Medical History

The Order of St. John

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By the very nature of things a centenary must always be a unique event. Early next year the St. John Ambulance Service celebrates its first hundred years of voluntary humane work for the people of this country and those of countries overseas, particularly in the Commonwealth. The main objective of this work, as exemplified in the motto of the order—*Pro utilitate hominum*—for the service of mankind, lies in the relief of human pain and suffering. The close parallel to the aims of the medical profession is therefore obvious, and over the years doctors and trained first-aiders have become increasingly interdependent and mutually supportive.

The Order of St. John, dating as it does from the Middle Ages, is rightly called in its Royal Charter—granted by its Sovereign Head Queen Victoria—"The Most Venerable Order" (fig. 1). But it differs from other historic orders of chivalry in that it is still today a working order. In the Middle Ages it provided many of the medical services then available, but was suppressed by Henry VIII at the Reformation. The order became active again in the 1830's and was responsible for the setting up of a society in 1870 for giving "aid to the sick and wounded" in the Franco-Prussian War, which ultimately became the British Red Cross Society. A few years later the order set up its own ambulance association to deal with the accidents and injuries that came in a flood as a result of the Industrial Revolution.

After the publication of the first ambulance text book in 1878, there rapidly emerged a body of disciplined and uniformed, trained first-aiders which became known as the St. John Ambulance Brigade. The Brigade's membership of 8,000 at the end of the nineteenth century provided a pool of medical auxiliaries from which 2,000 were drawn to help in the South African War. In the First World War 20,000 members out of a total of 36,500 served as medical auxiliaries, and in the Second World War this number was greatly exceeded as brigade members fulfilled the needs, not only of the three Services but also of Civil Defence, the Home Guard, and the hospitals.

St. John Ambulance Service

Today the St. John Ambulance Service combines the functions of the original Association and the field force of the brigade. In an era of so-called peace its functions have become focused on the treatment and prevention of accidents—in industry, on the roads, in homes, and at the many venues of sport and recreational activities. The extent of this voluntary work and its value will be better appreciated when one realizes that accidents in Great Britain produce 20,000 deaths, 300,000 serious injuries,

FIG. 1—An investiture ceremony at St. John's Gate, Clerkenwell (reproduced by kind permission of Keystone Press Agency Ltd.).

and some 5,000,000 people hurt annually. The estimated cost of this to the nation is £500m.

To help in coping with this ghastly toll, St. John now musters just under 100,000 uniformed members (there are half as many again serving overseas) who, it is reckoned, treat some 400,000 cases a year involving 4,000,000 hours of voluntary public duty. These uniformed members are the trained first-aiders, the genuine medical auxiliaries to be seen wherever crowds collect and casualties can be expected. Today, about 15% of the medical profession in the country—some 7,000 doctors—give up part of their spare time to train and examine this force. The results, though often not obvious and certainly not adequately appreciated, are that thousands of minor casualties receive early treatment (saving pressure on hospitals and doctors' surgeries), that lives are saved in the vital post-accident, premedical period, and that definitive treatment later is made easier and more successful by adequate preliminary measures. As well as training the brigade, doctors are responsible for issuing some 175,000 first-aid certificates annually to properly instructed and fully examined candidates, and there are now well over half a million holders of these certificates, who provide a relatively small but invaluable contribution to the accident prevention campaign.

An equally important contribution comes from the publication of first aid textbooks—again the work of the profession. It

FIG. 2—The modern St. John Ophthalmic Hospital in Jerusalem opened in 1960.

is estimated that these have a circulation second only to the *Bible*. Some 30,000,000 copies have been sold and these have been translated into 54 different languages and into Braille. Add to all this the fact that some half the county directors of the association—in charge of the basic units of the teaching organization—and many of the divisional surgeons of the Brigade are doctors and it will readily be appreciated how close are the ties between St. John and the medical profession.

St. John Ophthalmic Hospital

There is another foundation of the Order of St. John which deserves to be much more widely known and acclaimed than it is. This is the St. John Ophthalmic Hospital in Jerusalem—ophthalmic because of the prevalence of serious eye disease in the Middle Eastern countries—and in Jerusalem because it was in this ancient city that the order was first founded. Established in the early 1880's, the Hospital, in accordance with the age-old principles of the order, offers free treatment to all who come to its door irrespective of race, class, or creed.

For 65 years after it was established it provided badly needed and eagerly accepted eye treatment for the local population until disaster struck in 1948, when it was irreparably damaged in the hostilities that followed the end of the British Mandate. Set up again in temporary and very inadequate quarters in the City of Jerusalem the hospital soon found that, despite the limitations imposed upon its clientele by the "armistice line," the rapid improvement in modern communications made expansion essential.

In 1960 a fine new modern hospital was opened (fig. 2), this time east of the dividing line but, and this despite the intervention of the "Six Day War," which fortunately produced no structural damage, the hospital more and more embodies its international principles so that the volume of its work and the standards of its treatment rise steadily as each year passes. Last year 67,000 patients attended its clinics and 7,500 major operations were performed. Thanks to its eye bank, opened by King Hussein in 1962 (when he spontaneously bequeathed his own eyes), corneal grafting is frequently carried out. The hospital runs its own nurses training school and takes an active part in the programme of trachoma research, sponsored jointly by the Institute of Ophthalmology, the M.R.C., and the Order. It is

staffed by a British chief surgeon and an able and devoted international group of doctors and nurses (fig. 2).

The Future

Looking ahead to the next hundred years the order recognizes that, though there are still infinite possibilities of development in the activities of its two major foundations—the St. John Ambulance Service and the St. John Ophthalmic Hospital in Jerusalem—there is an increasing challenge from the growing emphasis on health in the public consciousness.

Already the order has quietly but efficiently geared its administration to meet this challenge, and two new ventures are perhaps worthy of mention. St. John Ambulance is moving towards the ability to rescue as well as to treat its patients. In Guernsey a first aid motor launch has come into service, in Scotland a mountain rescue service is sponsored by St. John, and on Welsh beaches last year St. John Lifeguards saved 25 lives (fig. 3). Their recently established Air Wing (some 100 pilots and 40 privately owned planes) has already done yeoman service in transporting patients, organs for transplantation, blood, and apparatus in times of emergency. A newly formed

FIG. 3—St. John lifeguards helping a swimmer in difficulties (reproduced by kind permission of *South Wales Evening Post*).

"First-Aid Community Training" (F.A.C.T.) scheme has been floated to teach the general public correct attitudes towards safety in daily life. This scheme should reduce the number of accidents, and save the country millions of pounds.

It is surely an intriguing paradox that in an expanding environment of state medical services a private army of trained unpaid volunteers should be flourishing. The medical profession

is the invaluable catalyst between the two systems—both working in the interests of mankind. The stirring story of the oldest active order of chivalry in Christendom, an organization trained by doctors to implement the work of doctors, contains many glorious pages; one hopes that with the continuing much appreciated support of the medical profession and of many people in many lands, yet more glorious pages will be written in the future.

Digressions around a Medal

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I bought the medal illustrated opposite because it was ingeniously attractive; a good portrait of Napoleon "empereur et roi" on the one face, and on the other a robust Aesculapius with the staff and the snake holding a naked Venus with a protective arm, a pathetic little cow on the left, and on the right a "stylet" and an ampoule containing presumably "la vaccina." But why the date MDCCCIV? What happened in that year to justify the striking of the medal?

Finding out led me to go through a number of old books—the history of smallpox, variolation, vaccination . . . As everybody knows it was an old practice in the East, from China to Turkey, to inoculate smallpox by putting material from the pustule of a sick person on to the skin of a healthy one, because it had been observed that the smallpox thus produced in the recipient was less severe and protected him for life against the risk of disfigurement or death, which occurred in almost 60-70% of natural infections. After all, as late as 1950 I saw in Iran the same method being followed for the protection from disfigurement of the face caused by another disease, cutaneous leishmaniasis or tropical sore, by producing the infection through inoculation in a part of the body other than the face, where the natural sore normally occurs.

"Variolation"—this is what the artificial infection with smallpox virus is called—was introduced into England in 1721 by Lady Mary Wortley Montagu, wife of the British ambassador to the Court of Constantinople, and met with great success. The procedure was not without risk, 1-2% of the variolated persons dying as a result of the infection. This risk, however, was far inferior to that of the natural disease, which according to the Bills of Health for the City of London from 1700 to 1800 was responsible every year for between 5% and 13% of deaths from all causes. In France in 1754 one in every 10 deaths was due to this infection, and one out of four persons was either killed by it or disfigured for life. The people who were "variolated," however, became a source of natural infection for others. The individual protection was thus a threat to society. As there was nothing better, variolation was rapidly and widely accepted in medical circles even though, for patriotic reasons, some in France objected to the introduction of a method that, in Europe, had first been developed in England. I was delighted to find during my search the following poem by Voltaire, addressed to Dr. Tronchin and the Duke of Orleans on the occasion of the variolation of the Duke's children by Tronchin in 1756.

Il est des préjugés utiles,
Il en est de bien dangereux;
Il fallait, pour triompher d'eux,
Un père, un héros courageux,
Secondé de vos mains habiles.
Autrefois à ma nation
J'osai parler dans mon jeune âge
De cette inoculation
Dont, grâce à vous, on fait usage.
On la traita de vision;