

Sir,

The St John Ophthalmic Hospital: a medical ambassador in Jerusalem

There are few cities for which the present century has been as turbulent as for Jerusalem, and perhaps no place where the legacies of a turbulent past are felt more palpably to the present day. A little over one hundred years ago Jerusalem was a forgotten city, a dusty backwater of the decaying Ottoman Empire known to few Westerners. The modern era began in 1917 when Jerusalem fell to Allenby and became the capital of British Mandatory Palestine.¹

In 1948 the city was again torn with strife and was divided with the birth of Israel. A form of uneasy political reunification came with the Israeli conquest of the Jordanian sector and the West Bank in 1967. However, the ancient struggle for the control of Jerusalem continues today much as it has done since the beginning of recorded history (Table 1).¹⁻⁶

When the modern St John Ophthalmic Hospital was founded in 1882 (Table 2) the pattern of blindness was much as it had been in Biblical times; trachoma and cataract blinded many. Arabs, Bedouin and Druse would cross mountains and desert and travel from neighbouring countries to bring their relatives to St John in the hope of what must often have seemed to be a miraculous cure for painful and often blinding eye disease. Jews from the Old City of Jerusalem or those fleeing growing persecution and tyranny in Europe sought ophthalmic care at St John.^{2,4} The ophthalmic hospital has a historic connection with the First Crusade; the first hospital of the Order of St John catered principally for the many pilgrims flocking to Jerusalem after its capture in 1099.^{4,7}

Unique features of the ophthalmic health of the Palestinian Community

One striking feature of the clinical ophthalmic work is the high paediatric component: 52% of the population of the Gaza Strip is aged under 16 years. The majority of the population are refugees who live in squalor and privation in eight large UNWRA camps. Infant mortality is high, in the order of 30–40/1000, and inside the camps the population densities may approach 100 000 per square kilometre.⁸ Leading causes of infant death are

dysentery, diarrhoeal diseases and respiratory infections.⁹ Growth retardation due to protein calorie malnutrition affects 3.5% of all children 1–2 years of age.⁸

There is a vastly higher proportion of complicated paediatric eye problems than one would see in the UK. These include eye trauma, infection, hereditary eye conditions of the anterior and posterior segments including congenital cataract, paediatric glaucoma and the mesodermal dysgenesis syndromes. Complicated motility problems are also common.⁹⁻¹²

St John has now set up a permanent clinic on the Gaza Strip. Vital operations are performed in a specially designed mobile operating theatre. The mobile theatre is a concession to the volatile political situation and seems, paradoxically, to provide a sense of stability and progress in a perilously disordered environment. *Outreach*, St John's mobile clinic, travels the West Bank, Gaza and Israel as far as the Golan Heights, bringing modern therapies to ancient places.⁴

A volatile environment

The most publicised aspect of working in Jerusalem is the continuing political upheaval. Many of our patients are disenchanting with the peace process. The humanitarian impetus behind the negotiations seems to have abated with the tragic death of Yitzhak Rabin.⁶ Further curfews and checkpoints and the increased building of settlements on Palestinian land have abruptly curtailed aspirations towards peaceful self-determination.^{1,3,5,6}

Dr Ziad Jaouni and myself reviewed ophthalmic casualties due to the *Intifada*, the colloquial name given to the Palestinian uprising. Of 567 eyes in the series, 143 (25.2%) lost perception of light and 72 (12.6%) had vision less than or equal to 6/60; 86 eyes (15.1%) required enucleation. In total 43.1% of the series had severe ocular injuries.^{13,14}

Rubber or plastic bullets caused 154 injuries. They were the commonest indication for the enucleation of an eye (91% of 86 enucleations).^{13,14} The design of the rubber and plastic projectiles currently in use contributes to the high rate of ocular injury. The spherical projectiles are about 20 mm in diameter and are fired from multiple dispensers; they have low ballistic accuracy. They readily

Table 1. *Jerusalem and its political control to the Ottoman Era*¹⁻³

5000–4000 BCE	A Bronze Age people, known as the Cananites in the Old Testament, displace the Stone Age Aborigines; a group called the Jesubites predominate
1500 BCE	Regional Egyptian control under Tutmose III
1250 BCE	Hebrews under Joshua gain power in Judea
1000 BCE	David captures Jerusalem (2 Samuel 6–9); prosperity under the Maccabees
63 BCE	Romans under Pompey the Great conquer Jerusalem
70 AD	Vespian raises Jerusalem; the Jewish Diaspora begins
300 AD	Christian period under Constantine
637 AD	Islamic conquest by Caliph Umar I
1099 AD	Crusaders under Godfrey of Bouillon capture Jerusalem
1187 AD	Saladin recaptures Jerusalem; Marmeluke period
1517–1917	Ottoman period

Table 2. *The St John Ophthalmic Hospital and contemporary regional history*

1882	Hospital founded in Jerusalem, then under Ottoman rule
1917	Allenby enters Jerusalem; Balfour Declaration
1919	British Mandatory Palestine
1948	1st Arab-Israeli war; Partition; Hospital now in the Jordanian Sector
1959	Foundation stone of current hospitals in Sheikh Jarrah district of East Jerusalem; Sir Stewart Duke-Elder, Hospitaller
1967	Six Days War; East Jerusalem now comes under Israeli administration
1987–1993	Palestinian <i>Intifada</i>
1993	Oslo agreement; peace treaty negotiated between Israel and Jordan
1995–present	Continuing peace negotiations between the PLO and Israel against a volatile background of Hamas terrorism and a right-wing resurgence in Israel

enter the orbit grossly disrupting the eye and ocular adnexae, and not uncommonly causing serious fractures of the orbital bones.^{12–14}

We also noted that the frequent curfews which isolated our patients from medical care were a potent source of medical and surgical morbidity.¹⁴ It must be said that the security forces have somewhat improved their approach to the management of civil unrest. This was in part due to an international change in public opinion towards the Palestinians after an incident on the Temple Mount in Jerusalem in 1990; in the latter years of the *Intifada* the hospital received fewer injuries due to live bullets.¹⁴

In response to the massacre at the Cave of the Patriarchs (25 February 1994) there was heavy fighting at the Al'Aqsa (Jerusalem) mosque that was not widely reported in the Western press. The atmosphere in Jerusalem was impossible to describe; smoke from burning barricades choked the air, the empty streets of East Jerusalem wordlessly witnessed innumerable, silent fears. St John immediately sent two ambulances to the scene, at considerable risk to the staff who volunteered to go. Dr Hani Awad, a Palestinian surgeon, went with them. They helped in the evacuation of the wounded. One of our student nurses was shot in the knee in the conflict. Many in distress were helped by the St John Ambulance that day and the hospital, it must be said, performed according to its best traditions.

Da Vinci noted the eye was 'the window of the soul'. In the ruptured globes and broken bodies of our patients we see daily the wounded souls of the many peoples of the Middle East and the inability of their leaders to bring about an equitable resolution to their suffering.¹³

Internationalisation of the ophthalmic hospital

The Ophthalmic Hospital now receives considerable international support, both financially and in terms of staffing, from St John Priors around the world, including those in Australia, Canada, New Zealand, the United States and Scotland.¹⁵ The commonest operation performed is cataract extraction with intraocular lens implantation, the leading cause of blindness in the region.¹⁶ The hospital also produces a steady stream of scientific literature that reflects the clinical ophthalmic problems of its patients.^{10,11,13,14,17–19}

It is a credit to the hospital that it has carried on so well and for so long under often extremely difficult circumstances and provides the latest in medical technology to the disenfranchised and the refugee.^{2,4}

A medical ambassador

The hospital is respected on both sides of the 'Green Line'. It maintains its neutrality and actively promotes a humanitarian image of the West. The hospital remains open to all people in distress – regardless of race or religion.

It is perhaps because of its distinguished past that the St John Ophthalmic Hospital seems so ready to face the future. In the Middle East the future has many uncertainties. The firm commitment of St John is not only to stay but to grow in the face of adversity, and to help those in distress with a quiet confidence born of a century of tradition and care.^{2,7,15}

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