
JERUSALEM



Millennium
1023 - 2023



St John

Millennial Ethos of Care

& the Enduring History of the Eye Hospital of Jerusalem

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Ethos, Excellence, Endurance

St John

Millennial Ethos of Care
& the Enduring History of the Eye Hospital of Jerusalem

A Historical Perspective



Chief Editors

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St John of Jerusalem Eye Hospital Group

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Serving the Eye Hospital Group through Expertise



Millennium

In 1023 AD, Amalfitan traders assumed responsibility for an ancient hospice within the walls of the City of Jerusalem.

A thousand years later, their legacy is one of service and compassion to countless people across the world.

This is a story of hope at difficult times, and an ethos of care which lies at the very heart of the five Johannine Orders today.



Jerusalem

PRO FIDE PRO UTILITATE HOMINUM

Ethos, Excellence, Endurance

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Preface

A Thousand Years of Service in Jerusalem

In 600 AD Pope Gregory I commissioned a hospice and shelter in Jerusalem to treat and care for Christian pilgrims visiting the Holy Land. In about 800 AD the Roman Emperor Charlemagne extended the hospice significantly. It was operated as a Benedictine Hospital until it was destroyed in 1005 by Caliph A Hakim bi-Amr Allah, along with a great many other buildings.

In 1023 Italian, Spanish, and Greek merchants from the Republic of Amalfi obtained permission from the Egyptian Caliph Ali az-Zahir to rebuild a hospice, monastery, and chapel on the site of the



Venice, Genoa,
Amalfi & Pisa

monastery of St John the Baptist, close to the Holy Sepulchre. It is here that they founded a church called *Sta. Maria ad Latinos*, distinguishing it from churches in which *Greek*, and not *Latin*, ritual prevailed. Two hospitals were also built, one for women and another for men, and dedicated to St Mary Magdalen and St John Eleemon (or Almoner), respectively. Later, at an uncertain date, the dedication was changed from St John the Almoner to St John the Baptist.

Over time, the guest house of *Sta. Maria ad Latinos* became more a hospital and hotel than a church and was known as 'The Hospital of Jerusalem'. It attended to sick and orphaned children, fed the starving, clothed the needy, and cared for discharged prisoners.

By 1099 Brother Gerard had made the hospital the centre of its own religious order, and in 1113 a Papal Bull was issued, formally recognising a Hospitaller Order and releasing it of obligation to all temporal powers except to the Holy See.

In 2023 we celebrated this 1000-year ethos of service. Although the Order of St John was not recognised until after 1113 (and with the Venerable Order being founded in 1888), the principle of serving the poor irrespective of class, race, religion, or the ability to pay lay at the heart of the earliest Islamic and Christian hospitals. The Amalfitan traders, with the Benedictine monks, carried this torch, and it is their work that laid the foundations for the Hospitaller Order of St John in the 12th century. This ethos flourishes throughout the Johannine Orders today, bringing hope, care, and compassion to countless millions of people across the world.

Dr. David H Verity, KStJ, MD, MA, FRCOphth
Order Hospitaller

Sir Andrew Cash, OBE GCStJ
Chair SJEHG

Jerusalem 1000: Millennial Ethos of Service

A message from the Lord Prior

The contemporary, highly skilled, and excellent care provided by the Order of St John across 44 countries is inspired by an ethos of care that stretches back over 1000 years.

Benedictine monks who established the first hospice in Jerusalem in the name of St John, and under the now-familiar badge of the eight-pointed white cross, did so to care for Christian pilgrims to the Holy Land. Their work grew into a powerful force for good in developing healthcare services in so many different contexts across the world.

The monks' commitment to healthcare, followed by that of the Hospitaller Knights, saw technology at the cutting edge of medicine. Even the magnificent Sacra Infermeria in Valetta, Malta, boasted the longest hospital ward in Europe, where patients dined off silver plates, long before the antibacterial qualities of silver were understood. Between each numbered bed was an '*en suite*' – a place for a chamber pot and wash basin. In the mid 1600's a School of Anatomy and Surgery was established at this hospital.

Today, as one of the five Johannine Orders, St John is a leader in first aid and medical responses in communities across the world. Being 'cutting-edge' in the science of first aid and related areas, and in healthcare delivery in pre-hospital and hospital environments, is fundamental to the Order both today and for our future.

The evolution, and indeed revolution, in emerging areas in medicine, including digital healthcare and artificial intelligence, increasingly gives St John opportunities to better serve 'our lords the sick and the poor'. This motivation, and the devotion to those we serve, reflects that of the Benedictine monks who established the first St John hospital 1000 years ago. Structures, people, technologies, and healthcare-challenges have all changed dramatically since then. What hasn't changed is a millennial ethos of caring in the safest way and to the highest standard for all those who come to us for help.

Professor Mark Compton, AM, GCStJ
Lord Prior, Order of St John



Vision, Hope

Reflection from the Prelate

Many years ago I had the unforgettable privilege and experience of visiting the Eye Hospital in Jerusalem, and those memories stay with me today. I think this is because the Hospital's mission is a direct witness to the ancient and modern biblical vision of a place where the blind receive their sight.

There are two specific biblical texts where this 'vision' is explicit. The first is Isaiah 35:5, where the exiled people of Judah were suffering despair, weariness, and a sense of abandonment from God. Isaiah's prophecies, thought to derive from the 700s BC, offered comfort and hope to exiles, promising an end to their suffering and a restoration by God. This meant a new vision for the people, and a new way of seeing their situation and their destiny, both from a spiritual and a tribal perspective. It was a liberation and a transformative view at a time when it was hard to see a free and blessed future at all.

In Matthew 11:5 we read of Jesus of Nazareth offering the same kind of hope, and this time, about 700 years later, the meaning includes the experience of restored sight from physical blindness. This is literal seeing in a new way. It is also a means of grace and a hope that changes everything, as Isaiah had prophesied. Today this includes those whose skills and dedication literally restores sight to those suffering from curable blindness.

The St John Eye Hospital is a witness to a biblical truth, like a lamp held up on a lampstand, like a city set on a hill, like a lighthouse shining in a storm. The hospital is the clearest witness to everything the Most Venerable Order of the Hospital of St John of Jerusalem stands for. This is why it leaves such a deep impression on the soul, as it did for me. I know this is true for countless others who have the privilege of praying for, and giving to, such a unique and sacred place.



Archbishop Emeritus Sir David Moxon
KNZM, GCStJ

St John of Jerusalem Eye Hospital Group

Introduction by the Chair

St John of Jerusalem Eye Hospital Group (SJEHG) has a two-part vision: To prevent avoidable blindness, and to be the pre-eminent provider of high-quality eye care to the population of East Jerusalem, the West Bank, and Gaza.

Our work in advancing vision screening for children at a much faster pace starts to bring the first part of the vision within our grasp. Recently winning the coveted Champalimaud Award, one of the largest eye care awards in the world, demonstrates that we are also delivering on the second part of our vision.

Underpinning our work are five long term aims. Firstly, we strive to provide the highest quality service to the patients we serve, regardless of their background. Secondly, we continue to build durable long-term partnerships with all the people and organisations we work together with. Thirdly, and perhaps most importantly, we value our staff, ensuring they are motivated, developed, kind, and caring, and can realise their individual potential working in our organisation. Fourthly, we are focussed on making sure that SJEHG is well governed and financially stable. Finally, we work to ensure that SJEHG is an innovative, research and development led organisation, with high standards of education and training.

I would like to thank you all for supporting us in our vision and our aims - it is much appreciated particularly at this most challenging of times.

Sir Andrew Cash, GCStJ, OBE
Chair, SJEHG



St John of Jerusalem Eye Hospital Group

Introduction by the Chief Executive Officer

For more than 140 years, St John of Jerusalem Eye Hospital Group has provided high-quality charitable care to the most impoverished people living in East Jerusalem, West Bank, and the Gaza Strip.

Over the past 10 years the Hospital Group has performed more than 60,000 major and sight-saving eye operations and conducted more than 1,300,000 outpatient examinations. Blindness and visual impairment are highly prevalent in the population we serve, with cataract, diabetic retinopathy, and refractive errors being the leading causes of blindness and visual impairment.

In addition to the Hospital-based eye care services, the Group has undertaken several community-based preventative initiatives to combat blindness and visual impairment. These include our eye-screening programme to detect vision issues in the young. Thus far, we have screened over 30,000 children, with more than 3,000 referred to the Group for further investigation and treatment.

Screening for retinopathy of prematurity in neonates, and for diabetic retinopathy in adults, is also integral to our community-based work. From the research perspective, our clinical teams lead ophthalmic clinical and genetics research in the country, collaborating and publishing with regional and international partners.

Finally, in recognition of the Group's clinical impact on the lives of the people it serves, the Hospital Group was awarded the Champalimaud vision award in 2023.

Despite the perennial and complex challenges the Hospital faces it remains steadfastly committed to its mission to provide quality eye care to all - *regardless of race, religion, social class, and the ability to pay.*



Dr Ahmad Ma'ali, KStJ, PhD
CEO, SJEHG

Chapter 1

A Call to Alms

Patrick Burgess, OBE, DL, GCStJ, KSG, KGCHS



What is the spirit that moves everyone who works in the Johannine Orders and impels them forward? I believe our marching orders as St John people are captured in the words of our founder, tending the sick in Jerusalem in the 11th century, Blessed Gerard. They speak of compassion, perseverance, and practicality and it is these three qualities which distinguish the work of all five Johannine Orders, even today.

Blessed Gerard wrote:

'Our brotherhood will be everlasting because the soil in which our plant is rooted is the misery of the world, and because, God willing, there will always be people who wish to work towards the easing of this sorrow, making the misery more bearable.'

This spirit evoked by Blessed Gerard is, of course, especially embodied in the professed senior knights in the Sovereign Military Order of Malta (the Knights of Justice). They remain celibate, having made vows of poverty chastity and obedience, and whose lives are dedicated to the Order's work among the poor and the sick. But it is a spirit which animates all St John People in all the five Johannine Orders.



Bishop Tim Stevens, of the Most Venerable Order of St John, points out that for St John people this means traversing the world's contours with our hearts and eyes fastened on three things to preoccupy. Firstly, the transcendent: the divine power that rules and guides us; secondly, the human lives (so often, so vulnerable) that surround us: and particularly our special concern for their needs; and, thirdly, our personal efforts to become better people: living in this world as if we were already in a heavenly city, but with the mettle of soldiers.



Yet each of us as a single individual cannot generally achieve what a set of people brought together by the same purpose and the same values can achieve. And so, in acknowledging our need to inspire each other and to reflect how we supplement our individual energies and talents, members of St John call each other 'brother' or 'sister': ours is a fraternal bond. And we draw strength from each other and support each other because, as the Grand Prior of the Most Venerable Order is accustomed to say to new investees at every Investiture Ceremony of the Order, the continuing existence of St John and our given task is not just history but a 'present

reality' – a reality imbued with a life force and with attitudes intrinsically linked to the protection of the disadvantaged. This, surely, is the spirit which carries us – and which we, too, carry – to all those whom we encounter, and treat, and heal.



The Seals of the Knights
Hospitallers of St John of Jerusalem

And this bespeaks – as it glaringly did in the Middle Ages – a radical approach to caring. It speaks of the world order to which we are accustomed being turned upside down.

Our mottoes grew up in the Middle Ages when the image in everyone's mind of how the world fitted together was a very structured one – as it still is, though rather differently. And our catchphrase, which singles out the poor as 'our Lords and Masters' was, and still is, revolutionary. Professor Brackleheim, of the Swedish Order of St John, in a searching study of the biblical and medieval sources of our traditions suggests that, in thinking about the modern application of the original Latin motto, '*tuitio fidei et obsequium pauperum*' and trying to express it with contemporary relevance, we might sum it up as 'faithful loyalty to the poor and the sick' (deploying the word 'faithful' in all its shades of meaning and resonances).

But, surely, the approach to our work which we take – all of us who work in St John – needs to be characterised by a more visceral word than 'task' (though, of course, every order of chivalry is originally founded on the basis that it has a task to perform). So, in recent years – and, at first, independently of each other – all the Johannine Orders have been exploring and contemplating why we feel it is appropriate to call what we do – what we are about – the Johannine 'vocation'.

What does this imply? The very existence of the St John Eye Hospital in Jerusalem is a tangible expression of what pursuing a vocation means. It involves both the way we instinctively (and, I hope, generously) behave and a practical approach to our work. In his Epistle to the Galatians, St Paul spells out the nine fruits that spring from living a life prompted by the Spirit: charity, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. All of these should be intrinsic to the way we behave –



indeed, they should be the impulses that well up in us as we journey through our life – but there is another characteristic which is central to the accomplishment of tasks we feel impelled to undertake and raises the quality of what we do: that is 'dedication'.

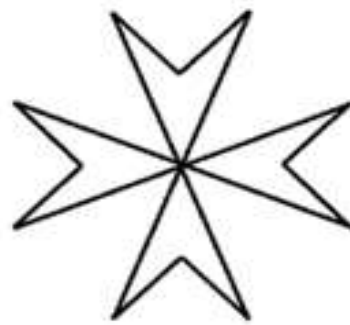
So, moulded by history and by experience, the Orders of St John are dedicated to the promotion of physical, mental and spiritual health and well-being of our fellow human beings – we all need it! And in sharing the physical manifestations of our vocation – the Eye Hospital, for one, but also the ambulance services, care homes, refugee camps, food parcels, and so on – we continually seek to build an enduring community in which all St John members can find purpose and enjoyment and to spread this everywhere.



In practical terms, this approach leads us to single out some values as crucial to the realisation of our participation in the Orders of St John, and the Priory of England and the Islands has suggested that these can be best expressed in contemporary English for practical application as respect, unselfishness, excellence, openness and transparency, devotion, togetherness, inclusive diversity, and faithfulness.

These values and attitudes shape both how we do our work in St John, from our young cadets to our older knights, and the quality of what we have to give to others. But, in turn, the holding to these values, and the way in which we actually do our work, shapes us to live our lives in the way encapsulated in the motto of the Most Venerable Order, that is, (and there is no full stop between its two halves): 'For the Faith and in the service of humanity': 'Pro fide Pro utilitate hominum'.

Rendering Service to All Humanity



Chapter 2

The Two St Johns: St John the Almoner and St John the Baptist

Lyndon da Cruz, OStJ

In 1023 the citizens of Amalfi had been granted land in Jerusalem and the permission to re-establish a hospice, which had recently been destroyed, for the reception of pilgrims. The site was close to the church of St. John the Baptist (restored by St. John the Almoner) and the hospice became known as the Hospital of St John of Jerusalem. Later a magnificent church was erected to St John the Baptist on the traditional site of his parents' abode, very close to the site of the hospice.



Church of John the Baptist and its Crypt, in the Muristan area of the Old City of Jerusalem (see Chapter 3)

Blessed Gerard, who took the title of Guardian and Provost of the order, died in 1118, and was succeeded by Raymond du Puy. To their former duty of hospitality and attendance upon the sick, the latter added that of knighthood, in opposition to infidels. This soon became the principal object of the order which, under its new organization, was named after St John the Baptist, and the title of *Guardian* was exchanged for that of *Master*.

St John the Almoner



St John (also known as St John the Almsgiver, John the Merciful, John V of Alexandria, John Eleymon, and Johannes Eleemon), was the Chalcedonian Patriarch of Alexandria in the early 7th century AD (from 606 to 616). He is the patron saint of Casarano, Italy and of Limassol, Cyprus, the country of his birth. He was born at Amathus in Cyprus about 550, the son of Epiphanius, governor of Cyprus, and of noble descent. In his early life he was married and had children, but they and his wife soon died, whereupon he entered the religious life.

He was a reformer who attacked simony and fought heresy by means of improvements in religious education. He also reorganized the system of weights and measures for the sake of the poor and put a stop to corruption among the officials. He increased the number of churches in Alexandria from seven to seventy. He was best associated with charity and attendance to the poor with many anecdotes about his almsgiving surrounding his life. John is said to have devoted the entire revenues of his *see* to the alleviation of those in need.

The ministry of Vitalis of Gaza, a monk who worked among the prostitutes of the city, was a noteworthy episode of John's reign. The patriarch was considered to have behaved with wisdom for not punishing this monk who was notorious for visiting the seedy part of town, and his judgment was vindicated only after the death of Vitalis when the story of the monk's mission of mercy became known.

When the Sassanids sacked Jerusalem in 614, John sent large supplies of food, wine, and money to the fleeing Christians. But eventually the Persians occupied Alexandria, and John himself, in his old age, was forced to flee to his native country of Cyprus where he died between 616 and 620.



From Cyprus his body was moved to Constantinople, then in 1249 to Venice, where there is a church dedicated to him, the Chiesa di San Giovanni Elemosinario, although his relics are preserved in another church, San Giovanni in Bragora, in a separate chapel.

Another relic of him was sent by Sultan Bayezid II in 1489 to King Matthias Corvinus of Hungary. It was placed in the private Royal Chapel in Buda Castle, which was dedicated to him. His body now lies in the *St John the Merciful Chapel* in St Martin's Cathedral in Bratislava, Slovakia.

A biography was written by his contemporary Leontios of Neapolis. His feast day is celebrated on the 23rd of January in the Roman church and the 11th of November in the Greek church.

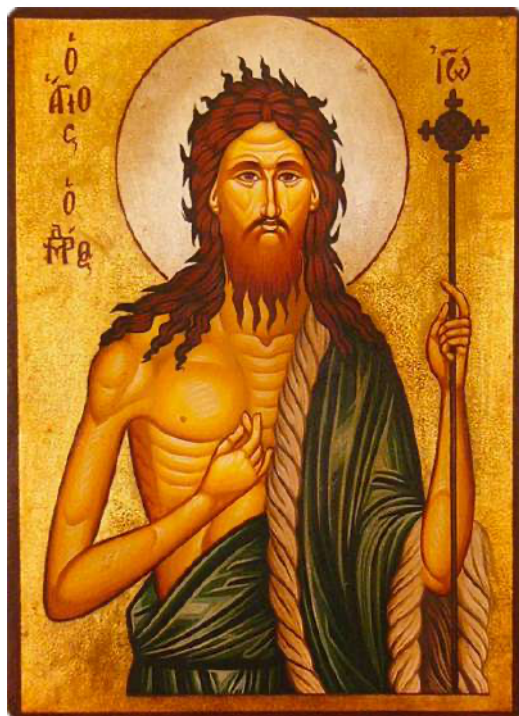
St John the Baptist

‘Behold I will send my messenger, and he will prepare the way before me. Malachi 4:5-6

‘The voice of one calling in the wilderness: ‘Prepare the way for the Lord, make straight in the desert a path for him’ Isaiah 40:3

‘Now some of the Jews thought that the destruction of Herod’s army came from God, and that very justly, as a punishment of what he did against John, that was called the Baptist. For Herod slew him, who was a good man, and commanded the Jews to exercise virtue, both as to righteousness towards one another, and piety towards God, and so to come to baptism; for that the washing [with water] would be acceptable to him.’

Flavius Josephus: *Antiquities of the Jews*, 18.5.2



St John the Baptist (d. c.30 AD) was a first century itinerant preacher in Judea. His life and person are known from the New Testament and from the writing of the Jewish historian Flavius Josephus (37-100 AD) who wrote a history of the Jews. This non-Christian source is seen as a powerful verifier of John and aspects of his life.

Although the Gospel of Mark implies that the arrival of John the Baptist is the fulfilment of a prophecy from the Book of Isaiah, the words quoted — ‘I will send my messenger ahead of you, who will prepare your way — a voice of one calling in the wilderness, ‘Prepare the way for the Lord, make straight paths for him’’, are actually a composite of texts from Isaiah, Malachi, and the Book of Exodus. Matthew and Luke drop the first part of the reference.

The Gospel of Luke adds the only account of John's infancy, introducing him as the miraculous son of Zechariah, an old priest, and his wife Elizabeth, who was past menopause and therefore unable to bear children — ‘nothing is impossible for god’. According to this account, the birth of John was foretold by the angel Gabriel to Zechariah while he was performing his functions as a priest in the temple of Jerusalem. Since he is described as a priest of the house of Abijah and Elizabeth as one of the daughters of Aaron, this would make John a descendant of Aaron on both his father's and mother's side. It is written in the New Testament, that Zechariah became mute from the time the

Angel visited him until the time John was named. Elizabeth is described as a 'relative' of Mary, the mother of Jesus, in Luke 1:36. There is no mention of a family relationship between John and Jesus in the other Gospels, and therefore various scholars have described it as 'of dubious historicity' while others as 'artificial and undoubtedly Luke's creation'.

Of his childhood and adolescence only '*the child grew and was strengthened in spirit; and was in the deserts until the day of his manifestation to Israel*' appears in Luke 2:80.



The Gospels note that John had led a desert life and that at the approximate age of 30 he comes forth to deliver his message. '*In the fifteenth year of the reign of Tiberius Caesar. . .the word of the Lord was made unto John, the son of Zachary, in the desert. And he came into all the country about the Jordan, preaching*' (Luke 3:1-3), clothed in garments 'of camel's hair, and a leather girdle about his loins'; and 'his meat' ... 'was locusts and wild honey' (Matthew 3:4). 'Jerusalem and all Judea, and all the country about Jordan' (Matthew 3:5), drawn by his strong and winning personality, went out to him; the austerity of his life added immensely to the weight of his words; for the simple folk, he was truly a prophet (Matthew 11:9). '*Do*

penance: for the kingdom of heaven is at hand' (Matthew 3:2), such was the burden of his teaching that men of all conditions flocked round him.



The two seminal events of John's ministry were the recognition and declaration of Jesus as the Messiah, proclaiming '*Behold the Lamb of God, behold him who taketh away the sin of the world*' (John 1:29). The second is the Baptism of Jesus in the river Jordan at Bethany. Some scholars maintain that John belonged to the Essenes, a semi-ascetic Jewish sect which lived in the community at Qumran, expected a messiah, and practised ritual baptism. John used baptism as the central symbol or sacrament of his pre-messianic movement. Most biblical scholars agree that John baptized Jesus, and several New Testament accounts report that some of Jesus's early followers had previously been followers of John.

Flavius Josephus writes in *Jewish Antiquities* (18.118) ‘Now many people came in crowds to him, for they were greatly moved by his words. Herod, who feared that the great influence John had over the masses might put them into his power and enable him to raise a rebellion (for they seemed ready to do anything he should advise), thought it best to put him to death. In this way, he might prevent any mischief John might cause and not bring himself into difficulties by sparing a man who might make him repent of it when it would be too late’.



According to the New Testament and Flavius Josephus, John was sentenced to death and subsequently beheaded by Herod Antipas around 30 AD at the Herodian fortress of Machaerus (Mukawir in modern Jordan). John had rebuked him for divorcing his wife Phasaelis and then unlawfully wedding Herodias, the wife of his brother Herod Philip I. Josephus also mentions John in the *Antiquities of the Jews* and states that he was executed by order of Herod Antipas in the fortress at Machaerus ‘Accordingly John was sent as a prisoner, out of Herod's suspicious temper, to Machaerus, the castle I already mentioned, and was put to death’.

Legacy of St John

Followers of John existed well into the 2nd century AD, and some proclaimed him to be the Messiah. In modern times, the followers of John the Baptist are the Mandaeans, an ancient ethno-religious group who believe that he is their greatest and final prophet.

Two Catholic churches and one mosque claim to have the head of John the Baptist: the Umayyad Mosque, in Damascus (Syria); the church of San Silvestro in Capite, in Rome; and Amiens Cathedral, in France (the French king would have had it brought from the Holy Land after the Fourth Crusade). A fourth claim is made by the Residenz Museum in Munich, Germany, which keeps a reliquary containing what the Wittelsbach rulers of Bavaria believed to be the head of Saint John.

Iconography of St John

When and How John the Baptist is depicted, including his symbols.



Representations normally show St John the Baptist clad in camel's skin. The camel skin is important not only because it is specified in the gospels but because, along with the leather belt that is also pictured in some cases, it refers to John's status as the promised return of Elijah, who was similarly dressed. Further important attributes are the lamb, often lying or standing on a book, and a cross held like a military standard, sometimes with a banner attached (the lamb and the flag). St John is often pointing either to a lamb or Christ but implying that he has led the way to Christ. Finally, his severed head itself may be used as an attribute, often with some reference to the dance of Salome that precedes it.

Classical scenes depicting John

The Nativity



The Golden Legend has an entry for the birth of the Baptist (Luke 1:5-25). It points out that the medieval church year celebrated the nativities of only two persons, Jesus and John the Baptist. John's image is pictured in the first and third panels of the Salimbenis' remarkable fresco cycle in Urbino. The panels faithfully depict Luke except in placing the Virgin Mary at the birth. She is placed there in the Golden Legend (she 'did the office and service to receive St John Baptist when he was born') and more explicitly in the *Historia Scholastica* ('the Blessed Virgin Mary was the first to lift him up').

Childhood and Youth

This is the one area in which the art relies on traditions rather than scripture, which states only that *'the child grew, and was strengthened in spirit; and was in the deserts until the day of his manifestation to Israel'* (Luke 2:80). Most familiar are the Madonna and Child images with John the Baptist, sometimes accompanied by adults such as his mother Elizabeth.



Mary and Elizabeth with Jesus and
John the Baptist,
Friedrich Overbeck

Preaching

Most images of his preaching focus on the moment when he declared, *'Behold the Lamb of God, behold him who taketh away the sin of the world'* (John 1:29). As such, many early churches depicted John pointing to a lamb that symbolized Christ. Later images had John pointing directly to Christ. The Salimbenis fresco has a panel of John preaching against Herod, albeit a rare depiction of the saint.



Scenes from the life of John the Baptist
c.1416, Fresco Oratory of San Giovanni Battista, Urbino

The Baptism of Christ



'Then Jesus came from Galilee to the Jordan to be baptized by John. But John tried to deter him, saying, 'I need to be baptized by you, and do you come to me?' Jesus replied, 'Let it be so now; it is proper for us to do this to fulfil all righteousness.' Then John consented. As soon as Jesus was baptized, he went up out of the water. At that moment heaven was opened, and he saw the Spirit of God descending like a dove and alighting on him. And a voice from heaven said, 'This is my Son, whom I love; with him I am well pleased.' Matthew 3:13-17

The Dance of Salome, The Beheading and Death of John

According to the gospels, Herod's stepdaughter Salome performed a dance that delighted him. For her reward her mother asked her to request John's head on a platter (Matthew 14:3-12).



Source material:

McClintock and Strong Biblical Cyclopedia Author and Publisher - Catholic Online
Printable Catholic Saints. Additional Content Provided by Wikipedia

Chapter 3

The Church of Saint John the Baptist in the Muristan

David H Verity, KStJ

The church of Saint John the Baptist in the Muristan is the oldest intact church in Jerusalem. Although it dates from the 11th century, its crypt is thought to have origins as early as the late Roman or Byzantine period (c. 324 to 500 AD), perhaps established by Empress Eudocia, the estranged wife of Emperor Theodosius II, in about 450 AD. According to Greek Orthodox tradition, the head of St John the Baptist was held in the current day crypt after his execution by Herod Antipas at Machaerus (present-day Jordan).



The original structure was damaged during the Persian conquest of Jerusalem in 614 and restored during the 7th century by John the Almoner, Patriarch of Alexandria. By the 11th century it had sunk at least 3 metres below street level and was used for storage of goods. Subsequently, Italian merchants from the maritime republic of Amalfi acquired the south-west corner of Hadrian's forum where they established a hospice. This, and the church built above the 5th century crypt, and administered by Benedictine monks, became part of a pilgrim complex. Knights injured during the siege of Jerusalem in 1099 were treated at the hospital, and in time the 'Order of Knights' of the Hospital of Saint John of Jerusalem was founded.

Initially administered by Benedictine monks and nuns, by the end of the 15th century the church had been acquired by the Greek Orthodox Patriarchate of Jerusalem. During the 16th century, the church was used as a mosque, before being acquired once again by the Greek Orthodox. In 1660 a large adjacent pilgrim hospice was built.

Today, a tourist might easily pass it by unless he or she knew to look out for its small iron door between two shops on 113 Christian Quarter Road, above



'Greek Orthodox Patriarchate of Jerusalem.
Holy Monastery of Saint John the Baptist'

which can be seen a relief of disciples carrying the head of St John the Baptist and a sign in Greek. If the door is open, an enquiring visitor is met by a narrow, covered alleyway leading to a small courtyard which also houses a monastery for nuns, and an ancient well. Directly ahead, the church's façade contains a double bell tower, a modern addition to the ancient 11th-century building.



[QR code for the exact location of the entrance door \(or click for link\)](#)



The church is constructed on a trefoil plan, that is, a layout consisting of three apses in clover-leaf configuration without a nave. It includes a long narthex¹ and its dome is supported by 4 pillars.

Visitors to the church — if open — are greeted by some of the finest murals and icons in all Jerusalem. By the entrance are the relics of the Greek Saint Paliottis. He came to Jerusalem in the 1820s but was arrested and martyred at the citadel. Its most precious relic, however, is the icon of Saint John the Baptist and fragments of his skull in a silver riza.



Perhaps the most extraordinary feature of the church is its green and gold iconostasis² from 1853. The iconostasis, in front of which hangs a golden chandelier, is both one of the longest and most ornate to be found in the Old City, decorated with icons illustrating the life and work of St John. Throughout the church, the walls, arches and ceilings are covered with artwork. One depicts Jesus pulling Adam and Eve from their graves during his descent into Hades, symbolising victory over both death and the underworld. Paintings of the four evangelists are found on the corners of the church, and under two arches are found all twelve apostles.

In the arched entrance there are two murals. One is of the archangel Gabriel announcing to Zechariah, the father of John the Baptist, that his wife Elizabeth would bear a child. The other depicts Zechariah struck dumb by the archangel, writing that his son would be called John. There are also an elaborate bishop's throne and a delightful, elevated gold and green pulpit at the top of a narrow flight of stairs.



A treasured icon on a raised stand depicts the head of John the Baptist on a silver platter. Beside it, within a jewelled silver case, is a piece of skull believed to be a relic of the saint.

All in all, this church is a jewel in the heart of the Christian quarter of the Old City. Its golden dome (originally silver) stands out in the Muristan, but its interior is even more remarkable; no visitor to Jerusalem with an interest in the Order of St John should pass it by.



¹ A narthex is an architectural feature typical of early Christian and Byzantine basilicas and churches. It is formed of a vestibule at the west end of the nave opposite the main altar. The narthex was not part of the main church.

² An iconostasis is a screen found in Eastern churches that separates the area around the altar from the main body of the church. It is hung with icons and typically has three openings or doors.

Chapter 4

Jerusalem the Golden – Synopsis of a City

Rebecca Boone Porter & Nicholas Porter, KStJ

The earliest settlements in Jerusalem were during the Chalcolithic Era (4500 - 3200 BC), and evidence for the first houses comes from c. 2500 BC, in the Early Bronze Age. Almost a thousand years later, c. 2500 BC, the very first city wall was constructed, and the earliest literary reference to the city is found in the cuneiform Amarna Letters from c. 1400 BC. The Old Testament picks up on Jerusalem's history from about 1200 BC when the city was conquered by the Canaanites (Jebusites) in the first Iron Age and continues with King David's rule from about 1000 BC during the second Iron Age. A summary of Jerusalem's timeline is given in the Appendices.



In this chapter a succinct illustrated description is offered for each of the district periods of Jerusalem's history – a troubled city where the Order of St. John was born in battle and sickness almost 1000 years ago, in a region where the need for healing is as acute as it has even been.

Urshalim (14th – 12th Centuries BC)

Jerusalem, as the world understands it today, truly began with King David. Perhaps a cultic center, it was known originally as *Urusalim* or the 'foundation of Shalim' – the Canaanite god of the rising and setting sun. When Jerusalem appeared in the Old Testament, it was home to the Jebusites and called *Jebus*. Encouraged by God's promise, David conquered the fortified city by cleverly entering through its water tunnels. He claimed the city as his own, renaming it the 'City of David' and establishing it as the heart of his kingdom – capital of the Jewish world.



The City of David (11th – 7th Centuries BC)

David transformed Jebus into his capital with a kingly palace. Only after he brought the Ark of



the Covenant into the city, as commanded by Exodus 25:22, did it become a holy place. Eventually, he began the construction of an equally lavish house for the Ark on Mount Mariah. *'Here I am dwelling in a house of cedar while the Ark of God abides in a tent.'* But it was David's son and heir Solomon who finished the temple, cementing Jerusalem's numinous identity. The

Temple and the Ark became the heart of Israelite religious and urban life. Today, the archeological site is part of the Jerusalem Walls National Park, located in Wadi Hilweh, an extension of the Palestinian neighborhood of Silwan in East Jerusalem.



City in Exile (6th Century BC)



The Flight of the Prisoners (James Tissot, 1896): Exile of the Jews from Canaan to Babylon

Centuries after David and Solomon, the City of David and Kingdom of Judah fell to the Babylonians in 587 BC. The Babylonian army looted the Temple, leveled much of Jerusalem, and killed or enslaved Jerusalem's inhabitants. The expulsions occurred in several waves. Following the siege of Jerusalem in 597 BC, about 7,000 individuals were exiled to Mesopotamia. Further expulsions followed in 587 BC with the destruction of Jerusalem and Solomon's Temple. The Babylonian Exile and desolation of Jerusalem mark a period of profound loss that shaped prophetic literature and Biblical tradition as a time of doleful captivity and suffering.

Second Temple Period (6th Century BC – 1st Century AD)

The Second Temple period (or post-exilic period) occurred over about 600 years (516 BC – 70 BC). In 539 BC, the Persian Cyrus the Great defeated the Babylonian Empire. Known for his religious tolerance, Cyrus released exiled Judeans to return home. Jerusalem was duly rebuilt, allowing for the restoration of Jewish religious and cultural identity. By the end of the century, a modest second temple was completed, marking the beginning of the Second Temple period—a time that continued to place the city as a religious and political center for the Jewish people. This period ended with the First Jewish–Roman War and the Roman siege of Jerusalem.



Herod's City (37 BC – 70 AD)

Under King Herod, who ruled Jerusalem during the Roman Empire, the city's spiritual and cultural soul flourished. An ally of Rome, Herod actively promoted Jerusalem as a religious stronghold. His visionary construction projects left an enduring legacy, especially his ambitious expansion of the Temple that doubled its size and raised its foundational platform to dominate the city's skyline. However, tensions with Hellenistic influences created social and theological divides. Jewish society splintered into diverse sects – Pharisees, Sadducees, Essenes, Zealots, and the early Christians – all with distinct visions for the faith.



Aelia Capitolina (1st – 3rd Centuries AD)

Herod's Jerusalem and the Second Temple collapsed violently. Judean relationships with Rome collapsed, revolts spread across Judea, and in 70 AD the Roman Emperor Titus razed Jerusalem to the ground. Her temples were burned and the Jews expelled from the city. Thus divorced from her religious roots, Jerusalem became 'Aelia Capitolina', a Roman city housing a small legion. Of interest, its original plan is still reflected in Jerusalem's Old City today. However, being remote from trade routes, in time Aelia Capitolina gradually atrophied, becoming a sparsely inhabited town. Aelia Capitolina was thus a Roman colony founded on the ruins of Jerusalem. This marked a complete transformation of the city from a busy Jewish metropolis to a pagan settlement dedicated to the cult of Capitoline Jupiter.



The first coin issued at the mint of Aelia Capitolina about 130 AD, the reverse showing Emperor Hadrian ploughing the first furrow.

Hagia Polis (4th – 7th Centuries AD)



Imperial power eventually shifted again, marking Constantine's reign over eastern Roman territory. A visionary, Constantine recognized Aelia Capitolina as a critical site to cement his new imperial power and Christian faith. Constantine's mother, Empress Helena, played a crucial role in her son's ambitions by making a pilgrimage to the Holy City in 326 AD. Under Byzantine rule, the Hagia Polis (Holy City) flourished and became a spiritual, monastic, and international center. Constantine constructs the Church of the Holy Sepulchre over the sites of Jesus' crucifixion and resurrection. Subsequent emperors build monasteries, hospitals, markets, and hospices at holy sites across the region to serve the hundreds of thousands of Christian pilgrims visiting each year.

Al-Quds (7th – 11th Centuries AD)



After mutually destructive warfare had exhausted the Sassanid and Byzantine Empires, the resulting power vacuum was filled by Muslim Caliph ‘Umar (Umar ibn al-Khattab, also spelled Omar). He established the Pact of Umar¹ and conquered much of the Middle East and Jerusalem in 638 AD, becoming the first Muslim ruler to seize the city. Although the transition was relatively peaceful (with respect to sites such as the Holy Sepulchre), the official culture changed, and with it the name from Jerusalem to *Al-Quds*. Under the Umayyad Empire, the formerly abandoned Temple Mount became the cultic center of the new triumphant religion – Islam – with the Al Aqsa Mosque Complex and its architectural masterpiece of the Dome of the Rock dominating the city’s skyline.

Crusader Jerusalem (1099 – 1187 AD)

The Kingdom of Jerusalem was established following the capture of Jerusalem in July 1099 by Frankish armies under Raymond of Toulouse and Godfrey of Bouillon. The Frankish Crusaders



were eager for Jerusalem to reflect their French culture and Roman Catholicism. Western clerics and nobility dominated the city. Palaces were built, the Via Delarosa established, and a gothic bell tower was added to the Church of the Holy Sepulchre. Meanwhile, the European monastic-military orders of the Hospitallers and the Templars seized religiously strategic areas for their headquarters – the Muristan abutting the Holy Sepulchre Complex and the Complex atop the Temple Mount, respectively.

Al-Quds Restored (13th – 15th Centuries AD)

The armies of Salah al-Din Yusuf ibn Ayyub or Saladin captured Jerusalem in 1187. His victory marked a decisive shift in control over the sacred city and reshaped the region. However, it also left the city with heavy human losses and material damage. Both and Mamluk overlords launched massive building campaigns with the distinct socio-political agenda of proclaiming Islam’s supremacy. The Church of the Holy Sepulchre was left shuttered, and its keys were entrusted to Muslim families. Meanwhile, beautiful palaces, libraries, and madrassas were erected in and around the Al-Aksa Complex. Jerusalem soon found itself robed in Muslim splendor.

¹The Pact (or Covenant) of Umar was a treaty with conquered non-Muslims. It gained canonical status in Islamic jurisprudence, specifying rights and restrictions for ‘dhimmis’, or ‘protected persons’ - these including Jews, Christians, Zoroastrians, and others of recognized faiths living under Islamic rule.

Ottoman Jerusalem (16th – 19th Centuries AD)

In 1516, Ottoman forces conquered Jerusalem and integrated the city into a vast and well-organized empire. Thus began a sustained period of stability. Suleiman the Magnificent ordered the city's



walls reconstructed in 1541. These walls still define the Old City's boundaries today. Four major communities comprised its population: Jews, Greco-Arab Christians, Arab Muslims, and Armenian Christians. During the late Ottoman period, European imperial ambitions in the Middle East caused Jerusalem to become a highly diverse and vibrant city. Due to its religious significance to Judaism, Christianity, and Islam, European hospitals, schools, and churches were built in and around the city, and Jerusalem slowly entered the modern age.

Mandate Jerusalem (1921 – 1948)

During World War I, the British Egyptian Expeditionary Force defeated the Ottoman forces in Palestine. British Commander-in-Chief, General Sir Edmund Allenby, entered Jerusalem on foot on 11 December 1917. Officially, the British Mandate began in 1922. Its confident architecture remains on display throughout Western Jerusalem. Another legacy can be recognized in the abiding Western orientation of Jerusalem's Jewish, Palestinian Arab, and Armenian residents. The British Mandate also ushered in an era of intense strife and violence between Jews and Palestinian Arabs, each seeking to create a state with Jerusalem as its capital. The result was heavy casualties among fighters and civilians on the British, Jewish, and Arab sides. By April 1948, the British withdrew from all of Palestine.



Modern Jerusalem (1948 – present)

On May 14, 1948, David Ben-Gurion formally proclaimed the establishment of the State of Israel, and Jerusalem was divided. Eastern Jerusalem fell under Jordanian control, Western Jerusalem under Israeli control. The physical division ended with the Israeli capture of East Jerusalem during the 1967 Six-Day War. Buildings in the Mughrabi Quarter were cleared to transform the holy site of the Western Wall (Kotel) into the most sacred space in the city. Western Jerusalem's tall modern buildings now vie with the Dome of the Rock to dominate the skyline. Despite the many peace processes over the decades the city remains demographically and politically divided, awaiting resolution of the wider Israeli-Palestinian conflict.

Over the millennia, various scriptures, prophets, priests, and kings have proclaimed that God chose Jerusalem to be an extraordinary place of divine encounter with humankind. The city's turbulent history and contested lands and sacred places present a seemingly impossible challenge to the international community in its quest for peace once again. The Order of St John remains dedicated to its people, as it has for over 140 years, reflecting the commitment and compassion of the Order of Hospitaller Knights some 1000 years earlier.

Views of Jerusalem



Chapter 5

A History of Gaza: *Crossroad of Civilisations*

Jonathan Than

Note: This article was written in September 2023

And as for the Avvites who lived in villages as far as Gaza, the Caphtorites coming out from Caphtor destroyed them and settled in their place.

Deuteronomy 2:23

Then the Philistines seized him, gouged out his eyes and took him down to Gaza. Binding him with bronze shackles, they set him to grinding grain in the prison.

Judges 16:21

I will send fire on the walls of Gaza that will consume her fortresses.

Amos 1:7

Gaza will be abandoned, and Ashkelon left in ruins. At midday Ashdod will be emptied and Ekron uprooted.

Zephaniah 2:4



View of Gaza city, c. 1850

Lithograph by Charles William Meredith van de Velde (1818-1898)

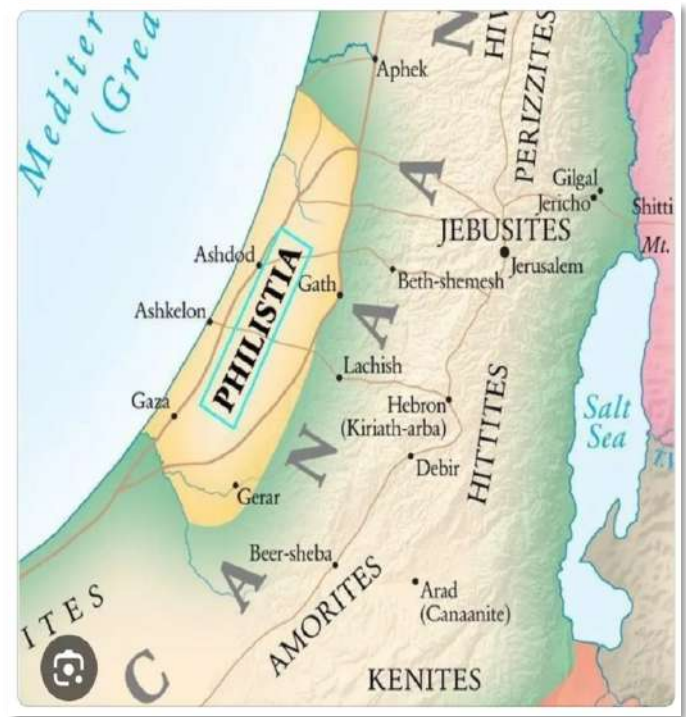
The ancient city of Gaza has been a focus of history and civilisation for more than 5000 years. At the time of writing, Gaza City is home to over 590,000 inhabitants, for whom the St John Eye Hospital Group (SJEHG) is a main provider of ophthalmic care. Its location, on the coast of the Mediterranean Sea, is in a region that represents the junction of Europe, Africa, and Asia. It is unsurprising, therefore, that it has been a point of conflict between civilisations for almost all its history. Although impossible to retell its rich story in a single article, a brief history follows.



The area encompassing modern Gaza has archaeological evidence suggesting human settlements in the region from as early as the 15th century BC. Military records of Pharaoh Thutmose III from this era are the oldest to record the name 'Gaza', meaning fierce or strong in the Semitic languages. Connecting Egypt in the south and the Levant (modern-day Lebanon, Syria, Jordan, and Israel) in the north, it became a stop on the Syrian-Egyptian caravan route and later served as Egypt's administrative capital in Canaan.

Around the 12th century BC, the region of Gaza became part of the territory known as Philistia, and the city played a prominent role as one of the Pentapolis of Philistine city-states, alongside Ashkelon, Ashdod, Ekron, and Gath. According to the Book of Judges, it was in Gaza during this period that Samson was imprisoned by the Philistines, blinded, and met his death.

During the reign of Ramses II (1279-1213 BC) in the New Kingdom Period, the Egyptian empire attempted to expand its control over the Levant. Gaza was one of the key cities targeted in these military campaigns, and there were frequent clashes between the Egyptians and the Philistines for control of the region.



In the 8th century BC, the powerful Neo-Assyrian Empire, under the leadership of Tiglath-Pileser III, conquered Gaza, bringing the city under Assyrian control. Subsequently, the Babylonians, led by Nebuchadnezzar II, captured Gaza in the 6th century BC during their campaign to conquer the southern Levant. The Babylonians incorporated the region, including Gaza, into their empire.

After the fall of the Babylonian Empire, Gaza fell under Persian rule in the 6th and 5th centuries BC. The Persian Empire, under Cyrus the Great, and later Darius I, permitted local autonomous rule as long as tribute was paid to the Persian crown. This period saw a relative level of stability and prosperity in the region, with Gaza becoming a vital centre for commerce and cultural exchange.

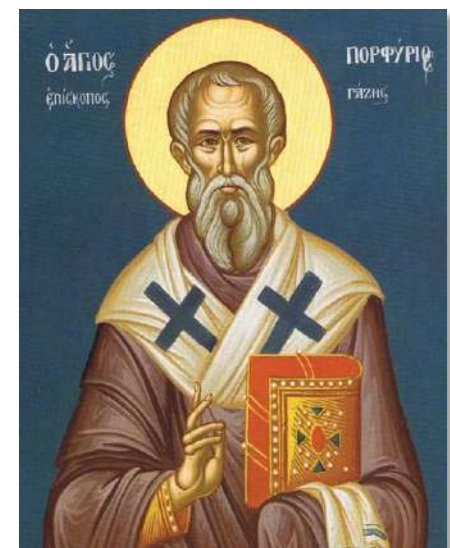
In 332 BC, Alexander the Great captured Gaza during his military campaigns to conquer the Persian Empire after a five-month siege. Inhabitants were reportedly killed or sold into slavery and the city walls destroyed.

Gaza eventually rebounded under Hellenistic influence, becoming part of the Seleucid Empire and later the Ptolemaic Kingdom of Egypt after the division of Alexander's empire. Under this influence, the city saw the construction of various temples and theatres in the Greek architectural style.



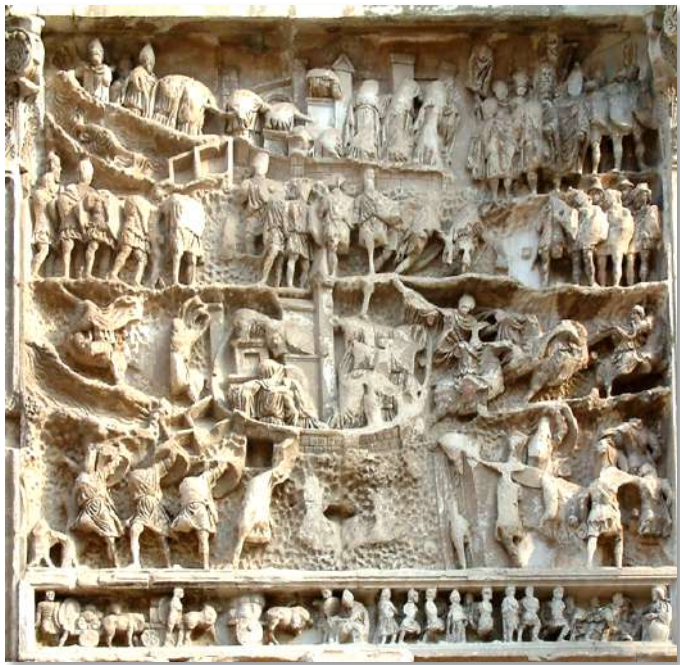
Hasmonean king Alexander Jannaeus ordered the siege of Gaza in 96 BC, resulting in a brief period of Hasmonean rule before General Pompey annexed the region of Judea to the Roman Republic in 63 BC. During the Roman period, Gaza prospered economically due to its strategic location on the trade route between the eastern and western parts of the Eastern Roman Empire. The city represented a melting pot of cultures at this point in its history, with Greek, Roman, Phoenician, Jewish, Egyptian, Persian, and Bedouin residents. Its wealth and status were enhanced by its agricultural production, especially the cultivation of wine and olive oil. Numerous Roman emperors visited Gaza, and it is believed that during his visit in 130 AD Emperor Hadrian personally inaugurated wrestling, boxing, and oratorical competitions in a new Gazan stadium.

Gaza witnessed the early spread of Christianity during the Roman era. Notable Christian figures, such as Saint Hilarion and Saint Porphyrius, were associated with the city. During the Byzantine period after the division of the Roman Empire, it became the seat of a bishopric and an influential religious centre in the eastern Roman Empire. The region surrounding Gaza saw the rise of Christian monasticism, and several monastic communities were established. Notably, the Monastery of St Sabas, located southeast of Gaza, became one of the most prominent monastic establishments of its time. The influence of monasticism extended beyond Gaza, shaping the broader Christian landscape in the region.



During the 6th century AD, the region experienced conflict and invasions due to the Roman-Parthian Wars. The Persian Sassanian Empire launched military campaigns into the Byzantine territories, leading to temporary disruptions and challenges for Gaza and its inhabitants.

The Islamic conquest of Gaza occurred during the early Islamic period, in the mid 7th century AD. At this time, the Rashidun Caliphate, the first caliphate established after the death of Prophet Muhammad, was expanding its territories beyond the Arabian Peninsula. In 635, the Arab Muslim general Amr ibn al-As led an army to invade the region of Palestine. The Islamic forces faced significant resistance from the Byzantine garrison in Gaza for several months. In early 636, the city eventually surrendered to the Muslims, marking the end of Byzantine rule in Gaza. Believed to be the burial site of the Prophet Muhammad's great-grandfather Hashim ibn Abd Manaf, the city was not razed, and its inhabitants spared by its conquerors. Churches were transformed into mosques, including the present-day Great Mosque of Gaza. Arabic became the official language.



The conquest of Gaza was part of a larger campaign to expand the Islamic Caliphate's borders into the Levant. Following the conquest, Gaza became a significant administrative centre in the newly established Islamic nation, under the Umayyad and later Abbasid caliphates. It played a crucial role in the administration of the region, contributing to its economic and cultural development.



1100 brought the conquest of Gaza by the Crusaders, and King Baldwin III of Jerusalem built a castle within the city for the Knights Templar in 1149 and converted the Great Mosque into the Cathedral of St John. Sultan Saladin of the Ayyubids recaptured Gaza in 1187. Richard the Lionheart briefly retook and refortified the city in 1192, but this spell was short-lived as the Treaty of Jaffa resulted in the dismantling of these fortifications and continued Ayyubid control. The Mongols, under Hulagu Khan, grandson of Genghis Khan, brought an end to Ayyubid rule, destroying Gaza in 1260.



Following the Mongol destruction, the Mamluks, slave-soldiers based in Egypt, began to administer the region. The city prospered under their rule, with numerous mosques, Islamic colleges, hospitals, caravansaries and public baths built during this period, many of which still remain today. It was during this period that gazzatum, a fine silk, was first imported to Europe from Gaza. The weave employed, the structure of which consisted of weft yarns arranged in pairs, crossed before and after each warp yarn, is the same weave that is found in surgical gauze. Thus, Gaza has contributed to the world both its textile heritage and name to this life-saving product found in every hospital worldwide today.



After centuries of various Islamic dynasties ruling over the region, the Ottoman Empire took control of Gaza in the early 16th century. Its conquest occurred in 1516 when Sultan Selim I defeated the Mamluk Sultanate, thereby incorporating Palestine, including Gaza, into the Ottoman Empire. A system of local governance was established, with Gaza becoming the capital of the Gaza Sanjak within the Damascus Eyalet (province).

Under the rule of the Ridwan family, Gaza experienced its most recent 'golden age', serving as the virtual capital of Palestine. The Great Mosque was restored, and other mosques and Turkish baths constructed. The end of Ridwan rule brought the steady decline of the importance and condition of Gaza, particularly as Ottoman power waned. Its port was eclipsed by those in Jaffa and Haifa, and the bubonic plague ravaged its population. Conflict between Egypt and the Ottoman Empire further contributed to its decay. The end of Ottoman rule during the final stages of World War I marked a significant turning point in the history of Gaza and Palestine, paving the way for the establishment of modern states in the region and subsequent developments that shape its present situation.



Today, the Gaza Strip is home to approximately 2.4 million citizens, of whom 590,000 live in Gaza City.

St John Eye Hospital Group has, since 1992, been the only provider of charitable ophthalmic care in the region, at an annual cost of about £1,260,000. In 2022, 38500 patients were treated in the SJEHG Gaza Hospital, and 2900 operations performed.

A mobile outreach service reaches those who cannot travel to the hospital. Donations remain vitally important to ensure the continued delivery of care – a generous donation of over \$200000 from the US Priory in 2022 funded 532 cataract operations, helping to significantly reduce the waiting times, previously up to 19 months, for this essential surgery in the region.



Views of Gaza and the Eye Hospital of St John

Images from working medical visits to Gaza prior to 2023



Chapter 6

The Ancient Bimaristans: *Origins of St John Reborn*

David Verity, KStJ, & Adnan Tufail



Legend tells of a hospital in Jerusalem stretching as far back as the Maccabean era in 100 BC, with more definitive records dating from the sacking of Jerusalem in 70 AD by the Roman emperor Titus. Over half a century later, during the reign of King Antiochus V in 603 AD, Pope Gregory I commissioned a hospital in the Christian Quarter of the Old City to care for pilgrims.

However, it was the Persians, not Pope Gregory, who developed the hospital movement in the Middle East during the Sasanian Empire of 224 to 651 AD. *Bimaristan* is thus a Persian word (بیمارستان *bīmārestān*) meaning 'hospital', with *Bimar-* from Middle Persian (Pahlavi) *vīmār* or *vemār*, meaning 'sick' plus *-stan* as location suffix (as in Afghanistan, Kazakhstan, etc.). In the medieval Islamic world, the word 'bimaristan' was used to indicate a hospital where the ill were welcomed and cared for by qualified staff. Thus, *bimaristan: The place of the sick*.

One of the first reported bimaristans comes from the time of Muhammad, when, at the Battle of the Trench in 627, he ordered a tent be assembled to provide medical care for wounded soldiers. Later, the first Muslim hospital service was built in the courtyard of the Prophet's mosque in the city of Madinah. 150 years later, in 707, the first formally recognised bimaristan was founded in Damascus by al-Waleed bin Abdel Malek, not far from the shrine of St John in the grand Umayyad Mosque.



Battle of the Trench

Over time, caliphs and rulers expanded the bimaristans to include salaried doctors and pharmacists. Of interest, the bimaristans across the Islamic world were secular, and served people regardless of race, religion, citizenship, gender, or the ability to pay. No one was turned away, nor there was no limit to the duration of their stay. In time, bimaristans were built in Damascus, Baghdad, Cairo, Tunis, Morocco, Turkey, and even India.

If not impressive enough, there were separate male and female wards, equally equipped, with same-gender nurses. These wards were further divided into areas for mental disease, contagion (such as leprosy), non-contagious disease, surgery, medicine, and eye disease. The latter would have involved the management of patients with trachoma (also known as the 'Mesopotamian Scourge' and subsequently the 'Egyptian Ophthalmia'), a blinding disease which also led to the founding of John Eye Hospital over a thousand years later in 1882.

Bimaristans also served as medical schools, and as such might be considered the forebears of modern medical education and practice. Indeed, Middle Eastern medicine preserved, systematised and developed medical knowledge of classical antiquity, including Hippocrates, Galen and Dioscorides. Furthermore, meticulous patient records were maintained, forming a valuable resource for managing future patients; Islamic hospitals were the first to keep such records. Hospital facilities included modern lecture facilities, a kitchen, pharmacy, library, mosque, and a chapel. Open wounds were sterilised with leaches and dressed with honey. Food was served on platters of silver due to its antibacterial properties, and musicians employed to cheer up patients. Was there no end to their ingenuity and understanding of the human condition?



If medical regulation had an origin, it was surely in 931 when Caliph Al-Muqtadir learned of the death of one of his subjects due to a clinical error. Doubtless the unfortunate physician met an ignominious end, but the event led to the first medical licensing Board, and a Caliphate ministry of Inspection was established.



Islamic hospitals were notable for their integration of medical knowledge with religious and charitable practices. Physicians such as al-Dakhwār (1230 – 1170) played a key role in shaping medical theory and practice, contributing significantly to the advancement of healthcare in the medieval Islamic world. These hospitals provided care for a diverse range of patients, serving both the elite and the underprivileged, reinforcing the inclusive nature of Islamic medical institutions.

The physical and material aspects of *Bīmāristāns* were important, with detail afforded to their architectural design and spatial organization. These institutions were carefully constructed around medical care, ensuring efficient interaction between physicians and patients. Medical ethics, pharmacological practices, and cognitive approaches to diagnosis and treatment were all relevant to the comprehensive approach of Islamic medicine. Through an interdisciplinary approach, Islamic hospitals functioned as vital centres of healthcare, knowledge dissemination, and social welfare, shaping the medical landscape of the time. It emphasizes the interplay between medicine, religion, and charity, providing a nuanced understanding of their role in medieval Islamic society.

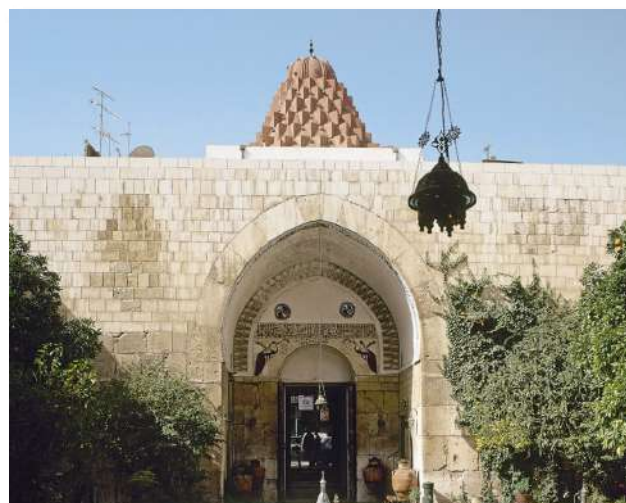
The book *The Medieval Islamic Hospital: Medicine, Religion, and Charity* by Ahmed Ragab examines the development and significance of the Islamic hospitals from the 12th to 14th centuries, focusing particularly on institutions in Egypt and the Levant. These ‘*bīmāristāns*’ functioned not only as medical centres but also as charitable institutions embedded in complex urban, social, and political networks. Their establishment was often supported by *waqf* (endowment) documents, which provide valuable historical insights into the founders’ intentions and the broader socio-political context.

In 1023, Amalfitan traders took charge of the ancient Hospice in Jerusalem, built over the site an ancient bimaristan, and in 1113 Pope Paschal II approved a Hospitaller Order which governed the establishment until their departure for Acre in 1244. As the Hospitallers travelled ever westward, they founded Hospitals across the Mediterranean basin, the most famous of all being that in Malta, justly earning the nickname 'Nurse of the Mediterranean', and operational without interruption from 1574 until 1798.

Remarkably, the Hospitaller complex in Jerusalem continued to house pilgrims until the 16th century, when the Sultan quarried the buildings to rebuild the city walls. However, and perhaps even more surprisingly, St John Eye Hospital Group now has a clinic on the site of the ancient Hospice. In 1925, with the approval of the British Mandate government and assistance from the District Commissioner for Jerusalem, Edward Keith-Roach, the Order purchased a plot in the Muristan area of the Old City, on the junction of Muristan street and David Street, close to the Lutheran Church of the Redeemer. The plot was largely overlooked for 90 years until, in 2015, it was redeveloped with memorials and sculptures, incorporating a monument erected in 1972 at its entrance gates.



On 13th October 2016 (International World Sight Day), St John once again opened its doors to patients in the Old City. It is now home to an eye clinic, a peace garden, a museum, a covered seated area for visitors, and a terrace over the souk on David Street with commanding views of the Dome of the Rock and the Mount of Olives. All this was achieved in collaboration with Taawon ('Welfare Association'), a leading Palestinian non-profit organization (as part of the *Old City of Jerusalem Revitalization Program*), and the Sovereign Military Order of Malta.



The Nur al-Din Bimaristan, a hospital and medical school in Damascus, was founded in the 12th century.

The Ancient Bimaristans and Origins of St John

Bimaristan

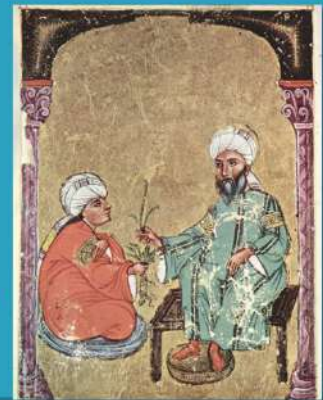
Medicine in the Medieval World

- The Hospice was built in the area of the Muristan
- In the medieval Islamic world, the word 'bimaristan' was used for a hospital where the ill were cared for by qualified staff
- A word derived from 'Bimaristan'
- Persian (بيمارستان *bīmārestān*) meaning 'hospital'
- *Bimar-* from Middle Persian (Pahlavi) of *vīmār* or *vemār*, meaning 'sick'
- *Stan* as location and place suffix
- Umayyad Caliph Al-Walid ibn Abd built the 1st bimaristan in Damascus in 707 AD



The Bimaristan in Granada

Middle Eastern medicine preserved, systematised and developed the medical knowledge of classical antiquity, including that of Hippocrates, Galen and Dioscorides



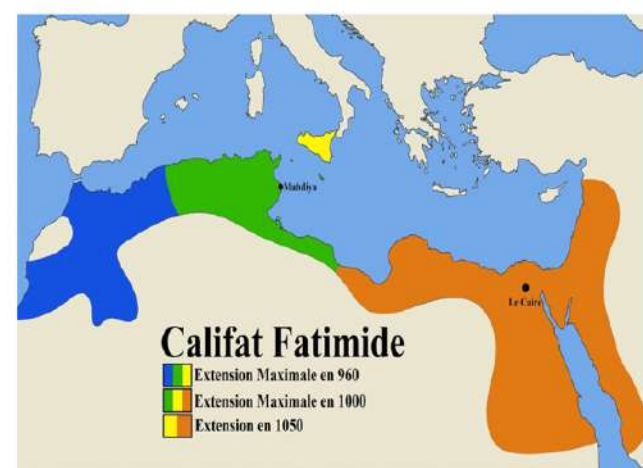
Origins of the Hospital of St John



- Historical records describe a hostel built within Jerusalem's city walls by Pope Gregory the Great in 600 AD
- The hospice was destroyed, and rebuilt, by the Persians soon after its founding
- Rebuilt again in 629AD after the Roman invasion
- And for a third time in 1009 following the destruction by the Fatimid Caliphate.



Gregory is one of the Latin Fathers and a Doctor of the Church



The **Fatimid Caliphate** (Arabic: **الخلافة الفاطمية**), was an **Ismaili Shia caliphate** of the 10th to the 12th centuries AD

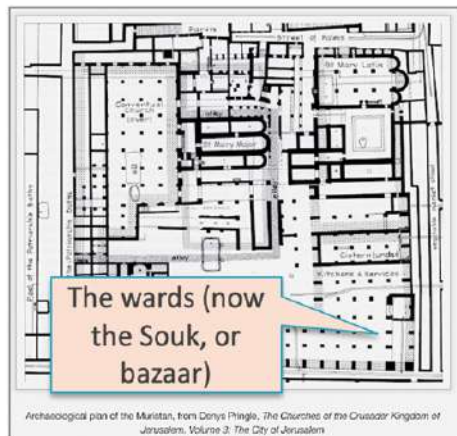
The Knights Hospitaller Complex and a Papal Bull



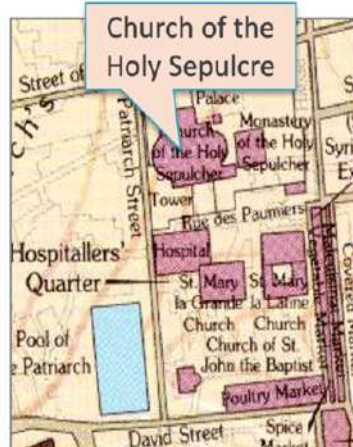
The Knights Hospitaller Complex in the Muristan



- The Knight's complex was large enough to house over 1000 in-patients, with separate male and female wards.
- In times of emergency it could accommodate as many as **2000**.



The Knights referred to the patients 'Our Lords, the sick'



Hospitallers attending to patients, wearing a hair shirt to remind them of their calling to serve!

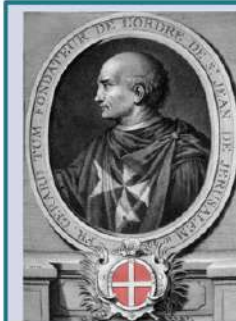


A Papal Bull - Pie Posulatio Voluntatis

February 15th 1113



- Run by Amalfan traders from 1023
- Taken on by the Knights of St John in 1070
- Provost: Blessed Gerard Tum (aka Thom, Tenque)
- 1113: Pope Paschal II approved a hospitaller religious order
- >>> **'The Sovereign Military Hospitaller Order of St. John of Jerusalem of Rhodes and of Malta.'**
- Independent from all temporal power, save the Holy See.



- Provost of Hospice in Jerusalem
- Tum recruited Order's first members, secured papal approval.



Papal bull founding the Order



Church of St John the Baptist in the Muristan:
Site of the Hospice of Italian merchants from Amalfi and Salerno in 1023

Life, Medicine, and Ophthalmology in the Levant

Alex Ionides, Adnan Tufail, & David Verity, KStJ

Medical establishments in Palestine: An Overview



Bronze Prutah, Judaea.
Hyrcanus I, 135-104 BC

The earliest record of medicine in Palestine comes from the pre-Islamic era, when Hyrcanus I (Maccabean Hasmonean Era 104-175 BC) founded a hospital in the city of Jerusalem in the Kingdom of Judea. Barely 40 years later, in 63 BC, the Roman General Pompey the Great seized Jerusalem, bringing the region under Roman control and ending Jewish independence.

Healthcare in Roman society – where available – was provided by public-spirited wealthy noblemen, although infirmaries *were* provided for its legionaries. It was not until the 4th Century AD, after the endorsement of Nicene Christianity in 380AD, that public hospitals developed, evolving from earlier Christian welfare institutions, or xenodochia ('hospices'), particularly in the Greek-speaking East. Linked to the Byzantine Church, xenodochia formed a central part of medieval medicine, caring for the weak, the sick, and for foreigners. The earliest establishments had their roots in Alexandria and Caesarea in the 3rd century AD, and in time offered lodgings and the best available therapeutic care to all in need of assistance.



Xenodochia began as inns
for pilgrims and messengers.

With the decline of the Eastern Roman Empire and loss of the region to the Rashidun Caliphate in the 7th century, formal medical institutions and practices withered, and healthcare reverted to traditional remedies and religious healing. However, with the advent of the Islamic era in Palestine (638-1917 AD), the medical sector flourished once again. Over the first half of the 7th century, Muslim armies gained control of Egypt and the Byzantine Levant by 645 and inherited institutional structures including Byzantine and Syriac xenodochia and leprosaria. Many new hospitals and bimaristans were also established, reflecting the central position of healthcare in Muslim culture.



A certain Khalid bin Yazid bin Muawiya practiced during the Umayyad era (661 – 750 AD), becoming renowned for lecturing in the 'courtyard of the rock' in Jerusalem (referring to the Al-Aqsa Mosque compound on the Temple Mount, 'Haram esh-Sharif'). Later, in the Abbasid era (750 – 1258 AD), various eminent physicians practiced in Ramle, Ashkelon and Tiberias. Medicine continued to flourish in Palestine throughout the Ayyubid era (1171 – 1250, with the Salahi bimaristan established in Jerusalem), the Mamluk era (1250 – 1517, following the Crusader Era), and during Ottoman rule (1517 – 1918, with the Baladiyah hospital founded in Jerusalem). Of interest, this latter era witnessed many successful foreign medical missions and establishments in Jerusalem, these including Russian, English, and German hospitals and, of course, the Eye Hospital of St John, founded in 1882 on Ottoman land close to the Old City walls on the road to Bethlehem.



This image is of the Al-Salahi Hospital, 'al-Bimaristan al-Salahi', on David St in the Muristan area of the Old City.

It is of course one and the same as the 11th century Hospitaller Knights' hospital complex which preceded it before the Knights were expelled from Jerusalem by Salah ad-Din

Hospitals in Palestine during the Ottoman era

(a) The Baladiyah bimaristan, Jerusalem, established in 1890

(b) The Salahi bimaristan, Jerusalem

(c) The Ottoman bimaristan, Jaffa

(d) The National Hospital, Nablus (1905)

(Many other hospitals existed, but are not shown)



Medieval Jerusalem

Life in medieval Jerusalem would have reflected Hobbes' description of society in the 17th century, which, without effective government, was 'nasty, brutish, and short'. Medical care, often based on religious and cultural beliefs, was primitive, and centred around the concept of 'humours' and herbal remedies. With a lack of fresh water, sanitation was at best basic, with waste and sewage commonly discarded into the streets. Overall life expectancy was 30 to 40 years (albeit longer for those who survived the early years), and mortality rates were high during childbirth for mother and baby alike; poor sanitation, malnutrition, and a lack of medical care reduced life expectancy thereafter. In contrast, the wealthy and religious elite had access to clean water, a healthier diet, and private education, consequently living longer healthier lives with greater opportunity.

Most people were poor, lived in rural villages, and followed their parents into a day-to-day existence of agricultural labour, growing crops of wheat, olives, dates, and grapes. Girls helped with domestic housework and textiles, whilst boys in the towns might train as an apprentice to a craftsman. Slaves, being the property of their owners, were treated accordingly. Women and children enjoyed few rights or opportunities, and scant protection by the authorities. Taxes were high, and there was a constant risk of raids on property, harvest and life. Punishments for transgressors were severe, and included floggings, amputations, and executions.

In 1023, not unlike a thousand years later, the Holy Land was at the centre of conflict and political unrest. Jerusalem was, and remains, a sacred city for the three monotheistic religions, and believers were subjected to exile, extortionate taxation, and death, depending on the religion of the authority of the day. Indeed, in 1099, the Crusader conquest of Jerusalem saw the massacre of thousands, reflecting a brutality and disregard for life not unusual in medieval Palestine, and one, some might say, rearing its head once again in the 21st century.

Jerusalem attracted pilgrims and traders from across Europe, North Africa, the Middle East, and the more distant lands spanning the Silk Roads. It was a vibrant city promising exotic merchandise,



new philosophies, and cultural exchange. The marketplaces, or 'Souqs' were, and remain, the centre of Middle Eastern towns and villages, trading in spices, silks, textiles, glassware, and religious relics. The Holy Land was a place of inspiring architecture and beauty, as well as intolerance and suffering. Religion was a central part of everyday family life; Muslims, Christians (Latin and Eastern) and Jews lived in and around Jerusalem; Arabic, Latin, Greek, Aramaic, and Hebrew were heard throughout the city. Religious festivals, customs and celebrations would fill the calendar, often passing peacefully (but not always).

Jerusalem fell under Roman jurisdiction until 324 AD and was under Byzantine rule until 638 AD. In this latter era Christianity was the major religion; Jerusalem was a site of pilgrimage, and income was based on agriculture, trade and tourism. From 636 AD the Rashidun Caliphate ruled, overseen by the Umayyads, Abbasids, and Fatimids who governed under Islamic rule, tolerating those of other faiths as taxed non-Muslims under the 'dhimmi' system. The Frankish conquest of Jerusalem in 1099, however, and the Christian states that followed, lead to conflict with Muslims and Jews until the fall of Acre in 1291, marking the final abandonment of Frankish rule and the end of the Crusader states in the Levant.



The Ottoman Empire at its height, 1683

Health and medical care in 11th century Jerusalem, at the time of the first Hospice of the Amalfi traders, was governed by the environment, religious belief, and medical knowledge of the day. The cities had primitive waste disposal, and a lack of clean water, and although rural areas fared better, they lacked medical facilities. Infectious diseases, such as tuberculosis, dysentery, leprosy, and malaria – as well as typhoid, smallpox and the bubonic plague – were common. These scourges afflicted a population already exposed to malnutrition and famine due to drought, war, and heavy taxation.

Medical knowledge and treatment drew from Greek, Roman, Persian, and Jewish expertise, as well as Islamic and Christian medicine. Greek and Roman physicians – such as Hippocrates and Galen – espoused a system of human physiology based on the balance of bodily fluids or ‘humours’ (being blood, phlegm, yellow bile and black bile). Islamic scholars, including Avicenna (Ibn Sina) and Al-



Mandrake - a toxic plant of the nightshade family known for its human-shaped roots and use in folk medicine

Razi, were experts on herbal remedies and surgery. Christian monks ran hospitals based on religious healing, coopting Jewish and Persian physicians (as seen in the early Amalfitan Hospice in Jerusalem). The earliest hospitals, or ‘Bimaristans’, had been developed by the Muslims under the Umayyads in the 8th century, these subsequently developed by the Hospitaller Knights for pilgrims and locals (see chapter 5). Those without access to such healthcare relied on local healers, and cures were also sought from holy sites, prayers and amulets. Physicians performed bloodletting, amputations and wound cauterisation, and dental care was limited to tooth extraction. Midwives were involved in childbirth but could do little to prevent the high mortality rates for mother and child. Anaesthesia for surgery was limited to herbal remedies containing opium or mandrake.

Thus, in medieval Palestine there was little concept of public health or sanitation, and with limited medical knowledge there was a reliance on religious healing. Nonetheless, Islamic and Jewish physicians had developed effective herbal treatments, were aware of the importance of quarantine for infectious diseases, and (due to the legacy of the Bimaristan movement), had a good understanding of hospital care.

Other examples of effective prevention and care were the use of silver food platters (the silver ion having an antimicrobial effect), the use of leeches to sterilise wounds (typically *Hirudo medicinalis*, the European medicinal leech), and honey to promote a sterile environment and healing. Of interest, the latter two are still practiced to this day!



Leeches have been used for thousands of years, with the earliest mention of ‘bloodletting’ occurring about 800 B.C.

Ophthalmology in the Levant and the Middle East



Ophthalmology has a rich history in the Levant and the Middle East. From the 12th century to today, the region has seen significant advancements in eye care, influenced by general medical practices and cultural factors. Trachoma, cataract, vitamin A deficiency, ophthalmia neonatorum (newborn eye infections), as well as trauma and corneal infections, would have been the main ocular afflictions in medieval Jerusalem. Perhaps the most prevalent of all, given its known distribution in the region from much earlier times, would have been trachoma, a blinding condition called the ‘Mesopotamian Scourge’. Of interest is the

influence this ancient disease had on the foundation of modern hospitals in the 19th century as trachoma spread westwards across Europe with troops returning from the Napoleonic campaigns in the Middle East. The foundation of several eye hospitals (including Moorfields Eye Hospital), followed. Indeed, the overpopulated slum of ‘Old Nichol’, adjacent to what is now Moorfields Eye Hospital, would have been one such impoverished slum where trachoma was rife.

The roots of ophthalmology in the Middle East can be traced back to the Islamic Golden Age, an era of scientific, cultural, and economic flourishing in the history of Islam, traditionally dating from the 8th century to the 14th century. During this time, scholars made significant contributions to various fields, including medicine.



Illuminure from the Hunayn ibn-Ishaq al-'Ibadi manuscript of the Isagoge

One of the most notable figures in ophthalmology was Hunayn ibn Ishaq, a 9th century Arab scholar who wrote the first known textbook on ophthalmology, *Kitab al-Ashr Maqalat fil-Ayn* ('Book of the Ten Treatises of the Eye'). This work detailed the anatomy of the eye, diseases, symptoms, and treatments, and was used by physicians throughout the region. Hunayn ibn Ishaq was fluent in the Sriac and Arabic languages. Hunayn went to Baghdad in order to study medicine and learnt Greek as part of his studies.



Hunayn ibn Ishaq:
9th century description of
the eye

Influence of General Medicine on Ophthalmology

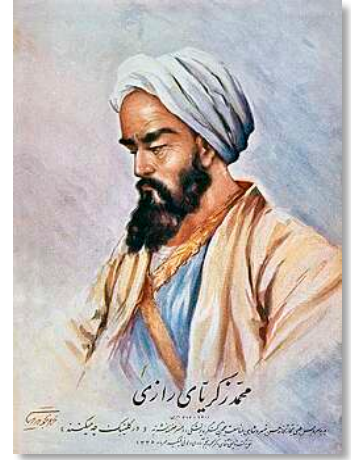
The practice of ophthalmology in the Middle East was heavily influenced by the general medical knowledge of the time. Physicians in the Islamic world were well-versed in the works of ancient Greek scholars like Aristotle and Galen, whose writings laid the foundation for medical knowledge. The Arab-Islamic empire expanded substantially, reaching India, North Africa, and Spain. This expansion facilitated the exchange of medical knowledge and practices across different cultures.

Cultural factors also played a significant role in the development of ophthalmology in the Middle East. The Islamic emphasis on learning and scholarship encouraged the study of medicine and the establishment of hospitals, known as *bimaristans*. These institutions provided medical care and served as centres for medical education and research. The *Kahhal*, or eye specialist, held a privileged place in royal households, especially during the Abbasid Era.

Key Figures and Contributions in Ophthalmology

Several key figures made significant contributions to ophthalmology during the Middle Ages. Hunayn ibn Ishaq, mentioned earlier, lived in the Abbasid Caliphate. His work laid the groundwork for future advancements in the field.

Another notable figure was Al-Razi (865–925, also known as Rhazes) a Persian physician, philosopher and alchemist who lived during the Islamic Golden Age. He wrote extensively on ophthalmology, logic, astronomy and grammar, amongst many other subjects, and influenced European medicine for centuries. Indeed, his fame spread posthumously beyond the Middle East to Medieval Europe; catalogued in the library at Peterborough Abbey, likely from the 14th century, al-Razi is listed as a part author of ten books on medicine and is now considered one of the most important figures in the history of medicine.



Alī ibn ʿĪsā al-Kahhal (fl. 1010 AD), surnamed ‘the oculist’ (*al-kahhal*) was perhaps the best known and most celebrated of all Arab medieval ophthalmologists. He was the author of ‘*Memorandum of the Oculists*’ (in which a surgical anaesthetic is described for the first time in the literature), and ‘*Notebook of the Oculists*’, a landmark ophthalmology reference for which he was known in medieval Europe as *Jesu Oculist* (‘Jesu’ being a Latin translation of ‘Isa’, Arabic for Jesus). Indeed, ibn ʿĪsā al-Kahhal is considered one of the foremost physicians of the 10th century, whose work draws on both Greco-Roman and Arab sources, and which describes the classification and treatment of over one hundred eye diseases!

Cataract and other Eye Surgery

Cataract surgery was performed primarily by couching, a method involving displacing the cloudy lens out of the visual axis, originally described in Indian medicine but widely practiced and refined in the Middle East and Levant. While this method was not always successful, it demonstrated the advanced surgical skills of physicians in the region.

Innovations included the use of hollow needles for cataract suction extraction, invented by Ammar ibn Ali of Mosul, in the landmark text on ophthalmology ‘*Choice of Eye Diseases*’ written in Egypt. He invented a hollow metallic syringe, which he applied through the sclera and successfully extracted the cataracts through suction. Treatment of external eye diseases such as pannus, pterygium, chalazions, and trichiasis involved intricate surgical excisions using specialized instruments.



Hospitals and Teaching Centres



Arghun al-Kamili Bimaristan
in Aleppo, Syria

Major cities in the Islamic world, including Damascus and Cairo, established eye hospitals that combined patient care with teaching and research, facilitating the advancement of ophthalmology.

Al-Walid Hospital in Damascus was founded between 706 and 707 by Caliph Al-Walid I, it is credited as one of the first bimaristans in the Levant and served patients with chronic illnesses including eye disorders. Of note the hospital had separate wards for infectious diseases and provided free treatment to patients.

About 450 years after Al-Walid Hospital was founded, Al-Nuri Hospital in Damascus was established by Nur al-Din Zangi and operated for approximately 700 years. It was a prestigious medical school, and it was innovative in maintaining medical records and influenced other major hospitals such as the Al-Mansuri hospital in Cairo. It treated various diseases, including ophthalmic conditions

Influence on European Ophthalmology

Medicine in the Levant and Middle East exerted a major influence on European medical practice for several centuries. The contributions of Arab scholars were studied extensively in European institutions of learning until the close of the 17th century. Furthermore, this impact extended to anatomical terminology. For instance, the term 'cornea' derives from the Arabic word 'qarniyah'.

A further illustration can be found in the 12th century, when Gerard of Cremona, an Italian scholar based in the court of Toledo, Spain, introduced the term 'retina', meaning 'small net' in Latin. This was his translation of the Arabic term '*rescheth*' (net-like), employed by Ibn Sina to describe the eye's inner tissue that envelops the vitreous body, much like a net encloses its catch.



Gerard of Cremona

Conclusion

The history of ophthalmology in the Levant and the Middle East is a testament to the region's rich medical heritage. From the contributions of early scholars to the modern advancements in eye care, the region has played a significant role in the development not only of medicine, but also ophthalmology. The influence of the bimaristans and Islamic physicians, and the cultural dispensation given to the sick and the poor, have made major contributions to medicine which are still appreciated today.

Chapter 8

Jerusalem, 1023 AD, and the Amalfitan Hospice

Matthew Glozier, OStJ & David Verity, KStJ



Blessed Gerard

The Origins of St John

1023 is the earliest cited date when a group of merchants from the Italian maritime republic of Amalfi founded a hospital in Jerusalem, subsequently becoming the centre of activity of the Blessed Gerard and his followers. In 1113 the organization received papal recognition as an Order of the Church, and in time developed into a military-religious Order.

Originally known as the Knights Hospitaller, with a complex history across Europe, it continues to this day as one of the oldest and most prestigious orders of chivalry, The Sovereign Military Order of Malta.



Flag of Duchy of Amalfi

Despite this rich 1000-year history, the exact date of the founding of the hospital remains obscure, with the years 1048, 1063 and 1070 often quoted. Favours an earlier date, Count Melchior de Vogüé, a distinguished French archaeologist, narrowed the foundation of the hospital to between 1014 and 1023.

The year 1014 marked the end of the persecution of Christians and destruction of religious sites,



Church of the Holy Sepulchre

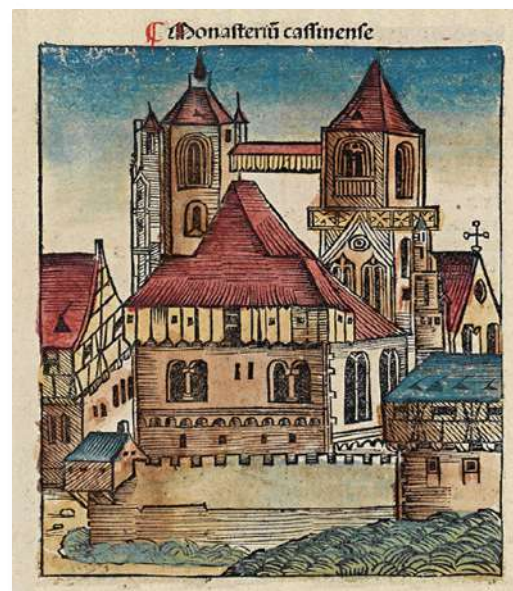
including the Church of the Holy Sepulchre. In 1020, Sitt al-Mulk, sister of the late tyrant Hakim, assumed the position of regent of the Fatimid caliphate, and from 1020 onwards Nicephorus I, patriarch of Jerusalem, directed the restoration of the Holy Sepulchre and other Christian edifices. The year 1023 is considered to be when Caliph Zahir granted formal protection to Frankish religious in Jerusalem via a *firman*, an Islamic royal mandate.



Thus, in 1023, merchants from the Amalfitan colony in Constantinople began to develop land in the Muristan sector of the Old City of Jerusalem, close to the Holy Sepulchre. This area took its name from the *bīmārestān* that once stood there, an ancient Persian hospital whose foundations dated back over 500 years (Persian '*bīmār*' meaning sick, '*stān*' denoting place). The Amalfitans built a church dedicated to St Mary called 'of the Latins' to reflect their European origin and revived the famous bimaristan.

Such Byzantine charitable institutions, or *xenodochium* (place of charity), date from the 5th century; the Amalfi foundation in 1023 was, therefore, effectively a renewal of a pre-existing tradition of worship and hospitality on the Muristan site.

Amatus Casinensis, a Benedictine monk from the Abbey of Montecassino, wrote in his *History of the Normans* an account of a rich man from Amalfi who financed the foundation of hospitals in Jerusalem and Antioch. Around 1023 there was a colony of Amalfitan merchants living in Constantinople headed by Mauro, a nobleman from a line of wealthy Amalfi patricians, and of whom there is a detailed overview in The *Dizionario Biografico degli Italiani* of Vitolo. Mauro is thought to be the benefactor and endower of the new hospital in Jerusalem in 1023. This is plausible as in his biography, it is written that: *In May 1023, together with his mother and sister Regale, Mauro proceeded to the division of Mount Norule ... with the monastery of Ss. Quirico and Giulitta di Atrani, which was entitled to four fifths.*



Abbey of Montecassino

William of Tyre based his account of the hospital's foundation on the *firman* of 1023, issued by Caliph Zahir. Raised in Jerusalem, William served as archbishop of Tyre from 1175 to 1186. His chronicle is titled *Historia rerum in partibus transmarinis gestarum* (*History of Deeds Done Beyond the Sea*) or *Historia Ierosolimitana* (*History of Jerusalem*). Writing in 1169-73, William of Tyre notes of the hospital: 'One has in the city a church of those from Amalfi ... this church still has the name Saint Mary of the Latins; and there we have a pauper's hospital with a chapel dedicated to Saint John the Almoner. This is the St John who was Patriarch of Alexandria'. William's description is supported by an earlier account, the anonymous *Historia belli sacri*, which chronicles the First Crusade and the early years of the Crusader states, the Latin Kingdom. Written by a monk from Montecassino, it is sometimes referred to as the '*Monte Cassino Chronicle*'.



William of Tyre

This early foundation date is also supported in a brief, anonymous medieval account of the life of John, Archbishop of Amalfi (c.1070–c.1082), which records his pilgrimage to Jerusalem and to the hospital: *'Here he went to Palestine for the sake of visiting the holy places, where with the highest he was received with honour by the Amalfitans; who had been in Jerusalem a few years before they had built hospitals to receive men and women, in which they were fed, and the sick were cared for, defending them from the Saracens, and to make it easier they had almost instituted a religious life.'*



Jacques de Vitry

Jacques de Vitry confirms that *'St John's Hospital had its beginning in the times of the Syrians and Greeks, when the Holy City was still held in bondage under the dominion of the Saracens'*. Another early account, written by Ekkehard of Aura, confirms the hospital existed long before the First Crusade of 1099, and stating that assistance to pilgrims never ceased. His *Hierosolymita and World Chronicle (On the Crusades)* records that *'the hospital ... had never deserted Jerusalem'*. This narrative is further supported by that of Albert of Aachen who noted that, during the chaos of the siege in 1099, the Turks and Saracens spared from attack only the Holy Sepulchre and the structures in the Muristan, from which they instead exacted tribute.

Nasir-i-Khusrau, the Persian poet, traveler, and civil administrator, described the city of Jerusalem in 1047: *'The Holy City itself possesses an excellent bimaristan (or hospital), which is provided for by considerable sums that were given for this purpose. Great numbers of [sick poor] people are here served with potions and lotions; for there are physicians who receive a fixed stipend and attend at the bimaristan.'*



Nasir-i-Khusrau



Joseph Delaville Le Roulx

Joseph Delaville Le Roulx, the 19th century French historian of the medieval Knights Hospitaller, analysed the date for the hospital's foundation in detail. He concluded: *'We know, by distinct and concordant testimonies, that merchants of Amalfi, struck by the precarious situation of the Christians of the Holy Land, obtained [from the] Fatimid caliphs of Egypt, masters of Syria, with whom they were in frequent commercial relations, permission for the Latins to establish a church and a hospice in Jerusalem'*.

Chapter 9

An Ancient Curse and the Birth of an Eye Hospital

Sajjad Ahmad & David Verity, KStJ

Eber's papyrus is the oldest known 'book' of medicine. It was written between 1553 and 1550 BC during Egypt's 18th Dynasty and discovered in Thebes in 1872. Of the 700 prescriptions described in this record, 10% were for eye disease.



First described in China during the Bronze Age (c. 2700 BC), a blinding disease had long been endemic across Indochina, Africa and Eurasia (including Samaria). It was also prevalent in early settlements between the Tigris and Euphrates rivers (the 'Fertile Crescent') and was known there

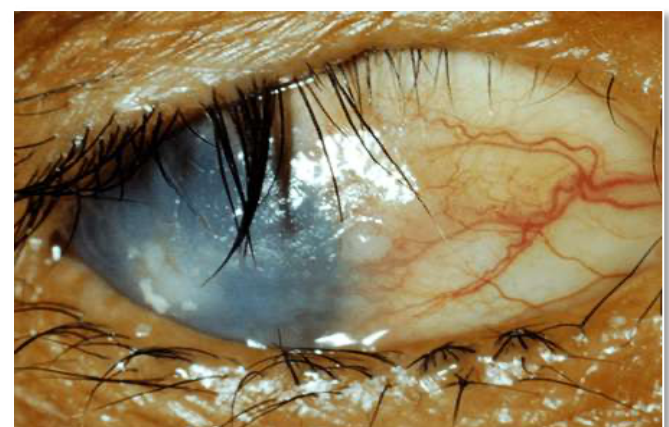


The Fertile Crescent in Mesopotamia, lying between the Tigris and Euphrates rivers

as the 'Mesopotamian Scourge'. Almost 4000 years later it remained widespread, the feared 'Egyptian Ophthalmia' blighting the Napoleonic campaigns of the 18th century. It spread rapidly through crowded and insanitary barracks, infecting tens of thousands of British and French troops who duly returned prematurely from fighting in Egypt. This demand for ophthalmic services led to the foundation of eye hospitals across Europe, Moorfields (in London) included.

The ancient Greeks described the disease by its effect on the ocular surface: 'τράχωμα'. Trachoma, meaning 'roughness', is caused by *Chlamydia trachomatis*, an obligate intracellular bacterium whose only natural host is humans. Ocular strains diverged genetically from genital strains two to five million years ago, evolving at the same time as *Homo erectus*, and thus developing alongside its human host.

Trachoma is spread from one patient to another by flies, with the inflammatory phase leading to cicatricial (scarring) changes on the under surface of the eyelids. Eventually this causes in-turning (or 'entropion') of the eyelid margins and lashes against the ocular surface and cornea, resulting in ocular irritation, surface scarring, and, in severe cases, 'corneal blindness'. The ancients could do little more than remove the offending lashes with epilation forceps and would have been unaware of its contagious transmission.



Upper lid entropion & corneal scarring due to trachoma

Indeed, it was not until the early 19th century that the Scottish army surgeon John Vetch enforced strict hand-washing measures in his barracks (of the second battalion of the 52nd Regiment of Foot). In 1804 he observed an outbreak of contagious ophthalmic disease among Irish militia volunteers who had been exposed to infected soldiers returning from Egypt. He concluded that ocular discharge could be the only vector for disease transmission. Strict hand washing and sanitary measures were introduced with a dramatic reduction in new infections. Prior to that, between 1805 and 1806 alone, 606 of 700 soldiers in the barracks developed ophthalmia, 40 had become blind in one eye, and 50 blind in both eyes.



With growing recognition of the infective nature of the disease, quarantining measures for new arrivals to foreign shores became ever stricter. Of interest, in the early 20th century trachoma was the main reason for deportation of immigrants quarantined in Ellis Island on their arrival to New York. Ophthalmic examination was the most feared of all checks; officials used a buttonhook to evert and inspect a patient's eyelids and became known as the 'buttonhook men' (and usually with dirty hands, leading President Roosevelt himself to order a change in practice following a formal visit of the facilities).

In England the Royal Charter of 1888 established the Venerable Order of St John as an official Order in its own right. Sir Edmund Lechmere had played a central role in its formation and conceived the idea of an Order-sponsored hospital in the Holy Land. In 1876 he submitted a formal request on behalf of the Order to the Ottoman imperial government to be granted a plot in Jerusalem on which to build a hospital. He had witnessed appalling standards of sanitation and high rates of communicable diseases on his travels in the region, prevalent among which was 'purulent ophthalmia', a generic term for eye infections – including trachoma.



Endemic ophthalmic disease in the Palestinian population was evident to any who cared to visit a Palestinian village or Bedouin camp. The travel writer Isabel Burton, the wife of the British explorer Sir Richard Burton, wrote in the 1870s that: *Nowhere are there such beautiful eyes so eaten up with dirt and disease, without hope of remedy ... A good English oculist would be God's own blessing out there; the whole country would swarm to him.*

Lechmere came to a similar conclusion himself after visiting Palestine in 1880. He concluded that: *'... looking at the extensive prevalence of infections of the eye amongst the working population of Jerusalem and the 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.'*

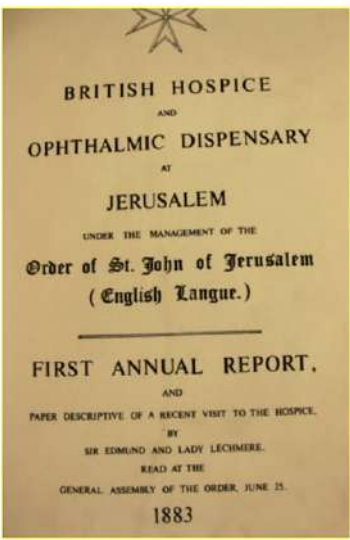
He also argued that since the ancient Hospitallers hailed from Jerusalem, engaged as they were on charitable activities, a new charitable ‘Order of St John’ should likewise maintain a presence in the Holy Land. This sentiment was reflected in the Hospital’s inaugural annual report, which noted that the Order had ‘gained the long wished for pied à terre at Jerusalem [while also meeting] a long-standing and acknowledged want’.



Albert Edward, Prince of Wales c. 1883

Thus it was that a British hospice and ophthalmic dispensary was established in 1882, albeit not with the Old City walls, as originally intended, but on the Hebron road, half a mile south-east of the Old City’s Zion Gate. True to its origins some 850 years earlier, the hospital’s doors were – and remain – open to all in need, irrespective of race, religion and ability to pay. In the early decades ocular surface disease was endemic, with the first diagnostic records in 1883 describing a heavy burden of corneal blindness, the high prevalence of ‘conjunctivitis’ in the context of scarring and ulceration strongly indicating active trachoma infection. Trachoma is no longer encountered in the region today, and over 80% of cases of sight loss remain preventable, these including refractive error, glaucoma, and diabetic retinopathy.

List of Diseases treated		List of Diseases treated	
No.	Diagnosis	No.	Diagnosis
1	Chlorosis	1	Chlorosis
2	Chlorosis	2	Chlorosis
3	Chlorosis	3	Chlorosis
4	Chlorosis	4	Chlorosis
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95	Chlorosis	95	Chlorosis
96	Chlorosis	96	Chlorosis
97	Chlorosis	97	Chlorosis
98	Chlorosis	98	Chlorosis
99	Chlorosis	99	Chlorosis
100	Chlorosis	100	Chlorosis



The population served by St John Eye Hospital Group has grown several-fold over the past 140 years, now being above 5 million, and the demands on our staff, working in a very difficult region, are as high as they have ever been. Support for the work of St John Eye Hospital Group has never been as urgently needed as it is today.

Diagnostic records, 1882:
 Conjunctivitis: 634, Corneal scar: 993,
 Corneal ulcer: 429, Trichiasis: 84, Blepharitis: 216, Cataract:

Chapter 10

British Philanthropy in the Holy Land, 1860–1890

Michael Dan, CM KStJ OOnt LLD

Sir Edmund Lechmere is justly credited with playing a pivotal role in the establishment of the St John of Jerusalem Eye Hospital in 1882. His efforts and achievements, however, are best understood within the broader context of British philanthropic activity in the Holy Land during the late nineteenth century.

The period between 1860 and 1890 witnessed a marked intensification of British philanthropic engagement in Ottoman Palestine, particularly in Jerusalem. These efforts, while ostensibly humanitarian, were embedded within a broader constellation of religious sentiment, scientific curiosity, and informal imperial influence. British elites—aristocratic, evangelical, and Jewish alike—sought to alleviate the material hardships of the Holy Land while simultaneously advancing cultural and geopolitical connections with the Ottoman state. The resulting initiatives, ranging from urban reform to medical infrastructure, were closely intertwined with high-level diplomatic encounters and emerging scholarly enterprises.



Photograph showing Lechmere wearing the Order of St John, and the Order of the Medjidie (inset)

This portrait depicts Sir Edmund Lechmere wearing the neck insignia and breast star of a Knight of Grace of the Order of St John, together with what appears to be the ribbon and breast star of the Order of the Medjidie. Notably, however, the neck badge of the Order of the Medjidie—normally suspended as a crescent and star device (see inset)—seems in this instance to have been replaced by a gold crucifix. The most plausible interpretation of this alteration is that, notwithstanding his well-documented support for cross-communal initiatives, including water infrastructure and the St John of Jerusalem Eye Hospital, Lechmere preferred, in the context of personal representation, to emphasize explicitly Christian symbolism.

Around 1860, the population of Palestine remained relatively sparse, with estimates typically ranging between 350,000 and 400,000 inhabitants. Within this landscape, Jerusalem occupied a unique position as both a provincial town and a global religious center. Its population, estimated at approximately 18,000–20,000, was characterized by a delicate confessional balance among Muslims, Christians, and Jews, with the latter likely forming the largest single community by mid-century. Despite its symbolic importance, the city's physical conditions were precarious: overcrowding

within the Old City walls, inadequate sanitation, and chronic water shortages combined to produce an environment conducive to disease and social distress.



(7) The Village of Amwas (Emmaus), Palestine (St. Luke xxiv: 13-32).
Copyright 1900 by Underwood & Underwood.

Palestine during the Late Ottoman Period

Women are depicted barefoot, carrying water vessels on their heads, an everyday necessity in a region characterized by chronic water scarcity. The principal natural supply, the Gihon Spring, is an intermittent karstic spring whose flow varies seasonally due to a siphon mechanism, further exacerbating instability in water access. In this environment—marked by dust, inadequate sanitation, and limited clean water—infectious diseases flourished. Among the most pervasive was trachoma, caused by *Chlamydia trachomatis*, a bacterium responsible for chronic conjunctival infection. Repeated inflammation leads to scarring of the inner eyelid, corneal opacity, scarring, and ultimately irreversible blindness.

The earliest sustained British interventions in Jerusalem's urban fabric were led by Sir Moses Montefiore, financier and long-serving President of the Board of Deputies of British Jews, and Lady Angela Burdett-Coutts, heir to the Coutts banking fortune and one of the wealthiest female philanthropists in Britain. Montefiore's establishment of Mishkenot Sha'ananim in 1860 marked a decisive departure from the traditional confinement of Jerusalem's population within the Old City. By constructing residential quarters beyond the walls, he sought not only to alleviate overcrowding but also to introduce improved sanitary conditions and promote economic self-sufficiency through associated enterprises such as the Montefiore windmill.

Burdett-Coutts, by contrast, directed her attention to the city's most pressing infrastructural deficiency: water. Her financing of surveys and restoration efforts aimed at rehabilitating Jerusalem's ancient aqueducts reflected a growing Victorian emphasis on public health and urban sanitation. Although many of these schemes encountered technical and administrative obstacles, they nonetheless contributed to a broader reimagining of Jerusalem as a city amenable to modern infrastructural intervention.

A pivotal moment in the consolidation of British engagement with the Holy Land occurred in 1862, when Albert Edward, Prince of Wales undertook a royal tour of the region. His visit to Jerusalem and subsequent journey to Constantinople, where he met the future sultans Murad V and Abdülhamid II, symbolized a deepening relationship between the British and Ottoman courts. The expedition was meticulously documented by the photographer Francis Bedford, whose images helped shape British perceptions of the Holy Land as both a site of antiquity and a field for modern intervention.



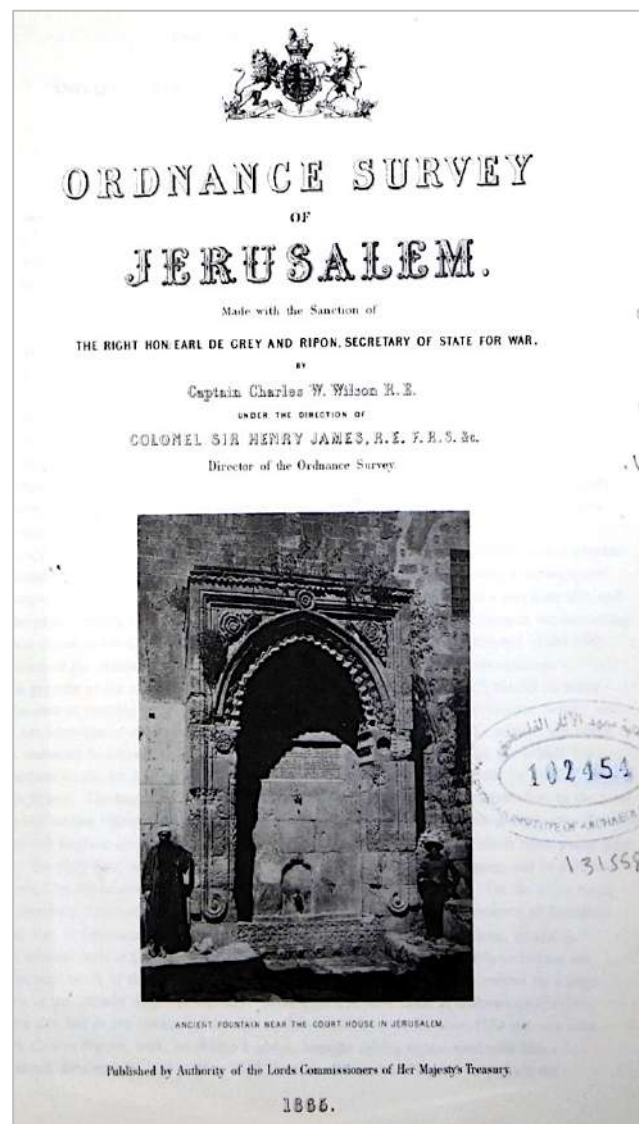
Prince Albert Edward's tour of the Holy Land, 1862

Early in 1861, Queen Victoria and Prince Albert resolved that their eldest son, Albert Edward, Prince of Wales, would benefit from an extended educational tour of Egypt and the Levant. Despite Prince Albert's untimely death on 14 December 1861 at the age of forty-two, the Prince of Wales proceeded with the journey, departing on 19 February 1862. He was accompanied by the royal photographer Francis Bedford, whose images constitute one of the earliest systematic photographic records of the Holy Land. A principal diplomatic moment of the tour was the Prince's audience in Constantinople with Abdülaziz, together with the princes Murad and Abdülhamid. This encounter contributed to the strengthening of Anglo-Ottoman relations and anticipated the Sultan's reciprocal state visit to Britain in 1867. The present photograph, dated 21 April 1862, depicts the Prince of Wales and his entourage seated beneath a fig tree at midday in Capernaum. His Royal Highness occupies the central position within the composition.

The intellectual and institutional consequences of this tour were immediate and significant. The Ordnance Survey of Jerusalem, undertaken shortly thereafter and funded by Burdett-Coutts, represented one of the earliest scientific mapping projects in the region. This initiative directly informed the establishment of the Palestine Exploration Fund in 1865, an organization that combined biblical scholarship with cartographic and archaeological research and continues to operate today (www.pef.org.uk).

The strengthening of Anglo-Ottoman relations was further underscored by the state visit of Sultan Abdülaziz to Great Britain in 1867, accompanied by princes Murad and Abdülhamid. This reciprocal gesture reinforced personal and institutional ties between the two empires and provided a diplomatic backdrop against which British philanthropic initiatives could proceed with relative ease. The convergence of royal patronage, scientific inquiry, and charitable enterprise exemplified a distinctive mode of engagement that blurred the boundaries between diplomacy and philanthropy.

Ordnance Survey of Jerusalem



The 1865 Ordnance Survey of Jerusalem, one of the earliest scientific mapping projects of the city, marked a convergence of military engineering, biblical scholarship, and imperial curiosity. Conducted under the direction of Charles William Wilson of the Royal Engineers, the survey was financed by Angela Burdett-Coutts, whose interest in improving Jerusalem's water supply provided the initial impetus for the work. Its primary aims were practical and scholarly: to assess the city's hydrology and infrastructure - particularly its ancient water systems - and to produce an accurate topographical map of Jerusalem. During the survey, Wilson identified a previously undocumented monumental arch adjacent to the western retaining wall of the Haram al-Sharif, now known as Wilson's Arch, an important remnant of Herodian-period construction. Beyond its immediate findings, the survey established a methodological benchmark for subsequent regional archaeological and cartographic work and directly contributed to the founding of the Palestine Exploration Fund. Its maps and measurements remain of enduring value, continuing to inform historical research and modern archaeological interpretation of Jerusalem's complex urban and subterranean landscape.

Within this evolving context, Sir Edmund Lechmere emerged as a central figure in the later phase of British intervention. Beginning in 1876, Lechmere undertook efforts to secure Ottoman permission for the establishment of an ophthalmic hospital in Jerusalem, motivated by the high prevalence of eye diseases such as trachoma. These efforts culminated in the founding of the St John of Jerusalem Eye Hospital in 1882 under the auspices of the Order of St John.

Lechmere's activities were shaped by the political instability of 1876, the so-called "year of three sultans," during which the Ottoman throne passed in rapid succession from Abdülaziz to Murad V and then to Abdülhamid II. This turbulence likely complicated negotiations for new institutional ventures, although it did not ultimately prevent their realization. While it has been suggested that shared membership in Freemasonry among Lechmere, the Prince of Wales, and Murad V may have facilitated informal connections, the evidentiary basis for such claims remains limited and should be treated with caution.

Princes Murad and Abdülhamid at Buckingham Palace, July 13th, 1867

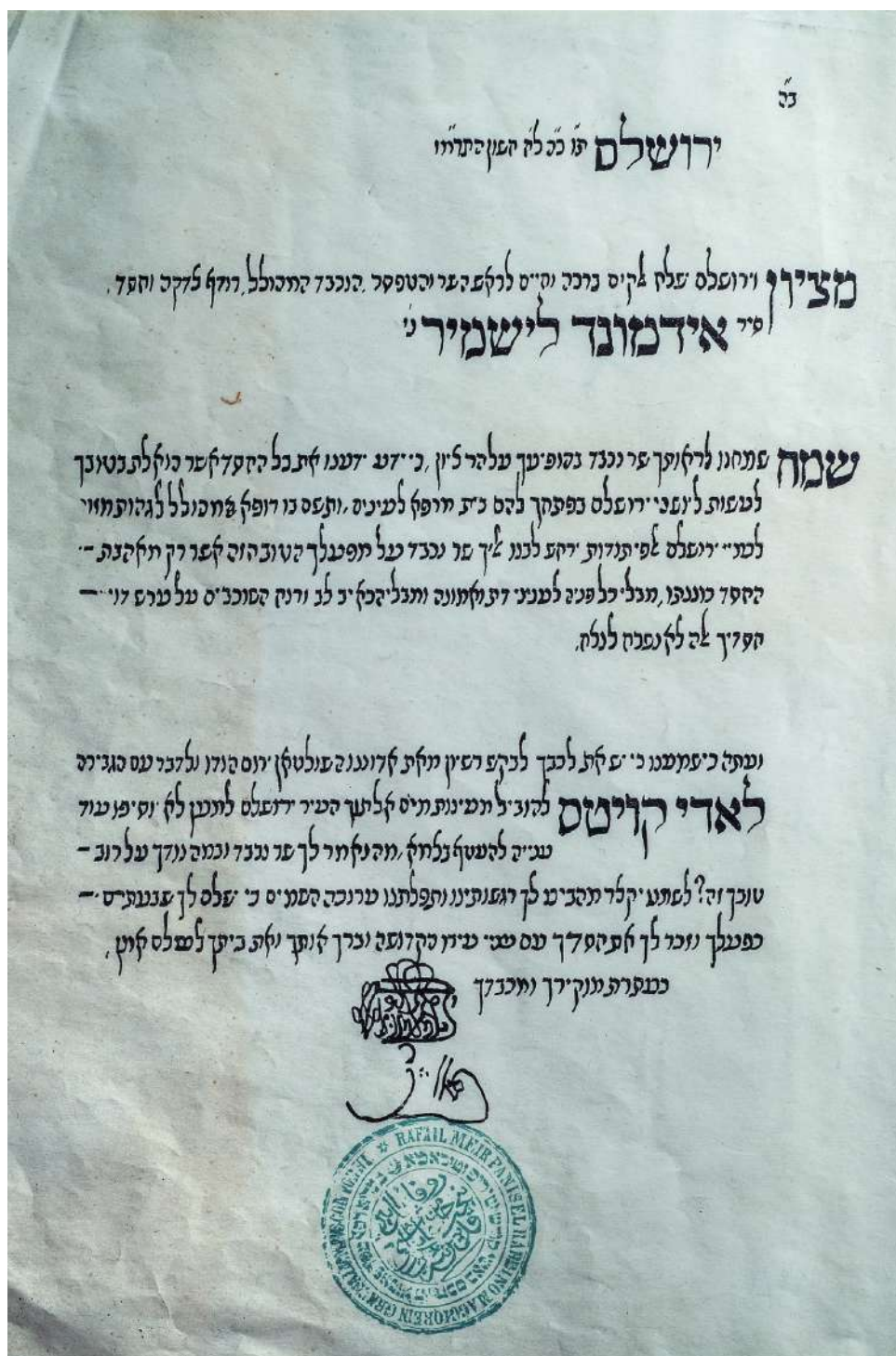


The 1867 European tour of Sultan Abdülaziz - notably undertaken in part by rail, symbolizing Ottoman engagement with modern transportation and European statecraft - was the first such journey by a reigning Ottoman sultan to the West and formed a centerpiece of Tanzimat-era diplomacy. Its primary purpose was to strengthen political alliances, enhance the empire's international standing, and reciprocate earlier state visits—most notably that of Napoleon III to Constantinople - while also attending the Exposition Universelle in Paris. Sultan Abdülaziz travelled through and visited France, United Kingdom, Belgium, Prussia, and Austria, where he was received with full ceremonial honours. He was accompanied by a distinguished entourage that included high-ranking Ottoman officials as well as the princes Murad and Abdülhamid, whose presence underscored dynastic continuity and diplomatic goodwill. During the British leg of the journey, Abdülaziz visited Buckingham Palace, where he was received by Queen Victoria, an event that marked the high point of Anglo-Ottoman ceremonial exchange and further consolidated relations between the two courts. In these formal portraits of prince Murad (A) and his younger half-brother, prince Abdülhamid (B), taken at Buckingham Palace on July 13th, 1867, both took turns posing in the same chair. In 1876, both princes would become Sultan, with Murad V's reign lasting only 93 days.

Following the establishment of the eye hospital, Lechmere also engaged in efforts to address Jerusalem's persistent water shortages, building upon the earlier initiatives of Burdett-Coutts. These endeavors involved cross-confessional attempts to secure concessions from Ottoman authorities for the development of improved water infrastructure, reflecting both continuity with earlier philanthropic priorities and an ongoing recognition of water as a critical determinant of public health. It is in this context that the Sephardic Chief Rabbi of Jerusalem, Raphael Meir Panigel, wrote a testimonial letter of support thanking Lechmere and Burdett-Coutts.

Letter of Support from Rabbi Rafael Meir Panigel, dated August 5th, 1889

This letter, authored by the Sephardic Chief Rabbi of Jerusalem, Raphael Meir Panigel, must be read against the demographic context of the late nineteenth century, when Jews constituted approximately half of the Old City's population. The document explicitly associates both Sir Edmund Lechmere and Angela Burdett-Coutts with efforts to improve Jerusalem's water supply, thereby situating their activities within a shared philanthropic framework. Its date—1889—is particularly significant: by this point, the St John of Jerusalem Eye Hospital had been in operation for seven years, and the Order of St John had recently received its royal charter from Queen Victoria on 14 May 1888. Contemporary evidence indicates that around 1888 Lechmere established a committee to finance further improvements to Jerusalem's water infrastructure, drawing support from members of the London Jewish community. In this context, the letter is best understood as a document intended to endorse and facilitate a fundraising initiative. Notably, Rabbi Panigel offers emphatic praise of Lechmere's medical philanthropy, commending his treatment of the sick “without regard to matters of religion and without disturbing the heart of those who lie on the sickbed,” thereby underscoring the cross-communal character of his work.



The contributions of British philanthropists did not go unnoticed by the Ottoman state. Both Burdett-Coutts and Lechmere were recognized with the Order of the Medjidie, an honor that signified imperial approval and underscored the mutually beneficial nature of these engagements. Such decorations served not only as personal accolades but also as symbolic affirmations of Anglo-Ottoman cooperation in the realm of humanitarian and infrastructural development.

Burdett-Coutts received Order of the Medjidie in 1878 for helping Turkish peasants and refugees of the Ottoman-Turkish War. She was also made a Lady of Grace of the Order of St John in December 1888, in recognition of her philanthropic work in Britain and abroad. Lechmere was made a Knight of Grace of the Order of St John in 1860, although it's not clear when he received the Order of the Medjidie.

In conclusion, British philanthropy in the Holy Land during the late Ottoman period was characterized by a dynamic interplay of humanitarian ambition, scientific inquiry, and diplomatic engagement. From Montefiore's pioneering urban projects to Burdett-Coutts's infrastructural initiatives and Lechmere's medical and civic efforts, these interventions collectively contributed to the gradual transformation of Jerusalem's urban and institutional landscape. At the same time, they reveal the extent to which philanthropic activity functioned as a vehicle for broader cultural and political influence, situating Jerusalem within an expanding network of British imperial and intellectual interests.



Damascus Gate, mid 19th century

Chapter 11

The Most Venerable Order of the Hospital of St John of Jerusalem

(With thanks to the Priory in the USA of the Order of St John for providing this article from their Investiture brochure)

A thousand years ago, before the first crusade, the Abbey of St Mary in Jerusalem established a hospice to care for sick pilgrims and their companions. It was attached to a small church nearby in the Muristan district of the city, dedicated to St John and run by monks led by a certain Brother Gerard.



When Godfrey de Bouillon, leader of the Christian Kingdom founded in Jerusalem in 1099, learned of the service of these monks for the sick – irrespective of creed, origin, and means – he gave Gerard and his brethren resources and a building to establish a larger, independent Hospital. These ‘Brothers Hospitaller’ so excelled at this mission that in 1113 Pope Paschal recognized them as the Order of the Hospital of St John of Jerusalem, granting it independence from all secular and religious authority other than the papacy. ‘Hospitallers,’ as both Brothers and Sisters were called, took vows of poverty, chastity, and obedience, and dedicated themselves to serve *‘our Lords the poor and the sick.’*

Some who travelled to the Holy Land gave time and talent to religious institutions there before returning home. The Order of St John used these volunteers to protect the people they cared for in Hospitaller properties, and to set pilgrims safely on their way. Offered the chance to become monks in the Order without surrendering their vocations as knights or roles as sergeants, many accepted.

By the middle of the 12th century, the Order of St John had become a military-religious order, now called the Knights Hospitaller, whose members vowed to care for the sick as well as to defend Christianity. The Order flourished across the Crusader states and Europe, with the devout and many others who had been to Jerusalem giving money and property to the Order to carry out God’s work. The Order’s leaders wove these gifted estates into a supply chain supporting its operations in Jerusalem and the hospices and hospitals it operated wherever it went.

The Order of St John began to be granted property in Britain and Ireland in the 1140’s, and from 1185 the English, Scottish, Welsh, and Irish estates were run from its Priory at Clerkenwell, London. In 1540 King Henry VIII, who had broken with papal authority and dissolved other religious orders in England, did the same to the Order, confiscating the lands given it. This spelled the end of the medieval English Priory.



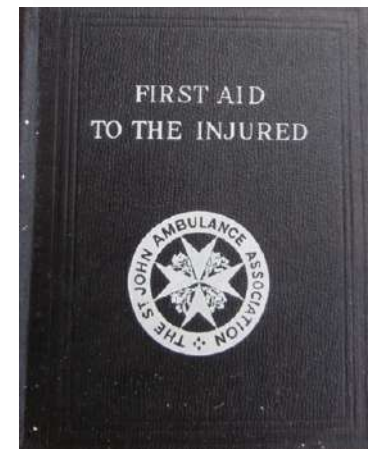
The Order of St John continued in western and central Europe, constantly facing other challenges, including the expulsion by the Ottoman Turks from its sovereign domain of Rhodes in 1522, the Great Siege of its new headquarters in Malta in 1565, and its most difficult period after the loss to Napoleon of Malta in 1798 when its members were scattered.



In the wake of the Order's losses, the strongest contingent of members who were in France after the Napoleonic Wars sought to revive the British branch. These members were determined that the Hospitaller tradition of caring for the sick should return to England, and from there return to the Levant. Out of this grew the St John Ambulance Association, founded in part to cope with the large number of workplace and transport accidents an Industrial nation produced. The Association trained ordinary people to give assistance on the spot, published manuals, ran First Aid classes and formalized examinations for First Aid



certificates. Proving immensely popular, the Association spread from factories to villages to more affluent suburbs. Thousands were certified and banded together as 'Ambulance Corps' (in 1877) and the 'St John Ambulance Brigade' (in 1887). These two foundations of the Order would later merge as 'St John Ambulance'. Often working with the Red Cross, St John trained volunteers and reserves in times of conflict and set up an extensive network of medical and welfare services in times of peace.



In 1882, the British Order acquired land and set up an Ophthalmic Hospital in Jerusalem to treat the high incidence of eye disease in the region. Flourishing today, the St John of Jerusalem Eye Hospital serves many in need of treatment through its hospitals, clinics, and mobile outreach units.

In 1888, in recognition of its work, Queen Victoria made the British Order of St John a Royal Order of Chivalry with the title 'The Venerable Order of the Hospital of St John of Jerusalem'. King George V, an enthusiastic supporter, added 'Most' to the formal title in 1926 to permanently recognize the immense sacrifice St John personnel made in World War I. The English Monarch is always the Order's Sovereign Head; the Sovereign Head is His Majesty King Charles III, and the Grand Prior is HRH Richard, Duke of Gloucester, KG, GCVO.



Separate Priories of the Order were established in Scotland, Wales, South Africa, New Zealand, Canada, and Australia in the 20th century. They were joined by the United States in 1996. In October 1999, as part of major constitutional changes in the Order, the Priory of England and the Islands was created. In this century, Kenya, Singapore, and Hong Kong became Priories. The leaders of the eleven Priories, along with the five Great Officers and the Chairman of St John Eye Hospital Group,

form the ruling body of the Order, the Grand Council. Additionally, there are 27 St John Associations around the world.

The Order's International Office, founded in October 1999, supports the Grand Council, acting as a link between the Priories, St John Associations and St John of Jerusalem Eye Hospital Group. It also has programs that support St John Associations, many of which are in developing countries. The International Office is situated near St John's Gate which dates from the early 16th Century Priory of England at Clerkenwell, and which houses the Order's Museum and Library. Visitors are always welcome, whether they are members of the Order or not. Across the road, the 12th Century Crypt Chapel of the Priory Church, having survived the dissolution of 1540, is used to this day for the Order's religious services. Following World War II, the Parish Church of St John, located above the historic crypt chapel, was acquired by the Order, rebuilt, and is now used for the Priory of England Investitures.



Over the years, Florence Nightingale, Mahatma Gandhi, Nelson Mandela, and the late King Hussein of Jordan have all been active in the Order. The Order has become a major international charity, accredited to the U.N. and open to persons of all faiths who can support the Christian principles of the Order's work. Its membership numbers some 21,000 worldwide, with over 250,000 volunteers and professional staff in over 30 countries who provide vital services such as First Aid, ambulance and rescue services, disaster response, home-based care, and care homes for the elderly. True to its medieval roots, the Order's mission continues to be to prevent and relieve sickness and injury and to act to enhance the health and well-being of people all over the world regardless of race, creed, or ability to pay. We are today one of five Orders of St John headed by a member of a Royal family.



Chapter 12

The Eye Hospital of St John – In Jordan

Princess Raiyah bint Al-Hussein of Jordan, DStJ, Matthew Glozier, OStJ, and David Verity, KStJ



On 25 May 1946, the Hashemite Kingdom of Jordan was proclaimed, and following the partition of Palestine in 1948 the Eye Hospital fell under its jurisdiction. However, due to hostilities, in 1948 the Hospital relocated from its original site on the road to Hebron to its Watson House and Strathearn House properties within the Jordanian zone of the Old City.

In 1953 the Lord Prior, Lord Wakehurst, conducted a series of high-level talks with the British Foreign Office to approve of the Order's plans to establish a new ophthalmic hospital in Jordanian-held East Jerusalem. Such a hospital, he wrote, would '*make a concentrated attack on eye afflictions in the whole of the Middle East*'. Little did he know how foresighted his prediction was. An eminent British ophthalmologist, Mr Frank William Law - a member of the Hospital Committee and Senior Ophthalmic Surgeon at Guy's Hospital - visited the Hospital and, with others, had an audience with King Hussein of Jordan.



King Hussein of Jordan



Sir Stewart Duke-Elder

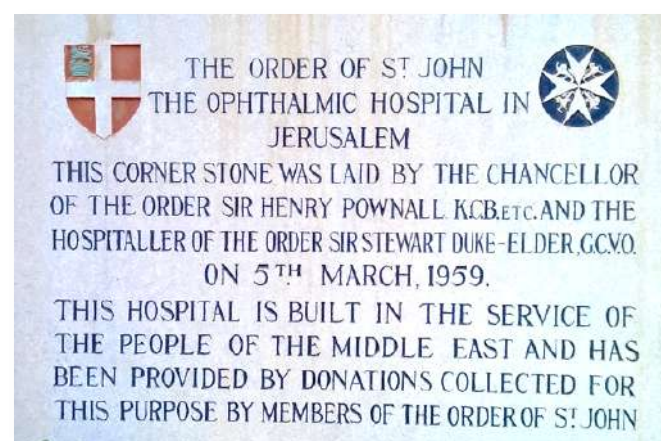
Both Law and Duke-Elder, another eminent British surgeon, agreed that Nashashibi House in the Sheikh Jarrah area of Jordanian-held East Jerusalem was the most suitable site for the New Hospital. The Municipal Engineer and Surveyor for Amman, J.E. Simpson, having surveyed the property, recommended that the Order purchase it. Most obligingly, His Majesty King Hussein of Jordan donated the land *on the understanding it would revert to the Hashemite Kingdom of Jordan if ever the site was not occupied by the Ophthalmic Hospital of the Order of St John*.

By March 1959 the walls were high enough for a foundation ceremony in which two stones either side of the main entrance would be laid. The Order Chancellor, Hospitaller (Sir Stewart Duke-Elder), Secretary, and various other members attended from England, and Dr Jamal Tutunji, The Jordanian Minister for Health, came as King Hussein's representative. The ceremony was joined by The Governor of Jordanian Palestine, the British Consul-General, and the Mayor of Jerusalem, amongst others.



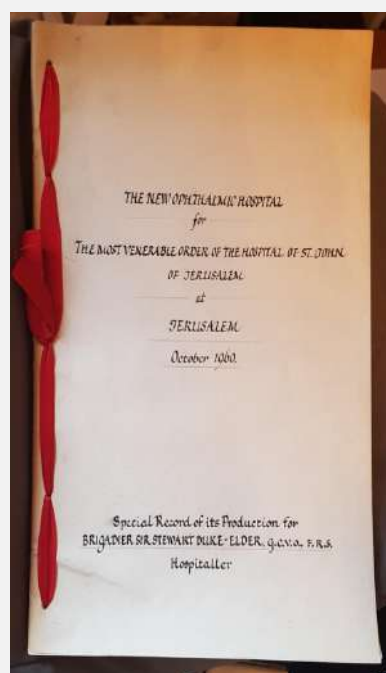


Perhaps inauspiciously, the ceremony was not uneventful. A sandstorm blew up during the laying of the first stone, and at the laying of the *second* a blizzard of snow and rain descended. Under the protection of several large marquees erected by the Jordanian Army, the Anglican Archbishop of Jerusalem then proceeded with a short service, whereupon the Chancellor and Hospitaller



then made their own speeches. The Chancellor laid the first stone, inscribed in English, and the second, inscribed in Arabic, was then laid by the Hospitaller. Brass and pipe bands of the Jordanian Army provided music before and after the ceremony, following which the entire group retired to the Ambassador Hotel for a reception hosted by the Chancellor and Hospitaller.

Once begun, construction continued apace, with the Architect, Mr J.E. Simpson, and the building contractor, Mr Amin Shahin, working well together, aided by the herculean efforts of the Jordanian government and army. The latter transported 'vast quantities of material, varying from hundreds of tons of constructional steel to delicate surgical equipment' to Jerusalem, this via the 'difficult desert route' from the southern port of Aqaba.



Dr Jamal Tutunji, the Jordanian Minister for Health (representing King Hussein), accompanied by a Jordanian Army officer, inspect the guard of honour before the Hospital opening ceremony, 11 October 1960.

(Image from the Hospital's Annual Report 1960.)



*John Simpson
designed the
Ophthalmic Hospital*



*A local contractor,
Amin Shahin, built the
Hospital structure*



The St John Ophthalmic Model prior to construction, c. 1960

Barely ten years later, the Order's flag was flying proudly above the Hospital's tower – a *brand-new Eye Hospital built on land gifted by King Hussein of Jordan*. We read from the 1960 Annual Report barely concealed elation surrounding the official opening:



Lord Wakehurst

On the morning of October 11th, the whole of Arab Jerusalem was en fête. The recreation ground opposite the Hospital was laid out with bunting and tents erected by the Jordan Army for a garden party. The road outside the Hospital building and the nearby Ambassador Hotel [was] decorated with flags and pennants, and from the tower of the Hospital itself flew the flags of the Hashemite Kingdom of Jordan and of the Order as well as the standard of the Lord Prior [Lord Wakehurst]

At the opening of the Hospital in 1960 by the Lord Prior, three flags were flown. From left to right, these were those of the Hashemite Kingdom of Jordan, the Order of St John, and the personal arms of the Lord Prior.

Being a teaching hospital, the Hospital's Nursing School trained about 15 Jordanian nurses over a two-year course in the clinical management of eye disease. Arab surgeons and specialists from the Jordanian Army were also trained, and in the early years a young lady surgeon, the first Arab doctor from Jordan, also specialised at the hospital.



Hospital at the time of opening (1960)



Of interest, in the early 1940's the hospital also operated a Mobile Clinic which, from April 1942, was supervised by Dr Ali Akilah. He later settled in Jordan, establishing the Akilah Hospital in Amman.

His Majesty King Hussein of Jordan visits the Ophthalmic Hospital of St John of Jerusalem

As soon as he could, His Majesty, King Hussein of Jordan, visited the new Hospital



The King was accommodated in the Warden's House



The next morning, the King inspected every department of the Hospital and conducted an investiture on the premises



In 1964, the Grand Hospitaller, Sir Stewart Duke–Elder, described the steadily-increasing clinical workload in the new Ophthalmic Hospital. Two thousand patients were seen in clinic each week, and in the space of a single year over 6000 operations were performed - double the number of the previous four years combined. Corneal grafting - for ocular surface scarring, typically due to trachoma - continued at the rate of almost one per week, and clinical trials of the trachoma vaccine were under way in villages across Iran.

Most notable, however, was the volume of patients presenting to the Hospital from outside the Hashemite Kingdom of Jordan, with many travelling in their hundreds each year from Palestine, Syria, Lebanon, Iraq, the United Arab Republic, Saudi Arabia and Kuwait. As Sir Stewart commented, *'There was no doubt the Hospital was becoming an established fact in the Middle East'*.

To cope with this increasing workload, local and foreign staff were employed, including two British surgeons – the Warden and another from the RAF. Indeed, from 1964 an arrangement was agreed whereby the RAF would send an ophthalmic surgeon to the Hospital every year. Other temporary surgeons came on placement from the Royal Navy, the British Army, the Commonwealth Priorities, and from the United States of America. By 1967, there were six surgeons, these including the American Director of the Jordanian-funded Eye Bank (*v.i.*). Clinical activities also included collaborative meetings with allied specialties, such as those with the Jordanian Neurosurgical Unit for patients with diseases affecting the orbit and neurosurgical junction.



Arms in the Cloisters of The Hospital of St John in Jerusalem of HM King Hussein, GCB GCVO
Ruler of the Hashemite Kingdom of Jordan

On the right side:

‘Al Hussein bin Talal bin Aoun’ (Aoun: the great grandfather of Al Sharif Al Hussein bin Ali.)

In the middle:

‘King of the Hashemite Kingdom of Jordan’.

On the left side: ‘

Who seeks support and guidance from God’.

With increased capacity, the number of operations performed rapidly rose. In response to this rising demand, King Hussein established an Eye Bank at the Hospital to conduct corneal grafting for the first time in the Hospital’s history. Corneal blindness was not uncommon in the region, chiefly due to surface infections and lid malpositions (as can occur in Trachoma).

The Eye Bank was sponsored by *Tissue Bank International* in Washington, initially under the care of Dr David Paton, a young American surgeon deployed to the Hospital on a research grant from the US Department of Health. He was subsequently replaced by the American-sponsored Dr Alf Fjordbotten. The benefits to the hospital and its patients were clearly recognized, and during a visit to the Hospital, King Hussein *‘spontaneously bequeathed his eyes to the bank’* (in the words of William McAllister, the New Zealand Priory Hospitaller). This was a demonstration of leadership in the Arab world given to the prevailing cultural concerns regarding the donation of organs.

The Eye Bank of Jordan



An Eye Bank was established at the Ophthalmic Hospital to provide corneal material for grafting. Ocular surface scarring from infections and injuries were common.

On the 16th January 1963 His Majesty King Hussein opened the Eye Bank and spontaneously bequeathed his eyes to the bank (certificate on right, in the Hospital to this day)

Such was the new Hospital's reputation for excellence, and its compassion for all patients entering its doors, that in 1968 the Secretary-General of the Order, Nicholas 'Nicky' McClintock, was able to inform His Majesty King Hussein:

'The beds are now full, and we are caring for many Arabs on the West Bank in addition to those in Israel, in the Gaza Strip and the Sinai Desert, many of whom remember the Hospital in the old days and are returning to us'.

Perhaps as remarkable, given the ever-present geopolitical difficulties of the region, the same can still be said today.

As the demand on clinical services grew, the Hospital responded by expanding its nurse training programme, recruiting from among refugee Palestinian refugees in Jordan. By 1972, seven of these young graduate-nurses were on the Hospital staff. By the 1980s the Hospital offered an ophthalmic nursing diploma, consisting of an 18-month course with nine of the months spent in the training school and the other nine in clinical service, with the ophthalmic diploma recognized by the equivalent nursing Boards in the Hashemite Kingdom of Jordan.

Before the Hospital's ophthalmic Outreach scheme could be launched (to provide care to patients across the West Bank who could not access the main Hospital), approval was duly obtained from various authorities, these including the Israeli Ministry of Health, the Director of Hospital Services for the West Bank, and the Jordanian Ministry of Health in Amman. With the approval of the Mayor of Jerusalem, Teddy Kollek, the service duly started, and today Outreach provides essential eye care for poor people living in remote locations.

Jordanian support has been, is, and will always be central to the lifeblood of St John. Perhaps one example illustrates this most keenly, although there are many others: In 1983 the Hospital's financial fate hung in the balance, with a directive drawn up at Board level to decommission the Hospital unless a solution could be found. In 1983, Sir Stephen Miller, during a private professional consultation with King Hussein in London, discussed the parlous state of the Hospital finances. The King, once informed of this existential threat to the Hospital, responded without hesitation and granted £280,000 from personal funds to guarantee its immediate survival. This donation secured sufficient time for the Order to secure a more permanent funding solution.

Thus, without the help of the Jordanian royal family the Eye Hospital in Sheikh Jarrah would not have opened, and without their help it would have closed. In the words of Sir Stephen:

'This most generous gift marked the turning point of our financial difficulties and from then onwards funding gradually improved'.

No wonder King Hussein was considered to be 'the most loyal of friends'
(T. J. Everard).



Chapter 13

St John of Jerusalem Eye Hospital Group

(With thanks to the Priory in the USA of the Order of St John for providing this article from their Investiture brochure)

Built by the Order in 1882, the first Eye Hospital of St John of Jerusalem opened on the road to Bethlehem, immediately outside the ancient walls of Jerusalem, fulfilling the Order's desire to return to the Holy Land to exercise charity. To this day it retains its reputation as a humanitarian center of excellence for high quality eye care and education in the Middle East. During the COVID-19 pandemic, the Hospital Group was the sole eye care provider to have remained open in the Palestinian territories.



Early in Hospital history, the Chief Rabbi of Jerusalem, Rafil Meir Panisel Haham Bashi, issued his blessing in a manuscript dated 2nd Hesvan 5646 (October 11, 1886). The spirit of common purpose remains alive today in shared academics and collegial professorships with the Hadassah Medical Center in Jerusalem and other humanitarian organizations.

The St John of Jerusalem Eye Hospital Group is a subsidised, fee-based establishment of the Order of St John. It is the only charitable provider of eye care in the region. About 75% of its income is derived from donations and grants, and it provides diagnosis and treatment to thousands of people most in need without regard to race, religion, national origin, gender, age, creed, or ability to pay. The main facility is in East Jerusalem, with additional hospitals in Hebron and Gaza City, permanent clinics in Anabta and Kufor Aquab and mobile outreach vans providing screening and treatment to remote areas of the West Bank and Gaza. In 2017 an additional clinic was opened in the Muristan, the original site of the Hospital foundation by the Blessed Gerard. Training local doctors and nurses to become ophthalmic specialist and conducting research are the other primary



objectives of the Hospital's ethos. In this fashion the Hospital Group invests in the region by steadily enhancing resources and knowledge. In April 2008, the Eye Hospital became the first Palestinian hospital to be awarded the three-year Joint Commission International (JCI) accreditation. JCI is a US-based organization that has established safety and quality service standards for health facilities worldwide.



More than 3.5 million Palestinians live in the region, with 2 million in Gaza. The incidence of irreversible blindness there is 10 times higher than in the West, yet 80% is preventable. Diabetes, corneal opacity, glaucoma, cataracts, and severe allergic eye disease are rampant. In particular, children under 10 years of age suffer from developmental eye conditions, representing 25% of the Hospital's patients in the West Bank and 50% in Gaza. The Hospital treats men, women and children of all ages and nurtures health care prevention programs for families that can change the lives of a generation, affecting their personal and financial future, and the region's peaceful development.



Over 150,000 pediatric and adult outpatient appointments, and seven thousand sight-saving operations, are performed annually, and the patient numbers continues to climb year after year. The Outreach Program, established in 1982, takes first-class ophthalmic care through mobile clinics to underprivileged populations in remote villages of the West Bank and Gaza, many of whom have no access to any other primary medical care. In 2022, the mobile Outreach team treated 13,200 patients and educated over 7,500 through its outreach program.



The Hospital in Gaza treated over 39,700 patients and performed over 2,980 major operations for those unable to travel to Jerusalem. The work of the Hospital Group can be seen to encourage peace and cohesion between communities in the Holy Land since it provides a vital service to everyone, irrespective of where they are from or their religious identity.



In common with its medieval precursor, the St John of Jerusalem Eye Hospital Group remains a force for good in the Holy Land, serving 'our lords, the sick and the poor.' Its work echoes and puts into practice the great principles of the Order of St John: Pro Fide Pro Utilitate Hominum (For the Faith and in the Service of Humanity).

Scan for more information
<https://www.stjohneyeohospital.org>



Views of the Eye Hospital of St John in Jerusalem

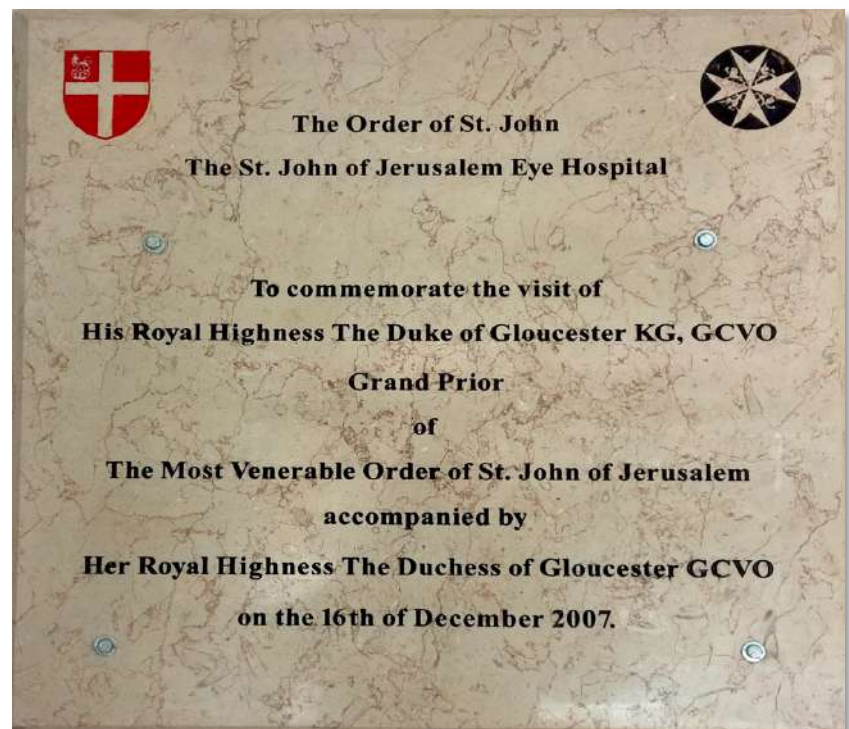


Views of the Eye Hospital of St John in Jerusalem

Historical Artefacts from the Gated Courtyard



Views of the Eye Hospital of St John in Jerusalem



Views of the Eye Hospital of St John in Jerusalem

The Hospital Gardens



Views of the Eye Hospital of St John in Jerusalem

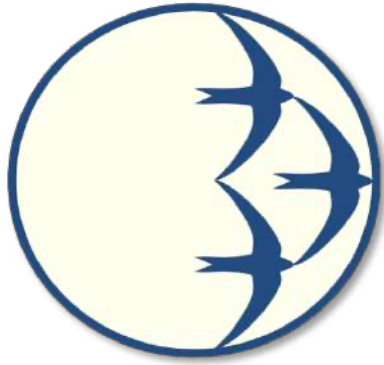
The Hospital Gardens



Chapter 14

Of Swifts, a Tree, and a Flight to Hope

Mark Coreth, MStJ



I was asked by the CEO of the St John of Jerusalem Eye Hospital Group to create a piece of sculpture for the hospital's garden in the Muristan. The garden is situated in the centre of the Old City of Jerusalem where the four Quarters meet and where the Order of St John has since opened an eye clinic to serve people of all nations and religions within the city.

The commission was not a simple one, as the sculpture needed to tell the history of Jerusalem from its beginning, through the present day and into the future. It had to tell of the passage of people, from those that occupied the city, to the many pilgrims from all corners of the Earth. It had to be all inclusive; it had in effect to fly over and above the historic issues of Jerusalem itself and spread, as it does so, a message of *hope* for the region.

The City of Jerusalem is *the* Holy City, the centre of the world to the Abrahamic Faiths. As Sebag Montefiore so aptly describes in his book 'JERUSALEM', this is a city that exists twice - in heaven and on earth, one that is as important to the Jewish faith as it is to the Christian and Islamic faiths. From the time of King David until today, the city has seen peace and war, serenity and turmoil. The walls have been built only to be destroyed again, then rebuilt over and over by invaders and defenders.



So how could I symbolise this turmoil and beauty, the bustle of people trading, living and visiting, in an eye-catching way? It was this dilemma that made the sculpture difficult to conceive, but equally a fantastic challenge and an honour, once complete, to reside in the centre of a uniquely dramatic city.

I visited Jerusalem for the first time in February 2016, and was taken on a tour of the Holy Land. We drove down to Jericho, saw the Dead Sea, Nazareth, the Sea of Galilee, and Caesarea before returning via Bethlehem to Jerusalem. At the end of the day I had the core element of the sculpture in mind: the olive tree. It is central to the lives of people in the Holy Land, the olive branch being the symbol of peace. *But* when you look upon an old olive tree you see a tired, battle worn trunk, and age is evident in its form. The trunk is dead in places and yet as a whole is full of life, new leaves and fruit! What have we got? The perfect description of the city walls and the extraordinary symbol of the history of Jerusalem. But did it fully convey the dynamic movement of its people? I felt not.

Should you visit the Holy Land between March and June, you will witness the migration of the common swift. The swift flies from Sub Saharan Africa through the Holy Land and onto both Europe and Asia. They have done so from times before religious and political borders were ever formed.



Swifts
nest and
breed in
the



Western Wall of the Temple and have done so since the days of the first Temple as well as all the Holy sites. It is for this reason that I decided to make the canopy of my olive tree not out of leaves but out of swifts. The sculpture was now to be a tree full of life and a symbol of HOPE.

Circumstance took me to a garden just outside of Bethlehem called Tantar. It is a garden that belongs to the Order of Malta. There I found a tree that gave me the balance of age and beauty. I approached a foundry in Netania, who agreed to mould and cast a copy of this tree in bronze.



I then made and cast one hundred and fifty swifts which I placed on 'flight lines' and formed those into the canopy of the tree. The trunk talks of the history of Jerusalem and the swifts, the movement of all people over the years, simple symbology. There were Palestinian Muslims and Christians working with Jews and with me, a Catholic, all in harmony. This work was sponsored by a Canadian Jew, for a Christian Order that works for ALL people even though their patients are predominantly Palestinian.

I have placed around the walls of Muristan and through the St John Eye Hospital in East Jerusalem several flights of swifts, in groupings of three: a prayer flag that Abrahamic faiths may fly together in unity and mutual respect. These groups of swifts are ALL part of the sculpture in Muristan. I hope to spread them much further afield in the future. Every swift that migrates to the far reaches of the world will stretch this message of hope for the Holy Land, understanding, tolerance and mutual respect between the Abrahamic faiths. Furthermore, we have placed nesting boxes around the Muristan garden, enough for 15 pairs of swifts. The birds themselves will become a visible part of the sculpture and help spread that vital message of HOPE.



The Tree of Hope

By Mark Coreth, MStJ
Images courtesy of Itamar Grinberg



The site of the Muristan gardens, prior to its development in 2016



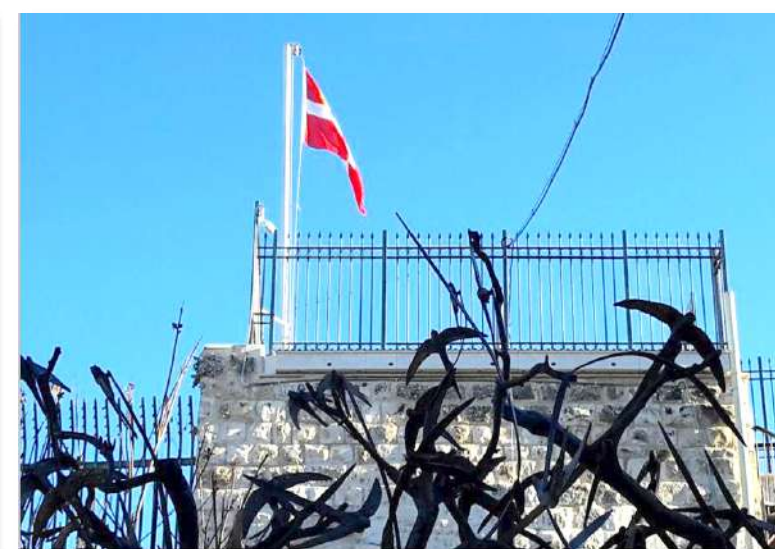
The newly-cast bronze tree, formed from a mould impression from a tree in Tantur



Locating the bronze cast to its new home in the Muristan



Formal 'unveiling' of the Tree of Hope, Old City, Jerusalem, 24th November 2016



Bronze swifts reaching upwards from their tree in the Muristan

Flight2Hope

I was asked to talk at the Fifth International Swifts Conference, in Tel Aviv, about the 'Tree of Hope'. Inspired by the journey of the swifts and still furthering the theme of the sculpture, I suggested to the conference Chairman, Professor Yossi Leshem, that we should migrate into Jerusalem alongside the swifts. In attendance at the conference were a number of notable people including General Baruch Spiegel from Israel and also General Mansour Abu Rashid from Jordan, both retired and both instrumental in the 1994 Peace Accord between Israel and Jordan.



Thus, Flight2Hope was born. Our aim was to fly with nature over religious and political borders, alongside the swifts and all migratory birds. Birds have migrated enormous distances in the delicate balance of life for thousands upon thousands of years, and long before religious and political borders ever existed. Crucially, however, I wanted to do this flight with crews from across the Abrahamic Faiths. I managed to enthuse seven fellow aviators, all friends with the same vision, to bring their aeroplanes and crews on a 2500 mile journey from the UK. This journey was to be no easy feat as apart from the distance flown, much over long stretches of water, we had to fly into a very militarily sensitive part of the Middle East as our destination. Bureaucracy alongside security was very tight.

Every aeroplane and every crew member has their own story to tell about their flights out and back.



All were caught in foul weather at some point or another and yet at other times had the most glorious passages through the snowy Alps to Split and Dubrovnik, flying over the Greek Islands and the Corinth Canal. Some aeroplanes were equipped to fly on instruments whereas others, mine as a case in point, were most certainly not. Equally, some pilots were far more qualified and a lot more experienced than others. Amongst us we had two who had circumnavigated the world and others who have

experienced flying in Africa, the North Atlantic and Pakistan. Yet Flight2Hope asked all to tackle some very challenging weather, with deep low pressures causing high winds and weather fronts that grounded even the most capable pilots and aeroplanes.

To quote Bill Hall, one of the pilots:

'The best words to describe flying across Europe in a light aircraft might be: unpredictable, unexpected, beautiful. Plans are laid, routes are plotted... and then the weather gods decide you do something completely different. Though, of course, this is part of the charm, one ends up going to places one would not have planned to go to. One thing is for certain: you will see beautiful skies and breathtaking views of the Earth'.



Pink shows the flightpath to Eilat from Haifa.

Blue shows the return flight path beginning at Eilat, passing over the river Jordan and the Dead Sea, routing over Amman in Jordan, then the Dome of the Rock, before continuing to Haifa.

that soon you would be outside with that cold beer, delicious squid dish and as it turned out the overhead scream of swifts at nightfall. Early departures, long flights over Greek Islands one after another to Rhodes, an Island so full of history and the one time home of the Knights of Malta, before flying on to Larnaka in Cyprus. Corfu to Rhodes took four hours, Rhodes to Larnaka a further three and a half, almost all over water. Others took different routes with equally beautiful but some times challenging flying.

At this stage I, along with Jonathan Elwes and his crew, was running happily ahead of the storm which we knew was following and which we knew would cause a problem to those crews following behind. Even those aeroplanes that could be flown on instruments, had auto pilots and whose crews were instrument rated were on some critical occasions stuck on the ground with 50 plus mph surface winds and pouring rain. Weather and in particular the threat of icing conditions has to be respected.

To describe the flights from my own point of view, I should start with my aeroplane. G-AYLC is a Jodel D1051, made from wood and canvas in 1964. She is a basic stick and rudder aeroplane and not in any way equipped for inclement weather. I have fuel enough for 6 hours flying at 100 kts or 110 MPH. I can carry one passenger in the tight cockpit. Over the course of Flight2Hope I flew 58 hours and almost half of which was over water, the longest leg being 5.25 hours from Crete to Corfu battling strong head winds. For my aeroplane and experience I had to ensure that I kept in sight of the ground or sea which at times meant long passages at low level and sometimes in marginal visibility. Three days were lost to weather and re-employed to much needed rest and recuperation as well as contingency planning.

The challenges above were magnified by travel through Greek airspace which is not used to catering for light aircraft and therefore often only has jet fuel but no 100LL petrol, and they always have sky high landing and service charges! Often airports are closed to light aircraft on certain days or hours, but we managed to navigate all these hurdles both out bound and homebound.

That might paint a challenging picture, but we were flying through some extraordinarily beautiful country all the way from the United Kingdom, over the Massif Central to Avignon, Corsica, through the Apennines, the spine of Italy, to the olive groves in Italy's heel. Oh the pleasure of approaching Corfu at dusk knowing

Although the team had challenging flights, with inclement weather systems hounding them most of the way, everyone made it on time to Haifa - Israel's most northerly port - and subsequently to Ein Yahav in the south of the Jordan Valley, north of Eilat. We were joined by three Israeli guide pilots led by Eli Peretz from Ayit Aviation. Apart from the regulatory need to have guide pilots with us, their reassurance and local knowledge was invaluable as we flew through what amounts to very tightly controlled military airspace. But just as importantly they made for a wonderful expansion of the Flight2Hope team, as did the addition of a further Israeli aeroplane flown by Roy Ritter. Roy's aeroplane made our flight a total nine aircraft.



Banking eastwards over the northerly point of the Dead Sea towards Jordan

Flight2Hope, took place on 2nd April 2019. So much had mitigated against success, from all the political and military issues in the Middle East to unusual weather patterns. But determination from



the whole team and a helping hand from on high ensured that we hit the start line on time and in great shape. Somewhat against the odds, the poor weather that threatened the mission broke as if by a miracle enabling us to fly up the Jordan Valley and through the Holy Land. We landed at Masada, 1280 feet below sea level, before flying north around the the Dead Sea, crossing into Jordan and on towards Amman before retracing our steps and achieving the ultimate goal of circling Jerusalem.

Seeing the golden Dome of the Rock and all of Jerusalem below our wing tips was an emotional moment beyond most others. What is more, as we circled the city, I had numerous sightings of flocks of swifts flitting past my aeroplane as if to welcome us there. The flight alongside nature represented the link of nature to people, as well as highlighting the stories of people beneath and the co-operation between them. We noted, for example below our wings the Palestinian, Israeli and Jordanian farmers working together and in harmony on a number of agricultural projects such as using Barn Owls as pest control, the spin off being a remarkable project working towards peace and mutual respect between the peoples.

In short, the flight looked beyond the clichés as well as political and religious borders to nature and people. The flight ended at Muristan back with the Tree of Hope. We had flown with the swifts, my symbol of people from across the ages, and most crucially with members of the Abrahamic Faiths, Jews, Christians and Muslims. We had returned to the beating heart of the Old City of Jerusalem, the city that exists twice, in Heaven as it does on Earth, a city of equal importance to all the Abrahamic Faiths. The flight carved a message of HOPE and mutual respect in the air above the Holy Land.



There was a palpable feeling of relief and gratitude on the evening of 2nd April. Gratitude that the skies had cleared and that all plans had come to be a reality. We had flown the Abrahamic Faiths, crews, male and female, from motor bike mechanics, and St John Eye Hospital supporters and officials, to high ranking Generals and even an astronaut from NASA, Ricky Arnold. All will have their own feelings of an incredible journey and shall themselves spread their stories, they are all 'swifts' and ambassadors for the Flight2Hope message, they are all sculptors having helped to carve that message on high.



The Flight2Hope programme continued over the next days with a fascinating series of talks arranged by Professor Yossi Leshem calling for and demonstrating unity through nature, people, mutual respect and co-operation. The talks were followed by a visit to Muristan and the Tree of Hope, before going to the Western Wall to witness the extraordinary sight of the swifts' screaming flight at dusk.

The team from the UK went on to see two outstanding hospitals, both reaching out over the divides, The St John of Jerusalem Eye Hospital in East Jerusalem, and the the Holy Family Hospital in Bethlehem, run by the Order of Malta. We saw also swifts nesting boxes above the school in Bethlehem, another show of co-operation through nature.

But the journey for the crews from the UK was only half done as we had a further 2500 miles to return home, again through more challenging Mediterranean weather. I was relieved on landing back at my home strip to find that all the aircraft had returned safely from an enthralling trip.

Flight2Hope was brought together by some extraordinary partners without whom it would have



Banking over the green hills of Jordan

been impossible. Key to the mission was Professor Yossi Leshem from Tel Aviv University. Yossi makes things happen, nothing is too challenging. But alongside him and key to that success he had a remarkable team including General Mansour Abu Rashid from Jordan, Eli Peretz CEO of Ayit Aviation, Yossi's secretary Adi and many more working behind the scenes. Yossi was supported by the Society for the protection of Nature in Israel (SPNI), the Hoopoe foundation and the Amman Centre for

Peace & Development (ACPD). Key to so much also was the St John of Jerusalem Eye Hospital Group whose Chairman and Hospitaler flew as crew alongside us. They hosted the flight back in Muristan and indeed were the original commissioners of the 'Tree of Hope'. Ricky Arnold and his wife Eloise from NASA joined Flight2Hope and are, like all, ambassadors for the cause.

The Flight2Hope message is one that rings with urgency and importance. New Zealand and now Sri Lanka to name just two places recently hit by appalling violence, graphically demonstrates the need for mutual respect and understanding between faiths and people.

The difficulties encountered in organising and actioning Flight2Hope form a perfect metaphor for the challenges that face the world, but the flight, against all adversity, was a huge success and we now HOPE that this will reflect the many issues facing the world... and that success will ultimately overcome the difficulties.

I would like to quote a remarkable peace maker, a partner in Flight2Hope and one of the crews in our Abrahamic Faiths flight, General (Ret) Mansour Abu Rashid, Chairman of ACPD (2019):

'Today, the Middle East remains the greatest threat to international peace and security and despite the chronic failure to resolve the central conflict in the Middle East, we believe that it is possible to settle it. Flight2Hope, resembles that; people's genuine efforts to make it possible to construct a better future, to amplify the voices of those who are not afraid to build bridges and pave the way for peace, those who are courageous enough to reach out and reconnect the bonds of our common humanity'.



Scan to view the Flight2Hope film on YouTube

<https://youtu.be/3BGlrR9g2cQ?si=5NS2JDne8AIHjvF0>



Views of the Muristan



מתחם מוריסטאן ساحة الموريسستان Muristan Complex

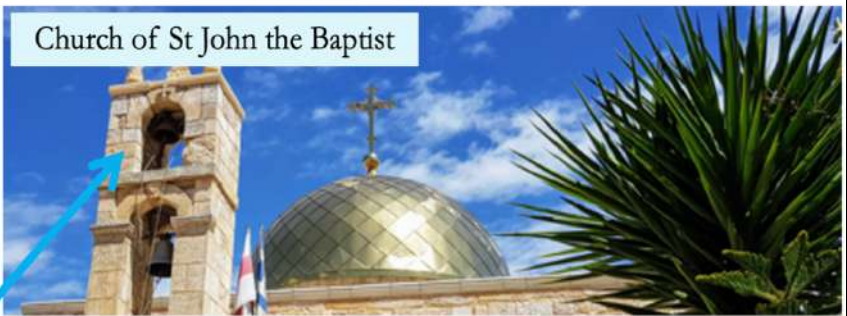
In the past a Crusader complex that included a church and hospital for pilgrims. The name is a distortion of the Persian-Turkish word "Bimaristan", meaning hospital

كانت في الماضي
موقعًا صليبيًا
اشتمل على كنيسة
ومستشفى للحجاج.
يعود مصدر الاسم
إلى تحريف في الكلمة
الفارسية-التركية
"بیمارستان" التي
تعني المستشفى.

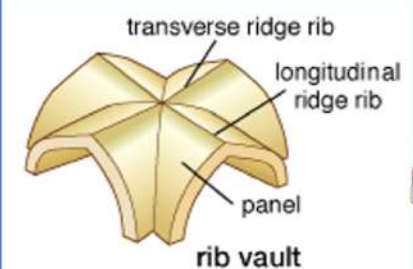
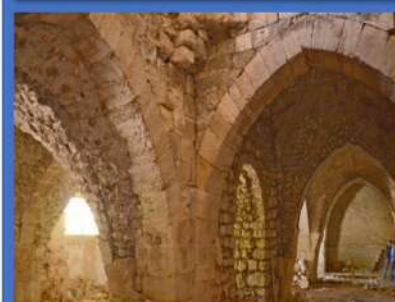
בעבר מתחם צלבני שכלל
כנסייה ובית חולים לעולי
רגל. מקור השם בשיבוש
של המילה הפרסית-
תורכית "בימריסטאן"
שפירושה בית חולים.



Church of St John the Baptist



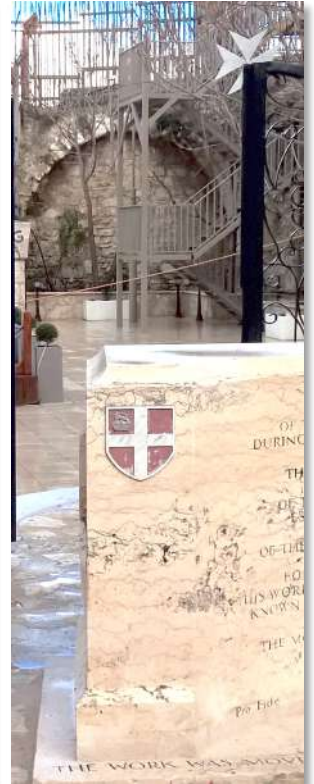
The Muristan area of the Christian quarter of Jerusalem
Excavations 1990 – 2000



Dating of structures identifying Norman architecture based on the analysis of the building techniques & architectural elements:
Norman double barrel vault or cross vault: Produced by the intersection at right angles of two barrel or ribbed vaults

Note: In the Islamic Period, Caliphs, sultans, and governors competed in establishing hospitals and endowing them. After the Knights Hospitallers were expelled from Jerusalem, their hospital complex was developed by the great Salah ad-Din al-Ayyubi and was called the al-Salahi Hospital. This hospital included surgical and mental health departments, as well as a pharmacy.

Views of the St John Eye Clinic and Peace Garden in the Muristan



APPENDICES

History of Jerusalem

The Five Johannine Orders

The Ancient Order, Venerable Order, & the Eye Hospital Group

A timeline

Symbols of Hope: Heraldry in the Order of St John

Jamie Ingham Clark, KStJ

The Church of the Holy Sepulchre

Jonathan Britto, KCHS

Palestinian Recipes from St John Eye Hospital

Asuncion Verity, OStJ



The Tree of Life Mosaic

Madaba, Jordan, 6th-century Byzantine artwork.
Church of the Prophet Elias (St. Elijah) inside the Madaba Archaeological Park,
53 miles west of Jerusalem

(i) History of Jerusalem: A Timeline

(4500 BC - Present)

Chalcolithic Era (4500-3200 BC)

3500 BC First settlement of Jerusalem

Early Bronze Age (3200-2220 BC)

2500 BC First houses built

Middle Bronze Age (2220-1550 BC)

1800 BC Construction of first city wall

Late Bronze Age (1550-1200 BC)

1400 BC Jerusalem referenced in cuneiform Amarna Letters

Iron Age I (1200-1000 BC)

1200 BC Jerusalem conquered by Canaanites (Jebusites)

Iron Age II (1000-529 BC)

1000 BC Jerusalem conquered by King David

Declared Capital of Jewish Kingdom

960 BC First Jewish Temple built by King Solomon, David's Son

721 BC Samaria conquered by the Assyrians

Refugees flee to Jerusalem; city expands onto Western Hill

701 BC Assyrian Ruler Sennacherib lays siege to Jerusalem

586 BC Babylonian forces destroy Jerusalem and destroy the First Temple

Persian Era (539-322 BC)

539 BC Persian ruler Cyrus the Great conquers the Babylonian Empire (incl. Jerusalem)

516 BC Jews in Babylonian exile return to Jerusalem; Second Temple built

445-425 BC The Prophet Nehemiah rebuilds the Walls of Jerusalem

City confined to eastern Hill

Hellenistic Era (332-141 BC)

332 BC Judea and Jerusalem conquered by Alexander the Great

332-141 BC Ptolemaic and Seleucid rule in Jerusalem

Hasmonean Era (141-37 BC)

141 BC Hasmonean Dynasty begins; Jerusalem expands limits to Western Hill

63 BC Pompey the Great captures Jerusalem for Rome

Herodian Era (37 BC-70 AD)

37 BC King Herod restructures Second Temple and adds retaining walls

30 AD Jesus crucified by Romans in Jerusalem

Roman Era (70-324 AD)

70 AD Destruction of Jerusalem; Second Temple demolished

135 AD Jerusalem rebuilt as a Roman city

Byzantine Era (324-638 AD)

- 335 Church of the Holy Sepulchre built
- 614 Capture of Jerusalem by Persians
- 629 Byzantine Christians recapture Jerusalem

First Muslim Era (638-1099 AD)

- 638 Caliph Omar enters Jerusalem
- 661-750 Jerusalem ruled under Umayyad Dynasty
- 691 Dome of the Rock built on site of previous Jewish Temples
- 750-974 Abbasid Dynasty rules Jerusalem

Crusader Era (1099-1187 AD)

- 1099 First Crusaders capture Jerusalem

Ayyubid Era (1187-1259 AD)

- 1187 Saladin captures Jerusalem
- 1229-1244 Crusaders recapture Jerusalem twice
- 1291 Fall of Acre and the end of Frankish rule in the Levant

Mamluk Era (1250-1516)

- 1250 Muslim Caliph destroys the walls of Jerusalem; rapid population decline

Ottoman Era (1516-1917)

- 1517 Jerusalem captured by Ottoman Empire
- 1538-1541 Walls of Jerusalem rebuilt by Suleiman the Magnificent

British Mandate (1917-1948)

- 1917 British capture Jerusalem in World War I
General Edmund Allenby enters Jerusalem on foot on 11 December 1917

Divided City (1948-1967)

- 1948 Arab-Israeli War; State of Israel established
- 1949 Armistice agreement signed between Israel and Jordan
Jerusalem divided into West Jerusalem (under Israeli control) and East Jerusalem (under Jordanian control) along the 'Green Line'

Reunification (1967-Present)

- 1967 Six Day War. Israel Captures Jerusalem's Old City & annexes East Jerusalem

Source: 'Chronological Reference Points,' *Middle East Insight*, January-February 1999
<https://www.jewishvirtuallibrary.org/timeline-for-the-history-of-jerusalem-4500-BC-present>

(ii) The Five Johannine Orders



SOVEREIGN ORDER OF MALTA



JOHANNITERORDEN
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JOHANNITER



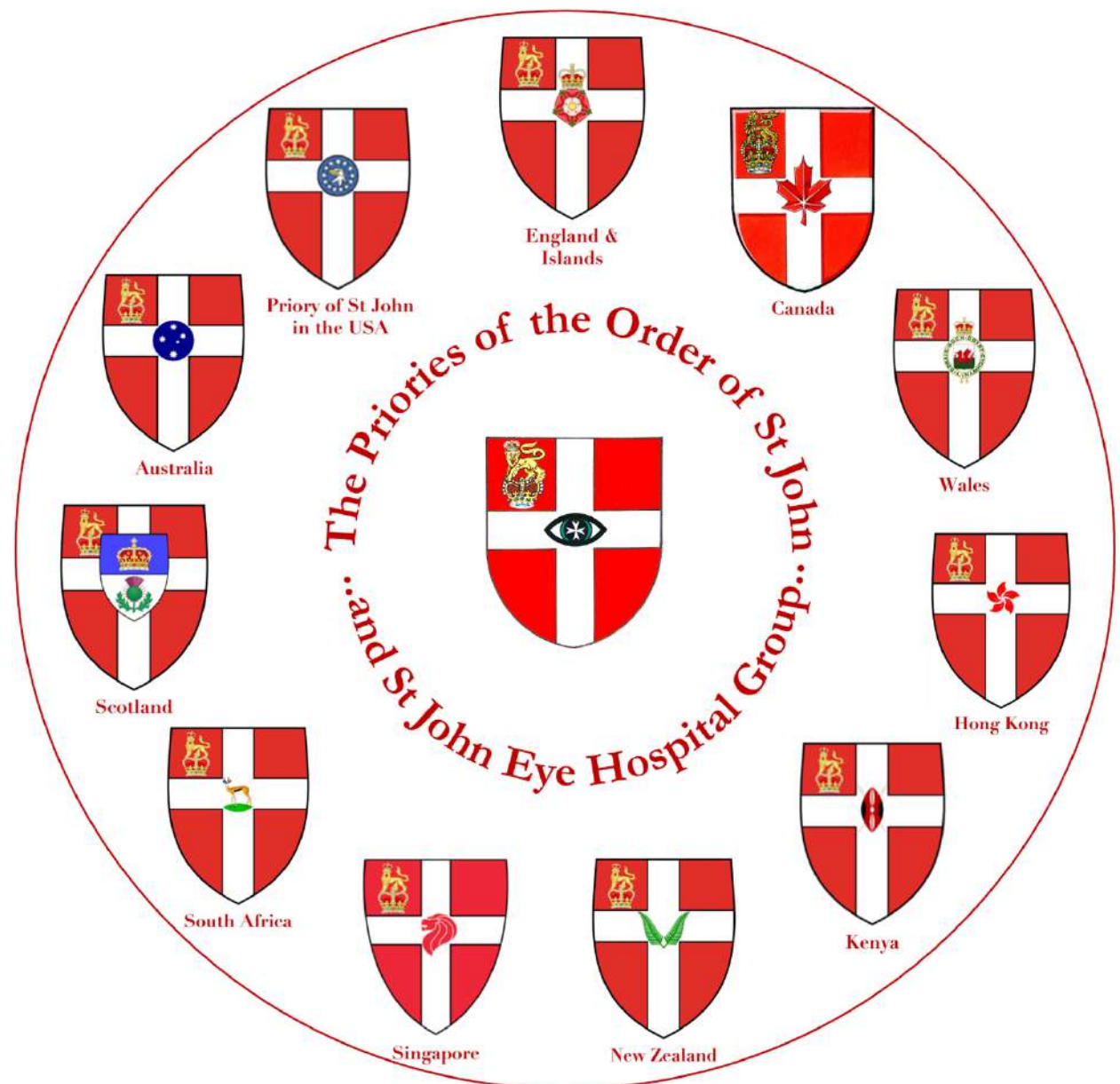
Johanniter
NEDERLAND



Order of St John
(‘Most Venerable Order’):

Priories of the Order of St John:

N.B. The Order also
includes Commanderies,
Associations, and a
Chancery



(iv) Symbols of Hope: Heraldry in the Order of St John

Jamie Ingham Clark, KStJ, FCA

The Most Venerable Order of the Hospital of St John of Jerusalem came into being in the late 19th century. Formed of Priories, Commanderies, Associations, and St John Eye Hospital Group, it is one of the few active Orders of Chivalry, recognized as a leader in the areas of eye care and first aid.

The Knights Hospitaller was founded by Benedictine monks from Amalfi and used the duchy's eight-pointed cross as one of its symbols.

The symbol is thought to have originated in the Byzantine Empire in the 6th century before being used in Amalfi.

When the Knights moved to Malta in the 16th century it became known as the Maltese cross



At the heart of the Order is the eight-pointed cross, originally the heraldic arms of the dukes of Amalfi on the Sorrento coast of Italy. In St John, the four arms signify the cardinal virtues: Justice, Temperance, Fortitude and Prudence. The eight points represent the eight beatitudes which spring from the practice of those virtues, namely Humility, Sorrow for Sin, Meekness, Thirst for Righteousness, Mercy, Purity, Peace, and Suffering under Persecution.

The Order is one of Chivalry, with five grades of membership: Member, Officer, Commander, Knight (of Grace and of Justice), and Bailiff or Dame Grand Cross. The insignia for each grade follows a similar rubric as other Orders (particularly British ones) with medals for Member and Officer, a neck decoration for Commanders and a Breast Star for Knights. Bailiff or Dames Grand Cross wear a Black Sash with the Star of the Order on the grandest of occasions.

Appointment or promotion in the various grades of the Order, in accordance with other Orders of Chivalry, is granted by the Order's Sovereign Head, HM King Charles III. However, being an Order of the British Crown, and not the British State, the process is run by the Order and is not subject to the Central Chancery, the national Honours Committee, or the Prime Minister's Office. For this reason, it has been the habit for many years not to use the sub nominals in the public domain, and why our Dames, Knights and Bailiffs do not use 'Dame' or 'Sir' as a title.



Bailiff Grand Cross



Dame Grand Cross



Knight of Justice



Dame of Justice

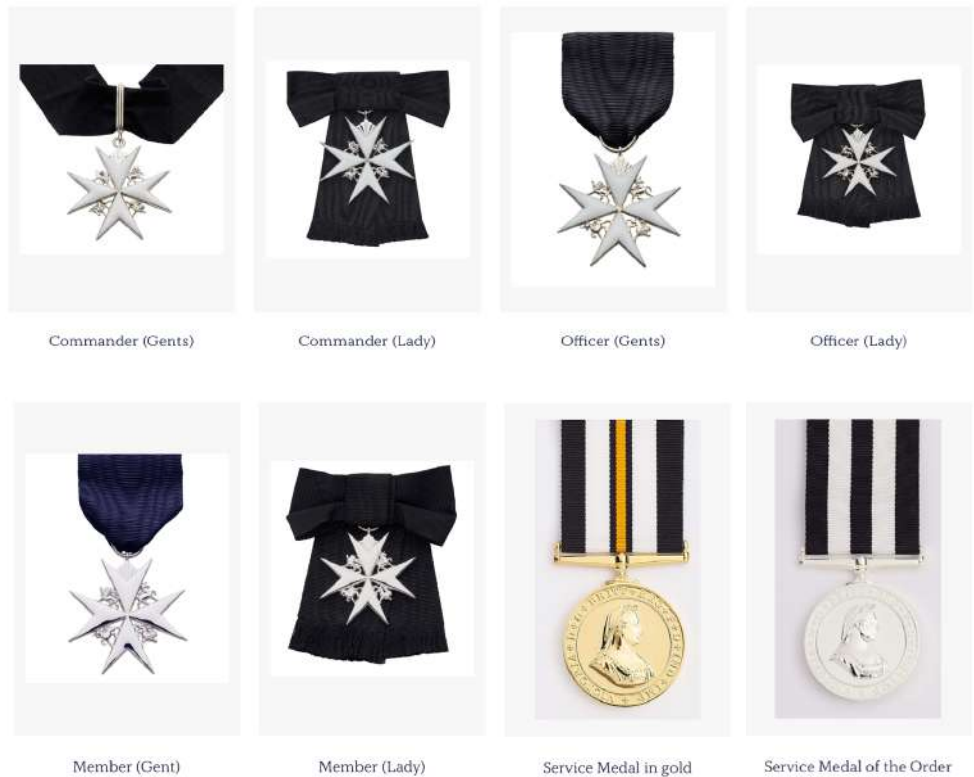


Knight of Grace



Dame of Grace

As an Order of Chivalry, the various grades bring Heraldic privileges for those who are armigerous (that is, who have a coat of arms), and heraldic arms can be found across the Order's past and present establishments across the world, chiefly in Europe and Jerusalem.



Carved Coats of Arms at the old hospital on the Bethlehem Road, the central one being that of the Duke of Connaught and Strathern



Coats of Arms above the atrium arches in the courtyard of the Eye Hospital of St John of Jerusalem



Emblazonment and carving of the full achievement of arms of Colonel Sir Alfred Edward Webb-Johnson, Baron Webb-Johnson of Stoke-on-Trent Bt GCVO CBE DSO TD FRCS LRCP MB ChB. Hospitaller (1946–1954)



Emblazonment and carving of the full achievement of arms of Mr David Harding Verity MD MA BM BCh FRCOphth, Hospitaller of the Grand Priory of the Venerable Order of the Hospital of St John of Jerusalem (2018-)

Other symbols of the Order in the Holy land include the Chapel dedicated to St John in St George's Anglican Cathedral in Jerusalem, being part of the *original* design of the Church in the 1910's. It is the only Chapel dedicated to the Order and is highly appropriate being an Order based on Christian values.

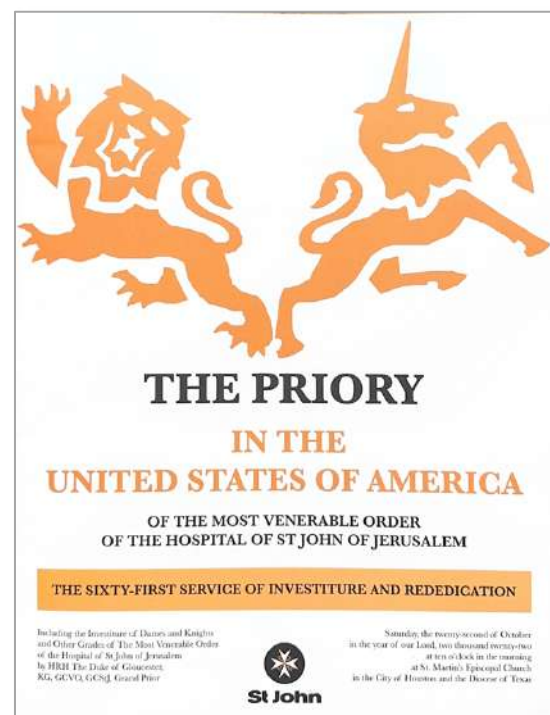


St John 's Chapel in St George's Anglican Cathedral in Jerusalem

In common with other Orders, ceremony accompanies several of the Eye Hospital Group's activities, this being most prominent at the investiture of those being honoured by the Order. Investitures are held in each of St John's jurisdictions; these are guided by strict protocol and overseen by the Director of ceremonies - an experienced member of the ceremonial staff in each priory.



A Knight being dubbed by the Grand Prior at an Investiture of the Priory of England and the Islands in the St John Priory, Clerkenwell.



Programme for the 61st Investiture of the Priory of St John in the USA



Tree of Hope (Sculptor in the centre)

A more modern symbol is the Tree of Hope, a bronze sculpture in the Muristan sculpted by Mark Coreth. It is a casting of an olive tree in Tantur, augmented by a large number of swifts-in-motion, also adopted by the Hospital as a symbol of hope, flying high above the concerns of men. Indeed, establishments of St John around the world also have representative swifts, reminding us of the centrality of Jerusalem and the ancient hospital, and its ethos of care, to the entire Order.



St John Eye Hospital Group also runs a prestigious nursing school at the Hospital named after one of our former Hospitallers and a renowned London ophthalmologist, Sir Stephen Miller. Sir Stephen's work in the 1980's, and collaboration with the Jordanian Crown, was central to the survival and modernization of the Eye Hospital Group.

Annual prizes are awarded to encourage dedicated nurses to go the extra mile in their studies. These symbols, although reflecting academic achievement, are equally important to the recipient as other symbols within the Order.



The Hallendorff Cup being presented to Abeer Mansour (2001). This was the first course taught by Ahmad Ma'ali (left), recently returned from training in the UK, and the current CEO



The Arms of Sir Andrew Cash, Chair of St John of Jerusalem Eye Hospital Group, with the appended badges of the grade in the order and national awards



The Author's Arms with St John augmentations in the Cross behind the shield and the appended badge of the grade in the order

Acknowledgement

This chapter draws on the research contained in the scholarly work '*Symbols of Hope: Heraldry and Ceremony*' by Matthew Glozier, 2024

(v) The Church of the Holy Sepulchre

Jonathan Britto, KCHS

In current times, we are reminded of the centrality of Jerusalem and the Middle East in general to many faiths, and particular the Abrahamic faiths of Judaism, Islam, and Christianity. Deep in the Christian quarter of the old city of Jerusalem is situated the Church of the Holy Sepulchre (the Church of the Resurrection), which is amongst the holiest of locations for Christians throughout the world. To them, it is the location of the site of the crucifixion of Jesus, and the place of his entombment and resurrection. In the story of the journey of Jesus' Passion (his path to crucifixion), Christianity marks the 'Stations of the Cross' - the last four episodes of which take place within the Church.

Calvary in the time of Pontius Pilate had been outside the city, but the extended plan of Jerusalem rebuilt in 135 AD brought the site of the crucifixion within the city walls. The establishment of the church, the verification of the location, and its sanctity are all attributed to the Emperor Constantine, who had united the Eastern and Western Roman Empire in 313AD. These was followed by a period of stability which led to significant civic investment and an extraordinary period of church building.

Constantine had identified a temple and statue to Jupiter, erected by Hadrian at the site of Calvary in an apparently deliberate attempt to erase its Christian connections, and a temple to Venus at the site of the tomb of Jesus. In his own Christian zeal, Constantine instructed the destruction of Hadrian's building and set about building a church modelled on great Christian Cathedrals in Rome, but which set to include the hill of Calvary and the cave at its foot where Jesus had been entombed (a distance of about 35 m). The excavation was entrusted to the office of the Bishop of Jerusalem, and the engineering for the site is considered to have taken 50 years to prepare.

The shape of the building was governed by the topography of Calvary and the tomb, but also in acknowledgement of the public nature of the celebration of the Liturgy. The latter, a celebration of the Last Supper, was itself heavily influenced by the pattern of synagogue services during the life of Jesus. A celebration of the Liturgy would last through the night, with the final Liturgy of the Sacrament celebrated at dawn.



Model of The Church of the Holy Sepulchre

Constantine provided for two separate covered spaces within the Church, one for each part of the Liturgy. Given the historical and religious significance of its location, the practice of the celebration of the liturgy at the Church of the Holy Sepulchre thereby began to exert an influence throughout the Christian church internationally.

Inevitably, as culture and warfare washed backwards and forwards across Jerusalem, the ravages of time and tide changed the nature of the buildings. The Persian ascendancy destroyed Constantine's buildings in 614AD, and an Islamic Army led by Omar the Just held sway from 635AD, during which time the Temple Mount was re-established as a sacred site for Islam, but the Church of the Holy Sepulchre fell into disrepair.

Attention to the holy sites of the Passion of Jesus, including the Church of The Holy Sepulchre,



came under renewed focus when the Church was rebuilt early in the 11th century. Its then Gothic style subsequently influenced the architecture of the Templar churches around Britain and Europe. Indeed, such re-invention, resurrection of buildings, and re-dedication by faith groups has been a pattern of the history of the holy sites in Jerusalem.

In acknowledgement of its sanctity, every renovation and reworking of the Christian Church of the Holy Sepulchre throughout Christian history has preserved and incorporated elements of the historical edifice. The line of Islamic rulers included the fanatical Hakim (Fatimid caliph al-Hakim bi-Amr Allah) in 996, and in 1009 the Church of the Holy Sepulchre was completely destroyed.

The church's current orientation and layout dates from around 1119 at the time of the Crusades, and the church was reconsecrated in 1149. The retaking of Jerusalem was a primary papal goal from 1095, and the Knights of the first crusade regained the site of the church of the Holy Sepulchre in 1099.



No crusader could consider his journey complete unless he had prayed as a pilgrim at the site of the Holy Sepulchre, and the Crusader Godfrey of Bouillon, founder of the Order of the Knights of the Holy Sepulchre, became the first Latin ruler of Jerusalem, declaring himself *Advocatus Sancti Sepulchri* - 'Protector of the Holy Sepulchre'.

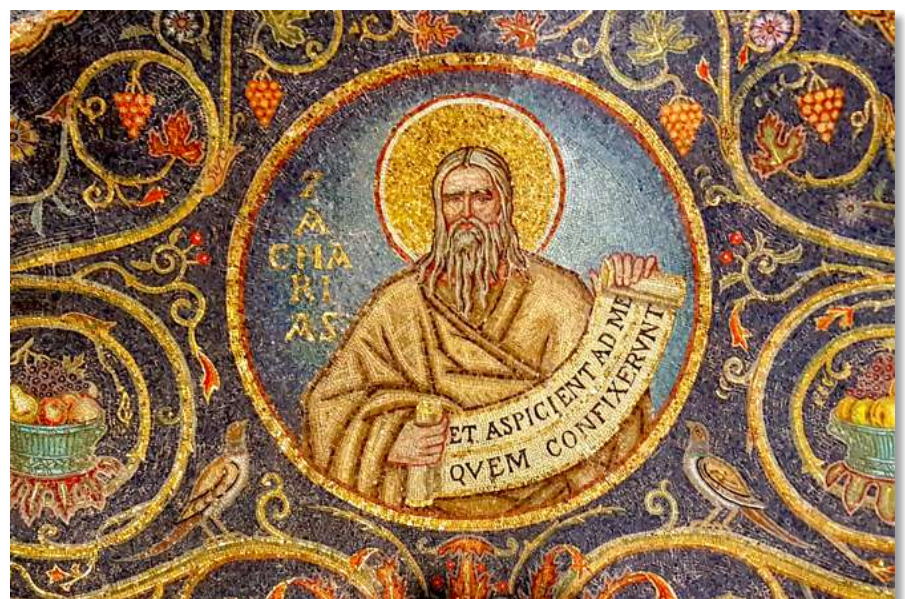
At the time of Saladin, who took the city in 1187, the custody of the buildings was given to the Greek Orthodox Church, and Christian accessibility was eventually negotiated in perpetuity in the



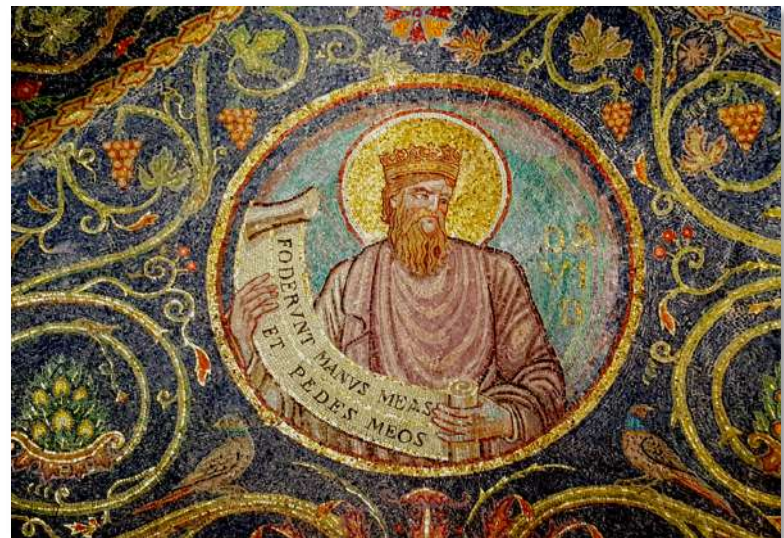
Treaty of Jaffa between Richard Lionheart and Saladin. Subsequent military and religious back-and-forth continued, with Jerusalem frequently changing hands. During this time the Franciscans were nominally in authority and currently remain in residence. The 'Custos' is the Franciscan Superior and holder of the office of Custodian of the Holy Land, established by Pope Clement VI in 1342 when he entrusted the care of all Holy Land sites to the Order of Saint Francis. The last crusade of Louis XI ceded power to Islam, a '*Status Quo*' which was retained (under the Ottoman Empire) until the First World War.

The Ottoman regime resulted in a complex arrangement of occupancy and authority over different portions of the buildings, even as they are today. The control of the church lies between several Christian denominations including the Roman Catholic and the Orthodox churches of Greece, Armenia, and Ethiopia, as well as the Coptic Christian church of the Middle East. Nonetheless, even to this day, custody of the church still falls to a descendant of Ubadeh Ibn al-Samit, a disciple of Mohammed who was appointed by Omar the Just as a judge in Jerusalem. One branch of the Muslim family is the keeper of the key, and another branch has rights to open and lock the church; such is the tapestry of history woven through this remarkable holy site.

It is impossible to know exactly which parts of the contemporary building are attributable to exactly which era of history, authority, or faith. There are mediaeval replicas, and a model from the 18th century is in the museum of the Most Venerable order of Saint John, at St Johns Gate, Clerkenwell.



Ornate Ceiling Decorations in the Church of the Holy Sepulchre



(vii) Palestinian Recipes from St John Eye Hospital

Asuncion Verity, OStJ

This chapter is a tribute to the staff who work in the kitchen of St John of Jerusalem Eye Hospital.



'Palestinian Cuisine - A Magical Journey of the Senses'

The Hospital of St John in Jerusalem has, arguably, the finest kitchens, staff, and food that any hospital could hope for. Over my many visits to the Holy Land I have been enthralled by the variety and richness of the ingredients, flavours, colours and spices of Jerusalem, and these are reflected in the wonderful dishes prepared by the kitchen staff at St John.

Due to the geographical location of Palestine, there is a wide availability of ingredients, from fish from Galilee to the seafood and spices of the Mediterranean. As a result, there are hundreds of wonderful recipes.



Our staff start very early in the morning preparing breakfast for the patients, for the outreach team, and for theatre staff, this is followed by lunch for patients and employees and, later on, dinner. In truth, they rarely stop working. Yet they are the unsung heroes of the Hospital, sustaining her patients and staff alike, never complaining, always with a smile. These recipes are written so that the reader can perhaps enjoy a small part of Jerusalem. They are written with gratitude and respect to our staff in our hospital kitchens.

Mealtimes in Palestine are more than just nutrition. They are a central part of their culture. Indeed, Palestinian life revolves around food, for day-to-day life, weddings and celebrations, high days and holidays. Food enters every aspect of life, bringing family and friends together, making an event out of the ordinary.



Maqluba (مقلوبة)



Maqluba (مقلوبة) – Meaning ‘upside down,’ is a rice dish layered with fried vegetables (eggplant, cauliflower, carrots, potatoes), meat (chicken or lamb), and spiced rice, then flipped upside down before serving.

Ingredients (serves 6–8)

- 1 whole chicken (cut into pieces)
- 2 large eggplants (sliced and salted)
- 1 medium cauliflower (cut into florets)
- 2–3 potatoes (sliced into rounds)
- 2 carrots
- 3 cups basmati rice
- Oil for frying vegetables

Spices for broth:

- 1 onion (halved)
- 3–4 garlic cloves

- 2–3 bay leaves
- 4–5 cardamom pods
- 1 cinnamon stick
- 1 tsp black peppercorns
- 1½ tsp salt

Spices for rice:

- 2 tsp baharat
- 1 tsp curry
- 1 tsp ground turmeric
- 1 tsp cardamom
- Salt & black pepper to taste



Instructions

1. Prepare the broth

- Place chicken or meat in a pot with water, onion, garlic, bay leaves, cinnamon stick, cardamom, peppercorns, and salt.
- Bring to a boil, skim foam, then simmer until meat is fully cooked (about 45 min for chicken, longer for lamb/beef).
- Strain and reserve the broth.

2. Prepare vegetables

- Slice eggplant, salt for 20 minutes to release bitterness, then pat dry.
- Fry eggplant, cauliflower, carrots and potatoes until golden. Drain on paper towels.

3. Layer the Maqluba

- In a large heavy-bottomed pot (nonstick helps), arrange tomato slices (optional, for decoration) at the bottom.
- Add a layer of meat, then fried vegetables.
- Spread soaked rice evenly on top.
- Sprinkle rice with ground spices.

4. Add broth & cook

- Carefully pour reserved hot broth over rice until it just covers everything (about 4–4½ cups liquid).
- Cover pot, bring to a boil, then reduce to low and simmer for 40–50 minutes, until rice is cooked and liquid absorbed.

5. Flip & serve (below)

- Let the pot rest for 10 minutes.
- Place a large serving platter over the pot, hold tightly, and flip in one motion.
- Gently lift the pot off—Maqluba should hold its shape like a cake.
- Garnish with toasted nuts and parsley (optional).



Palestinian Hummus

Many Palestinians emphasize hummus as part of their culinary identity and land-based traditions.

Hummus حمص بالطحينة is a creamy spread made of **chickpeas, tahini (sesame paste), olive oil, lemon juice, and garlic**. It's one of the most iconic dishes of the Middle East and Mediterranean, eaten with bread, vegetables, or as part of a mezze (a table of small dishes).

Ingredients

- 1 cup dried chickpeas
- ½ tsp baking soda (for soaking)
- ½ cup tahini
- ¼ cup fresh lemon juice
- 2–3 garlic cloves, crushed with salt
- ½ tsp ground cumin (optional but common in Palestine)
- ¼ cup extra virgin olive oil (plus more for topping)
- Salt to taste
- Water (cold or chickpea cooking water)



Instructions

1. Soak chickpeas overnight in plenty of water + ½ tsp baking soda.
2. Next day, drain and rinse, then boil with fresh water and ½ tsp baking soda until **very soft** (skins may float — skim them off).
3. While still warm, blend chickpeas in a food processor with garlic, tahini, lemon juice, cumin, and salt.
4. Add olive oil slowly while blending. Thin out with cold water or chickpea water until creamy.
5. Serve in a shallow dish, swirl the surface with a spoon, drizzle with olive oil, and garnish with:

- whole chickpeas
- chopped parsley
- paprika or cumin
- (optional) pine nuts fried in olive oil



This is how one would eat hummus for breakfast in Jerusalem or Ramallah, with fresh pita/taboon bread, olives, pickles, and falafel.

Palestinian Mint Lemonade ('Limonana')

Ingredients (4 servings)

- 4 large lemons
- 3–4 tbsp sugar
- 3 cups cold water
- 1 cup fresh mint leaves
- Ice cubes
- Lemon slices & mint sprigs (for garnish)



Instructions

1. **Prepare the lemon juice**
 - Squeeze fresh lemons and strain out the seeds.
2. **In a blender, add**
 - lemon juice
 - sugar (brown or white)
 - mint leaves
 - half the cold water
 - a handful of ice
3. **Blend** until smooth and mint is finely crushed (the drink will turn a bright green).
4. **Add** sugar, water, and ice to taste.
5. **Serve:** Pour into glasses over ice, garnish with mint sprigs and lemon slices.



Freshly squeezed lemon juice.

St John's lemons, prepared in the kitchens, enjoyed in the Eye Hospital gardens!

(viii) Jerusalem the Golden

A private collection of images



Jerusalem the Golden



Jerusalem the Golden



JERUSALEM

1023 2023
Millennium

In 1023 AD Amalfitan traders assumed responsibility for an ancient hospice within the walls of the City of Jerusalem.

A thousand years later, their legacy is one of service and compassion to countless people across the world.

This is a story of hope at difficult times, and an ethos of care which lies at the very heart of the five Johannine Orders today.



PRO FIDE PRO UTILITATE HOMINUM

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Jerusalem 1000 constantly seeks to improve and refine its content.
For comments, queries, and suggestions please email: Info@SOA.Global

David H Verity



Order Hospitaller
October 2026

Jerusalem 1000 acknowledges the excellent service from Mark Biddiscombe at Summit Print Ltd, Redhill

לאלו שלום ירושלים
ישליו אהבין

תהלים קנב,ו

اسألوا سلاماً اورشليم.
ليستح محبوك.

مزمور ١٢٢: ٦

Pray for the peace of Jerusalem!
May they prosper who love you!

PSALM 122 : 6

St John

Millennial Ethos of Care
& the Enduring History of the Eye Hospital of Jerusalem



JERUSALEM
Millennium
1023 - 2023

Ethos, Excellence, Endurance