

The work of the American medical detachment as a part of the Russian army on the Caucasian front during World War I

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The article covers a little-known episode from World War I, concerning the work of one of the foreign detachments (hospitals) in the Russian Tsarist army. The large-scale sanitary losses and epidemics of infectious diseases, which accompanied the war, required special efforts from the medical service of the Russian army. The Russian Red Cross Society (RRCS), which had monopoly rights to organize medical care during the war, did not cope with the problems that arose. In connection with this, the international community, primarily the medical personnel of neutral and allied states, in particular, England and America, played a big role in the provision of medical care to the wounded Russian army. The activities of foreign doctors, nurses and hospitals were carried out under the auspices of the RRCS in the framework of the humanitarian assistance that allies provided to Russia during World War I. Based on archival documents and materials from RRCS periodicals for 1914–1917, the activities of the medical unit of the North American United States in the Caucasian theater of military operations and the American hospital organized by it on the territory of Persia (the town of Khoy) are investigated. The materials under review single out a number of problems in the provision of medical assistance to the troops of the Caucasian Front, requiring special urgency and unprecedented work from the American specialists in Khoy. Throughout the period under review, anti-epidemic, clinical, evacuation and charitable activities predominated the detachment's work. Doctors and nurses of the detachment risked their lives in performing their duties during typhus epidemics. It is noted that in addition to American doctors and nurses, Russian doctors and nurses worked at the hospital.

Keywords: *American hospital, World War I, Caucasian Front, Red Cross, nurses, typhus*

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Introduction

World War I continued in 1918, affecting dozens of countries and accompanied by substantial casualties (9 009 920 people, of whom 3 940 000 were wounded and poisoned

by gases, and 5 069 920 were sick) [1, 2]. The most critical matter for the army medical service was the staffing of army units and medical facilities with doctors and nurses. The shortage of doctors at various phases of the war

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ranged from 4.4% to 18%, while the shortage of paramedics reached 12% [3].

In order to work efficiently in such an environment, treatment and evacuation operations in the Russian army needed strict organisation. First aid was rendered right on the battle line – at the front line dressing station, through the efforts and resources of the regimental medical service. The wounded were evacuated to the regimental dressing station by regular forces. Further, during medical evacuation through the efforts of the division, the wounded were carried to the main dressing stations, where they were then evacuated to hospitals or, if necessary, to the hinterland.

The same organisation principle was applied to the provision of medical care on all fronts, including the Caucasian Front, which opened in November 1914 to fight Turkey, which had formed an alliance with Germany against Russia. From 1915 to 1916, after a string of successful operations by the Russian army, the capture of the Turkish Fortress of Erzurum and the Port of Trebizond, combat operations were moved into enemy territory, and Russian forces rapidly advanced deep into Turkish territory by more than 100 km. This led to the disruption of communication between the centre and the flanks. Communication with weapons and food supply bases was lost and the provision of medical assistance became impossible [4, p. 86]. The situation was exacerbated by outbreaks of typhus and typhoid fever, cholera, plague and other infections, which were endemic in captured Turkish territories. As a result, losses due to disease escalated and there was an acute shortage of beds and other medical and sanitary resources [5, p. 232]. It was during this period that the so-called Russian Red Cross Society hospital of the North American United States detachment in the Persian town of Khoy¹ was established in the ranks of the Russian army.

The article attempts to identify challenges facing medical service of the Russian army at the Caucasian Front, the reasons for the establishment of the American hospital, the environment in which it operated, as well as its tasks and the results of its work.

¹ Russian State Military Historical Archive (RGVIA). F. 12733 The North American United States RRCS hospital of the Caucasus army. Op. 1 D. 25 L. 16.

Health service support at the Caucasian Front

In 1915, the head of the medical unit of the Russian Red Cross Society (RRCS) in the Caucasus, Professor S.R. Mirotvortsev², described the work of the organisation as “almost exclusively evacuation, reduced to carrying the wounded from the front to the rear, where the wounded and the sick are transferred to other treatment facilities” [6, p. 3569]. In the period of offensive operations on the Caucasian Front from 1914 to 1916, this could be explained by a number of serious challenges facing the army. First of all, it was impossible to move dressing stations to less than 10–12 km from the front line given the severe conditions in the mountains. During the Battle of Sarikamish (22 December 1914 – 4 January 1915), the wounded had to travel this distance on foot and the seriously wounded “were abandoned” [4, p. 158]. There was a dearth of military ambulances to evacuate the wounded to infirmaries and hospitals, as well as dressing materials, as a result of which the “wounded were left without dressing for 3–4 days” [4, p. 33, 405]. A similar situation occurred during the Erzurum Offensive (28 December 1915 – 12 March 1916). However, the creation of small flying squads, which carried the wounded from impassable mountainous areas, partially solved this problem [7, p. 1366].

Secondly, there was a shortage of infirmaries and hospitals for evacuating and treating the wounded, and “hospitals lacked the means to provide aid to the wounded” [4, p. 33]. In 1914, evacuation hospitals were set up in Borjomi, Baku, Grozny, Pyatigorsk, Tiflis, and Batumi [8, p. 569]. By 1915 there were 19 RRCS hospitals and infirmaries in the rear area, although these facilities were insufficient as the Caucasus army advanced deep into Turkish territory [6, p. 3569].

Thirdly, poor organisation of the supply of food and clothing led to considerable loss of troops to disease. The situation was compounded by poor sanitary conditions among the troops –

² Sergey Romanovich Mirotvortsev (1878–1949) – Soviet surgeon, member of the Academy of Medical Sciences, head of the medical unit of the Department of the Chief Representative of the Red Cross in the Caucasus army [5, p. 221].

“crowding, crammed facilities and lice infestation” [4, p. 632]. Soldiers lacked warm clothing and enough food during the Erzurum Offensive, which occurred in severe winter conditions. According to a dispatch issued by the commander of the 39th infantry division, de Vitt, “the number of cold casualties reached 800, of which 100 without doubt needed amputation” [4, p. 32–33].

Fourthly, the state of the captured Turkish territories showed that the Turkish army was clueless about health care, sanitation and hygiene. Turkish prisoners of war and refugees spread typhus along evacuation routes far inland. With the first evacuation trains from Sarikamish, typhus broke out in infirmaries in Tiflis, Gori, Elisavetpol and Baku [5, p. 231]. In 1915, typhus spread to all hospitals in the rear, reaching “alarming proportions” [4, p. 30, 33]. In captured Erzurum, dilapidated houses and wooden water pipes, piles of garbage and sewage, animal and human corpses aided the spread of typhus, typhoid fever, relapsing fever and dysentery [5, p. 223]. Undernourished Russian soldiers were particularly susceptible to infections, as a result of which epidemics were widespread in the Caucasus army. By mid-July 1915 in the area of Erzurum, 150 000 military personnel and civilians had died of typhus. A similar epidemic situation was also witnessed during the Trebizond Campaign (13 March – 17 May 1916) [5, p. 232–233].

The main medical and sanitation challenges at the Caucasian Front were primarily due to the geographic peculiarities of the area which, coupled with poor coordination of army operations and organisation of supplies to the troops, on the one hand, sparked an increase in the number of the sick and the wounded, and on the other hand, limited the medical service to evacuation operations only.

The work of RRCS during World War I

The RRCS made a major contribution to providing the army with medical support. In the early days of the war, RRCS structures had monopoly “on providing private assistance at the front”, as a result of which all non-governmental medical units were forced to operate “under the Red Cross flag”. By 1 November 1915, there were 185 RRCS units at the front: 71 hospitals, 61 intermediate infirmaries, 53 mobile

infirmaries (including 1 intermediate infirmary and 6 mobile infirmaries at the Caucasian Front). RRCS medical facilities (hospitals, infirmaries, feeding and evacuation points, disinfection units) accounted for a significant portion of medical resources deployed on the theatre of military operations. By 1 January 1916, 36 748 officers, 895 674 lower rank troops and 20 170 prisoners of war had passed through these medical facilities [9].

Under the auspices of the RRCS, there were 115 communities of nurses, whose members formed the bulk of mid-level medical staff [10, p. XIII; 11]. Still, the Russian army faced a shortage of medical personnel. A raft of measures was implemented to mitigate this shortage: students completing their 4th year at the military medical academy were drafted as acting physicians (they went on to complete the full-time course after the war), foreign doctors were invited, cooperation was established with medical institutions of allied and neutral states in providing medical care to wounded soldiers.

Besides medical facilities, the RRCS set up feeding points, refugee camps and provided assistance to Russian prisoners of war in Germany and Turkey. Feeding points were set up about half an hour of walking distance from the combat area, along evacuation routes and in the rear area. Here everyone in need “was taken in, warmed, fed and provided with any possible assistance” [12, p. 106–107]. On the evacuation line from Vani to Julfa, near the American hospital, there were seven Red Cross treatment and feeding points: in Archak, Mologasan, Sarai, Kotur, Sherbek, Kachaly and Zvoglyu [13, p. 1181]. Many of them worked in conjunction with dressing stations, where the wounded were able to receive further medical care. These places also provided assistance to refugees and homeless children, for whom small shelters were built. At the Caucasian Front, shelters were built for homeless Armenian children “who were captured by soldiers and handed over to nurses” [12, p. 107, 113, 115].

Therefore the scope of the work of the Red Cross from the outbreak of the war covered not only the provision of medical assistance, but also the feeding of soldiers, the wounded and refugees, the evacuation of the wounded and the provision of shelter to homeless children. Efforts

of the RRCS alone could not cope with this work. The international community, both at the state level and the public level, joined in providing charitable assistance to refugees, the wounded and prisoners.

International cooperation of the RRCS

The RRCS was actively involved in international activity, on one hand offering financial support to foreign Red Cross Societies, and on the other hand receiving assistance in the form of donations, “personnel and medicines” from Red Cross units from America, Japan, England and other countries [14, p. 62].

In 1915 the American government sent Russia 80000 pounds “much needed in helping the wounded with medicines” and “10 vehicles equipped specifically to provide care to the wounded on the battle field” [15, p. 488]. Russian workers and Orthodox Syrians living in America also provided financial assistance – in order to cater for the needs of wounded troops fighting against the Turks in the Caucasus, they donated 7760 rubles [15, p. 488] and 5 536 rubles, respectively [16, p. 880].

Foreign Red Cross detachments began to arrive in Russia in 1914 [12, p. 34]. In particular, American detachments became regular: 6 doctors and 24 caregivers arrived in 1914 with a large amount of dressing material [17, p. 319], and in September 1915 an ambulance detachment consisting of 8 doctors and 39 nurses arrived [18, p. 3585]. With assistance from the RRCS, foreign hospitals were built: on the Eastern Front – the American hospital with a maxillary department and an odontological laboratory, with 40 beds; at the South-Western Front – the American surgical hospital in Kiev with 700 beds; on the Caucasian Front – the hospital in Khoy with 200 beds³ [9, p. 190; 19].

The provision of the RRCS with charitable assistance, medical equipment, doctors and nurses virtually ceased during the mobilisation of the American army and the sanitary service in 1916 [20, p. 3]. However, it was decided that the North-American United States hospital on

the Caucasian Front “preferably remained in Russia”. Correspondence between the Russian government and the American Red Cross shows that the Russian army badly needed the doctors and nurses from American hospital [21, p. 166].

The work of the American hospital in the town of Khoy

An American hospital was formed in Kiev by the Red Cross unit from the North American United States which arrived in Russia in 1914 [22, p. 922].

In 1915, part of the medical staff of the hospital sought to leave for the Caucasian Front. On behalf of the staff, senior physician of the hospital, Snively, expressed to the RRCS “the wish to continue working in Russia and willingness... to raise the necessary funds... to support the staff” [18, p. 3513]. Among the first to arrive in the Caucasus were nurses Sofia Kajel⁴ (Kiel) and Florence Farmer [22, p. 922].

On 28 September 1915, the American detachment arrived at the border station of Julfa. The next day, the detachment departed for the town of Khoy (Persia), 85 km from Julfa, where it went on to form the North American United States hospital with 200 beds⁵ [13, p. 1181]. The detachment was provided with unequipped facilities, previously used by the disinfection unit of Hieromonk Damascene and the Red Cross infirmary with 100 beds to fight a typhus epidemic [13, p. 1182]. This might explain why in archival and official documents the work of the American detachment in Khoy is often described as that of the hospital and the infirmary [23, p. 199]. The number of beds in this medical facility varies according to different sources. For instance, a report by the Chief Representative of the RRCS in the Caucasus army, L.V. Golubev⁶, says that Khoy had an “American hospital with 125 beds” [13, c.1181].

⁴ Archival and official printed documents “Vedomosti Krasnogo Kresta” [The Red Cross Bulletin] contain varying transliterations of American names into Russian language. For instance, the surname of nurse Sofia Kajel is often used in the shortened transcription “Kil”, while Roberta Li-Cromwell is often shortened to R. Li.

⁵ RGVIA F. 12733 Op. 1 D. 25 L. 16.

⁶ Lev Viktorovich Golubev (1876–1942) – chamberlain, chairman of the board of trustees of the Duke of Oldenburg Orphanage.

³ RGVIA F. 12733 The North American United States RRCS hospital of the Caucasus army. Op. 1 D. 25 “Perepiska o personale gosptalya” [Correspondence on hospital staff] L. 24.

№ 12924 24

С П И С О К Ъ

личнаго состава сестер милосердія въ госпиталѣ Россійскаго Общества
Краснаго Креста отряда Сѣверо-Американскихъ Соединенныхъ штатовъ.
/ Составленъ 3-го Января 1916г. /

№ по порядкѣ.	Имена отчество и Фамиліи	Примѣчаніе:
1	МЕЙСНЕРЪ Марія Павловна	Старш. сестра
2	МОЛИНАРИ Дидія Егеревна	Мл. "
3	ЧЕГОДАЕВА Марія Владиміровна	" "
4	НЕВОЛЬСИНА Марія Сергѣевна	" "
5	АССОРЪ Алина Оттевна	" "
6	ГОЛЬДЕНЪ Флора Ивановна	" "
ВОРОНОВА	ВОРОНОВА Евдокія Алексѣевна	" "
8	ЯРОШЕВИЧЪ Нина Александревна	Переведчица
9	ЯРОШЕВИЧЪ Ксенія Александревна	"
10	С. КИЛЬ	Старш. сестра
11	Р. ЛИ	Мл. "
12	К. БАРНОДОЛЛАРЪ	" "
13	Ф. ФАРМЕРЪ	" "
14	Э. СУКУПЪ	" "

РУССКІЯ
Американки

List of nursing staff at the hospital of the Russian Red Cross Society of North American United States unit.
RGVIA, F. 12733, Op. 1, D. 25, L. 24

According to archival data, Khoy had a hospital with 200 beds.⁷ It is therefore difficult to distinguish between the work of the American detachment and the work of the entire medical institution, where, besides American doctors and nurses, there were also Russian personnel, mostly nurses of the Tiflis Nadezhdinskaya Community.

According to the RRCS hospital staff register, a 200-bed hospital was supposed to have 5 doctors and 16 nurses [24, p. 19]. Half of the staff of the American hospital in Khoy was Russian. A Russian citizen, Doctor V. Peterson, was appointed head of the hospital. The list from 3 January 1916 also features another Russian doctor – E.M. Ramaskevich – and three American specialists – G. Snively, B. MacClintic, T. Hezlet (the latter was acting head of the detachment in the absence of V. Peterson). The list of nurses at the

hospital from 3 January 1916 includes eight Russian nurses and five American nurses (see figure⁸).

Most of the Russian nurses at the American hospital were members of the Tiflis Nadezhdins-

⁸ Text on the picture:
LIST of nursing staff at the hospital of the Russian Red Cross Society of North American United States unit. /Drawn up 3 January 1916/
Full name
Meisner Maria Pavlovna – senior nurse
Molinari Didiya Egerevna – junior nurse
Chegodaeva Maria Vladimirovna
Nebolsina Maria Sergeevna
Assor Alina Ottovna
Golden Flora Ivanovna
Voronova Evdokia Alekseevna
Yaroshevich Nina Aleksandrovna – translator
Yaroshevich Ksenia Aleksandrovna
S. Kil – senior nurse
R. Li – junior nurse
K. Barnodollar – American
F. Farmer – American
E. Sucup – American

⁷ RGVIA F. 12733 Op. 1 D. 25 L. 252.

kaya Community, who, at the beginning of World War I, were working at various hospitals, infirmaries and other medical facilities of the Russian army, including as part of the US detachment. Between 1914 and 1915, 144 war-time nurses, 2 auxiliary nurses and 13 full-time nurses of the Tiflis Nadezhdinskaya Community were assigned to medical facilities at the Caucasian Front [22, p. 795–821]. The composition of doctors and nurses at the American hospital was constantly changing: some returned home or left for treatment, while some joined the unit. According to the list from 28 July 1916, the composition of American nurses at the hospital had changed completely: Mabel Rich, Eleonor Succup, Aurelia Becker, Sara Hibert, Clara Barnodollar (had left for the US by that time), Kora Johnston, Marion Etkernok, Anna Smith, Katerina Kartlet, Getty Reinhard, Sara Li.⁹

The American hospital in Khoy therefore played a critical role at the Caucasian Front. First of all, it was the only Russian hospital outside the Russian Empire (on Persian territory). Secondly, it was located as close as possible to the front line, far away from railway stations [25, p. 71]. Hospitals were usually located near major railway stations, such as Aleksandropol, Erivan, Kars and Sarikamish, which enabled swift evacuation of the sick and the wounded far inland [12, p. 98]. In the case of the American hospital, the professionalism of doctors and their ability to establish high-quality clinical practice despite the lack of specialised facilities and equipment gained special significance. While describing the work of the doctors and nurses at the hospital, the Representative of the RRCS stressed not only their efficiency, but also their ability to apply “the latest scientific methods of treatment”.¹⁰ Thirdly, the hospital in Khoy became the main anti-epidemic centre in Azerbaijan and the Van district [13, p. 1181].

In autumn 1915, the epidemiologic situation in the Russian army remained tense. Compared to pre-war times, cases of typhoid fever quadrupled, while typhus cases increased eighteen-fold [26]. Between August and September 1915, there was a cholera outbreak in Khoy, and the newly created American hospital was tasked with

tackling the epidemic [13, p. 1182]. Under the leadership of American doctors, facilities of the hospital were disinfected, 25 beds were allocated for typhus patients and the same number of beds was allocated for Turkish prisoners of war, who were the primary source of the epidemic¹¹. Working amid the typhus epidemic was difficult. Not all staff in the medical facilities was willing to work in infectious disease wards. The question of whether “Red Cross nurses were obligated to accept assignments to epidemic infirmaries and departments for the infectious diseases in hospitals” was resolved at state level [27, p. 2453]. By that time, thanks to the work of P. Ehrlich and I.I. Mechnikov, the concept of immunity was already known, as a result of which the bulk of nurses and doctors in epidemic infirmaries and hospitals consisted of either those who had already contracted disease or volunteers [12, p. 104].

A memorandum written by the Representative of the RRCS in Khoy shows that most of the staff at the American hospital was not immune to typhus. However, “American doctors who had never contracted typhus and were surgeons by profession, still unanimously expressed complete willingness to work in the typhus barrack, and it emerged that immediately upon arrival in the town of Khoy, they set out to treat typhus patients”.¹² By their example, the Americans were able inspire the rest of the staff at the hospital. Nurse Y. Vasilevskaya, a member of the Nadezhdinskaya Community, filed the following request to the RRCS: “I, nurse Y. Vasilevskaya, who has never suffered from typhus, *voluntarily wish* to work in the typhus ward of the North American hospital”.¹³ The risk of contracting typhus was very real, as shown by requests filed by nurses A. Assor, V. Aleksandrova, K. Yaroshevich and many others, asking for leave in order to seek treatment at the specialised hospital in Tiflis. Therefore the establishment of the American hospital in Khoy occurred in a difficult epidemic environment, but the dedication and professionalism of American and Russian specialists enabled “to create in the Persian city, under difficult conditions, a highly improved type of infirmary, whose entire staff worked with great dedication” [23, p. 199]. Furthermore, the Ame-

⁹ RGVIA F. 12733 Op. 1 D. 25 L. 252.

¹⁰ RGVIA F. 12733 Op. 1 D. 25 L. 17.

¹¹ RGVIA F. 12733 Op. 1 D. 25 L. 16.

¹² RGVIA F. 12733 Op. 1 D. 25 L. 16-17.

¹³ RGVIA F. 12733 Op. 1 D. 25 L. 172.

ricans deployed a feeding and dispensary station for Assyrian refugees – members of an ancient Christian people subjected to severe oppression by Turkey and Persia. It is also known that some of the nurses at the hospital tried to adopt Assyrian orphans [13, p. 1182].

For “love and dedication to helping stricken soldiers”, the head of the detachment, V. Peterson, petitioned to award American doctors and nurses Russian orders and medals¹⁴. In his petition, V. Peterson asked to make an exception for Americans who, as foreign citizens, had no right to receive the medals. The petition was granted and three American nurses – Florence Farmer, Sofia Kajel and Roberta Li-Cromwell, among the first to arrive in the Caucasus – were awarded silver medals “For Diligence” to be worn on the chest on the ribbon of the Order of St. Anne¹⁵ [28, p. 37].

¹⁴ RGVIA F. 12733 Op. 1 D. 25 L. 26.

¹⁵ RGVIA F. 12733 Op. 1 D. 25 L. 79.

Conclusion

The work of the American detachment continued up to 1917. The last documents devoted to the work of the American hospital bear this year. The unit was moved from the front to the rear and was disbanded in 1917, once the Caucasian Front ceased to exist. For two years, the American hospital in Khoy, which was set up by the RRCS as part of international cooperation at the initiative of American specialists, provided highly qualified medical care to all in need – the sick, the wounded, refugees and the civilian population – under tough conditions at the Caucasian Front. Despite being at the front line, outside the Russian Empire, far away from main evacuation routes and railway stations, the staff of the hospital was able to not only organise efficient anti-epidemic work, but also carry out professional clinical work, based on the latest scientific methods of that time.

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