One St John

THE INTERNATIONAL HISTORICAL JOURNAL OF THE MOST VENERABLE ORDER OF ST JOHN

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

Inside this volume:

St John International

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A message from the Lord Prior

'One St John' has been chosen as the name of this new international historical journal of the Order because it emphasises our unity across the 127 years since Queen Victoria granted us Crown recognition in 1888.

It is also a statement of purpose of our worldwide family of linked organisations making up the Most Venerable Order of St John.

This is both an ideal and a program for action. As well as stating what St John wishes to be, 'One St John' encapsulates what to expect of the members of the St John family around the globe—a high level of cooperation across national and territorial boundaries. I am confident that *One St John* (the journal) will quickly become a means for helping realise the One St John ideal.

Our new journal will become the third historical journal currently being published. The Priories of both Australia and England and the Islands have been producing their own historical journals for many years now, with the main readership of each within its own Priory. This journal will appeal to a broader readership, drawing contributions from around the globe and inviting participation from all sections of the Order. In doing so, it will demonstrate that wherever the branches of the Order extend they all grow from the one tree and exist for the same charitable purposes encapsulated in the second of our Latin mottoes—*Pro utilitate hominum*, 'for the service of humanity'.

I trust that *One St John* will quickly establish itself, soon proving an important initiative. I applaud the Editors and wish them well as they work to establish the journal as an integral part of the Order's endeavours.

Finally I commend the journal highly to readers everywhere in the worldwide federation of One St John. I am sure they will gain much from reading it.

Neil Conn GCStJ, Lord Prior

A new journal of St John history

One St John is an entirely new venture in the 184-year life of the organisation which has evolved into the Most Venerable Order of St John.

The Order has previously produced many books, newsletters and journals reflecting on its history, but until now no one has attempted to span the entire worldwide St John community or—as the Lord Prior calls it—the Federation of One St John. Certainly no one has ever published a St John journal of history entirely on-line.

This new venture in historical publication raises certain questions. Is such a journal necessary? Who will read it? Where will it gather its material? Who will write the articles? Who will decide whether or not particular contributions will be published? How will the journal preserve balance between the various nationalities embraced within the Order?

We will not attempt to answer all such questions here and now. We trust that as further volumes are published these questions will be answered by the very nature of *One St John* itself. Instead, at this point we will set out our reasons for wishing to produce a journal like this. We will then go on to foreshadow the kind of journal *One St John* will be.

We decided to publish *One St John* as a result of our experience with *St John History*, the annual journal of the St John Ambulance Historical Society of Australia. For the past 16 years the Historical Society has been conducting an annual seminar at which various Australian St John members interested in history deliver presentations on topics they have investigated. The Historical Society collects the papers presented at the seminars then publishes them in the next edition of *St John History*. By this means over 250 historical articles have now been published in successive editions of *St John History*.

After his appointment as Lord Prior last year, Dr Conn asked us to consider ways in which the articles appearing in *St John History* could reach a wider audience than its existing Australian readership. Rather than try to 'internationalise' *St John History*, which is published as a print journal and circulates mainly in Australia, we proposed that a wholly new, internationally focused and entirely on-line journal was required. The Steering Committee of the Order's Grand Council approved our proposal in February 2015.

We believe that *One St John* should serve the worldwide St John community by:

- promoting a sense of unity, fraternity and common purpose across the worldwide family of organisations, foundations and establishments belonging to the Most Venerable Order of St John
- fostering interest and pride in the Order's history, heritage and traditions

- encouraging individuals within the Order's organisations, foundations and establishments to record, research and publish information on aspects of the Order's history.

As to the kind of publication *One St John* should be, we believe that an historical journal appealing to the worldwide St John family should:

- appeal to the broad spectrum of the international St John 'family' rather than only to the narrower range of scholars specialising in university-level historical studies
- contain articles that result from enterprising, diligent research and are pitched at the level of the intelligent general lay reader
- use a style of language that is plain, direct, jargon-free and easily read
- select its articles from a wide range of authors, the main criteria for selection being that articles submitted for publication be original, well-researched and well-written
- reflect the national and cultural diversity of St John members, who are the citizens of dozens of nations.

Bearing all that in mind, we have compiled this inaugural edition of *One St John* from articles previously published in *St John History*. Despite that, we are sure readers will agree with us that this edition is, as appropriate, internationally focused. Subsequent volumes will increasingly draw material from around the globe and from a wide, diverse range of authors.

Our final point in introducing the readers to *One St John* is to thank its designer, Ms Gabrielle Lhuede, National Publications Manager of St John Ambulance Australia. She has ensured that you the readers have a journal as visually attractive as we hope the articles herein are historically interesting.

That having been said, we now invite our readers to read on, judging for themselves whether or not *One St John* Vol. 1 has achieved its objectives.

Ian Howie-Willis KStJ & John Pearn GCStJ, Editors

The Most Venerable Order of St John: From *Langue* to Order

Anthony Mellows GCStJ

Professor Anthony Mellows is the immediate past Lord Prior of the Most Venerable Order of St John. As such, he was the Order's worldwide administrative head and the chairman of its international Grand Council. In civilian life his career has been as an academic lawyer, spending much of his professional life as a Professor of Law in the University of London, of which he is a Professor Emeritus. His appointments have included Dean of the Faculty of Law in Kings College of the University. He is the author of standard text books on taxation law, the law on trusts and succession law. He has also been a practising lawyer and for many years was the senior partner in a central London law firm. More recently he has been a legal consultant to a firm in Lincoln's Inn.

Away from the Law, Professor Mellows has served as a reserve officer in the British Army Intelligence Corps and on the General Staff. A leading Anglican layman, in 2003 he was awarded the OBE for services to the Church of England. He has also worked for the British Academy of Film and Television Arts (BAFTA), chairing awards panels selecting BAFTA awardees in the areas of directing, producing and scriptwriting.

Professor Mellows became a member of the Order of St John in 1980. He served as a member of its then Council and Chapter-General. He has been a Great Officer of the Order since 1991, originally as Chancellor, then as Deputy Lord Prior, Vice-Lord Prior and as Lord Prior, 2008–2013. Elizabeth Mellows (the Lord Prior's wife) has also been much involved in St John, with particular interests in the Order's heritage properties and the Jerusalem Eye Hospital. Professor Mellows is a Bailiff Grand Cross of the Order and Mrs Mellows is a Dame of Justice. The paper from which this article is derived was the keynote address at the International Symposium of the St John Ambulance Historical Society of Australia in Sydney on 19 May 2012.

It was on 8 March 2009. The then Secretary of the St John Ambulance Historical Society of Australia, Dr Ian Howie-Willis, was taking my wife and me on a conducted tour of the Australian War Memorial in Canberra. Towards the end of our visit he pointed to his St John Ambulance Australia tie, and asked me if I had one. I did not. There and then he took off his own tie and gave it to me. It is the one which I am wearing today. In the course of making numerous St John visits in many countries I have been given a good number of ties, but this was the first time that I had been given a second-hand one! Basking in the warmth of that generosity, how could I possibly refuse the request which soon followed to give this talk?

As well as wishing to respond to Dr Howie-Willis's invitation, there are three reasons why I am delighted to be taking part in this Symposium. First, it gives me the opportunity of complimenting the St John Ambulance Historical Society of Australia on this splendid initiative; a first. By bringing the stories of the different Priories together in one day, the Symposium is emphasising one of my key messages as Lord Prior: that although we have many parts, we are one body.

Second, it gives me the opportunity of complimenting the Historical Society also on the excellent quality of its publications. Since Ian invited me to become a member of the Society I have always looked forward to receiving and reading its papers.

The Grand Council's approach to the history of the Order

The third reason why I am very pleased to be taking part in the Symposium is that next week, when I will be chairing the meeting of the Grand Council of the Order, will mark the tenth anniversary of the decision of the Grand Council in 2002 as to the approach which should be adopted in dealing with the history of the Order. Amidst a welter of differing statements and interpretations—many mutually inconsistent or even outright contradictory—which were being made, the Grand Council decided that four principles should be followed, and this Symposium gives me the opportunity of repeating them. They are as follows:

1. the Order of St John—'our' Order, the Order which was incorporated by Queen Victoria's Charter—is not the same body as the original Order of the Hospital of St John, which emerged into the Order of Malta;
2. there is, however, an unbroken factual connection between the original Order and our Order;[1]
3. our Order does not derive its legitimacy as a result of it having been conferred by the original Order; but ...
4. our Order derives its legitimacy from a direct act of the Crown.

This talk reflects those four principles; but I have been given an impossible task: to cover 600 years of very complicated history in 20 minutes. I cannot possibly do justice to it. Necessarily I will need to speak in broad, general terms, to which there can be many qualifications. And in many respects the position will differ according to the exact point of time which is being considered. My aim is to present the overall picture. In order to do so, I will concentrate on the beginning and the end, and skip rapidly over what came in between.

Langues

So I start with the Langues, a French term meaning 'tongue' or 'language' which in the original Order came to have geographical and linguistic connotations. The background is that from early in its history the original Order rapidly developed geographical organisations; principally Grand Priories, each headed by a Grand Prior.[2] The concept of these organisations pre-dated that of Langues and continued in force after that of which the Langues had been developed. There was no question of the Grand Priories being subsumed in the Langues. Langues first came into existence in about 1260. In summary:

- The concept was that wherever a group of members of the original Order was situated, for the time being, that was the central headquarters of the original Order: Cyprus, Rhodes, Malta. The members of a Langue were congregated together because they spoke a language which was more or less understandable to each other.
- Crucially, a Langue was a religious group: all the members of a Langue were 'professed'.
- Each Langue came to be related to one or more Grand Priories, but did not supersede the Grand Priories, which continued in existence.
- The Langue of England related to the Grand Priory of England (which formally included Scotland) and the Grand Priory of Ireland.
- There were two essential elements in the relationship between a Langue and a Grand Priory: one, the Langue had oversight of the Grand Priory or Grand Priories to which it was related; and two, it accounted for the inflow of money and recruits from those Grand Priories to the centre. The Langue thereby came to have great influence.
- That influence of the Langues increased, and a Great Office came to be attached to each Langue. The Office of Turcopolier (the high officer responsible for mercenaries) came to be attached to the headship of the Langue of England.

Although with the passage of time the expression more loosely came to embrace the Grand Priory or Priories to which it was related, the essential nature of a Langue was of a religious group based at the centre of the Order.

England and the Reformation

I must next mention very briefly the original Order in England at and after the Reformation, although, as will be seen, this is not an essential part of the outcome of the story.

The Grand Priory of England had come to be regarded as a corporation.[3] By the Act of Dissolution of 1540, King Henry VIII:

- dissolved that corporation;
- discharged the brethren from the obligations of their profession, and made them 'civilly alive'[4], and
- expropriated all the property of that corporation.

Following her accession in 1553, Queen Mary I procured the restoration of the organisation of the original Order in England by the papal legate, and by Letters Patent of 1557 incorporated the restored entity.

It was short lived. In the following year, when Queen Elizabeth I had acceded to the throne, she expropriated all the property of that restored entity. She did not formally dissolve the corporation, but no further appointments were made to it within her Dominions, and although the point has never been decided by a court, very probably the corporation ceased to exist when the last member of the restored body died.[5]

1540 to 1858

As I have said, a Langue was separate and different from a Grand Priory. The original Order could, therefore, treat the Langue of England as continuing to exist notwithstanding that the corporation in England came to an end.

I need say nothing in this talk about the fall of Malta in 1798 and the subsequent disarray which overtook the original Order.

It is also well-known that in the mid-1820s the French knights (who were the majority of the surviving members of the original Order) supported by those in Spain and Portugal, sought to raise an expeditionary force to aid the Greeks, who were in revolt against the Turks. These knights offered membership of the Order to those who were willing to fund that force or to serve as officers in it. This offer was made irrespective of religious denomination and affiliation.

These approaches were followed in 1831 by a formal approach to revive the English 'Langue', but this was a misuse of the term as the members were not professed. Thereafter, both Protestants and Roman Catholics were appointed to the revived body.

The initiative of the French knights was without authorisation from the original Order, but most if not all of those involved acted in good faith, and thought that they were becoming members of the original Order in its then current form.

In the meantime, some Roman Catholics in England were being appointed to the original Order which was to become known as the Order of Malta. So for part of the nineteenth century in England both Protestants and Roman Catholics were being admitted to the revivified body, and Roman Catholics alone were being admitted to the Order of Malta.

The Order of Malta maintained the concept of Langues until the mid-1850s when, two decades later, that Order was re-organised to create the present system of Grand Priories and National Associations.

1858

1858 is a not a date as well known in our Order as some others, but it proved to be crucial. In that year the Order of Malta shut the door on the revivified body, firmly declaring that the body itself and its members were not part of the Order of Malta. That left the members of the revivified body with a choice: either to disintegrate or seek to establish the body as an Order in its own right. They chose the latter.

1858 to 1888

The years 1858 to 1888 saw a crescendo of activity. The pivotal dates are too well-known to require comment:

- 1877 the Foundation of the St John Ambulance Association
- 1882 the Foundation of the St John Ophthalmic Hospital
- 1887 the Foundation of the St John Ambulance Brigade.

But there was much other activity. As to charitable service delivery:

- in the early 1860s, on a limited scale, work began in hospitals, there was provision of suitable food for patients, and
- in 1876 the first move was made to start an ophthalmic hospital in Jerusalem (with an approach to Sir Henry Elliott, the British Consul-General in Constantinople) for assistance in acquiring suitable land.

In 1874 the Life Saving Medal was instituted, and hence its prominent place in the Order's present Statutes.[6] Also in 1874, St John's Gate was acquired.[7] It was an acquisition of great symbolic significance. Cardinal Wiseman had hoped to acquire it for the Order of Malta's British Association, which was to be formed in the following year.

And the name of the revivified body was changed. There had been a number of variants since 1831, but they placed emphasis on inclusion of the word 'Sovereign', to link with the original Order. And so in 1875 the name was changed from 'Sovereign and Illustrious Order of St John of Jerusalem, Anglia', to a name which would be more acceptable in seeking recognition from the Crown, to which I now turn.

Obtaining the Charter

Three attempts were made to bring the revivified body within the aegis of the Crown. The first petition was as early as 1861 (only three years after the rejection in 1858) but the petition was rejected. The second petition in 1873 was also rejected. But at that time, as, perhaps, at every time, it is who you know that matters. Highest level members were attracted. They included:

- 1872—Albert Edward Prince of Wales
- 1876—Alexandra Princess of Wales
- 1885—Princess Beatrice
- 1885—Princess Louise[8]
- 1885—the Queen of Sweden and Norway
- 1887—the Queen of Denmark.

The third petition was presented by the Prince of Wales in 1887, and the Charter was granted in the following year.

The Charter

The Charter of 14 May 1888 was granted to the Order in exercise of the Royal Prerogative and so formed part of the law of the United Kingdom in parallel with Acts of Parliament.

What did the Charter do?

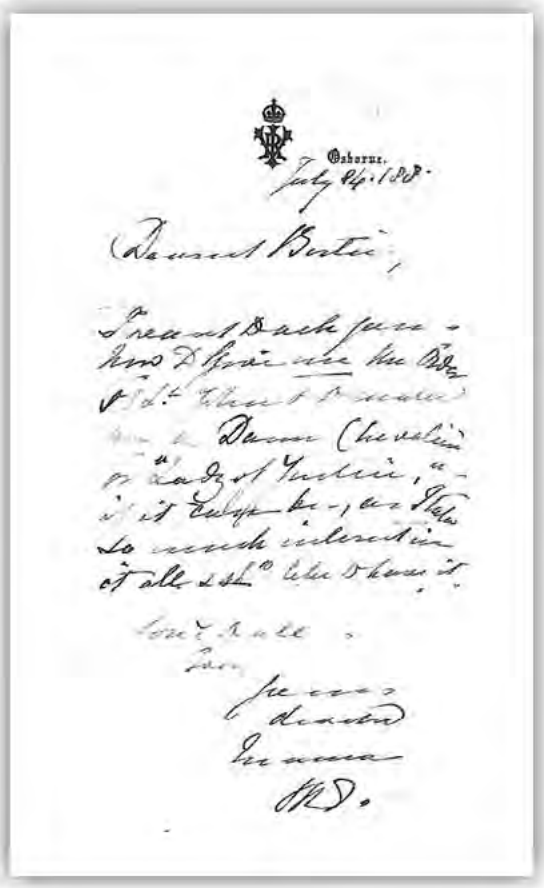
But what, exactly, had the Charter done? There appears to have been a good deal of confused thinking.

The Charter incorporated the Order under the name of 'The Grand Priory of the Order of the Hospital of St John or Jerusalem in England', and declared that it should be 'the Head of the Order of the Hospital of St John of Jerusalem in England'. This was clearly harking back to the original Order, and on its terms would include all members of the original Order, or the Order of Malta as it had become, in England, but that point has never been taken.

Although the grant of the Charter was an act of the Queen in right of the United Kingdom, the Order still appears to have been regarded as having had a foreign aspect. In the 1880s there was no Order of Wear (generally prescribing which orders, decorations and medals could be accepted and worn, and in what sequence), but Queen's Regulations for the Army, did prescribe this for military personnel. The 1889 Regulations officially prescribed the insignia of the Order of St John for wear, but after (all other) British Orders, Decorations and Medals. This was probably because the Order of St John was thought of as being in some way partly foreign. Of course, the position in which the Order's insignia is to be worn was subsequently promoted and varied from time to time thereafter, but that is another subject.

Reference to the Homage Roll is also instructive. It was instituted on 23 June 1888, and was signed at the head by Queen Victoria. All other members of the Order were to sign a demonstration of chivalric allegiance to the Sovereign Head.

In the following month, Queen Victoria wrote to her eldest son, Albert Edward, the Prince of Wales (later King Edward VII), from Osborne House, the royal residence near East Cowes on the Isle of Wight.[9] The following image shows the relevant parts of that letter. It is not easily readable, but as the accompanying transcript indicates, it says:



Dearest Bertie,

I want to ask you now to
give me the Order
of St John and to
make me a Dame Chevalier
or 'Lady of Justice',
if it can be, as I take
so much interest in
it all and should like to have it.
Love to all.
Ever
your
devoted
Mama
VRI.

So far as I am aware this is the first and only occasion on which a reigning Sovereign has actually asked to be a member of any Order. However, and as we can easily appreciate, because Queen Victoria was the Sovereign Head, she was of course already a member of the Order of St John—indeed the leading member! The letter is also, perhaps, a further example of a lack of full understanding of what the Charter had done, even among those most intimately involved in its granting.

In addition, Queen Victoria's note to the Prince of Wales (known as 'Bertie' within his family) is an interesting example of motherly love. After all, how many mothers when writing affectionately to their eldest sons could sign off with initials 'VRI', the Latin equivalent of 'Victoria Queen Empress'?

Notes

1. The Declaration. A Shared Tradition issued in 2004 by the Order of Malta and the four Alliance Orders, including the Order of St John, described the Alliance Orders as 'stemming from the same root' as the original Order.
2. Other organisations with geographical connotations were Commanderies and Preceptories.
3. A corporation is in law an entity separate from the members who comprise it. In the Middle Ages a corporation could be created by the Pope or the King; or without any formal creation, a body could come to be accepted as a corporation by common usage.
4. When a person took full vows, he was regarded as becoming 'civilly dead', that is, no longer subject to civil proceedings. By taking such vows, including the vow of poverty, the person was in any event assetless. The 1540 Act reversed this position for those who had been members of the Order up to that time.
5. A corporation, even if created by Royal Charter, including Letters Patent, is generally regarded as ceasing to exist when it no longer has any members and no longer has any money or assets.
6. The general drafting convention with regard to Objects clauses in Statutes is to list them in their order of importance. Statute 4(d) of the Statutes presently in force deals with the award of such medals before making any reference to the Eye Hospital or St John Ambulance.
7. Outstanding rights were acquired in June 1888.
8. The representation of Queen Victoria on the obverse of the Service Medal is taken from a portrait bust made by Princess Louise.
9. I am indebted to Dr Christopher McCreery MVO, the historian of the Priory of Canada, for first drawing my attention to the existence of this letter; and to the Royal Archives for tracing the original. The extracts are reproduced with permission of the Royal Archives. There is no reply to the letter in the Royal Archives.

The Museum of the Order at St John's Gate

Gary Maydon

Mr Gary Maydon is the Priory Secretary of the Priory of England and the Islands. He joined St John in 2005 and in addition to being Priory Secretary he is also the Company Secretary and Legal Counsel of St John Ambulance. He is a qualified Barrister and also a Chartered Secretary. He holds a first class honours degree in Law from the University of London and a Masters Degree in Law from Wolverhampton University. He was called to the Bar as a Barrister at the Middle Temple, London. As Priory Secretary, Mr Maydon has executive responsibility for all Priory matters in England and the Islands, including responsibility for the Museum and Library at St John's Gate.

Above, the rear buildings of the Grand Priory of England, in Clerkenwell, as seen by the artist Wenceslaus Hollar in the mid-1600s.

Left, St John's Gate, Clerkenwell, London, where the Museum of the Order of St John is housed.

The Museum of the Order of St John is based in St John's Gate in Clerkenwell, London. Built in 1504, it was once the gateway to the old Priory of St John. In July 2009 the Museum closed to allow for a complete redevelopment of the galleries and historic rooms. The Museum re-opened to the public in November 2010, and now showcases its world class collections in state-of-the-art galleries, which combine modern technology and accessible interpretation, opening up the story of St John to a new and wider audience.

The redevelopment was funded by the Heritage Lottery Fund in the UK, by other large grants from bodies like the Wellcome Trust, and from many smaller donations from both within St John, and externally. In the first operational year, visitor numbers have improved by 50%, from 12,000 pre-opening to over 18,000 visitors annually. This is in excess of our

targets, with the majority of the visitors being new and with no previous connection to St John. We are grateful for the donations received from the Priory in Australia and the St John Ambulance Historical Society of Australia.

As most readers will be aware, the story of St John is long one, and it has been a challenge to weave multiple and often disparate histories into one coherent narrative in the Museum displays. However, the Museum has managed to achieve this through breaking the history into distinct sections that are explored in separate spaces. The Museum now has four galleries, which each take one aspect of the narrative, exploring it in greater depth. A light summary text leads the viewer through the story, and this text is supported by object-based displays and audio-visuals, which examine particular aspects of history in more detail. The accompanying image of the sixteenth century former Priory buildings is taken from a display in the Priory Gallery, which discusses the Order's role in England and its relationship to Clerkenwell.

The removal of three stories of the former Museum building to create the new Link Gallery, 2009 (below).

The separate narratives of the Museum are brought together in the 'Link Gallery', a unifying space that has been created through relocating the former reception area and opening up the original courtyard in the centre of the building.

The former reception area was completely gutted to create the new Link Gallery, a connecting space between the Order Gallery and the St John Gallery. The Order Gallery tells the story of the Order overseas, from its beginnings in 11th century Jerusalem, through to its departure from Malta, following the invasion of Napoleon in 1798. At the other end of the Museum is the St John Gallery, which picks up the story at the end of the 19th century, with the foundation of the modern order in England, and the creation of the St John Ambulance charity.

To create the linking space, three stories of the original building were removed, together with a false ceiling. The roof has now been lifted and replaced with plate glass above the first floor level to create a dramatic, double height space, which reveals the Tudor origins of the building.

Today, the Link Gallery is a seamless marriage of ancient and modern. The gallery is intentionally quite empty, as it allows visitors to appreciate the building as an exhibit. The main feature is an audio-visual timeline, featuring multiple short films that run simultaneously and tell the story of St John from 11th century Jerusalem through to the present day. The Link Gallery also functions as a reception space, and

provides toilet and shop facilities. The space now lends itself not only for St John functions, but also for corporate hire.

While there has been a museum at St John's Gate since the early 20th century, regular public admission was not possible until 1978, when a more accessible Museum was created in a ground floor room that was formerly a first aid station. Typical of the period, the old types of display cases were still being exhibited in the Museum in 2009, when it closed for re-development. Lacking any sort of environmental conditioning, the previous museum conditions meant that many of the more delicate objects from the museum collections could not be displayed, and poor security was also a major concern.

Today, the St John Gallery is a brighter and more open space. Rather than concentrating on St John in war, the displays take a wider view of the Order and St John Ambulance, following the refoundation of the Order in England in the later part of the 19th century, and concentrating on St John as an international humanitarian organisation. Audio-visual displays draws together the many different aspects of St John today, and explains the relationship between the Order and St John Ambulance internationally, and also highlights the St John Eye Hospital.

As with many museums, the gift-shop is an essential requirement. Through the reconfiguration of exhibition spaces, the shop and reception have been combined and are now located in a former gallery, which, due to poor environmental conditions, was unsuited to exhibition display. By combining the Priory aspects in other parts of the Museum we have been able to create a modern and light-filled reception and shop area. This enabled us to re-establish the full use of the original entrance to the Gate, which was previously covered.

Turning to the historic suite of rooms located on the second floor of St John's Gate, these too have undergone extensive redecoration and upgrading, while retaining an essentially unaltered appearance. Again, these rooms have been networked for computer use, are WiFi-enabled, and fitted with CCTV. In addition to internal use, these rooms have been refurbished in order to facilitate commercial hire.

The Council Chamber is located directly above the arch of St John's Gate, and continues to function as a meeting room, including for our regular Trustee meetings. The paintings of

The former Order Gallery being stripped in November 2009, and reconstructed, 2012.

Edward VII, along with a companion portrait of Queen Victoria, have both recently been restored, an example of the Museum's continued efforts to maintain high standards of presentation throughout the buildings. All such spaces are increasingly used for commercial hire, generating a much needed source of ongoing income for the Museum.

The Chapter Hall is the most significant of the historic rooms in St John's Gate. The buildings are all Grade I listed due to their architectural importance, and it has therefore been essential to carry out all construction and alteration work with considerable sensitivity, and under the watchful eye of English Heritage. The Hall is the room which is now most in demand for commercial hire.

Almost immediately following the opening of the new Museum, we were presented with the opportunity of acquiring what is probably the most significant Order artefact to have come on to the market in decades. The portrait bust is undoubtedly that of Jean de la Valette the hero of the Siege of Malta in 1565, and it is thought to have been commissioned just after the end of the Siege as one of the many gifts presented to Valette from amongst the grateful Western European States. It is attributed to the world famous sculptor of the time, Leoni Leoni. The window of opportunity to purchase the bust from well-respected international dealers was very short, but after a whirlwind fundraising exercise, again including a significant grant from the Heritage Lottery Fund in the UK, the acquisition was concluded towards the end of 2011. It is now displayed in pride of place in the main showcase that greets visitors as they enter the main Museum Gallery.

The images included in this article clearly present a convincing case as to why the redevelopment of the Museum was necessary. However, in summary, our reasonings were:

- the old galleries were dated, and in order to ensure the preservation of the collections, new display conditions were essential;
- the buildings were not user-friendly. A comprehensive refurbishment has enabled an upgrade of the entire site to meet modern access requirements.
- the redevelopment has provided an opportunity to open up the buildings to new uses, such as corporate hire, generating much needed income, and also having the added benefit of raising the profile of the organisation.
- the new galleries have enabled the Museum to show a far greater diversity of the collection. Delicate manuscripts and light sensitive drawings can now be displayed without fear of deterioration.

Finally, the newly improved Museum tells the St John story to an audience beyond St John. Modern, coherent and engaging displays are designed to appeal to a wider range of viewers, and the improving visitor numbers show that the Museum is moving in the right direction.

The key features of the new Museum include:

- new double height link gallery
- new entrance under arch
- new reception area
- new learning centre above the Church
- more exhibition space
- more objects on display
- sensory garden at the Church open to public
- Church and crypt open to public.

Below left, the St John Gallery before and (right) after the renovation.

Below left, the Priory Gallery in 2009 before renovation and in 2011 as the new, essential, shop.

Below left, the renovated Council Chamber, 2012, and (right) the Chapter Hall, 2012, set for dinner under commercial hiring arrangements.

To give an idea of the length of the project, the key dates were:

- Museum closure: July 2009
- de-installation of collections: August 2009
- clearance of site: September 2009
- building work began: October 2009
- building work completed: June 2010
- Museum informal opening: August 2010
- Museum official opening: November 2010.

The total project costs currently stand at £3.34 million, which has been funded from a variety of sources, including:

- £1.6 million, Heritage Lottery Fund
- £304,000, The Wellcome Trust
- £100,000, The Garfield Weston Foundation
- £100,000, The Wolfson Foundation
- £100,000, London District St John Ambulance
- £70,500, Order Member Mailout
- £70,000, Priory of the United States
- £52,000 from fundraising events: Polo (£20,000), Fundraising Dinner (£24,000), Concert (£8000)
- £650,000 from individual donations and smaller grants including donations from grant-giving trusts, private organisations, companies and individuals.

There remains a shortfall of just under £300,000, for which the Museum is still actively fundraising.

A sight for sore eyes. The St John Eye Hospital of Jerusalem

Philip Hardaker KStJ

Mr Philip Hardaker is a former Hospitaller of the Order. As such, he was responsible for the Order's Jerusalem Eye Hospital, which he represented on the Grand Council. He was also Director and Company Secretary of the Hospital and chairs its Board, a responsibility he undertook in June 2011. A chartered accountant by profession, on the Board he also has special responsibility for finance and has been a Board member since 2006. Mr Hardaker is a former UK partner of the accountancy and management consultancy firm KPMG International and has served as the regional executive for the firm in the Middle East and South East Asia. He joined KPMG as a trainee in 1966 and remained with the firm until his retirement in 2004. He is a Fellow of the Institute of Chartered Accountants in England and Wales. Away from the Eye Hospital, Mr Hardaker has had a long involvement in charitable endeavour. He is a trustee of the Charities Aid Foundation (CAF), an international non-governmental organisation providing specialist financial services to other charities. He has also chaired CAF's Audit, Risk and Compliance Committee. He has also been a member of the Board of York University.

Much has been written over the years on the early history of the St John Jerusalem Eye Hospital. For example, only two years ago my predecessor as Hospitaller, Mr John F Talbot, delivered a paper to this Historical Society's annual seminar in Melbourne. His topic was 'The Foundation of the Eye Hospital, Jerusalem' (*St John History*, Vol. 10, pp 35–48).

This present article will therefore take a different approach. Its theme will be the Hospital's response over the years to varied patient needs. My argument will be that the Hospital has always been responsive to its patients' needs, ever since the Order of St John decided in the mid-1870s to emulate the origins of the original mediaeval Order by undertaking medical work in the Holy Land.

Lady Isabel Burton, author of the 1875 book *The Inner Life of Syria, Palestine and the Holy Land*.

I will start with the travel writer, Isabel Burton (1831–1896), the wife of the English adventurer Sir Richard Burton. In the early 1870s Lady Burton toured Palestine and Syria, then in 1875 published her journal of this trip: *The Inner Life of Syria, Palestine, and the Holy Land*. Her observations on the ophthalmological needs of the region's inhabitants suggest the reasons why the Order chose to establish an eye hospital there:

> Nowhere are there are such beautiful eyes so eaten up with dirt and disease, without hope or remedy, as in Syria. A good English oculist would be God's own blessing out there; the whole country would swarm to him.

Perhaps in consequence of Lady Burton's comments, the Order decided to focus its Holy Land activities on eye care. At this point Sir Edmund Lechmere makes his spectacular entry. Much has been written about him. He makes an obligatory appearance in nearly every history of the Most Venerable Order, and so here I need only note that he was an influential philanthropist of the Victorian era who served variously as Secretary-General

Sir Edmund Anthony Harley Lechmere (1826–1894), as portrayed by 'T' in *Vanity Fair* in 1883, the year after the Eye Hospital was established.

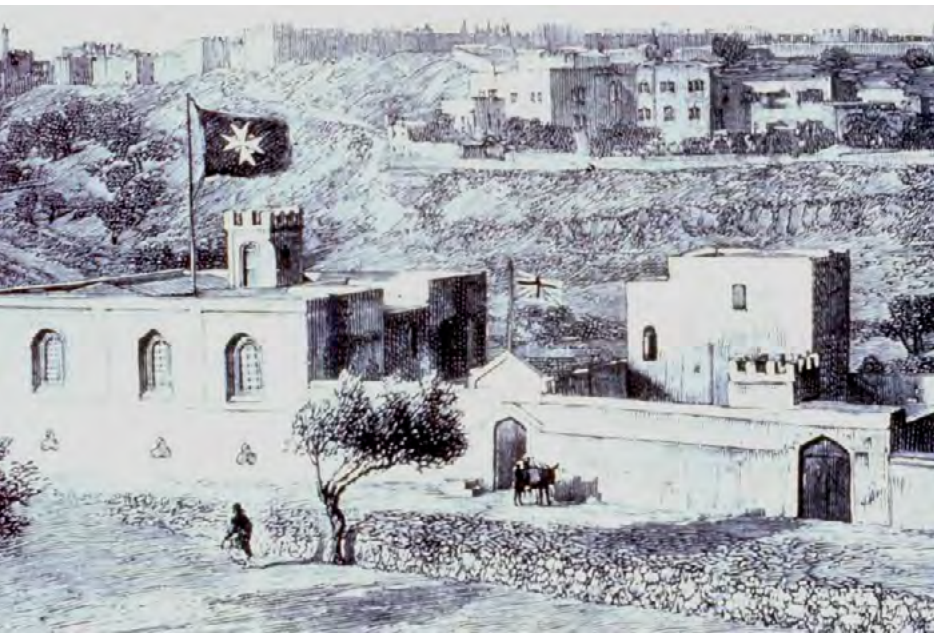
of the Order of St John, President of the Freemasons, and co-founder of British Red Cross. Lechmere visited Jerusalem on behalf of the Order in 1880 to investigate opportunities for extending its activities into the Holy Land. He reported that he:

> …came to the conclusion that, looking to the extensive prevalence of infections of the eye amongst the working population of Jerusalem and its neighbourhood, it would be impossible to find an object the value of which would be more immediately felt and appreciated than a dispensary for ophthalmic cases.

Unfortunately, however, he could find no suitable site for such an endeavour on this visit.

The first difficulty to be overcome in establishing any health and welfare facility of the Order in the vicinity of Jerusalem was that the city was a part of the Ottoman Empire ruled by the Sultan Abdul Hamid II (reigned 1876–1909) from the imperial capital, Constantinople (Istanbul). This hurdle was cleared through high-level diplomatic negotiations beginning at the ambassadorial level then extending upwards to the royal family level. As a result of representations by Albert Edward, Prince of Wales, later the first royal Grand Prior of the Order (and subsequently as King Edward VII, its second Sovereign Head), a site on the Bethlehem Road was secured. A bargaining chip in the negotiations was a similar existing grant already made to the German Johanniter Order, which had set a precedent for such grants to European charities claiming historical links with the Holy Land. A Jerusalem Hospital Committee then formed; Dr JC Waddell, a surgeon at the

A sketch of the original Eye Hospital on the Bethlehem Road, soon after it opened in 1882.



Many of the early patients travelled long distances to visit the Hospital, with much of the caseload treating endemic eye diseases such as trachoma.

During the period of the British Mandate (1923–1948) the Hospital conducted a school for first aid, hygiene, home nursing and sanitation to help eliminate preventable blindness.

Shrewsbury Eye and Ear Hospital, was appointed, and he began work in Jerusalem in November 1882.

There was no shortage of patients because news of the new hospital spread quickly. Patients flocked in from Palestine and Syria. Many travelled great distances for treatment there. The clientele came from as far away as Mesopotamia (Iraq) and Iran and included both Arabs and Jews, some of whom even travelled to the Hospital from overseas. The Hospital gave emphasis to treating the poor and the needy, and services were accordingly provided free; however, the occasional wealthy pilgrim among the patients would be charged to help funding.

From the outset the Hospital provided both primary and secondary care. Much of the workload arose from endemic eye diseases, largely trachoma and related conditions such as conjunctivitis and kerikatoma (which is mainly eradicated now although the Hospital still sees occasional cases of serious kerikatoma). There was also high prevalence of genetic disorders, and this is still the case.

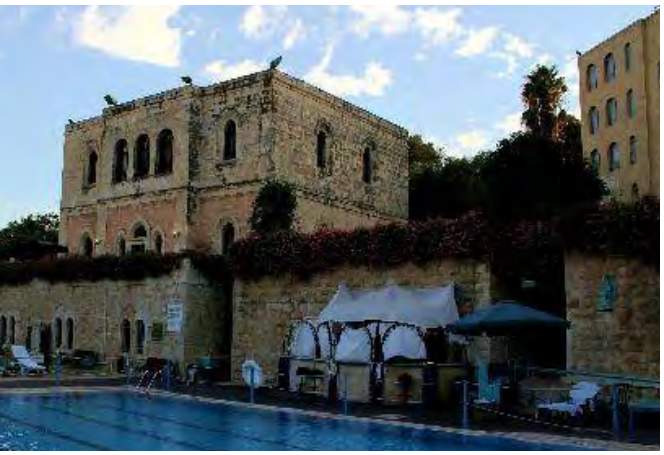
As Isobel Burton had foretold, patients from across the country swarmed in for treatment by the Hospital's ophthalmologists. The clinic was consequently often overloaded. (And despite continued expansion there has been no real change up to the present day!) To manage the influx of patients, the Outpatients' department was obliged to shut the clinic doors once the quota for the day had been admitted. Queue management was partially achieved by the surgeon ejecting those who misbehaved.

Because of the continuing demand for the Hospital to extend its clientele services, during the 1890s there was steady expansion both in expatriate staffing and the premises. The Hospital, however, was always under pressure from the increasing volume of patients.

While the Ottoman regime was probably grateful enough in the Hospital's early decades for the services it was extending to the empire's subjects, that era ended in 1914 with the outbreak of World War I and the alliance between the Ottoman and German Empires. Now considered enemy aliens, the Hospital's expatriates felt obliged to escape by whatever routes they could. The Turks (Ottomans) then used the Hospital as an ammunition store. They eventually

The Hospital relocated into the Old City of Jerusalem in 1948 to be closer to those most in need.

Mount Zion Hotel, Jerusalem, formerly (until 1948) the St John Eye Hospital of Jerusalem.



blew it up shortly before the advance of the British commander, General Allenby, into Jerusalem in early December 1917. The building, however, was of sturdy quality and the Hospital was able to reopen in 1919 after repairs.

As a result of the post-war settlement, rule in Palestine by the defunct Ottoman Empire was replaced by a British administration governing under a League of Nations mandate. Jerusalem, previously administered separately by the Orttomans, became part of the British Mandate after the War. The period of the mandate formally extended from September 1923 until May 1948.

During the mid-1920s additional facilities were constructed at the Hospital. The Mandate enabled the Hospital to train nurses for the government clinics as well as providing ongoing expertise and advice on ophthalmological matters. The Hospital also opened a training school for first aid, hygiene, home nursing and sanitation operatives to help improve living conditions and consequently eye health in the villages and urban areas of the mandated territory. This was the only period during its 130-year history that the Hospital has delivered the usual array of St John services familiar in countries where St John Ambulance is active.

Meanwhile, the Hospital's workload continued expanding. In 1933 the volume of outpatients reached 89,500 and the number of operations performed rose to 3630. These figures meant that on average the Hospital was treating 245 outpatients and performing ten operations daily. The caseload statistics continued rising through the 1930s, during World War II and into the early post-war years.

By this time, the Hospital had proved itself over and over again as a centre of excellence in eye health in the Middle East. It had also acquired a well-deserved reputation as an ophthalmological innovator for the region. This could be seen, for example, in its use of the new wonder drug, penicillin, in treating acute conjunctivitis from 1943.

The partitioning of Palestine and the creation of the Israeli state in 1948 impacted drastically upon the Hospital. Situated on the Bethlehem Road, the Hospital fell within the Jewish quarter of Jerusalem. To remain in contact with its largely Palestinian and

The present St John Eye Hospital of Jerusalem, on Nashashibi Street in the Sheikh Jarrah quarter of East Jerusalem, where it has been situated since 1960.

One of the medically equipped mini-buses used from 1983 to visit refugee settlements and Bedouin camps.

Jordanian clientele, the Hospital chose to relocate to the Old City, which had become Jordanian territory. The former Hospital building on the Bethlehem Road survives today as a luxury hotel, the Mount Zion Hotel, now formally situated at 17 Hebron Road, Jerusalem. The facade still has the Armorial crests of the Order in place.

Within the Old City the Hospital occupied two buildings between 1948 and 1960: Watson House and later Strathearn House in the Muristan district where the ancient Hospitallers' original Hospice had been. The first service to open there was a House Surgeon's out-patient clinic in Watson House. Watson House was subsequently improved and joined to Strathearn House, another property owned by the Order. Treatment remained free. During the early 1950s the Hospital began research on trachoma; however, for various reasons this program was moved to Africa. By 1959 outpatient attendances had reached 164,000 annually, a daily average of 450 patients.

Increasing severe pressure on the facilities in the Watson and Strathearn Houses complex prompted the construction of the current purpose-built Hospital in Nashashibi Street in the Sheikh Jarrah quarter of East Jerusalem. The new hospital complex was the concept of Sir Stewart Duke Elder, a leading eye surgeon, and over the years Deputy Hospitaller and ultimately Hospitaller of the Order.

The staffing of the new Hospital was possible through the support of doctors from the Moorfields Eye Hospital in London and of eye doctors from North America. A series of innovations followed. A graduate nurse training program commenced. An eye bank was opened by King Hussein of Jordan, in whose territory the Hospital was situated. This was allied to Tissue Bank International in Washington DC. Unfortunately it closed fairly quickly as it proved impractical to get enough local organ donations. King Hussein proved to be a long term supporter and benefactor of the Hospital.

The caseload of the new Hospital increased steadily. In 1965 a total of 6083 operations were performed, a rate of almost 17 procedures daily. To fund the expanding caseload the Hospital was forced to start charging for its services; however, many still received, and continue receiving, charitable treatment.

Like the partition of Palestine in 1948, the 1967 six-day war between Israel and its two Arab neighbours, Egypt and Jordan, impacted drastically upon the Hospital. Israel took over the so-called West Bank, that is a swathe of some 5860 square kilometres of Jordanian territory to the west of the Jordan River, including East Jerusalem. The Hospital was again within a zone controlled by Israel. Apart from experiencing various administrative difficulties with the Israeli bureaucracy, the Hospital again found itself cut off from some of its clientele. In particular, the overseas patients and those from neighbouring states could no longer travel to the Hospital as they previously did.

The Hospital responded to its changed post-1967 circumstances by reaching out to its clientele. It established outreach clinics and in 1983 began using medically equipped mini-buses to visit refugee camps and the Bedouin camps.

In 1992 the Hospital opened a clinic in Gaza in recognition of the needs of the Palestinian community of the Gaza Strip, which until the 1967 war had been under Egyptian control. Yasser Arafat, then the president of the Palestine Liberation Organisation, welcomed this development and promised a grant of land in Gaza. This eventually materialised in 2011.

Together the West Bank and the Gaza Strip comprise the Occupied Palestinian Territories (OPT), that is, areas either under Israeli administrative control (as in the West Bank) or militarily dominated by Israel (as in Gaza). The OPT is a region with special ophthalmological needs. With 2.5 million people in the West Bank and 1.5 million in Gaza, there is a high incidence of poverty, which is defined as the number of people subsisting on less than $1.75 a day. In the West Bank 18% of the population of 2.5 million are poor; in Gaza, 38% of 1.5 million people are poor.

In the OPT region diabetes is a major contributor to blindness. The impact of the disease on loss of sight can only be arrested, not reversed. In the OPT the rate of blindness is 17 cases per 1000 of the population and an estimated 15% of OPT residents are diabetic. (The comparable rate for diabetics in the developed world is about 3% of the population.) Because the median age of the population is very low—19 years in the West Bank and 17 years in Gaza—one effect is that many young people in the OPT are at risk of blindness.

One attempt to address this need began in 2004 with the inception of the 'ECHO' outreach program focussing on diabetic cases. Funded by the European Community Health Organisation (ECHO), for a time the program offered mobile laser treatment. After some time, however the program referred its patients to fixed outreach clinics instead.

The so-called Separation Wall, which the Israeli government began constructing in 2002, will eventually extend for 760 kilometres. As the name suggests, its purpose is to create a physical barrier between Israeli and Palestinian communities. The wall has greatly changed the logistics for the Hospital and its patients by restricting travel to and from the Hospital.

With the advance of the Separation Wall, the Hospital Board decided to open a clinic on the West Bank. Hebron, to the south of Jerusalem, was selected as the location. The clinic there opened in early 2006 and has proved a great success. It was expanded after about a year when the rest of the building in which it is located, previously occupied by a maternity unit, was vacated. As well as being a fixed location clinic, the Hebron unit has an operating theatre. Unfortunately, it is now suffering from competition from the expansion of the nearby Palestinian Authority Hospital.

Following the success of the Hebron clinic, the Hospital opened facilities in the Palestinian Red Crescent Society clinic in Anabta, just outside Nablus to the north of Jerusalem. The Anabta outpatient clinic, which focuses on diabetes, continues to expand its services.

When ECHO funding was withdrawn in mid-2011, a new approach to mobile Outreach became necessary. The program is based on a team in one vehicle operating four days a week whereas previously two teams in two vehicles were operating a total of five days a week. From November 2011 the single team has been jointly sponsored by the Spanish Cooperation Agency and the Christoffel Blindenmission. Despite this scaling back, the team still sees about 9000 outpatients a year, an average of 25 daily.

The success of the expansion policy outside Jerusalem is reflected in increased patient throughput, with the majority of growth in the West Bank and Gaza. The growth in outpatient numbers from 64,692 in 2005 to 107,138 in 2011 represents a 66% increase. It is pleasing that staffing is now primarily Palestinian, with only one expatriate doctor employed.

The Hospital's Hebron Outpatient Clinic, and right, the Hospital's Anabta Centre, servicing patients in the northern West Bank region.

Despite the difficulties of maintaining the facilities of a Hospital and outpatient clinics in the OPT, a continuing need for their services exists. To meet that need, expansion in Anabta is planned, a new building will be constructed in Gaza and the Jerusalem Hospital will be refurbished to create an extra operating theatre and day case unit.

As pointed out at the beginning of this article, change to meet the needs of its clients has been one of the Hospital's continuing themes. The tensions between the Israeli and Palestinian states and the Jews and Arabs seem unlikely to be resolved any time soon. Meanwhile the incidence of poverty, and consequently of diabetes, remains high within the Palestinian community. The need for the Hospital therefore remains.

Surgeon-Major Peter Shepherd and his 'Little Black Book'

John Pearn GCStJ & Ian Howie-Willis KStJ

John Pearn is a Professor Emeritus of Paediatrics at the Royal Children's Hospital campus of the University of Queensland. A retired major-general, he is also a former Surgeon General to the Australian Defence Force. Professor Pearn is a former Director of Training for St John Ambulance Australia and the co-author of the centenary history, *First in First Aid: A history of St John Ambulance in Queensland*. He is the current Priory Librarian of St John Ambulance Australia. An eminent medical scientist and professionally qualified historian, he is greatly in demand as a lecturer at national and overseas medical symposia.

Ian Howie-Willis is a professional historian. He joined St John 35 years ago, recruited to produce the centenary history, *A Century for Australia: St John Ambulance in Australia 1883–1983*. Since then he has produced six other St John histories either alone or with co-authors. He was Priory Librarian 2003–2012 and was the foundation Secretary of the St John Ambulance Historical Society of Australia. He is currently the Society's Editor and also the historical adviser to the Office of the Priory of St John Ambulance Australia.

Surgeon-Major Peter Shepherd (1841–1879), author of the first St John Ambulance first aid manual.

Until 1878, the teaching of resuscitation and first aid skills to members of the civilian lay public was a novel concept. What today is taken for granted—the teaching of the drills and skills of best-practice emergency response to injury and acute illness—resulted from the vision of several military surgeons. They invented the profession of prehospital care as this discipline exists today.

The pivot among these doctors was Surgeon-Major Peter Shepherd (1841–1879), a Scot serving in the Army Medical Department at the Woolwich Garrison in London. In 1878, Peter Shepherd compiled a handwritten manuscript which he called *Aids for Cases of Injuries or Sudden Illness*. This book evolved as a manuscript, written over several months, as the public first aid classes which he taught in Woolwich progressed. In the following year (1879) Shepherd was killed in the massacre of the British Military Force at the Battle of Isandlwana on 22 January 1879. Prior to his death, his 'Aids' were published in London, in absentia, as his *Handbook Describing Aids for Cases of Injuries or Sudden Illness*. Issued in December 1878, it was covered in black leatherette with a simple silver Maltese cross on the cover. Shepherd never saw this bound volume, but it is not an exaggeration to say that this 'Little Black Book' was in many ways to change the world.

That 'Little Black Book' contained the doctrine of what we now call 'First Aid'. The concept of teaching first aid drills and skills to everyone was a startling innovation. It was nevertheless the catalyst which led to the development of the ambulance and paramedic professions, of

Peter Shepherd's 'Little Black Book': the 1878 edition, the first of 40 editions, hundreds of impressions and many millions of copies, 1878–1958.

many rescue and retrieval organisations and of the now universal desideratum of 'First Aid for All'. Subsequent editions of Shepherd's manual collectively became the world's best-seller after the Bible. Its influence, both in the technical sense of the promotion of techniques of first aid and also in its pioneering advocacy for the broader ethos of bystander prehospital care, cannot be overstated.

Bystander care before Peter Shepherd

The application of woundworts to cuts and abrasions is older than recorded history. Bandaging skills for wounds sustained in battle were documented on Grecian pottery from circa 500 BC, by the enigmatic vase painter, Sosias. The 'Good Samaritan' ethic of succour and efficiency in bandaging, dates from the bronze age in the Middle East, and is immortalised in the *Gospel of St Luke* (10:30). The Dutch were the first in 1767 to institute a society for the rescue and resuscitation of the apparently drowned, the Maatschappij tot Redding van Drenkelingen. Drowning was a confronting cause of death in the canals of Holland's cities and towns. In Britain, The Royal Humane Society, founded in 1774, followed this example and did much to promote the attempted resuscitation of the apparently drowned.

Various resuscitation methods were introduced from the middle of the 19th century. These were principally aimed at educating doctors, nurses and apothecaries. Early and occasionally successful techniques tried to simulate breathing by alternately inflating and deflating the lungs. Henry Robert Silvester (1829–1908), an English physician, developed his 'physiological method of resuscitation' in 1861, in which the unconscious person was placed on their back and the arms were alternately raised above the head and then lowered onto the chest. This was adopted as the preferred method by the Royal Humane Society and promoted in Britain and throughout the Colonies.

It was not until the late 1860s however, that the Prussian military surgeon, Johannes Friedrich August von Esmarch (1823–1908) first used the term *Erste Hilfe* (German: 'First Aid') and taught soldiers that they could help their wounded comrades on the battlefield by carrying a triangular bandage and using a standard set of bandaging and splinting skills.

In civilian life, literate adults could buy a family medical guide. In Australia, in many outback homesteads, a domestic medical guide was the only book which the family possessed. One of the first outback manuals, *A Family Medical Guide*, written specifically for Australian conditions, was published in 1870 by Dr George Fullerton, the first President of the Medical Board of Queensland. It contained advice about home care for victims of trauma or illness.

In British outposts, including the Australian colonies, drownings, horseriding injuries, gunshot wounds, emergency childbirth and snakebite were common occurrences. All called for help from bystanders or family members or even self-help by the victims themselves. A widely

dispersed population, long distances to medical help, extremes of heat and cold, and a high risk of trauma—all produced a hostile environment for the sick and injured and a great need for first aid.

This then was the background which in 1877 engendered the formation of the St John Ambulance Association in London and the radical concept which followed: that of teaching and vigorously promoting a set of safe basic drills and skills embodying the best-practice of the day and which a bystander could perform.

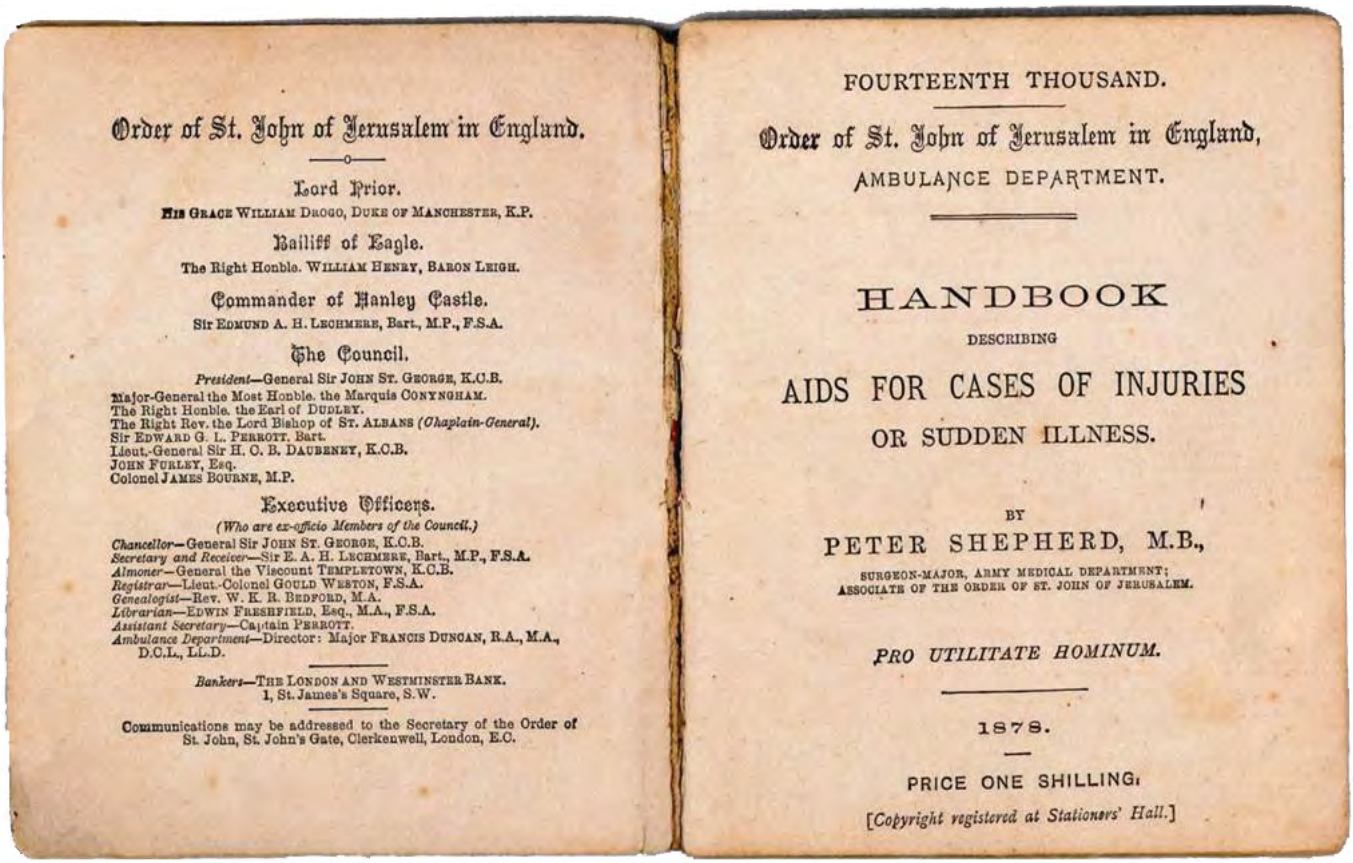
Shepherd's *Aids for Cases of Injuries or Sudden Illness*

The St John Ambulance Association was established on 1 July 1877, the result of co-operative advocacy by senior officers of the British Army and the Order of St John. Following the establishment of the Association and under its aegis, three doctors—Surgeon-Major Peter Shepherd, Surgeon-Major Francis Falwasser and a civilian doctor, Dr Coleman—planned the initial public classes in what was soon called 'First Aid'. Hitherto this had been the exclusive doctrine of military medical orderlies and stretcher-bearers.

In January 1878, Peter Shepherd and Dr Coleman taught the inaugural First Aid class in the hall of the church school beside the Presbyterian Church at Woolwich in London. The course in first aid was taught from hand-written notes prepared by Shepherd. The details of the syllabus were published on 2 March 1878, in the Kentish Independent, the local newspaper.

Shepherd formalised his teaching notes in October 1878, probably days before he embarked with Lord Chelmsford's Contingent to confront the Zulus in South Africa. It was a busy time for Shepherd, appointed as the Senior Medical Officer to a contingent of over 4000 men.

The twin title pages of Peter Shepherd's 'Little Black Book'. The verso page sets out the Order's leadership positions. The recto page bears the title of the book, *Handbook describing aids for cases of injuries or sudden illnesses*.



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AMBULANCE DEPARTMENT.

HANDBOOK
DESCRIBING
AIDS FOR CASES OF INJURIES
OR SUDDEN ILLNESS.

BY
PETER SHEPHERD, M.B.,
SURGEON-MAJOR, ARMY MEDICAL DEPARTMENT;
ASSOCIATE OF THE ORDER OF ST. JOHN OF JERUSALEM.

PRO UTILITATE HOMINUM.

1878.

PRICE ONE SHILLING.

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Sir James Cantlie (1851–1926), the Scottish physician and surgeon, who took over the authorship and editorship of the 'Little Black Book' in 1901.

The Force was hurriedly preparing for its operational deployment. Before departing, Shepherd had printed and distributed to all the troops in the contingent a *Pocket Aide Memoire*, that is a single card of first aid instructions in an envelope.

On 30 October 1878, in his 'Introduction' to the notes for his proposed 'Handbook', Shepherd wrote that 'the careful work which I should like to have bestowed [in finalising the first aid manuscript] has been rendered impossible by the exigencies of the Service requiring me to proceed on foreign service'. Nevertheless, he found time to 'hurriedly arrange the following Manual for the use of the Metropolitan Police and the other Ambulance Classes now organised by the Order of St John in all parts of England'.

Shepherd left his hand-written manuscript with a colleague with instructions that it be published. This was a young fellow Scot, Dr (later Sir) James Cantlie, who would later become the author of all six major revisions of the 'Little Black Book' between 1901 and 1928. Cantlie would also later become Britain's leading authority on tropical diseases.

It was either whilst Shepherd was at sea en route for South Africa, or after his arrival and during his overland march to Pietermaritzburg that his *Handbook Describing Aids for Cases of Injuries or Sudden Illness* was published in London.

Surgeon-Major Peter Shepherd (1841–1879)

Peter Shepherd was born on 9 January 1842 at his father's farm, 'Craigmill', in the hamlet of Leochel-Cushnie, a village in Donside in Aberdeenshire. His father, also Peter Shepherd, was a farmer. Shepherd Snr and his wife, Mary Anne (*née* Dewar) had three boys and a girl. Peter Jnr was the second son.[19] In that era first sons stayed on the farm, and second and subsequent sons either joined the army or were ordained as ministers in the Church.

As a boy, Peter Shepherd worked on his family's farm. He was educated at schools in Aberdeen and won a bursary for further study. With additional financial support of family and friends—to whom he repaid their contributions after his graduation—he matriculated and studied medicine at Marischal College at the University of Aberdeen. In the fourth year of his course he won the prize for Medical Jurisprudence.

Peter Shepherd graduated in 1864 and immediately joined the Army Medical Department. After initial training at the Royal Victoria Hospital at Netley near Southampton, he was commissioned with the rank of Assistant Surgeon and posted to Grahamstown in South Africa with the 99th (Lanarkshire) Regiment of Foot. After several years service in South Africa, he was posted to Ireland and then to Bengal in 1873. In 1874 he returned to England as Medical Officer to the Woolwich Garrison where, after 12 years service, he was promoted to surgeon-major in 1876. It was as Surgeon-Major Peter Shepherd that his significance as

the principal founder of the discipline of first aid is remembered. Tragically, he was killed in the Battle of Isandlwana on 22 January 1879, one of 1329 members of the British contingent who died in the disastrous opening battle of the Anglo–Zulu War.

The battle of Isandlwana

Briefly, what happened was that two columns of Lord Chelmsford's force, about 1700 troops, had marched north-east into Zululand in present-day Natal Province. They camped at the foot of a prominent hill, Mount Isandlwana, where 15,000 warriors of an *impi* (i.e. army) of the Zulu chieftain, Cetshwayo, descended upon them from the heights of a nearby plateau, surrounded them and massacred them. Though they fought bravely, they were completely overwhelmed. Only about 400 or fewer than a quarter of their number survived, mainly by escaping to Rorke's Drift, a camp 14 kilometres to the rear, which was attacked next day but survived the Zulu onslaught. The Zulus lost 1000 at Isandlwana.

Peter Shepherd is thought to have been killed when struck by a thrown *assegai* (broad-bladed spear) while trying to move a wagonload of the wounded back to Rorke's Drift. His grave is unmarked but is thought to be within 20 metres of the grave of George MacLeroy, the soldier he was treating when killed, whose grave is marked. Memorials to him, however, were later placed in the Royal Victoria Hospital at Netley and in the churchyard of his family church at Leochel-Cushnie. In addition, the Shepherd Memorial Medal for Surgery was instituted in 1879 at his *alma mater*, the University of Aberdeen.

A bronze memorial plaque to Surgeon-Major Peter Shepherd may be found in the former Royal Victoria Hospital, Netley, Hampshire. The inscription reads:

> In memory of Peter Shepherd MB, University of Aberdeen, Surgeon-Major, Her Majesty's Army, born at Leochel-Cushnie, Aberdeenshire, 25 August 1841, who sacrificed his own life at the Battle of Isandhlwane, Zululand, 22 January 1879, in the endeavour to save the life of a wounded comrade. Erected by his brother officers and friends.

The Zulu warriors' view of the plain before Mt Isandlwana, as they began their charge on the 24th Regiment, and (right) the Isandlwhana battlefield, the Nqutu area, with memorials marking the graves of the identified dead. Peter Shepherd's grave is unidentified and unmarked.

The 'Little Black Book'

The St John Ambulance Association, in collaboration with the Army Medical Department, had initially intended that the teaching of first aid to civilians would provide: 'a civilian reserve for the Army Medical Department … to train men and women for the benefit of the sick and wounded'. However, within months of the commencement of the first civilian courses at Woolwich, the value of first aid skills that could be used in the normal daily life of the civilian population had become obvious. These evolving concepts were accompanied by increasing zeal throughout British society. Within the first year of the Woolwich civilian classes, 40,000 copies of the 'Little Black Book' had been sold. The book carried the quaint disclaimer that the St John Ambulance Association course did not qualify members of the public to practise surgery!

By the end of June 1878, at least, 1100 people had been taught St John-approved first aid skills. By July 1878, provincial centres at Worcester, Malvern, Chesterfield, Southport, and Clay Cross (Derbyshire) had established first aid classes. The enthusiasm in provincial centres knew no bounds. One Scottish observer noted that the St John Ambulance movement had 'something of the contagiousness of the Salvation Army'. Further editions of the 'Little Black Book' had to be published to keep up with the demand: in 1881, 1885 and 1887. Eventually 40 major revised editions were published over the 80 years 1878–1958, encompassing hundreds of impressions and many millions of copies.

Women in particular enthusiastically espoused the idea of general public first aid training. Initially classes were segregated by sex. In 1885 'Ladies' First Aid Classes' were being held at the Mansion House in central London for the benefit of women employed in offices and businesses in the City and Port of London under the auspices of the Lady Mayoress of London.

By the end of 1887, St John first aid classes were being taught to the general public in Malta (1882), Cannes, Melbourne (1883), Bermuda, the Bahamas, Bombay, Gibraltar, Hong Kong (1884), New Zealand (1885), Singapore, South Africa (Kimberley in 1885), and Borneo (1887). Within a century of Shepherd's earliest class in Woolwich, millions of people of all ages and from all walks of life had bought a copy of the 'Little Black Book' for their instruction in the rudiments of first aid.

Aftermath

Shepherd's vision led to the establishment of many first aid organisations. Von Esmarch himself, the first to use the term 'first aid' in the military context, began teaching civilians in Germany. He established the civilian Samaritan Society in Germany in 1888. By 1898, the sixth edition of Esmarch's *First Aid to the Injured* was also published in English in London.

The first civilian ambulance service in Australia and New Zealand was established in Brisbane in 1892. The [Brisbane] City Ambulance Transport Brigade was formed in response to a perceived lack of appropriate civilian emergency treatment for a horseman who had sustained a broken leg in a trotting event at the Brisbane Exhibition in August 1892. The Brigade's members were trained in first aid by St John.

Other States quickly followed; Sydney had developed its professional civilian ambulance service by 1894, and by the first decades of the twentieth century all capital cities were served by fully trained, salaried ambulance officers. However, in many parts of rural Australia still

at the end of the twentieth century the civilian ambulance officers, although professionally trained, still remained volunteers in uniform, trained with the latter-day doctrine of the manual *Australian First Aid*, the direct lineal descendant of the original 'Little Black Book'.

Shepherd's vision and his 'Little Black Book' did more than establish a new discipline within the field of the health sciences. Shepherd himself would never know it, because he died so soon by a Zulu *assegai*, but his first aid manual would be the catalyst for a movement which today brings skilled help to millions—help administered by bystanders who have most often learnt first aid to fulfil their community obligations.

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The St John Ambulance Brigade in the South African (Boer) War, 1899–1902

Trevor Mayhew KStJ

Mr Trevor Mayhew joined the St John Ambulance Brigade as a Cadet in 1953. He was awarded his Grand Prior's Badge in 1958. He has held various appointments, including Divisional and Corps Superintendent and State Staff Officer. He is a former State Operations Officer and currently is State Ceremonial Officer for St John in New South Wales. He served in the Reserve Forces (1959–1973) in both the Royal Australian Army Medical Corps and the Royal Australian Corps of Signals, holding appointments such as Acting Wardmaster, Foreman of Signals and Squadron Sergeant Major. In civilian life, he worked in occupational health and safety. Within the Order he was promoted Knight in 2000 and in 2011 was awarded the Medal of the Order of Australia for his St John work.

The St John Ambulance Brigade was a Foundation of the Order of St John of Jerusalem formed in the United Kingdom in 1887. The organisation came to Australia in 1902–1903 and is still active here, as St John Event Health Services.The original Brigade members were volunteers who wore a distinctive black and white uniform. In Britain, as in Australia, the Brigade was organised into local units or 'divisions' across the country, particularly in the industrial areas in northern England. The great usefulness of the divisions was in assisting with the care of sick and injured in a society afflicted by the proliferating accidents of the industrial revolution. They also provided an organised auxiliary medical resource for the military forces. During the South African conflict, 1800 St John Ambulance Brigade members were to serve; 63 would lose their lives.

South Africa's early history

The San (Bushmen) are among the oldest indigenous peoples of South Africa. About 2000 years ago, the pastoral Khoikhoi (called Hottentots by Europeans) settled mainly in the southern coastal region. By at least the 8th century AD, Bantu speakers moving southward from east central Africa had settled the northern region of present-day South Africa. These Bantu-speaking groups developed their own complex community organisations.

Europeans in South Africa

Portuguese navigators during the 15th and 16th centuries mapped significant parts of Africa, Asia and South America. They were the vanguard of European explorations. In 1487, Bartolomeu Dias (often Anglicised as 'Bartholomew Diaz') was charged with finding a trade route to India. He actually passed the Cape of Good Hope, when he turned back following dissent amongst his crew. It was on the return journey in 1488 that he discovered the Cape of Storms, later renamed the Cape of Good Hope (Cabo da Boa Esperança) by King John II of Portugal because it represented the opening of a route to the east. In 1497, Vasco De Gama left Portugal and sailed via the Cape of Good Hope and thus completed the first successful voyage to India. The Cape was not occupied by the Portuguese but was used to take on board water and provisions.

Dutch in the Cape

In 1602, a group of Dutch merchants and independent trading companies established the Vereenigde Landsche Ge-Oktroyeerde Oostindische Compagnie, better known to the Anglophone world as the Dutch East India Company or simply the VOC. They were somewhat jealous of the Portuguese monopoly of the spice trade and also wished to keep the British imperial merchants in check.

Hence in 1652 the VOC sent a group of Dutchmen under the command of one Jan van Riebeeck to set up a refreshment station at the Cape of Good Hope and to provide facilities for crew who had fallen ill to diseases such as scurvy on the long journeys between Holland and East Asia.

Within weeks of his arrival, van Riebeeck requested the acquisition of slaves to work in the refreshment station. The economy of the colony grew to the extent that the Dutch were appropriating native lands. Some four years after the first Dutch arrivals the first war between the Dutch and Khoikhoi broke out. Soon the colonial project was well underway. With the systematic importation of slaves from mainly Dutch East Asia, the Cape economy developed into a slave-based economy. Due to a shortage of labor, some Dutch were released from their contracts to establish farms and supply meat, fruit and vegetables to the Company. Some slaves married Dutch and became known as Cape Coloureds or Cape Malays. The Boers (Dutch/Afrikaans for 'farmers') steadily expanded to the north and east and were known as Trekboers (Wandering Farmers, later shortened to Boers), completely independent of official controls, extraordinarily self-sufficient and isolated. Their harsh lifestyle produced individuals who were well acquainted with the land.

British at the Cape

The British seized the Cape in 1795 to prevent it from falling into French hands, then briefly relinquished it back to the Dutch (1803), before definitively conquering it in 1806. British sovereignty of the area was recognised at the Congress of Vienna in 1815. The Cape was an important naval base for the British, particularly dealing with threat imposed by the French.

At the tip of the continent the British found an established colony with 25,000 slaves, 20,000 white colonists, 15,000 Khoisan, and 1000 freed black slaves. Power resided solely with a white élite in Cape Town, and differentiation on the basis of race was deeply entrenched. Outside Cape Town and the immediate hinterland, isolated black and white pastoralists populated the country.

The Great Trek

'The Great Trek (Afrikaans: Die Groot Trek) was an eastward and north-eastward migration away from British control in the Cape Colony during the 1830s and 1840s by the Boers. The migrants were descended from settlers from western mainland Europe, most notably from the Netherlands, northwest Germany and the French Huguenots. The Great Trek itself led to the founding of various Boer republics, the Natalia Republic, the Orange Free State Republic and the Transvaal being the most notable.

Historians have identified various factors that contributed to the migration of an estimated 12,000 Voortrekkers to the future Natal, Orange Free State and Transvaal regions. The primary motivations included discontent with the British rule; the British Anglicisation

policies; restrictive laws on slavery and its eventual abolition; the arrangements to compensate former slave owners; and the perceived indifference of British authorities to border conflicts along the Cape Colony's eastern frontier.

The Boer Republic of Natalia was annexed by the British in 1843 and became Natal. In 1854, under the Bloemfontein Convention, local Boer settlers formed the Orange Free State. Southern Transvaal declared independence, becoming the South African Republic otherwise known as the Transvaal Republic, and remained independent until 1877, and then again from 1881 following the First Boer War until 1900.

Second Boer War

The Second Boer War, or South African War, was fought between 11 October 1899 and 31 May 1902 and the earlier, much less well-known First Boer War between December 1880 and March 1881. They are collectively known as the Boer Wars. The second war was between the British Empire and the Afrikaans-speaking Dutch settlers of the two independent Boer republics, the South African Republic (Transvaal) and the Orange Free State.

From complex issues, the war was a result of a century-long conflict over which white nations would control and benefit from the lucrative Witwatersrand gold mines. In 1867, diamonds was discovered in Kimberley, with a resulting diamond rush and a massive influx of uitlanders (foreigners), mainly from Britain, to the borders of Orange Free State. The number of uitlanders in the Transvaal was perceived to potentially exceed the number of Boers.

Southern Africa showing the British Colonies and the Boer Republics during the Second Boer War, 1899–1902.

The beginning of hostilities

The discovery of gold and diamonds brought about an influx of uitlanders into the area. The majority of them were English and their presence was resented by the local Boers. Their influence was a concern to President Paul Kruger of Transvaal. On the other side were Alfred Milner, Governor of Cape Province and High Commissioner for South Africa. He was supported in London by Joseph Chamberlain, Colonial Secretary and father of Neville Chamberlain (the later Prime Minister). A standoff occurred, with British troops massing along the Boer republic borders. The British ignored an ultimatum from President Kruger to withdraw from the border areas.

War was declared, with Boer armies laying siege to the British garrisons at Ladysmith, Kimberley and Mafeking and also attacking towns in Cape Province. The British suffered many defeats and heavy losses in engagements at Stromberg, Magersfontein and Colenso. The period 10–15 December 1899 became known as 'Black Week' because of the heavy losses. At Spion Kop, the British lost 350 troops killed and 1250 wounded in the counter-offensive.

Combatants' resources

At the outbreak of the Second Boer War, the British Army had 12,546 men in South Africa. From the beginning to end in 1902, the British deployed between 450,000 and 500,000 troops: 347,000 British and remainder colonial troops, including contingents from the Australian colonies and later Commonwealth contingents. All the Australian colonies/states sent contingents, the total number of Australian troops being 17,208.

The British Army was medically supported by various units, including the Royal Army Medical Corps and (bottom) the Natal Volunteer Indian Ambulance Corps, nicknamed the 'Dhoolie Bearers'.

By contrast, the Boers had 25,000 men in the Transvaal Army and between 30,000 and 40,000 members of militias, who were known as Commandos and were highly motivated bushmen familiar with the lands being fought over. As well as these troops, the Boers had 37,000 Mauser rifles, 40–50 million rounds of ammunition, 73 artillery pieces, including four 155mm Creusot fortress guns, and 25 37mm Maxim Nordenfeld machine guns.

Medical units and resources

The British Army was medically supported by the Royal Army Medical Corps (RAMC), which had been formally established in 1898. The Second Boer War would be the first major test of the RAMC's capability and the experience of the war would shape the RAMC's organisation and procedures during the two World Wars of the twentieth century.

The various colonial contingents included medical units. In the case of the Australian medical units, a number of the medical officers would later become senior officers in the Australian Army Medical Corps (AAMC) when it was established in 1903. Some of these would also become prominent figures in the St John Ambulance Brigade in Australia.

Thomas Sankey a St John Ambulance Brigade member who worked as a supervisor in a Bloemfontein hospital. He wears the Boer War Uniform.

As well as the RAMC and the colonial medical units, the British Army had the support of various other medical units and organisations. These included the Natal Volunteer Medical Corps, the Natal Volunteer Indian Ambulance Corps (popularly known as the 'Dhoolie Bearers'), the St John Ambulance Brigade and British Red Cross. At the RAMC's disposal were 151 medical officers, 28 field ambulances (i.e. mobile medical units comprising up to about 100 orderlies and stretcher bearers each), five stationary hospitals and 16 general hospitals.

Each soldier carried a first aid field dressing. This was the first war in which such an arrangement was made. Each company had a Medical Non-commissioned Officer (NCO) and two stretcher bearers. Each unit had a medical officer (i.e. a doctor) assisted by a medical NCO.

St John Ambulance Brigade mobilised

In 1899 the Chief Commissioner of St John Ambulance Brigade was Colonel Cyril W Bowdler, supported by Chief Superintendent William Brasier with William Morgan as the Quartermaster. Soon after the commencement of the Second Boer War on 11 October 1899, a call went out for medical volunteers for a 6-month tour of duty in South Africa, mainly to work in hospitals, freeing RAMC personnel for service at the front.

When the volunteers arrived in London, they were addressed by Colonel Bowdler. They were given a week's refresher training under Brasier and kitted out by Morgan. Large numbers volunteered and the first batch of 23 St John Ambulance Brigade members sailed for South Africa on 3 November 1899 aboard the HMHS *Princess of Wales*.

The Tibshelf (Derbyshire) Colliery St John Ambulance Brigade unit volunteers parade before leaving for the Boer War. They were to serve as medical orderlies.

The majority of St John volunteers worked as medical orderlies or their supervisors in base hospitals. According to NC Fletcher, an early (1929) English St John Ambulance historian, 'St John Ambulance Brigade provided a quarter of the Army's medical personnel in South Africa'. In 1986 the historian of the Brigade in England, Ronnie Cole-Mackintosh, wrote that the Brigade's participation in the Boer War had been the first time in British history when an entirely voluntary organisation had been invited to select and mobilise its own personnel in support of a military campaign.

When deployed to South Africa, the officers of the Brigade ranked with RAMC Sergeants and were employed as Wardmasters. Privates were classified as Ward Orderlies First or Second Class according to their qualifications. Some men became stretcher-bearers, moving forward with the field ambulances and field hospitals.

The duties of the Brigade members included the feeding and washing of patients and helping the sick and wounded with shopping and writing letters. Orderlies were also rostered for guard duty.

The main areas of operation were above an altitude of 3000 feet (914 metres). During the day the temperatures were very high but the nights were bitterly cold. Often the conditions were very dusty. Because of the movement of troops and horses, water supplies frequently became polluted. Enemy action saw the destruction of pipelines and water supplies. Not surprisingly, epidemics of typhoid and dysentery were commonplace, with St John orderlies contracting the disease from their patients. Most of the war casualties were actually from disease rather than combat.

RAMC hospitals

As mentioned, the RAMC maintained an hierarchy of hospitals. The *field* hospitals were tented facilities and moved forward with the advancing troops. They had space for 100 patients, who generally slept on ground sheets. The *stationary* hospitals were situated to the rear, usually on main communication routes and often they took over pre-existing buildings. They took in patients referred back from the field hospitals. They also took up to 100 patients, who slept on stretchers. They could be expanded beyond that capacity by using tents. *General* hospitals were larger institutions at bases in the rear, where they usually occupied convenient buildings. As the battle front advanced they could be moved forward. They catered for 250–500 patients, typically the long-term injured and sick.

Sick and injured British troops being loaded aboard a hospital train at Ladysmith for evacuation to a general hospital in Pietermaritzburg.

In addition to the hospitals, the British used hospital trains to move sick and injured troops to the rear. They also had hospital ships to repatriate those who had to be sent home. They also commandeered private hospitals and civilian medical practitioners to care for the flood of sick and injured.

Ladysmith medical facilities

Ladysmith, a town in Natal, became the centre of operations for the British campaign in Natal and the town endured a long siege by the Boer forces. Ladysmith had one RAMC Stationary Hospital near the Town Hall, later moved to Intombi Camp, and seven field hospitals. A field hospital consisted of five officers, a warrant officer, 34 NCOs and men, six horses, and a number of vehicles for provisions, water, medical supplies, equipment, and reserve rations. Casualties were retained in field hospitals and their injuries attended to until they could be transported to a stationary hospital at a base.

One of the seven Royal Army Medical Corps field hospitals at Ladysmith.

Intombi camp

Intombi camp was established about four miles south-east of Ladysmith. It was to be a neutral camp negotiated between Sir George White and General Joubert, the Boer commander. The hospital consisted of 100 beds of the No. 12 Hospital, 50 beds from the No. 26 Indian Field Hospital and 80 beds of No. 1 Natal Volunteer Field Hospital. In all there were 215 medical personnel. In addition, about 1200 civilians were accommodated in a camp separated by the railway line from the military. There were tents available to create a 300-bed hospital. A thousand civilians were catered for in an area on the opposite side of the railway line from the military establishment. There were no actual beds, but patients lay on ground-sheets. Joubert would allow one white flagged train a day to journey from Ladysmith to carry sick and wounded. Over a period of three months during the siege, the number of beds increased from 300 to 900 without additional medical personnel.

Initially water was drawn from the Klip River. This fluid, of pea-soup consistency, was made drinkable by sterilisation and the removal of mud in suspension. The first cases of enteric fever soon appeared and 1700 soldiers contracted the disease. Cases of dysentery appeared early and during, the siege there would be 1800 cases. Later five hogsheads were sunk into the bed of the Intombi Spruit from which a constant supply of 67,000 litres of clear water was used daily.

When the siege of Ladysmith ended on 28 February 1900, there had been 10,673 admissions at Intombi. Of the 583 soldiers who died, 382 deaths resulted from enteric fever and 109 from dysentery. The remainder of the deaths resulted from other illnesses and wounds due to action. All the dead, together with five civilians who succumbed to diseases, were buried in the cemetery nearby.

The Intombi camp.

Counter-offensive

After their earlier reverses, the British launched a counter-offensive and secured both the Cape Colony and Natal. Imperial forces were relieved at Kimberley on 15 February 1900, at Ladysmith on 28 February and at Mafeking on 18 May. They captured Bloemfontein on 13 March, Johannesburg on 31 May and Pretoria on 5 June.

The Boers then started a protracted hard-fought guerrilla war against the British that lasted a further two years. This phase of the war was largely fought by Imperial mounted troops and Boer irregulars. The Boers attacked supply lines and water supplies. The British Commander-in-Chief, Lord Kitchener, responded with 'scorched earth' tactics. Some 30,000 Boer farms were burnt and many thousands of the civilians were interned in concentration camps. These were surrounded by 3700 miles of barbed wire and guarded by 800 blockhouses and 50,000 troops. Both enteric fever (typhoid) and dysentery were rife in both the army camps and concentration camps because each was crowded and over-populated. Huge numbers died from disease. The Boers eventually surrendered on 31 May 1902, accepting the terms of the Treaty of Vereeniging, which ended the war.

Human costs

Both sides suffered huge losses during in the Second Boer War. The British and their colonial allies lost 7894 killed, 13,259 dead from disease, 934 missing, 22,824 wounded. The Boers lost 9098 war dead plus a staggering 27,927 civilian dead among the 107,000 who were interned in British concentration camps. The civilian deaths became an international scandal and the Afrikaners have never forgiven the British for the suffering inflicted on them. The number of indigenous Africans who died is uncertain but has been estimated at about 12,000

Many of the Boer civilian population were herded into makeshift concentration camps, where thousands died from dysentery and typhoid fever.

The St John Ambulance men who served

The St John Ambulance Brigade men who served in South Africa were awarded a bronze medal which bore the uncrowned head of Edward VII. Their service numbers, ranks, initials, names and units were engraved on the rim in large block letters. The silver Queen's South Africa Medal was also awarded with details impressed on the rim and the unit shown as 'St John Ambulance Brigade'. Both medals were awarded posthumously as well.

The St John Medal for South Africa was sanctioned for wearing on uniform on 26 January 1904. Some 1871 medals were issued. Of these, 20 were issued to notable people and 40 were issued to those involved in training in the UK. As these 60 people did not leave the UK, they were not eligible to receive the Queen's South Africa medal. Two men, CW Baker and EHG Winyard were awarded the Distinguished Conduct Medal, whilst a further eight men were Mentioned in Despatches.

Victoria Cross

A total of 78 Victoria Crosses were awarded for gallantry during the Second Boer War. Four of these went to Australians. From the St John perspective, perhaps the most significant was the VC awarded to Dr Neville Reginald Howse (1863–1930), a British emigrant to Australia. Howse came to Australia for health reasons in 1889. He became a surgeon in Orange, New South Wales. Upon the outbreak of the Boer war he volunteered for service and was commissioned as a Lieutenant in the New South Wales Medical Corps.

During the action at Vredefort on 24 July 1900 Howse displayed conspicuous gallantry in going out under very heavy fire to bring to safety a wounded soldier. For this and other deeds of valour he was awarded the Victoria Cross and promoted. During the South African

The St John Ambulance Brigade Medal for South Africa includes the profile of King Edward VII (obverse), and the Arms and Badge of the Order (reserve).

campaign Captain Howse saw action at Johannesburg, Pretoria, Diamond Hill, Wittlesberg, Bethlehem and in the Transvaal. At the end of the war he was promoted to major in command of the 1st Australian Commonwealth Bearer Company. He received the Queen's medal with six clasps and the King's medal with two clasps.

Howse was Australia's first Victoria Cross awardee. His VC was one of only five awarded to members of medical units during the war and it remains the only one ever awarded to an Australian serving in a medical unit. Howse later enlisted in the 1st Australian Imperial Force (AIF) in World War I and saw action at Gallipoli. Promoted to Major-General, he became the Director of Medical Services for the AIF. After the war he was appointed Director-General of Army Medical Services and was then elected to the Commonwealth Parliament, in which he served as Minister for Health in the Bruce–Page coalition government during the 1920s. Howse was gazetted as a Knight of the Order of St John on 3 June 1919.

Distinguished Conduct Medal

Two St John Ambulance Brigade men were awarded the Distinguished Conduct Medal (DCM) for their service in South Africa. Private EHG Winyard, a Brigade member attached to Langman Hospital, received the DCM in October 1901. Supernumerary Officer CW Baker of the St John Ambulance Brigade received the DCM in October 1902.

The incident for which Captain Neville Howse was awarded the Victoria Cross. Painting by William Dargie, 1968. (Australian War Memorial ART29246.)

Mentioned in Despatches

Four St John Ambulance Brigade men received 'mentions in despatches' (MID). Those receiving MIDs in Lord Roberts's despatches included: Private EHG Winyard at the Langman Hospital, who, as seen, also received the DCM; Supply Officers W Foulkes and FH Oldham; and Private A Kew. Lord Kitchener's despatches included two MIDs for St John members: First Class Superintending Officer CW Baker and Orderly C Pyewell. Not all MIDs for St John personnel have been identified, however, and there could well have been more.

For St John Ambulance, the Second Boer War was an experimental episode. It remains the one war in which St John directly provided medical ancillaries to support military medical units. Links between the military forces and St John have continued to the present, albeit informally. Nowadays the links consist of cross-membership between St John and the military medical units. During the two World Wars of the twentieth century, however, St John gave huge support to the military forces via the Voluntary Aid Detachments (VADs), which provided ancillary services in the military hospitals. St John provided the first aid and nursing training for the VAD organisation and many St John Ambulance Brigade members served simultaneously in both Brigade divisions and VAD units.

Friedrich von Esmarch. His contributions to pre-hospital care and airway management

David Fahey CStJ

Dr David Fahey is a specialist anaesthetist working at Royal North Shore Hospital in Sydney. He is also the State Medical Officer for St John in NSW. Dr Fahey joined St John in 1983 as a 13-year-old Cadet in Goulburn Division, and during his 32 years of membership he has held Divisional, Regional and State positions in both NSW and Queensland. After training as a nurse, he moved to Queensland in 1999 to study medicine, and then undertake postgraduate specialist training in anaesthesia. In 2009 he spent six months working with the CareFlight rescue helicopter in Brisbane, and acquired an additional qualification in aeromedical retrieval.

The young Dr Johann Friedrich August von Esmarch, a pioneering military and academic surgeon.

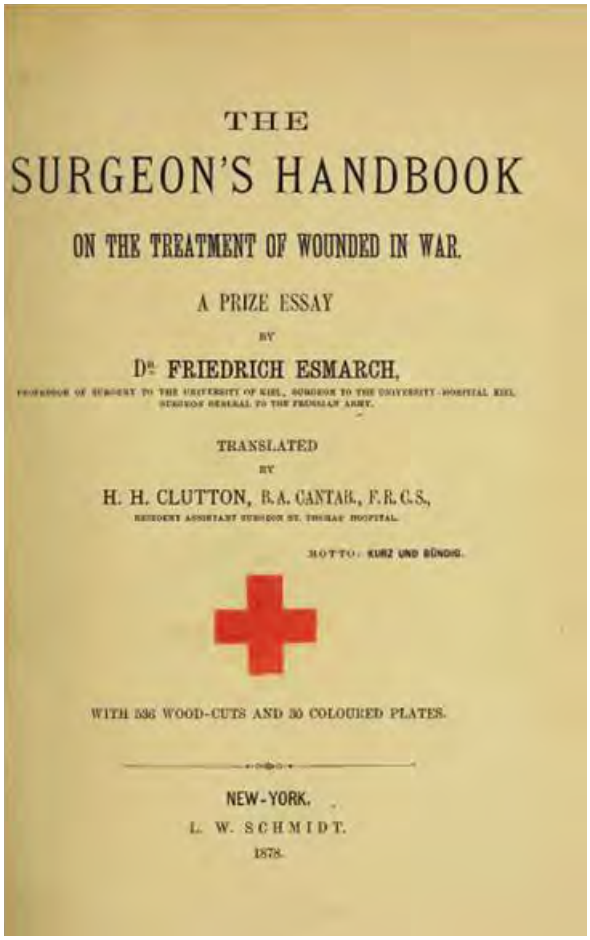
Johann Friedrich August von Esmarch (1823–1908), was an innovative German military and academic surgeon. Esmarch was able to channel his intense dislike of war in a pragmatic way, towards improving the standard of medical care which was provided to injured soldiers. In its most basic form, Esmarch saw the need for on the spot help—not from doctors, but from the soldiers themselves. To this end, Esmarch devised the triangular bandage, issued it to all troops, and trained them to use it for haemorrhage control and basic splinting. This was the origin of recognisable 'first aid' in the sense of an organised series of drills. Esmarch's teachings subsequently formed the basis of the first aid training which was extended to any member of the public, under the banner of the Order of St John in England.

Life and civilian work

Johann Friedrich August von Esmarch was born on 9 January 1823 in Tönning, a small town in northern Germany. He was the son of a well-respected surgeon of the district, and even as a small boy, Esmarch accompanied his father on rounds. This early exposure to medical practise inspired Esmarch to follow in his father's footsteps, and he gained entry to the medical school at the University of Kiel in 1843 (in spite of his less than exemplary performance at school).

Following graduation in 1848, Esmarch's career progressed rapidly.He began working as an assistant to Professor von Langenbeck, at the Kiel Hospital, and in 1867, Esmarch was elevated to the position of Professor and Chair of Surgery. Esmarch was committed to teaching—not only of medical students, but also of his peers in the form of postgraduate education. He insisted upon accurate documentation on patient charts, and used the data collected as the basis for scientific research.

The title pages of Esmarch's two great books: *The Surgeon's Handbook on the Treatment of Wounded in War* and *Surgical Technic: A Textbook on Operative Surgery*.



THE
SURGEON'S HANDBOOK
ON THE TREATMENT OF WOUNDED IN WAR.
A PRIZE ESSAY
BY
Dr. FRIEDRICH ESMARCH,
PROFESSOR OF SURGERY TO THE UNIVERSITY OF KIEL, SURGEON TO THE UNIVERSITY-HOSPITAL KIEL,
SURGEON GENERAL TO THE PRUSSIAN ARMY.
TRANSLATED
BY
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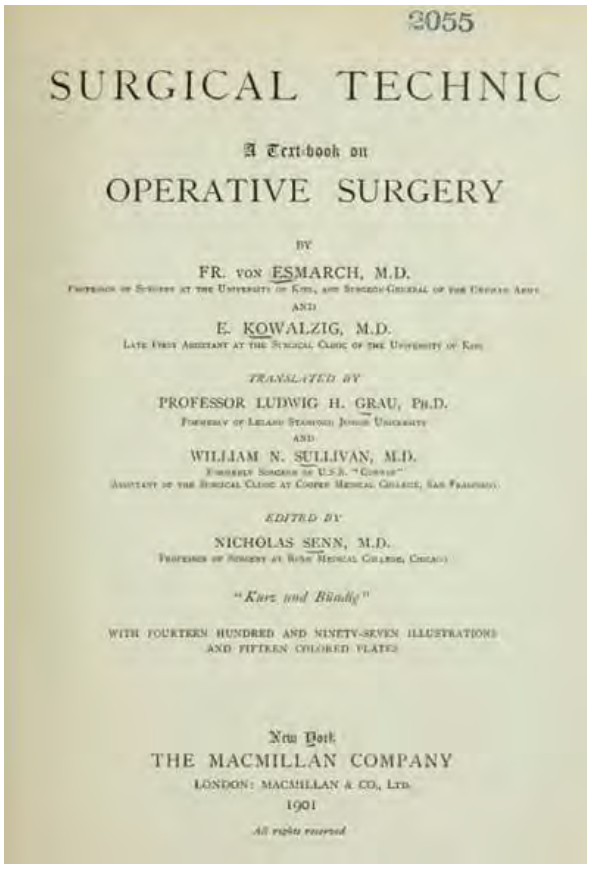
MOTTO: KURZ UND BÜNDIG.
WITH 536 WOOD-CUTS AND 30 COLOURED PLATES.
NEW-YORK.
L. W. SCHMIDT.
1878.



2055
SURGICAL TECHNIC
A Text-book on
OPERATIVE SURGERY
BY
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PROFESSOR OF SURGERY AT RUSH MEDICAL COLLEGE, CHICAGO.
"Kurz und Bündig"
WITH FOURTEEN HUNDRED AND NINETY-SEVEN ILLUSTRATIONS
AND FIFTEEN COLORED PLATES
New York
THE MACMILLAN COMPANY
LONDON: MACMILLAN & CO., LTD.
1901
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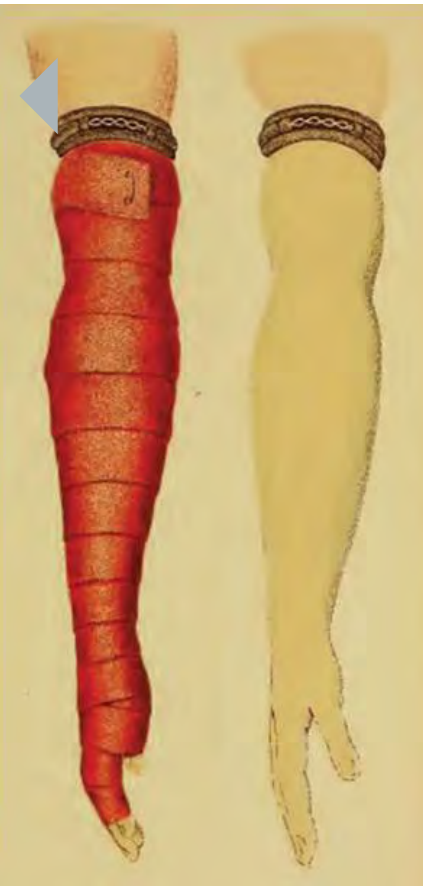
Esmarch's colleagues praised him as being a genius, with the ability to see underlying relationships in apparently simple processes, and to evaluate their importance. He wrote extensively on a range of novel topics, including the debridement of gunshot wounds (rather than amputation) (1851); cryotherapy to reduce inflammation (1862); and limb exsanguination to allow bloodless surgery (1877). His greatest works include *The Surgeon's Handbook on the Treatment of Wounded in War* (1878), and *Surgical Technic: A Textbook on Operative Surgery* (1901). These substantial volumes are comprehensively illustrated, and provide sound anatomical explanations of the operations described. Many of Esmarch's works were translated into several languages (including English), and were utilised throughout Europe and the United States. During his many decades of practice, Esmarch performed over 20,000 major operations. He continued in active surgical practice until his retirement at the age of 76. Despite his technical and academic prowess, he was not arrogant. Esmarch was loved by his patients, and it is said that he had a gentle way with small children.

Esmarch was married in 1854, to the daughter of a senior colleague. The marriage was apparently happy, and produced a son, Edwin Esmarch, who later became a bacteriologist and Professor of Hygiene at the University of Gottingen. Tragically, Esmarch's first wife died on 30 May 1870 after a severe chronic illness. In 1872, he married his second wife, the Princess Caroline Christiane Auguste Emilie Henriette Elisabeth of Schleswig-Holstein-Sonderburg-Augustenburg (1833 –1917), commonly known as the Princess Henriette, an aunt of the wife of the German Emperor Wilhelm II. The marriage was controversial within royal circles, but Princess Henriette was content to live in a modest home near the hospital, and she supported Esmarch in his endeavours.

Outside of medical work, Esmarch was apparently a capable sportsman, mountaineer and hunter. He enjoyed the company of small groups, and was an entertaining story teller.

Emperor Wilhelm II elevated Esmarch to the nobility in 1887. This permitted him to use the title 'Excellency', and use the prefix 'von' in front of his surname. Nine years later, His Excellency Professor von Esmarch died of pneumonia, on 23 February 1908.

Illustrations for the 'bloodless surgery' techniques from Esmarch's textbook on the treatment of the wounded in war, showing the tourniquet with tightening screw and the rubber bandage with tourniquet.



Military surgeon

Esmarch lived at a time when Germany was repeatedly involved in military conflicts. Immediately after his medical graduation, war broke out between Denmark and Germany, and Esmarch began his career as a military surgeon. While tending to the wounded during the Battle of Bau, he was captured and taken prisoner, but was eventually released following an exchange with a Danish doctor.

During the wars of 1848 and 1850, Esmarch gained further experience in field hospitals, working alongside his mentors, Professors Langenbeck and Stromeyer. During this time, Esmarch pioneered a new approach to the treatment of gunshot wounds of the limbs. Rather than amputation of the entire limb, Esmarch favoured local debridement. Later, this conservative approach was used together with Lister's 'antiseptic' method of using a carbolic acid spray during surgery.

Esmarch recognised the importance of controlling haemorrhage, and he described numerous methods of applying pressure to the major arteries. He devised tourniquets with effective tightening screws that could be rapidly applied to a damaged limb. Esmarch's textbook *The Surgeon's Handbook of the Treatment of Wounded in War* describes in detail the method of exposing and ligating the arteries of the upper and lower limbs.

Perhaps Esmarch is best remembered for his technique of 'bloodless surgery', utilising a rubber bandage which is still used today, and still bears his name. This technique was developed during the Franco–Prussian War of 1870–1871, and was formally published in 1873. A 5-centimetre rubber bandage is tightly applied to the limb, starting at the fingers or toes. This squeezes capillary and venous blood out of the limb, prior to the application of an arterial tourniquet. In this way, the surgical field is rendered 'bloodless', and the volume of blood contained in the limb is not wasted.

Esmarch is known to have experimented with blood transfusion, and he invented a variety of transfusion equipment and techniques. Esmarch makes no mention of how frequently he performed transfusions or the outcome for the patients. His success must have been limited, given that the concept of blood groups was not known until 1901.

Esmarch displayed deep concern for wounded soldiers. At that time, conditions on the battlefield were appalling, and injured soldiers received inadequate treatment—a situation which had not changed for centuries. During the Franco-Prussian War, Esmarch served as a senior surgeon and public health officer, supervising the military hospitals near Berlin. In this position, he collaborated with the great pathologist Rudolph Virchow, to develop a hygienic pavilion-style hospital system for the battlefield, modelled on the system which had been used during the American Civil War. Further, he implemented ambulance wagons, mobile pharmacies, and soup kitchens, to provide wounded men with effective care. He made use of railways to transport both patients and supplies.

Esmarch and his second wife, the Princess Henriette, after his ennoblement in 1887.

Esmarch as a German Army surgeon.

Esmarch's battlefield experience convinced him of the need for a system to enable the most effective use of scarce medical resources. The introduction of 'triage' was unprecedented at a time when treatment was provided based on military rank, rather than severity of injury.

In 1871, aged 48, Esmarch became Surgeon-General of the German army. In this position he was able to exert an even greater influence, to continue modernising and shaping military medical care.

First aid

Esmarch's sense of humanity, and his abhorrence of war, led him to develop a revolutionary, pragmatic approach to pre-hospital care on the battlefield. Rather than leaving an injured man to wait for hours for treatment to be provided by a doctor, Esmarch's idea was to train the soldiers to deliver basic initial care to each other. Here, Esmarch emphasised haemorrhage control; experience had taught him that many soldiers needlessly bled to death from badly shattered limbs. Of course, this idea was met with opposition from the medical establishment, which felt that it was inappropriate to teach medical skills to ordinary laymen. Esmarch refuted this brilliantly, as evidenced by the following quote from 'First Aid to the Injured' (1882):

Though I have invited you here to teach you how to render the first aid to the injured, I do not in the least aim at rendering a doctor's services unnecessary; on the contrary, I hope to convince you how important the immediate help of a doctor is in most cases. What I wish to do is enable you to give the right kind of aid before the doctor arrives—without which, irreparable injury might be done, and perhaps even a valuable life be lost.

Esmarch popularised the triangular bandage, as an ideal 'universal' bandage and dressing. He conceived no less than 32 methods of applying it to the body, and produced bandages with printed illustrations to show the soldiers how it could be used. The initial illustrations were criticised as being too morbid, because they depicted realistic battle scenes. Therefore, subsequent editions of the bandage were printed with less confronting images. These techniques were described by Esmarch in a pamphlet titled 'The First Dressing on the Battlefield' (1869). Today, we continue to use the triangular bandage in exactly the same ways that were described by Esmarch almost 150 years ago. Indeed, the triangular bandage is still frequently referred to as the 'Esmarch bandage'.

When appointed as Surgeon-General, Esmarch ordered that every German soldier would carry a first aid pack. This consisted of a triangular bandage, two antiseptic muslin compresses, and a gauze bandage. Today, soldiers continue to carry emergency dressings on their person.

It is not surprising that the influence of Esmarch's teachings extended beyond Germany. Colonel Francis Duncan was a career officer in the British army. Duncan was a devout Presbyterian, who strongly believed in a humanitarian approach to providing battlefield medical care. Duncan was appointed to Woolwich in 1875, where he met Surgeon-Major Peter Shepherd. Shepherd was aware of Esmarch's teachings, and he saw the value of

Two early versions of Esmarch's famous triangular bandage, each printed with illustrations for its application.

providing the same training to British soldiers. Duncan provided Shepherd with the backing he needed to develop a series of lectures on a range of first aid topics. Indeed, it was Shepherd who first used the term 'first aid to the injured'.

Both Duncan and Shepherd saw the value of teaching first aid to ordinary civilians, as well as soldiers. The need for first aid skills existed largely due to the serious injuries which were commonplace amidst the industrial revolution. At that time, the (revived) Venerable Order of the Hospital of St John of Jerusalem existed as a potentially useful charitable organisation, but without specific purpose. Shepherd was able to influence the Order to adopt first aid as its major charitable focus. Under the banner of the Order of St John, Shepherd began running first aid classes in Woolwich in 1878, with practical assistance from Duncan. Many of Esmarch's techniques were taught in these classes, especially the uses of the triangular bandage. Tragically, Peter Shepherd was killed only one year later, but fortunately his first aid manual was revised and promulgated by Dr (later Sir) James Cantlie.

Esmarch heard about the good works being done by the Order of St John, and he visited London in 1881 to view the first aid training being conducted. On returning home, Esmarch gave some lectures to prominent laymen in Kiel, and was overwhelmed by the enthusiastic response. This prompted him to found the Samaritan Movement in Germany, so that first aid could be taught to civilians from all walks of life. To facilitate this training, Esmarch wrote a textbook *First Aid to the Injured: Six Ambulance Lectures* in 1882, along similar lines to the book already written by Shepherd.

Esmarch's interests extended into civilian disaster medicine, and he recognised that technological progress such as railways would result in serious accidents. He therefore proposed algorithms for the deployment of medical resources. He organised for medical equipment to be strategically placed at specific intersections or railway junctions, for rapid transport to disaster scenes.

Airway management

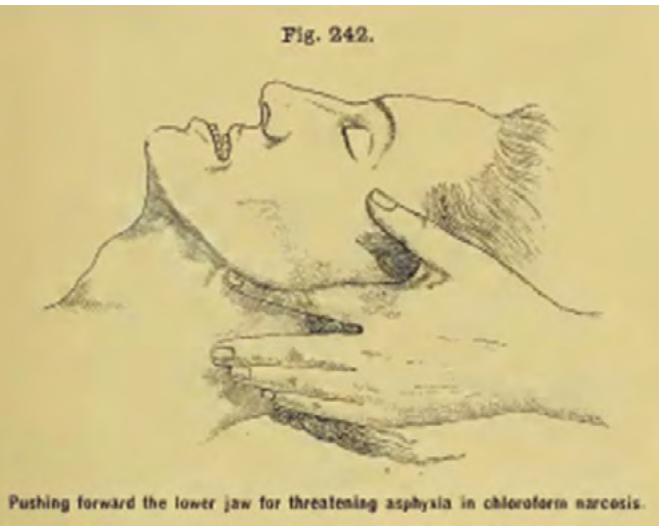
The introduction of ether in 1846 and chloroform in 1847 ushered in a new era of surgery. However, these agents also brought with them a poorly understood danger—death from hypoxia due to upper airway obstruction.

Esmarch was probably the first to recognise that upper airway obstruction was caused by the tongue and epiglottis, and that this obstruction could be relieved by forward displacement of the mandible:

> In [deep anaesthesia], the tongue may fall back against the posterior wall of the pharynx in consequence of the relaxation of all muscles connected with it, and the entry of air into the trachea prevented … Under these circumstances the respiration is snoring and difficult, the colour of the face blue, the blood very dark, and the pulse weak and irregular. As soon as an accident of this kind takes place the chloroform apparatus must be at once removed, and an attempt made to restore the halting respiration … In asphyxia the mouth should be at once opened, and the lower jaw raised with both hands, the index fingers of each being applied behind the ascending ramus, so that the lower range of teeth projects beyond the upper [subluxation]. By this manoeuvre, the hyoid bone, the root of the tongue, and the epiglottis are drawn forwards, and the entrance to the larynx rendered free.
>
> *The Surgeon's Handbook on Treatment of Wounded in War* (1878).

This procedure is still used today as one of the most important methods of opening the airway, and is a basic skill that must be mastered by every anaesthetist. It is commonly known as jaw thrust, although it was historically known as 'Esmarch's manoeuvre'. Unfortunately, St John Ambulance has consistently omitted jaw thrust from its first aid curriculum, with one exception—the manual published in 1980.

Esmarch also advocated the use of tongue holding forceps to grasp the tongue and pull it forward if jaw thrust was felt to be inadequate. One can only grimace at the thought of the injuries to tongues caused by these forceps! For some strange reason, the idea of pulling the tongue out of the mouth became part of our early first aid doctrine (not with the aid of forceps, but using a handkerchief held in the fingers), while Esmarch's manoeuvre was never mentioned. It is such a shame that jaw thrust was not adopted by St John, right from the start in 1878.



'Pushing forward the lower jaw for threatening asphyxia in chloroform narcosis'—an illustration of Esmarch's manoeuvre from his first aid manual, the instructions reading:

> 14. In asphyxia the mouth should be opened, and the lower jaw raised with both hands, the index fingers of each being applied behind the ascending ramus, so that the lower range of teeth projects beyond the upper (partial dislocation) (fig. 242).

In a lecture given by Esmarch in 1899, he left the following testimony of his humanistic attitude and goals:

> ... perhaps later generations will assess these efforts made in an attempt to change the miserable conditions on the battlefield as one of the most commendable acts of the outgoing 19th century.

Esmarch's self-assessment is accurate, but completely inadequate. His legacy continues throughout the world in the form of first aid—essential life-saving skills which have been learned by millions.

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The Priory of the United States of America. The first 58 years

Howell Crawford Sasser OStJ & Ruth Ann Skaff

Colonel Howell Crawford Sasser Snr OStJ is a retired US Army colonel. He is the Priory Historiographer for the Priory in the United States of America of the Order of St John. He took up this post after an Army career followed by service as a priest in the Diocese of Gibraltar in Europe of the Anglican Church. He holds degrees in history and theology from universities in the United States and England. Colonel Sasser came to the Priory in the USA after retirement as Archdeacon of Gibraltar and temporary duty as Chaplain to the Bishop of Gibraltar in Europe.

Ruth Ann Skaff became the Executive Director of the Priory in the United States of America of the Order of St John in 2008 upon its relocation to Washington, DC, from New York City. Previously Ms Skaff spent ten years with ALSAC/St Jude, the fundraising arm of the world-renowned St Jude Children's Research Hospital, America's largest childhood cancer research centre. She served as Director of Corporate and Foundation Relations, and then as Director of Special Projects as the Hospital's International Outreach Program expanded. She began her career after graduating with honors from the University of Texas at Austin by serving as a Peace Corps Volunteer in Marrakesh, Morocco, where she directed a centre for physically handicapped Moroccan youth. During her career, she has served as a board member for both large and small charitable, advocacy and professional organizations, in the course of which she has received several awards and appointments.

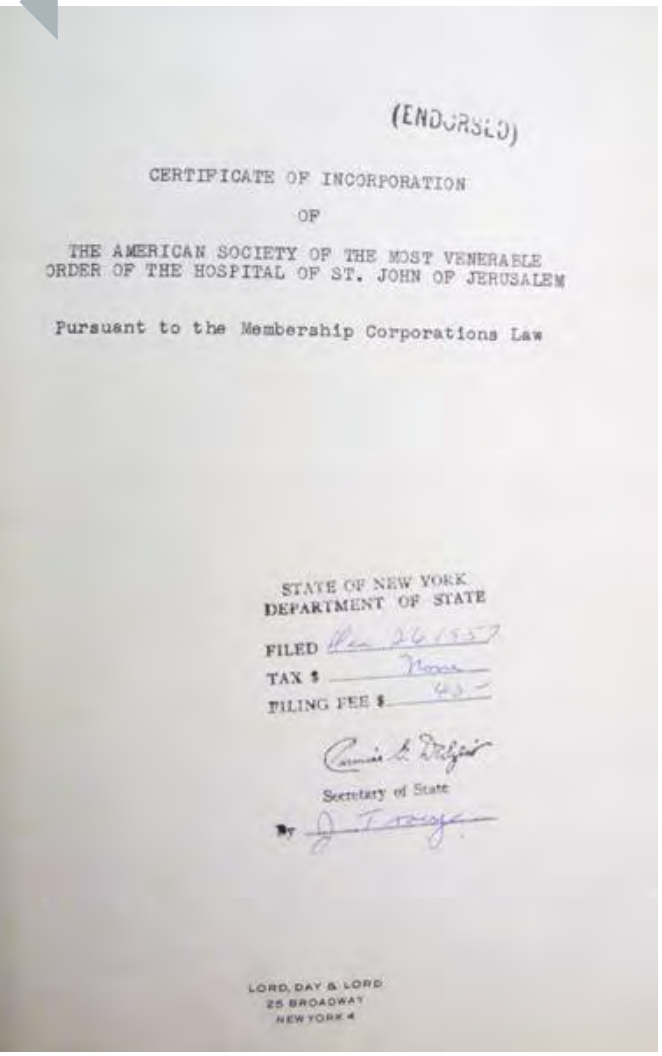
As we begin our journey through the history of the origins of the American Society and the Priory in the USA of the Most Venerable Order of the Hospital of St John of Jerusalem, it is useful to know the difference between the two entities and why it was necessary to have two organisations in the first 55 years of the Order's existence in America. When the decision was made in 1957 to create an organisation to be associated with the Order of St John, it was decided at the time that a Priory was not appropriate. Associate Members instead chose to incorporate an American tax-exempt charity to be known as The American Society of the Order. This structure would serve the Confrères in this country until 1996 when it was finally decided that the time had come to establish a Priory in the USA. With the establishment of the Priory, the American Society continued to exist and serve as the tax-exempt entity of the Priory. In June 2012, the two entities were merged into one entity: The Priory in the United States of America of the Most Venerable Order of the Hospital of St John of Jerusalem.

Full speed ahead!

The beginnings of the active American association with the Order of St John are shrouded in the mist of early- to mid-twentieth century history. Our records only begin in 1957, when the American Society of the Order was incorporated in the State of New York. However, we know that a number of prominent Americans were supportive of the work of the Order, and several had been invested as Associate Members of the Grand Priory beginning in the years just before and following World War II. Mary Wheeler Dewart, philanthropist and relative of the publisher of the New York Sun newspaper, was invested as an Associate Commander Sister in 1936 and Douglas Fairbanks Jr, the well-known Hollywood actor and philanthropist, in May 1950.

An ambulance purchased by Americans, Andre and Ethel de Limur, in 1940 and donated to the St John Ambulance Brigade, London.

The 'birth certificate' of the Priory in the USA: the Certificate of Incorporation of the American Society of the Most Venerable Order of St John, dated 26 December 1957.



(ENDORSED)

CERTIFICATE OF INCORPORATION

OF

THE AMERICAN SOCIETY OF THE MOST VENERABLE ORDER OF THE HOSPITAL OF ST. JOHN OF JERUSALEM

Pursuant to the Membership Corporations Law

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED Dec 26 1957
TAX $ None
FILING FEE $ 45.-

Secretary of State

By

LORD, DAY & LORD
25 BROADWAY
NEW YORK 4

In those early years, the very few Americans who were granted associate membership in the Order were required to travel to London to be invested as there was not yet an organised St John presence in the United States. By early 1956, correspondence on file in the Priory History Archive collection indicates that those few Americans who were Associate Members, along with the leadership of the Order in London, were showing great enthusiasm for the creation of an organised American entity in support of the Order.[1]

One of the earliest indications of American interest and support concerns an ambulance presented by the Count and Countess de Limur of New York to the St John Ambulance Brigade in London in 1940. The de Limurs paid the handsome sum of £536/8/10 to purchase the vehicle. Their daughter, Mary de Limur Weinmann, who resides in Washington, D.C., is a very active Dame of Grace in the Order. She recently donated photographs of the presentation of the ambulance in London.

In August 1957, the decision was made to create a Society in the United States. Of particular interest is the fact that the aforementioned Douglas Fairbanks Jr, already an honorary Knight of the British Empire and Associate Knight of Justice of the Order, was given credit as the person who originally suggested the idea to found a Society of the Order in the United States.[2]

The founding was realised on 26 December 1957, when nine men and one woman petitioned the State of New York for incorporation of an organization to be known as The American Society of the Most Venerable Order of the Hospital of St John of Jerusalem. The ten people who signed the petition were appointed as the first Directors of the corporation. The ten to whom we owe so much for our start are:

1. Hugh Bullock, financial pioneer and President of Calvin Bullock Ltd
2. The Right Reverend Horace Donegan, Episcopal Bishop of New York
3. Lewis William Douglas, former Director of the Bureau of the Budget and Ambassador to the Court of St James
4. Douglas Fairbanks Jr
5. William Vincent Griffin, one of the founders of *Time* and a key member of a committee to raise funds for the New York University Post-Graduate Medical School

6. John Judkyn, British–American, who founded the American Museum in Bath, England, to promote understanding and cooperation between the two peoples
7. Fanny W Moore, horse breeder and philanthropist (mother of Paul Moore, who succeeded Bishop Donegan as Bishop of New York)
8. R Townley Paton, MD, founder of the first Eye Bank Association of America and pioneer in corneal transplant surgery
9. Brigadier John WF Treadwell, Vice President of the English Speaking Union and philanthropist
10. Edward Kirk Warren, New York financier and member of the English Speaking Union.[3]

Below, nine of the ten people who signed the petition, which brought into being the American Sciety of the Order of St John. Absent from this group is Edward Kirk Warren, who was also a signatory.


Hugh Bullock


The Right Reverend Horace Donegan


Lewis William Douglas


Douglas Fairbanks Jr


William Vincent Griffin


John Judkyn


Fanny W Moore


R Townley Paton


John WF Treadwell

As the new American Society of the Order began its corporate existence in 1957, the membership consisted of some 34 members. By January 1960 when the first Investiture was held in the United States, in the Cathedral Church of St John the Divine, membership had grown to a total of 46 Associate Members. From the very beginning, the new Society pledged its energy to raise funds to support the work of the St John of Jerusalem Eye Hospital. From the start, it was decided that The American Society would not attempt to conduct first aid training or establish an ambulance brigade such as existed in the Priories of

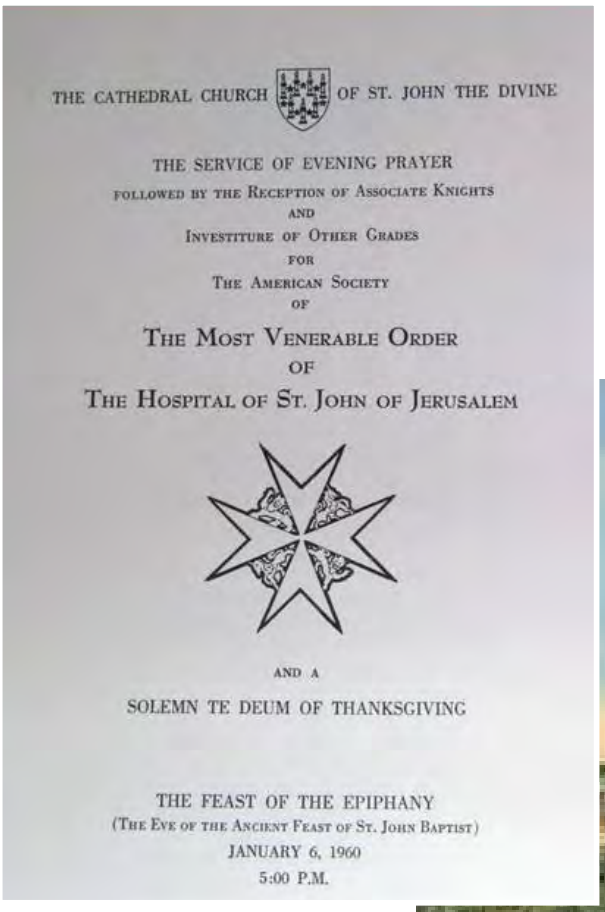
the Commonwealth countries. This decision was based on a pledge not to compete with the American Red Cross or other ambulance services that existed.[4]

With an eye to raising funds for the Hospital, The American Society began a concerted effort to increase membership and funds. At first there were very modest annual dues but no Oblations expected of members. And even the annual dues would cease for a short time. An early letter in the history files justifies this decision by stating that a request for a fixed giving would tend to cause the truly able givers to give only what was asked and would only serve to push those who would give nothing in any case.

A quaint notion from today's perspective! By today's standards the gifts of the early years seem small. A $100 gift was considered very generous. In the buying power of today's dollar that would amount to a gift of approximately $600. A few very generous members were found to be giving as much as $1000, which would have the purchasing power of about $6000 in today's market place.

Grayson Kirk, President of Columbia University, set the tone early on and was instrumental in building The American Society. He gave twenty years of strong leadership as Chancellor of The American Society. In the same period, the Reverend Canon Edward West provided solid support as Secretary of the Society for nearly a quarter century.

The Order of Service for the first Investiture conducted by the American Society of the Most Venerable Order of St John on 6 January 1960, at the Cathedral of St John the Divine, in New York.

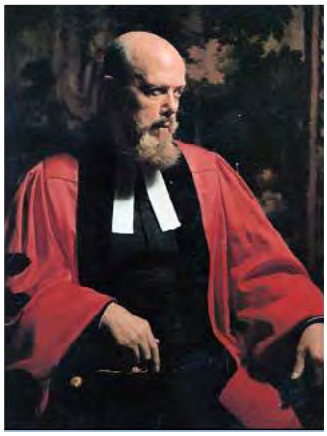

THE CATHEDRAL CHURCH OF ST. JOHN THE DIVINE

THE SERVICE OF EVENING PRAYER
FOLLOWED BY THE RECEPTION OF ASSOCIATE KNIGHTS
AND
INVESTITURE OF OTHER GRADES
FOR
THE AMERICAN SOCIETY
OF
THE MOST VENERABLE ORDER
OF
THE HOSPITAL OF ST. JOHN OF JERUSALEM

AND A
SOLEMN TE DEUM OF THANKSGIVING

THE FEAST OF THE EPIPHANY
(THE EVE OF THE ANCIENT FEAST OF ST. JOHN BAPTIST)
JANUARY 6, 1960
5:00 P.M.

Two early stalwarts of the the American Society of the Order: (left) Grayson Kirk (Chancellor 1967–87) and Canon Edward N West (Secretary 1965–90).



As stated above, the first American Investiture was held in New York City in January 1960 and then annually for many years in the Cathedral Church of St John the Divine in that city. Investitures in the early years were not always held in the same month each year. Members were no longer required to travel to London to be invested. They were, however, still invested as Associate Members of the Order because the United States was not part of the Commonwealth. The statutes of the Order at the time provided that only British subjects and citizens of Commonwealth countries were eligible to be invested as full Members. That would change with the establishment of the Priory in 1996.

Westward ho!

All investitures were held in New York until 13 November 1978 when an investiture was held in Grace Cathedral in San Francisco for the first time, due to the efforts of Robert and Doris Magowan, prominent West Coast confrères. The Magowans were wonderful and typical examples of the calibre of the membership of the Society during those formative years. Their efforts were in large part responsible for the significant growth of membership on the West Coast. Robert Magowan was the leader of The American Society's presence on the West Coast and beyond. He was a strong advocate for recruitment of new Members. In addition to being fully occupied as CEO of Safeway supermarkets, he was also Chairman of the Charles E Merrill Trust, a trust set up by Doris Magowan's father to give financial assistance to worthy causes. Through the Merrill Trust, the Magowans donated significant sums to The American Society for the Jerusalem Eye Hospital. Due to Doris Magowan's enduring devotion to the Eye Hospital, the Magowan/McBean Fund for nursing scholarships was established and nursing scholarships awarded to students accepted to the Hospital's one year ophthalmic nursing school now known as the Sir Stephen Miller School of Nursing.

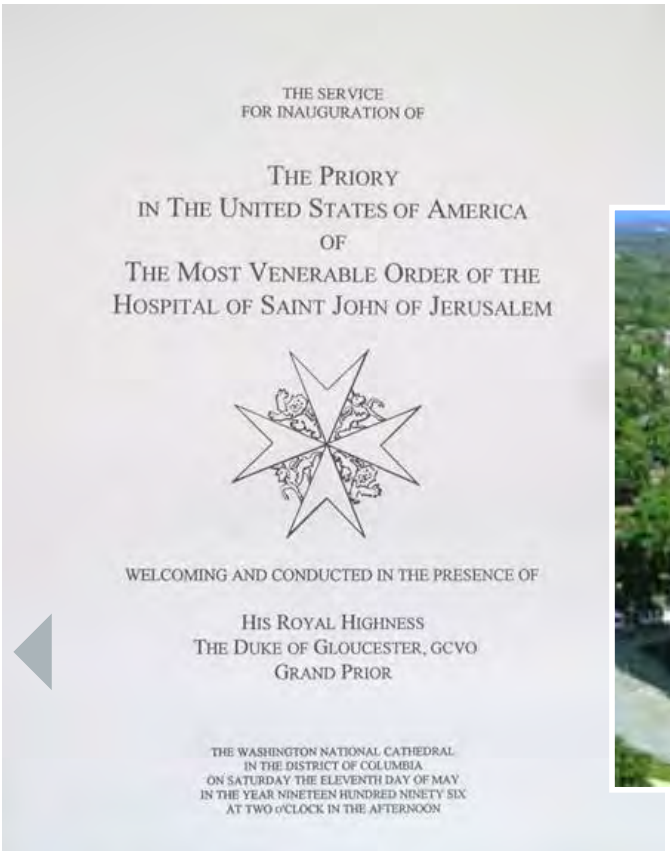
John R Drexel IV, the first Prior of the Priory in the USA.

Forward from Society to Priory

Membership continued to grow during the decades of the sixties, seventies and eighties. In 1989, John R Drexel III was appointed Chancellor, and the Society began its move toward eventual Priory status. By 1990 the total Society membership had grown to 638 confrères.

Correspondence in the Priory History Archives for the year 1993 reveals that discussions were underway to explore the possibility of creating a Priory in the USA for the Order. As early as 1991, Professor Anthony Mellows, Registrar of the Grand Priory and later Lord Prior, had broached the subject with leaders in The American Society. In February 1996, Don Lundquist, then Society Secretary, by letter, informed Professor Mellows that the Governors of The American Society supported the creation of a Priory if such a decision was supported in London. That letter also indicated that the Governors believed that John R Drexel IV should be nominated to the Grand Prior for consideration

to be the first Prior of the new Priory in the USA.[5] The Queen gave her consent, and the service for the inauguration of the Priory was held in the Cathedral of St Peter and St Paul, Washington's National Cathedral, on 11 May 1996 in the presence of the Grand Prior, HRH the Duke of Gloucester.


THE SERVICE
FOR INAUGURATION OF

THE PRIORY
IN THE UNITED STATES OF AMERICA
OF
THE MOST VENERABLE ORDER OF THE
HOSPITAL OF SAINT JOHN OF JERUSALEM

WELCOMING AND CONDUCTED IN THE PRESENCE OF

HIS ROYAL HIGHNESS
THE DUKE OF GLOUCESTER, GCVO
GRAND PRIOR

THE WASHINGTON NATIONAL CATHEDRAL
IN THE DISTRICT OF COLUMBIA
ON SATURDAY THE ELEVENTH DAY OF MAY
IN THE YEAR NINETEEN HUNDRED NINETY SIX
AT TWO O'CLOCK IN THE AFTERNOON

The Cathedral of St Peter and St Paul, Washington DC was the venue for the ceremony of Inauguration of the Priory in the USA, 11 May 1996.

The American Society of the Order would continue to function as the tax-exempt charitable corporation of the Priory. Under the first Prior, the new Priory in the USA renewed efforts to significantly increase the annual grant given to the Jerusalem Eye Hospital. A major part of this effort was to ask for an increase in the annual Oblation expected of each Confrère.

Remembering our ancient heritage

The Priory has a special entity known as the Muristan Society for those members who have made provision to support the work of the Order in their estate planning. 'Muristan' is the Persian word for 'hospital', and the Muristan neighborhood in the old city of Jerusalem is the location of the St John Hospice before and during the Crusader era. Confrères are encouraged to consider bequests from their estates so that when they are no longer with us their support will continue. Thus, the Muristan Society has a very special role in the Priory for those Confrères. Their planned gifts will continue to support the humanitarian work of the Priory.

The monument on the Muristan site in the Old City of Jerusalem where the original Knights of St John maintained their hospital. Right: members of the Muristan Society of the Priory in the USA, visiting the monument.

All points of the compass!

Today the Priory in the United States is truly national in scope. With the creation of the Priory, improvements were made to support membership and growth. Our current Prior, A Marshall Acuff Jr, implemented an effective network of regional committees responsible for development, communications, event planning, and membership. Grassroots committees now exist in cities and regions across the entire United States. These include: Atlanta, Georgia; Charleston, South Carolina; Connecticut; Dallas, Texas; the Gulf Coast; the Mountain States; New York; Palm Beach, Florida; San Diego and San Francisco, California; St Louis, Missouri; Washington, DC; and now Boston, Massachusetts and Richmond, Virginia, which have been added as new regions in 2012. This is only the beginning. As membership grows in other parts of the country, regional committees can be established to support the membership and mission of the Priory.

In the spirit of the Priory's growth and expansion across the country, the annual Service of Rededication and Investiture is now held on a rotating basis, traditionally in Episcopal cathedral churches. Recent venues are New York; Washington, DC; St Louis, Missouri; Atlanta, Georgia, and San Francisco, California. It is possible that as regional groups continue to grow, other cities will be called upon to host the Investiture Weekend.

Milestones

In 2006, the Priory celebrated its tenth anniversary as the eighth Priory in the Order of St John. From its membership of 861 in 1996, it had grown to more than a thousand active Confrères by 2006. That number today, in 2012, stands at nearly 1200 members across the country. Today, the membership continues to give financial support for the work of the Order through its annual oblations and gifts. Just as important as the monetary gifts for the Hospital are the dozens of American doctors who have given of their time and talents to work at the Jerusalem Eye Hospital.

Priory headquarters in the USA, at 1875 K Street NW, Washington, DC.

In 2008, the headquarters and offices of the Priory were relocated to Washington, DC, from New York City. In that same year, after 12 years of outstanding service, John R Drexel IV retired as Prior and was honored, and later decorated as a Baliff Grand Cross of the Order. Newly-elected Prior A Marshall Acuff Jr and the Executive Officers of the Board of Governors brought new life and vigor to the work. The new offices also saw new leadership in the person of Ruth Ann Skaff, who came aboard as Executive Director of the Priory Offices.

Exciting things are happening. Our Priory newsletter, *Eyes on the Future*, is now in its third year of production and brings news of our work in support of the Eye Hospital and Member activities to Confrères across the country. A revamped website is also in place.

Significant grants have been solicited and awarded as word of our important work has spread beyond the Priory, and more are in the works. As of this time the total funds that have been given to the Jerusalem Eye Hospital since founding The American Society in 1957 exceeds 14 million dollars. We fully expect that the Priory in the United States of America will continue to play an active and increasing role in fund raising to support this vital humanitarian work—For the Faith and in the Service of Humanity.

Notes

1. Secretary General of the Order, CT Evans, CMG, Letter to Brigadier JWF Treadwell, 13 February 1956, History Archives, Volume 1956, Priory Offices, Washington, DC.
2. Brigadier JWF Treadwell, Vice President, English Speaking Union, Letter to H Bullock, 9 December 1957, History Archives, Volume 1957, Priory Offices, Washington, DC.
3. Certificate of Incorporation, State of New York, 26 December 1957, History Archives, Volume 1957, Priory Offices, Washington, DC.
4. Minutes of the Grand Prior's Advisory Council, 'Position of the Order in the United States of America,' 4 May 1956, History Archives, Volume 1956, Priory Offices, Washington, DC.
5. D Lundquist, Secretary of The American Society, Letter to Professor A Mellows, Chancellor of the Order, 14 February 1996, History Archives, Volume 1996, Priory Offices, Washington, DC.

The first fifty years of St John Ambulance in Papua New Guinea

John Waingut MBE

Mr John Waingut is the Chief Commissioner and Chief Executive Officer of St John Ambulance Papua New Guinea (PNG). Originally from Vunamurmur Village, Kokopo (a town east of Rabaul in the East New Britain Province), he now lives in the national capital, Port Moresby. A graduate in communications engineering from the PNG University of Technology in Lae, Mr Waingut worked for 26 years in the technical services branch of the PNG National Broadcasting Corporation, of which he was branch head. After a period in the Vocational Education and Training branch of the PNG Department of Education, in 2005 he was appointed Private Secretary to the PNG Governor-General, a position he held for the next six years. He joined St John Ambulance PNG as Chief Commissioner in June 2011. It is a key appointment because in PNG St John is responsible for ambulance transport services, blood bank transport services, a hospital and day clinic as well as first aid training and delivery services.

Before telling you about the much needed services that St John Ambulance PNG provides to Papua New Guineans under the governance of the National St John Council of PNG, I wish to comment briefly on the links between your country, Australia, and mine. The long close ties between PNG and Australia extend back over 130 years to the 1880s. The bond of friendship between our two nations continues today. It has been shaped by our shared histories in peace and in war and through certain institutions which, like St John Ambulance, have been important in our development as nations.

St John Ambulance history in Papua New Guinea is best understood by considering the six main stages or phases through which it has passed. We can characterise these as follows:

1. the first six 'early' years, 1957–1963
2. the 'pre-self-Government' decade, 1964–1974
3. the first 'post-Independence' decade, 1975–1985
4. the second 'post-Independence' decade, 1986–1996
5. the 'rebuilding' decade, 1997–2007
6. the past five years of 'rapid expansion', 2008–2013.

I will now deal with each of these six phases in turn, summarising its main developments.

The early years, 1957–1963

The teaching of St John Ambulance first aid classes in PNG began during the early to mid-1950s, sponsored by Seventh Day Adventist (SDA) missionaries at various SDA schools and mission stations. In 1956 classes were held in places as far apart as Rabaul on New Britain, Wewak on the north-west Sepik coast, Inus on Bougainville, Madang on the Rai coast and Goroka and Kabiufa in the Eastern Highlands—a total of 123 certificates were issued.

In December 1957, a meeting was held in Port Moresby of those interested in forming a sub-centre of the St John Ambulance Association New South Wales Centre. The sub-centre subsequently formed, at first with arranged first aid classes, the certificates for which were issued from NSW.

Pastor RE Hare of the Seventh Day Adventist Church at Wahroonga in NSW was a keen promoter of this work. He visited PNG in 1958. He was an enthusiastic St John member and presented a complimentary report on the activities of St John in the 'Territory' (which was what the region of Papua was known as before independence in 1975).

In 1963, the 'Territory of Papua and New Guinea (P&NG) Centre of the St John Ambulance Association within the Priory of Australia' came into existence. Administratively, it continued functioning as a branch of the St John Ambulance Association New South Wales Centre. The Australian-controlled administration of PNG granted the P&NG Centre a block of land at Boroko, a Port Moresby suburb, and work began on constructing a St John building there.

During this period the Secretary of the NSW St John Ambulance Association Centre, Miss Marjorie Higgins, visited Port Moresby regularly to provide assistance and advice. She did this with the support of the Chancellor of the Australian Priory, Sir George Stening, and she kept him informed of St John progress in PNG.

Sir Donald McKinnon Cleland.

The pre-self government decade, 1964–1974

A St John Council for PNG formed in 1967 with the Administrator, Sir Donald Cleland (1901–75) as the patron. We count that year, 1967, as our foundation year because that was when we separated from the NSW Centre and became an autonomous Territory St John branch. The main function of the Council was to coordinate activities of the Association Event Health Services (Training Branch) and Brigade. The Association began conducting first aid classes regularly in the main cities and towns: Port Moresby, Lae, Rabaul and Goroka. Brigade divisions formed in these towns too and began undertaking public duties. In 1966 the first Commissioner, Dr P Booth, was appointed.

The St John headquarters building in Boroko was completed on schedule and officially opened by Sir Donald Cleland on 30 October 1965. Sir George Stening attended as the representative of the Australian Priory.

The Australian Priory in 1967 approved the Rules for the St John Council of P&NG. There had been vigorous debate within the Priory over how much independence the PNG St John Council should be allowed. In the end the Priory agreed that the PNG Council should operate like the state St John Councils in Australia; that is, it should be fully autonomous and allowed to manage its own affairs. This was in keeping with political developments in PNG, which during the late 1960s and early 1970s moved steadily towards independence from Australian rule. PNG achieved self-government on 1 December 1973 and was on track for full independence in 1975.

Meanwhile St John work had been expanding. In 1969 a 'Tok Pisin' (Melanesian Pidgin) edition of a first aid manual was published. The number of Brigade divisions grew and by 1972 approximately twelve divisions were active.

The first post-independence decade, 1975–1985

Papua New Guinea gained its independence on 16 September 1975 amidst much national rejoicing. The official ceremony marking the occasion took place in the Hubert Murray Stadium in Port Moresby and was attended by HRH Prince Charles, the Prince of Wales, on behalf of Her Majesty, Queen Elizabeth II, and the Australian Governor-General, Sir John Kerr, on behalf of the Australian Government. The Australian flag was lowered and the PNG flag raised, with the PNG Governor-General, Sir John Guise, then handing the Australian flag back to Sir John Kerr. This brought to an end 69 years of Australian control in the former separate Territory of Papua and 61 years in the former Territory of New Guinea. The two Territories had been administered together since the end of World War II in 1945, but now they had become the one nation, Papua New Guinea.

The PNG St John Ambulance organisation also separated from its Australian 'parent' at this time. The St John Council for PNG became the National St John Council of PNG, with Brigadier-General ER (Ted) Diro as its Chairman. The PNG Governor-General, Sir John Guise, became the St John Patron, succeeding Sir Donald Cleland (who had died in Port Moresby three weeks before Independence Day). At the time of his appointment as Chairman, Brigadier-General Diro was the Chief of the PNG Defence Force, but he later entered politics and served as Minister for Defence and Deputy Prime Minister. He remained Chairman of the National St John Council for six years, until 1981.

In 1976, Sir Maori Kiki presented to the National Parliament a Bill to incorporate the National St John Council of PNG. The Act was passed by Parliament and the National St John Council of PNG was incorporated and took full responsibility for the work of the Order of St John in PNG.

The official opening of the St John Ambulance Headquarters building. Sir Donald Cleland is standing (in the gray suit) and the Australian Priory Chancellor, Sir George Stening, is seated immediately below the St John Badge. The audience was mainly European expatriates.

Brigadier General ER 'Ted' Diro: as Chief of the PNG Defence Force in 1975, and at the 2008 Remembrance Day Ceremony.

The second post-independence decade, 1986–1996

The late Commissioner Graham ToKeake (née Smith) joined St John Ambulance Brigade in 1969 as a member of the Port Moresby Division. A division was also formed in Lae in that year under Mr D Hay, Mr Ian Arnold, and Mr David Bennett as Area Superintendent in the mid-1970s.

Mr ToKeake, formerly Mr Graham Norman Smith, was an Australian who had settled in PNG and had become the Superintendent of the Brigade division in Goroka. During the early 1970s, Mr Keake had risen to prominence in the PNG St John organisation and at Independence in 1975 was appointed salaried manager of the national organisation at the Boroko headquarters. He took out PNG citizenship at Independence and changed his surname from Smith to the Melanesian name 'Keake'. He later added the Tolai (Rabaul area, East New Britain Province) honorific title 'To' (analogous to 'Mr') to his name, thus becoming Graham ToKeake. As well as manager, he became the St John Commissioner for PNG.

Under Mr ToKeake's leadership, St John in PNG expanded its range of activities during the 1980s and early 1990s and began taking responsibility for the operation of the ambulance transport services in the main towns.

The rebuilding decade, 1997–2007

For a time during the late 1990s and early 2000s St John in PNG made good progress under Mr ToKeake's leadership. When possible, he attended the meetings of the Australasian Ambulance Convention, which kept him in touch with both St John and the State/Territory ambulance authorities in Australia. Unfortunately Commissioner ToKeake died in 2003 after a long illness. Because he was so central in St John affairs in PNG, St John Ambulance PNG collapsed after his death.

A revival began when Mr Douglas Kelson MES, MBE, OStJ, another Australian-born 'St Johnny', succeeded Mr ToKeake. He assumed duty on 28 August 2003. He began by holding a parade of five members of St John Ambulance, at which he performed a commissioning of a new Superintendent of Ambulance.

Under the leadership of Mr Kelson, St John took over the running of the Government Blood Collection Service in 2004. Mr Kelson instituted retraining of staff and re-established the organisation on a sounder basis. He began sending ambulance staff for training under the State/Territory ambulance authorities in Australia.

Ambulance officers of St John PNG in 1991; the Commissioner, Graham ToKeake is standing at the right. And (right) members of the ambulance staff with one of their vehicles.

The 50-toea coin (above) and medal (below), both commemorating the 50th anniversary of St John Ambulance PNG.

An important event in 2007 was a visit to PNG by the Grand Prior, Prince Richard, Duke of Gloucester. The visit was arranged as part of the 50th anniversary of the formal establishment of the St John Council for PNG. A history of St John PNG was also published and a commemorative set of postage stamps and a 'first day cover' were issued. In addition a 50-toea coin (roughly equivalent to the Australian 50¢ coin) was struck and a commemorative medal released.

The recent years of rapid expansion, 2008–2013

The past five-year period could well be called 'the years of turbulence, prosperity and rapid expansion'. Much has happened since 2008. First, in 2009 we opened a District Hospital and a Clinic in Gerehu, a large residential suburb on the northern side of Port Moresby. Second, in 2010 we got caught up in a Commission of Inquiry into the Department of Health, which was established to inquire into corruption within the Department. On 24 June 2011, St John the Baptist's festival day, a new Chief Commissioner was installed and tasked with rebuilding the management team. I was the new appointee and I spent the next 18 months being understudy to my predecessor, Douglas Kelson MES, MBE, OStJ. I finally took over full control of the organisation as both Chief Commissioner and Chief Executive Officer at

A St John staff member assessing one of the many hundreds of patients who arrive daily at the St John Gerehu District Hospital in search of treatment.

The renovated Gordons Clinic, reopened by St John PNG after being closed for 11 years.

the end of 2012. Meanwhile, Mr Kelson had retired to the Solomon Islands, where he was available to advise the St John organisation there.

The St John Gerehu District Hospital deserves special mention because St John Ambulance Australia, our 'parent' organisation, has never embarked on a project like it, although during World War I the St John Ambulance Brigade in England did run its own hospital. The hospital was officially opened on 21 May 2009 by His Excellency Sir Paulias Matane, the PNG Grand Chief [also called the Governor-General]. The hospital was renovated and improved by St John Ambulance with funding from the National Department of Health. In the four years since its opening the hospital has quickly become a key public health facility. It currently treats between 15,000–20,000 patients a month. The hospital never closes and is always open to treat the many hundreds of patients who daily seek its services.

Also worthy of mention is the Gordons Clinic, a day clinic which St John PNG runs in Gordons, the Port Moresby suburb immediately north of Boroko. The clinic was an early health extension venture but unfortunately it closed in 1997 and remained closed for the next 11 years. In 2008 St John renovated the building with support from the Indian Association and the Sustainable Development Fund. The building has now been modernised and new facilities added. The clinic has over 25 staff and sees around 250 patients each day.

In early 2013 we moved our headquarters to the original Port Moresby ambulance base at Taurama, the area on the south-eastern fringe of the city where the army barracks are located.

Undoubtedly there are many challenges ahead for us but we are sure that the services we offer will be increasingly in demand. Papua New Guinea is currently experiencing a natural gas and mining boom. The potential for further development is enormous. Among the great developmental challenges will be extending our health and medical services beyond the towns and cities to the rural majority in the villages. For them life goes on as it always has done since their distant ancestors first settled our islands. Improving their lives and helping them share in the nation's prosperity will be a huge but hopefully achievable goal.