OPHTHALMIC SURGEON IN JORDAN*

A year's secondment to the St. John Ophthalmic Hospital, Jerusalem

Lieutenant-Colonel K. L. BATTEN,
M.B., M.R.C.S., D.O., D.T.M. & H., R.A.M.C.

THE old city of Jerusalem is full of places of historical interest and is so intimately bound up with the cradle of our religious and cultural life that no one can fail to appreciate some of this atmosphere. On Mount Scopus, overlooking the city from the north east, is a growing prosperous suburb. Here, on part of the site of Titus's camp whilst he was besieging Jerusalem in A.D.70., is the New Ophthalmic Hospital of St. John, opened in 1960. The area is known as "Sheik Jarrah" from the tomb in the nearby Mosque where Sheik Jarrah is buried. He was Saladin's surgeon and accompanied him on most campaigns. It is said that on one occasion Saladin—traditionally always 'the perfect gentleman'—sent the Sheik to tend our own Richard Coeur-de-Lion.

Though the Service of the order of St. John to the Holy Land and the Holy City goes back in origin to the hospice for pilgrims founded under Gregory in 600 A.D., the modern foundation of the ophthalmic hospital dates from 1882. The hospital founded then shared in the troubles of the following years, being largely destroyed by the Turks

Fig. 1

St. John Ophthalmic Hospital Jerusalem, Jordan

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in the 1914-18 war. Recovering from this and from further damage by earthquake, the old buildings and site were finally lost to the Order in the Arab-Jewish fighting in 1948, and the subsequent division of Jerusalem. After 1948 a temporary hospital was opened in the Old City and plans were made to build a new modern hospital serving both as a curative centre and as a training centre for orderlies, nurses and surgeons.

Every year about 100,000 outpatients are seen and 6,000 operations performed—this figure excludes the multitude of minor operations performed in the outpatients clinic. Apart from a very small number of paying patients who have private accommodation, all in-patients are treated free. Outpatients have to purchase any medicine or spectacles prescribed, at shops in the town, but consultation and examination are free. The patients attend from all over the Middle East and the hospital serves a population far beyond the borders of Jordan itself. The cost of building the hospital and the running expenses are met entirely by voluntary contributions to the Order.

The hospital is on three floors and has 75 beds. The wards are bright and modern and up to the best standards in Europe. There are classrooms, laboratories, X-ray and Orthoptic departments. However, lack of staff and funds has resulted in only a minimum of laboratory facilities being available at present. There is no orthoptist, and X-rays are taken at the Government General Hospital nearby. Specimens for histology are sent to the Institute of Ophthalmology in London. In the hospital grounds are a modern nurses' home, sisters' home, a block of four flats for doctors and the Warden's house.

Jordan is still technically at war with Israel; only an armistice is in force. The city of Jerusalem is divided and there is no communication between Jordan and Israel except for diplomats, certain United Nations personnel and a few others. There is thus no contact with the Ophthalmic Department of the Israeli University only a mile or two away.

From the roof of the hospital can be seen what, I believe, is the only British War Cemetery in the world that cannot be visited except in exceptional circumstances and with a portmanteau of permits. It is situated in the no-mans-land around the Israeli enclave in Jordan of the erstwhile Hadassa University and Hospital.

The matron, assistant matron and six sisters are all British. The nurses and orderlies are Arab, both Christian and Muslim. The Warden is Dr. Arthur Boase, a man of indomitable energy, who has been in charge of the hospital for the past ten years. Previously he had worked in Uganda, for more than thirty years, and he brings to the problems of the Middle East a unique experience of ophthalmology, in what were once described as 'backward countries'. There is an Arab subwarden and a fluctuating population of surgeons—usually six—including one American doctor, who is the Director of the Eye Bank of Jordan.

The lack of suitable donor corneal material is the limiting factor in corneal grafting in Jordan, and many hundreds, perhaps thousands, of patients still await treatment because of this shortage. The predominantly Muslim population have religious scruples about donating parts of the body, but even when this is overcome, the administrative problems of collecting fresh corneas from an unsophisticated rural population remains. Whereas in England the automobile is taking over pride of place in the causes of corneal scarring, in Jordan the bulk of the cases stem from neglected infection, in particular from the effects of trachoma, both directly on the cornea and from its lid complications of entropion and trichiasis which in their turn damage the cornea. However, the impres-

sion is that, in the younger population, improved nutrition and better hygiene will make this a diminishing problem, yet, with greater literacy and higher standards more, rather than fewer, patients can be expected to present for corneal grafting in the years to come.

I was privileged to be the first officer of the Corps to be seconded to work there. Officers of the Royal Navy and Royal Air Force have been seconded for some time past, but usually only for periods of six months. With so much clinical material presenting at the hospital, the pressure of numbers in the clinics is high and the greater the experience of the doctor the better he is able to benefit from what is presented to him. At the busiest times the tyro cannot be adequately tutored. Each surgeon works with a bilingual nurse or orderly and therefore the language barrier is not such a problem as it might at first appear. A six month tour at St. John's is now included as one of the options at the end of the Moorfields training period ——— in itself a testimony to the experience to be gained there. Dr. Boase is ever ready to discuss the interesting or difficult case. There is also a fruitful liaison, including joint clinical meetings, with the Jordan Neuro-Surgical Unit.

Clinics start at 7.30 a.m. (Typically, Dr. Boase himself starts at 7.00 a.m.) and all work through until 2. p.m. or later with only a coffee break mid-morning. There are two operating theatres and the programme is arranged so that each surgeon has two full operating sessions per week. Surgical equipment is first class, as is all the equipment in the hospital. Local anaesthesia is used for most operations in adults. When it is necessary to give a general anaesthetic, for children for example, this is given by a locally trained Arab assistant, usually using nitrous oxide and halothane.

Table 1
Surgical operations performed

Intraocular			Extraocular	
Lens extraction	Intracapsular	171	Squint	47
	Extracapsular	51 } 222	Probing naso-lacrimal duct	45
Capsulotomy and Needling		26	Dacryo-sycto-rhinostomy	8
Anterior chamber washout		10	Tarsotomy (for trichiasis)	120
Glaucoma operations	Iridencleisis	4	Ablation of pterygium	206
	Sclerotomy	20	Division of symblepharon	6
	Cyclodiathermy	5	Enucleation	10
	Iridectomy	9	Evisceration	7
	Goniotomy and Goniopuncture (for Buphthalmos)	17 } 55	Corneal tattooing	4
Optical iridectomy		16	Ectropion operation	3
Abcission of iris prolapse (traumatic)		10	Ptosis operation	5
Corneal suturing (single procedure)		4	Unclassified	40
Corneal graft		3		
Detachment operations	Scleral resection	4		
	Other	5 } 9		
Unclassified		11		
Total		366	Total	501

One is entirely responsible for one's own patients, and the choice of operative procedures is entirely up to oneself. Discussion with colleagues is free and frank but decisions are entirely one's own. It is often claimed that service ophthalmologists lack surgical experience yet, added to my Colonial Service surgery, I must now have performed, for example, over a thousand cataract operations, a figure that compares favourably with that which most civilian surgeons could muster in their first ten years in the speciality. My 'score' for operations during my year in Jordan was eight hundred and sixty seven.

To give an idea of the range of conditions the subdivision of this total is given in Table 1.

Personally, I have greatly enjoyed my time in Jerusalem. I have added to my knowledge and acquired useful techniques. Off duty, recreational facilities are good. There is a tennis court at the hospital and swimming and squash are available at the Y.M.C.A. Polo can be played at Amman—an easy fifty mile drive away. It is usually possible to employ a part time arab-maid at reasonable rates. Local education facilities for expatriates are not good. My thanks are due particularly to the Warden and Mrs. Boase, the staff of the hospital, who made us so welcome, and also to those in the Army Medical Department and at the Royal Army Medical College who did much to smooth my path.