge of Government Lock Hospitals (in which patients suffering venereal diseases were compulsorily confined). He was also an assistant surgeon at the Central London Ophthalmic Hospital and tutored at the Bristol Medical School.²

Cant was still employed at the Central London Ophthalmic Hospital when, on 26 November 1887, he was one of two candidates interviewed for the position of resident Surgeon at the British Ophthalmic Hospital in Jerusalem. Cant, the successful candidate, had been commended by the Honorary Consulting Surgeon to the London Committee of the Hospital, Dr Robert Brudenell Carter. At 42, he was older than either of the previous Surgeons at the Hospital, Waddell and Ogilvie. In appointing Cant, the Committee believed it had secured:

... an officer and a representative whose high qualifications and testimonials, and wider and longer experience of hospital and professional work, and especially that particular work for which the British Ophthalmic Hospital was established, [who will] almost beyond doubt, render the future reputation of the Hospital a matter for deep congratulation if only the funds for its maintenance be forthcoming.³

This was a long-winded way of saying that Cant would be an excellent appointee if the money could be found to employ him. In the event, he was initially given an annual salary of £250, a 'modest' increase on that of his predecessor, Ogilvie.⁴ The money must have been forthcoming, because he departed for the Middle East early the next year. He was accompanied by his wife Mary (*née* Hill), a trained nurse, who subsequently pleased the Committee greatly, because:

... although the Committee has no claim whatever on the services of Mrs Cant, in letters and reports received from those who have visited the Hospital, there is abundant evidence that in her also we have an earnest voluntary helper, and a most valuable assistant to her husband; not only from the zeal and energy with which she has seconded his efforts, and with such marked success that, but from the fact that she has also had an exceptional and practical experience of hospitals and of hospital administration and nursing.⁵

For its money, the Committee had effectively employed a hospital administrator and nurse as well a Surgeon. As this article will demonstrate, the service of the two Cants would be distinguished; and they would remain at the Hospital for the next 23 years. Dr Cant would be the Hospital's great heroic figure in the 31 years before its forced closure early in World War I.

The beginning of the 'Cant era'

Dr Cant was so greatly important to the Hospital's development during its first three decades that this period may be appropriately called 'the Cant era'. The era began with a detour via Constantinople that Cant was obliged to make on his way from London to Jerusalem in early 1888. Cant had to travel to Constantinople first because the Ottoman Ministry of the Interior there had decided to enforce a regulation requiring that:

All persons exercising the profession of Medicine, Surgery, Pharmacy, and Midwifery, and every other branch of the Medical Profession, should be prohibited from doing so unless they be provided with a Diploma or Certificate from the Medical Council; consequently Physicians, Surgeons, Apothecaries and Midwives residing at Jerusalem must proceed to Constantinople and procure for themselves such Diploma or Certificate.⁶

A three-month period beginning on 30 September 1887 was allowed for Jerusalem's medical professionals to become duly certificated in Constantinople. Those who failed to comply would 'not be allowed to exercise their profession'.⁷

The Hospital's London Committee was advised of this ruling by the British Consul in Jerusalem, Noel Temple Moore, who was relaying instructions he had received from Rauf Pasha, the Ottoman Governor of Jerusalem. Moore suggested that the Committee should publicise the ruling among British medical practitioners. The Committee regarded the regulation as an affront to the high standards of the British medical profession. It protested to the Ministry of the Interior through the British ambassador in Constantinople, Sir William White, but to no avail.⁸

Cant himself was not apparently perturbed by the ruling. He left England for Constantinople in March 1888. Within five days of arriving there he had passed the examination set by the Turkish Medical Council, which awarded him a diploma authorising him to 'practise his profession in any part of the Sultan's dominions'.⁹ The Committee in London saw this as 'proof of his energy and skill and an augury of future success'.¹⁰ He moved on from Constantinople to Jerusalem in April 1888, his travels subsidized by the Jerusalem representative of the travel agency Thomas Cook & Son, a generous benefactor of the Hospital.¹¹ He then took over from Dr Ogilvie.¹² What Cant and Ogilvie made of each other is unknown; but hopefully their brief working relationship was harmonious, with each seeking to ensure a smooth transition between Resident Surgeons.

One of the Hospital's historians, Dr John F Talbot (Hospitaller of the Order of St John 2008–2011), believes that the London Committee was relieved by the changeover. 'At last, the Committee had appointed the man they needed to ensure the future of the Hospital'.¹³ Talbot, who had privileged access to Cant's surviving letters to the Committee, concluded that the 'correspondence ... show[ed] him to be another exceptionally hard worker, somewhat unimaginative and dull, but consistent and reliable'.¹⁴ The judgement might have been condescending, but Talbot also emphasised the benefit of Cant's appointment for the Committee. Instead of having to fret about the Resident Surgeon's health, comportment and fixation on his salary, the Committee could focus on the practicalities of maintaining the Hospital, and especially its finances.¹⁵

Dr Cant's first year at the Hospital was characterised by his haste and determination in making improvements. In his first report to the Committee, he noted that 'additions and improvements' to the Hospital premises had cost £250, the equivalent of £31,860 in present-day values or about US\$41,140. Most of the money had come from private donations and was not accordingly a burden on the Committee. The improvements included a large new water cistern, new kitchen, new cellar; glass roofs for the courtyard adjacent to the wards and the balcony of the male ward; new back entrance with archway (to replace a fallen gateway); rebuilding of the wall along the Bethlehem Road side of the property (portions of which had washed away during recent heavy rains); repairing and recementing of large sections of the roof; and new zinc guttering to collect rainwater from the roof. As well as fulfilling



The British Ophthalmic Hospital in its early years, view from the rear, looking up from the Valley of Hinnom towards the Bethlehem Road, showing the Resident Surgeon's House in the foreground, early-1890s. (Image: Wikipedia.)

their practical need, the improvements had 'given a much more imposing appearance to the premises, both back and front, and a more finished look, often lacking about Eastern houses'.¹⁶ The last point, Cant wrote, was 'more in accordance with home ideas, and with it being a British Institution, creditable to the Order'.¹⁷

The progress made by the Hospital under Cant's superintendence is evident in the *Annual Reports* of its London Committee. From the outset, these are replete with high praise of and gratitude for the efforts of both Dr and Mrs Cant and what they were achieving together. In 1897 the *Annual Report* included this typical tribute:

It would hardly be possible to exaggerate the excellence of the work which is being done by the Hospital, or the benefits which it confers, not only upon the poor population of Jerusalem itself, but upon that of the Holy Land generally. The circle of its good influence is ever widening, and the Committee receive frequent and most gratifying testimony, alike from travellers and residents, of the high estimation in which it is held, and of the great reputation which Dr and Mrs Cant have obtained throughout the country, he by his skill, and both by their unremitting attention and unvarying kindness.¹⁸

The growth of the Ophthalmic Hospital's caseload during the 'Cant era'

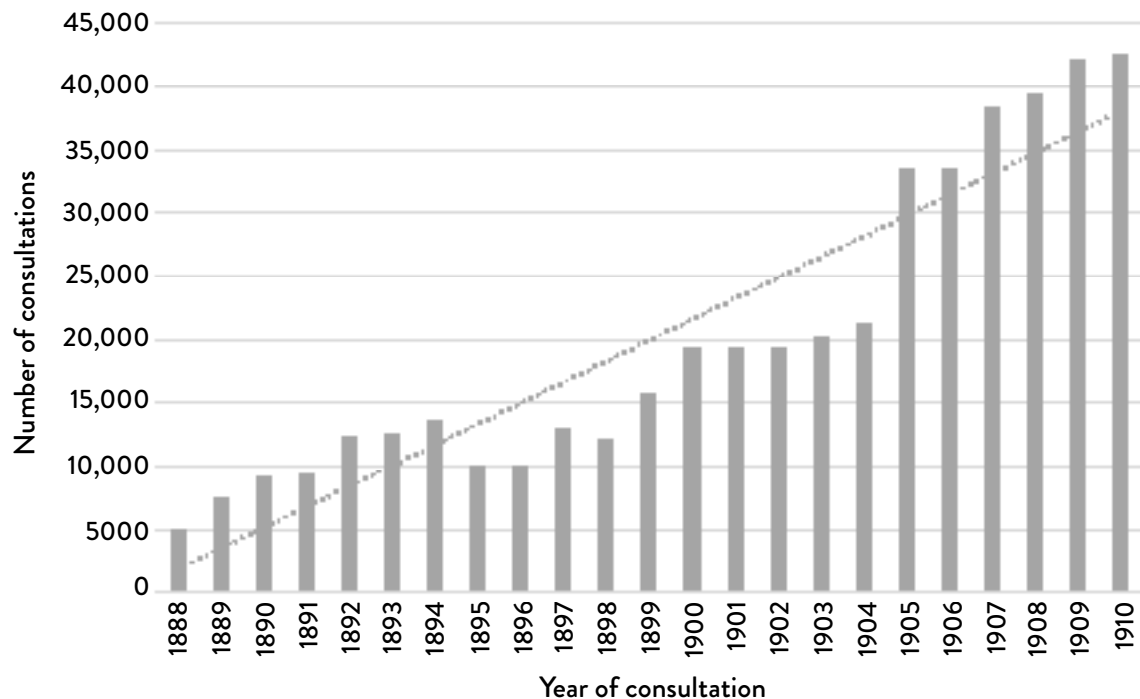
The Hospital's workload increased appreciably during Dr Cant's early years (Table 1).¹⁹

Table 1. Growth in the Ophthalmic Hospital caseload, 1890–1894

Category	1890	1891	1892	1893	1894	Growth 1890–94	Growth %
Total out-patients	9178	9447	12,216	12,614	13,625	4447	48%
In-patients admitted	286	340	430	459	510	224	78%
Operations	494	680	1001	971	1212	718	145%
Anaesthetics administered	252	339	524	491	640	388	154%

The overall upward trend is best seen in the number of annual consultations conducted at the Hospital, which grew by a factor of 8.7 during Dr Cant's years at the Hospital (Fig. 1).

Figure 1. Ophthalmic Hospital consultations 1888–1910



Dr Cant's most accessible surviving records are his end-of-year reports to the Committee. These were included in the Committee's reports to the Chapter-General of the Order, which in turn published them as a part of its own *Annual Reports*. Fortunately for historians, these are available in an almost complete series of bound volumes in the Library of the Museum of the Order at St John's Gate, Clerkenwell, London. What the *Annual Reports* reveal is the progress made by the Hospital in its first 31 years until it was forcibly closed in September 1914 as a result of British–Ottoman hostilities during World War I.



The Hospital as seen from the hill on the western side of its Bethlehem Road frontage, 1894. Beyond the building is the Valley of Hinnom and Mount Zion and the Old City of Jerusalem above the valley. This pencil drawing of the Hospital seems accurate in its detail by comparison with contemporary photographs. (Image from the Hospital's *Annual Report* for 1894.)

One advance that Dr Cant himself appreciated was that his clientele began placing greater trust in the Hospital. They came to it through need, but in earlier years were also wary of what might be done to them. Dr Ogilvie believed that overcoming their misgivings had been one of the challenges he had successfully met. In his last report to the Committee, as he was handing over the Hospital to Cant, he pointed out that:

When the work began it was regarded with the greatest suspicion by the people—they could not understand it. They are intensely conservative ... In the beginning my great difficulty with patients was to persuade them to submit to operation when necessary, [but] now it often is to persuade them to go away without an operation.²⁰

Dr Cant's admirers believed that among his great achievements at the Hospital was winning over his mistrustful clients. One obituarist wrote graphically about the paradox of the dire need that prompted his patients to visit the Hospital, often from afar, and their reluctance to submit themselves to his care after arriving there:

Eye diseases were horribly prevalent in the Near East, and the ignorance of the people intensified their suffering. It was quite usual to see the eyes of little children surrounded by a black ring of flies, by which ophthalmic and other diseases were spread like wildfire. Blindness, partial or total, was common, and it was said that in Bethlehem hardly a child had sight in both eyes. The people paid fantastic sums to wise women and other charlatans to cure their eyes with 'powdered pearls' (cigarette ash) and 'silver dust' (pure lime), but were skeptical of hospital treatment because it was slow. Bedouin and other tent dwellers were honestly afraid to trust themselves to a bed in a hospital ward, and, indeed, confinement within a building was like going to prison to them. In those early days, many such a patient, nervous, wild and free, would slip out of the hospital and back to his own tent—generally to return months later to beg the doctor then to restore the sight which his own fear had destroyed.²¹

The same obituarist praised Cant for the qualities through which he overcame his patients' anxieties:

Against such mountains of fear, ignorance and mistrust, Dr Cant labored with a quiet faith, a skill, and patience which were the very embodiment of Christianity in the Holy Land. The British Ophthalmic Hospital was not only the best friend the people had, but in time they realized its value, and so little children were brought for treatment as well as elders who came to beg the doctor to save the last glimmer of sight left to them.²²

As the reputation of the Hospital spread, the clientele came from further and further afield. After his fourth excursion to the Hospital in 1889, Sir Edmund Lechmere reported to the Committee that although most patients came from Jerusalem itself and from villages within a 20-mile radius of the city, 'patients come from wide distances—Nablus, Gaza, Jaffa, Hebron, beyond the Jordan and the Dead Sea'.²³

Ophthalmic Hospital extensions

One of Dr Cant's significant achievements was to persuade the London Committee to extend the Hospital's facilities periodically to keep up with patient demand. When he had arrived at the Hospital in April 1888, it had 16 beds for inpatients, mostly those who had undergone surgery. In his first report to the Committee he gave notice of his wish, funds permitting, to increase the bed number to 'at least 20' in the near future.²⁴

Funds clearly did not permit at that stage, because the additional bed space had still not been added five years later in 1894. Cant obviously informed the Committee that the Hospital had exceeded its patient-carrying capacity because that year's *Annual Report* advised readers that:

It is sad to relate that, during the last year, 905 applicants were turned away, because they could only be treated, with any hope of success, as inpatients, and there were neither beds in which to receive them nor funds to pay for their support.²⁵



The Hospital's recently erected 'Out-Patient Department' in early 1897. The crowd outside waiting for the doors to open appears to contain both Muslim and Jewish people as well as men, women and children. (Image from the Hospital's *Annual Report* for 1896.)

In 1897 the Committee purchased a block of land adjacent to the Hospital to prevent it being occupied. Cant and his staff feared that if the adjoining land were built on the Hospital would be crowded in. 'If [the plot] had not been secured,' the *Annual Report* pointed out, 'buildings calculated to diminish the air and the light of the wards would have been erected'.²⁶ Ever since 1892, when the Jerusalem Railway Station had been built as the terminus of the new Jaffa–Jerusalem railway, the area had been undergoing urban development. The station was constructed on the Plain of Rephaim only 250 metres south-west of the Hospital.²⁷ New housing sprang up nearby, following which the Bethlehem Road, the Hospital's western frontage, became a busy thoroughfare. Eventually, in 1907, so much traffic was using the road that the wall which Cant had repaired in 1888 became dilapidated, necessitating its rebuilding.²⁸

During 1896 a new 'Out-Patient' building had been erected on the Hospital's southern side fronting the Bethlehem Road. Apart from a photograph (shown above) with a caption in that year's brief *Annual Report*, the new structure was not mentioned.²⁹ A squat, square unadorned block, it must have helped relieve the shortage of space for outpatients wishing to see Dr Cant.

Despite this new facility, by 1898 overcrowding at the Hospital had become so severe and the caseload so heavy that Dr Cant was telling the Committee his work was 'almost stationary; mainly from the cause that it [was] as much [he] alone [could] by any possibility accomplish'.³⁰ The Committee agreed on 'the inability of the Hospital to cope with the requirements of the population of the city and of the surrounding countryside'. The *Annual Report* announced that 'the time has come when the frequent representations made by Dr Cant as to the necessity for further assistance can no longer be put aside'.³¹ The action the Committee took was to

authorise the appointment of an Assistant Surgeon, but not yet the extension of the building. The new appointee, a Dr George Aubrey Jelly (1847–1943), was given a three-year contract. He did not take up duty for another 18 months, in June 1900. A second consulting room was provided for him. With relief, Cant reported that ‘with our two consulting rooms we were able to manage much better and more economically than before’.³²

In 1900 Dr Cant’s prayers for expanded bed space were fortuitously answered when a philanthropist, Professor James Martineau (1805–1900), bequeathed £1100 for the required extensions. That was about the same as £134,083 in present-day values. Martineau’s bequest was conditional upon a new ward being constructed, furnished and occupied, and the second Resident Surgeon being given permanent rather than temporary tenure. It was an offer as unexpected as it was generous. The Committee had little option but to accept these conditions gratefully.³³

Dr Cant’s life after retiring from the Ophthalmic Hospital

At his retirement in April 1911, Dr Cant was succeeded by a Dr W Ward. Little is known about Dr Ward, not even what first name his initial represented. He died in office in June 1911, only two months after taking up duty. Characteristically, Dr Cant, who had only just returned home to Colchester, came back to Jerusalem to run the Hospital until a replacement for Dr Ward could be appointed. The replacement was Dr David Heron, another Scottish ophthalmologist, who reached Jerusalem in October 1911. Dr Heron retained the position for the next three years, until the Hospital was closed shortly after the outbreak of World War I.

Dr Cant’s life after his retirement from the Hospital was productive. He and his wife retired to his home town, Colchester, to Mill House, a residence in Lexden, a village on the town outskirts, where they lived for the rest of their long lives. He joined the Hospital’s London Committee in 1912; and in 1919 was appointed as the Committee’s Honorary Consulting Surgeon, the position previously held by Dr Carter. He retained it for at least the next 16 years and perhaps until his death in August 1936.³⁴

During World War I, Dr Cant came out of retirement at age 69 to serve as a surgeon in Red Cross Voluntary Aid Detachment (VAD)-run military hospitals in and near Colchester. He started at the Woodhouse Auxiliary Hospital in Great Horkeley, three miles north of Colchester, but in August 1915 he transferred to the Gostwycke 2nd Field Ambulance Hospital in Cambridge Street, Colchester. Both were temporary wartime hospitals set up in substantial dwellings. The former occupied Woodhouse Farm and the latter Gostwycke House, which later became the boarding house of a local girls’ school. Gostwycke was a small 34-bed unit. It opened about September 1914 to receive patients from the Territorial Force, the part-time voluntary (nonconscripted) branch of the British Army. Fairly soon it was upgraded to a British General Hospital so as to receive patients from the fighting on the Western Front in France and Belgium. In the 4½ years it was active (1914–1919) it treated a total of 2171 patients, an average of 40 new patients a month.³⁵

Dr Cant remained on the Gostwycke staff for 3½ years, from August 1915 until March 1919, the month before the hospital closed, by which time he was 74 years old. As a Medical Officer in Red Cross Hospitals, he wore an Army uniform, was an officer of the Royal Army Medical Corps and was paid at Army rates. He possibly reached the rank of lieutenant colonel and at his retirement from the Gostwycke staff in March 1919 was ‘mentioned in despatches’ for his services.³⁶



Gostwycke House, Cambridge Street, Colchester, which became the Gostwycke 2nd Field Ambulance Hospital. Dr WE Cant served as a surgeon here (1915–1919). Image: [Great War British Home Hospitals](#).

No known photograph of Dr Cant survives; however, in July 1918 he possibly appeared in a group photograph of staff at the Colchester General Military Hospital. It is not known if he ever worked at this hospital, which was within three kilometres of his home and only 1.2 kilometres from the Gostwycke Hospital. As the two hospitals were so close, he could conceivably have been called on periodically to perform ophthalmic surgery at the General Hospital. If so, he could well have been included in the 1918 staff photo. Names were not included on the photograph, but one of the officers, the lieutenant colonel pictured below, might have been Dr Cant. The reason for thinking so is that the Lieutenant Colonel seems to have been appreciably older than others in the photograph and Cant would have been 73

at the time. Further, the lieutenant colonel appears to be wearing the black medal ribbon of the Order of St John above his left breast pocket and seems to be the only one wearing that particular award.

At the time of his death Dr Cant was the ‘senior fellow’ of the Royal College of Surgeons, i.e. its oldest. At his retirement, the Order had rewarded him by appointing him as a Knight of Grace, while the government recognized his services by awarding him the MBE (membership in the Order of the British Empire).³⁷ He had earlier refused the offer of a knighthood ‘in recognition of his long and distinguished service in Palestine’.³⁸ He died at home at age 91 in 1936; his wife survived him by only four months. They had no children.³⁹



The elderly Lieutenant Colonel pictured in the July 1918 staff photograph of the Colchester General Military Hospital appears to be wearing a black Order of St John medal ribbon. Was this Dr WE Cant? If so, this is his only known photograph. Image: [Great War British Home Hospitals](#).

Although Dr Cant had not opened the Ophthalmic Hospital, he was its dominating influence during its first three decades. When he arrived at the Hospital in 1888, it had been running well but had experienced disruptive staff changes. He brought stability; he presided over an impressive expansion of its caseload; and he ensured that its facilities were extended in order to accommodate its rising number of patients. By accomplishing all that, he set the directions the Hospital would follow in the decades following his retirement and departure from Jerusalem.

Notes

- 1 Cant obituary in the 'Profiles' section of the [Great War British Home Hospitals website](#), accessed 26 November 2019.
- 2 *Ibid.*
- 3 *Annual Report*, St John of Jerusalem Ophthalmic Hospital (1889), p. 5. Henceforth abbreviated as 'AR SJJOH [and year]'
- 4 John F Talbot, 'The foundation of the St John Eye Hospital, Jerusalem' in *St John History: The Journal of the St John Ambulance Historical Society of Australia*, Vol. 10, 2010–2011.
- 5 AR SJJOH 1889, p. 5.
- 6 Talbot, 'The foundation of the St John Eye Hospital, Jerusalem', *op. cit.*, p. 46.
- 7 *Ibid.*
- 8 *Ibid.*
- 9 AR SJJOH 1889, p. 6.
- 10 *Ibid.*
- 11 Talbot, 'The foundation of the St John Eye Hospital, Jerusalem', *op. cit.*, p. 46.
- 12 AR SJJOH 1889, p. 6.
- 13 Talbot, 'The foundation of the St John Eye Hospital, Jerusalem', *op. cit.*, p. 46.
- 14 *Ibid.*
- 15 *Ibid.*
- 16 AR SJJOH 1889, p. 15.
- 17 *Ibid.*
- 18 AR SJJOH 1897, p. 6.
- 19 Figures derived from the statistical tables set out in *Ophthalmic Hospital Annual Reports* from 1891 to 1895.
- 20 AR SJJOH 1889, p. 13.
- 21 'Obituary: Dr W E Cant: Eye Diseases in Palestine', 1936 newspaper clipping, *op. cit.*
- 22 *Ibid.*
- 23 AR SJJOH 1889, p. 39.
- 24 AR SJJOH 1889, p. 16.
- 25 AR SJJOH 1894, p. 4.
- 26 AR SJJOH 1897, p. 6.
- 27 [Jerusalem Railway Station](#), accessed 2 December 2019.
- 28 AR SJJOH 1907, p. 6.
- 29 AR SJJOH 1896, illustration preceding the title page..
- 30 AR SJJOH 1898, p. 5.
- 31 *Ibid.*, p. 6.
- 32 AR SJJOH 1900, p. 5.
- 33 Talbot, 'The foundation of the St John Eye Hospital, Jerusalem', *op. cit.*, p. 46.
- 34 AR SJJOH 1912, 1919 and 1935, lists of Committee members prefacing each year's Committee annual reports.
- 35 The information about Gostwycke is from the [Great War Home Hospitals website](#), accessed 27 November 2019.
- 36 Red Cross service record for William Edmund Cant, published online on the [British Red Cross Voluntary Aid Detachment website](#), accessed 27 November 2019.
- 37 AR SJJOH 1889, p. 5; and Cant's obituary in *The Lancet*, 29 August 1936, p. 546.
- 38 'Obituary: Dr WE Cant: Eye Diseases in Palestine', clipping from an unnamed, undated newspaper of 1936; provided by Dr Matthew R Glozier from his archival files.
- 39 Cant's obituary in *The Lancet*, 29 August 1936, p. 546.

The St John of Jerusalem Eye Hospital Group's Mobile Outreach Program

Matthew Glozier

Dr Geoffrey Bisley, the new Warden of the St John of Jerusalem Ophthalmic Hospital in 1980, was an ex-Royal Air Force officer who had served as a senior ophthalmological surgeon in Nairobi, Kenya. Sir Stephen Miller, the Order's Deputy Hospitaller, recruited him.¹

Dr Bisley had found in Kenya that screening patients in their own villages via outreach teams circumvented the deterioration of health by intercepting disease in its early stages. The West Bank of the River Jordan and the Gaza Strip appeared to invite a similar approach.

As one of his last acts as Order Hospitaller, Dr Keith Lyle tasked Miss Walia Kani, financed by Oxfam, with surveying need in these areas and she discovered poor living conditions throughout the region.²

What followed was a pilot survey of the ophthalmic state of 6099 individuals, conducted by American surgeon, Dr Lee Chumbley, and Dr Ian Thompson from the United Kingdom. They found that remedial blindness was six times more common in the West Bank than in developed nations.³

In response to these findings, Dr Bisley initiated 'Operation Outreach' in 1980.

The birth of mobile outreach

The Mobile Outreach Program echoed the original mission and purpose of the Knights Hospitaller in the Holy Land.⁴ Those crusader knights had welcomed patients of all backgrounds to their Hospital. They did not turn patients away. Furthermore, they actively searched for the sick poor throughout the region. An Outreach Program promised to extend the fixed Jerusalem presence of the Hospital out into Israeli-controlled territory.⁵ Nothing could happen without money, however, and the Order of St John was adamant it must maintain the independence of the Hospital. Yet, it was clear to the new Warden that the 'Hospital has been living from hand-to-mouth and its financial situation has been growing worse ever since the Six-Day War'.⁶ The Deputy Hospitaller, Sir Stephen Miller, confirmed in early October 1980:

The Hospital is working at full pressure and actual numbers go on increasing. There is no evidence at all of any slackening off in demand for our work ... The cost of running the Hospital, of course, is always a concern and this year I fear we will have quite a sizeable deficit.⁷

Sir Stephen appealed for money to Priories around the world. New Zealand provided just one example, among many, of the response. The Priory offered to purchase a new operating table and Sir Stephen confirmed the Hospital's need for one, prompting the New Zealanders

to commit to raising NZ\$15,000.⁸ As it turned out, other sources provided the operating table, leading Sir Stephen to suggest that new bed stands would be more appropriate from New Zealand. In December 1980, Sir Stephen wrote again to say that other items would be more acceptable than the bed-stands. Understandably, William Watt OBE, the New Zealand Priory Hospitaller, expressed some frustration:

I regret to report that ... I am unable to say what the funds we have raised will be used for. I trust this will be clarified before the June Chapter meeting. Meantime \$14,000 has been raised and to each and everyone who has contributed I express heartfelt appreciation.⁹

In Palestine and Jerusalem, Dr Geoffrey Bisley, the Hospital's Warden, investigated the viability of his outreach program, based on his African experience. Dr Bisley wrote to the Order Hospitaller, Sir Stephen Miller, confessing he found the projected costings 'staggering!' and asked: 'Have I been too ambitious?'.¹⁰ Altogether, the establishment costs of the Outreach Program came to £143,248.¹¹ Before the scheme could be launched, it was first necessary to obtain approval from multiple authorities, including the Israeli Ministry of Health, the Director of Hospital Services for the West Bank and the Jordanian Ministry of Health in Amman. Locally, the Mayor of Jerusalem, Teddy Kollek, also gave his approval.¹² The merits of the scheme outweighed purely financial considerations and the St John Ophthalmic Hospital launched the Mobile Outreach Program on 15 January 1982. From that time the Program took medical services to remote places, giving relief to large numbers of impoverished people. The Outreach Program proved to be far-reaching, both in its value and utility. Beginning in a small way with temporary clinics, it expanded to become mobile via the use of vehicles 'in the light of experience' (in the words of the New Zealand Priory Hospitaller, William Watt).¹³

Expansion and growth of Hospital outreach

Between 1980 and 1982, vehicles were acquired—one donated by Eyesight Universal of Calgary, in Canada, and the other by the Arab-British Chamber of Commerce Charitable Foundation in London.¹⁴ Each van was equipped with modern ophthalmic instruments and a generator to power lighting. Two teams, consisting of a surgeon, two nurses, a technician and a driver, travelled across the West Bank every week. The scheme aimed to assess the prevalence of eye disease in distant areas served by the Hospital; to identify cases of disease at an early stage; to give minor treatment where required; and to arrange for more serious cases to be brought quickly to the Hospital.



One of the first Mobile Outreach vans (1980) after being snowed upon.¹⁵ This image was later used on fund-raising Christmas cards available through the St John of Jerusalem Ophthalmic Hospital Group shop.

Apart from the treatment offered, Dr Bisley felt the educational program delivered by Sister Kaibni via the Outreach Program was of equal importance, because it was designed to persuade people that their eye trouble could be cured if early intervention occurred.¹⁶ From 1982, one Mobile Outreach team typically saw between 8000 and 10,000 Palestinians each year.¹⁷ By November 1982, Dr Bisley could report: 'Outreach has in fact developed well up to my expectations considering the realities of the local situation'.¹⁸ By this time, Dr Ian Thompson (funded by Christoffel Blindenmission), and his wife, were devoting 'their full time energies' to developing the program.¹⁹

Outreach proved to be one of the most significant endeavours of the Order of St John's hospitaller activity in the Holy Land:

The success of the Outreach Scheme can be measured in a number of ways, not least by the awareness it has created in the villages of the Occupied West Bank of what modern science can do both in preventing and curing eye disease ... fatalistically ... many children with trachoma and elderly folk with Cataract do not understand that modern technology can restore sight and prevent dire complications of disease.²⁰

Part of the problem was cultural. For example, eye conditions were exacerbated by a marked tendency to avoid wearing spectacles, due to lingering memories of the treatment the Turks had meted out to 'intellectuals' in the era of Ottoman rule.²¹ By 1986, the Outreach research project allowed Dr Ismail Jalili to discover, via the use of new electro-diagnostic equipment, a new syndrome which has 'excited much interest among geneticists'.²²



The first Mobile Outreach Program van, visiting remote villages on the West Bank (1982).²³

By 1983 the Hospital had just started to service its Outreach clinics with medically equipped mini-buses, used to visit refugee camps and the Bedouin camps.²⁴ The Grand Priory funded half the costs, but the Hospital was reliant for the rest of the funds on the generosity of several Arab states and a broad network of private donors.²⁵ By 1989 the Mobile Outreach Program not only continued its mobile eye clinics in villages on the West Bank and Gaza Strip, but it now also screened school children and gave lectures on eye care as part of a sophisticated education program.²⁶



Mobile outreach van, ministering to the sick outside Jerusalem (1991).²⁷

The First Intifada (1987–1993) prompted the Eye Hospital to escalate its Mobile Outreach Program of self-contained eye clinics carried in Volkswagen transporter vehicles to the West Bank and Gaza Strip. The increased activity meant Hospital staff members were working a seven-day week in difficult circumstances. The level of risk is evident in the fact that young Arabs frequently stoned Outreach vans, because they could not read the signs on the vehicle or because their general animosity led them to throw their missiles before they identified the target. Consequently, the repair bill for broken windows and lights mounted, but this was inconsequential in comparison to the extra US\$60,000 which the mobile surgical unit cost the Order in a single year of operation.²⁸ The operating budget of the Hospital was now US\$2,300,000 and it continued to escalate due to the Intifada.



The Mobile Outreach Program van, donated by Operation Eyesight Universal Canada (1988).²⁹

In June 1992 the Australian Priory Hospitaller, Professor Frank Billson, visited the Ophthalmic Hospital. Dr Jouani accompanied Professor Billson on an Outreach visit. His experience of the Mobile Outreach Program is worth noting:

I had the opportunity to visit one of the Outreach programs, Qubadieh. The journey made me realise the real victims of this strife-torn region are the powerless, the poor, the elderly, the women and young children. Sister Hiyam the nursing director of the program deserves the highest praise for the way in which she organises the Outreach team. I was unable to visit Gaza because of the curfew, but I understand the need there is great and in addition to the Outreach program it is considered it may be necessary to set up a small hospital facility.³⁰

In 1990, the Mobile Outreach van carried on its side the slogan: 'With love from the people of Vancouver, Canada'.³¹ It was coping with many more people than had been intended. Doctors only transferred to Jerusalem those patients who required major eye surgery.³² By 1993, the Outreach Program cost £50,000 to operate.³³

Outreach proves vital to maintain services

When Israel effectively sealed off the Gaza Strip for most of 1995, the Mobile Outreach Program came to the fore at this difficult time by facilitating easier access to patients. Twice a week the Volkswagen van took a doctor and three nurses throughout the West Bank and, occasionally, to the Gaza Strip refugee camps. The team set up its microscope and vision testing equipment in a local medical clinic building and then saw patients for several hours before the long trip home. Each month doctors saw 330 patients and treated 80% of them locally, with the remainder sent for treatment at the Ophthalmic Hospital in Jerusalem.³⁴



Miss Khaled El Karmi, the outreach charge nurse, tends to the mobile outreach van on the West Bank (1994).³⁵

The effectiveness of these efforts inspired the Sovereign Military Order of Malta to initiate outreach clinics from its Holy Family Hospital, in order to reach the sick poor at their doorsteps. In this way, the Catholic Order sent a mobile clinic into areas in the Judean Desert, where people lived in tents and shacks and lacked everything, including sanitary facilities, electricity and running water.³⁶

The year 2001 was one of the most critical in the history of the Eye Hospital. The conflict in the Holy Land continued to impact greatly on its ability to care for those who most needed support. Patient numbers had halved, simply because people could not get to the Hospital. The Outreach Program could not operate its regular mobile clinics in the West Bank and Gaza Strip, where the situation continued to be very difficult, with severe restrictions on internal movement and very limited access. In the words of New Zealand Priory Hospitalier, Dr Mark Elder, 'there is great deprivation amongst the people of Gaza and the ones who are suffering the most are children'.³⁷ The Hospital suspended its West Bank Outreach Program because of the personal risk to staff.

The efficiency of the Mobile Outpatients' Department was vital. The medical staff typically saw 50 patients each morning. The Hospital's Mobile Outreach Program went well beyond simply treating long queues of patients at the St John Mobile Eye Clinic. Staff also taught

Bedouin women basic first aid and cardiopulmonary resuscitation. The New Zealand Priory joint-Hospitaller, Mrs Judith Hoban, observed that 'it was not uncommon for Outreach staff to end the day sipping mint tea with their Bedouin friends'.³⁸

In addition to the 30,000 patients who gained access to the Hospital's facilities in 2003, the Outreach program added a further 6000 patients to the overall treatment statistics of the Hospital. The Gaza Clinic provided care to 10,500 people. In other words, a third of the patients cared for by the St John Eye Hospital came from the occupied Palestinian territories. The mobile outreach Clinic made this possible.³⁹



A mobile outreach vehicle brings care to the suffering in the shadow of the Separation Wall. During 2006, nearly 35,000 people were seen by the Eye Hospital's Mobile and Static Outreach Centres.⁴⁰

Outreach unites the Alliance Orders of St John

In 2004, a successful joint-funding application with the German Johanniterorden meant Mobile Outreach received a much-needed boost from the funds granted as a result of this successful application, which provided money for medical equipment and a new vehicle provided by the European Community Humanitarian Organization (ECHO) to the value of almost £300,000. The funding application also enabled a second Mobile Outreach clinic to be established. The new Outreach van undertook its first rounds on 1 September 2004 and included what would become a dedicated diabetic clinic. In Jerusalem, the Hospital received confirmation of further ECHO funding for this clinic.⁴¹

In tandem with the development of a fixed, permanent clinic in Hebron, the Mobile Outreach Program provided up to eight rural clinics per week. Funding from ECHO had helped the Hospital to establish a second Outreach Team in 2004. The Hospital was successful in 2005 in extending this funding through to mid-2006, by which time this second Mobile Outreach Team provided both primary care and laser therapy on-site to patients with diabetic retinopathy, and operated an orthoptic service to screen and to assess children with visual defects.

The European Union sponsored outreach, in partnership with the German Johanniterorden, in a manner that extended the Alliance Orders of St John support for the Eye Hospital.⁴² In

partnership with the Johanniter Unfall Hilfe (uniformed first aid service), the Eye Hospital won grants from the European Union to sustain its mobile outreach work. The Swedish Order of St John (St Johanniterorden i Sverige) provided educational support and the Swiss Commandery supplied valuable equipment. Regular mobile outreach clinics held at the Catholic Sovereign Military Order's Holy Family Hospital in Bethlehem cemented the Venerable Order's relationship with the Catholic Order.⁴³ The clinics provided primary eye care to patients who had difficulty in reaching the main Jerusalem Hospital, and allowed doctors to refer patients with more serious disease back to the Hospital in Jerusalem.

A beacon of hope in troubled times

The Outreach Program became increasingly important in achieving the Eye Hospital's aims, in line with the World Health Organization 'Vision 2020: The Right to Sight' initiative to abolish preventable blindness by 2020.⁴⁴ In general, throughout 2008–2009 services operated as normal at the Eye Hospital in East Jerusalem and at the static clinics in Hebron and Anabta, while the Outreach Program continued to visit two rural communities per day, four days of every week. The clinics endured, despite access problems, an unpredictable number of checkpoints and the extension of the Separation Wall. However, during the summer of 2008, the delicate ceasefire agreement in the Gaza Strip between Hamas and the Israeli Government broke down, following an Israeli air attack on 4 November 2008.⁴⁵ In 2010, the mobile outreach team travelled to eight rural clinics each week, covering a wide rural territory.⁴⁶

In 2011, the Hospital Group increased its outreach among Palestinians by working in partnership with the United Nations Relief and Works Agency for Palestinian Refugees, on a pilot screening program in the Dheisheh refugee camp in Bethlehem. In consequence, the Hospital Group began to play a role in public health issues.⁴⁷

By 2015, the Hospital dispatched two mobile outreach teams to the West Bank, four mornings each week. Then the European Union ceased its funding and, when the residual funds ran out in 2015, the Mobile Outreach Program looked as though it must cease.

The loss represented by cessation of outreach visits is evident in the story of Khaled Zuaiter. He coordinated the second outreach team, consisting of a driver, doctor, three nurses, and an administrator who signed in patients. American artist, Jill Hooper, said of him: 'With ease and calm, he takes care of his team and simultaneously takes care of the community they are serving'.⁴⁸ Khaled Zuaiter confirmed that more than half of the 50-plus patients consulted on an average day had never seen an eye doctor before:

If we weren't here they would not be checked and the situation with their eyes will just get worse. If you don't screen and treat those patients and refer them to the hospital, there will be a catastrophe. There will be more blindness in this country.⁴⁹

In an assessment, received by Canadian–Jewish writer, Bernie Farber, Hospital Group staff affirmed:

We must reduce mobile outreach teams from two to one, although a nurse practitioner from the second team will continue to work in partnership with the Order of Malta's Bethlehem mobile outreach. We set up a dynamic new fundraising team to address the situation, but we must also maximize patient income from the Palestinian Authority and insurance firms while charging reasonable fees from patients who can afford to pay. Overall management training must be improved, so that staff are utilized to best effect and

the highest standards of care maintained. Sustaining a first world service to over 114,000 people—many in remote or isolated areas—makes a huge difference to the region. Without funding, we simply can't do it.⁵⁰

In remote villages, for cultural reasons, women were not allowed to travel on their own or without permission from their husbands. This led to a gender disparity in terms of eye care in the region. As a result of the Outreach Program, Ahmad Ma'ali affirmed: 'We are ... starting to bring about much more equity in this area of health care'.⁵¹ All services were expensive and, although many patients could afford to contribute towards part of their care, equally many were incapable of paying anything at all. In Gaza, for example, fundraising activities met almost all costs.⁵²



St John Eye Hospital Group Mobile Outreach vehicle in operation in the Gaza Strip.⁵³

To aid the effectiveness of the Mobile Outreach Program, the Chief Executive Officer of the Eye Hospital, Brigadier Ogilvie-Graham, negotiated a Memorandum of Understanding with the Palestinian Authority early in 2014, resulting in more patients being referred to the Hospital Group. In the words of Tom Ogilvie-Graham:

Our mobile outreach clinic has somehow carried on very well, mainly through good planning and determination. We are pleased that as of early 2015 we should be able to resurrect a second mobile clinic, which will work in partnership with the SMOM Holy Family Hospital to screen and treat neonates with conditions such as retinopathy of prematurity, which can leave children blind for life. The clinics ... are so important that we have made them a priority for our fundraising team.⁵⁴

In this way, general goodwill between the Alliance Orders of St John was translating into practical co-operation on humanitarian projects that aided the people of the region. The activity of the Mobile Outreach Units countered the drop-off in people not attending St John services due to difficulty of travel or fear of leaving their homes. To further enable attendance, outreach teams habitually ferried a van full of specialist personnel, equipment and medicine into the far-flung villages of the West Bank, where a waiting room full of people usually met it. Outreach personnel always delivered a short lecture, accompanied by leaflets,

explaining how to identify and prevent eye disease. Eye Group staff administered vision tests to all and then doctors examined the patients, referring some to the main Hospital in Jerusalem.

By 2014, there were two Mobile Outreach Teams, which conducted five clinics each week in the north and south of the country. Doctors, nurse practitioners, orthoptists, optometrists and nurses staffed them. Eye Group doctors regularly held diabetic and paediatric clinics as part of this service. The two Outreach Teams had fully equipped vehicles, each carrying two slit lamps, two direct–Retino sets, Indirect Ophthalmoscope sets, vision test charts, orthoptics test sets, Optometric test sets, including a hand held Autorefractometer, lens meter and trial lens sets. One team carried a mobile retinal laser.⁵⁵ A growing need led to the consolidation of the second Mobile Outreach Team.⁵⁶

Because of the growth of patient numbers (Fig. 1) the Eye Hospital Group finally launched a second Mobile Outreach Unit in 2016, to provide care to remote and impoverished people in the West Bank via ‘pop up’ eye clinics in small villages such as Masafer Yatta, a collection of nineteen Palestinian hamlets in the Hebron Governorate of the southern West Bank. Patients relied on these teams to coordinate the permits required for travel to one of the Group’s hospitals or fixed clinics for further treatment.⁵⁷ The second Outreach team resulted in the number of patients treated growing by over 7% to 18,000.⁵⁸

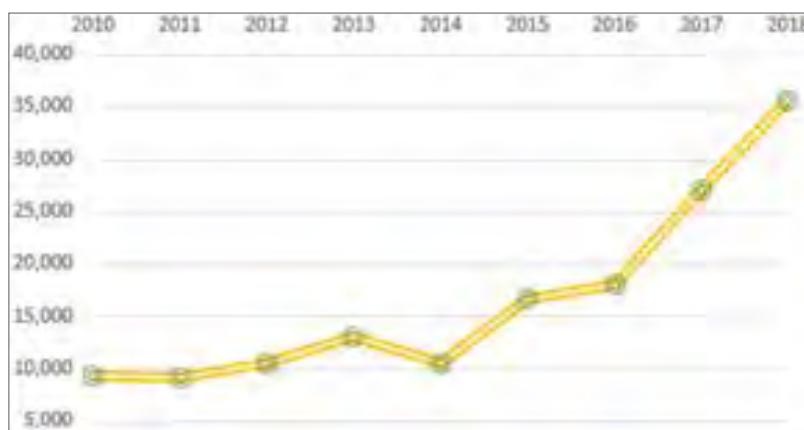


Figure 1. Numbers of patients seen by the Mobile Outreach Service 2010–2018.⁵⁹

Rebecca Chislett, from the University of Nottingham, chose to take her medical school elective by spending eight weeks studying ophthalmology in Jerusalem and the West Bank in 2017. She travelled with the mobile outreach service throughout the West Bank many days a week, where everything needed to set up an ophthalmology clinic (including slit lamps with their tables), which was packed into the back of a mini-bus which travelled to a community building or doctor’s surgery in a village. The outreach team saw difficult cases (allergy, blepharitis, vernal catarrh, keratoconus) and performed its diabetic retinopathy check-ups and made referrals for further investigations and performed visual acuity screening.⁶⁰ A usual day would start for Ms Chislett around 7:30–8.00 am and finish around 4.00 pm at the latest.⁶¹

Australian Hospital Ambassador and Registered Nurse, Ms Liz Coffey, visited the St John Eye Hospital Group in 2018.⁶² Ms Coffey had the opportunity to travel in the mobile outreach van. She witnessed the visits, where the team would occupy an empty clinic or community hall on arrival. In her words:

Various cases and equipment are distributed, and staff configure the most effective layout for the management of patients that would soon arrive at the pop-up clinic. With the prospect of 50–70 patients to be seen in a few hours, the team of an Ophthalmologist and Ophthalmic Nurses then prepared a delicious breakfast to keep us going through the day.⁶³

Patients were registered and then examined, with various eye diseases and acute injuries highlighted for referral to the Hospital in Jerusalem for further assessment, treatment or surgery. The day concluded with the team's return and the restocking of the van with equipment and supplies, ready for the next day's journey. The outreach service operated seven days a week 'and was undoubtedly cherished by those who use it'.⁶⁴



Loading an outreach van at the St John of Jerusalem Eye Hospital Group's Anabta Clinic. The vehicle was donated by the Episcopal Principal Diocese of Dallas, in support of the American Priory of the Order of St John.⁶⁵

In 2019, funding cuts from the United States of America administration of Donald Trump effected negatively the Hospital Group's Outreach Program. In the words of the Hospitaller of the Australian Priory, Dr Nitin Verma, the withdrawal of United States of America funds 'had a direct and negative impact' on the Hospital's outreach activities in Gaza and the West Bank.⁶⁶ In fact, the Hospital Group had no option but to suspend its Outreach vans in the West Bank, where they had been reaching 320 locations.⁶⁷

Notes

- | | |
|----------------------|---|
| AR SJJOH/SJJEH | St John of Jerusalem Ophthalmic Hospital, <i>Annual Report</i> |
| AR Australian Priory | Australian Priory of the Order of St John, <i>Annual Report</i> |
| OHR SJG | St John's Gate, Ophthalmic Hospital Records |
| AR NZ Priory | Priory in New Zealand, <i>Annual Report</i> |
| NZ Priory Yearbook | Priory in New Zealand, St John Yearbook |

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- 15 © SJEGH; a blank Christmas card, a copy of which was provided by St John Ambulance Australia Inc..
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One St John

Guidelines for contributors

One St John: The International Historical Journal of the Most Venerable Order of St John aims to present, and encourage, writing about the history of the Most Venerable Order of St John, the Order's Foundations and Establishments, and related subject areas.

One St John was launched by the Grand Prior, HRH Prince Richard Duke of Gloucester, in May 2015 during the Order's Grand Council meeting in Edinburgh.

One St John is an online journal published by St John International.

It is the aim of St John International that *One St John* is a truly global publication, with management of publication shared by all Priory librarians and historians. In the interim, the Co-Editors will continue to be:

- Dr Matthew Glozier FRHistS, FSAScot (Archivist-Librarian and Official Historian of St John Ambulance Australia [New South Wales])
- Dr Ian Howie-Willis KStJ (Historical Adviser, Office of the Priory, St John Ambulance Australia)
- Professor John Pearn GCStJ (Priory Librarian, St John Ambulance Australia).

The nature of *One St John*

The proposal for *One St John* agreed to by the Standing Committee of the Grand Council of the Most Venerable Order of St John in February 2015, was for a publication that:

- appeals to a broad spectrum of the international St John community
- contains articles contributed by diverse authors, inclusive of all backgrounds
- contains articles that result from thorough research
- are written at the level of the general lay reader, using the principles of Plain English to allow their work to be understood by a wide audience, where English might not be a first or even a second language.

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Khaled Zuaiter confirmed that more than half of the 50-plus patients consulted on an average day had never seen an eye doctor before: If we weren't here ... There will be more blindness in this country.⁴⁹

Reference in Notes:

49. M Kalman, 'Lack of vision threatens vital West Bank eye clinics: St John of Jerusalem eye hospital is losing funding for outreach clinics for Palestinian patients', *The Guardian*, 1 March 2014, accessed 10 June 2019.

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July 2020