

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. Reproduced with permission from the Museum of the Order of St John.

Eighth volume of *One St John*

Welcome to this edition of *One St John*, the international Historical Journal of the Order of St John. Each year a volume has been published in electronic format on the website of St John International, the London-based governing body of the Order. From inception, the editorial team of Dr Ian Howie-Willis and Professor John Pearn gathered together and refreshed a range of interesting historical articles (many drawn from *St John History*, the annual journal of the St John Ambulance Historical Society of Australia). I joined the editorial team in 2018 and am now the sole editor of the Journal, operating with the guidance and encouraged of the Order's Librarian.

This volume, the eighth to appear in the series, consolidates the departure from previous issues that was marked by Volume 7. The articles appearing in this edition have been solicited from St John historians around the world, specific to a central theme. That theme is 'destruction and renewal' in relation to the Order, fairly broadly interpreted. As a result, this volume contains a significant amount of new research specific to that theme but ranging widely across time, place and topic. Sadly, the recent events of war in Gaza have rendered this theme all too poignant.

It is important to note that the contributors to Volume 8 belong to Priories and Associations of the Order from around the world – including England and the Islands, New Zealand, Scotland, Hong Kong, Canada, and Australia. This means Volume 8 represents a real advancement for *One St John* towards becoming the key historical publication of the Order, encompassing history and heritage research in all its Priories and Associations globally. Efforts to include a diversity of members from even wider afield are already well under way, including the aspiration to publish historical articles written by members of the Alliance Orders of St John, and of the Sovereign Military Order of Malta. The next two volumes of *One St John* are projected around the themes of 'the Orders of St John' (Vol. 9, 2023) and 'works of the Order' (Vol. 10, 2024).

To return to this current edition, 'destruction and renewal' is the focus of articles by Todd Skilton, Dr Matthew Glozier, Alan Sharkey, Dr Ian Howie-Willis and Prof. John Pearn, Dr Christopher McCreery, Bruce Caslake, Duncan McAra, and Dr Arthur See-King Sham. Each author presents a different aspect of things destroyed or rebuilt associated with the Order of St John. 'Hospitals' are the subject of articles by Matthew Glozier, Ian Howie-Willis, John Pearn, and Arthur Sham. 'Documents' are the focus for Tod Skilton; while chivalric and symbolic elements are subjects pursued by Christopher McCreery and Duncan McAra. Bruce Caslake and Alan Sharkey each survey the effects of conflict at very different times in the Order's history.

Volume 8 of *One St John* represents a significant achievement in expanding the level of inclusion of Order members from around the globe and their valuable original research on this important theme associated with the Order's heritage. I want to thank all the contributors for their willingness to offer fresh research and perspectives and for their promptness in supplying articles of a high standard in a professional and polished manner. I hope Volume 8 brings both joy and instruction to its readers.

Dr Matthew Glozier OStJ

Editor, *One St John*

Librarian of the Australian Priory of the Order of St John

24 October 2023

The St John Ambulance New Zealand Archives

Todd Skilton OStJ JP

Librarian of the Order of St John

In May 2019, the author had the privilege of attending a meeting of the St John Ambulance Historical Society of Australia. The ability to attend events such as that held in 2019 is very exciting. It really brings home that we are an international organisation with a shared heritage. The author proposed to the audience in his opening remarks that greater international engagement around heritage, will contribute to further strengthening the Order and our joint understanding of the Order and its legacy. Therefore, the lessons learnt by one portion of our organisation, are just as relevant across others.

Not long prior, Todd had been appointed as the chair of the New Zealand Priory Heritage and Archives Committee, therefore elected to the conference on the state of heritage in New Zealand so that ideas may be traded. This paper is an adaptation of that presentation.

New Zealand has always been highly enthusiastic supporters of our Order and its outputs, with the Orders first official New Zealand activity commencing in 1885, with the establishment of a branch of the Association in Christchurch. By 1905, nearly half of the St John Ambulance and Nursing Divisions outside the United Kingdom were in New Zealand.



Early New Zealand Ambulance activities: the Auckland Nursing Division at the Epsom Showgrounds (c. 1910).

Heritage has always been at the core of 'what we do'. In the 1912 Order Regulations, the role of Librarian was defined, putting them in charge of 'the books, papers and other property belonging to the library of the Order and reporting to the Chapter-General'

However, despite Order Statutes from 1926 stating that one of the Order outputs 'was the collection of works of art and objects of historical interest relating to the Order', New Zealand never really embraced the heritage output and never took a national view around the heritage of the Order and its Foundations in New Zealand. Despite our enthusiasm for the ambulance output, New Zealand never really embraced the heritage output.



Priory Chapter – the first Priory Librarian Revd George Moreton ChStJ is pictured back row, fourth from the left.

It was, however, agreed at a Commandery Council meeting in August 1944 that the Secretary make inquiries to locate suitable storage space for records for the history of the Order in case it might be needed. Based on some major gaps in our archives, it seems unlikely that this initiative proceeded!

Between 1947 and 1992, Priory Librarians were appointed as members of the Priory Chapter. Some were outstanding and supported the publication of books and other material; others unfortunately failed to even table annual reports.

The Librarian position was re-established from 2005-2011 as a Priory Officer (an advisor to Priory Chapter), primarily to support the publication of a history to recognise 125 years of St John in New Zealand. The book was published, and the role dis-established again.

Perhaps (and this point could be argued with) as St John New Zealand provides most of the ambulance services nationwide, that understandably becomes the prime focus of the Priory. This is understandable as funding pressures mean that activities must be prioritised, therefore history has taken back seat.

In addition, in a large professional organisation (there are over 16,000 paid staff and volunteers in the Priory), there can sometimes be the illusion that another area is responsible for activities. This gives the feeling that 'somebody' will be collecting and collating material, meaning individuals no longer had to be responsible for keeping or archiving items.

Therefore, material has continually been destroyed over the years. This has occurred as part of efforts to 'clean out the old stuff' as activities were relocated to new buildings or as part of modernising ambulance operations.

Stories were also told that all the 'good stuff' was safely tucked away at St John Gate Museum in London, so no one need worry. After working with and visiting the Gate, they have some

nice New Zealand items, but holdings are minimal. Unfortunately, as a result, this means a lot of New Zealand material has been lost over the years.

It doesn't appear that these efforts were ever malicious, people tried their best and thought they were acting in the best interests of the Priory as a whole, rather than applying a heritage specific lens.

Fortunately, various regions and areas, normally due to a single motivated individual or group of individuals commenced efforts to retain material. One example is the team in Auckland. To setup operations, they obtained funding support from various areas of the organisation, but never really declared their activities. They are not alone in their 'covert' activities. But as a result, gems have been protected, but there has been no deliberate strategy.

In 2015, there was renewed interest from senior levels in the Priory to take a national view of heritage. This stemmed from alarm and concern at the on-going loss of material. This resurgence was accompanied by a review known as the 'Roberts Report', which was completed by Kate Roberts a student doing archival studies. This review became the foundation document for the Priory to work to.

Subsequently the Priory Heritage and Archives Committee was established. The purpose of the committee is to develop national policy, raise awareness and provide points of contact. In essence its purpose is to stop the Priory losing more material and prepare it for the future so that history can be celebrated.



Auckland Archives Team.

The Committee consists of three 'independent' members and at least one 'champion' from each region – senior Order Members who have a wealth of experience and respect in their Region. Other regional representatives also attend to get a wide range of views and input.

In the recent past, St John in NZ was regionally based, and those regions were very powerful with Priory Headquarters having limited influence. Long serving members of the Priory are still aware of these tensions. As a result, having senior respected representatives helps break down these barriers – but this doesn't mean it is easy. There is still significant distrust across the country and is an important issue that must be solved in order to preserve heritage.



Auckland Archives Display
including awards made to former
Prior Sir Edward Denis Blundell,
GCMG, GCVO, KBE, QSO

The Committee reports to Priory Chapter through the Priory Librarian and works closely with the Order Matters team. This gives the opportunity to put plans in place and measure progress. However, there is always a lot to do with limited resources to do it.

While it was considered, the Priory has not established a separate historical society. All material are Priory assets and all those who support heritage and archives activities are members of St John NZ. They get recognised with service towards their Service Medals and some have been appointed to or promoted in our Order.

The Priory operates three Regions:

1. Northern Region (with heritage unit based in Auckland) has been functioning for 15 years+ and arose out of a Fellowship Group. They hold significant amounts of material for the wider region, including holding the remnants of the Priory archive collection. They are very well organised and hold some stunning items.
There is also a satellite group in Whangarei, in the North of the North Island which operates and holds material of local interest.
2. Central Region – were accessioning material over a significant period, however suffered an incident which will be discussed below.
3. The South Island Region unit is based in Christchurch, who are re-establishing after earthquake.
They are working their way through material; they also have a number of vehicles in their collection which are maintained by a team of enthusiasts.
New buildings in Christchurch have been built to display heritage items which allows displays to be put on and changed. There is a satellite group in Dunedin which hold some stunning material.

And there are probably others that haven't yet popped up on our radar. The nature of the way heritage has evolved has meant that it is not always clear who is doing what.

The collections are vast and include literally everything from Ashford litters to ambulances, matrons capes from 1913 to current generation hi-visibility jackets.

Following the creation of the Priory Heritage and Archives Committee, it was recommended that the Priory Librarian role be re-established. This occurred in 2019, with the author being appointed to the role.

Unfortunately, despite putting the new frameworks in place, unfortunately there are still lessons being learnt. One of the recent very painful ones was the inadvertent destruction of 16 years of work by two volunteers from Central Region.

Approximately 196 boxes of material were accessioned by the two volunteers based in Palmerston North. The material was sent for storage at a commercial records company, alongside non-Heritage based archives.

Regional Headquarters in Hamilton were not aware of the activities, and when material came up on automated 7-year review, they approved destruction of the material, thinking it was all old financial records.

Following this, the remaining heritage material was removed from commercial storage and transferred to Northern Region archives. Unfortunately, just 45 boxes remained from the original 196.

There was no malicious intent and had the material been housed separately in a series of records just for heritage material it wouldn't have happened. Lesson learnt – and something to capture in policy to ensure it doesn't happen again.

As a result, the material that has survived has been down to the great efforts of passionate volunteers and sometimes a little bit of luck. This shows the need to develop capacity and capability nationwide to ensure material is deliberately preserved, rather than relying of luck.

This sees the need to develop a passionate and diverse team that covers the country. An example one of these is the Dunedin team. The Dunedin Area Archives have been given and stored outstanding items – including the first Service Medal awarded in New Zealand, mounted on the Barclay shield and two original Brigade certificates which have not been found elsewhere in the country.

They have a secure locked area with excellent shelving and a team of willing volunteers. Having this facility has led to the donation of more material and greater celebration of their local heritage. They also have some exceptionally significant items of national importance. Supporting and encouraging these facilities is very important. They provide the local link



Christchurch Archives storage area.



Two items held in the Dunedin collection – awards to Lt Col George Barclay OBE, KStJ, VD the first commissioner in New Zealand and a rare Certificate of Commendation for early Brigade work

and establish heritage champions across the Priory. The biggest issue with the area team is ensuring resourcing, both financially and a stream of volunteers willing to step in and continue the work.

Due to lack of national policy records have been deposited in a range of public institutions. While this makes material harder to access, the fact this material has been donated means it has survived. Otherwise, the material could easily have been destroyed. A lot of this material is very early, for example BF1's of units from the early 1900's. Unfortunately, some of the donated holdings are not well catalogued nor understood. This is a project of its own.



News paper clippings detailing previously unknown Brigade involvement in rescues.

The Priory Heritage and Archives committee has set itself four goals:

1. Development of nationwide policy on information management. Operational records of today are the heritage material of the future.
2. Nationwide standard and policy for the accession, storage, and retention of material.
3. Supporting the various regions/areas which have material, and they don't want, or are conducting heritage operations. The committee wants to support and encourage them to ensure that no further material is lost.
4. Establishing a nationwide catalogue of material.

Alongside this, a range of projects have commenced locally, regionally, and nationally. This includes:

- Building a roll of those who served during World War 1 and 2, who had service with St John.
- Board digitation of resources, particularly around personnel records and Order admissions
- Scanning of national level reports, with the goal of these being published online. Despite a nation-wide search unfortunately some have not yet been located.
- Scanning a range of photos and Brigade forms to make them digitally accessible across Priory for researchers.
- Looking for opportunities to telling stories. For example, Bessie Ernest. She was appointed as an Associate of the Royal Red Cross, was Mentioned in Dispatches for her service as a VAD during WW1 and later appointed as a Serving Sister of our Order. Her story is now very much alive after falling off the radar for many years. This is achieved through heritage related Facebook posts. It is hoped to increase cooperation with the communications team to identify opportunities whenever possible.



Images of Bessie Ernest ARRC, SSSStJ



- Researching and expanding on the Historical Order Roll, Service Medal Register, Vote of Thanks/Priory Vote of Thanks, Brigade Commendations and Bravery awards. Many of these awards are unknown or the details of which have been lost in the passage of time.

One simple example was some research work that was being done nationally on the Service Medal. Part of this work found source documents in the Royal Mint Archives detailing why Queen Victoria's portrait has stayed on Service Medal.

When the Royal Mint was approached to take over the production of the Service Medal, they proposed updating the effigy to that of the current monarch. This however was not permitted to occur, as the Service Medal is not considered as an official award. While Her Majesty Queen Victoria granted permission for the use of her effigy on the medal, succeeding monarchs had refused similar permission for other non-official medals. In order to classify the Order's medal as official, its award would have had to be brought under some form of ministerial control. As a result, the Service Medal is the only British medal to retain the head of Queen Victoria on a current issue.¹ As This definitive answer was provided into a recent international review undertaken by the Order and provided a definitive understanding of why this occurred.

The author is very keen to see and hopefully drive wider engagement across the various stakeholders who are part of the St John heritage family. For example, the recent collaborative effort between the St John Museum London and the London based Heritage Society to digitise Chapter-General reports have produced dividends for everyone.

Sharing lessons learnt, having discussions, regular contact and building confidence amongst all is highly beneficial. This will not only help each individual Establishment and Association but will set an international foundation so that interest remains high and front of mind.

Reference

1. Advisory Committee, 139th Meeting, 12th November 1959, MINT 20/1818: 'In answer to a question by the President, Sir Robert Knox explained that the objection to the use of the effigy of Her Majesty Queen Elizabeth on the medal was that the medal was not an official award. Although Her Majesty Queen Victoria had granted permission for the use of her effigy on the medal, succeeding monarchs had refused similar permission for other non-official medals, among which was the Voluntary Service Medal. If the Order's medal were to be classified as official, its award would have to be brought under some form of ministerial control.' Sir Robert Uchtred Eyre KNOX KCB, KCVO, DSO was secretary to the Political Honours Scrutiny Committee from 1939 until his death in 1965.

Hospitaller work in the Holy Land: The Hospital at Tantar of the Sovereign Military Order of Malta*

Dr Matthew Glozier OStJ FRHistS FSAScot†

Librarian of the Australian Priory of the Order of St John

About the middle of the eleventh century, perhaps as early as 1048, merchants from the Italian maritime republic of Amalfi obtained permission from the Sultan of Egypt to build a church in Jerusalem. They constructed St Mary of the Latins over the remains of an earlier Orthodox monastery dedicated to St John the Baptist – whence came the name of the chivalric body later known as the Order of the Hospital of St John of Jerusalem. The new church, serviced by Benedictine monks, included a xenodochium or hospice for poor and sick pilgrims. The hospice stood nearby the Church of the Holy Sepulchre, in an area that would become known as the Muristan, an Arabic word meaning ‘hospital’ (بيمارستان = beemaarestaan).¹

A lay brother called Gerard, possibly from Amalfi or Scala in Italy or from Provence in southern France, was in charge of the hospice when in July 1099 the soldiers of the First Crusade captured Jerusalem.² Gerard and his brethren found favour with the rulers of the Latin Kingdom of Jerusalem, the new state established soon after the city’s capture. Gerard’s hospice prospered and was encouraged by the kings of Jerusalem and given donations of cash and land by pilgrims, crusading knights and European rulers alike. Soon Brother Gerard was overseeing the establishment of satellite hospices in Europe at the ports of embarkation for pilgrims to the Holy Land.

The Knights Hospitaller

His Holiness Pope Paschal II granted Gerard’s brethren autonomy as a religious order of the Church, on 15 February 1113, through the Bull *Pie Postulatio Voluntatis*. The Bull refers to Gerard as *institutor ac praepositus* – founder and superior – of the hospital.³ The Order



An idealised depiction of Blessed Gerard caring for ‘our Lords the sick and poor’ in the Hospital at Jerusalem (Oil painting by Mattia Preti at the Oratory of St John’s Co-Cathedral, Malta).

*This article could not have been written without the huge amount of labour, time and energy that has gone into the research and writing of the 140th anniversary official history of the St John of Jerusalem Eye Hospital Group. I owe a debt to my joint-official historians, Dr Ian Howie-Willis and Professor John Pearn and I express my gratitude to both gentlemen. I extend my thanks to HE Michele Burke Bowe, SMOM ambassador to Palestine and President of Holy Family Hospital, for her support for this research. I also want to acknowledge Dr Dane Munro KM who encouraged my initial idea to write this article for inclusion in *Sacra Militia: The Journal of the History of the Order of St John* published by the Sacra Militia Foundation of Malta.

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of the Hospital of St John of Jerusalem was responsible directly to the Pope, free from control by diocesan bishops, and had the right to control its own property and revenue. Gerard was appointed as rector, or head, of the Order, and he remained in charge until his death in 1120.⁴ Greatly revered, he was subsequently beatified and is now remembered as Blessed Gerard. He is rightly seen today as the founder of the humanitarian care tradition maintained by the Sovereign Military Order of Malta and by the Protestant Alliance Orders of St John.

Blessed Gerard's successor as rector was Raymond du Puy (1083–1160), a French knight from an influential Provençal family. Blessed Raymond transformed the Order's hospice in the Muristan into an important infirmary that came to be known as the 'Great Hospital'. During Raymond's period of leadership as *Custos*, or Guardian of the Order, it adopted a military function, recruiting noble-born knights and lesser men, called sergeants, so that a military wing of the Order could protect pilgrims and defend the Latin Kingdom of Jerusalem against Muslim attack. By about 1140 the Order was known for its military as well as charitable roles and the conflation of these separate functions was reflected in the name 'Knights Hospitaller'.⁵ Raymond's restructure of the Order divided the brethren between clerical or religious, military or knightly, and lay or 'serving brother' classes of membership via his Rule.⁶ A rare eyewitness record of the hospital was recorded about 1177 by the travelling cleric John, a priest of the church of Würzburg in Germany:

Over against the Church of the Holy Sepulchre ... on the opposite side (of the way), towards the south, is a beautiful church built in honour of John the Baptist, annexed to which is a hospital, wherein in various rooms is collected together an enormous multitude of sick people, both men and women, who are tended and restored to health at a very great expense. When I was there I learned that the whole number of these sick people amounted to two thousand, of whom sometimes in the course of one day and night more than fifty are carried out dead, while many other fresh ones keep continually arriving. What more can I say? This same house supplies as many people outside it with victuals as it does those incise, in addition to the boundless charity which is daily bestowed upon poor people who beg their bread from door to door and do not lodge in the house, so that the whole sum total of its expenses can surely never be calculated even by the managers and stewards thereof. In addition to all these moneys expended upon the sick and upon other poor people, this same house also maintains in its various castles many persons trained to all kinds of military exercises for the defence of the land of the Christians against the invasions of the Saracens.⁷

As a monastic military order, the Knights Hospitaller fulfilled both religious and military functions; but they maintained focus on their original charitable role. The Order's Great Hospital remained its *raison d'être*, accommodating up to 2,000 patients. The Order's humble claim was that it served its clients – 'our lords the sick and poor' – without discriminating on the grounds of religion, race, or class. In the words of George Buttigieg:

No one who knocked on the Infirmary's door for food, drink or medical assistance was turned away ... such charity was considered incumbent on the Order's principle of *obsequium pauperum*.⁸

The hospital was central to the purpose and identity of the Order. In their great hospital the Knights Hospitaller pioneered medical care and hospital management. Modern archaeological investigation has uncovered convincing evidence of the impressive scope of their undertaking in the Holy Land.⁹

The Knights Hospitaller retreated from Jerusalem to Acre after the disaster at Hattin in 1187. Acre contained another large hospital complex, some of which remains. When Acre fell to

an army of the Mamluk Sultanate of Egypt in May 1291, the Order of St John retreated to Cyprus. Again, it maintained a hospital facility, where the convent remained in Limassol for the next 19 years. Thereafter, the Order transferred to Rhodes, which it secured as its own in 1307, and built a hospital which it operated for 212 years, until 1522. On Rhodes, the Great Hospital was among the grandest buildings constructed by the Order. Through its hospitals, the Order of St John continued serving its original charitable function and it transferred that work to the island of Malta in 1530, for the next 268 years, until Napoleon Bonaparte expelled the brethren in 1798.

Among the Order's building projects were the Grand Master's magnificent palace, the elaborate Co-Cathedral of St John the Baptist, the splendid *auberges* of the *Langues* (or hotels of the Tongues representing the different linguistic branches of the international Order) and, vitally, the *Sacra Infermeria*. This Sacred Infirmary was one of the most imposing buildings on the island, equal to the impressive tiers of massive defensive walls that ended up surrounding the city.¹⁰ On Malta the Order's medical work developed to a high level of proficiency in the *Sacra Infermeria*.



Engraving of the *Sacra Infermeria* by Filippus Thommasinus (1588).¹¹

Begun in 1574 and extended several times, its 'Great Ward' eventually measured 155 meters long and could accommodate up to 900 patients.¹² By the mid-seventeenth century, the Infirmary was widely regarded as one of the best hospitals in Europe. A teaching institution, its facilities included a School of Anatomy and Surgery. This grew into a Faculty of Medicine, the specialties of which included ophthalmology and pharmacology. The Infirmary also maintained a large, separate infectious diseases hospital (a *lazzaretto*) on Manoel Island in Marsamxett Harbour on the north-western side of Valletta.¹³

By this stage in its existence, the international reach of the Order of Malta had turned it into a forerunner of modern Non-Government Organisations such as the Red Cross.¹⁴ Sadly, this represents the scale of what was lost to the knights when they were forced to depart Malta in 1798.

Re-igniting the Hospitaller role

The Order of Malta entered the nineteenth century in much-reduced circumstances, but with its sovereign status intact. Between 1805 and 1879, the Order was governed by a series of Lieutenants in the absence of a Grand Master. The Lieutenancy relocated to Rome in 1834 and the Order of Malta progressively strengthened itself, but it no longer fulfilled the functions implicit in the 'Military' part of its title. Instead, its future lay in its original hospitaller role. Henceforth, it would grow as an explicitly humanitarian organisation, albeit one containing uniformed and sword-wearing members of old European knightly families. Aiding this evolution of focus, the continuing disintegration of the Ottoman Empire prompted a war in Syria from 1839 to 1841 (the Second Egyptian-Ottoman War or Second Turko-Egyptian War). This event raised speculation about the possibility of the Order founding an independent Catholic principality in Syria. The Order's governing Lieutenant, the Neapolitan knight Fra' Carlo Candida dei Normanni, even hoped to gain a foothold for his knights in

Acre in order to revive the hospital maintained there by the Order between 1191 and 1292.¹⁵ His Holiness Pope Gregory XVI, having re-established the Order of Malta within the Papal States, ‘formed the idea of calling it back to the primitive object of its institution, whence it derived its name of Hospitallers of St John’.¹⁶ Consequently, in 1841 the Lieutenant, Candida, was able to expand the Order’s charitable work in Rome when the hospice of *Cento Preti* was turned into the Pontifical Military Hospital for old soldiers and sailors of the Papal States. His Holiness came in person to open the new premises and, in September 1841, he entrusted the management of the hospital to the Order of Malta. In the three years of the hospital’s existence, its number of inmates fluctuated between 184 and 325 across 500 available beds.¹⁷ In 1844, however, the hospital was destroyed in an act of arson committed by a medical assistant, depriving the Order of its ability to care for the sick poor in Rome.

With a growing desire to practise charitable hospital care, the Order’s birthplace – the Holy Land – grew as the primary focus for its health provision plans. In the second half of the 19th century, the Order sought to re-establish itself in the Holy Land through various initiatives, exciting interest internationally.¹⁸ Indeed, the Holy Land dominated the Order’s thinking to such a degree that alternative humanitarian schemes were viewed unenthusiastically. For example, in the late 1870s the English Association of the Order of Malta received no support for a projected hospital at Dover.¹⁹ This trend was typified by Count Emeric Hutten Czapski, President of the Polish Association of the Order of Malta, who advocated a return to religious ministry in the Holy Places of Palestine.²⁰ His vision was reflected in the Order’s concerted efforts to perform charitable work in the later 1800s in Jerusalem specifically and the Holy Land more generally.²¹ This desire led to the Order of Malta’s initiative at Tantur near Bethlehem.

The Hill of Tantur

The hospital at Tantur had its origins in the efforts of the Austrian Association of the Order of Malta and the person of Gottlieb von Schröter. He had been a young army officer in the Grand Duchy of Mecklenburg before he became a professed Knight of Malta. An earlier attempt to recreate that hospitaller work in Rome had been destroyed, and Pope Pius IX’s resumption of the *Cento Preti* confirmed its failure. As an enthusiastic advocate of the Hospitaller vocation of the Order, von Schröter thought: ‘what if the knights could take up a task even closer to their first inspiration?’ In the spirit of Blessed Gerard, Fra’ Gottlieb von Schröter desired to found a hospital and novitiate of the Order as near as possible to its origin-point in Jerusalem.²² Fra’ Gottlieb’s deep religious and chivalric feeling inspired a number of senior members of the Order, including Archduke Maximilian of Austria who had been made a Bailiff Grand Cross of Honour and Devotion in 1857 while he was Viceroy of Lombardy-Venetia.[‡] Archduke Maximilian showed great interest in the idea of a hospice in the Holy Land, even declaring that if the foundation took place he would go on pilgrimage with his wife to visit the hospice and assist its needs.²³

In 1857, Fra’ Gottlieb von Schröter travelled to the Holy Land with the intention of founding a hospital and a novitiate of the Order. Residing in Jerusalem incognito as ‘Brother Schroder’, Fra’ Gottlieb tried first to acquire the site of the Order’s medieval hospital in the Muristan district of the Christian Quarter of the Old City of Jerusalem. He kept a large sum of cash by

‡ Ferdinand Maximilian Joseph Maria von Hapsburg-Lothringen (1832–1867), Emperor of the Second Mexican Empire, 1864–1867.

him for the purchase.²⁴ He also produced a short, privately printed summary of his aspirations, which he submitted to a congregation of cardinals. His Holiness Pope Pius IX's approval of the plan was conveyed to Lieutenant-Grand Master Philippo Graf von Colloredo-Mels und Waldsee via a rescript from the Secretary of State, Cardinal Giacomo Antonelli, dated 3 July 1858.²⁵ This papal blessing formed the fundamental basis for the return of the Order of Malta to the Holy Land.²⁶ However, repeated efforts to carry it forward were frustrated because, in truth, it was all much more difficult than it appeared.²⁷ First, the Ottoman rulers were reluctant to cede land to European nations and, second, the French Emperor, Napoleon III, exerted his influence to ensure French primacy in the region via its protectorate of the Latin Church in the Holy Land.²⁸ This latter obstacle manifested itself in the form of opposition to von Schröter from the Latin Patriarch, Joseph Valerga (in office 1847–1872).²⁹ The combination of these factors effectively stymied Fra' Gottlieb's hopes and no practical steps to build a hospital followed his visit. Fra' Gottlieb von Schröter succumbed to an early death in 1867 without his plans having gained any traction. However, his work was taken up by the fourth Austrian consul to hold that position in Jerusalem, Bernhard Graf von Caboga-Cerva (1823–1882). Count Caboga was a native of Ragusa and belonged to the ancient Dalmatian nobility.[§] He joined the Order in 1868 and deserves to be ranked as one of its most valuable servants in this period.³⁰ Thanks to Count Caboga, the last years of the Order's era of Lieutenants (who acted in place of a permanent Grand Master between 1805–1878) saw the realisation of its efforts to achieve a humanitarian care foundation in the Holy Land.

Count Caboga was familiar with the opposition to von Schröter that had been exerted by the Latin Patriarch, Valerga (who was still in office), so he decided to proceed secretly.³¹ His efforts were focussed on a more out-of-the-way location than Jerusalem and on 4 June 1869 he achieved the private purchase of a portion of the hill of Tantur, near Bethlehem, on which stood the foundation of a building called the Tower of Jacob.³² The hill was located two-thirds of the way between Jerusalem and Bethlehem, the city of Christ's birth.³³ In Arabic Tantur means 'hilltop' (قروطن طلا = *al-Tantura*, literally 'The Peak Hill'). Although Fra' Bernhard bought the property in his own name, he was aided by the Order of Malta.³⁴ In the words of the official history of Tantur: 'Count Caboga Cerva permitted the old Order [of Malta] to reinstall itself in the Holy Land, where it had been born, a child of the crusades'.³⁵ The large plot at Tantur cost 32,216 *piastres* (322 Ottoman *lira*; very roughly converted as £200 or almost USD\$400 [AUD\$622] today). The sum was funded primarily by the Westphalian Association of the Order of Malta, but smaller amounts came from a variety of European aristocrats — 50 *livres* from Scottish nobleman, Lord Bute,^{**} 30 *Napoléon d'or* from Austrian-born Count Bissingen,^{††} and 6,150 francs from Count Caboga's own pocket.³⁶ The site held a strong emotional attraction because Blessed Gerard had been granted this land by King Baldwin I in AD 1110 (three years before Pope Paschal II created the religious order of Knights Hospitaller).³⁷ Blessed Gerard had commissioned a tower to be built on the hill to

[§] The normal linguistic choice of the Ragusan nobility was to employ the Italian form of their name (as did Count Gozze) but, as a servant of the Austrian Empire in Palestine, Caboga used the Germanised form of his surname.

^{**} John Patrick Crichton-Stuart, 3rd Marquess of Bute (1847–1900). He visited the mosque of Hebron in 1866, converted to Catholicism in 1868, and again travelled to the Holy Land in 1880: P. Aurelius Mertens, 'List of Christians in the Holy Land', *Documenta Catholica Omnia* (1980), p. 141; Ada Goodrich-Freer, *Inner Jerusalem* (New York: Dutton, 1904), p. 365. Lord Bute also funded an establishment at nearby Beit-Djemal in 1878: A. H. de Wandelbourg, *Études et souvenirs sur l'Orient et ses Missions: Palestine, Syrie et Arabie visitées avec Monsieur Valerga, Patriarche de Jérusalem*, Vol. 2 (Paris: Berche et Tralin, 1883), p. 16.

^{††} Count Ferdinand of Bissingen-Nippenburg (1820–1893). The Napoleon 20 Francs (Louis d'Or) was a French 20-franc gold coin containing 5.80644 grams of pure gold, created on 28 March 1803 by First Consul Napoleon Bonaparte.

mark for pilgrims the place where the bible says Rachel gave birth to her son, Benjamin. They named the place the Tower of Jacob on the way to Ephrata, Bethlehem.³⁸ Nothing existed on the site when Fra' Bernhard built a small cell for his occasional use in the middle of the hill, but it was clear he intended Tantur to be a mother-house that would become a bastion for the return of the Order of Malta to the Holy Land.³⁹ He installed as permanent resident a functionary of the consulate and made visits under cover of conferring with his employee so as not to raise anyone's suspicions. Count Caboga wrote to his friends in Europe in order to raise funds for the construction of the proposed hospital while Count Luca Gozze, the Magistral Secretary to the Order's Lieutenant, Count Colloredo, assured him privately of the Lieutenancy's support. Count Caboga contributed handsomely from his own pocket to the building projects on site.

The Tantur hospital cause was advanced by the support of His Imperial and Royal Apostolic Majesty Franz Josef I, Emperor of Austria, who visited the Holy Land in 1869.⁴⁰ The political background to this assistance stemmed from the existence of a French protectorate over Catholics in the Near East, which frustrated the expansion of Austrian humanitarian efforts in the Holy Land.⁴¹ Financial pressures within the Austrian empire added to the desirability of aiding the Tantur initiative because, following Austrian military defeats and loss of territory in European wars in 1859 and 1866, the Austrians had little money spare to spend on costly institutions in the Levante. The one exception was the proposed hospital of the Order of Malta at Tantur near Bethlehem. Bernhard, Graf von Caboga-Cerva, the driving force behind this project, acted as tour guide for the Emperor during his pilgrimage to Jerusalem. Emperor Franz Josef visited Tantur on 10 November 1869.⁴² During the course of their interaction, Count Caboga persuaded the Emperor to take the Hospital under his personal protection.⁴³ The Emperor interested himself strongly in Caboga's project.⁴⁴ On his return to Austria, Franz Josef began payments of 16,000 *francs* a year for the building work and he urged the cause on the Austrian knights of the Order of Malta and other contributors, who received a special distinction for their donation. In 1871, the Bohemian Grand Priory of the Order of Malta was charged with administrative oversight of Tantur.⁴⁵ In 1872, Count Caboga became a professed Knight of Justice upon taking the religious solemn vows of poverty, chastity and obedience. At the same time, he was created Preceptor of Tantur. This special title reflected the fact that the site had belonged in the crusader era to the Knights Hospitaller ('preceptor' was the medieval term for a knight in charge of a commandery). On 21 March 1873, Pope Pius IX granted spiritual benefits to Tantur in the Bull *Ad Futuram (Rei Memorium)*.⁴⁶

In 1873, Emperor Franz Josef declared himself Protector of the Order's efforts at Tantur and, for the rest of his life, was one of the hospital's most zealous supporters.⁴⁷ Thus, Emperor Franz Joseph was the catalyst for an expansion of the humble beginning made by Caboga and the Austrian eagle was carved on the walls of the structure.⁴⁸ As a result, Tantur became only the second Austrian institution in the Holy Land (the first being the Austrian hospice, opened in the Old City of Jerusalem in 1863).⁴⁹ The Tantur initiative was further aided by Fra' Othenio von Lichnowsky-Wardenberg (Grand Prior of Bohemia, 1874–87), who also represented the Order of Malta at the second international conference of the Red Cross.⁵⁰ Sponsorship and protection from the Austrian Emperor solved the financial problems of the early Tantur hospital, but the question of legal protection remained unresolved. As the Order of Malta was not recognised by the Ottoman state, it continued to consider Tantur the private property of Count Caboga. It was under these conditions that, in 1873, the Order began operating a hospice on the site. Three years later, in 1876, the Austrian foreign minister,



The Order of Malta's Tantur Hospital. The elegant façade and defensive walls with battlements and the tower with a round shield bearing the Order's arms.⁵⁴

Gyula Graf Andrassy von Csík-Szent-Király und Kraszna-Horka (the Elder) (1823–1890), personally intervened with the Sultan to obtain tenure in the name of the Order of Malta, resulting in the issuing of a Firman (edict) by the Sublime Porte of the Ottoman Emperor cementing the purchase on 20 March 1876.⁵¹ Thus began a modest health centre and medical clinic inaugurated on 11 June 1876, with the planting of a vineyard and some new olive trees that joined others that appeared to be hundreds of years old, and the building of a little church.⁵² This was soon followed by a 7-bed hospital inaugurated in 1877.⁵³



The founder of Tantur, Fra' Bernhard Graf von Caboga-Cerva, Knight of Justice of the Order of Malta, and his gravestone.⁵⁶

The armorial bearings are depicted on a Maltese Cross and ensigned with the coronet of a count. The shield is incorrectly carved because it should contain a *bend sinister* (a diagonal line from top right to bottom left) rather than a *fesse* (horizontal central line). Source: Gatehouse at Tantur (photograph by the author).



The new hospital building at Tantur was opened at Easter 1877, just five years before the death of its Preceptor, Count Caboga. The building enjoyed fine views over Bethlehem and towards the Dead Sea. It consisted of two square towers and a linking range with double-story arcades. There was a chapel, living quarters and the necessary equipment of a small hospital. In addition to a single ward for patients, containing seven beds, the hospital functioned as an out-patients' clinic. There was also a monastery at Tantur devoted to St John the Baptist, confirming how much the site was viewed as a 'new Muristan' in both concept and practice. However, the Order of Malta did not provide Count Caboga with any medical staff, leaving him to search for appropriate practitioners.⁵⁵

In 1878, Count Caboga nominated an Austrian hospitaller religious order, the Fatebenefratelli (Order of St John of God) from the province of Lombardy-Venetia, to administer the hospital at Tantur.⁵⁷ The choice was logical in the sense they already operated a hospital located on the western side of the Tiber Island in Rome (*Ospedale San Giovanni Calibita Fatebenefratelli*), thus providing a link to the Order of Malta's own initial care efforts in the Eternal City. Also, these friars were under the protection of the Emperor of Austria, meaning their presence at Tantur provided a way for the Habsburg Austro-Hungarian Empire^{††} to assert its presence in the Holy Land and compete with other Catholic and European nations that had achieved a foothold in the Holy Land, particularly France.⁵⁸ This led one historian to assert:

The two factors of charity and religion were certainly the motive behind this great work of charity. However, there was another motive, namely to assert the desire of Austria to be present in the Holy Land to compete with the Catholic and other European forces.⁵⁹

On the surface, what appeared to be a logical arrangement for the provision of medical care at Tantur, soon deteriorated due to friction between Count Caboga and Father Othmar Mayer, the Superior of the Fatebenefratelli. Father Mayer had arrived in Tantur in October 1879 and he was soon joined by a priest-doctor in December, Father Philipp Wagner. However, work at the hospital stopped following a 'great misunderstanding' between Caboga and Father Mayer, resulting in the count speaking to the priest in a sharply critical tone. Father Wagner departed 'for reasons of health'.⁶⁰ Mayer left Tantur soon afterwards, as did Father Faustus Erhardt, and the rest of the Fatebenefratelli followed in 1880.⁶¹ In part, this sad situation can be attributed to prevailing political tensions between Austria and Germany. Regardless, a relationship persisted between Tantur and the Fatebenefratelli, who returned to Tantur in 1893 and ran the hospital up until the 1920s.⁶² Indeed, Count Caboga appears to have missed the presence of the Austrian brothers.⁶³

In March 1881, His Imperial Highness Crown Prince Rudolf of Austria (the only son of Emperor Franz Joseph I), visited Tantur and noted its white walls and castle-like appearance in a published memoir of his visit to the Holy Land.⁶⁴ He presented Count Caboga with a silver chalice and noted:

After going downhill for a quarter of an hour we came to the garden wall of the small Maltese fortress of Tantur. The castle built in the [style of the] Middle Ages stands on the mountain slope and reminds us of the days of the Crusaders. The white cross flag of Malta waves on the battlements and the adjoining buildings fitted up as a hospice bear witness to the beneficence of the old order of knights. We passed through the garden to the second

^{††} Austria-Hungary (otherwise referred to as the Austro-Hungarian Empire or the Dual Monarchy), was a constitutional monarchy and great power in Central Europe between 1867 and 1918.



(above left) the Imperial Austrian eagle. Inside the Gatehouse at Tantur.

(centre) Armorial bearings of the Order of Malta above the entrance on the Gatehouse at Tantur.

(above right) Armorial plaque with the name of Fra' Bernhard, Graf von Caboga-Cerva, between (above) a shield quartered with the arms of the Order and a plain uncarved quartering; and (below) a shield depicting the simple arms of Austria. Gatehouse at Tantur. © photographs by the author.

wall and into the paved courtyard in the middle of which a deep well stands. Count Caboga founded this castle and the little hospice for sick pilgrims and countrymen. He leads a pleasant life here the whole year round, devoted to serious study and works of charity.⁶⁵

Count Caboga lived at Tantur in company with his Syrian Christian servant, Ferdinand Nicodemus. This well-educated young man did good service in the hospice as a skilled apothecary.⁶⁶ Count Caboga was also kept company by two magnificent hunting hounds, a tame hyaena, and a cockatoo, which sometimes settled on his shoulder – all serving to reinforce the impression that Tantur was ‘his’ hospital.⁶⁷ Altogether, Crown Prince Rudolf gives the impression of having discovered a somewhat eccentric, but undoubtedly devout, establishment at Tantur. A year later Count Caboga died, on 2 January 1882, in Jerusalem. His body was laid to rest in the crypt of the church of John the Baptist at Tantur.⁶⁸ Thereafter, Tantur suffered a real ‘poverty of personnel’, the hospital being run solely by Ferdinand Nicodemus. By now he was a Donat of the Order of Malta, and he continued to grant free consultations and medicine, although the absence of any other staff meant that no sick person could be treated on-site as an in-patient, meaning the hospital’s seven beds remained unoccupied.⁶⁹

Following Count Caboga’s death, the future stability of the hospital was threatened in 1890, when France successfully asserted its protection over the Catholics of the Holy Land by challenging the Austrian patronage of the hospital at Tantur.⁷⁰ In response, over the course of the next four years, the Austro-Hungarian government used all its diplomatic resources to convince the Holy See to revoke its decision to place Tantur under the French protectorate.⁷¹ Austrian success was marked by the return to Tantur of the Brothers of St John of God (the Fatebenefratelli), who had re-established themselves there by 1894.⁷² As a sign of confidence, following its release from French control, the gate-tower was built in 1895 in mediæval style with a shield set prominently over the entranceway, bearing the arms of the Order of Malta and a crown to proclaim its sovereign status. It is the only part of the original structure that remains intact today.



The 'Malterserhospiz Tantur (Barmherzige Brüder)' (Maltese Hospital Tantur (Brothers of Mercy) of the Order of Malta. One of the brothers can be seen standing in front of the tower in this postcard image from 1916. The structure remains substantially the same today, with the exception that the hospital building behind the gatehouse has been removed.⁷³

A year later, a new bed was endowed by Archduke Carl Ludwig of Austria, who visited in 1896.^{ss} In that same year, living quarters and a pharmacy were constructed.⁷⁴ To place this achievement in context, the 1898 edition of Karl Baedeker's *Palestine and Syria: A Handbook for Travellers*, provides a revealing overview of the medical facilities in operation in the Holy Land:

Physicians. Dr Arbella, phys. in the Rothschild hospital; Dr Cant, phys. of the English eye-hospital; Dr Einsler, phys. of the Leproserie; Dr Elliewich, phys. of the English mission; Dr Euclides, municipal phys.; Dr Feuchtwanger, Jewish phys.; Fra Pietro, MD, phys. of the Franciscan monastery; Dr de Fries, phys. in the French hospital of St Louis; Dr Hindess, Jewish phys.; Dr Hoffmann, phys. in the German hospital; Dr Mazarati, phys. in the Spanish Jews' hospital; Dr Paeter, phys. of the Maltese Order at Tantur; Dr Sandrecsky, phys. in the German hospital 'Marienstift'; Dr Savignoni, phys. of the Greek hospital; Dr Severin, phys. of the Russian hospital; Dr Wallach, Jewish phys.; Dr Wheeler, phys. of the English mission. — Dentist, Dr Reglaff.

Of the 17 medical establishments mentioned in 1898, three were operated by recognised Orders of St John – the Order of Malta at Tantur; the Venerable Order of St John's eye-hospital; and the *Johanniterorden's* German hospital. Of the others, two were operated specifically for Jewish clients (with three further Jewish doctors listed); six were for European nationals (English, French, German, Russian, Greek); one was for specialist care (leprosy); another was state run (municipal); and one was Catholic (belonging to the Franciscan Custody). Significantly, all the Order of St John hospitals provided medical care that was offered freely, regardless of race, colour, or creed.

Treatment statistics

Between 1902 and 1903, a second story was built onto the hospital at Tantur and, in 1909, the Grand Priory of Bohemia funded the construction of a new ward that operated as a polyclinic wing.⁷⁵ From 1876 until 1939, Tantur was a working hospital, providing medical care to Europeans and local Palestinians alike.⁷⁶ Within this timeframe, Tantur functioned as a general hospital from 1876 to 1893, over which time it treated 130,000 patients in this 17-year phase of its existence.⁷⁷ By the year 1908, Tantur's out-patients' clinic dealt with 15,000

^{ss} Archduke Karl Ludwig Joseph Maria of Austria (1833–1896), younger brother of Emperor Franz Joseph and the father of Archduke Franz Ferdinand of Austria (1863–1914), whose assassination ignited the First World War.

cases annually, there were 3,000 visits to patients, and 125 sick were cared for in the hospital over a total of 1,579 days.⁷⁸ Between 1894 and 1920, an average of 200 to 300 patients a day were treated in the out-patients' clinic. With between 30 to 60 beds, the Fatebenefratelli 'had led the hospital to a remarkable peak' all in the name of the humanitarian care tradition of the Order of Malta.⁷⁹ In the rolls of this period, Tantur is described as the 'General Hospice of the Order', and its existence proves the point that the Order of Malta's policy relating to its international charitable work was focussed firmly on the Holy Land. This goes some way towards explaining the imposing fortress-like entrance at Tantur, which drew its inspiration from the castles formerly possessed by the Knights Hospitaller in the Holy Land during the era of the crusades.⁸⁰

Served by the Austrian province of the Fatebenefratelli, Tantur functioned as a highly effective hospital until the outbreak of the First World War (1914-1918).

Two world wars

During the First World War, Tantur became very busy caring for wounded Austrian soldiers under the direction of German Medical Corps major, Dr Robert von Homeyer.⁸¹ The last Austrian patients departed on 1 November 1917, after which Tantur was administered briefly by the British St John Ambulance/Red Cross organisation prior to its occupation by Allied forces on 20 November.⁸² During the conflict, the buildings had been seized by both the Ottomans and the British who used the site as a military hospital or barracks and, in the words of Venezuelan traveller, Rafael de Nogales Méndez (who served in the Ottoman forces during the Great War): 'charity was ... dispensed with a lavish hand'.⁸³ After the Great War, with the loss of the financial support that had come from the Bohemian Association of the Order of Malta, Tantur's fortunes declined. The financial standing of the Priory of Bohemia was ruined post-war, but the hospital continued to operate an out-patient clinic and pharmacy until the Fatebenefratelli were repatriated to Austria on 20 April 1920; they had been beloved by the local population.⁸⁴ As a result it is accurate to say that Tantur's medical facilities had 'to be closed for different reasons, primarily economic ones'.⁸⁵

In 1922, Tantur was occupied by an Italian religious order, the Sisters of St Joseph Benedict Cottolengo, who ran an orphan girls' sanatorium under the British Mandate government. However, this new care facility was considered by locals to be in keeping 'neither with the purpose of the house, nor with the earlier cultural and religious significance of the institution'.⁸⁶ In part, this sentiment existed because the Sisters did not dispense medical care and, by 1931, the small hospital was said to be abandoned.⁸⁷ This sad state of affairs continued until 1934, when Father Norbert Hirczy (Superior of the Fatebenefratelli hospice in Nazareth) approached the local Austrian Consul General, Dr Ivo Jorda, in the hope his Order might re-occupy Tantur.⁸⁸ In the words of historian Barbara Haider-Wilson: 'A return to Tantur would not just gratify the Austrian [Fatebenefratelli] Brethren of St John of God, but also impact [positively] on Austria's prestige in Palestine'.⁸⁹ As events transpired in Europe, the Nazi-enforced Anschluss stymied Austrian initiatives in the Holy Land. Throughout most of this period, continuity of occupation was guaranteed by the presence of Father Louis Heidet, a Pauline priest, who had accepted the post of almoner at Tantur in 1907. He died there 28 years later, on 19 December 1935.⁹⁰ The Sisters of St Joseph Benedict Cottolengo departed Tantur in May 1938. They were replaced by the Order of Salesians from the nearby Cremisan Monastery in July 1939, just a few months prior to the outbreak of the Second World War.

The order was one of the largest Roman Catholic religious congregations of women, founded in 1872 at Mornese, Italy, by St John Bosco and St Mary Mazzarello.

When Italy joined the war on the side of the Axis Powers on 10 June 1940, the British Mandate authorities expelled the Salesians and interned them in Bethlehem. In 1940, Major-General Edgar Erskine Hume CBE MD FRSE, an American Army medic and historian, published a history of the Order of Malta's hospitaller activities. His book is titled *Medical Work of the Knights Hospitallers of Saint John of Jerusalem* and it is the sole substantive English-language study of Tantur and the Order's work in the Holy Land in modern times.⁹¹ Mention of the Order's humanitarian care activities has occasionally appeared in books published in other languages.⁹² General Hume's history appeared at a low-point in the story of Tantur, when the hospital became an internment camp for Italian and German priests and religious between 1940 and 1943.⁹³

Post-war, after a brief Egyptian-Jordanian occupation following the Arab-Israeli War of 1948, the site at Tantur was in 1949 entrusted entirely to the Salesians and its buildings became derelict.⁹⁴ Almost a decade later, Tantur was restored to the full control of the Order of Malta, on 31 January 1957. The Grand Magistry of the Order of Malta conferred the management of Tantur upon a senior member of its Swiss Association, bailli Rudolf Prokopowski, on 20 March 1959.⁹⁵ Bailli Prokopowski was charged with rehabilitating the use of Tantur as a hospice for pilgrims with an associated medical dispensary.⁹⁶ Political problems frustrated this aspiration and, it had to be admitted that, by 1960, Tantur was in a pitiable state. In December 1960, a United Nations delegation of doctors toured the site to assess its potential as a hospital, but without success. This led to negotiations with the Austrian Grand Priory of the Order of Malta and the Prince and Grand Master, His Most Eminent Highness Angelo De Mojana dei signori di Cologna, appointed an ambassador to conduct a tour of inspection in 1963.⁹⁷ The result of the inspection conducted by Arthur Breycha-Vauthier de Baillefont was a convention made between the Salesians and the Order of Malta, dated 2 June 1963. Breycha-Vauthier belonged to the Swiss Association of the Order of Malta, which now seriously considered the creation of a foundation at Tantur.⁹⁸

Foundation Pro Tantur

His Holiness Pope Paul VI visited the Holy Land in January 1964 and was interested in establishing a site where dialogue could occur between theologians from different branches of the Christian community. At this time, Tantur was owned by the Order of Malta, but occupied by Salesian Fathers who lived there and harvested olives.⁹⁹ Father Theodore Hesburgh CSC described the location at this time:

We came to a remote hilltop ringed with olive and pine trees. On the hill were some old, deserted buildings, the remains of a hospital and a school ... The site had been developed at least a hundred years before by some Austrian Knights of Malta, led by Count Caboga, who was buried there. The site, covering thirty-five acres, was the highest point between Jerusalem and Bethlehem. From the hilltop you could see both Jerusalem, which was about a ten-minute drive to the north, and Bethlehem, about a five-minute drive to the south. The Mediterranean sparkled off in the distance to the west. To the east you could just make out a scattering of Arab villages. The road that Joseph and Mary took to Bethlehem ran along one side of the property. On the other side was a new road between the two cities.¹⁰⁰

Father Hesburgh convinced Pope Paul VI to purchase Tantur from the Austrian Association of the Order of Malta. Already, on 20 January 1964, the Swiss Association of the Order of Malta

had established the Foundation Pro Tantour on a small morsel of land at Tantur.¹⁰¹ A little later, the Holy See purchased 168,400m² of Tantur on 8 December 1966 for USD\$300,000. The Order of Malta retained 18,860m² for its Foundation. Proceeds from the sale were invested by the Order in completing its hospital in Teheran. Although the purchase occurred just a few months before the Arab-Israeli Six-Day War, the Vatican remains the owner of 35 acres of land at Tantur. It leased the property to Notre Dame University for the next fifty years for a symbolic figure of one US dollar per year.¹⁰² The connection to Notre Dame is explained by the close relationship between Pope Paul VI and Father Hesburgh, head of the Federation of Catholic Universities. It was Father Hesburgh whom His Holiness asked to play a part in realizing the ecumenical dream enshrined in Vatican Council II.¹⁰³ Throughout all these changes the Knights of Malta retained their small landholding on the hill, on which they operate the Tantur Hills Hotel today. The remaining part was entrusted to the Foundation Pro Tantur, headed by the Swiss Association and located within the University of Notre Dame complex. The remains of the old hospital at the Tantur site were demolished in 1970 but, due to the difficulties following the Arab-Israeli War of 1967, the Institute did not open until 1972.¹⁰⁴ While the Order of Malta renounced most of the Tantur site, it remained prominent in the region and, following the 1967 conflict, discussions took place between Israel and Jordan, regarding the possibility of ceding areas where the Holy Places stand into the control of the Order.¹⁰⁵ Although this initiative never materialised, it is proof that the Order of Malta had re-established itself as a major humanitarian force for good in the area.

The initial cost of building the ecumenical centre of the Foundation Pro Tantur was estimated at USD\$1 million. All the old buildings at Tantur were demolished except for the original gatehouse with its mighty tower and Count Caboga's tomb which rests in the small chapel. Frank Montana, the architect of the new Notre Dame University and its garden, re-used the large face stones from the old hospital, with the reverse sides now exposed.¹⁰⁷ The Tantur Ecumenical Institute opening in September 1972 and, in 1982, the Swiss Association's Foundation Pro Tantour built its Memorial Residence Home as the first part of a long-term project intended to serve the population of the region as a retirement home.¹⁰⁸ Plans exist for a nursing home for the Christian population: Project Philermos will include 90 places for the elderly and disabled.¹⁰⁹ Currently, attempts to obtain a permit from the Israeli government to create a clinic and day club for older people have failed. Rather than face the potential threat of loss of land due to no development, the Order has established a hotel on their small parcel of land. It includes disability access which conforms to American Disability Compliant standards, providing a future option to evolve the building into a proper



The original gates of the hospital remain, now leading to the modern buildings of the Foundation Pro Tantur within the University of Notre Dame.
© photograph by the author.

old-age care facility when permissions can be obtained in future. Managed by a Christian caretaker who runs it under a franchise/land lease arrangement, the Tantur Hills Hotel generates some income for the Order's nearby Holy Family Hospital via paying guests.¹¹⁰

The small plot on the grounds of Tantur that remains in the direct ownership of the Order of Malta is overseen by HE Michèle Burke Bowe, the Order's Ambassador to Palestine and President of Holy Family Hospital. Ambassador Bowe is personally in charge of a 90-strong grove of olive trees on the Tantur site. The oil production was initiated in 2015 using olive trees native to the region, and which grow naturally without chemical supports and that are cultivated using traditional methods. The project provides work and sustenance to many people in need and is explicitly an Order of Malta initiative.¹¹¹ Some trees appear to be over 900 years old and could have been planted by the original Knights Hospitaller. Their oil product is used in tandem with a sugar plantation in Jericho to supply the traditional needs of a hospital establishment (oil to salve wounds and assist dietary needs; sugar to sweeten medicines taken orally).¹¹² Among other benefits, the olive grove provides oil for the Order's lamp, located at the Church of the Holy Sepulchre in Jerusalem.



'Monastery of St John of Jerusalem at Tantur' olive oil, bottled and distributed by the Order of Malta.¹¹³

In late 2016, the Order's Representative Office joined with non-profit community cooperatives to initiate an exciting project to turn the pressed olive oil into a consumer product for the enjoyment of members and friends of the Order of Malta.¹¹⁴ The first limited olive oil batch was labelled and boxed in November 2016. The olive oil was not for sale, but was instead made available to members through minimum donations that went straight into projects in Palestine, most notably a Dignity Loan Program and Holy Family Hospital.¹¹⁵ The Dignity Loan Program changes lives by providing interest-free loans to families in marginalised communities. The program exceeded expectations in its first three years, excelling in its care for Palestinians in need and the Order of Malta extended its funding to provide a dignified life for the increasing number of families living in difficult economic circumstances.¹¹⁶ The olive oil helps to advertise the humanitarian effort at Tantur: for example, a gallon of olive oil was gifted to the Archdiocese of San Francisco in the USA from the ancient grove in the Holy Land to be used for sacramental purposes. The gift, for use during the annual chrism Mass, where sacramental oils are blessed, was sent to Archbishop Cordileone by the Order of Malta Western Association USA.¹¹⁷ Thus, a number of happy associated benefits came to the local people of Palestine from proceeds from the distribution of Order of Malta olive oil from Tantur.¹¹⁸

The Alliance Orders of St John

A century and a half after acquiring the hill of Tantur, the Order of Malta has achieved a number of significant humanitarian medical care milestones in the Holy Land. Among these can be included the aid to Syrian refugee children provided by Malteser International, the Order of Malta's worldwide relief agency which extends the care for young life stemming from the operation of Holy Family maternity hospital in Bethlehem.¹¹⁹ Where the Order of Malta led the way, it has been joined by other descendants of the crusader Knights Hospitaller. The

humanitarian activity in the Holy Land of the modern branches and spiritual descendants of the medieval Knights Hospitaller has been vigorous. The German *Johanniterorden* established its first hospice in Jerusalem as early as 1859, followed by the rebuilding of the Church of the Redeemer in the Muristan (gifted by the Ottoman Sultan, Abdülaziz, to the German Emperor in 1869).¹²⁰ The British Most Venerable Order of St John of Jerusalem established an Eye Hospital (1882) and a German dispensary was entrusted to the *Johanniterorden* at Eleona on the Mount of Olives in the form of the Augusta Victoria Hospital (1910).¹²¹ Both continue in operation, the *Johanniter* hospital funded internationally by its various branches, including the Commandery of France.¹²² Traditionally, courteous expressions of goodwill have been exchanged between these institutions, however, a more recent trend has seen increasingly robust medical collaborative efforts between the Order of Malta and the Protestant Alliance Orders of St John, most notably centred around aid to the St John of Jerusalem Eye Hospital.

Revived in 1831, the Most Venerable Order of the Hospital of St John of Jerusalem in England received royal patronage from Queen Victoria in 1888. One of the greatest factors in the Order achieving royal recognition and patronage was its establishment of an Eye Hospital in Jerusalem in 1882.¹²³ Like the Order of Malta's efforts at Tantur, the origins of the Eye Hospital lay in royal pilgrimage. In the words of Her Grace Jill, Duchess of Hamilton:

Queen Victoria had sent her eldest son and heir, the future Edward VIII, to the Holy Land in 1862. This historic trip was retraced 20 years later, in 1882, when the Prince of Wales sent his two eldest sons for '40 days and 40 nights'. That same year, the Prince of Wales, already committed to the cause of St John, enquired what the British could do for the Holy City. On learning that there was an urgent need for an eye hospital, the Prince became the force behind the Order setting one up opposite the Old City walls.¹²⁴

Significantly, the trip was organised by Thomas Cook & Co., the company that was the strongest local supporter of the Eye Hospital at its inception (even providing its initial rooms beside their offices in the Old City). The Eye Hospital thrives today as one of the region's most significant humanitarian organisations and is a focus of mutual support from other bodies sharing a descent from the Knights Hospitaller. Today the Catholic Order of Malta shares ties of mutual esteem with the ecumenical Most Venerable Order of St John and with the German, Dutch and Swedish branches of the Protestant *Johanniterorden*.¹²⁵ Dr Geoffrey Bisley, the Warden of the Eye Hospital (its chief surgeon and CEO), initiated a mobile outreach program in 1980. It was designed to allow clinical visits to take place in Palestinian territory well beyond the reach of the fixed Hospital facilities in East Jerusalem. From the mid-1990s the outreach program took on extra significance as Israeli authorities increasingly prevented Palestinian movement across checkpoints. By this stage the Order of Malta had initiated its own outreach program to support its efforts at Holy Family Hospital, inspired by that being run by the Venerable Order. Happily, both outreach programs were soon cooperating for the benefit of Palestinians and, by 2013, the Eye Hospital was providing the services of a nurse practitioner to work in partnership with the Order of Malta's Bethlehem mobile outreach.¹²⁶

By 2005, the Eye Hospital enjoyed a close working relationship with the Alliance Orders of St John and the Order of Malta. There were reciprocal clinical visits with the Order of Malta's Holy Family maternity hospital in Bethlehem and a successful joint-funding application with the German *Johanniterorden*.¹²⁷ Today, both the Order of Malta and the Alliance Orders of St John give whole-hearted moral support to the Jerusalem Eye Hospital.¹²⁸ Interaction between branches of the Alliance of Order of St John was a significant step towards building capacity

The newly unveiled commemorative plaque in the Muristan Clinic, 5 September 2019. (Photograph by Ian Howie-Willis.)



for mutual realisation of the humanitarian aims of the original mediæval Knights Hospitaller, proving that the St John of Jerusalem Eye Hospital Group was not only sustaining, but actively expanding, the bonds between the five recognised spiritual descendants of the mediæval Knights Hospitaller in the Holy Land. For example, the Venerable Order's Commandery of Ards in Northern Ireland raised an impressive £20,000 for the Eye Hospital Group in 2012 via direct donation and a joint-concert with the Sovereign Military Order of Malta.¹²⁹

The historical symbolism of the Muristan area of the Old City of Jerusalem further united the orders. By the early twentieth century little but vestigial and derelict masonry of the Knights' Great Hospital remained. Over the intervening centuries, the building had been quarried for recycled stone. The most recent use of the site was as the playground of an adjacent Lutheran school.¹³⁰ In October 2016, Holy Family Hospital (and its Order of Malta management), signed an agreement with the Most Venerable Order of St John to enhance the provision of humanitarian care by opening a walk-in clinic.¹³¹ The clinic building unobtrusively occupies the eastern side of the garden, adjacent to the Lutheran Guest House. The opening of an eye clinic in the Muristan meant that a healthcare facility was again operating there under an 'Order of St John' banner, offering its charitable services on the very site of the Knights Hospitaller's great hospital. The Muristan Clinic opened with the hope of treating over 5,500 out-patients annually. Situated in the courtyard of the new Muristan Clinic, British artist Mark Coreth created a sculptural installation, inspired by the twin Holy Land realities of the olive tree and the migratory swift, which is present in Jerusalem from the end of March until early-June.¹³² In fact, the sculpture was a cast of one of the ancient olive trees at Tantur, a fitting symbol of the partnership between the Venerable Order and the Order of Malta in the organisation of the Muristan Clinic.¹³³ Mr Coreth, a world-renowned sculptor, designed the iconic Tree of Hope, which took centre stage in the new Peace Garden.¹³⁴ A memorial plaque unveiled in the clinic in September 2019 proclaimed that:

This ophthalmic clinic, located on the site of the first Hospital of the Order of Saint John of Jerusalem in the XI century, was re-established in October 2016 and will be jointly run by the Most Venerable Order of the Hospital of Saint John of Jerusalem and the Sovereign Military Hospitaller Order of St John of Jerusalem of Rhodes and of Malta.¹³⁵

In affirmation of the amity between the two Orders, the plaque displays the logos of both.

The Swiss Association continues to support the Pro Tantaros Foundation financially.¹³⁶ Today, the Foundation Pro Tantaros is one of two central humanitarian operations conducted by the Order of Malta in the Holy Land. Through its Foundation, the Order assists the elderly in the Beit Safafa-Tantaros area of Jerusalem, a project that receives the strong support of the Franciscan Custodians of the Holy Land, with whom the Order of Malta enjoys excellent relations.¹³⁷ This represents a current and ongoing manifestation of the humanitarian care effort initiated in the Holy Land over 900 years ago by the Order of Malta and reinvigorated in 1869 thanks to the efforts of Count Caboga and the Austrian patronage he achieved. Growing out of this impressive tradition, the Order of Malta's second great humanitarian venture in the Holy Land is the nearby Holy Family maternity hospital in Bethlehem. The story of this life-saving and life transforming establishment will be the subject of a future article focused on the modern Hospitaller care provided by the Order of Malta in the Holy Land.

Hospitaller care for the poor and sick in the Holy Land by the Order of Malta in cooperation with the five mutually-recognised Orders of St John has grown steadily in recent years. It was aided by the 1961 convention consolidated with the signing of a joint declaration between the Order of Malta and the Most Venerable Order of St John on 26 November 1963, which recognised that 'the same high ideals of charity, especially to the poor and sick, which were the very cause of the foundation of the Sovereign Order [of Malta] nearly one thousand years ago' were also pursued by the Most Venerable Order of St John.¹³⁸ The declaration further explained: 'It will be easy to understand, therefore, why two great Orders, representing the same traditions, pursuing the same ideals, serving the same cause and wearing the same famous eight-pointed cross, should have the greatest respect and esteem for each other'.¹³⁹ A further agreement made between the Order of Malta and the Venerable Order in 1983 affirmed that 'the relationship between our two Orders has grown ever closer ... Our ties are strong and our purpose to help Our Lords the Sick identical.' The Joint Declaration of 14 October 1987 noted the Orders' 'common devotion to a historical tradition and a unique vocation: the lordship of the sick and the poor', providing 'a Christian answer to the problems of a troubled and materialistic world'.¹⁴⁰ The evolution of this relationship between the Order of Malta and Venerable Order of St John, in particular, has materially aided care for the sick and those in great need in the very place that gave birth to their shared humanitarian mission over 900 years ago.

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Demolition and rebuilding: the St John Ophthalmic Hospital, Jerusalem, 1917–1919

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Present-day Palestine was absorbed within the Ottoman (Turkish) Empire in 1516. For the next three centuries until 1917–1918, Palestine continued as an Ottoman province ruled by *pashas* (governors) appointed by the imperial government in Istanbul (formerly Constantinople).

The Ottomans lost Jerusalem, the seat of provincial government, in December 1917 during the Sinai-Palestine phase of World War I in the Middle East. In the 18-month period before that, from March 1916, British-led forces had progressively pushed the Ottoman armies north out of the Sinai region and into southern Palestine.

The departing Ottoman governor, who fled Jerusalem on 8 December 1917, left instructions for the Mayor, a member of a leading local Palestinian family, to surrender the city to the British. The surrender took place the next day, 9 December.

The Venerable Order of St John† enthusiastically welcomed the Allied capture of Jerusalem. Indeed, within a month, on 11 January 1918, the Order held a thanksgiving service in the Priory Church of St John near its St John's Gate headquarters in Clerkenwell, London.

The British Ophthalmic Hospital in the early 1890s, about ten years after its establishment in 1882, The view is from the rear, looking up from the Valley of Hinnom. The Hospital building extends along the ridge line. The Hospital fronted the Bethlehem Road, which runs along the ridge on the far side of the building. The building in the centre foreground is the Superintendent-Chief Surgeon's house. (Image from Wikipedia.)



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† In the period 1888–1955 the name of the Order was The Venerable Order of the Hospital of St John of Jerusalem. Under a 1955 revision of the Order's Royal Charter, the word 'Most' was added before 'Venerable'.

The Order had much to celebrate. The fall of Jerusalem to British forces would enable it to reopen its Ophthalmic Hospital on the Bethlehem Road, a kilometre south of the Jaffa Gate. Because of British-Ottoman hostilities during World War I, the Order had closed the Hospital in October 1914, a month after the outbreak of the war.

The Hospital remained closed for most of the four years of World War I, 1914–1918. This was only one of two occasions in the Hospital's 140-year history to 2022 when it could not carry on its sight-saving mission in Palestine and later Israel. The other occasion, described in another article in this edition of *One St John*, was the ten-month period April 1948 to February 1949, when the Hospital lost its campus on the Bethlehem Road during the first Arab-Israeli War.

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 is accurate in its detail by comparison with contemporary photographs. (Image from the Hospital's Annual Report for 1894.)



Foundation of the Hospital and its development to 1914

Formally known until 1921 as the 'British Ophthalmic Hospital at Jerusalem', the Hospital was established in November 1882. With the St John Ambulance Association and the St John Ambulance Brigade, it was one of the Order's three major health care delivery 'Foundations'. In the years after 1882, the Hospital had rapidly become Palestine's main institution for treating eye diseases. When it closed for the duration of the war in October 1914, it was carrying a heavy burden of responsibility for treating trachoma and infectious conjunctivitis, both endemic and the scourge of the local Palestinian population.

The Hospital's increasing responsibility can be seen in the growth of its caseload. Taking two years where all the relevant statistics are available, 1886 and 1910, the pre-war growth over the 25-years during that period was impressive if not spectacular. The growth is summarized in Table 1 below. As the table indicates, the Hospital used four 'performance measures' to compare its workload from one year to another:

1. 'Consultations' — the total number of patients seen by the ophthalmologists, with patients seen on multiple occasions counted as separate consultations
2. 'Outpatients' — patients seen and treated during the daily clinical sessions without staying overnight for extended treatment and/or operations
3. 'Inpatients' — patients admitted into the wards to live there while undergoing treatment
4. 'Operations' — surgical procedures carried out on patients by the ophthalmologists.

Table 1. Caseload, St John Ophthalmic Hospital: 1886 and 1910 compared

Year	Consultations	Outpatients	Inpatients	Operations
1886	13,426	3,238	121	231
1910	42,593	10,880	1,053	1,879
Growth	317%	336%	870%	813%

As the table indicates, the number of consultations and outpatients trebled 1886–1910, while the inpatients and operations increased more than eightfold. Further, and as the table suggests, by 1910 the Hospital's average *daily* caseload was 117 patients seen, 30 outpatients treated, three inpatients admitted, and five operations performed.

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



Two ophthalmologists managed this caseload. In 1910 they were Dr William E. Cant, the 'Superintendent and Chief Surgeon', who served at the Hospital for the 22 years 1889–1911; and the 'Assistant Surgeon', Dr Eric A. Thomson, who had joined the staff in 1909.

The cases they treated varied greatly. For example, in 1913, the last year for which pre- World War I figures are available, the 9,604 'new out-patients' (i.e., those who had not previously attended a consultation) presented with eleven separate categories of ophthalmic conditions. These were ailments of the: (1) 'lachrymal apparatus', (2) 'lids and conjunctiva', (3) 'cornea and sclera', (4) 'iris and ciliary body', (5) 'lens and vitreous', (6) 'choroid and retina', (7) 'optic nerve', (8) 'ocular nerves and muscles', (9) 'globe', (10) 'orbit', and (11) 'refraction and accommodation'.

The most common reasons for new patients to visit the Hospital were 'diseases of lids and conjunctiva', which accounted for 6,494 cases or more than two-thirds (67.6%) of the 9,604 total. 'Diseases of cornea and sclera' were responsible for another 2,019 cases or about a fifth of the total. Together they comprised 88 per cent of the new patient caseload. They included both acute conjunctivitis and trachoma, commonly lumped together as 'ophthalmia' or severe inflammation of the eye. These two diseases, endemic in Palestine, had always provided the Hospital's surgeons with the bulk of their workload.

To accommodate its ever-expanding volume of patients, the Hospital was periodically obliged to extend its buildings. For example, in 1896 it constructed a new 'Outpatient Department' on the Bethlehem Road immediately south of the original building. As existing rooms were enlarged and new sections added, the Hospital increasingly resembled a jumbled cluster of contiguous buildings strung out along the road.

By 1914 the Hospital was well established, and well trusted by the Ottoman government. The trust underlay the 1913 invitation by the Governor of Jerusalem for the Superintendent and Chief Surgeon, Dr David Heron, to advise him on infectious eye disease. At that stage Dr Heron had been at the Hospital for two years. Through the British Consul, Heron was asked 'to draw up a scheme for the general prevention and treatment of ophthalmia'.¹ This was hardly surprising because the surgeons at the Hospital had 'always been on good terms with the representatives of the Turkish government'; and for their part, the officials 'appreciated not only the [Hospital's] excellent work, but the genuinely philanthropic aims of the Order'.²

The outbreak of war and the closure of the Hospital

The trust and goodwill did not survive the outbreak of World War I on 28 July 1914. The Ottoman and British Empires were on the opposed sides of this horrendous conflict, which radically and forever changed the *status quo ante bellum*.

Britain entered the war on 4 August 1914 by declaring war on Germany. The Ottoman Empire joined the conflict on the side of Germany and its allies on 29th October.

By then the Ophthalmic Hospital's governing committee in London had already shut down the Hospital. The closure formally occurred on 25 September 1914 a month before the Ottomans entered the war. The committee's reasons for this action included 'the political situation, the hostile attitude of the Turkish population, the practical certainty of an early declaration of war, the abolition of the capitulations (tax concessions), the increasing cost of food, and even a possible water famine'.³

The Hospital staff was withdrawn. Those locally recruited went home to their towns and villages. Those from the United Kingdom were safely returned to England. Dr Heron left the building in the charge of a local caretaker, whom the London Committee continued paying through an arrangement with the American Consul.⁴ (The USA did not join the conflict until 6 April 1917, when it declared war on Germany.)

The Hospital remained under its caretaker's supervision for only a couple of months. In December 1914, the Ottoman authorities commandeered the building. 'The Turks took everything they could lay their hands on,' the London Committee lamented.⁵ The building was stripped of its furnishings and equipment. The surgical instruments were taken too because the Turkish forces were short of hospital supplies. The Turks then used the buildings as a munitions depot until they blew it up in December 1917 shortly before quitting Jerusalem as British forces advanced on the city.

The ransacking of the Hospital building and the stripping of its supplies outraged the London Committee. In its first post-war report, in December 1919, the Committee disdainfully observed that:

It will surprise no one to learn that absolutely nothing of any value was left in the [Hospital] building. Everything had been looted — furniture, domestic utensils, all the equipment belonging to an up-to-date Eye Hospital, including a valuable X-Ray apparatus with complete electric appliances, ... which had barely come into use before the outbreak of war.⁶

By that stage, the Committee members probably saw such plunder as characteristically Turkish.

In the months after the Ottoman takeover, the London Committee hoped that the Hospital's closure would be temporary and short. 'Under the firm conviction that the Hospital will in due course be re-opened,' the Committee explained in 1915, 'the Order has set apart a sum of £2,000 for reinstatement.'⁷ That amount, worth about £220,000 (US\$295,000) in present-day values, was the Order's vote of confidence in the Hospital's future.

There was, however, little chance the Hospital would be returned to the Order any time soon. In 1915 Palestine came under the direct, brutal rule of a military dictator, Ahmed Djemal Pasha (1872–1922). Nicknamed 'Jemal the Bloodthirsty' and 'the Blood-Shedder' by Arabs, he was a Turkish ultra-nationalist with little sympathy for either the Palestinians or the British community in Jerusalem.⁸

In any case, the Ottoman state had no chance of filling the gap in the provision of health services caused by the Hospital's closure. The Ottoman government, soon fighting wars on various fronts, had other priorities. A desperate imperial administration defending territories accumulated during the four preceding centuries had little time or inclination to minister to the ophthalmic needs of its Palestinian subjects.

As for the Hospital's tens of thousands of patients, for them its closure meant it had effectively ceased to exist. They were now bereft of the sight-saving services it had continuously provided for the past 32 years.



Ahmed Djemal Pasha (1872–1922), the Turkish military governor of Greater Syria (including Palestine) during World War I. As such, he was responsible for prosecuting the war against the British and their allies. Because of his harsh rule, and the many executions he ordered, the Arabs nicknamed him 'al-Saffah', meaning 'the Blood Shedder'. (Image from Wikipedia.)

Demolition — Turkish attempts to destroy the Hospital

After occupying and stripping the Hospital building in December 1914, Ottoman troops began using the building as an ammunition storage facility in January 1915. That remained its primary function for almost three years, until shortly before British troops occupied Jerusalem in December 1917.

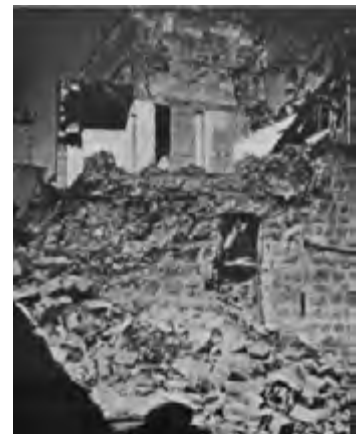
Ottoman forces evacuated Jerusalem on the evening of Saturday 8 December 1917. British troops entered the city the next morning, Sunday 9th December. The mayor, Hussein al-Husseini, formally surrendered the city to Brigadier-General Charles Frederick Watson, commander of the 180th (2/5th London) Brigade.⁹ The British Commander, General Sir Edmund H.H. Allenby (1861–1936), made his formal, carefully stage-managed entrance two days later, on foot through the Jaffa Gate, to demonstrate his humility in coming to the Holy City of the three world religions, Christianity, Islam and Judaism.¹⁰

A detachment of Turkish troops had spent much of their last day in the city attempting to blow up the Hospital buildings. According to one eyewitness report, 'explosions took place at intervals from nine in the morning to about four p.m., and as a result very great damage was done, [although] much of the building remained intact'.¹¹

General Sir Edmund Allenby (later Field Marshal Viscount Allenby) demonstrably honours the religions of Jerusalem by entering the city on foot through the Jaffa Gate on 11 December 1917. (Archives of the Order of St John, Ophthalmic Box 14.)



The detonations were a hazard for the British troops advancing up the Bethlehem Road from the south. Some, according to the Hospital's *Annual Report* for 1919, were 'nearly killed'. When the British reached the Hospital, they found 'two dead Turks ... just outside the building who had probably been engaged in lighting the fuse and had been unable to get away in time'.¹²



Above left: The Hospital building on 9 December 1918, the day after Turkish troops had attempted to demolish the building with explosive charges. (Archives of the Order of St John, Ophthalmic Box 14.)

Damage to the Hospital caused by Turkish attempts to demolish it — above centre: looking up to the main entrance from the South-West Wing; above right: the de-roofed South-West Wing. (From the Ophthalmic Hospital's *Annual Report* for 1919.)

What the Turks hoped to achieve by demolishing the building is uncertain. The building had little strategic value, but they probably did not wish the munitions stored there to fall into British hands. Perhaps the Turks also acted from cussedness, wanting to deny the British a building they had developed with their own funds over the 32-year period 1882–1914.

Rebuilding — the Hospital's reconstruction and reopening

As soon as the city was safely under British military administration, the Order made representations for the Hospital to be reopened. Although the Chapter-General of the Order had been advised that the building had been partially demolished and 'gutted of furniture, fittings, medicine, drugs and every kind of surgical appliance', a rebuilding program was set in place with assistance from the Joint Committee of the Order and Red Cross in Alexandria.¹³

A local organising committee was formed in Jerusalem to oversee the restoration. This was chaired by the Military Governor of Jerusalem, Colonel (later Major-General Sir) Ronald Henry Amherst Storrs (1881–1955), with Dr Alexander Granville (1874–1929), head of Red Cross in Egypt, as Vice-Chairman.¹⁴

Colonel Storrs began the task of reconstructing the Hospital by calling for expert advice. Mindful of 'the precarious state of the building', he called in the Army's Director of Ordnance Services to determine if unexploded bombs were still present. A seven-man salvage team led by a 2nd Lieutenant Tallis then removed all live ammunition and unexploded shells to an ordnance dump which had been established near the railway station west of the Hospital.¹⁵ Even after the Hospital had reopened, unexploded ordnance continued being discovered in hidden corners, including 'vast quantities' in an underground cistern as late as December 1919.¹⁶

Second, Storrs arranged for the Royal Engineers to examine the structure. They reported that 'nearly one-half of the building [was] in a semi-ruinous condition and the walls in some places were hardly safe; much rubbish and some books and registers [were] thrown about (but not in bad condition) in one of the rooms'.¹⁷

Third, Storrs called for an opinion from an ophthalmic consultant, Dr Arthur Ferguson MacCallan (1872–1955), the Director of the Egyptian Government Ophthalmic Hospital in Cairo.¹⁸ MacCallan, who worked in Egypt from 1903 to 1923, was a world authority on trachoma and among the most renowned ophthalmologists in the Middle East.¹⁹

Dr MacCallan spent four days in Jerusalem at the end of February 1918. He prefaced his subsequent report by emphasizing the importance of the Hospital to the local indigenous peoples. He drew attention to the reality that:

Without the British Ophthalmic Hospital, the poorer inhabitants of Jerusalem and of Palestine are destitute of any means of obtaining skilled ophthalmic treatment ... The country is second only to Egypt in the severity of ophthalmic contagious diseases. ... Large numbers of men, women and children are doomed to inevitable blindness unless the Hospital can be reconstituted soon.²⁰



Sir Ronald H.A. Storrs (1881–1955), the British Military Governor of Jerusalem 1917–1921. During 1918–1919 Storrs chaired the local organising committee which undertook the restoration of the Ophthalmic Hospital. In 1921 he became the Civil Governor of Jerusalem and Judaea, a position he retained until 1926. During that time he remained a strong supporter of the Order. In 1919 the Order of St John appointed him as a Knight of Grace for his work towards the reopening of the Ophthalmic Hospital. (The image is from the dustjacket of Storrs' 1937 memoirs.)

These words must have gladdened the members of the Hospital's London Committee. The report, however, went on to make a series of less welcome points:

- Much of the building remained intact, but the damaged central section would have to be pulled down and rebuilt.²¹
- The building was generally unsuitable for use as a hospital because it was built at several levels on the side of a steep hill. This necessitated much inconvenient use of stairways by vision-impaired patients, who referred to the building disparagingly as 'the house of steps'.²²
- The outpatient clinic was too small and insanitary for the volume of patients it treated.²³
- While waiting treatment, most patients were obliged to congregate outside the building along the road, where they were exposed to the sun and dust.²⁴
- The Hospital should be redeveloped on an alternative site where the ground was more level. The unoccupied land immediately south of the present building would be suitable; but ideally a flatter site elsewhere would be preferable.²⁵
- The Hospital would have to be entirely re-equipped because the Turks had stripped it bare.²⁶

The London Committee, which had only recently reconvened after its years of wartime quietude, could hardly have found this advice palatable. Perhaps recognising this, MacCallan made recommendations that Committee members could accept. He broadly proposed that:

1. the building be cleared of debris and the dangerously damaged parts of the structure
2. the necessary equipment for running the outpatient department be ordered from England and dispatched promptly
3. as soon as the site was cleared of rubble, staff should be engaged to begin preparing for the reception of outpatients as soon as rebuilding allowed.²⁷

Colonel Storrs discussed Dr MacCallan's report with his nearest medical adviser. This was Colonel Cathcart Garner of the Royal Army Medical Corps, the Principal Medical Officer of the Occupied Enemy Territory Administration. Garner argued against the idea of relocating the Hospital. He recommended its reconstruction on its present site, pointing out that it had functioned satisfactorily there in the pre-war decades. On the other hand, he agreed with MacCallan that the out-patient department should reopen as soon as practicable.²⁸

The clearing of the site and the rebuilding of the damaged sections proceeded expeditiously. The recently appointed Chairman of the Hospital's London Committee, Colonel Sir Courtauld Greenwood Thomson (1865–1954), travelled out to Jerusalem to liaise with the local organising committee led by Storrs.

The Hospital's *Annual Report* later noted that 'after a thorough investigation of all the alternatives, [Sir Courtauld] recommended that the Order take immediate steps to carry out the restoration ... and at the same time introduce some very necessary improvements'.²⁹ The latter included connection to Jerusalem's water supply piped from 'new reservoirs beyond Solomon's Pools' (near Bethlehem).³⁰



Dr Arthur Ferguson MacCallan (1872–1955) in 1923, his last year as the Director of the Egyptian Government Ophthalmic Hospital in Cairo. Although MacCallan's report on the state of the British Ophthalmic Hospital in Jerusalem in February 1918 was generally adverse, it effectively recommended the rebuilding and reopening of the Hospital. (Image from the *Journal of Medical Biography*, Vol. 26, No. 1 (February 1918), pp. 59–67.)

Sir Courtauld Greenwood Thomson (1865–1954), a portrait by Oswald Hornby Joseph Birley. Thomson, the son of the Scottish inventor of the pneumatic tyre, was a businessman and administrator of charitable trusts. He was knighted (KBE) in 1918, the year he was appointed Chairman of the British Ophthalmic Hospital at Jerusalem. He was ennobled as Baron Courtauld-Thomson in 1944, when he changed his surname to Courtauld-Thomson. (Image of the National Trust [of England].)



The Grand Prior of the Order, Prince Arthur, Duke of Connaught and Strathearn (1850–1942), also visited Jerusalem during the rebuilding. He ‘manifested great interest in the restoration’.³¹

The Hospital was ready to begin receiving outpatients on 11 November 1918, which happened to be the day that World War I ended with the Armistice of Compiègne. The first inpatients were not admitted for another eight months, however. The Hospital began receiving them on 30 June 1919.³²

The grand reopening took place on 26 February 1919. ‘On this historic occasion,’ the *Annual Report* of the Order’s Chapter-General’s noted, ‘every nationality, creed and institution in Jerusalem was represented’.³³ That descriptor, presumably, did not include Turks or representatives of the recently defeated Ottoman regime, without whose depredations the restoration would have been unnecessary.

General Allenby, the Commander-in-Chief of British forces in the Middle East, performed the reopening ceremony.* He had earlier been invested as a Knight of the Order during the visit to Jerusalem by the Grand Prior, Prince Arthur, on 21 December 1917. The Order was represented by Sir Courtauld Thomson, the new Chairman of the Hospital’s London Committee, who had been appointed during 1918 and would hold the position for the next 15 years.



The Grand Prior, Prince Arthur, Duke of Connaught and Strathearn (1850–1942): the Order’s official portrait by Edward Caruana Dingli. Prince Arthur remained Grand Prior for 32 years, from 1910 until 1942. During 1918 he visited Jerusalem, where he inspected work on restoring the Ophthalmic Hospital. (Image of the Most Venerable Order of St John. The portrait hangs in the Chapter Room, St John’s Gate, Clerkenwell, London.)

* Allenby was soon, during 1919, appointed Special High Commissioner to Egypt, promoted to Field Marshal and ennobled as 1st Viscount Allenby of Megiddo and Felixstowe.

Unfortunately for those attending, heavy rain fell on the day of the reopening. Instead of an outdoor celebration, the ceremony had to be held inside the building, into which the large audience crowded. Despite that, it was a happy, gratifying occasion. The crowd applauded loudly when Sir Courtauld Thomson, the master-of-ceremonies, read out this cablegram from Prince Arthur:

I rejoice at the reopening of our hospital in Jerusalem and I trust it will be able in the future to continue the good work it has done in the past.³⁴

More applause followed when General Allenby announced that Prince Arthur had commanded him to invest Major-General Storrs as a Knight of the Order.³⁵ The visitors then toured the building, after which the Hospital returned to normal, receiving its daily flock of out-patients as it had been doing for more than three months. Allenby, already a Knight of Grace of the Order, was elevated to become a Knight of Justice of the Venerable Order of St John on 19 June 1925.

Marble plaque commemorating the reopening of the St John of Jerusalem Ophthalmic Hospital by General Allenby on 26 February 1919. (Allenby was made a Field Marshal in July 1919 and created Viscount Allenby three months later.) The plaque was originally placed in the Hospital on the Bethlehem Road in 1925. In 1948 it was badly damaged when Israeli troops shelled the building during the first Arab- Israeli war. It was subsequently retrieved and relocated in the courtyard of the new Ophthalmic Hospital in Sheikh Jarrah in East Jerusalem in 1960. (Image from Wikipedia).



General Allenby arrives to perform the opening ceremony on Wednesday 26 February 1919. As the greatcoats suggest, it was a wet, cold day. (Matson Photograph Collection, image no. LC-DIG-matpc-08089.)



The official party enters the rebuilt hospital. General Allenby is second from the front in a greatcoat. (Matson Photograph Collection, image no. LC-DIG-matpc-08081.)

Dignitaries who attended the Hospital reopening ceremony on 26 February 1919. General Allenby is fifth from the right, wearing the belted greatcoat. In the centre, immediately to the left of Allenby is Colonel Storrs, the Military Governor of Jerusalem, who chaired the local organising committee responsible for the reconstruction project. (Matson Photograph Collection, image no. LC-DIG-matpc-08079.)



Resumption of the Hospital's services

As seen, the Hospital began receiving out-patients on 11 November 1918. At this stage it had no superintending medical staff appointed by the London Committee but instead relied on Royal Army Medical Corps (RAMC) officers loaned by the medical service of the Occupied Enemy Territory Administration. The first of these was Captain William Harvey Gowans, who was responsible for the Hospital during 1918–1919, probably from before it reopened in November until about April 1919, when he was succeeded by Captain Thomas Cadzow Findlater. Findlater remained in charge from April to June 1919, when Lieutenant-Colonel John Calderwood Strathearn (1879–1950) took command.³⁶

Dr Strathearn had spent the wartime years as a medical officer with the RAMC in both Egypt and Palestine, for which he was awarded the CBE.[†] He would spend the next 21 years at the Hospital, superintending which became his main life's work. From 1921, he was the Warden, the title given to the Superintendent-Chief Surgeon.³⁷ His total period of service at the Hospital, 24 years, was a record for a medical officer. Only Dr William E. Cant's 23 years pre-war was of similar length.

The name of the Hospital was also changed in 1921, from 'British Ophthalmic Hospital at Jerusalem' to 'Ophthalmic Hospital of the Order of St John of Jerusalem in England'. The short form of the new title was 'Ophthalmic Hospital of the Order of St John'. The reasons for the change were, first, that the use of the term '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'.³⁸ Except for the insertion of 'Venerable' in the Order's own title in 1926, the new title remained in use until well after World War II.

After Dr Strathearn took over in June 1919, the Hospital's caseload began rising rapidly to pre-war levels. As Table 2 (below) indicates, in his first six months the number of consultations increased by 165 per cent over the number under the RAMC officers. Further, whereas the RAMC officers had not treated inpatients, Dr Strathearn admitted 585 of them in his first six months and also performed 1,097 operations.

[†] CBE: Commander of the Most Excellent Order of the British Empire.

Table 2. Caseload of the reopened Hospital, 11 November 1918 to 31 December 1919

Patient type	7½ months, 11 Nov. 1918 to 30 June 1919 (under RAMC officers)	6 months, 1 July to 31 Dec. 1919 (under Dr J.C. Strathearn)	Total	% increase
Outpatient				
Number of consults	2,280	3,762	6,042	165%
Number of new patients	1,352	3,382	4,734	250%
Inpatient				
Number admitted	—	585	585	—
Operations performed	—	1,097	1,097	—
Average daily number of occupied beds	—	34	34	—

These figures were well down on those of the pre-war years. The outpatient consultations, a total of 6,042 for the 13½ months to the end of 1919, were fewer than a fifth of the 31,967 in 1913. Similarly, the 585 inpatients were below a half of the 1,262 in 1913 while the 1,097 operations were also fewer than half the 1913 figure.³⁹ But although the caseload was a fraction of what had prevailed pre-war, it was already climbing rapidly to pre-war levels and higher. Indeed by the mid-1920s the caseload statistics had doubled over what they had been in the immediate pre-war years.

Lieutenant-Colonel (Dr, later Sir) John Calderwood Strathearn (1879–1950), Assistant Surgeon at the Ophthalmic Hospital 1906–1909, Chief Surgeon 1919–21 then Warden 1921–1940. In this 1926 photograph, Dr Strathearn is wearing his robes as the Hospital Warden and an Associate (later called Officer) of the Order of St John. The insignia he displays on his robes were those used by the Order in the period 1888–1926. The large round badge below his neck pendant was a special badge worn by both the Hospital Warden. This is one of the very few known photographs of Dr Strathearn, who seems to have been notoriously camera-shy. (Detail of a group photograph of members of the Order at the Ophthalmic Hospital, during the Order's 1926 Pilgrimage to Jerusalem, provided by Dr Matthew R. Glozier 30 December 2019.)



The Turkish looting and partial demolition of the Ophthalmic Hospital in Jerusalem was a devastating blow for the Venerable Order of St John.

For the many thousands of Palestinians who were the Hospital's patients its closure was probably a catastrophe. There is no way of knowing how many of them might have lost their sight as a direct result of infectious eye disease during the four years it was shut. Most likely the number was large.

Fortunately for both the Order and the Palestinians, the Hospital was speedily reconstructed and reopened for business in the months following the British capture of Jerusalem. Thanks to the strong support of the British military administration in Jerusalem, and to the determination of the Hospital's London Committee, the Hospital was fully operational again barely 18 months after the Turks had tried to destroy it.

Under the new Warden, Dr Strathearn, the 1920s and 30s would prove to be a period of spectacular growth and development for the Hospital. On 9 December 1917, however, as British troops combed through the wreckage left by the departing Turks, few observers would have guessed that the Hospital could recover so well and so swiftly.

Notes

1. *The Ophthalmic Hospital, Jerusalem, belonging to the Grand Priory of the Order of the Hospital of St John of Jerusalem in England: History of the Hospital from 1882 to 1916*, supplement included with the *Annual Report* for 1915 of the British Ophthalmic Hospital, Jerusalem, December 1915, p. 10. Hereinafter *History of the Hospital from 1882 to 1916*.
2. *Ibid.*
3. 'British Ophthalmic Hospital' in *Report of the Chapter-General [of the Venerable Order of St John] for the year ending 31 December 1919*, p. 25; and AR SJJOH 1919, p. 3.
4. 'Special Notice': *Annual Report*, 1915, British Ophthalmic Hospital, Jerusalem; and *History of the Hospital from 1882 to 1916*; see also Sir Edwin King and Sir Harry Luke, *The Knights of St John in the British Realm* (London: St John's Gate, 1967), p. 166.
5. 'Special Notice': *op. cit.*; and King and Luke, *The Knights of St John in the British Realm*, p. 166.
6. See *Annual Reports*, St John of Jerusalem Ophthalmic Hospital 1919 through to 1949. (Hereinafter abbreviated as AR SJJOH [and year].) The quotation is from AR SJJOH 1919, p. 4.
7. 'Special Notice', *op. cit.*
8. For an account of Jemal Pasha's rule, see Sebag Montefiore, *Jerusalem: The Biography*, pp. 394–398. See also 'Djemal Pasha' in *Wikipedia*.
9. See 'Battle of Jerusalem' in *Wikipedia*; see also Sebag Montefiore, *Jerusalem: The Biography*, pp. 394–398.
10. 'Edmund Allenby, 1st Viscount Allenby' in *Wikipedia*.
11. AR SJJOH 1919, p. 3.
12. 'British Ophthalmic Hospital' in *Report of the Chapter-General [of the Order of St John] for the year ended 31 December 1919*, p. 25.
13. *Ibid.*
14. *Ibid.* For profiles of Storrs and Granville, see 'Ronald Storrs' and 'Alexander Granville' in *Wikipedia*.
15. Military Governor (Lieutenant-Colonel R.H.A. Storrs) to OETA [Occupied Enemy Territory Administration], Advanced General Headquarters, 7 February 1918, in 'Letters from Military Governor of Jerusalem' in 'Unnumbered Ophthalmic Hospital [archival] Box: Old Hospital', Museum, Order of St John.
16. AR SJJOH 1919, p. 4.
17. Military Governor (Lieutenant-Colonel R.A. Storrs) to 'OETA', Advanced General Headquarters, 7 February 1918, *op. cit.*
18. R.H.A. Storrs to OETA, General Headquarters, 27 February 1918, in 'Letters from Military Governor of Jerusalem' in 'Unnumbered Ophthalmic Hospital [archival] Box: Old Hospital', Museum, Order of St John.
19. For a profile of Dr MacCallan, see Michael MacCallan, 'Arthur Ferguson MacCallan CBE MD FRCS (1872–1955), trachoma pioneer and the ophthalmic campaign in Egypt 1903–1923' in the *Journal of Medical Biography*, Vol. 26, No. 1 (February 1918), pp. 59–67.
20. A.F. MacCallan to R.H.A. Storrs, 27 February 1918, in 'Letters from Military Governor of Jerusalem' in 'Unnumbered Ophthalmic Hospital [archival] Box: Old Hospital', Museum, Order of St John. Hereinafter referred to as 'MacCallan Report'.
21. Section 1 of MacCallan Report, 'Report on existing building'.
22. Section 2 of MacCallan Report, 'Defects in present building'.
23. *Ibid.*
24. *Ibid.*
25. Section 3 of MacCallan Report, 'Alternative schemes to repair of present building'.

26. Sections 4 and 5 of MacCallan Report, 'Requirements of a modern ophthalmic hospital' and 'Equipment of Hospital'.
27. Section 6 of MacCallan Report, 'Conclusions and recommendations'.
28. Cathcart Garner to Military Governor Jerusalem (R.H.A. Storrs), 29 March 1918, in 'Letters from Military Governor of Jerusalem' in 'Unnumbered Ophthalmic Hospital [archival] Box: Old Hospital', Museum, Order of St John.
29. AR SJJOH 1919, p. 3.
30. *Ibid.*
31. 'British Ophthalmic Hospital' in *Report of the Chapter-General [of the Order of St John] for the year ended 31 December 1919*, p. 25; hereinafter referred to as *Report of the Chapter-General 1919*.
32. *Report of the Chapter-General 1919*, p. 25; and AR SJJOH 1919, p. 3.
33. *Report of the Chapter-General 1919*, p. 25.
34. *Ibid.*
35. *Ibid.*
36. *Ibid.*
37. AR SJJOH 1921, p. 2.
38. *Ibid.*, p. 5.
39. AR SJJOH 1919, p. 5.

The return of the Order to Canada.

The unexpected catalyst for a national honours system

Christopher McCreery MVO CStJ FRHistS

The presence of St. John Ambulance in Canada has been a near constant in the development of this country since 1883, although the history of the Sovereign and Military Order of Malta can be traced back to the first Governors of Acadia and New France more than 400 years ago.

Strangely, on account of Canada's once highly schizophrenic approach to honours, appointments to the Most Venerable Order of the Hospital of St. John of Jerusalem (the Order) have at various times been prohibited or officially hidden from government officials – many who turned a blind eye to the practice of having the Sovereign recognizing volunteers and supporters of St. John Ambulance in Canada. To anyone unfamiliar with the history of honours in Canada this must seem a most curious situation – one that has long since passed thankfully. Nevertheless, the Canadian experience with honours and the success in reviving appointments to the Order in Canada in the 1930s would serve as a catalyst for the establishment of the Canadian honours system, with the establishment in 1934, of the first Canadian honour, the Royal Canadian Mounted Police Long Service Medal, the Canadian Forces' Decoration in 1949, and by 1967 the Order of Canada which has served as the centre piece for our national honours system since that time.

A proper discussion of the Order of St. John as an honour bestowed upon residents of Canada cannot be properly undertaken without an overview of honours policy in Canada.¹ Like other countries in the Commonwealth Canada, utilized British honours to recognize both members of the military and civilians for their contributions. Canadian policy towards honours was closely related to the growth of national autonomy and the desire to establish a domestic identity for various institutions.

In Canada the fount of all honours has and remains the Crown, and at various times in the country's history the flow of honours has been restricted or reduced to a trickle. This was the case from 1918 to 1931, 1935 to 1939 and 1946 to 1967. The Order of St. John, however, managed to circumvent parts of the government policy that prohibited the bestowal of honours. Through clever maneuvering and bureaucratic disinterest, the Order managed to get around certain rules – thus Canadian appointments have been made to the Order without interruption since 1931.² Strangely, for much of the period during which honours were restricted in Canada, the Order of St. John, in some ways served as the *de facto* national order for service not only to St. John Ambulance, but to the country as a whole.

In the pre-Confederation period – that is prior 1867 and the federation of the four original Canadian provinces – few honours were bestowed upon Canadian residents. The first Canadian to be appointed to the Order of St. John was Sir Allan Napier MacNab, Premier of the Province of Canada³ from 1854 to 1856, aide-de-camp to Queen Victoria and long

serving member of the Legislative Assembly of Canada.⁴ MacNab was made a Knight of Justice in 1842 and subsequently appointed as a Bailiff Grand Cross in 1855.⁵ MacNab also served as the senior official of the Order in Canada, holding the title of Preceptor. His appointment was followed by another Premier of the Province of Canada, the Honourable Sir Étienne-Pascal Taché, who was made a Knight of Justice in 1858.⁶ Two other Canadians, were appointed, however, there were few subsequent Canadian appointments until after 1888.⁷

Following Confederation, a general convention emerged whereby the Prime Minister of Canada submitted his honours lists to the Governor General, who vetted them and submitted then to the Sovereign via the Colonial Office. The Governor General — who was until 1926, a British official — also nominated Canadians for honours, usually without the knowledge of the Canadian Prime Minister. The Order of St. John worked outside of this paradigm, with nominations emanating from Canadian officials of St. John Ambulance being transmitted to the Grand Priory in London for appointment by the Grand Prior on behalf of the Sovereign.

The First World War brought much social and constitutional change to Canada, including official policy towards honours. Prior to the war there had been some opposition to titular honours such as peerages and knighthoods. Honours were viewed as necessary, even if they were used as tools of partisan patronage and political fundraising from time to time. This attitude intensified during the Great War as a result of several high-profile controversies.

Two very public scandals over honours induced Canada's Parliament to examine the issue. The first involved the 1915 appointment of the disgraced minister of Militia and Defence, Sam Hughes, as a Knight Commander of the Order of the Bath. Hughes had been pilloried in the press over his mishandling of the Canadian Expeditionary Force purchase of the largely ineffective Ross Rifle. The more serious outrage occurred in 1917, when Sir Hugh Graham, owner of the *Montreal Star* and a staunch imperialist, was elevated to the peerage as Lord Atholstan — against the advice of the Canadian Prime Minister and Governor General.⁸ This was the only time in Canadian history that the British government ignored advice from both a Governor General and Prime Minister. In addition to these events, there was an underlying naïveté about honours in Canada. Peerages and knighthoods were thought to be the same thing — both hereditary — and there was similar confusion regarding the other British orders of chivalry. When the creation of the Order of the British Empire was announced in 1917, Canadian newspapers proclaimed that 300 Canadians were going to be knighted with the new Order. This was obviously not the case.

In March 1917, following Graham's elevation to the peerage, Prime Minister Sir Robert Borden prepared a new government policy setting out that all honours had to be approved by the Canadian Prime Minister and that no further hereditary honours (peerages or baronetcies) were to be awarded to residents of Canada. A week after this policy was drafted, William Folger Nickle, a Conservative-Unionist MP, introduced a resolution in the House of Commons requesting that the King cease conferring peerages to Canadians. After lengthy debate, the House of Commons adopted a resolution placing power over recommendation for all honours in the hands of the Canadian Prime Minister, while at the same time asking



Prime Minister Sir Robert Borden

the King to cease conferring hereditary honours Canadians. This is what came to be known as the Nickle Resolution.

Although the Nickle Resolution was adopted, the debate was far from over. Throughout late 1918 and most of 1919, the British press was littered with reports about people purchasing honours.⁹ Although this was a problem confined to Britain, many people in Canada assumed that the same practice was followed on this side of the Atlantic. Fearing that an avalanche of knighthoods was to accompany the newly created Order of the British Empire, Nickle introduced another motion in April 1919. This one called for the King to 'Hereafter be graciously pleased to refrain from conferring any titles upon your subjects domiciled or living in Canada.' Nickle was now attacking both peerages and knighthoods, a departure from his original opposition to only hereditary honours. Following another lengthy debate that in many ways mirrored the one in 1918, the House of Commons created a Special Committee on Honours and Titles. The Committee held several meetings and eventually submitted a report to Parliament that called for the King to cease conferring all honours and titular distinctions, save for military ranks and vocational and professional titles, upon residents of Canada. The committee approved of the continuance of naval and military decorations for valour and devotion to duty, but no more honours for civilians of any sort. No reference was made to the Order of St. John, possibly because the number of annual appointments to the Order were quite small. There was the additional fact that appointments to the Order were not made on the advice of the Canadian government.

Following the adoption of the Report of the Special Committee on Honours and Titles by the House of Commons in May 1919, officials of the Order of St. John contacted Sir Robert Borden to inquire if the prohibition on honours would include them. 'The question is submitted whether appointments to the Order of the Hospital of St. John of Jerusalem in England may now be made compatibly within the resolution of the House'.¹⁰ The Deputy Minister of Justice reported 'I think it very doubtful that they can be regarded as within the strict letter of the resolution [Nickle Resolution]'.¹¹ While officials discerned that the essence of the prohibition on honours should not extend to the Order of St. John, just as it did not extend to decorations such as the Victoria Cross and Military Cross., etc., it was decided to be politically prudent to leave the honours issue in abeyance and not to allow the Order of St. John to resume appointing Canadians, lest it be perceived as a new government policy to reinstate honours. After 1919, Canadian appointments to the Order of St. John came to an end. Indeed, so concerned about the situation were Canadian St. John officials that they ceased printing the list of members of the Order in the Annual Report from 1920 until 1931.¹²

Despite the opinion of the Dominion Government, recognition for Canadian members of the St. John Ambulance Brigade quietly resumed in 1927 with the appointment of seven Serving Sisters, and there was no interruption in the conferral of the Service Medal of the Order, it not being viewed as an 'honour'.¹³ For the Brigade, honours continued to flow, largely because it was administered from Britain, while honours for the Association had come to a complete halt in 1920 and would not resume until 1931. The disparity of honours between the Brigade and Association was the source of some friction; however, the Association was careful not to voice its frustration too loudly for fear that the Dominion Government would bring a complete stop to the trickle of recognition. If there is a foil in our story it comes in the form of Prime Minister William Lyon Mackenzie King, who would hold office for more than twenty-one years, with only a few interruptions

between 1921 and 1948.¹⁴ Ironically as Deputy Minister of Labour at the turn of the century, Mackenzie King had championed the teaching of St. John First Aid. In his youth Mackenzie King lusted after honours and recognition, however by the late 1920s his outward interest in honours waned and he even went so far as to request that the King cancel his appointment as a Companion of the Order of St. Michael and St. George – and he would later twice decline a knighthood. Mackenzie King had a very complex relationship with honours – doing everything in his power to prevent them from being conferred upon civilians, and blocking repeated attempts to create a Canadian honours system, yet finishing his career as the most highly honoured Canadian Head of Government to date, with the Order of Merit and a host of Grand Crosses from four European countries – which he justified as recognition of Canada's role in the Second World War. Mackenzie King would be voted out of office in 1930, just as the Great Depression began to take hold, replaced by his Conservative nemesis Richard Bedford Bennett. While Mackenzie King had attached himself to the Rockefeller family and elements of Canada's wealthiest elite, Bennett was self-made millionaire.

Two years after becoming Prime Minister, Bennett broke the moratorium on the bestowal of honours that had existed in Canada between 1919 and 1933. Bennett had eighteen Canadians awarded knighthoods and 261 appointments to the various non-titular grades of the British orders of chivalry, in addition to 190 appointments to the Order of St. John. Bennett's retooling of the broader honours system as it was used in Canada to be entirely merit based and introducing near gender parity in the appointments made to non-titular honours was unprecedented. He pioneered the idea of exemplary citizenship, which remains a cornerstone of the modern day Canadian honours system. This action played a leading role in the reestablishment of honours in Canada, and the eventual establishment of the national honours system in 1967.

The subject of honours had long percolated in the back of Bennett's mind. He had always viewed them as a useful tool in building greater sense of citizenship and for rewarding exemplary service. Bennett had been involved with the Association towards the end of the First World War¹⁵ and would retain a lifelong interest in the work of the Order.

Two months after being sworn in as Prime Minister, Bennett received a letter from the Sub Prior of the Order, the Earl of Scarborough. In the letter, Scarborough noted the 'disabilities from which our members are suffering in the Dominion [of Canada] compared with those in other parts of the Empire'.¹⁶ Attached to the letter was a memorandum in which Scarborough ably provided a synopsis of the work of St. John in Canada, and why the Nickle Resolution should not apply to the Order in Canada. He requested,

having regard to the foregoing it is submitted that the Prime Minister might be pleased to ask the legal advisors of the Canadian Government to reconsider their opinion on the point, or alternatively that he might favourably consider the introduction of a short measure freeing the Order of St. John from this restriction.¹⁷

Bennett responded 'I agree with the reasoning of the memorandum. I shall be very glad to discuss the matter with H.R.H. the Duke of Connaught, Grand Prior of the Order, on Wednesday next'.¹⁸ Bennett was in London to be sworn into the Privy Council by King George V, he discussed the matter of the Order and honours in general with the King, who it seems played a direct role in orchestrating Scarborough's letter, having long been dissatisfied with Canadian policy towards honours. The Duke of Connaught served as Governor General of Canada from 1911 to 1916 and was familiar with Canadian society and the political landscape of the country. He had a keen interest in securing a more positive position for the Order of

St. John in his old Dominion. Bennett met with Connaught on 22 October and assured him that he intended to reintroduce Canadian appointments to all British honours over his term as Prime Minister, and that the Order of St. John would certainly be included in this plan.¹⁹ While still in London, Bennett made his decision and again wrote Scarborough,

I saw the Duke of Connaught after I had received your last note, and I told him that after thinking the matter over, I had concluded that it was absurd that you have been treated as you have, and I will take an early opportunity to arrange matters to, I hope, your satisfaction.²⁰

Upon his return to Canada, Bennett was consumed with other issues, the Great Depression was gripping the country and the Prime Minister was fussed on a variety of pressing social and economic matters. As the centenary of the re-establishment of the English tongue of the Order was approaching, officials in London and Canada were anxious to see the honours side of the Order of St. John reinstated in Canada.²¹ One St. John official confided 'I have had no direct information regarding this and am somewhat perturbed, [with Bennett] as well we all hoped that the rule would be abolished, or at any rate relaxed'.²² Scarborough again put pen to paper and pressed the Prime Minister, 'the Order is celebrating the centenary of its revival in England, the week of June 22-27... how splendid it would be if an announcement could then be made that the embargo had been removed so far as concerned the Order of St. John'.²³ Bennett came through on June 21st in a cablegram,

After careful consideration our Government has concluded that appointments in your ancient Order are not subject to the restriction of the resolution of the House of Commons, and we will accept responsibility for any Canadian appointment that may be made. I earnestly trust that your Centenary celebrations may be the most successful and worthy of the great traditions of the organization.²⁴

The Duke of Connaught, Earl of Scarborough and members of Chapter-General were elated, as were the 16 Canadians who were now permitted to be appointed to the Order during the Centenary celebrations.²⁵ Scarborough noted 'It was a great joy to get your cablegram... your decision could not have reached us at a more opportune moment'.²⁶ With this, the appointment of Canadians to the Order resumed after more than a decade.

To avoid any controversy or reopening of a debate on honours the Canadian Branch noted that 'appointments to the Venerable Order... were not subject to the resolution of Parliament [the Nickle Resolution] with regard to titles and honours in the Dominion, since they confer no rank, title, or precedence upon their recipients'.²⁷

In recognition of his pivotal role in allowing the resumption of Canadian appointments Bennett was appointed a Knight of Grace in 1932. The resumption of Canadian appointments to the Order and the newfound support played a part in the establishment of the Commandery of Canada in 1933.

During his Crusade to Canada, Sir John Hewett felt that it was 'essential to build up the Organization of St. John in the Dominion; that owing to the action of Parliament some years ago in proscribing the granting of honours to Canadians practically no one in Canada had received recognition...for several years'.²⁸ Both Canadian members of the Association and officials at St. John's Gate in London felt that if the Canadian Branch was to successfully become a Commandery and grow, that appointments to the Order would have resume. There was also a realization that a balance of honours would have to be achieved in terms of gender, linguistic group and region.²⁹

Spurred on by the success of the Order of St. John, in November 1931, Bennett asked the Governor General to make enquiries as to how the Government could resume issuing biannual honours lists for other British orders of chivalry such as the Order of the Bath, the Order of St. Michael and St. George and the Order of the British Empire, thus completely reviving the hitherto moribund honours system in Canada. The first appointments were made in 1932 and Bennett would continue drawing up honours lists until he was defeated in the 1935 general election.

In 1933 for the first time ever, the King's Birthday honours list published in the *Canada Gazette* included the heading;

THE KING has been graciously pleased to sanction the following promotions in and appointments to the Venerable Order of the Hospital of St. John of Jerusalem.³⁰

The list included sixty-two appointments to the Order that had been made in 1931, 1932 and 1933. The following two years brought more appointments, 76 and 36 respectively. Officials at St. John Gate were most accommodating in allowing for such a large number of appointments on account of the near decade long prohibition on appointments for members of the Association and paucity of recognition for the Brigade. Interestingly 1935 would be the last time until 1991, that appointments to the Order would be published in the *Canada Gazette*.

When William Lyon Mackenzie King was returned as Prime Minister in 1935, the brief revival of British honours came to an end; this did not, however, include the Order of St. John in Canada. Although Mackenzie King had a strange phobia of honours, he could tolerate the Order of St. John because he was not responsible for it; appointments resumed being published in the *London Gazette*; and it was non-controversial. Although Bennett had approved the publishing of Canadian appointments to the Order of St. John in the *Canada Gazette*, Mackenzie King put a stop to this. With no government apparatus involved in the nomination process, it was not as though he had any real ability to prevent the appointment of Canadians to the Order. Officials in the Office of the Secretary to the Governor General were only too happy to continue to arrange investitures and ensure the Governor General's participation – however it was done discreetly, so as not to raise any questions.

Given that the Dominion government was at no time involved in the appointments, they now felt nothing could be done to prevent Canadian appointments. The reality was that the Order of St. John was awarded throughout the Commonwealth, the King was Sovereign Head of the Order, Canadians were appointed by the King on the advice of Canadian officials of the Order of St. John; the government was in no way implicated in reviving honours – merely tolerating one small non-controversial and successful aspect of the honours system. There was certainly an element of Sir Humphrey Appleby of *Yes Prime Minister* fame, in this interpretation and willful ignorance of the fact that the Governor General and each of the ten provincial Lieutenant Governors were deeply involved in St. John Ambulance and the Order in Canada.

While the broader issue of Canadian policy towards honours evolved lethargically, when discussions commenced in 1966 around the establishment of the Order of Canada, the example of the Order of St. John's role in recognizing good works in Canada was trotted out as a positive example. Two of the main facilitators in the creation of the Order of Canada, former Governor General Vincent Massey, and the Prime Minister's Parliamentary Secretary, John Matheson, had both long been involved in St. John Ambulance. Massey dating back to the First World War and Matheson to the late 1930s during his university days. Coupled with

Bennett's pioneering of exemplary citizenship as the principal criteria for recognition and insulation of the new honours system from political involvement, the revival of appointments to the Order of St. John in Canada had a direct influence over the establishment of the Canadian Honours system in 1967.

Notes

1. For an extensive discussion of honours in Canada and the development of the modern Canadian honours system please see *The Order of Canada; Genesis of an Honours System* (Toronto: University of Toronto Press, 2018).
2. In 1941 no appointments were made due to war restrictions and rationing of war related materials, which included both precious and base metals.
3. What is essentially modern-day Ontario and Quebec, originally known as Upper and Lower Canada and after 1841 known as Canada East and Canada West.
4. MacNab is the great-great-grandfather of Queen Camilla.
5. *The Statutes of the Sovereign and Illustrious Order of St. John of Jerusalem, Anglia*, approved by Special Chapter General held at London 16 April 1862, (London: John E. Taylor Press, 1862).
6. These appointments came prior to the Royal Charter of 1888 which made Queen Victoria the Sovereign Head of the Order and gave the Order official recognition within the British honours system.
7. The Honourable Hamnet Pinhey was listed as a deceased Knight of Grace, having died on 11 August 1857, although like many of the early appointments there are few additional details about this individual.
8. *The Order of Canada; Genesis of an Honours System* (Toronto: University of Toronto Press, 2018), chapter 3.
9. See Andrew Cook, *Cash for Honours: The Story of Maudy Gregory* (Gloucestershire, History Press, 2008).
10. Library and Archives Canada [here and after LAC] MG 26 H, Borden Papers, Memo to Borden from the Minister of Justice, 15 September 1919, 1285.
11. *Ibid*, 1286.
12. Since 1931 appointments to and elevations within the Order have been published in the Annual Reports, but these have not included a complete register of the membership of the Order. See *St. John Ambulance Association in Canada Annual Reports* for year 1931, 2 March 1932.
13. *Annual Report of the Canadian Branch of the St. John Ambulance Association 1927*, 13.
14. Mackenzie King served as Prime Minister of Canada from 1921-1925, 1926-30, 1935-1948.
15. *Annual Report of the Canadian Branch of the St. John Ambulance Association, 1919*, 30.
16. LAC, MG 26 K Bennett Papers, Earl of Scarborough to Bennett, 8 October 1939, 235766.
17. LAC, MG 26 K Bennett Papers, Memo from Scarborough to Bennett, 3 October 1930, 235769.
18. LAC, MG 26 K Bennett Papers, Bennett to Scarborough, 13 October 1939, 235782.
19. LAC, MG 26 K Bennett Papers, Scarborough to Bennett, 23 October 1930, 235788.
20. LAC, MG 26 K Bennett Papers, Bennett to Scarborough, 7 November 1930, 235788.
21. LAC, MG 26 K Bennett Papers, Secretary General of the Order to Mr. Wallace Nesbitt, 24 February 1931, 235818.
22. *Ibid*.
23. LAC, MG 26 K Bennett Papers, Scarborough to Bennett, 14 May 1931, 235824.
24. LAC, MG 26 K Bennett Papers, Bennett to Scarborough, 21 June 1931, 235834, 235835.
25. In 1931 a total of 16 Canadians were appointed to the Order: 2 Knights of Grace, 5 Commanders, 8 Officers and 1 Serving Member.
26. LAC, MG 26 K Bennett Papers, Scarborough to Bennett, 3 July 1931, 235889.
27. *Annual Report of the Canadian Branch of the St. John Ambulance Association, 1931*, 18.
28. SJG, Canada 1934, Full Report of the Delegation to Canada with Appendices.
29. SJG, Canada 1934, Full Report of the Delegation to Canada with Appendices.
30. *Canada Gazette*, 22 July 1933, published in the *London Gazette* 23 June 1933.

Crosses of Compassion

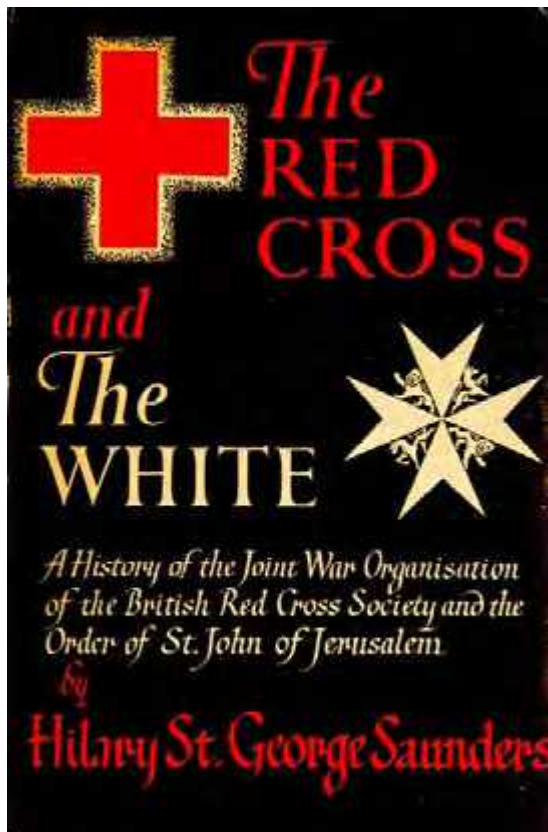
Duncan McAra CStJ FSAScot

Librarian, Priory of Scotland, Order of St John

To commemorate the 75th anniversary of Victory in Europe Day (VE Day), on 8 May 2020, St John Scotland's Glasgow Area Committee had intended to hold a fund-raising VE Day Tea Party & Fair – until the Fourth Horseman appeared from the east and compelled global lockdown and self-isolation.

Premonitions of impending conflict prompted requests, as early as 1935, to St John to provide first aid training and anti-gas attack instruction to the public. The Order of St John and one of its foundations, St John Ambulance Brigade, knew from experience during the First World War that cooperation with the British Red Cross Society was essential in wartime. Funds of £20 million following a public appeal would have to be replicated a second time around.

The Appeal was issued on 9 September 1939 over the signatures of HRH The Duke of Gloucester, Grand Prior of the Order of St John and Chairman of the Council of the British Red Cross Society; Sir Arthur Stanley, Chairman of the Executive Committee of the BRCS; and the Earl of Scarbrough, Sub-Prior of the Order. It was made explicit that the whole of the relief to be provided under the joint insignias would be for the sick and wounded of the Armed Forces, prisoners of war interned in enemy and neutral countries, and civilians injured or sick as the result of enemy action. The Committee could not have anticipated in 1939 that by the



end of the War the Appeal would have raised £50 million, and that its total income would be £64 million. St John also fundraised for causes such as the Indian Soldiers Fund which raised money to support the 1.3 million troops from the Indian sub-continent.

The British Red Cross Society is one of the national Red Cross Societies which comprise the International Committee of the Red Cross, based in Geneva. Though recognised by Government as auxiliary to the Army Medical Services, such as Queen Alexandra's Royal Army Nursing Corps, it is not under Government direction, and retains its independence.

A summary of the Joint War Organisation's work was compiled meticulously week by week by Mr P.G. Cambray and Miss G.G.B. Briggs and formed the basis of their *War Organisation: Official History, 1939-1947* – all 723 pages – published in 1949. The Librarian has acquired and donated a copy to the Library to sit alongside *The Red Cross and the White* by Hilary St George Saunders, published in the same year.

In October 1939 the Joint War Organisation reminded the War Office that if it was required to operate overseas, it would be necessary to appoint Commissioners to the various theatres of war. Within weeks, the HQ of the Commission were housed at the Grand Hotel in Dieppe with HQ stores depot at a nearby hangar by the docks belonging to Dieppe Chamber of Commerce. It is somewhat startling to learn from Cambray & Briggs that the first relative to visit an injured serviceman went over to France, to a hospital in Brest, on 16 December 1939. Following the German invasion of the Low Countries in May 1940 and the German entry into Paris the following month, the scene was set for frenetic movement of Red Cross stores, equipment, personnel and transport to the coast; by late June 1940 the evacuation of the British Expeditionary Force and the Red Cross Commission was complete. As a consequence of Dunkirk, no occasion presented itself for a British Red Cross ambulance service with the Armies in the Field in North-West Europe until September 1944.



Two Red Cross medics during the Blitz (Courtesy of British Red Cross).

The British Red Cross Society and the St John Ambulance Nursing Corps pooled resources and, drawing on First World War experience, re-established Voluntary Aid Detachments (VADs) with members trained in first aid, nursing, cookery, hygiene and sanitation. Over 6000 served abroad with the armed forces, working in military hospitals.

The work of the Joint War Organisation relied upon volunteers to provide various services, ranging from the assembly and distribution of hosiery and bed linen to tracing missing or dead service men and women to answer a distraught family's many questions.

The pages of *First Aid*, a monthly magazine begun in 1895 for members of St John Ambulance Brigade, British Red Cross Society and St Andrew's Ambulance Association, demonstrate the bravery and tireless efforts made by volunteers to provide succour at home during the Blitz, the 'Baedeker Raids' and the later attacks from V-1 flying bombs.

At the request of the Government, which provided grants, the Joint War Organisation operated nearly 250 auxiliary hospitals and convalescent homes, many of which, such as Kildonan Castle in Ayrshire, were private homes.

During the Second World War, the Joint War Organisation sent standard food parcels, invalid food parcels, medical supplies and recreational material (books, playing cards, musical instruments) to POWs worldwide. Over 20 million standard food parcels were packed on special ships to Lisbon or Marseilles for subsequent rail transport to Geneva for distribution to POW camps by the International Committee of the Red Cross. Typical contents of such a parcel included: ¼ lb packet of tea; tin of cocoa powder; bar of milk or plain chocolate; tinned pudding; tin of meat roll; tin of processed cheese; tin of condensed milk; tin of dried eggs; tin of sardines or herring; tin of preserve; tin of margarine; tin of sugar; tin of vegetables; tin of biscuits; bar of soap; tin of 50 cigarettes or tobacco.

In November 1943, the Red Cross received permission – a supreme irony – from the Nazi authorities to send Red Cross parcels containing food, clothing and pharmaceutical items to inmates of concentration camps.

On 15 April 1945, as part of Operation Archway, Bergen-Belsen concentration camp was liberated by Lt John Randall and troopers of 1 SAS, working ahead of the 11th Armoured Division. They were confronted by recalcitrant male and female SS guards and between 50,000–60,000 emaciated survivors and 13,000 unburied corpses. Medical teams from St John and the Red Cross, together with 96 medical student volunteers from London teaching hospitals, under the supervision of A.P. Meiklejohn, a lecturer in nutrition at the University of Edinburgh, and Dr Janet Vaughan, were sent to counteract severe malnutrition by the use of feeding tubes to help survivors build up their strength.

Disease was rife and the camp was burnt the following month to prevent the spread of typhus and ticks. Bergen-Belsen was the death place of Anne Frank and her elder sister Margot, who both died of typhus a month or two before the liberation of the camp.

The Scottish-born Doris Zinkeisen volunteered as a VAD nurse in St Mary's Hospital, Paddington. At the end of the war she was commissioned as an Official War Artist to record the work by the British Red Cross and Order of St John, and was one of the first to capture the tragedy and horror of the concentration camps. Her painting *Human Laundry* depicts survivors being washed and deloused before their transfer to a makeshift hospital.

There is one final aspect of wartime St John which needs to be given prominence. Members of St John based in the Channel Islands lived and worked under particularly stressful conditions of the German Occupation from 30 June 1940 to 9 May 1945. Not only were medicines and fuel heavily restricted, the islanders had to deal with food impoverishment and the dangers of minefields. A personal account of the work of St John during the Occupation can be found in Gary Blanchford's *Guernsey's Occupation Ambulance Service* (2013).



Doris Zinkeisen, *Human Laundry, Belsen: April 1945* (Courtesy of Imperial War Museums)

As a contribution to its Studies in the Social and Cultural History of Modern Warfare series, Cambridge University Press in 2017 published *Captives of War: British Prisoners of War in Europe in the Second World War* by Clare Makepeace.

At www.caringonthehomefront.org.uk can be found a fascinating collection of firsthand accounts relating to the work of the Joint War Organisation in Great Britain.

For further information about the artist sisters, Doris and Anna Zinkeisen, and their links with Kilcreggan and Helensburgh, the Librarian is grateful to Confrère Donald Fullarton for providing the following web link: <http://www.helensburgh-heritage.co.uk/index.php/heritage/the-arts/1137-sisters-found-art-fame>

Inter Arma Caritas

Pro Fide, Pro Utilitate Hominum



(Reprinted courtesy of St John Scotland)

Siege and destruction.

The Israeli takeover of the St John Ophthalmic Hospital, 1948

John Pearn AO GCStJ and Ian Howie-Willis OAM KStJ*

The five immediate post-World War II years in Palestine were both confused and politically complex — in the extreme. As far as the Venerable Order of St John† was concerned, the key event occurred in May 1948. This was the loss of its Ophthalmic Hospital campus on the Bethlehem Road, a kilometre south of the Jaffa Gate in the Old City of Jerusalem. Except for four years during World War I, for the duration of which the hospital had been closed, the Order had continually been developing the campus there for the 65 years since 1883.

To say that 1948 was a tumultuous year in Palestine would be a gross understatement. It was a year in which a three-way change of political control occurred; a long-simmering war between the Arabs and Jews erupted; a new state (Israel) was founded; an emerging state (Arab Palestine) was suppressed; armies from the surrounding Arab nations crossed the border; and a major demographic shift occurred as up to half the Arab Palestinian population became stateless refugees.

Yet no matter how momentous the loss of the Ophthalmic Hospital was for the Order, it was but one episode amidst these epoch-making events.

Background: British rule in Palestine

For the 300 years from 1516 until 1917–1918, Palestine had been a province of the Ottoman (Turkish) Empire. The Ottomans lost Jerusalem in December 1917, when British forces had fought their way into Jerusalem during the Sinai-Palestine campaign of World War I. Over the following 11 months, the British forced the Ottoman armies north through Palestine and back across Syria. By the time the war in the Middle East ended on 30 October 1918, the battle front was along the Turkish border. With that, a 30-year period of British rule began in Palestine.

After the British captured Jerusalem, a British military administration began taking over in Palestine. It became the effective government of Palestine until the British government received a League of Nations mandate over the former Ottoman province in April 1920. Palestine was a ‘Class A’ mandate, which meant that Britain would govern the province until it could be granted independence. Having secured its mandate, Britain established the machinery of civilian government, which was overseen by an administrator known as the High Commissioner.

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† In the period 1888–1955 the name of the Order was The Venerable Order of the Hospital of St John of Jerusalem. Under a 1955 revision of the Order’s Royal Charter, the word ‘Most’ was added before ‘Venerable’.

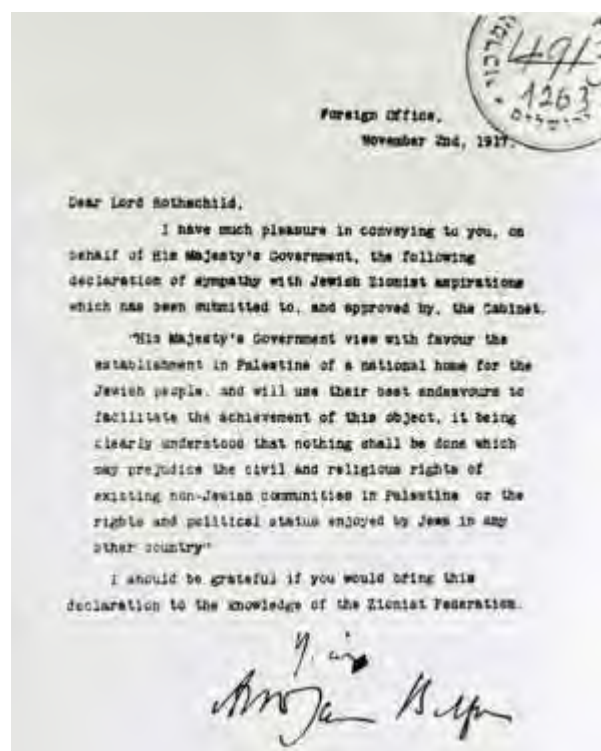
British rule in Palestine was shaped by certain diplomatic developments during World War I. In May 1916 the British and French governments agreed to a secret treaty known as the Sykes-Picot Agreement. The agreement determined mutually accepted spheres of influence and control if the Ottoman Empire should be partitioned. Britain would gain present-day Palestine, Jordan and southern Iraq; France would gain Lebanon, Syria and northern Iraq. Although the post-war territorial settlement did not occur strictly in accordance with the agreement, the mandates assigned to the United Kingdom and France reflected the Sykes-Picot plan.

Post-war British policy in Palestine was strongly influenced by a document known as the Balfour Declaration. This was a government statement released in November 1917 by the British Foreign Secretary (and former Prime Minister), Arthur J. Balfour. The declaration announced that the government favoured the establishment in Palestine of 'a national home for the Jewish people'. The statement included a safeguard for the rights of the indigenous Arab Palestinians: '... nothing shall be done which may prejudice the civil and religious rights of existing non-Jewish communities.'*

The Balfour Declaration was a response to the emergence and growth of the international Zionist cause during the late nineteenth century. Zionism, a Jewish nationalist movement, aimed to establish a Jewish state in Eretz Yisrael ('the land of Israel'), the Biblical Jewish homeland in Palestine. The movement gathered momentum in Europe during the 1880s and '90s as pogroms were mounted against Jewish communities in Eastern Europe in particular. About 25,000 Jews are thought to have settled in Palestine during those two decades.

As more Jewish immigrants arrived, they set up communities and bought property, assisted by the Jewish National Fund (JNF), an organisation established in 1904 to buy up land in Palestine from Arabs. By 1935 the JNF held 89,000 acres (362 km²) housing 108 Jewish communities. Meanwhile, the immigrant Jewish population of Palestine rose from 10 per cent in 1919 to over 20 per cent by 1939, inevitably changing the demographic balance in Palestine.

The scale of the Jewish land acquisitions and the continuing arrival of Jewish settlers greatly alarmed the Arab Palestinians. Their hostility manifested itself first in riots and then a six-month-long general strike in 1936 to protest British rule and the ever-stronger influence of Jewish interests. The strike disrupted



The Balfour Declaration, a statement expressing the support of the British Government for the principle of a Jewish homeland in Palestine. The version of the declaration pictured here is in the form of a letter dated 2 November 1917 from the British Foreign Secretary, Arthur Balfour, to Lord Rothschild, a leader of the British Jewish community. The Balfour Declaration set the course that Palestine followed after World War I. (Image from Wikipedia.)

* For a concise account of the background to and consequences of the declaration, see 'Balfour Declaration' and 'Arthur Balfour' in Wikipedia.

shipping, transport, commerce and most government services. As clashes between the Arabs, the Jews and the British administration escalated, the strike developed into a wider Arab revolt which continued for three years, until the eve of World War II in 1939.

The British government responded to the disturbances of 1936 by setting up the Palestine Royal Commission to investigate the causes of the unrest. The Commission found that the British Mandate in Palestine had become unworkable and should be abolished. It concluded that the Mandate had failed to balance the interests of Arabs and Jews. In view of that reality, the Commission's principal recommendation was for the partition of Palestine into separate Arab and Jewish states. The Commission proposed an essentially tripartite petition with separate Arab and Jewish States, and with Britain maintaining its Mandate over a third region encompassing the Holy places of Jerusalem and Bethlehem, as open, neutral territory. Both Arabs and Jews rejected that idea, however, and so the proposal was abandoned.



The Arab Revolt of 1936–1939: British soldiers aboard an armoured train car. The car is pushing a trolley with two Palestinian Arab captives. (Image from '1936–1939 Arab revolt in Palestine' in Wikipedia.)

The partition of Palestine, the end of the British Mandate, and the proclamation of the State of Israel

Partition, as we now know, was the eventual post-World War II outcome of the Arab-Jewish disputes and clashes, which became progressively more frequent and more violent during the 1930s. Meanwhile, the conflict was largely in abeyance during World War II, when Palestine effectively became the base for British military operations in the Middle East, but the civil unrest resumed immediately afterwards.

The British had struggled for a generation to reconcile their conflicting promises to both Arabs and Jews. To protect the Palestinian Arab population, from 1939 the British tried to restrict Jewish immigration and refused Jews sanctuary in Mandated Palestine. The Holocaust of World War II doomed that policy. At the end of the war an estimated 100,000 Jews were displaced and homeless in Europe, but Britain denied entry permits for them to enter Palestine. Militant Jewish agitators began a guerilla war against the British. As the violence escalated, Irgun, a Zionist militia, blew up the King David Hotel in Jerusalem on 22 July 1946, killing 91 innocent persons.



A section of the bombed King David Hotel, Jerusalem, after Irgun, the Israeli terrorist militia, had blown it up on 22 July 1946. (Image from Wikipedia.)

The plan for the partition of Palestine agreed to by 'Resolution 181' of the United Nations on 29 November 1947. The portion shaded blue was to be a 'Jewish State' and the orange-shaded sections were to be an 'Arab State'. The area around Jerusalem, in white, was to be an 'international' zone. (Image from Wikipedia.)



With Palestine descending into war between its Arab and Jewish citizens during early 1947, and between them and the British, the British government asked the United Nations General Assembly to make recommendations about the future government of Palestine. On 15 May 1947 the General Assembly responded by establishing the UN Special Committee on Palestine (UNSCOP). After investigating the situation in the Mandatory territory, on 2 September UNSCOP proposed that the British Mandate be terminated. It then recommended the partition of Palestine into separate independent Arab and Jewish states joined in an economic union. In November 1947 the General Assembly adopted 'Resolution 181', which gave effect to the UNSCOP recommendation. The Jews reluctantly accepted the UN plan, but the Arabs rejected it outright.

Far from settling matters, the UN resolution had the effect of intensifying the conflict as militias from both sides fought each other and the British for control of Palestine. Meanwhile, as the situation deteriorated and open fighting began, the British High Commission ordered the evacuation of all civilian British women and children and all non-essential male civilians.

On 11 December 1947, the British government declared that Britain would surrender its Mandate of Palestine on 15 May 1948. To prepare for this event, on 29 April 1948 the British Parliament legislated to give effect to the partition. The government then issued a communiqué stating that British responsibility for administering Palestine would end at midnight on 14 May 1948.

The British government sent its Chief of the Army General Staff, Field Marshal Bernard L. Montgomery, 1st Viscount Montgomery of El Alamein, to command the British Military Force maintaining civil order in Palestine and supervise the withdrawal.

Chaim Weizman (left) with David Ben Gurion in 1945, three years before the declaration of the new State of Israel. At midnight on 14 May 1948 they became, respectively, the first President and first Prime Minister of Israel. (Image from Wikimedia Commons.)



On 14 May, the day British rule was due to end, the principal Jewish political leader in Palestine, David Ben Gurion, proclaimed the establishment of the State of Israel. The new state, he announced, would come into formal being at midnight immediately after the termination of the British Mandate. Ben Gurion became the Prime Minister; and Chaim Weizman, the veteran leader of Zionism, became the first President. The world's two super-powers, the USA and the Soviet Union, immediately recognised the new nation. Many other nations followed suit. Israel was accepted into UN membership in 1949.

In the meantime, the British High Commissioner, Sir Alan G. Cunningham, had duly left Jerusalem on 14 May. His destination was Haifa, a port city 150 kilometres north-west of Jerusalem. The British Government announced the immediate withdrawal of all British troops; however, Haifa remained a British enclave until the last of them could be evacuated at the end of June.

The first Arab-Israeli War

As soon as the UN had adopted its 'Resolution 181' in November 1947, Palestine's five nearby Arab neighbours — Egypt, Iraq, Lebanon, Syria and Transjordan — declared that they opposed partition and would intervene to prevent it. On the first day of Israel's formal existence, 15 May 1948, their armies began crossing the borders of the newly proclaimed nation. Over the succeeding days, almost 14,000 troops from these nations entered Palestine to prevent the nascent State of Israel from taking control of the former British Mandate.

Arab fighters with a burnt-out Israeli truck near Jerusalem, 1948. (Image from Wikipedia.)



Israeli soldiers defending a position near Jerusalem during the Arab-Israeli War of 1948. (Image from the Israel National Photo Gallery.)



This action signalled the beginning of the Arab-Israeli War of 1948–1949. The Israelis fought to repel the armies entering what was now their territory. The bitter war continued until a series of UN-brokered ceasefire agreements between Israel and the Arab nations came into effect between January and April 1949. The United Nations Truce Supervisory Organisation (UNTSO) supervised the truce to ensure the warring nations observed the Armistice agreements. Despite periodic violations, as the armed forces of the combatants made incursions across each other's borders, the Armistice of early 1949 resulted in an uneasy truce. The truce remained in place for 18 years.

Over the next 57 years, five other Arab-Israeli wars would be fought, in 1956 (the Suez Crisis), 1967 (the Six-Day War), 1973 (the Yom Kippur War), 1982 (the Lebanon War) and 2006 (the Second Lebanon War). In addition there would be two 'Intifadas' or sustained violent protests against Israeli rule by the Arab Palestinians. The first ran for almost six years, 1987–1993 and the second for over four years, 2000–2005.

The first Arab-Israeli War produced numerous atrocities on both sides and left up to 20,000 people dead. Its legacy was bitterness and unabated hostility between Jews and Arabs. The official Israeli death toll was 6,373. Estimates for the Arab dead vary widely from 3,700 to 13,000.

Among the atrocities was the assassination Count Folke Bernadotte (1895–1948), a Swedish diplomat and humanitarian who had negotiated the release of 31,000 prisoners, including many Jews, from Nazi concentration camps during World War II. In May 1948 the UN appointed Bernadotte as the 'UN Mediator in Palestine'. Five months later, on 17 September 1948, a Zionist militia known as the Stern Gang assassinated him because its members regarded him as a stooge of the British and the Arabs.



Count Folke Bernadotte (1895–1948), the UN Mediator in Palestine, assassinated in Jerusalem on 17 September 1948 by the Stern Gang, an Israeli militia. (Wikipedia image.)

The war also caused a huge and ongoing refugee crisis. Over 400 Arab villages were abandoned as the inhabitants either fled or were driven out by Israeli troops. The figure is debated, but between 700,000 and 987,000 Arabs left Palestine to become refugees in makeshift camps in the surrounding Arab nations. Known as the Palestinian refugees, their numbers burgeoned over successive decades. By the end of the second decade of the 21st century, some six million Palestinians were living outside Israel. Over the intervening decades, they became a potent force not only in Middle Eastern but world politics.

Israelis remember the first Arab-Israeli War as the 'War of Independence'. Palestinian Arabs call it the Nakba ('Catastrophe') because many of their homes and villages were destroyed; and up to half their population was scattered into a Palestinian diaspora.

Arab refugees walking along the Jerusalem-Lebanon road, carrying their belongings with them, 9 November 1948. They had been driven from their homes in Galilee by Jewish attacks. (Image from the 'Jewish History in the Land of Israel' website, <http://jewishhistoryinthelandofisrael.blogspot.com>.)



Impact of the first Arab-Israeli War on the Ophthalmic Hospital

The foregoing events inevitably impacted heavily on the St John Ophthalmic Hospital. The Hospital became a victim of the war as the fighting surged around it.

The Hospital had functioned magnificently well during the first three two-and-a-half post-World War II years. Despite escalating political and social turmoil, between 1945 and 1948, the Hospital conducted some 400,000 consultations, and tens of thousands of operations on Arab, Christian and Jewish patients.

By early 1948, however, the mounting conflict was preventing patients from travelling to Jerusalem to visit the Hospital. Attendances accordingly fell from a daily 1,000 to a dozen or fewer. At the end of March 1948, the Hospitaler, Sir Alfred Edward Webb-Johnson, wrote that the 'reigning chaos' had left the Hospital without mail and telephone communication with the outside world. All locally recruited non-essential staff at the Hospital, including the nurses, orderlies and domestic staff, were stood down for their own safety. Meanwhile, most British civilians still remaining in Palestine had been hurriedly evacuated by air.

The Hospital Sub-Warden, Dr C.H.B. Sparrow, and British nurses were evacuated and sent on leave during April. Still at the Hospital were the Warden, Dr Norman L. Manson, a New Zealander; the Registrar, Dr Kamel Salman; the House Surgeon, Dr Elias Doany; and the Matron, Miss Mildred D. Millman.

By 18 May 1948 the conflict around the Hospital was so severe, and the mortal risk to the few remaining staff so real, that the Hospital effectively closed that day. Dr Manson escorted Miss Millman to relative safety in Amman: That left the two locally recruited ophthalmologists, Drs Salman and Doany, in charge; however, Dr Salman, was involved in a car accident, leaving the young Dr Doany alone at the Hospital. By then the remaining Palestinian domestic staff had withdrawn; and the Jordanian Army soldiers guarding the Hospital had fled.

The Israeli forces subjected the Hospital to an artillery barrage and raked it with machine-gun and small arms fire. The damage was severe. The Israelis soon occupied all West Jerusalem, including the Bethlehem Road and the Valley of Hinnom right up to the western wall of the Old City. After overrunning the Hospital, they looted its movable equipment and most of its medical and surgical instruments and apparatus.

This postcard image provides a panoramic view of the St John Ophthalmic Hospital in Jerusalem as it was in the early 1930s. The view is to the west, across the Valley of Hinnom from Mount Zion. The main Hospital building is the segmented, multi-storeyed structure at centre left. The Warden's House is in the left foreground below the Hospital. The Hospital Annexe, which was added in 1930, is the white building, centre, opposite the Hospital and on the far side of the Bethlehem Road, which can be seen at centre right. To the right beyond the Annexe and at upper right is St Andrew's Presbyterian Church, which opened in 1930. (Image from Wikipedia).



Meanwhile, Dr Doany had remained at the Hospital to attend to emergency patients if any should arrive. The Israelis arrested and imprisoned him when they found him there. They intended putting him on trial; however, they later released him in exchange for a Jewish doctor captured by Arab forces.

Dr Elias Doany (1924–1959), was one of the heroes of the first Arab-Israeli War. He was only a recent 23-year-old appointee at the Hospital, having joined the staff in July 1947 after medical training at the American University in Beirut followed by postgraduate ophthalmic studies at Moorfields Eye Hospital in London. He stayed at his post courageously until he himself became a casualty — a prisoner of war.



Dr Elias Doany (centre), wearing the regalia of a member of the Order during a ceremony at the Ophthalmic Hospital, about 1958. This is his only known photograph. Pictured with him, left–right: the Warden (Dr Arthur Boase), the Matron (Miss Katherine Stent), Dr Doany, the Deputy Matron (Miss A. Blewitt) and the Registrar (Dr Khalil Budeiri). (Image provided by Dr Matthew Glozier.)

Despite the damage they had done, the Israelis made good use of the Hospital and its facilities. In December 1948 they ran a 200-metre cable across the Hinnom Valley to connect the Hospital to the Bishop Gobat School on Mount Zion. They used this to conduct a secret nighttime cable car service between the two points to ferry arms, supplies and patients between the Hospital and the blockaded Jewish Quarter in the Old City. During the day they lowered the cable to ground level so that Arab forces could not see the cable car. The small cabinet, little more than an elongated box, was hauled backwards and forwards by three soldiers at each end of the cable. This enabled patients to be sent across the valley from the Jewish Quarter to receive treatment in the Hospital.

The cable car survived the war and in a later era became an exhibit in a small museum maintained by the Jerusalem Municipality. The museum occupied space in the Mount Zion Hotel, which took over the former St John Ophthalmic Hospital buildings in 1983. Eventually the cable

was re-installed, linking the museum and the campus of the Jewish University College (on the Mount Zion site of the previous school). The cable and the cable car outside the museum window became museum attractions.

The Hospital reopened

The first Arab-Israeli War ended with the Hospital stranded in the ‘wrong’ sector of Jerusalem. During the war, Jordanian troops had occupied parts of Jerusalem and the surrounding countryside. The Armistice between Jordan and Israel, signed on 3 April 1949, established a ‘Green Line’* separating Jordanian-occupied East Jerusalem from Israeli-held West Jerusalem. The Green Line, an interim border, cut the Hospital off from most of its Arab patients.

The Hospital formally reopened in temporary accommodation in February 1949. It did so in Watson House, a property in the Old City gifted to the Venerable Order of St John in 1927. Even before then, however, Dr Doany had begun informally treating out-patients in Watson House soon after the Israelis released him,

Meanwhile, the Warden, Dr Manson, had been stranded in Jordan. After escorting the Matron to Amman on 18 April 1948, he had attempted to return to Jerusalem but was forced back to Amman. He remained there until February 1949, when he was finally allowed back to Jerusalem. While in Amman he worked as an ophthalmic consultant and ministered to the needs of the Palestinian refugees arriving in the city. In mid-October 1948, he had visited the UK to report in person to the Hospitaller and London Committee on the events that had overtaken the Hospital. During this visit he was invested as a Commander of the Order by the Grand Prior, HRH Henry, Duke of Gloucester.

In the Ophthalmic Hospital’s entire history of 140 years (to date), the ten-month period April 1948 to February 1949 was one of only two occasions when the Hospital had closed. The other time was in October 1914, when it had closed for the duration of World War I. In all other periods since it first opened in October 1882, the Hospital had continued its humanitarian sight-saving work, treating patients regardless of race, nationality, creed, or class.

For a couple of years after the loss of the Bethlehem Road campus, the Hospital’s London Committee hoped it could negotiate with the Israeli authorities for the Hospital to reoccupy the property. By 1950, however, the Committee had recognised that

the buildings on the Bethlehem Road are not likely ever to be of use to the Order again, on account of their strategic position [for the Israelis] and because they are inaccessible to the Arabs, who form the majority of [our] patients.[†]

At that stage, the Committee began investigating other options, including the establishment of a new Hospital in Jordanian-controlled East Jerusalem. That, of course, was what eventually happened, when the present ‘New’ Hospital opened in Sheikh Jarrah in 1960.

* It was called the ‘Green Line’ because the line of demarcation on the map agreed to by the Jordanians and Israelis was drawn in green ink.

[†] Annual Report, St John of Jerusalem Ophthalmic Hospital, 1950, p. 51.



The present-day Lutheran Guest House, Muristan area, Jerusalem, formerly Watson House. Gifted to the St John Ophthalmic Hospital by Genevieve, Lady Watson, in 1927, with the adjacent Strathearn House it served as the main Hospital building after the forced evacuation of the 'Old Hospital' on the Bethlehem Road in 1948. (Image from the tripexpert.com website.)

In retrospect, 1948 was a calamitous year for the St John Ophthalmic Hospital in Jerusalem. As this article has demonstrated, 1948 visited these afflictions upon it:

- First, the Hospital was forcibly closed during that year's Arab-Israeli war, for only the second time in its 140-year history to 2022.
- Second, the Israeli military forces besieged the Hospital, shelled it and shot at it, severely damaging its buildings and then looting facilities after occupying it.
- Third, the Hospital found itself located on the wrong side of the Green Line following the Armistice of February 1949. This 'de facto' border partitioned Palestine into separate Israeli and Jordanian territories. The Hospital was in the Israeli sector, that is, West Jerusalem, whereas most of its patients were Palestinians living in East Jerusalem in the Jordanian sector.
- Fourth, the war scattered the Hospital's key staff members to Amman in Jordan, Beirut in Lebanon, the United Kingdom and Jordanian East Jerusalem. Only some of them were subsequently able to return to the reopened and relocated Hospital.
- Fifth, the Hospital had to abandon its extensive campus on the Bethlehem Road, which it had spent the previous 65 years developing.
- Sixth, and finally, the Hospital lost most of its patients, who stayed away from fear and because most of them lived on the wrong side of the Green Line. Both the Israeli and Jordanian military forces imposed tight security measures along the line, making border crossings a fraught undertaking for anyone trying to reach the Hospital from the Jordanian or Arab side.

Fortunately, the Hospital survived these disasters. It would make the most of its temporary accommodation in Watson House, where it succeeded in flourishing anew during the 1950s. And after relocating to Watson House and the adjacent Strathearn House, it planned its next move — into the 'New' Hospital in Sheikh Jarrah, which opened in 1960.

From Acre to Cyprus to the capturing of Rhodes, 1291–1310

Bruce Caslake OStJ

After the fall of Acre between 4 April–18 May 1291, the natural place to fall back to was Cyprus. Many of the Frankish Knights already had existing properties on Cyprus backing up their properties on the mainland. They must have been aware of the build-up of Islamic forces and attitudes towards them. All could see the writing on the wall. Cyprus would be a good place to regroup and wait, before trying to retake what had been lost.

The Knights of St John also had several large estates in Colos, Nicosia and just outside the town of Limassol, where the Castle of Kolossi is located, which ended up becoming their main headquarters whilst on Cyprus. This building was originally built by the Knights of St John in 1210. In 1296 the Knights of St John started their usual practice of caring for the poor, sick, injured as well as pilgrims who dared travel to the Holy Land at this time. They did this by building a hospital on the outskirts of Limassol. In the future, the Knights of St John will own over 60 properties right through-out Cyprus.

Unlike the Knights Templar, the Knights of St John had evacuated Acre with their Grandmaster and a hand full of Knights. Due to their hasty retreat, they had to leave all their treasures behind as they fought their way through the city to the harbour and an awaiting ship. With all their treasures lost, how would they rebuild and continue the fight against Islam?

The answer to this question came from a paper, written and delivered by The Honourable Sir James Gobbo on the 3rd of October 1997 and states that, 'the Knights Hospitaller set up their headquarters for a short time in Cyprus. Aided by a substantial loan provided by a Venetian moneylender'.

I have read a large number of books on the topic of the Crusades and the Knights of St John, and I did find the following referring to a 'loan' ... in a book titled, *The Knights of the Order* by Ernle Bradford it states, 'The long and unexpected resistance of the



Kolossi Castle. This fortress was originally constructed by the Knights of St John in 1210.
© photograph by B. Caslake.



The Honourable Sir James Gobbo, by Paul Fitzgerald AM (1983). © National Portrait Gallery, Canberra.

Rhodians proved a great drain on the Order's resources, so that it even had to go so far as to mortgage its revenues for twenty years to a Venetian moneylender'. This might be where Sir James got this information from, who knows. I even wrote a letter to him asking if he had more obscure information like this, but unfortunately no reply was forthcoming. I think that this information is worth mentioning.

The Knights Templar however, managed to get a loan from Amalric de Lusignan, Lord of Tyre, brother to King Henry II for 50,000 bezants to kick off their rebuilding program. From what I can make out the Templars had plenty of financial backing, back in the west which would enable to rebuild. You will see why I mention this now as it is part of the different roads that the 2 most powerful military Orders took. One to destruction, the other to prosperity.

So why did the Knights of St John, seek a new home other than Cyprus? Cyprus is close to the Crusader States allowing a chance to reconquer the Holy Land.

The land was fertile to grow crops, such as cotton, grains, sugar and of course, grapes to manufacture wine. This would make them self-sufficient and able to export excess resources to surrounding countries. In the end, Cyprus would supply Rhodes with these goods. It was not only for their own consumption and wealth but also help to pay back the loan they had taken out from that Venetian moneylender. The economy of Cyprus would also benefit from the locals with employment, which would help the Knights gain more acceptance from the local communities.

The answer is that the Knights of St John were looking for a land base that they could govern in their own right and not be controlled by local Lords and Bishops who were continually interfering in their business and wanting them to sort out their problems. As chroniclers stated many times, the Knights of St John, like other Catholic Military Orders were only answerable to the Pope. This, of course, created huge disharmony wherever they resided, not only in the East but in the West. Being only answerable to the Pope meant that they did not have to pay taxes to the local Lords. The local Bishops had no say in how they were to conduct their religious services or who they baptise or bury as a Christian on consecrated soil.

King Henry II governed Cyprus at this time in history. King Henry was in a power struggle with his brother Amalric Lusignan, Lord of Tyre, over who should rule the kingdom. Henry who suffered from epilepsy was not governing satisfactorily according to many of the citizens. One instance of this dissatisfaction occurred on the 26th of April 1306, after rebels demonstrated outside the palace, a list of grievances was delivered to the King which specified that the Templars and Hospitallers and other religious bodies had suffered from the King's failure to administer justice. The Hospitallers remained neutral at this point in time but later backed the King. The Templars, on the other hand, supported Amalric. I wonder Why?

The other change that started after the fall of Acre was that the Knights of St John focussed on seagoing warfare so that they could continue the fight against Islam. Now based on the



Amalric de Lusignan, Lord of Tyre, brother to King Henry II of Cyprus.

Island of Cyprus it is only natural that this would occur. Pope Nicholas IV initiated and encouraged the change in 1291. By 1299 the rank of Admiral makes its first appearance. The Knights of St John were well on their way to becoming one of the great naval forces in the Mediterranean.

The Knights of St John started to look around for another land base close to the Holy Land that they could use to continue the fight against the Islāmic threat, which threatened their Christian way of life. The only land base that took all these points into consideration was Rhodes. Also, the Rhodians through out history were held in high esteem for their nautical skills in navigation and seamanship, their ability to manufacture the fastest ships of the time was also an added attraction. The only problem with Rhodes was that it was part of the Byzantine Empire which alludes to it being a Christian country and the Knights of St John being a Catholic Order under the Popes control meant that it could not fight against another Christian held country. In reality, Rhodes was controlled by a group of pirates, so in this case, all fighting restrictions were off, not only would the Knights of St John gain a home but they would also rid the local shipping routes of exposure to these menacing pirates. One of these pirates was Vignolo de Vignoli a Genovese privateer, or in other words 'pirate'.

Grand Master Fulk de Villaret of the Order of St John started secret negotiations with Vignolo in 1306. It was unlawful to encourage or negotiate with pirates, however, this was the best way to help each other to capture certain Greek islands off the coast of Asia Minor. By the 27 May 1306 they had agreed that two-thirds of the revenue and produce of the captured islands was to go to the Hospitallers and Vignolo would keep the last third. Rhodes, Cos and Leros were to belong to the Knights entirely but Vignolo reserved the right for two properties on Rhodes, one being the Castle of Lardos, to be reserved for his personal use, of which he already occupied.



Secret negotiations were started with Fulk de Villaret, Grand Master of the Order of St John in 1306

It took around four years to capture all of Rhodes. Once the island of Rhodes and Rhodes city was defeated the rest of the surrounding islands capitulated. It is not quite known what year Rhodes defeat occurred, sometime between 1307 and 1310, but the date was the 15th of August. Pope Clements V issued a Bull confirming Rhodes belongs to the Knights of St John, it is unclear whether this Bull was issued before or after the capture.

On several occasions from 1299 to 1310 attempts to retake the Holy Land occurred, by the troops of King Henry's II of Cyprus, the Knights Templar, the Knights of St John, and the Mongols. For the following reasons, the four groups might not have co-ordinated to arrive at the planned campaign sites in the Holy Land together. The Knights of St John were in the process of converting from land to sea warfare and in the process of capturing Rhodes, Henry was in the middle of a power struggle with his brother, the Knights Templar had lost their way and from what I can make out they were more interested in the banking and business opportunities in Europe. The Mongols campaign throughout Asia was too widely spread to be able to win in the Holy Land without help. This, of course, is what, in the end, helped King

Vignolo reserved the right fortwo properties on Rhodes, one being the Manor of Lardos. The Manor of Lardos today. © photograph by B. Caslake.



Phillip IV of France start the process of how to disband the Knights Templar and create one supreme Military Order of the Knights of St John, with the aid of the Pope Clements V (who was very weak and easily misled). This idea had previously been discussed in various forms by Christian leaders for years in one form or other.

King Phillip IV of France owed a great deal of money to the Templars and would stop at nothing to rid his kingdom of this debt. Also, there was the threat of the power that the Templars held over Europe via their banking and business dealings. In most cases the Templars wealth was greater than most of the countries they were dealing with, including France. In the 13th and 14th century France was one of the leading countries in Europe and could not be seen to be controlled by outside influences like the Templars. In conjunction with Pope Clements V, King Phillip had both of the Military Orders, Grand Masters report to his court, to discuss what steps they were taking to get the next Crusade on the way to retake the Holy Land. These meetings occurred in the early part of the 14th century between 1305 and 1307. Both Orders saw this as a good opportunity to escape the feud between King Henry II of Cyprus and his brother Lord Amalric of Tyre. The Knights of St John could now get on with the task of the capture of Rhodes and the remodelling of themselves, for the new type of warfare that they would undertake in the future. By achieving the capture of Rhodes and building up of their navy they would become more of an asset than a threat to the European leaders, so avoided the same fate that was about to be thrust upon the Knights Templar.

At Dawn on Friday 13 October 1307 (hence Friday the 13th being said to be a bad omen) all over France where the Templars had properties, King Phillip's bailiffs open orders to tell the awaiting troops to arrest the Knights Templar, and confiscate all properties and monetary assets, under the accusation of heresy and other chargers. After the



Jacques de Molay and other senior Templars were burnt at the stake in Paris, as illustrated in the Grandes Chroniques de France.

reading of the orders which went into great detail as to what the Templars had been accused of, the troops were so outraged at what they had been told that they had no hesitation in carrying out their duty. This, of course, is what King Phillip intended so that he could start the torture of the Templar Leaders as quickly as possible. In the first wave of arrests, 625 Knights Templar were arrested including their Grand Master, Jacques de Molay. Before the Pope or anyone could object to the treatment of the Templars, King Phillip had tortured a confession out of the Grand Master and many of the senior Templars to convince all of their guilt. After many inquisitions from different sources including the Pope, the evidence seemed to be very small if any, but with the continuing pressure from King Phillip and other leaders throughout Europe, the charges were upheld. In 1312 Pope Clements V dissolved the Knights Templar Order. All properties and monetary assets were to be handed over to the Knights of St John. In a lot of cases, the Leaders of Europe took this opportunity not to comply with this order from the Pope and kept these assets for their own coffers. In some cases these assets did go to the Knights of St John, this explains why 60 odd properties owned by the Knights of St John in Cyprus and other Properties throughout Europe and the UK were in history both owned by the Knights Templar and the Knights of St John.

On the 18th of March 1314, the Grand Master of the Knights Templar, Jacques de Molay and other senior Templars were burnt at the stake in Paris on the banks of the River Seine near the Pont Neuf bridge. This act of royal power has gone down in history as one of the biggest injustices of all time, as Jacques de Molay and most of the other Templars retracted their confession once in the hands of the Pope and never again confessed to those atrocities. In the end the power of King Phillip and other leaders throughout Europe and the UK was too much for the Templars, whose wealth and power were too much of a threat.

After the Knights of St John Captured Rhodes, they quickly moved their headquarters to the city of Rhodes from Cyprus and settled in. First and foremost the Knights of St John had to rebuild and improve the island's defences for they had heard that the Muslims were about to attack and wipe out all of the Knights of St John before they could regroup, and be harder to wipe off the face of the earth. What happens about this and the Knights of St Johns history on Rhodes will be the topic of my next paper.

Knights of St John had to rebuild and improve the islands defenses. Here the Grand Master of the Order of Saint John of Jerusalem, Pierre d'Aubusson, receives the builders. Guillaume Caoursin, 'Reception des Compagnons bâtisseurs sur l'isle de Rhodes' (1480): Manuscrit Latin, 6067: Bibliothèque Nationale, France.



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Hong Kong St John Ambulance Brigade Dental Command

Celebrating 70 years of service, 13 June 2023

Edited by Dr Arthur See-King Sham MStJ BDS FDSRCPS(Glas)

Introduction

Commissioner Dr SO Ping Fai Alfred MH CStJ

Hong Kong St John Ambulance, a branch of St. John Ambulance in Hong Kong, began in 1884 with the establishment of Hong Kong St John Ambulance Association. It continues in operation today in accordance with Chapter 1164 of the Laws of Hong Kong. St John Dental Service was founded in 1950, almost the same year of the founding of the Hong Kong Dental Association (formerly known as the Hong Kong Dental Society). It is one of the oldest dental services in Hong Kong. Recognized for maintaining an uninterrupted and entirely free-of-charge service for 70 years treating tens of thousands of underprivileged and disabled people, St John Dental Service is the only one of its kind within the St John International institutions worldwide.

Beginning with the early Dental Penetration Squad serving the rural area in the '50s, to the state-of-art dental clinic and advanced portable outreach surgeries we have available today, the Dental Command has undergone many hardships and evolutions. I would like to salute all who have contributed their precious time and efforts behind the scenes, creating an impact and serving those most in need of our help.

Throughout my 36 years of working as a volunteer dentist, 16 of those which I served as an Officer overseeing the dental team, I have had the privilege to befriend many incredible individuals including Dental Surgeons across different generations, Presidents, Dental Assistants, and Ambulance Members. My passion for the Dental Command remains as strong as ever, and I am confident that under the leadership of Assistant Commissioner Dr Marco Lau, St John Dental Service will excel to an even higher horizon. May you continue spreading smiles not only in Hong Kong, but around the world.

History

Senior Assistant Commissioner (Administration) Dr LAU Lai Ming Marco OStJ

Hong Kong St John Ambulance Brigade Dental Service has been in operation for 70 years and is the only free dental service provided among the global St John Ambulance organizations.

It started in 1950 when Mr A.D. el Arculli OBE, was Commissioner (1947–1951) and it operated using 'Penetration Squads' in the beginning. Each squad comprised of 1 dentist, 1 doctor, 1 nursing officer, and 3 nurses. These squads provided much-needed outreach dental and medical service for the residents of the rural areas and remote islands of Hong Kong.

During weekends and holidays, these squads could use various government transport such as police boats and army helicopters to reach the residents of remote areas. Most of these early dentists were enlisted from the Royal Army Dental Corps and the Hong Kong Dental Association. At that time after the Second World War, Hong Kong was still very poor and people had hardly enough to eat and could not afford dental services. Hence even though the service was quite elementary by today's standard, St John provided a much needed and welcomed free dental service to the underprivileged in Hong Kong.



Old Dental Clinic at St John Ambulance Brigade District Headquarters, 2 MacDonnell Road.

As dental and medical facilities became better established and widespread throughout Hong Kong in the late 1950s, the work of the 'Dental Penetration Squad' diminished. Its task was absorbed by the establishment of a well-equipped dental clinic located at the St John Ambulance Brigade District Headquarters at MacDonnell Road in 1960 under Commissioner F.I. Tseung. Dental Section was then formed which later evolved into Dental Group, District Region, and eventually Dental Command, where we expanded our free service to the underprivileged, elderly and special need patients in Hong Kong.

Present day

The dental clinic is located in the new St John Tower. It is spacious and has wide doors to facilitate patients in wheelchairs and their accompanying carers. The clinic has 2 surgeries and runs 5 sessions per week. A Cone Beam Computed Tomography (CBCT) for producing full jaw radiogram is available. All records are computerized and radiographs are stored in digital format. To overcome problem of accessibility, transportation between the sheltered homes or MTR stations and the clinic can be arranged by means of a passenger van driven by Ambulance Members.

An Outreach Branch was formed in 1990. This team provides oral health education and dental examinations at housing estates, combined health promotion functions and visits to the residential homes of the disabled and elderly. Most of these outreach duties are performed on Sundays when more than 10 staff are deployed to deal with what is very demanding work. A lot of these activities have to be performed numerous times, often in the outdoors under the hot or cold weather and usually with the staff being called upon to



Hong Kong St John Ambulance Dental Command today. Dr Marco Lau in the chair.

travel substantial distances to reach the patients. In 2019–20 a total of 941 special needs patients and 1,934 cases were treated in the dental clinic. Moreover, 949 members of the public received free consultations and dental assessments through health promotions and outreach projects.

The Future

Prevention is better than cure. The oral health of special needs patients is often worse than those who are in good general health, particularly when they have learning disabilities or mental health problems. Many obstacles prevent them from accessing adequate dental care, and as a consequence they are more likely to have other untreated health issues. Community dental services should therefore move away from the confines of the oral cavity to a more holistic approach to care. It encompasses disease prevention, health promotion and rehabilitation, which recognizes the contribution of oral health care to general health and wellbeing. Success in care delivery relies on multi-sector support from society and as such St John Ambulances dental team places great prominence to the principle of an integrated approach to care. The organization, with its reputable history, enables dental services to adopt a networking approach to health with statutory and voluntary agencies providing care and support to identify those most in need, and provide patient-centered care with integrated communication across all services. It creates a solid platform for collaboration and public/private partnerships across many different health related disciplines. St John Dental Service will surely play an increasingly important and high-profile role in care as the demands placed on it from the general public needs increase in decades to come.

Dental Command Platinum Anniversary

Commander of Dental Command, Assistant Commissioner Dr LAI Chi Yan Chris OStJ

2020 is the Platinum Anniversary of Dental Command of Hong Kong St John Ambulance Brigade. Dental service in Hong Kong St John Ambulance Brigade started in 1950.

It originated from 'penetration squad' to serve the people lived in the rural area and outlying islands in Hong Kong in 1950s.

In last decade, we promoted to Dental Command. More and more resources and support are granted from the Brigade. We have over 100 personnel including dentists, presidents, officers, NCOs and members. They are allocated to 2 Regions, 4 Groups and 12 Sections. Some dentists, other than treating patients, would assist in administrative work. They would participate the 'Officer Training Course (Intensive)' which is organized by the Brigade Training School to enhance themselves the necessity for the administrative work.

Treating patients and providing oral health service are our primary goals. To achieve these goals, Administrative Region provides supportive measures to our colleagues. We make appointments with the patients and arrange them orderly so we can maximize our resources. 'Dental Surgery Assistants training' provides opportunity to our newly enrolled members to learn how to treating patients and providing service. More than that, our senior colleagues would share their experiences about how to provide satisfactory service to the special need patients. Also, we invite our dentists to deliver oral health talk to enhance our members' dental knowledge. Other than trainings, Administrative Region organized several social activities, e.g. Dental Annual Dinner cum Christmas Party, Night Fishing for Cuttlefish. These all would increase our colleagues' sense of belonging.

In 2020, we step into another era. Dental Command would continue our tradition service. Also, we would try to find more opportunities to serve more sub-social class people. We hope we could play more important role in both Hong Kong St John Brigade and the society.

✧ Dental Command, Happy Anniversary! ✧

Current initiatives

Chief Superintendent (Operation) cum Former Office in Charge, Brigade Ceremonial Squad, Dr SHAM See King Arthur MStJ

Free Dental Service to the Special Needs

Volunteer dentists of the Dental Command provide free dental service and conduct some Outreach Programs to people who are physically and/or intellectually disabled as well as dental health education and counselling for local charitable organizations and institutions. We aim to improve oral health of seniors or adult disabilities facing barriers to care. The dental clinic was attended by patients of different socio-economic backgrounds.

The dental clinic supported by the Hong Kong Community Chest is the only one of its kind throughout all St John organizations worldwide and it opens 5 sessions a week as follows: from 1900 to 2130 hours on Monday, Tuesday, Thursday and Friday, and from 1000 to 1200 hours on Sunday.

A dental van is also available for transporting patients to the clinic from MTR station at Admiralty through advance booking.

Dental Needs and Treatment rendered

The immense unmet dental needs witnessed in the dental clinic and in the underprivileged community. Frail and dependent residents were found to have a higher prevalence of very poor oral hygiene, root caries, retained roots and missing teeth.

In the Dental Clinic, access difficulties included being bedridden and chair bounded and they are brought in by the St John transport team. Wheelchair users had access to hoist transfers in the dental clinic.

Dental treatment at the Dental Clinic included digital dental X-rays, scaling, fluoride therapy, fillings, and (surgical) extraction. Services excluded root canal treatment, denture therapy and repair, fixed prosthodontics, implants, and esthetic procedures.

Difficult dental condition or complex health conditions will be referred to the oral and maxillofacial surgery and dental units of regional hospital or Prince Philip Dental Hospital.

Here are some of the medical categories of the patient profiles:

1. Intellectual disabilities or neurocognitive impairments (e.g., Autism, Down's syndrome, Alzheimer's Disease, Dementia).
2. Sensory disabilities or physical impairment affecting mobility (e.g., bedridden, fall risk, visually hearing or visually impaired)
3. Geriatric patients with multiple medical problems (65 years or older)
4. Mental health issues or psychiatric illness.

Operation Smile and Special Smile Projects:

The free service was organized by the Dental Command of Hong Kong St John Ambulance Brigade and sponsored by The Community Chest of Hong Kong. From 2009–2018, The outreach team delivered dental check-ups and treatments for residential care units or elderly care centres from 2009 to 2012; special needs children and teacher/parent talks on oral health in special schools and kindergartens from 2012 to 2018 respectively.

Both projects were welcomed by families, parents and teachers with great enthusiasm. All available check-up slots were taken up and a number of families were able to come along to the oral health talks.

With the team's careful preparation, a room in the elderly centre and a classroom at the school were transformed into a dental clinic, furnished with a dentist chair and professional instruments to provide safe dental examination services for patients with special needs. The outreach team was very thorough in the oral examinations, consultations with families and referrals. The team worked hard to create a relaxing environment for patients, giving encouragement and praise to them who were anxious about the check-up.

Apart from the check-up, the team also gave talks on oral health and addressed family or parents' concerns. We hope that the talk has enhanced parents' understanding of oral hygiene — Smile!

We were very grateful to SAC(Op) Dr Alfred So, AC Dr Marco Lau, our dedicated predecessors CSupt Drs Eddie Loke and Kenneth Hui for their guidance to the correct path; Dental Officers, Presidents and Members who are too numerous to be named, and their families for their invaluable support, and also to the many patients who have shared their inspiring journeys with us.

In the near future, we look forward to establish care pathways or network with medical and allied health professionals, and government clinics, emphasizing integrated and seamless inter-referrals for the patients with special needs.

Administration and training

Superintendent Dr LEE Chun Kei, Oral Health Promotion Section, Outreach Group, Operations Region

According to World Health Organization, oral health is a key indicator of overall health, well-being and quality of life and it is an inseparable part of general health and well-being. Two major oral diseases, periodontal disease and dental caries, are the most common diseases affecting the people worldwide. Not only will they affect the speech, mastication, esthetics and self-esteem, accumulating evidence shows that the general health will be affected by the oral health. Moreover, oral care treatment is costly; this may be up to 20% of health expenditure in most high-income countries.

Prevention is better than cure. Oral health promotion should be an essential element in combating oral diseases; it should also be a useful tool of all oral health workers. The Dental Command has been promoting oral health to different sectors in the local community in the past seventy years and will certainly continue to do so in the years to come. I would like to take this opportunity to thank all the members for the selfless contribution in the past and I sincerely hope that we can work together to face the challenges ahead.

Dental Command within St John Hong Kong

Superintendent Dr WONG Sau Ming, OStJ, Finance Section, Management Group, Administrative Region

Our Section facilitates the operation and development of our Command through proper financial arrangements. By providing clear advice, all the organizers of the Command's activities and ceremonies can follow the guidelines and frame different funding and expending requirements. Moreover, our Section also secures different claims and reimbursements of daily operations of other Sections.

Examination and training

Dr Stephanie SO, Superintendent, Training and Examination Section, Management Group, Administrative Region

Every year the Exam & Training Section organizes various workshops on First Aid and AED training for members to attain their exam qualification and be prepared for real-life emergencies. This is also to comply with the Brigade's requirement and regulation.

As all of our members are volunteers and most with non-dental related backgrounds, it is necessary to equip them with basic knowledge and skills to work in a voluntary but professional dental service. Special training was given for the team-work medical emergency procedures specifically to the dental clinic. Further to First Aids, chair-side and

theoretical training were provided for members to work with confidence on assisting dental surgeons in a number of dental procedures from preparation to post-surgery management. Proper infection control technique, instrument identification, computer record keeping, and maintenance of the dental surgery associated units, such as radiographic machines, were included in the curriculum. Transferring patients to and from the dental chair up and down the St John premises require specific skills as well.

Furthermore, St John provides outreach services for the elderly homes and special schools. Training involves transportation, seamless team co-operation and flexibility in dental unit setup to at a non-clinical and unknown environment is.

Soft skills are learnt for our team members in handling the mentally and physically disabled patients, their family members and care takers. They were special-needs patients that we might not encounter in our daily lives. The goal was to show genuine care, patience and respect in order to build a trusting relationship. It is a very challenging but rewarding experience for both members and dentists. Despite all difficulties encountered, appreciation and satisfaction from patients and family are always priceless and encouraging.

Our aim is to educate and improve the oral health of the community and especially for the special needs. 70 years anniversary is a milestone for the St John Dental Service. This unit is the only one of its kind in the St John International worldwide services. I hope we continue to excel with great success.

Editorial Board

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AC Dr Chris Chi Yan LAI OStJ BDS CMA

CSupt Dr Arthur See King SHAM MStJ BDS FDSRCPS(Glas)

Special thanks to Commissioner Dr Ping Fai Alfred SO, SAC Dr Lai Ming Marco LAU, AC Dr Chi Yan Chris LAI, CSupt Dr See King Arthur SHAM, Supt Dr Chi Kit Lawrence LAM and Retired ASupt Chung Ping Anthony WAN for their photo contribution.

Disclaimer

Views and opinion expressed in the articles as well as captions underneath each and every photograph herein are those of the author(s) and not necessarily those of the Editor(s) of this Anniversary Booklet, or the Dental Command, or Hong Kong St John Ambulance Brigade.

The Editor(s), Dental Command and Hong Kong St John Ambulance Brigade disclaim any responsibility or liability for such materials and do not guarantee the accuracy of the information, or the omission of such; especially those data relating to the month or/and year, exact location of events, names of personnel or institutes etc.

Appendix 1. Hong Kong St John Dental Service – milestones

1950 Establishment of Dental Penetration Squad

1960 Establishment of Dental Clinic

1990 Outreach Service Commencement

Temporary Dental Clinic to Causeway Bay 1994

New Dental Clinic to St John Tower 1996

Operation Smile Project 2011–2012

Special Smile Project 2012–2018

Dental Chair in Surgery 2 donation 2008–2009

Dental Van donation 2018

New Dental Chair and X-Ray 2019

Appendix 2. Officer in Charge (OIC) of Dental Service



Dr Sammy SHIELDS
(1950s–1960s)



Dr Paul King Ting YAN
(1960s–1986)



Dr Kai Shiu CHAN
(1986–1999)



Dr Alfred Ping Fai SO
(2000–2016)



Dr Marco Lai Ming LAU
(2016–2022)

Appendix 3. Hong Kong St John Ambulance historical images



Opening of the St John Dental Clinic (1960).



Exhibition of extraction forceps.

Appendix 3. Hong Kong St John Ambulance historical images



St John Group in St John Hall (1982).



Old St John Building (1983).

Appendix 3. Hong Kong St John Ambulance historical images



Former Governor of Hong Kong, Mr Chris Patten (now Lord Patten), KG CH PC, presents SBStJ to Dr Marco Lau in the 1990s.



Dental van with a wheelchair-carrying capacity Handover Ceremony with the donor representative, AC Dr Marco Lau, Command President Yip Ping-Nam, and Commissioner Alfred Poon (5 September 2018).

Appendix 4. Hong Kong St John Ambulance Dental Command operations



Appendix 5. Photos of Outreach (2011–2019).



Dental Outreach (6/2011).



Dental Outreach by AC Dr Alfred So (7/2011).



Dental Outreach (7/2011).



Dental Outreach (7/2011).



Dental Outreach with HKDA President Dr Sigmund Leung (12/2011).



Dental Outreach (11/2012).

Appendix 5. Photos of Outreach (2011–2019).



Dental Outreach
(10/2013).



Dental Outreach
(10/2014).



Dental Outreach (7/2018).



Oral Health talk by
ASupt Dr Poon Pui Lok Johnny (7/2018).

Appendix 6. St John and Dental Command Training and Activities



First Aid and AED Revision Training Session.



Training Seminar by ASupt Dr Tony To (2019).



Overseas St John Personnel Visit with ASupt Dr Raymond Leung, AC (Youth) Wong Tat Chuen and Member.



Oral Health Promotion (2019).

Appendix 7. Hong Kong St John Ambulance ceremonial events



Hong Kong St John Annual Inspection (2018)





St John Investiture Ceremony, St John's Cathedral (2018).



St John Investiture Ceremony, St John's Cathedral (2018).



St John Award Presentation (2018).



St John Investiture Ceremony, St John's Cathedral (2019).



Remembrance Day (2019).



Special thanks to our dedicated Officers, Presidents, and Members – 70th Anniversary! (2023).

Appendix 8. Contributors to this article



Dr LAI Chi Yan Chris OStJ,
Assistant Commissioner,
Commander of Dental
Command.



Dr SHAM See King Arthur
MStJ, Chief Superintendent
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Officer in Charge, Brigade
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Dr WONG Sau
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Dr Stephanie SO,
Superintendent, Training
and Examination Section,
Management Group
Administrative Region.



Dr LEEw Chun Kei,
Superintendent, Oral
Health Promotion Section,
Outreach Group
Operations Region.

Barbara Cartland and the American Cup for Gallantry

Lt Col Alan Sharkey MBE CStJ TD

The American Cup for Gallantry was one of the most prestigious of awards for St John Ambulance Brigade cadets, surpassing even the Grand Prior's Award. Widely mentioned in cadet literature, every cadet knew that it was an award for gallantry presented by the US 8th Army Air Force. It was awarded after the Second World War for the most outstanding act of gallantry by a cadet throughout the UK annually, subject to an act of sufficient merit having been executed. Throughout the late 1940's to the 1960's the cup was usually presented at the cadet rallies that were so popular then, or at the national competitions, by Princess Margaret in her role as Commandant in Chief of Cadets.

13.10 American Trophy for Gallantry

This trophy, which was presented by the United States 8th Army Air Force, is awarded annually, on the decision of the Commissioner in Chief, Priory for England and the Isles, to the Cadet performing the most outstanding deed of gallantry or courage during the year (provided a case of sufficient merit occurs). Submissions of Members of the Brigade in Wales should be made via the chain of command to NHQ Wales.

Regulations for St John Ambulance in Wales as recently as 2011!

Ronnie Cole-Mackintosh in his book *A Century of Service to Mankind* says 'In 1947 the 8th United States Air Force, stationed in Britain, presented a trophy to be awarded annually for gallantry'. In fact the 8th US Army Air Force presented the cup in 1944 and left Britain in 1945. The remarkable true story of how the cup came to be presented by the US 8th Army Air Force has never been told.

The cup was the symbol of a grateful nation for the hospitality given to US troops stationed in England throughout the closing years of the war. It reflected a story of kindness, hospitality and service given by cadets of the St John Ambulance Brigade to their American allies. It originated from a friendship between Mrs Hugh McCorquodale (better known as Barbara Cartland), and an American serviceman. Major, later Lieutenant Colonel, Thurman Shuller, a doctor, was the officer in charge of the base 'hospital' of the 306th Bombardment Group of the 1st Bomb Division of the US 8th Army Air Force, based at Thurleigh, five miles north of Bedford in North Bedfordshire near to Barbara Cartland's home at River Cottage in Great Barford. The 306th Bombardment Group ('First Over Germany') with its four squadrons of Boeing B17 Flying Fortresses arrived in Britain during the first week of September 1942.

Barbara Cartland, who served the Order of St John for much of her life, had already established a reputation as an author by the start of the Second World War with around twenty novels to her credit. At the start of the Second World War she and husband Hugh McCorquodale moved to the comparative safety of River Cottage, a picturesque 400 year old cottage on the banks of the Great Ouse in Great Barford, Bedfordshire. Hugh became a member of the Local Defence Force (LDV), later renamed the Home Guard, despite having

only one lung due to injuries suffered during the previous war. Barbara lost her own father in the Great War, killed in 1918 at Flanders. Youngest brother Tony was a regular soldier commissioned into the 2nd Battalion of the Lincolnshire Regiment. He had served for three years as ADC to General Sir George Weir and left for France with the British Expeditionary Force on 3 October 1939. Her younger brother Ronald, a promising politician and Member of Parliament for Kings Norton in Birmingham, had joined the Territorial Army some three years before the start of the Second World War. He embarked for France with the 53rd Anti-Tank Regiment of the Royal Artillery on 8 January 1940.

Initially posted as 'missing' Tony was killed at Dunkirk on 29 May 1940. Then the next day Barbara's most loved brother Ronald was also killed at Dunkirk, the first serving Member of Parliament to be killed during the Second World War. It was not until January 1941 that the news that both brothers had died finally became known.

The Germans entered Paris on 14 June 1940, three days after Mussolini and Italy entered the war on their side. Hitler was massing his victorious army around the channel ports in readiness to invade England and the Government began making plans for the evacuation of women and children. A few days later Barbara had a telephone call from Lady Irene Dunn, a close friend of some twenty years, to say she was moving to Canada with her daughter and grandchild and had a spare cabin. Barbara talked it over with Hugh and hurriedly accepted the offer. On 26 June 1940 Barbara and her three children, Raine aged eleven, four year old Ian and five month old baby Glen, left London for Liverpool and a few days later were aboard the Canadian Pacific liner, *Duchess of Atholl* (sunk by a U-boat on 10 October 1942) en-route for Montreal. Soon after arriving in Canada Barbara realised they had made a mistake and the right place to be was back home with other wives and mothers fighting side by side. With some difficulty a berth home was finally secured and on 14 November 1940 the family embarked on the *Duchess of Richmond* and returned to England and River Cottage.

Early in 1941 Barbara enlisted with the Women's Voluntary Service (WVS) initially taking on the role of distributing books to searchlight units, camps and aerodromes in Bedfordshire. Twelve months later she was 'commissioned' into the Auxiliary Territorial Service (ATS) as a 'Junior Commander' (equivalent to Captain) serving as Lady Chief Welfare Officer in Bedfordshire tasked with looking after the welfare needs of 20,000 service men and women.

Barbara was a good friend of both Lord Louis and Lady Edwina Mountbatten. Lady Edwina took up the post of President of the Hampshire branch of the St John Ambulance Brigade just before the start of the war. After several roles she was appointed Superintendent in Chief of the Brigade early in 1942 and Barbara's daughter Raine recalls that:

Edwina Mountbatten arrived to stay in our tiny box room and persuaded Mummy to become County Cadet Officer.



The McCorquodale family on returning to River Cottage in 1940. Left to right – Raine, Hugh, Ian, Barbara and Glen (picture taken from their 1940 Christmas card).

Barbara recalls:

She was quite happy to stay in our tiny cottage, sleeping in my husband's dressing room with its sloping roof, which hits you sharply on the head when you sit up in bed.

Edwina arrived at River Cottage on Friday 29 January 1943 to stay for the weekend. Edwina had been invited by Barbara to give a talk to the WAAFs at the RAF Station at Cardington. Later that evening Edwina visited the Bedford School 'Big Hall' with Barbara where they were welcomed by Captain WC Knight, the County Commissioner, and Edwina inspected ambulance, nursing and cadet divisions of the St John Ambulance Brigade. The next day Captain Knight called at River Cottage to take Edwina to Luton to inspect the Brigade members in the South of the county. Before they left Edwina asked Barbara to help with the Brigade of the county and Captain Knight explained he was desperately short of executive officers so Barbara promised to take on the cadets as County Cadet Officer.

Barbara had commented that the ATS khaki was drab and may have found the black uniform of the St John Ambulance Brigade more stylish! Nevertheless she took up Edwina's invitation and by March 1943 she was in post and in uniform as the County Cadet Officer. Her first appearance in that role was at the Silver Jubilee School in Bedford on 24 March 1943 when she enrolled new cadets into the Brigade. The cadets also sang the marching song 'Knights of St John' written by Barbara and set to music by her friend and neighbour the composer and musician Jan Kerrison (Mrs Archie Camden) who was also an officer in the St John Ambulance Brigade serving as Corps Officer in North Bedfordshire. Barbara had entered into her role as the 'Lady County Cadet Officer' for the St John Ambulance Brigade cadets in Bedfordshire with vigour and enthusiasm.

Barbara recalls,

I made mistakes, everyone does who experiments. I 'put my foot in it' with the adult divisions and went ahead too fast; I was impatient and I expect at times very tiresome, but Captain Knight was patient and encouraging and a very tower of strength in trouble. With the County Commissioner behind me I could take things in my stride, but I couldn't do everything, and my right hand – someone who understood all I was trying to do and prove – was Mrs Archie Camden.

The Camdens – Archie (a world famous bassoonist who played in the BBC Symphony Orchestra) and Joyce – moved to Bedford with the BBC from bombed and blitzed Bristol. Joyce, who used professionally the non de plume of Jan Kerrison, described by Barbara as pretty and musical, readily agreed to help Barbara with her cadet work and took on the role of Corps Officer of the St John Ambulance Brigade for North Bedfordshire.

One of Barbara's early St John commitments was a visit to 'an American aerodrome in the Home Counties' (Thurleigh) on Sunday 30 May 1943. At the invitation of Commanding Officer Colonel Claude E Putnam (probably at Barbara's instigation) over 300 St John Ambulance cadets were entertained at the base. Trucks picked up the cadets from Bedford Town and London Road, Kempston, Stewartby, Houghton Conquest and Barbara's home village of Great Barford. Barbara escorted Colonel Putnam and introduced him to the cadet officers. The cadets were then able to enter and view a Flying Fortress before being given lemonade and doughnuts in the Red Cross canteen. The event was planned by Barbara and Joyce assisted from Thurleigh by Major CG Duy, the Adjutant and Lieutenant Darrell S Mattoon, Special Services Officer.

The immediate result of the visit to the airbase was the 'adoption' by the Great Barford nursing cadets of the 'hospital' at the base. Welcomed by the surgeon in charge, twenty-nine year

old Major Shuller, the cadets with their Lady Cadet Superintendent Mrs Barbara Wormington (niece of Joyce Camden) visited the hospital every weekend taking eggs from their own hens, fruit, flowers, magazines and home made cakes and cooking. A few weeks after the aerodrome visit, on 23 July 1943, Major Shuller accompanied Barbara to the parish church in Great Barford where she conducted an enrolment ceremony for the Great Barford cadets assisted by Mrs Wormington. The cadets then gave a first aid display in the nearby school and were inspected by Major Shuller.

Thurman Shuller later said about the hospital –

Though the medical facility at 306th Bomb Group or any other such combat unit was called a hospital it was not actually that. We had about twenty beds for minor illnesses and short stay emergencies, but any serious injuries or illnesses were evacuated to Evacuation Hospitals or Station Hospitals in the area.

The first week in August 1943 was summer camp for the Great Barford nursing cadets at Sharnbrook, working in the fields for the Bedfordshire War Agricultural Committee. Barbara arranged for the BBC to visit the camp for an outside radio broadcast. Mrs Wormington spoke to broadcaster Godfrey Basely about cadet activities and three of the cadets described their work in the fields. Barbara had laid on an American corporal to teach the girls how to play baseball and the broadcast finished with a concert directed by Jan Kerrison (Joyce) at which the girls once again sang Barbara's 'Knights of St John'.

In October 1943 Major Shuller was promoted Lieutenant Colonel and moved to a new post as Chief Surgeon of the 1st Air Division. He wrote to Mrs Wormington to say,

On behalf of the patients and hospital staff I wish to express my profound appreciation for the noble gesture that you and your cadets initiated in making of the medical department. I don't know what we have done to deserve this kindness but I assure you that it is deeply appreciated. There is nothing that cheers these lads in hospital, a long way from home, so much as a bit of home cooking. This is just one more of the innumerable ways in which you have shown your hospitality to our Forces in your country. These kindnesses will not be forgotten.

In 1949 the film 'Twelve O'clock High' starring Gregory Peck was based on the 306th Bombardment Group at Thurleigh and the Flight Surgeon in the film particularly based on Thurman Shuller.

The Great Barford cadets continued to support the hospital. At Christmas 1943 the cadets filled a large number of muslin stockings so that every patient had one. The US doctors took a keen interest in the first aid training of the cadets and gave lectures in Great Barford and other villages as well as being present at many practices and parades. One former cadet



St John Ambulance Brigade cadets on their way to visit the US 8th Army Air Force at Thurleigh on Sunday 30 May 1943.

describes how over the winter lectures were often held at Barbara Cartland's River Cottage home.

In 2014 Vera Heath described how as a cadet in 1944 she cycled from her home in Great Barford to Thurleigh to help out at the hospital with Barbara Cartland.

Glenn Miller used to come and speak to us cadets in the Thurleigh Hospital. He seemed a very nice person but I never thought anything of it and I threw away all my photographs from those days.

Glenn Miller, recently promoted Major in the US Army Air Force, and his band arrived in the UK on 28 June 1944 and within days had moved to Thurleigh where they gave their first performance. On 9 July 1944 the band gave its first broadcast from the Corn Exchange in Bedford and Vera Heath, then Bufton, remembers being there to dance to his music. During his stay in Bedford, Glenn became acquainted with and enjoyed certain British customs including eating fish and chips out of newspaper, which he bought from the fish and chip shop in Queens Park. He also enjoyed the British pub tradition and often drank at the Swan Inn at Radwell and the Queens Hotel at Milton Ernest, popular with 8th Army Air Force personnel. Following the Liberation of Paris the band was to give a performance there on Christmas Day.

Glenn Miller was to fly out on 15th December 1944 from Twinwood Farm Airfield, a few miles from Thurleigh, on the 15th December 1944. Thick fog covered most of England. His aircraft took off at 1.55pm and was never seen again.

Jan Kerrison, cellist, pianist and composer, was married to the celebrated bassoonist Archie Camden, a member of the BBC Symphony Orchestra which resulted in several moves in the war first to Bristol and then to Bedford where Jan joined the St John Ambulance Brigade. On 11 March 1944 she produced a 'Revue' at the Royal County Theatre Bedford, described as 'original, unusual and exciting'. The show included another joint production from Jan and Barbara – the song 'Wings on the Sunrise' with words by Barbara Cartland and set to music by Jan Kerrison.

It was at the Bedford 'Revue' that the 'American Cup for Gallantry' was first presented. Lieutenant Colonel Shuller as he now was, accompanied by Colonel Rapier (Commanding Officer at Thurleigh) presented the cup on behalf of the US 8th Army Air Force to County Commissioner WC Knight and Mrs McCorquodale (Barbara), announcing the first winners for 1943 as the Great Barford Nursing Cadets for 'Anglo-American friendship'. Colonel Shuller explained that the US 8th Army Air Force had agreed with General Sir Clive Liddell, Chief Commissioner of the St John Ambulance Brigade, that 'when the war is over the cup shall be presented annually for the finest act of individual gallantry by a Cadet in the British Isles'.

The Bedford Revue was by no means Colonel Shuller's last links with Barbara and the Great Barford cadets. In July 1944 Barbara organized a flower show and fete in aid of the Red Cross



Major Thurman Shuller of the US Army Medical Corps, Group Surgeon 306th Bomb Group from July 1942 to 15 August 1943 when he was promoted to Lieutenant Colonel and appointed Division Surgeon of 1st Air Division (of which 306th Bomb Group was part) in which capacity he served for two more years until the end of the war. Thurman completed his military service in 1946 as a Colonel at the age of 32.

at 'The Hoo', the home of her neighbours Mr and Mrs WE Lewin. The fete was opened by Mrs SH Whitbread of the Red Cross supported by Barbara and the guests included Jan Kerrison and Colonel Shuller.

On Wednesday 10 January 1945, Cadet Sergeant Olive Lee could be heard on the BBC Radio 'Children's Hour' singing their marching song 'The Knights of St John', the words of which were written by Barbara Cartland, set to music by Jan Kerrison. Olive was joined by ambulance cadets Alan Taylor and Stanley Webb of St Cuthbert's Division in Bedford and Margaret Riley from Bedford Town. Jan Kerrison opened the broadcast introducing Cadet Rosemary Sarjeant of Hillmorton Nursing Cadet Division in Rugby. Rosemary was the first winner of the Music Cup presented to St John Ambulance Brigade cadets jointly by Jan Kerrison and Sir Adrian Boult. The cup was to be competed for annually but Barbara Cartland promised to provide each winner with an individual cup.

The BBC broadcast was followed the next month by a production of 'Cinderella' devised and produced by Jan Kerrison and performed by the Great Barford cadets in the Town Hall in Bedford on Thursday, Friday and Saturday 22-24 February 1945. The theme of the Pantomime was 'Utility' but the local newspaper reported that there was nothing 'utility' about 'the gorgeous costumes, the excellent scenery and the sparkling music'. The newspaper continued:

it would be difficult to imagine how young people – no member of the cast seemed older than 16 – could do better... Jan Kerrison had developed the natural talent of her actresses into giving everything they'd got, until she had some first rate female leads: Miss Olive Lee strutted and danced and displayed a shapely leg with all the assurance in the world as 'Prince Charming'; Miss Margaret Riley emulated her as Dandini and did every bit as well; and Miss Jean Cooper, in the title role, is a discovery of the first water...

After commenting on Shirley Collins performance as 'Miss Twinkletoes' the newspaper then continued 'Miss Raine McCorquodale was radiant as Princess Starlight'. The 15-year-old 'Princess Starlight' had enlisted as a nursing cadet with the Great Barford division and had managed to become a 'Princess' long before her future stepdaughter, Diana! Other Great Barford nursing cadets in the production were Eva Mann, Vera Geary, Vera Norman, Pat Barley, Olive Mann, Rita Jones, Jean Fox, Enid Sharman, Margaret Facey, Olive Russell, Sheila Lee and Frances Russell.

Colonel Shuller maintained close links with the St John Ambulance cadets until the 8th Army Air Force left Britain in 1945. On Sunday 25 February 1945 at a meeting at the Town Hall in Bedford Colonel Shuller once more presented the American Cup for 1944, still at this stage for Anglo American friendship, again to the Great Barford cadets. The meeting concluded with a new anthem from Barbara Cartland and Jan Kerrison, based on the Code of Chivalry, sung by the cadets of the St Cuthbert's Division choir.

Colonel Thurman Shuller did not get to see the cup presented for its intended final purpose and it seems the 8th US Army Air Force had no connection after the war, but in later years it was on one occasion presented by the Army Attache from the US Embassy.

Wednesday 1 August 1945 was the 38th birthday of the 8th US Army Air Force. They threw a party at Thurleigh attended by 8,000 people from Bedford and North Bedfordshire including Barbara Cartland and the Great Barford nursing cadets. They departed from Thurleigh and Britain on 1 December 1945, their task finished and permanent bonds of friendship established, not least of which was the American Cup for Gallantry that recognised those early acts of kindness by the nursing cadets of Great Barford.

Presentation of the American Cup for Gallantry by Lieutenant Colonel Thurman Shuller of the 8th Army Air Force to Captain W Knight, Commissioner of St John Ambulance for Bedfordshire, at the Royal County Theatre Bedford on 11 March 1944. Mrs Hugh McCorquodale (Barbara Cartland) County Cadet Officer looks on along with ambulance and nursing cadets who took part in the 'Revue'.



The audience at the St John Ambulance Brigade Cadet Revue at the Royal County Theatre Bedford on 11 March 1944. Front row from right to left: Lord Luke, County President of St John Ambulance Brigade; Hon Mrs Michael Bowes-Lyon (the Queen's sister in law), American Red Cross Director of Home Hospitality; Admiral Sir Lionel Halsey; the Mayoress of Bedford; Lieutenant Colonel Thurman Shuller, 8th US Army Air Force; Mrs Hugh McCorquodale (Barbara Cartland) County Cadet Officer; Lieutenant Colonel Dealtry Part, Lord Lieutenant; Captain W Knight - Commissioner of St John Ambulance for Bedfordshire.



'The American Cup for Gallantry' photographed in 2019 at the Museum of the Order of St John courtesy of curator Abi Cornick. The trophy is engraved:

PRESENTED BY
THE 1ST BOMB DIVISION (H)
EIGHTH US ARMY AIR FORCE
to
THE ST JOHN AMBULANCE BRIGADE CADETS
for
THE PROMOTION OF ANGLO AMERICAN FRIENDSHIP





The three war time roles and uniforms of Barbara Cartland: WVS Librarian; ATS Junior Commander Lady Chief Welfare Officer for Bedfordshire; St John Ambulance Brigade County Cadet Officer for Bedfordshire. Picture from *The Years of Opportunity* by Barbara Cartland.

The Post War Years

Initially presented as a token of friendship between the Bedfordshire St John Ambulance Brigade cadets and the US 8th Army Air Force, the American Cup for Gallantry was first presented to the Great Barford Nursing cadets in 1944 for their hospitality to the US airmen. The cup was again presented to the Great Barford cadets in 1945. The body of the cup is engraved:

1943 Cadet Nursing Division Gt Barford

1944 Cadet Nursing Division Gt Barford

These are the only inscriptions on the cup itself, subsequent winners being engraved on the collar and then the base. As in later years the cup was presented in the year after that for which it was won.

The very handsome cup is of solid silver, assayed in London in 1934–35 and bearing the heads of King George V and Queen Mary – a special hallmark for the silver jubilee year.

The US 8th Army Air Force agreed with General Sir Clive Liddell, Chief Commissioner of the St John Ambulance Brigade, that 'when the war is over the cup shall be presented annually for the finest act of individual gallantry by a Cadet in the British Isles'. Until that time the cup was to be used to repay the debt that the 8th Army Air Force felt they owed to the St John Ambulance Brigade cadets 'for the innumerable ways in which you have shown your hospitality to our Forces in your country.'

Barbara Cartland in her autobiography of the war years said,

The Great Barford Division of Nursing Cadets, whose officer was Joyce Camden's niece, Barbara Worthington, had adopted the hospital on Thurleigh Aerodrome, and all through the year the cadets had taken the patients eggs from their own hens, cakes they had made themselves, and other small things on which they expended their time and pocket money. It meant being unselfish and self-sacrificing for these children who had so little themselves, and the Americans, who love children, appreciated it immensely.

Barbara continued:

It was the first time a cup had been given by the Americans to a Youth Organisation in Great Britain; and now that the war is over the cup is a challenge cup to be awarded yearly for the finest act of gallantry on the part of a Cadet.

The agreement with the Chief Commissioner may have been an afterthought. The main inscription on the cup is 'The Promotion of Anglo American Friendship'. The silver collar seems to have been added later and says 'American Cadet Trophy for Gallantry'.

The Great Barford nursing cadets safeguarded the cup until 1947 before handing it over to be used for its intended purpose 'when the war is over' in keeping with the agreement reached with the Chief Commissioner.

Ronnie Cole-Mackintosh suggests in his book *A Century of Service to Mankind* that the 8th Army Air Force presented the cup in 1947 but that reflects the trophy's first use for its intended post war purpose and not the much deserved presentations of the cup in 1944 and 1945 to the Great Barford nursing cadets.



The cup showing the main inscription and the award of the cup for 1943 and 1944 to the Great Barford nursing cadets.

The cup was presented from 1947 to the most deserving of those cadets who had been awarded either the Life Saving Medal or Certificate of Honour of the Order of St John or the Meritorious Service Certificate of the St John Ambulance Brigade. It was not awarded every year if an event of sufficient merit did not occur. Sometimes there was more than one cadet who earned the Meritorious Service Certificate or even the Life Saving Medal but there could be only one winning event. Several times the cup was shared by cadets involved in the same event. The awards of the Order of St John were for saving, or attempting to save life, at some risk to the rescuer of their own life. The Life Saving Medal could be awarded in gold, silver or bronze depending on the degree of risk and level of gallantry. In some circumstances where the act was one of gallantry but it was deemed that there was not sufficient risk to the rescuer the Order might award a Certificate of Honour.

The St John Ambulance Brigade awards of the Meritorious Service Certificate (also referred to as the 'Meritorious Certificate' or 'Cadet Meritorious Certificate') reflected exemplary first aid where the degree of life saving or personal risk did not meet the criteria required by the Order. One or two Meritorious Service Certificates were usually awarded to cadets annually. The Certificate or Letter of Commendation was awarded where commendable action did not meet the high standards of the Meritorious Service Certificate.

A meritorious award was first made by the St John Ambulance Association, to those who had passed its examinations, in 1916 when it was resolved that 'when a specially meritorious case of first aid is brought to its notice and the facts are supported by medical evidence it shall be competent for the committee to authorise an endorsement to be made on the certificate of the person concerned.' A special certificate called the Meritorious First Aid Certificate was authorised in 1921. The Meritorious First Aid Certificate was still current for first aiders from industry or the general public until about 2016 but by the time of the Second World War members of the Brigade received instead the Meritorious Service Certificate. The Brigade Meritorious Service award, unlike the civilian award, carried with it entitlement to an emblem or bar that could be worn on uniform, as did the Certificate of Honour. Until at least 1996 the Certificate of Honour emblem was in gilt metal and the Meritorious Service emblem in rhodium (silver) metal but in later years the distinction disappeared. The Meritorious Service Certificate and emblem was also available to the Army Cadet Force Association, a Special Centre of St John Ambulance, and the last one was awarded to the ACF in 2016. Since then awards of the Meritorious First Aid Certificate, Meritorious Service Certificate and related commendations appear to have weathered on the vine and are no longer used.

After the war Barbara Cartland, who was instrumental in bringing into being the American Cup for Gallantry, provided a trophy for an annual cadet author's competition first presented at the Annual Inspection of No 1 (Prince of Wales) District in Hyde Park on 11 August 1945. Judging was by Barbara Cartland and Peter Cheyney and the winner was Sylvia Bull from Addiscombe College Nursing Cadet Division. Alan Durston from Farnborough Ambulance Cadet Division was runner up. A special prize was presented by Mr Philip Barker of Pathe Pictures, for the entry showing the highest journalistic promise, to David Orwig Jones of the Cynfli Ambulance Cadet Division in Caernaevon. Sylvia and David both received their prizes at the Hyde Park Inspection.

The presentation of the authors trophy for 1946 was to twelve year old Pauline Muldrew from County Down in a ceremony at Chapter Hall in Clerkenwell on Wednesday 24 July 1946. Runner up was Alice Hill from Aylesbury. Barbara Cartland and 'Britain's best selling author' Peter Cheyney again judged the entries. Pauline and Alice were to have received their trophies from Barbara Cartland but they were instead presented by Superintendent-in-Chief Lady Louis Mountbatten.

The author's cup was soon followed by the 'Arts Competition'. Joyce Camden (Jan Kerrison) and Sir Adrian Boulton presented the cup for music, other trophies being for poetry (presented by Cecil Day-Lewis) and painting (by John Rothenstein, Director of the Tate Gallery). The trophies were not always awarded if it was considered that the standard was not sufficiently high and this may equally have been true of the American Cup for Gallantry.

By 1948 the arts competition had grown into a big event with eighteen prize-winners (from over 50,000 cadets) for writing, music, poetry, art and drama. The prizes for 1948 were presented on Saturday 17 December 1948 at the Chapter Hall headquarters of the Order of St John, followed by a Christmas party for the cadets. Other prizes and trophies were also presented. Those present included the Chief Commissioner - Lieutenant General Sir Henry Pownall, Jan Kerrison the composer (and friend and neighbour of Barbara Cartland), Lord Luke, Cecil Day-Lewis and John Rothenstein, Director of the Tate Gallery. The presentations included the American Cup for Gallantry for 1948, awarded to Jack Henwood, its second winner.

When Betty Ives won the American Cup for 1949, its third winner, the trophy was presented to her by Princess Margaret on 5 November 1949 at the Methodist Central Hall Westminster on the occasion of the presentation of trophies for the national first aid competitions. This was Princess Margaret's first public appearance in uniform as Commandant-in-Chief of Cadets.

1950 saw Princess Margaret attending her first cadet rally at Sennowe Park in Norfolk on Saturday 22 July. This relatively modest event for some 2,000 cadets was the forerunner of annual events attended by Princess Margaret over the next twenty years throughout her tenure as Commandant-in-Chief. The following year Princess Margaret met 6,200 St John Ambulance Brigade cadets from nine counties at a cadet rally on Doncaster racecourse on Saturday 30 June 1951. This is also the first record of the presentation of a gallantry award at a cadet rally when Barbara Johnson received the Meritorious Service Certificate from Princess Margaret.

The American Cup was not presented at the 1950 cadet rally because it had already been awarded for 1949 to Betty Ives. A Meritorious Service Certificate was presented at the 1951 cadet rally at Doncaster but not the American Cup.

The first presentation of the cup by Princess Margaret at a cadet rally was in 1952 when it was presented to Peter Stephenson in 1952 at the cadet rally at the Worcester racecourse but in 1953 it reverted back to the national competition when it was presented in March to John Fisher.

In 1954 the trophy was presented at the Hyde Park rally establishing the presentation of the American Cup as an annual event at the cadet rallies for some years to come. Sometimes Life Saving Medals or Certificates of Honour were also presented by Princess Margaret at the rallies and there were usually presentations of the Brigade Meritorious Service Certificate. The Life Saving Medals, Certificates of Honour and Brigade Meritorious Service Certificates usually provided the field for selection of the winner of the American Cup so often cadets would receive one of those awards from Princess Margaret in one year and the American Cup the following year!

The American Cup was certainly presented at each cadet rally from 1954 to 1959 and probably 1960 to 1965. In 1966 there was a presentation of just one Meritorious Service Certificate at the High Wycombe rally to Peter Thompson but no American Cup. Then in 1967 the cup was presented at the St John Ambulance Brigade National Finals (by Princess Margaret) at the Fairfield Halls in Croydon to Peter Thompson who had already received his Meritorious Service Certificate from Princess Margaret at the 1966 rally!

The cup continued to be presented at the cadet rallies from 1967 to 1969. Princess Margaret's final year as Commandant in Chief was 1970 when in November it was announced that after 21 years of superb service she was to be succeeded by Princess Anne. There does not appear to have been cadet rallies in 1970 or 1971 but in 1972 there was a rally in Hyde Park to commemorate the Golden Jubilee of the cadet movement, founded in 1922. It does not seem that the presentation of the American Cup was fitted into that event! There were further cadet rallies in 1974, 1978 and 1979 but no longer a fixed part of the calendar and there is no record of the presentation of the American Cup. Princess Anne proved to be even more energetic than her aunt and found many other ways to support the ambulance cadet movement.

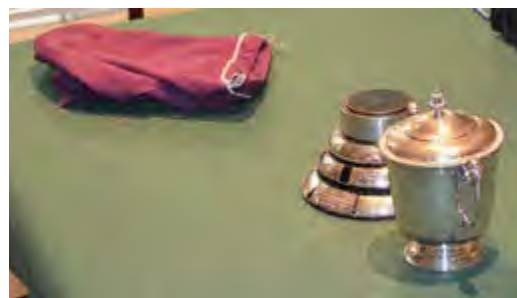
Brigade Orders and annual reports usually mentioned the presentation of the cup. There is no record of the presentation of the cup after 1984. A trawl through the 'St John Review' and its successors has not revealed any information on subsequent presentations but the cup was featured in cadet literature until 2012. It was still featured in 2018 in the regulations of St John Ambulance in Wales.

The cup was awarded to 32 recipients over the 38 years 1947-84. It was three times shared by pairs of cadets. Three cadets of the Southampton (Totton) division were presented with the trophy in the successive years of 1961 and 1962 and three cadets from the Ledley Hall division in Belfast earned the cup for 1972 and 1980. Plaques for 1965, 1970 and 1971 were all inscribed 'No Award'. The cup was not inscribed for seven years: 1952, 1973, 1976, 1978, 1979, 1981 and 1982 but for 1952 it was awarded to John Fisher and apparently not inscribed. This leaves six years in which the cup was probably not awarded (no other evidence of its presentation for those years has come to light) making nine years in which no award was made although in several of those years there were deeds that might have merited its award. This book includes an account of some of those potential winners as well as other possible runners up.

The award of the cup became more scarce over the 15 years 1970-84 when it was awarded seven times, possibly because worthy events became less frequent.

Over the 10 years spent on researching and writing this book no trace could be found of the cup itself. Then on one morning in November 2019 an email arrived from Abi Cornick to say it had been found in a safe in the basement of the Clerkenwell museum! It was in a red bag but with no label and was not on the museum's inventory however Abi remembered it from our earlier conversations.

On 3 December 2022 the American Cup for Gallantry took pride of place in a display at a reception in London's Guildhall to celebrate the Centenary of the St John Cadet movement. Perhaps one day it might again be used for the purpose for which it was presented by the 8th US Army Air Force!



The American Cup for Gallantry photographed in December 2019 shortly after its discovery, with the red bag in which it was found.



The lost portrait of Queen Victoria gifted to the British Ophthalmic Hospital

Dr Matthew Glozier OStJ FRHistS FSAScot

Lead joint-official historian of the St John Eye Hospital Group



In 1882, the Order of St John initiated the second of its three great Foundations – the St John of Jerusalem Eye Hospital, in Jerusalem. At first it was called the British Ophthalmic Hospital, the name by which it was known from the time it occupied the old hospital building in 1884, until soon after the First World War when the name was changed to ‘St John Ophthalmic Hospital’.

Queen Victoria gifted her portrait to the Hospital sometime during her Diamond Jubilee year of 1897. She had been Sovereign Head of the Order of St John since 1888, when she had granted it a Royal Charter of incorporation. The portrait was a tangible sign of her support for the Order’s hospital in Jerusalem, which was in its fifteenth year of operation. The annual report to Chapter-General of 1897 noted:

The Jubilee Year has been marked by a present to the hospital from Her Gracious Majesty, the Sovereign Head and Patron of the Order, of a portrait of herself, which has been duly accorded a place of honour, and which has excited the utmost interest and admiration among the patients.¹

The portrait hung in its location within the Hospital until the First World War. At the outbreak of hostilities, the Hospital in Jerusalem was under the supervision of a caretaker. This remained the case for a couple of months until, in December 1914, Ottoman troops occupied the building. A Special Notice in the 1915 Annual Report stated: ‘The Turks took everything they could lay their hands on’.² The building was stripped of its furnishings and equipment, including all the surgical instruments, which were taken to aid the Turkish forces. The 1919 Annual Report noted the extent of the Order’s losses:

It will surprise no-one to learn that absolutely nothing of any value was left in the [Hospital] building. Everything had been looted—furniture, domestic utensils, all the equipment belonging to an up-to-date Eye Hospital, including a valuable X-Ray apparatus with complete electric appliances ... which had barely come into use before the outbreak of war.³

After stripping the building of its contents, the Turks turned it into an ammunition depôt. Finally, at the point of their defeat by British forces in December 1917, the Turkish occupiers attempted to blow-up the structure. It was this final act that caused additional loss to the Order of St John, because it accounts for the destruction of the stone monumental memorials that had been erected to the memory of the instigators of the Hospital – Sir Edmund and Lady Lechmere. These were lost due to the Turkish explosion.



The memorial tablets installed at the Hospital in memory of Sir Edmund (left) and Lady Katharine Lechmere (right), in 1896 and 1907 respectively. Sir Edmund’s tablet was of black marble set on a white background; Lady Katharine’s was of white alabaster. Neither tablet survived the Turkish attempt to blow up the Hospital in December 1917, but images of each were included in Hospital’s Annual Reports.⁴

When British forces reoccupied the building in late-1917, the large royal portrait personally gifted by Queen Victoria was nowhere to be found. According to the annual report to Chapter-General in 1919:

The explosions ... also destroyed a large full-length portrait of HM Queen Victoria in a massive gilt frame, presented by herself to the Hospital on the occasion of her Jubilee and fixed up in an arch of ornamental ironwork within the Inner Court.⁵

This photograph of the portrait was discovered among a raft of old images of the Eye Hospital, contained in the ophthalmic hospital archives held at St John’s Gate, Clerkenwell, London.⁶

The image contains a number of interesting features:

- It gives a rare insight into the appearance of the interior of the Hospital. Note the magnificent trophy-of-arms inspired arrangement of the wrought iron grill that supports the portrait, with its St John themed arrangement of Maltese crosses.

- The elaborate gilt frame is topped by a crown, emphasizing the queen's sovereignty and the reality that the Order of St John was a royal order of chivalry.
- Note the portrait of Edward VII, at bottom left. At the time this photograph was taken, he was probably still Prince of Wales (later becoming king and Sovereign Head of the Order from 1902). The presence of his portrait emphasizes the fact he supported the establishment of the Hospital from its inception in the mid-1870s, a full decade before Queen Victoria granted her Charter in 1888.
- Through the doorway can be seen two local Arabs having a conversation while sitting on the floor. They are either patients awaiting consultation, or they may be Hospital orderlies; either way, their presence emphasizes the fact that the local Palestinian population formed the patient-base of the hospital and supplied its local workforce.

The photograph which shows the portrait was discovered during the course of research conducted at St John's Gate for the 140th anniversary history of the Eye Hospital Group. This project was written by Dr Matthew Glozier, in collaboration with two fellow Australians – Dr Ian Howie-Willis and Professor John Pearn. The book was launched at a special event during Chapter-General in June 2022, where it constituted a major part of the Hospital's anniversary celebrations. It is pleasing that all three authors have contributed an article on the Eye Hospital to this edition of *One St John*.

Endnotes

1. O.S.J.J. Annual Report (1897), p. 6.
2. O.S.J.J. Annual Report (1915): Special Notice, p. 2.
3. O.S.J.J. Annual Report (1919), p. 4.
4. O.S.J.J. Annual Report (1896), p. 17v; O.S.J.J. Annual Report (1907), p. xv verso. An image of the tablet commemorating Sir Edmund Lechmere is contained in Ophthalmic Hospital Records: photographs, PHH box 2: St John's Gate, Clerkenwell, London.
5. O.S.J.J. Annual Report (1919), p. 4.
6. Ophthalmic Hospital Records: photographs, PHO box 3: St John's Gate, Clerkenwell, London.

St John of Jerusalem Eye Hospital Group – a focus for humanitarian support for the descendants of the Knights Hospitaller.*

Dr Matthew Glozier OStJ FRHistS FSAScot



The Eye Hospital today.¹

The Eye Hospital in Jerusalem, its satellite hospitals in Anabta, Hebron, and Gaza, and its various clinics located throughout the West Bank altogether constitute the Eye Hospital Group, now in its 141st year of operation. At the time of writing, we despair for the plight of the region but, sadly, conflict has been a persistent and unrelenting feature of the Eye Hospital's history. When HRH the Grand Prior read the official history of the Eye Hospital – *A Beacon of Hope* – he said his impression was that the Hospital has gone from one disaster to another. Importantly, it has survived.

¹This essay was first presented as an address to the St John NSW Ophthalmic Group fundraising dinner held at the Officers' Mess, Victoria Barracks, 13 October 2023.

A thousand year old tradition

In November and December 2023 an event was planned at the Eye Hospital called 'Jerusalem 1,000'. Although it was sadly postponed due to the war in Gaza it was designed as a celebration of the humanitarian care tradition initiated in Jerusalem in the 11th century by the Knights Hospitaller. They are the spiritual ancestors of the modern Order of St John. According to many scholars, they initiated a tradition of care dating back as far as AD 1023. The hospice that was begun (or perhaps revived) by philanthropic merchants from the Italian city-state of Amalfi in the early-1000s, was taken in hand by a remarkable man – Blessed Gerard – sometime around 1060 or 1070. He was still caring for sick pilgrims to the Holy Land in 1099 when the First Crusade conquered Jerusalem, founding a Christian kingdom that lasted for the next two hundred years.

In 1113, Pope Paschal II created Gerard and his followers into a religious order of the Church, with special freedoms and privileges. Their special mission was to care for the sick and poor, a mission they interpreted as being without limitations. In other words, care was given freely to all, irrespective of race, religion, or ability to pay. This attitude remains the fundamental precept of our Eye Hospital Group.

Revival of care in the Holy Land – Sovereign Military Order of Malta

The Christian domination of the Holy Land came to an end in 1291, but the mission of the Knights Hospitaller continued for hundreds of years after that. They operated briefly on Cyprus, then found a home on Rhodes until the early 1500s, at which time they were dislodged but soon found their most famous residence on Malta which they dominated until the end of the eighteenth century. They became a sovereign entity and the aristocratic knights of this prestigious order of chivalry were influential in international diplomacy and warfare, especially in the Mediterranean. But throughout all this time they maintained their focus on the provision of medical care to the sick and the poor. That tradition was interrupted in 1798, when Napoleon conquered Malta and scattered the knights, who consequently lost their home and influence until the pope offered them permanent residence in Rome in 1835. This development marked a significant change in their fortunes and the beginning of a spiritual re-birth that resulted in the wide-ranging international humanitarian endeavours of what is better known today as the Sovereign Military Order of Malta. But this started from modest beginnings.

In the 1850s a group of knights initiated a return to the Holy Land, where they managed to acquire a parcel of land at Tantur, just outside Bethlehem on the road to Jerusalem. The land had once belonged to the Knights Hospitaller hundreds of years beforehand, so the location was charged with great significance. The hill still had an olive grove with trees dating back to the time of the medieval knights. Tantur initially housed a small dispensary. In time this grew into an important general hospital which operated up to the Second World War.

Tantur remains partly in the possession of the Order of Malta today, but its importance as a care facility is now eclipsed by Holy Family Hospital in Bethlehem. This is the largest maternity hospital in the region and offers its care to all regardless of their ability to pay. This major undertaking is funded substantially by members in the American Associations of the Order of Malta, whose ambassador to Palestine oversees both the maternity hospital and the nearby olive grove at Tantur. It is appropriate that Her Excellency the ambassador is American and a major source of support to both sites.

Revival of care in the Holy Land – the *Johanniterorden*

From the 1300s a German branch of the Knights Hospitaller achieved relative independence as a group within the Order. As a result of the Protestant Reformation in the 1500s the German knights became a separate Lutheran organisation and in the nineteenth century they too looked to the Holy Land in order to practice their ethos of humanitarian care. In this they followed the example of the Catholic knights of Malta because they first established a modest hospice for pilgrims. The German Johanniterorden established its first hospice in Jerusalem in 1859. A few decades later they were involved in the rebuilding of the Church of the Redeemer in the Muristan area where Blessed Gerard had originally governed his ancient hospital. Not long afterwards, a German dispensary was entrusted to the Johanniterorden at Eleona on the Mount of Olives and they formed part of the administration of the Augusta Victoria Hospital, a major medical facility established in 1910 and funded by the Emperor of Germany. The hospital continues in operation and the Johanniter fund it through their international branches.



The Johanniter hospice founded in 1859; and the Augusta Victoria Hospital.²

Traditionally, courteous expressions of goodwill have been exchanged between these institutions, but a more recent trend has seen increasingly robust medical collaborative efforts between the Order of Malta and the Protestant Alliance Orders of St John, most notably centred around aid to the St John of Jerusalem Eye Hospital. More on this presently.

The first Eye Hospital: 1883–1949

The focus on the Holy Land by the Order of Malta and the German Johanniter knights, led the British Most Venerable Order of St John to establish a care facility in the Holy Land. The British branch of the Order was revived in 1831, and received royal patronage from Queen Victoria in 1888. One of the greatest factors in the Order achieving royal recognition and patronage was its establishment of an Eye Hospital in Jerusalem in 1882.



Left, the Hospital façade on the Hebron Road c. 1893, and right, the Hospital rear-viewed from Hinnom Valley (from postcard dated 1930). Note: Warden's house visible in foreground.³

The motivation to found a hospital was explained by Sir Edmund Lechmere, the man who was its single biggest driving force:

He stated that it had been a long-cherished wish of the English Langue of the Order to have a home in the earliest and chief home of the Order, where the Johanniter [the German], the French, and the English Roman Catholic Association of the Order [of Malta] were more or less represented, especially as England was the only great European power unrepresented at Jerusalem in the cause of charity unconnected with missionary or proselytizing work.⁴

The key driving force behind these great undertakings was the basic charitable concept originating with the Knights Hospitaller. This combination of history and mission is evident in the 1919 account of the Muristan written by the British Order's Hospitaller, Colonel J.T. Woolrych Perowne, who proclaimed:

Inspired by its traditions the English branch of the Order of St John returned again to work in Jerusalem among the poor and afflicted in 1882 and founded the British Ophthalmic Hospital, which was to minister to all without distinction of sex, creed or nationality.⁵

The fame of the Hospital rapidly spread and it was at the height of its prestige when the outbreak of war in 1914 abruptly suspended its beneficial activities. By then, it had treated tens of thousands of mostly Palestinian patients, but it operated on all-comers regardless of race, religion, or ability to pay. Re-opened after the war, the hospital prospered under the patronage of the British Mandate in Palestine, but it was inevitably caught up in the troubles of the region.



The Opening Day, 1960. Note the flag of Jordan next to that of the Order, and of the Lord Prior, Lord Wakehurst.⁶

Following the Arab-Israeli War of 1948, the Eye Hospital lost its original building on the Hebron/Bethlehem road. Throughout the 1950s it operated out of temporary premises in the Old City of Jerusalem. Watson House, adjacent to the Muristan, and the attached Strathearn House formed a cramped and unsuitable hospital.

The second Eye Hospital: 1960–present

At that time, East Jerusalem was Jordanian territory and the King of Jordan generously donated land for the site of a brand-new Eye Hospital in the suburb of Sheikh Jarrah. The new Hospital would be hailed as a ‘bridge for peace in a world at war’ and it rapidly established itself as the main centre for specialised eye care for Palestinian people of the West Bank, Gaza, and East Jerusalem, all in Jordanian territory until 1967. In the words of Sir Stewart Duke-Elder, the Order Hospitaller who presided over the Hospital’s construction:

Few hospitals in the world can trace a history that goes back thirteen and a half centuries ... in 1960 the present modern hospital was built and is coping with 183,000 patients a year. The hospital is staffed by a large number of Arab nurses, British Sisters, and Surgeons from Britain and the United State of America, and is the only special hospital devoted to ophthalmology in the Middle East.⁷

This rich mix of personnel would soon be added to by the arrival of young Australian surgeons as participants in a very successful long-running program. From the start there was high demand for the Hospital's services and it treated hundreds of thousands of cases in its first years of operation. Since 1949 the Hashemite Kingdom of Jordan remained technically at war with Israel; only an armistice was in force. The Six-Day War of 1967 resulted in Jordan losing all its West Bank territory, which today is still referred to as the occupied Palestinian territories. Fortunately, the Hospital continued to function, albeit under strained circumstances.



SJEHG care network in the West Bank and Gaza Strip.⁸

Expansion and growth

The story of the next few decades is one of a tense balancing act that pitted severe financial peril against the ongoing expansion of services. The Hospital faced potential closure no less than three times over a couple of decades in the 1970s and '80s, yet despite this a number of significant care extensions have been achieved over the past three decades:

- 1980 a Mobile Outreach Program was initiated. It remains in full force today
- 1988 saw the establishment of a Day-care surgical unit in Rafah at the extreme southern limit of the Gaza Strip
- 1992 a full-blown Gaza Clinic was established as a satellite care facility
- 2005 the Hebron Eye Clinic was opened south of Jerusalem
- 2007 the Anabta Eye Centre opened near Nablus in the north
- 2008 the Hebron Eye Centre was upgraded to full hospital status
- 2015 the Order of St John establishes an academic arm to support the Eye Hospital Group, called the 'St John Ophthalmic Association' or 'SOA'. It is growing in strength as a force for international ophthalmic professional leadership under the flag of the Order of St John
- 2016 the Gaza clinic was upgraded to hospital status
- 2016 a Muristan Clinic was opened in the heart of the Old City of Jerusalem, based on a joint agreement between the Venerable Order and the Order of Malta

Collectively, all these elements form a care network of facilities that make up the St John of Jerusalem Eye Hospital Group.

A focus for Johannite support

The Eye Hospital Group thrives today as one of the region's most significant humanitarian organisations and it is a focus of mutual support from other bodies sharing a descent from the medieval Knights Hospitaller.

In 1961, the British Order entered into an Alliance with the other three Protestant Orders of St John in northern Europe. These included the Bailiwick of Brandenburg, more commonly known as the *Johanniterorden*, whose headquarters were in Bonn and which had branches in a number of other countries (including Hungary, France, and the USA). There were also two national *Johanniter* Orders which existed as royal orders of chivalry in their home countries of the Netherlands and Sweden. The 1961 convention was consolidated with the signing of a joint declaration between the Order of Malta and the Most Venerable Order of St John in 1963, which recognised that 'the same high ideals of charity, especially to the poor and sick, which were the very cause of the foundation of the Sovereign Order [of Malta] nearly one thousand years ago' were also pursued by the Most Venerable Order of St John in Britain. Notably, the prime example of this humanitarian pursuit existed in the form of the Eye Hospital in Jerusalem.

Each of the individual Orders of St John were already fully committed to charitable works in their own countries, meaning it had not previously been possible to engage together in a common humanitarian task. However, at a meeting held in Geneva in 1971, the Orders unanimously agreed to support the Eye Hospital in Jerusalem as their preferred target for mutual charitable cooperation, and they committed to do whatever they could collectively

to maintain it. As a result, the Orders were each represented on the Hospital Committee and took an active and valuable part in its affairs. That is why the Eye Hospital remains such a strong focus for the shared charitable aims of all the different Orders.

In 1972 the Venerable Order erected a monument and Memorial Garden in the Muristan in the centre of the Old City of Jerusalem, on the site of the first hospital of the Knights Hospitaller. The Venerable Order had acquired part of the site in 1926, but had been frustrated in its desire to develop the area. The ceremony had particular historical significance because it was the first time in almost 900 years that the flag of the Order of St John had flown over the Muristan.

By the end of the decade of the 1970s, the Johanniter Orders in West Germany, Sweden, and the Netherlands (and their branches in other countries) were regarded as being 'highly important' to the future of the Eye Hospital. It was said that 'their interest combines to make our Hospital the great international institution it is, the embodiment in Jerusalem of the concern and care of so many Western countries'. Having raised money and offered gifts, in 1980 a highly significant new development occurred. For the first time, a Johanniter group sent a surgeon to the Eye Hospital. This generous gesture was followed-up by more Alliance support in the form of surgical equipment sent to upgrade the Eye Hospitals two operating theatres.

Happily, by the mid-1980s the Order of Malta had joined the Alliance orders in making the Eye Hospital a major focus of humanitarian-based co-operation between the descendants of the Knights Hospitaller. The Joint Declaration of 1987 noted the Orders' 'common devotion to a historical tradition and a unique vocation: the lordship of the sick and the poor', providing 'a Christian answer to the problems of a troubled and materialistic world'. Today the Catholic Order of Malta shares ties of mutual esteem with the ecumenical Most Venerable Order of St John, and with the German, Dutch and Swedish branches of the Protestant Johanniterorden. These five mutually-recognised Orders of St John accept each other's claim to the Knights Hospitaller heritage. The evolution of this relationship between the Order of Malta and Venerable Order of St John, in particular, has materially aided care for the sick and those in great need in the very place that gave birth to their shared humanitarian mission over 900 years ago. In the words of Sir Stephen Miller, the Venerable Order's Hospitaller in the 1980s:

The St John Ophthalmic Hospital is the common bond as far as fund-raising is concerned, between the various Orders and the Alliance Orders generously which regularly support the Hospital each year.¹⁰



Dr Keith Lyle (Hospitaller) raises the Order's flag over the memorial to the Knights Hospitaller in the Muristan (1972).⁹

Members of the Johanniterorden volunteered at the Hospital: for example, Miss Gela von Büнау was a volunteer nurse (1989–90). She belonged to a family that had been associated with the Lutheran Order for centuries in Germany. Dr Raban Freiherr von Spiegel, of the Balley Brandenburg of the Johanniterorden, was a member of the Order of St John's Hospital Committee in 1990, as was Robert Ludolf Christoph Ehinger-Krehl, Secretary-General of the Alliance Orders.¹¹

The historical symbolism of the Muristan area in the Old City of Jerusalem united the orders. In October 2016, Holy Family Hospital (and its Order of Malta management), signed an agreement with the Most Venerable Order of St John to enhance the provision of humanitarian care by opening a walk-in clinic. The clinic building unobtrusively occupies the eastern side of the Peace Garden. The opening of an eye clinic in the Muristan meant that a healthcare facility was again operating there under the Order of St John's banner, offering its charitable services on the very site once occupied by the great hospital of the Knights Hospitaller. The Muristan Clinic opened with the hope of treating over 5,500 out-patients annually. Situated in the courtyard of the new Muristan Clinic, British artist Mark Coreth created a sculptural installation, inspired by the twin Holy Land realities of the olive tree and the migratory swift, which is present in Jerusalem from the end of March until early-June.¹² In fact, the tree sculpture was a cast of one of the ancient olive trees at Tantar, a fitting symbol of the partnership between the Venerable Order and the Order of Malta in the organisation of the Muristan Clinic.

A memorial plaque was unveiled at the clinic in September 2019. It proclaimed that:

This ophthalmic clinic, located on the site of the first Hospital of the Order of Saint John of Jerusalem in the XI century, was re-established in October 2016 and will be jointly run by the Most Venerable Order of the Hospital of Saint John of Jerusalem and the Sovereign Military Hospitaller Order of Saint John of Jerusalem of Rhodes and of Malta.

In affirmation of the amity between the two Orders, the plaque displays the logos of both.

This is a fitting place to conclude this overview of the Eye Hospital Group and its significance to the Order of St John and the various descendants of the Knights Hospitaller.



Plaque at the new Muristan Eye Clinic inaugurated in 2015 and supported jointly by the Venerable Order and the Order of Malta (2019).¹³

References

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2. Photographs by the author, 20 January 2020.
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6. 'Warden's report': *AR SJJOH 1964*, p. 11. Reproduced with permission from the Keith Lyle family collection.
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10. Sir Stephen J.H. Miller, *Ten Years as Hospitaller: The Ophthalmic Hospital in Jerusalem, 1981-1990* (London: Order of St John, 1990), p. 34.
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13. Photograph by the author, 20 January 2020.

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, Dr Matthew Glozier, Australian Priory Librarian, will continue to be the managing Editor.

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.

Contributing to *One St John*

One St John will accept:

- unsolicited, previously unpublished articles that fit within the scope of the history of the Order of St John
- articles previously published elsewhere (e.g. in *St John History*), provided that the author has obtained permission for it to be republished in *One St John* and that its publication in the original source is acknowledged.

Although *One St John* is an historical journal, 'history' may be interpreted broadly to include: biography, the history of ideas, technological history, institutional history, administrative history, archaeology, genealogy, historiography, heraldry, philately, numismatics, museology and other areas of history.

All relevant contributions will be accepted for review. However, publication in *One St John* will be at the discretion of Editor. Please ensure your submission follows the general guidelines below.

By submitting material to *One St John*, you licence the Editor to publish it in the journal.

One St John is not, currently, a peer-reviewed journal.

All correspondence will be made via email.

If you wish to contribute an article to *One St John* (or have any queries about submission), email Dr Matthew Glozier, Australian Priory Librarian: priory.librarian@stjohn.org.au.

Publishing process

The Editor will exercise a degree of discretionary editorial autonomy in determining whether the material submitted to them needs amendment.

All articles submitted and approved for publication in *One St John* may be copy-edited as appropriate to ensure style consistency.

The Editor may refer edited material back to the author(s), but they may also edit material without further consultation with the author(s).

All articles approved for publication in *One St John* will be typeset to the designed style.

The Editor will proofread the typeset page proofs. On approval, the journal will be published on the St John International website, under One St John Historical Journal. Authors will be notified by email when the volume is published.

General guidelines**Format**

Your article must be submitted as an electronic file in Microsoft Word (.doc) or Word (.docx) format. Please do **not** send it in PDF format.

Use the Word default margins in A4, with the font set to 12pt Times New Roman, and use double-spacing throughout.

Your text should be clear, simple and jargon-free.

Note: captioned PowerPoint slides used in a seminar presentation is **not** suitable for publication. You must develop your presentation into a suitable essay form.

Article submissions should include:

- a short abstract or introduction (no more than a quarter of a page)
- a short biographical note about the author
- an email address for correspondence.

Length of articles

Articles should be 3000 to 6000 words.

Research reports: up to 2500 words.

Comments, book review, review articles: up to 1500 words.

Letters: up to 800 words.

Illustrations

Up to six illustrations may be included with each article (approx. 1 image per 500 words)

Illustrations should be included in the body of the text in the place you wish them to go.

Illustrations can be submitted as .jpg, .png or .tiff, between 72 to 96 dpi resolution.

Provide captions for all illustrations, including the artist's/photographer's name (if known), medium, date and name/s of copyright holder/s.

Copyright clearance

Make sure you seek permission to use copyright material. Authors are responsible for obtaining permission to include any third-party copyright material (for example, text, photos, tables, graphs).

Obtaining copyright permission can be costly. Think about using WikiCommons and CreativeCommons. Both sites have a huge selection of free images to use.

Images that are submitted without recognition of copyright will not be published. Any correspondence received by the Editor regarding breaches of copyright will be forwarded to the author for their attention.

Acknowledgement of permission should be given in the caption.

Before you submit your material, double-check you have met your copyright obligations.

Referencing system

The preferred referencing system to use is called the documentary-note system. This system is preferred given the diversity of authors published in *One St John*, the large number of citations generally associated with this subject matter, and the opportunity for further explanation or further personal observation by the author. This system allows for relatively easy use, and reader accessibility.

The documentary-note system is where a superscripted number is given in the content, and the notes and references are listed at the end of the article.

References will be copy-edited for style consistency. To assist, please present your references as follows:

- book and journal titles should be in italics
- single quote marks should be used for titles of chapters in books, or articles in journals and other publications
- elements of a citation should be separated by a comma
- author initials should go before the author's family name
- the date of publication should be at or near the end of the citation
- the publisher's details should be in order of name and place
- if an online reference, give the day, month and year you accessed the site.

For example:

Superscript reference in text:

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.

No payment for material published

One St John does not pay authors for material they have submitted for publication.

The journal is not a commercial publication, has no price and is not sold. Instead, it is freely available online, where it may be freely read, downloaded, and printed out.

Authors submitting material for publication should understand that they do so voluntarily without expectation of payment.

The Editor believes that the authors' reward will be the satisfaction of seeing their material published before an international audience via *One St John*.

January 2022