

THE FOUNDATION OF THE ST. JOHN EYE HOSPITAL, JERUSALEM

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On 28th September 1901, the Rt. Rev. Dr. George Blyth, the Anglican Bishop of Jerusalem from 1887 to 1914, wrote:

“(The hospital) is known far and wide as the work of charity and philanthropy by men who do the work for the sake of Christ. It is neither mixed up with proselytism (as our missions have been much) nor with politics (as foreign institutions are), but it has done fine work in breaking down prejudice, and it is real and thorough.”

This is a remarkable statement about a medical institution. How did such an eminent man in Jerusalem society arrive at such a conclusion? And how did the Order of St. John come to found a hospital which, whatever the merits of its medical achievements, also attract comment regarding its apolitical and multinational approach to the society that it served? This article aims to chart the steps of its foundation and rapid progress over the previous two decades, and tries to provide some of the answers, as well as to document some of the personal dramas that underlie the story.

The Grand Priory of England was refounded in 1831 and had as its main concerns eye injuries and disease as well as the many conflicts around the world and the alleviation of suffering that arose as a consequence. The St. John Ambulance Brigade was founded during this period. However, the Order was conscious of its foundation as the Order of the Hospital of St. John of Jerusalem, and its establishment in a hospital in the old city in the 11th Century. The ensuing tale of the identification and purchase of a suitable site is complex and reveals surprising rivalry between various Langues of the Order as well as shrewd opportunism by the British Government who were aware of the relative weakness of the British presence in the Holy City.

“An establishment of public utility”

The first mention of the determination to see the Order re-established in Jerusalem was in 1879 in the Records of the Order, noting that a “memorandum (was) presented to Sir H. Eliot by the Secretary, Sir Edmund Lechmere Bart., MP, in December 1876, on behalf of the Order of St. John, respecting the acquisition of a site for an English Hospital in the City of Jerusalem, (which) was communicated to the Porte (the Imperial Court of the Ottoman Sultan in Constantinople), which caused inquiries to be made, when it was discovered that the land which the Order wished to acquire did not belong to the Turkish Government but to the Greek Convent at Jerusalem.”

Sir Edmund Anthony Harley Lechmere (1826-1894) was a figure of great importance in the Order, being at one time Secretary and Chancellor, and in particular in the foundation of the hospital. He was the third Baronet and came from a family whose fortunes were made first in the sixteenth century, established at Hanley Castle, although his address was at Rhydd Court, Worcestershire. He was MP successively for Tewkesbury (1866-68), Worcestershire West or Bewdley Division (1876-85 and again 1885-92), and finally for Worcestershire South or Evesham from 1892 until his death. He was eminent in local society, playing a leading role as President or

Chairman of various associations, including the Freemasons of which he was the Provincial Grand Master. He was one of the founders in 1870 of The National Society for the Sick and Wounded in War, later the British Red Cross. He married Louisa Katherine Haigh, the wealthy only daughter of John Haigh of Whitwell Hall, York. As a couple, they were remarkably energetic and generous in support of the causes they espoused, particularly the hospital in Jerusalem.

The 1881 Records of the Order include the following from the committee: “Your committee congratulates the Order on being able to report that the prospects of establishing a British Hospital at Jerusalem are brighter now than they ever have been before; and that they have every hope that ere long the English Language will obtain a *pied â terre* in the Holy City, the birth-place of the Order ...”

Application was accordingly made by the Embassy to the Œcumenical Patriarch in Constantinople, who communicated with the Greek authorities in Jerusalem, but without result. The land in question, very near to the site of the ancient Hospital of St. John, had been given by the Sultan to the Prussian Johanniter, and was of great importance and reserved for further works proposed by the Greek Community in Jerusalem, “in order to maintain with dignity, the rights of their nation at the Holy Places...”

Mr. Noel Temple Moore CMG, who was the British Consul in Jerusalem, “considered that the ‘Meidan’ between the city walls and the Prussian buildings to the Westward, would be the most favourable site for the object purposed, and thought that the present would be a good time for making an application for such a site, and that if supported by the English Government it would be favourably received. He further considered that a small Dispensary for natives, if it could be attached to the Hospital, would be very valuable.”

Sir Edmund Lechmere wrote to Sir Austen Layard, British Ambassador in Constantinople, “to ask him if he thought the Porte could be induced to make a grant of land at the spot designated by Mr. Moore ... pointing out more especially the grants made for similar objects belonging to other Nations, and in particular to the Prussian Order of St. John.” Sir Austen replied “that the Porte had applied to the ‘Mutissarif’ (the Governor of the Holy Places) of Jerusalem for information ...” Many further inconclusive letters were exchanged and in 1880 Sir Edmund Lechmere, a man of astonishing energy, visited Jerusalem. He “came to the conclusion that, looking to the extensive prevalence of affections of the eye amongst the working population of Jerusalem and its neighbourhood, it would be impossible to find an object the value of which would be more immediately felt and appreciated than a dispensary for ophthalmic cases” although he found no alternative site at that time.

The Jerusalem Hospital Committee was formed, chaired by the Earl of Glasgow, and whose vice-chair was Sir Edmund. Included in its membership were many eminent men and peers as well as, importantly, Mr. Noel Temple Moore and Dr. Chaplin MD, “an English physician of many years’ standing in Jerusalem”.

One of the first acts of the Chapter was to write to the Prince of Wales who “undertook to convey to the Sultan through the Turkish Ambassador in England, Musurus Pacha, his own personal request that a suitable site might be granted for the

purposes ...” As a consequence, the Report of the Chapter of the Order of St. John of Jerusalem on St. John Baptist’s Day 1882 published:

FIRMAN

TO REOUF PASHA, MY NOBLE GOVERNOR OF THE SANDJAK OF JERUSALEM, BEARER OF MY IMPERIAL ORDERS OF THE MEDJIDIRJE OF THE SECOND CLASS AND OF THE OSMANIZE OF THE FOURTH CLASS.

On the arrival of my Imperial Emblem, be it known to you that the British Embassy has reported and requested as follows:-

The Prince of Wales, son of the Queen of England, manifested the wish that my Imperial Government should be pleased to concede as a gift, a piece of ground of ten thousand square ‘Ziras’ approximatively for the establishment by the English Members of the Society of St. John at Jerusalem a Hospital and a place for tending gratuitously poor invalids.

Such an establishment being one of public utility, it was decided in my council of Ministers that a piece of ground of the extent required should be granted in the same manner and under the same conditions as the one which was previously granted there to the Prince of Prussia for the foundation of a similar establishment by the German Branch of the said Society, and at a place free of all local objections, upon this, my Imperial sanction having been besought, I was pleased to grant it and to convey it through this my noble Firman emanating from my Imperial Divan, and delivered to whom it may concern.

You, therefore, who are the above-mentioned Governor, here to provide for the required piece of ground of ten thousand ‘Ziras’ approximatively, and one which may not give rise to local objections and to shew and offer the said ground to the aforesaid English Society while taking care that it should be employed in the manner, and under conditions identical to those under which the grant of such a piece of ground to the German Branch of the Society was previously made.

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(24th April, 1882)

The British Council in Jerusalem were accordingly asked to take steps for the identification of a site, although it was not to be found until the representatives of the Order took matters into their own hands. Meanwhile the Records expressed frankly political sentiments: “Almost every nation has at Jerusalem a *piéd à terre* in the form of a Hospice, or some similar establishment, the administration of which she shares with the British Government. This want in a city, in which England in common with the other great powers in Christendom has so deep an interest, will now, we trust, be soon supplied; and the Committee cannot but feel confident that the appeal to the public for funds to carry out the work will meet with a ready and liberal response.” This somewhat vain hope was the start of a prolonged and difficult discourse regarding funding that persists to this day.

Most importantly, the committee were commissioned “to enlist the sympathy of all, and especially of those who would wish to see England represented as other nations are, by some ostensible work of humanitarian character, devoid (as was the case in the ancient hospitals of the Order) of all ideas of proselytising or sectarian agency, but carried out in the truest principles of Christian philanthropy.” This latter theme turned

out to be crucial to the success of the hospital and is a leitmotiv throughout the history of the St. John Eye Hospital.

Much sympathy was evinced, for instance from Lady Isabel Burton (1831-96), wife of Sir Richard and author of 'The Inner Life of Syria, Palestine and the Holy Land' (1875) who wrote in August 1881: "Nowhere are there are such beautiful eyes, and nowhere so eaten up with dirt and disease, without hope or remedy, as in Syria. A good English Oculist would be God's own blessing out there, the whole country would swarm to him." She goes on to describe the clinical picture of trachoma: "The disease begins from birth, with dirt neglect, flies and sun. You will find old peoples' eyes, say at fifty, gone incurably. Youths and girls may still be saved, and parents trained to wash the babies' eyes, and keep flies off which settle on offal, and then on the eyes, and nobody drives them away." Perhaps more influentially, William Bowman FRS, one of the greatest ophthalmologists the United Kingdom has produced, wrote in June 1882: "...there being no doubt whatever that untold misery results from the inherent and well nigh ineradicable filth, squalor, indolence and ignorance of sanitary laws, pervading the whole population of the Levantine countries..."

The Annual Report stated firmly: "...the English Langue should have a home in the earliest *chef lieu* of the Order, where the Johanniter, the French, and the English Roman Catholic Association of the Order of St. John are more or less represented..." and "...not only is the position of the English Langue asserted in the East as a veritable branch of the ancient Order, but the name of our country is raised in the estimation of the population of Palestine and Syria, and though we do not aspire to any political influence, yet 'British interests' may be more or less advanced by the presence of an organisation, presided over by Her Majesty's representative, supported by the Turkish Government and cordially approved of by the Ecclesiastical and Civil authorities of the land."

An initial estimate of the capital cost of the project was £2,500, with £400 per annum for running costs, including a "medical attendant, dispenser and nurse." The Committee decided that, failing the purchase of a permanent hospital, a house should be rented "in order that no time may be lost in organizing an institution which is so much needed."

On 7th July 1882, there was a committee meeting in the Jerusalem Chamber of Westminster Abbey, chaired by the Earl of Shaftesbury, attended by members of the general public, "and throughout the meeting very hearty sympathy was evinced". A committee was appointed to raise the necessary funds, although ominously it was reported that they "hesitated to undertake the responsibility of the maintenance of the Hospice at Jerusalem, with the aid then promised. However, the liberality of Lady Lechmere, in guaranteeing £100 to meet the deficiency enabled the Committee without delay to appoint a Medical Officer. The Committee have also to record the liberality of Messrs. Thos. Cook & Son, who very handsomely undertook to send out our Surgeon at nett cost, and to see that on arrival in Jerusalem suitable quarters were provided for him."

Temporary accommodation

Dr. J.C. Waddell, assistant surgeon to the Shrewsbury Eye & Ear Hospital was duly dispatched in November 1882 and found temporary premises for a Hospice next to the Thos. Cook depot outside the Old City walls, near the Jaffa Gate. With commendable energy, Dr. Waddell “commenced the beneficent work of the Order” on 4th December 1882.

The 1st Annual Report of the Hospital recorded: “Being quite aware of *the unsectarian nature of the objects of the Order of St. John, and the entire absence of any proselytising intention*, the poor of all nationalities and religions flock without any scruple or hesitation to the English surgeon, many of the patients coming from places far distant from Jerusalem...The Governor of Jerusalem, Raouf Pasha, who has from the first given it his hearty co-operation, pronounces it to be the most practically useful of all the Institutions founded by Europeans at Jerusalem.”

Indeed, Dr. Waddell worked very hard. By the end of the first six months he was seeing an average of 80 patients a day, and sometimes as many as 140. The total attendance was 6,318 and he claimed at least “1000 cures have been effected.”

“A large house, extremely well built”

Sir Edmund and his wife revisited Jerusalem in February 1883 determined to sort out the matter of a lack of a permanent building, particularly urgent as the number of patients was already outstripping the meagre facilities available. A local committee was formed whose members were Mr. Moore the Consul, Dr. Thomas Chaplin and Mr. John Mason Cook of Messrs Thos. Cook and Son. Mr Kayat, the Chancellor of the Consulate, acted as secretary. Also closely involved was Mr. Samuel Wiseman, Dr. Chaplin’s assistant, although his contribution was not credited until the 2nd Annual Report: “...(who) first indicated to Dr. Waddell the advantages of the site selected, and who conducted the negotiations for its acquisition with so much skill and circumspection.”

Dr. Waddell described the property they found: “The property is situated about eight minutes’ walk from the Jaffa Gate, on the Bethlehem Road, and consists of a piece of ground amounting to more than six acres; on it there is a large house, extremely well built of the best materials, containing eighteen chambers, with an abundant water supply. On one side it is bounded by the Valley of Hinnom, on the other by the Bethlehem Road. The house stands at the West end and narrowest part of the ground, so that there is no possibility of its being built in by the erection of any other houses.

“Now that the purchase is known every one is greatly astonished at the bargain we have made. The price is certainly remarkably low, and I had no idea we should have got it for the money.” In fact, the price was £1,050 but they received a promise of £T900 (Turkish lire) from the Sultan, equivalent at that time to £813. “The internal repairs, alterations and fittings will cost about £300, ... the whole of which will be covered by the result of the recent successful concert, and the handsome donation of the Duke of Westminster, and further benefactions in aid of providing a ward of some four to six beds for in-patients, have been offered by Lady Lechmere and Mr. MacLean. It now remains for the Order of St. John, with the assistance of the public, to provide the necessary income for the maintenance of this truly hospitaller work.”

Despite their triumph, there were still problems to be solved: “A Turkish regulation requires hospitals at Jerusalem to be attached to a specific Church to enable them to receive drugs, etc, free of import duty.” The Council were “unanimously of opinion that the cosmopolitan character of the Order of St. John rendered this a most undesirable course to adopt.” Mr. Moore wrote on 11th April 1883 that it was “...inconsistent with one of the principles upon which the Institution is stated to be founded, and might compromise its position in the eyes of the authorities and the Moslem and Jewish populations, whilst the advantage to be gained is of a trifling nature.” Mr. Windham, the Chargé d’Affaires in Constantinople was asked to intervene, with the result that: “...the work at Jerusalem has so commended itself to the Sublime Porte ... that the privilege of receiving medical stores, free of duty, has been granted ...”

“An unusual proportion of diseases of the eye-ball”

Sir Edmund described the methodical work undertaken by Dr. Waddell “...(who) was assisted by a servant, who kept order in the waiting room. The age, residence, nationality and ailment of every patient was carefully entered in a register and numbered, and a card containing the number given to secure easy reference and identification, and on each succeeding visit the progress made by the patient was noted. Although most of the patients came from the immediate neighbourhood of Jerusalem, many travelled a considerable distance, some from as far as Nablous in Samaria.”

He “considered the types of disease differed little from those of Europe, although there was an unusual proportion of diseases of the eye-ball, blindness and impairment of vision, the consequence of purulent ophthalmia, which prevails to a greater extent in the summer and autumn months. In some cases native remedies had been applied of the most rude and violent description. Blue stone powder and other injurious substances had been used in many cases, and occasionally men came whose foreheads were seared with burn marks, hot irons having been applied as a cautery to draw off the inflammation from their eyes.”

He is describing trachoma, a form of severe infectious conjunctivitis which also causes inflammation of the cornea (keratitis), and may compromise vision as a result. Furthermore, the disease is notably recurrent and causes progressive scarring of the inside of the eyelids. This, in turn, by contraction of the scar tissue, inverts the lid so that the eyelashes abrade the cornea. The infection is caused by *Chlamydia trachomatis*, an organism that is notorious for not stimulating an immune response in the host, and allowing reinfection without triggering any defence by the body. That, the severity of the keratoconjunctivitis and the secondary infection of the eyes by bacteria, is responsible for the progressive and blinding nature of the disease. Of course, this was not understood at the time, and modern treatment with antibiotics was not available. Even so, it must be realised that the disease is still an important cause of pandemic blindness.

Whenever Dr. Waddell “suspected patients of being able to make some payment their cases should be reported to the Local Committee for investigation, and that if their means appeared to justify the demand, a contribution in aid of the funds of the Hospice should be required as a condition of further treatment.”

“The red flag and eight-pointed white cross”

Whilst Sir Edmund was in Jerusalem, he hoped to meet the Governor, Raouf Pacha, but the latter was concerned with the impending visit of Prince Frederick Charles of Germany. “(His) ship was delayed... At last the Prince arrived and entered Jerusalem in some degree of state,...dismounted at the Jaffa gate, the mantle of the Johanniter Order was thrown over his shoulders, and he went on foot to the Muristan, to inspect the ruins of the old Hospital of St. John, which had been given to the German Emperor by the late Sultan.

“Before he entered Jerusalem, the Prince’s attention had been attracted by the red flag and eight-pointed white cross, which floated over our little Hospice...a very respectable one made by a Greek tailor, and it appeared for almost the first time in all its freshness on the day of the Prince’s arrival. He immediately claimed the building as belonging to the Johanniter, and expressed much surprise when he was told that it was the Hospice and Dispensary of the British Branch of the Order of St. John.”

An anonymous visitor to the Hospital in December 1883 recorded that it was “...thoroughly oriental in style...of substantial character...in a splendid situation. It was massive and square...with large windows heavily ironed...with regular parapets and a castellated tower.” It was “surrounded by a large orchard full of olive, fig, walnut, innumerable vines...” “...over the door, carved in stone, is a shield with a similar device” (a white Maltese cross on a crimson ground)...

“A ring at the door brings a turbanned and baggy-trousered attendant with a heavy moustache to the gate... We descend a short flight of steps and find ourselves in a large courtyard surrounded on all sides by buildings and overlooked by terraces. On one side...extends a series of rooms opening from it, which belong to the out-patients department...” “We enter the wards which have been set aside for male patients. There are six in number...intended for 10 only, except in the case of emergency...” “...a small room is pointed out as the disinfecting chamber, where by means of intense moist heat, all clothing and bedding are purified...” “...three wards (are) set aside for female patients...(which) can receive a larger number in an emergency.”

“The water supply is obtained for drinking and cooking purposes from a large cistern, as is usual in this country, while for domestic purposes a never failing supply is had from the aqueduct of Solomon which runs through the estate close behind the house.”

He provided a valuable description of the way the Hospital worked: “Next morning...at 8 o’clock, we appear, making our way to the gate through a dense and motley crowd of all nations and classes – Christians, Jews from all parts of the world, Moslems, Bedouins, and Fellaheen...One of the greatest difficulties which has had to be overcome was how to keep the patients in order: naturally unruly, turbulent, and unaccustomed to anything like discipline, the entrance of a crowd such as this was found to be merely a question of physical force – the weakest going to the wall.” Men and women were sorted by cards, into groups of five each, and were admitted to the doctor in turn. “This arrangement is found to work extremely well, and perfect order is maintained without difficulty, as any turbulence, noise or disobedience, is punished by the Doctor himself, who deprives the offender of his turn, and places him among the last to be seen.”

Eventually, Sir Edmund did have an audience with the Governor who, as well as commenting on the practically useful virtues of the Hospice, also “said that he could give us as much land as we required at Gaza, to which place he hoped our operations might at some future day be extended; inasmuch as eye diseases were very prevalent there.” Gaza also drew the attention of Mr. Moore in 1884: “From personal observation at Gaza, I should judge that fully 50% of the people of that town, suffer in one form or another from that class of disease, and it is distressing to see the number of blind or monocular persons in the street.”

The Annual report for 1884 included a letter from Lt. Gen. Sir Dighton Probyn VC, KCSI, CB, Comptroller and Treasurer to the Prince of Wales: “His Royal Highness desires me to say that he is much pleased with the work which is being done by the recently established Hospice and Ophthalmic Dispensary of the English Order of St. John of Jerusalem, and has no objection to your publishing in the public press, as you would wish to do, a part or the whole of Mr. Moore’s Report. His Royal Highness also desires me to say that he gladly accedes to your request that he would give his Patronage to the Hospice.”

Regulations

The 1st Annual Report published a complete list of regulations governing the Hospital. The following are extracts:

III. A Medical Subcommittee was to be appointed, consisting of: Sir William MacCormac, Dr. Lionel Beale, Dr. EH Sieveking and Dr. Michael Laseron. Suggested names for an Honorary Consulting Surgeon were: Mr. William Bowman, Mr. Brudenell Carter, Mr. Nettleship and Dr. Andrews of Shrewsbury (all except the latter were eminent ophthalmologists at the time). (Mr. Robert Brudenell Carter, an eminent ophthalmologist with an interest in neurological diseases, was appointed in due course but there is no evidence that the Medical Subcommittee was ever convened.)

VII. Dr. Waddell’s salary was set at £100 per annum, paid in quarterly instalments. This meagre sum became the centre of a considerable dispute in the following years.

X. “If the out-patients are irregular in their attendance or neglect the directions of the Surgeon they shall be discharged...

XII “The Hospital shall be opened on Mondays, Wednesdays and Fridays at 9.00 am in the spring and summer months, and 10.00 am in the winter months, for the relief and treatment of the native poor suffering from diseases of the Eye, who shall be admitted gratuitously.”

XIII. “The Dispensary shall also be opened at the same hours on Tuesdays and Saturdays for the admission and treatment of such special cases as the Surgeon shall deem necessary.”

XIV. “The Hospital and Dispensary shall not be connected with any Mission or Religious sect...” and “...the English Branch of the Order of St. John, though itself a Religious as well as a Hospitaller body, to recognise no difference of nationality or creed in its work of philanthropy.”

XV. “The Hospital and Dispensary being intended solely for the poor, those who have been admitted as patients and are able to aid its funds, shall be required...to pay such amounts for their treatment as may be considered suitable, the amount to be paid to be applied to the use of the Hospital...”

XVI. “...the services of the Surgeon are retained for one year.”

Dr. Waddell

Dr. Waddell remains a somewhat shadowy figure in the available records. As already noted, he was a very hard worker. The 2nd Annual Report notes that the total number of attendances for the first year was 11,343, that is nearly double those seen in the first six months even though there must have been a period of considerable disruption during the move to the new hospital. He was plainly moved by the plight of the people he treated: “...these poor people freely and thankfully avail themselves of the means offered for escape from that gloom and physical suffering which has hitherto marred their lives...”

However, all was not well, as Mr. Moore wrote to Sir Edmund on 19th December 1883: “We have again had to postpone our monthly Committee meeting, Dr. Waddell not being ready with his report and accounts, and for this he pleads indisposition. Apparently, the climate of Jerusalem does not agree with Dr. Waddell. I have more than once expressed my high sense of the capacity, efficiency, and zeal of this gentleman, and it is therefore with very great reluctance that Dr. Chaplin and myself now feel compelled to suggest the desirability of his recall to England.” Despite the generous praise, the asperity expressed in this letter from a long-standing resident of the city, despite its climate, is evident. There are no further clues as to what was wrong with Dr. Waddell.

Sir Edmund wrote to Dr. Waddell on 18th January 1884 in generous if somewhat abrupt terms: “...as your health appears to suffer from the climate of Jerusalem you should be recalled. I feel sure that your wish would be to do what may be considered best for the ultimate success of the good work of which you have been a Pioneer and that you will be prepared to hand over the Hospital to any successor when the Committee in England may decide upon sending to relieve you.

“...we should secure if possible a Medical man whose health would enable him to stand the peculiarities of the climate, and who would be able to devote himself without risk of interruption to the very laborious duties.

“You have I am sure earned the credit of having laid the foundation of what may become a great National work and one which the state of your health alone has prevented your carrying on.

“...your friends in the Order will do their best to further your future interests on your return.”

In the event, he returned to England in May 1884 and the Hospital had to close pending the appointment of his successor.

Two sad postscripts to the episode were recorded, the first on 22nd May 1884, after Dr. Waddell had asked for a testimonial from the Order: “This application was fully discussed...to send him a few copies of the Annual Report, in which his work for the Order was fully described, and which might be useful to him as showing the estimation in which his services were held at that date, but it was felt that great reserve and caution should be exercised in giving any further testimony.” The second was on 29th July 1884 when Sir Edmund, “...having read a letter received from the late Medical Officer, Dr. J.C. Waddell, commenting on the circumstances attendant upon his dismissal, it was agreed, after some discussion with explanatory comments from Sir Edmund Lechmere, that no official notice should be taken of the same.” The Committee’s views sit uncomfortably with Sir Edmund’s personal undertaking to Dr. Waddell, and may betray deeper reasons for the termination of his contract.

Mr. John Hovelle Ogilvie

There was considerable urgency to make the appointment of Dr. Waddell’s successor. In the hand-written minutes of 18th March 1884, Mr. Brudenell Carter suggested a candidate from his own hospital, Moorfields Eye Hospital, whom the committee accepted, on the condition, presumably the candidate’s, that he should be able “to take private practice.” Nothing further was heard from him. The post went to advertisement but the five candidates, who included the doctor who was eventually successful, were too inexperienced and were “qualified to act as House Surgeons only under the supervision of a more experienced Surgeon.”

Whilst the post went to readvertisement with a wisely strengthened statement that “the gentleman appointed would be in sole charge and actively responsible for the treatment of patients,” a letter was also written to Mr. Moore “...in connection with the candidature of any local applicant, authorizing him to use special care not to select any one, - even as a temporary measure, - who was in any way connected with any local mission or religious sect.” There was also the problem of the doctor’s salary. Some candidates jibbed at £100 per annum, one wanting £150 increasing by £50 annually to £300. Lady Lechmere stepped into the breach again, guaranteeing £50 per annum for five years, supplemented by an additional £50 per annum for two years from Mr. Tyssen Amherst, bringing the salary to £200 per year.

By 22nd May 1884, there were eight candidates together with “enquiries from several other gentlemen.” After further haggling in the committee, Mr. Brudenell Carter on 21st June 1884 “favourably reported his opinion as to Mr. Ogilvie’s fitness for the recent post at Jerusalem.” Mr. Ogilvie himself “expressed his willingness to practically study Ophthalmia in London for the next three months...subject to his producing a certificate that he has attended the practice of a Metropolitan Eye Hospital.”

There are few facts available about Mr. Ogilvie prior to his appointment, although he turned out to be an energetic if contentious character. All that is known is that he was from Auchtermuchty, Fife and that he held the MRCS from Edinburgh.

Mr. Ogilvie’s contract included the following terms:

4. ... (he) shall devote his time primarily...to the charitable work of the Order...but he will be allowed to attend private patients as a general practitioner at their own

homes (Ophthalmic cases amongst the subjects of H.I.M the Sultan excepted)...so as not to interfere with the work and efficiency of the Hospital.

(The unusual requirement about the Sultan's subjects was formally withdrawn in a minute of 13th May 1885.)

7. ...to make investigations as to the extent and nature of Ophthalmic disease in Palestine...

11. That this agreement shall remain in place for a period of three years...if within three years...he resign or be dismissed for incompetence or misconduct the London Committee will not engage to pay his passage from Jerusalem to England.

“Never shall we forget this thy loving kindness”

Mr. Ogilvie's time in Jerusalem was marked by consolidation of the work of his predecessor. Apart from one brief spell of ill health in May 1885 which necessitated a return to London, but which spontaneously improved, he did not suffer the effects of the climate that had apparently incapacitated his predecessor. All was well, apart from this, throughout 1885, with a gradually increasing throughput of patients to a scarcely credible number in 1886:

	Number of consultations	Admissions
1883	11,343	0
1884	1,174*	43
1885	13,462	121
1886	17,052	124

*the hospital was closed for much of this year

(these figures are derived from the Annual Reports of the following years)

The work was such that, in 1886, when Mr. Gilman, the son of the American Consul in Jerusalem, offered his services as an Assistant Surgeon without salary, the appointment was made without delay.

An endowment was started for a six bed ward to be known as the Gordon Memorial Ward “after one whose heroic memory we all revere”, the General who was killed, some believed martyred, in Khartoum in 1885. He also suggested that Ear and Throat diseases should be added to the work of the Hospital and introduced modern concepts of hygiene to his patients: “It is even amusing to see some children, mostly fellaheen, brought to the dispensary, whose faces have probably made acquaintance with water for the first time, but with a thick black mark round them, showing distinctly where the cleaning process had stopped.” He kept up to date with current clinical management, introducing a new operation for treating trachoma and for ingrowing eyelashes.

The 1885 Hospital Report noted the public meeting in the Jerusalem chamber of Westminster Abbey. Its Chairman, Sir Austen Henry Layard, archaeologist and Ambassador in Constantinople from 1877-80, a notoriously vehement man, gave an address notable for its timing in the light of the crisis in Khartoum, praising “...the civilising influence of the Association, a matter of no mean importance. We wish to give the Arabs and especially those wild tribes on the borders of Syria – the wildest in

the East – an idea of European civilisation, and especially that of Englishmen.” This message was translated at the request of the Turkish Ambassador, Musurus Pacha, being forwarded to H.I.M. the Sultan, and to the Governor of Jerusalem, Raouf Pacha, and “has been most courteously acknowledged.”

In 1886 there was a note of a problem that has dogged the institution in Jerusalem ever since: “It cannot be denied that the distance of the Hospital from the sphere of other humanitarian works, which command the support of the charitable public, militates strongly against its receipt of the necessary support...” That year, the cash balance was “... barely £200.”

Sir Edmund visited Jerusalem in November of the same year and met the Chief Rabbi who “addressed a most gratifying and characteristic letter...(which) fully evinces the gratitude locally felt for the benefits conferred.” It is worth quoting this letter in full both for its content and the beauty of its language, even in translation:

“From Zion and Jerusalem may the Lord send blessing and life to the Excellent Baronet, who pursueth virtue and loving kindness SIR EDMUND LECHMERE, the Lord protect him.

“We greatly rejoiced when we saw thee, honoured Sir, during thy visit to the mountain of Zion, for we know full well all the kindness thou purporest doing to the in-dwellers of Jerusalem in opening for them an Eye Hospital and placing therein an experienced Physician to heal the sufferings of the poor of Jerusalem. Our hearts are deeply moved with gratitude towards you honoured Sir for this good work which thou hast established, being prompted thereto by goodwill without any reference to creed or form of faith, and without grieving the hearts of those who are stretched on the couch of suffering.

“Never shall we forget this thy loving kindness.

“We have now heard that thou hast the intention to seek permission from our Sovereign the Sultan (May his glory increase) and to speak with the excellent Baroness Coutts with reference to the water supply of the Holy City, so that the poor thereof may no more suffer the pangs of thirst.

“What shall we say unto thee, honoured Sir, and how shall we thank thee for this thy great goodness? Our tongue faileth us, adequately to express unto thee our feelings. Our prayer is offered up unto Heaven that He may recompense thy work sevenfold, that He may remember the benevolence thou exercisest towards the poor of the Holy City and that He may bless thee and thy house for ever. Amen.

“This is the prayer of him who honoureth and esteemeth thee.”

RAFAIL MEIR PANISEL HAHAM BASHI
Chief Rabbi of Jerusalem

Minuted at the same time, and possibly inspired by the warm tone of the Chief Rabbi’s letter, it was noted that “An effort had been made, which it is hoped may prove eventually successful, to interest the leading members of the Jewish Community in the working of the Hospital... Lord Rothschild, Mr. FD Moccatta, Mr. Sebag Montefiore, Rev. Dr. (Hermann) Adler (the Chief Rabbi of Great Britain) and others have already generously contributed their funds...” There was reason for

optimism in this initiative; Mr. Ogilvie kept meticulous records, including the religious background of his patients which showed that more Jews than Muslims were seen at the Hospital, for instance in 1886:

Protestant	26
Greek & Armenian Christian	1114
Latin Christian	384
Jews	989
Mahomedans	725

“I cannot longer sacrifice myself”

Also in 1886 began the start of a long series of letters from Mr. Ogilvie that have been preserved. These are increasingly prolix and at times it is clear that he became obsessed with the question of his salary. His letter of 9th August 1886 to Sir Edmund is typically impassioned and incoherent: “I know that it is now the practice to place medical service at a very low value, why I am sure I cannot tell unless it be from the congestion caused by the extraordinary number of men entering the profession. But of this I am certain that no properly qualified & suitable man has ever come out here to take the very responsible position of Surgeon to this Hospital & feel that he is sufficiently (illegible) at under £500 a year at the very least. I am not aware of any position more responsible; for the Surgeon absolutely alone, can apply to no one in a difficulty because no one has the knowledge to help him. Among the other medical men they can have a consultation of the other Drs., and at home Oculists can have the same, as I have seen several times at Moorfields, but here there is no such thing, & the responsibility sometimes feels very heavy where the case is difficult & requires urgent treatment. It is true that I came out but I had a special (illegible) in view to find a more suitable climate than England was for my delicate wife but at the end of my agreement if the Committee desires my services longer a very great change must take place in the terms for I cannot longer sacrifice myself. And I have made great sacrifices for this place. ...Now it seems that the Committee was unprepared for the expenditure in the past year! Why?...”

The Committee on 5th October 1886 took a cool view of this letter: “...at present the Committee were unanimously of the opinion that at present their funds did not justify them in exceeding a maximum salary of £300 – especially having regard to the fact that the Resident Medical Officer also practised privately.”

Despite Mr. Ogilvie’s contentious insistence on an increased salary, he was well thought of, to the extent that in a minute of 16th February 1887: “...Mr. Ogilvie had named a salary of £400 per annum as a suitable remuneration...Having regard however to the value now placed, upon Mr. Ogilvie’s services, Sir Edmund Lechmere suggested the desirability of retaining his services if possible, and it was decided that at the termination of his present engagement an endeavour should be made to offer Mr. Ogilvie sufficient inducement to retain his appointment for a further term.”

But the saga continued. In a letter from Mr. Ogilvie on 23rd August 1887: “When Sir Edmund Lechmere was here in November he made me an offer on the part of the Committee of £300 a year. Probably he remembers that I told him I could not entertain such a proposal...I am amazed that they can offer £50 more (than £200 a year) after 3 years’ work. I beg to think I have been unwise in always placing the

Committee's interests before my own...Are they aware that it is such an unhealthy place on account of the malaria, the abominable filth everywhere rotting & poisoning the air, and the frequent & very great changes of temperature. The cost of living is greater than in London & the kind of food offered is very inferior...Then the Surgeon here runs an extra risk. I have now had ophthalmia six times...and my eyes are becoming weak in consequence.

“Of private (sic) there is next to none & most of what there is is divided among the other practitioners who have very carefully spread the report that I am only an Oculist.

“I do not think the Committee have acted very justly towards me in the past.

“At this moment I am the lowest paid Surgeon in Jerusalem and with three exceptions I am the oldest & have just been made the President of the local Medical Society. However if the Committee decide upon looking for another gentleman perhaps my experience may be of use in selecting the most suitable. There are two things which are sine qua non.

1. He must be an Oculist of experience & a very able operator on the eyes & not one who is coming out here to gain his experience. Everything is changed in eye affairs since I came out. At that time no doctor pretended to know much about the eyes or ventured to operate except on very rare occasions. But so great is professional jealousy in Jerusalem that every one now calls himself an Oculist & never refuses to operate when he gets a chance. Unless the Surgeon to the Hospital can do all these better than the Gentleman here there will soon be no need for a special hospital.
2. He must be a married man & his wife must be the head of the whole household. It will also be a great advantage if she is willing to take some interest in the nursing so as to keep the nurse in order.

I think he should be a graduate of a University.”

This was too much for the Committee and on 26th November 1887: “...a discussion ensued as to whether it would be possible, and advisable, to comply with the terms demanded by Mr. Ogilvie as the basis of a re-engagement, but the Secretary having submitted a statement shewing that the financial position of the Hospital was such as to render compliance with Mr. Ogilvie's terms impracticable, it was unanimously resolved that the Committee's agreement with Mr. Ogilvie should be terminated at the expiration of three months from the 24th December next...”

On 20th December 1887, Mr. Ogilvie wrote: “The Committee have judged rightly in supposing that I will make no change one way or another in the maintenance of order & in the treatment of the cases. I could have hoped that it was unnecessary even to mention such a thing.

“When my successor arrives I will do all that I can to make things smooth for him...I believe it might be a bad thing for him if he was sent out a short time before I leave that he may benefit as far as possible by my experience.

“I am not going far away & if the Committee wish to make me Honorary Consulting Surgeon I will gladly accept & do as much as I can to further their interests.”

On 16th January 1888, Mr. Amherst, now the London Committee's Secretary, wrote to Sir Edmund: "...we are fortunate in having Ogilvie's real reason for demanding a certain sum per annum as a minimum. I felt there was something in the background and that has now come out, viz. that he can do better by having an Hospital as his own, and taking fees. Perhaps he may, but this confession leaves us perfectly free, and we must arrange our Hospice matters, and send out a new man..."

Not surprisingly, the Committee differed from Mr. Ogilvie, recording two days later: "...but having regard to the position taken up by Mr. Ogilvie, and to his statements that he proposed instituting other dispensaries or Hospitals, which, if established could only be looked upon as in opposition to this Hospital, it was not deemed advisable to comply with his request."

There then followed a long dispute, entailing numerous passionate letters from Mr. Ogilvie, about money that he owed the Order, which was finally settled on 11th July 1888. "...a suitable letter was directed to be written to Dr. Ogilvie, expressing the Committee's approval of the manner in which he had finally concluded and settled his report and Accounts."

At around this time, he wrote an undated letter to Sir Edmund: "...I have had a second attack of pleurisy & now my right lung has become affected. I have been advised...to take a long voyage...but I have had no influence with any of the Shipping Companies who could give me a place as a Surgeon to a ship. I now regret that I left Jerusalem but then I did not expect this. The Jericho scheme (a private dispensary) looked very promising for a long time but now I doubt it will fall through if I give it up. If the scheme could be carried out as I propose it would greatly benefit the Bedouin population. It would also have benefitted you & me & others. It would have succeeded & would have done nothing but good.

"...I have no ill feeling toward the Committee. I can never keep up ill feeling, but my opinion of them is no better than you say is theirs of me.

"I have been offered the Medical Superintendentship of a Hydropathic in Harrogate but I am afraid to take it. I fear my temper is too hot to put up with people if they come complaining to me."

Whatever may be thought of Mr. Ogilvie from this remarkable correspondence, he had sufficient insight at least partly to understand his own failings. He was undoubtedly greedy, but did not appreciate the financial difficulties of the Hospital. He was respected, very hard working, naïve, paranoid and emotional. However, this episode illustrates the ease with which barriers between the administration of the Hospital and those working in it, separated by a great distance, can be raised, and how difficult it is for the two groups of well meaning people to reconcile their mutual distrust.

Dr. W.E. Cant

Two candidates for Mr. Ogilvie's replacement were interviewed on 26th November 1887. The salary was increased modestly to £250 a year. Dr. W.E. Cant FRCS, from the Central London Ophthalmic Hospital, was appointed.

A new problem now arose. The minutes of 23rd October 1887 recorded a message from the Governor of Jerusalem, via Mr. Moore:

Orders have been received from the Ministry of the Interior to enforce the regulation which requires that all persons exercising the profession of Medicine, Surgery, Pharmacy, and Midwifery, and every other branch of the Medical Profession, should be prohibited from doing so unless they be provided with a Diploma or Certificate from the Medical Council; consequently Physicians, Surgeons, Apothecaries and Midwives residing at Jerusalem must proceed to Constantinople and procure for themselves such Diploma or Certificate. For this purpose a period of three months to commence from September 30th is assigned, such as do not do so proceed to Constantinople within the period above mentioned will not be allowed to exercise their profession. This intimation having been made to all others whom it concerns, I have to request that you will also apprise of it all persons exercising the profession in question, who are British Subjects.

Mohammed Raouf. Governor of Jerusalem and its Dependencies.

This stringent requirement belied the standard of medicine practised by expatriates and lends support to remarks that had been made by Mr. Ogilvie. The response of the Committee was characteristic of British sentiments at the time: "...the English ambassador at Constantinople (Sir William White) should be written to." However, despite protests, Dr. Cant showed commendable energy and travelled directly to Constantinople, "obtained a Diploma from the Medical Council..., authorizing him to practice in the dominions of H.I.M the Sultan" within five days, doubtless expedited by the Embassy, and went from there to Jerusalem in March 1888. His trip was subsidised by Mr. John Cook.

At last, the Committee had appointed the man they needed to ensure the future of the Hospital. Dr. Cant's correspondence has also been preserved and shows him to be another exceptionally hard worker, somewhat unimaginative and dull, but consistent and reliable. From now on, the minutes and correspondence become concerned mainly with day-to-day matters, and notably finance.

From the 1889 Annual Report, noting Dr. Cant's remarks: "The Latin Church and the Russian and French nations have many fine buildings which make us somewhat jealous for our own country, which is very poorly represented here... With this (increased income) not only might the Hospital assume more importance both in its work and appearance, and become a fit representative institution of its country and its parent Order, but it would be feasible to extend its work in the form of branch Out-patient departments in other large and populous towns in Southern Palestine, as Bethlehem and Hebron, scarcely of less interest than Jerusalem itself.

"...It is greatly to be hoped that the Committee will be enabled to complete the Fund necessary for the erection of the long contemplated Gordon Ward, which would give the Hospital a commodious ward, or wards, and form a new and imposing range of buildings overlooking the Bethlehem road.

"There are now two endowed beds in the Hospital, one supported by the Orthodox Greek Patriarchate of Jerusalem, the other by the Rt. Rev. the Anglican Bishop in Jerusalem."

The Hospital featured as one of the tourist attractions of Jerusalem mentioned in the Cooks Tourist Handbook for Palestine and Syria in 1891: “The best time for visiting the Institution, with a view to seeing patients under treatment, is between 7 and 10 am on any Monday, Wednesday, or Friday; but the Institution is open daily, and patients received at all hours.”

By 1896, Dr. Cant was able to report: “When we recommence in the Spring we shall have added another ward of two beds, so that we may be said now to take twenty patients, a fairly respectable number for a special Hospital...I find that, by devoting three days a week to out-patients, and three days to operations, I am not quite able to keep pace, as far as operations go, with our admissions...the Hospital, which had had the whole of my attention, as I have found more than sufficient to do in it, without private practice.

“During the past seven-and-a-half years...we have spent about £1,000 in additions and improvements: £500 of this has come from private donations, and the other £500 we have been able to save out of the monthly expenditure, which the Committee wished we would not materially exceed, of £30 per month. We...have no housekeeper’s and skilled nurse’s salaries to pay, owing to voluntary help. Thus we have added a new out-patient block, with valuable storage accommodation beneath, the latter as much needed in the premises as the out-patient department itself; a new large cistern, an expensive and very valuable and also absolutely necessary adjunct to the premises, where we have to store water for a nine month’s supply; a new day-room for the patients in connection with the wards, and where meals are taken in the cool months; a new kitchen; and a new room on the terrace in connection with the Surgeon’s residence: besides greatly improving the condition of the pre-existing premises.

“The cost...per month for 7½ years comes out exactly at an average of 30 guineas or 360 guineas a year.”

He documented the workload in the 1895 report:

	1888*	1889	1890	1891	1892	1893	1894	Total
Outpatients	4916	7383	9187	9447	12216	12614	13625	69379
Operations	138	327	494	680	1001	971	1212	4823
Admissions	117	237	286	340	430	459	510	2379

*8½ months from the date of his arrival in Jerusalem

He also recorded the distance the applicants for admission had to travel in 1894:

	Applicants	Admitted
From Jerusalem	40	15
Within 6 miles of Jerusalem (including Bethlehem)	127	28
16-18 miles	370	110
More than 18 miles	<u>878</u>	<u>357</u>
	1415	510

By 1900, the Hospital was overwhelmed, with 23,000 outpatients and "... (it) had been necessary to exclude patients during the annual epidemic of ophthalmia...". In 1899, an anonymous donor had allowed "...the engagement of a second Surgeon for the season during which ophthalmia is especially prevalent in the country. For this purpose they were fortunate in obtaining the services of a distinguished Edinburgh graduate, Dr. MacKellar..." In 1900 a Mr. Martineau donated £1,000 on condition that a new ward was furnished and occupied and that a second Surgeon should be made permanent; Dr. Jelly was appointed for three years as Assistant Surgeon.

The careful husbandry paid off; in 1899 there was a surplus balance in the bank for the first time, although the following year there was again a deficit of £175.

"A deep sense of great loss"

On 18th December 1894, Sir Edmund Lechmere died. Mr. Brudenell Carter, by now the vice-chairman of the Committee, moved the resolutions: "That the Committee of the British Ophthalmic Hospital at Jerusalem, desires to express its deep sense of the great loss which the Order of St. John of Jerusalem in England, and the Committee of the British Ophthalmic Hospital have sustained by the death of Sir Edmund A.H. Lechmere Bart, MP, the late Chairman of the Hospital to whose zeal and liberality so much of the best success of the Institution has been attributable.

"That the Members of the Committee further desire to offer to Katherine, Lady Lechmere, their sincere condolences in the bereavement which she has sustained."

The tribute was certainly deserved. Sir Edmund and his wife travelled to Jerusalem four times in fourteen years, not a trivial undertaking at the time for a couple in the latter part of their lives. Sir Edmund's drive, together with the couple's generosity, had been the most important factors in the institution of the Hospital that continues to provide for the poor people of Jerusalem and surrounding territories to this day. He was the archetype of a Victorian philanthropist who made it his life's work to help those less fortunate than himself, not only through his work for the Order, but in many other organisations as well.

A Memorial Endowment Fund was set up which, in the first nine months had raised £722, and which was supplemented with £1,000 from Lady Lechmere herself. A memorial tablet was erected in the Hospital.

"The new building will be a great advantage"

Finally, we return to the Bishop of Jerusalem, Dr. Blyth on 28th September 1901: "...Dr. Cant's name is one of note here. He performed an operation for cataract on me last year, quite painlessly and quite successfully. I must have resigned otherwise but now I can see forty miles of distance and read 'diamond type'. I heard of him in England as one of the first men of the day, to whom anything might have been open at home. I only got the same attention that he gave an old bedridden woman who was his patient before me. He is in every way a good man, but very retiring.

"The new building will be a great advantage..."

My grateful thanks to Pamela Willis, Curator to the Order of St. John, and Sylvia Holmes of the St. John Eye Hospital, without whose assistance and advice this paper could not have been written.

John Talbot