The Wars of Yesterday

The Balkan Wars and the Emergence of Modern Military Conflict, 1912–13

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Contents

List of Tables vii

Acknowledgements viii

Part I. Introductions

The Wars of Yesterday: The Balkan Wars and the Emergence of Modern Military Conflict, 1912/13. An Introduction. 3
Katrin Boeckh and Sabine Rutar

Chapter 1 'Modern Wars' and 'Backward Societies': The Balkan Wars in the History of Twentieth-Century European Warfare 19
Wolfgang Höpken

Part II. Beyond the Balkans: Diplomatic and Geopolitical Aspects

Chapter 2 Ottoman Diplomacy on the Origins of the Balkan Wars 93
Gül Tokay

Chapter 3 Austria-Hungary, Germany and the Balkan Wars: A Diplomatic Struggle for Peace, Influence and Supremacy 113
Alma Hannig

Chapter 4 Not Just a Prelude: The First Balkan War Crisis as the Catalyst of Final European War Preparations 137
Michael Hesselholt Clemmesen

Part III. Armies, Soldiers, Irregulars

Chapter 5 The Ottoman Mobilization in the Balkan War: Failure and Reorganization 163
Mehmet Beşikçi

Chapter 6 The Thracian Theatre of War 1912 190
Richard C. Hall

Tadžir, Avraham. *Notas Istórikas sovre los Djidíos de Bulgaría i la Kommunita de Sofia* [Historical Notes Regarding the Jews of Bulgaria and the Community of Sofia]. Sofia: Nadezna, 1932.
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14

The Assistance of the British Red Cross to the Ottoman Empire

Oya Dağlar Macar

This chapter investigates the medical aspect of the Balkan Wars from the viewpoint of the doctors, surgeons, nurses and other medical staff who assisted the Ottomans either under the umbrella of the British Red Cross or as individual volunteers. This group primarily consisted of well-educated British citizens of the middle and upper classes who worked in various ranks in the medical professions. They represented a small number of people who witnessed the war from a non-military perspective. Because of their education and their social position, many of them wrote in magazines and newspapers about their experiences after their return. Some of them also published memoirs. These texts give us the opportunity to examine this period from a different perspective, approaching it from the viewpoint of a 'history of experience' (*Erfahrungsgeschichte*). Their writings and assessments carry great importance in that they tell us from a medical standpoint about the health problems they encountered during the war, the treatments they applied, the Ottoman soldiers' reactions to these treatments and how all of the above influenced the war's outcome. The texts also shed a historical light on how this group, which until now has not received much of a voice, perceived the war. By examining medical sources, this study should be seen as a first step towards a more comprehensive investigation of the Balkan Wars and fills a gap in the existing scholarship. Scholarly studies on the experiences, observations and assessments of medical teams, not only in the Ottoman Empire but also in other countries involved in the Balkan Wars, will bring to light a different dimension of the conflict.

The British Red Cross and Red Crescent Corps in the Ottoman Empire

At the beginning of the First Balkan War, the British Red Cross, based on the First Geneva Convention (1864), decided to send aid units to the five Balkan countries involved: the Ottoman Empire, Bulgaria, Serbia, Greece and Montenegro. In order to be able to offer the Balkan countries assistance in the framework of the Geneva Convention, the British Red Cross Fund was established, together with a special committee that would ensure the correct administration and usage of the fund.[1] Following the fund's establishment, the director of the British Red Cross, Nathaniel Lord Rothschild, issued a public call for donations. Because the existing budget was not sufficient to put together medical teams, he asked for financial support from the British people,[2] many of whom contributed financially. With the approval of the countries involved, the British Red Cross began to form several medical corps.

The call issued by the Red Cross was not limited to financial assistance, however. In order to form medical corps, there was also a great need for volunteer doctors and medical personnel, because the warring countries were not organized enough to provide health services to the military, and there was an extreme scarcity of personnel and medical supplies. The British Red Cross published newspaper announcements calling for volunteers wishing to go to the Near East.[3] The organization received a tremendous response and established a number of corps. In the end, the British Red Cross sent four medical corps to the Ottoman Empire during the Balkan Wars. Before their departure, volunteers received lessons in various basic subjects.[4] Each of them was provided with medical equipment, including surgical tools, medicine and supplies. The director of these four corps was Major Doughty Wylie.[5] The first three corps, consisting of fifty-six persons, arrived in Istanbul on 5 November 1912, the fourth on 5 December of the same year.[6]

Throughout the war, the British Red Cross corps offered their services in Istanbul in the School of Fine Arts (Sanayi-i Nefise Mektebi) on the Alibey Farmstead in Çatalca and in the hospitals they established in Beykoz, Kalikratya and Ayastefanos/San Stefano (Yeşilköy). Some of them also worked in the Clemow Hospital in Şişli. In addition, Muslims of Indian origin living in Britain sent medical corps to the Ottoman Empire. This aid was provided under the banner of the British Medical Mission led by Amer Ali, one of India's foremost political leaders, who resided in London. This corps, named the Committee of the British Red Crescent Society, was under the directorship of Colonel Sortie.[7] The British Red Crescent issued a call in the British newspapers on 12 October 1912. The Muslims of Great Britain, India and other British colonies requested support in order to help those injured in the war, the sick and the needy. Mirroring the establishment of the British Red Cross Fund, the British Red Crescent Fund was brought into existence.[8]

A British Red Crescent corps consisting of fifteen persons arrived in Istanbul immediately after the outset of the war and first settled down in the building of the Rüştiye Mektebi in Üsküdar,[9] which had been turned into a hospital. Hospital beds and other basic needs were met by the Ottoman Red Crescent Society.[10] However, because a ceasefire was announced shortly thereafter and because transporting patients to Üsküdar proved difficult, the corps left this hospital and moved to San Stefano. The Health Administration moved the British Red Crescent's team to the European part of Istanbul, where it was stationed in the barracks of Ayastefanos, which had been established for cholera patients, and there they treated the sick. For their services, the corps received twenty Turkish lira per week from the Ottoman Red Crescent.[11]

The British Red Cross and Aid Contributions

Why did the Red Cross and its many corps provide aid to the Ottomans? Generally, there were two different groups of medical staff. First, there was the group who came as part of the British Red Cross or Red Crescent's efforts. One of the foremost reasons for the provision of aid by the Red Cross was legal in nature. When Great Britain signed the Geneva Convention in 1864, it guaranteed that it would send humanitarian and medical aid to warring countries by means of the Red Cross's neutral humanitarian organization.[12] Hence, the Red Cross had a legal obligation. The second group was not connected to any national or international organization and volunteered purely for personal reasons, the most obvious being moral in nature – to provide humanitarian aid. Still, outside of these two groups we can observe other individual or collective reasons. Foremost among these was a curiosity and interest in the East. From an Orientalist viewpoint, this war was an opportunity to see the mysterious East, maybe even the best way to experience and understand Islam. For example, A. Duncan Johnstone, who came to Istanbul with the British Red Cross corps and worked as stretcher-bearer in various camps and hospitals, explained similar sentiments in the following words:

> Ever since I was a small boy I have had a great desire to see the East. In fact, this passion once induced me to go into the head-master's study at a preparatory school and take a Koran off one of the shelves, for which I

> remember getting a good licking. On the outbreak of the Balkan War this desire reawoke in me, and I tried in various ways to get out to Turkey, my idea being to serve as a volunteer with the Turkish forces; but owing to the proclamation of neutrality by England, this was impossible. One morning, happening to read in the Daily Telegraph that volunteers were urgently needed for the Red Cross work in the Near East, I quickly made up my mind, and that afternoon, leaving my work early, I rushed home to change preparatory to going down to Victoria Street.[13]

Volunteers also went to the Ottoman Empire to acquire professional experience. The war promised those working in war surgery that they would see many diverse cases, be able to apply theoretical knowledge in practice, and gain expertise. One cannot over-emphasize the importance and value of this motivation. In fact, we know that medical professionals responded in great numbers to the newspaper announcements of the Red Cross searching for corps volunteers.

Yet those who wanted to volunteer for medical positions were not limited to the Red Cross. Many also personally contacted British consulates in the Balkan countries. Large numbers of applications from doctors, surgeons, medical students and other medical personnel are found in the Prime Ministry's Ottoman Archives. In a document that was sent from the British embassy on 15 October 1912 to the Ottoman Foreign Ministry, for instance, we learn that various British citizens applied to the British embassy, stating that they would like to serve in the Ottoman army as surgeons and certified nurses. The British embassy requested that the Ottoman government or the Ottoman Red Crescent Society directly notify these persons of the answer, whether positive or negative.[14] Another telegram that Tevfik Pasha (1845–1936), the Ottoman ambassador to London, sent to the Foreign Ministry on 8 October 1912 states that during the Balkan War, British doctors and surgeons applied to serve in military hospitals.[15] There are many more such examples.

Slogans such as 'patriotism' and 'service to the motherland' were also used to ensure the public's contributions to the campaign in Great Britain. Even the Red Cross was co-opted for this. For instance, in the Red Cross's newspaper call for medical personnel, the director of the British Red Cross, Lord Rothschild, emphasized that although the conditions would be difficult, it was important that 'the young generations serving their own country' help with the war efforts in order to gain experience. His statement continued:

> The details of medical practice, as learned in the schools and practised in civil life, form only a small part of the work that necessarily falls to the lot of a military medical officer on active service. The remainder can be properly learned only in war, and experience has shown that the most well-meaning and competent medical man, until he has acquired that knowledge, is almost as much of an encumbrance as a help. Further, these qualities of discipline, command and subordination, and of organisation are, in themselves, of the utmost value, not only in war, but in any time of public calamity, such as earthquakes, rioting, mining and other disasters on a large scale; and in the trend of modern medical practice will undoubtedly prove a valuable asset to their possessor.[16]

As can be expected, another motivation for the Red Cross was that, by going abroad and helping another country, it would introduce both the Red Cross and the Red Crescent internationally and also examine where its own strengths and weaknesses lay. During the Russian-Japanese War (1904–5), for example, the excellent organization of the Japanese Red Cross as well as its efficient administration of human and material resources very much impressed its British counterpart.[17] The British Red Cross's experiences in the Boer War (1899–1902) had brought to light its shortcomings; furthermore, these experiences added much medical knowledge in general. In fact, it was no coincidence that many British Red Cross doctors constantly compared the Balkan Wars to the Russian-Japanese and Boer Wars.[18] One of these British Red Cross doctors was Doughty Wylie, who served in the hospital in the art school in Istanbul. Another was Professor Dr Jacques-Ambroise Monprofit, whom the Greek Red Cross appointed as the director of the surgical society at Thessaloniki. In his position, Monprofit had the opportunity to personally observe developments in Athens, Thessaloniki, Skopje and Belgrade; he emphasized that the knowledge that the military surgeons had gained in the Boer War in South Africa and in the Russian-Japanese War had been proven right in the most stunning way.[19]

Another reason for sending medical aid during the Balkan Wars was the increasing effort to modernize. Since the nineteenth century, wars had constituted a field of experimentation and implementation for medical, scientific and technological innovations. From the use of X-ray machines to bacteriological tests, experiments with new medicines to trying out antiseptics, many innovations were employed to save soldiers' lives during wars. The Balkan Wars constituted a very important event in which Western medical professionals could showcase their expertise and new findings. In fact, some of the doctors who came to the Ottoman Empire during the war gained a name for themselves in their fields. At the beginning of the war, a doctor from the Indian public health administration with expertise in treating cholera, for example, arrived in the empire. In another instance, a bacteriologist specializing in tropical diseases served during the Balkan Wars. Some of them came as volunteers while others were brought by the Ottoman

government based on specific needs. These experts gave Ottoman medical professionals the opportunity to witness various innovations and the chance to modernize in turn. Apart from their destructive impact, wars also compelled modernization and medical progress.

Finally, there is the possibility that the willingness to provide aid was based on certain religious expectations. Indeed, Dr Muhammad Ensari, who served with the Egyptian Red Crescent, claimed that British Red Cross doctors conducted missionary work in hospitals during the Balkan Wars. Even though this claim was never proven, it caused an uproar among Muslims in Great Britain and India, provoking serious reactions against Great Britain and leaving the British government in a difficult position.[20]

The British Red Cross and War Surgery

The expectation that they would gain professional knowledge was certainly one of the primary motivations of British doctors who brought medical aid to the Balkan countries. In fact, most of them shared their experiences in writing after their return home. For example, one can find articles by many doctors and surgeons about the Balkan Wars in *The Lancet* and the *British Medical Journal*, two of Britain's foremost medical publications. Moreover, there are many articles published by Red Cross doctors in various newspapers, such as *The Manchester Guardian*, *The Observer*, *The Advance* and *The Times*. Even though their number is much smaller, many who served with the Red Cross also wrote their memoirs. These texts contain much valuable information and important observations, especially in terms of war surgery and medicine.

The principle observation was the high mortality rate at the beginning of the war. Dr C. Max Page and Dr Sydney Vere Appleyard, who worked in the museum hospital in Istanbul, drew attention to the great decrease in the mortality rate over the duration of the war.[21] For instance, of the first 130 patients who arrived at that hospital, fifty-four died, thus the mortality rate was as high as 41.6 per cent. In the following 448 cases, however, the mortality rate fell to 4 per cent.[22] What could have been the reason for this change? The first answer that comes to mind is the violence of the battles and the extensive injuries caused by weapons. Yet, according to the published information, the reasons can be found in ineffective first aid early in the war, the delayed transportation of patients to hospitals, starvation, contagious diseases, cold weather, a demoralized attitude and unhygienic conditions.[23]

Although some of the wounded soldiers could have been easily treated with basic interventions, many ended up needing surgery, simply because they had not received proper first aid and were left without medical treatment under terrible conditions. As a consequence, many could not be saved even by surgical intervention. According to Wylie's explanations, the first arriving soldiers were malnourished both before and after injury.[24] Reports in *The Lancet* supported Wylie in his assessment: starvation was the biggest problem of all. Many of the injured soldiers who arrived in the hospital had not eaten anything for two or three days. Some of them had eaten only grass and wild herbs for as much as a week.[25] Thus, their immune system had declined and could no longer fight diseases.

In the first months of the war, patient transport did not function properly either. Much of this was because preparations had not been completed during the short mobilization period. The weather and the poor road conditions were equally an important factor. The Balkan Wars began in the winter months, and therefore transportation would have been very difficult even under normal circumstances. Heavy rains made for even worse conditions. The bad weather only contributed to the occurrence of epidemics such as cholera. Once all these negative factors coalesced, the already insufficient transportation system and health services collapsed completely.[26]

The first soldiers brought to the hospitals of Istanbul had mostly been wounded in the battles of Kırklareli and Lüleburgaz and arrived in the city after eight to twelve days. Most of the patients were not only injured, but also stricken with dysentery, cholera or various gastrointestinal ailments.[27] These ailments were accompanied by anaemia, anasarca and ascites,[28] complications that often led to death. Hence, most of the injured who were brought to the hospital did not die of their wounds, but of other causes.[29] The above-mentioned stretcher-bearer Johnstone described in detail what he saw when he went to the Haydarpaşa train station to collect patients:

> We found that most of the wounded were from Kirk-Kilise three weeks earlier. Many had not been attended to since the first field dressing after the battle, and were almost starving. The wounds were horrible to look at, and had grown twice their size through neglect. They were also full of maggots and earth-worms, which had to be scraped out with the fingers. One man had had some wooden splinters behind his eye for twelve days without any attention; the smell in the hospital was dreadful. It appeared to us at the time that the Turkish Medical Service and the Ottoman Red Crescent seemed to be absolutely disorganised, no provision of any sort being made for the men.[30]

Soldiers who arrived after some weeks in the war were more fortunate. The provisioning and medical services for the soldiers on the Çatalca front were reorganized after some time, and the condition of the soldiers improved both morally and physically. Wounded soldiers were now transported to Istanbul within one to four days. With this came a major change in the appearance of the soldiers, who in the first months of battle had been exhausted, sickly and left to their fate. The mortality rate decreased considerably.[31]

The second observation discussed by British surgeons in their writings was related to the importance of first aid. Doctors had learned about the importance of first aid in treating gunshot injuries during the Boer War. During the Balkan Wars, however, the Turkish first aid and the medical services on the home front were worse than the British during the Boer War. Broken bones became irritated and infected due to the disorganized patient transport and insufficient immobilization and cast techniques. Most of the patients reaching hospitals had not received any dressings for their injuries. Those with broken bones were often merely bandaged, and had not been fitted with proper fixation apparatuses. All these deficiencies made even simple fractures a serious problem.[32]

Comparing Turkish soldiers with those from other Balkan countries, Professor Octave Laurent, of Brussels, observed that Turkish soldiers experienced surgical problems arising from wound infection at a much higher rate. One of the primary reasons was the lack of aseptic dressing, which was not applied very often, patient transport was very slow and hospital conditions were insufficient. All these problems resulted once again in the defeat and demoralization of the otherwise sturdy, stoic Turkish soldiers. In contrast, the first aid services of other Balkan countries were much better organized. For instance, France supplied first aid material for the Greek army, and the Netherlands did the same for the Bulgarian and Serbian armies. According to Monprofit, it was obvious that first aid material at the front was life-saving. Every Greek and Serbian soldier carried a small bag with dressings and knew how to apply them in case no surgeon was available. A Serbian surgeon reported to Monprofit that the wounds of the eight hundred injured soldiers he saw close to Bitola had all been dressed within a very short time span.[33]

The widespread occurrence of gangrene among Ottoman soldiers was also widely reported. In an article published in *The Manchester Guardian* on 11 December 1912, a British surgeon who arrived in Istanbul with the British Red Cross wrote that there were many patients with gangrene in the cholera hospital that had been established in the

Greek school in Ayastefanos/San Stefano.[34] The number of gangrene cases was also elevated in the museum hospital. The British Red Cross doctors distinguished between three types of gangrene: limb gangrene, emphysematous gangrene and symmetrical gangrene. Among these, the latter, which affected multiple limbs – if there was gangrene afflicting one leg, it would also appear on the other – had not been significantly observed before the Balkan Wars, but now there was a great increase in this type. According to the observations of the British Red Cross doctors, there were six patients with this disease in the museum hospital, three in the hospital in Beykoz and many more in Ayastefanos/San Stefano. Dr Lothar Dreyer reported thirty-one cases in the German hospital in Istanbul. It was Dr McClean who had great success in treating this type of gangrene.[35]

Wounds that were not treated in time and soldiers left in cold, wet trenches for long periods contributed to the spread of gangrene. A British surgeon who worked in the cholera hospital in Ayastefanos/San Stefano explained:

> I have chosen the patients for the tent hospital chiefly out of the cholera barracks. Most of them have also badly inflamed and gangrenous feet and there has been no attempt of any kind made by the Turks either to clean or dress them, much less amputate and save them. A man tonight told me he was walking forty days through the freezing mud without any shoes, and his leg needing amputation. Most of them give a history of sleeping all night in the trenches in the rain and very cold weather, and waking up with feet numb and swollen. The pressure of their puttees cuts off the circulation, and their feet become frost-bitten. Many of them have dysentery as well. The various diseases which roughly have been drafted here as cholera are in reality a mixture of typhoid, dysentery, typhus, inanition, gangrene, septic disease, and cholera.[36]

The boots traditionally worn by the Turkish soldiers also provoked the widespread occurrence of gangrene. The boots were tightly wrapped around the legs with laces, obstructing blood circulation and causing blood clots. The extremities of the exhausted soldiers froze when they were exposed to the cold, wet air, and the disrupted blood vessel function turned the symptoms of exposure into gangrene. The best-known treatment for light cases was to keep the toes dry. If the gangrene had not spread too quickly, the limb was amputated. If it had spread and the symptoms of blood poisoning had appeared, the disease was equivalent to a death sentence.[37]

Surgeons serving in the Balkan Wars also drew attention to the way different kinds of firearms led to diverse types of injuries. Principally, the doctors realized that injuries caused by bullets and shrapnel differed significantly. For instance, during the eleven weeks he worked

in the British hospital in Şişli, the British Red Cross surgeon Dr Sidney Smith treated 110 Turkish soldiers who had been wounded by bullets and shrapnel. Afterwards, he published in *The Lancet* his observations on soldiers with chest wounds. He distinguished between two types of injuries: wounds caused by rifle bullets and shrapnel wounds. Smith reported that bullet wounds were relatively harmless and generally healed without serious complications. If the injury was caused by a Mannlicher bullet from a close distance and at great speed, this could entail serious problems; if not, then the bullet went straight through. Only in two cases did the bullet remain in the body. Shrapnel wounds, however, were much more serious. Again, Smith distinguished two kinds: those caused by shrapnel exploding close to the body and entering the bones, which generally led to sepsis, and injuries from shells exploding close by. The shells were usually called spherical bullets because of their rounded tips, causing serious injuries.[38] Wylie made similar observations. Turkish soldiers used Mauser rifles bought from the Germans; a bullet from these rifles entering the body at great speed did not do much damage, causing only a small entrance wound. But shrapnel, which entered the body at a lower speed, did much greater damage, thrusting the torn uniform fabric into the flesh and causing infection.[39]

According to Monprofit's observations, bullet wounds also led to fewer casualties. The Mannlicher bullets that the Turks used in the Balkan Wars were a long type of bullet and caused clean entry wounds, with the tissue closing quickly. Aseptic measures helped a great deal, so that barely a scar remained. Even in injuries to bones or the thorax, few complications occurred. Monprofit also emphasized that shrapnel wounds were very different. He observed that there was a steady decrease in infantry fire, but an increase in the usage of artillery, meaning that instead of being wounded in man-to-man combat, soldiers were now more often injured by artillery shells launched from a distance. Shrapnel wounds were always more dangerous, as bones were smashed to pieces, ribs broken and fatal wounds dealt.[40] Finally, Dr Samuel Osborn's information largely confirmed the knowledge of Wylie, Smith and Monprofit. According to Osborn, bullet wounds were not as serious as they had been in the Boer War, when soft-nosed bullets were employed. The bullets used in the Balkan Wars only caused small open wounds and few serious injuries.[41] Rather, most serious injuries resulted from shrapnel.

The mortality rate of the wounded represented another shared observation concerning war surgery. Sources offer different statistics, resulting from the fact that doctors only gave numbers related to the

hospitals in which they worked. For example, Wylie emphasized that in the museum hospital the mortality rate among surgical cases was very high – 13.1 per cent.[42] He reported that the gunshot wounds brought to his hospital were caused by rifle bullets in 60 per cent of the cases, and by shrapnel in 40 per cent.[43] Professor Laurent stated that bullet wounds were five times more likely to occur than shrapnel wounds, but that most soldiers on the front died from shrapnel injuries.[44] The numbers given by Professor Dr Antoine Depage of Brussels diverge yet again: among the Turks, 80 per cent of the wounds were caused by shrapnel. Another 10 per cent were due to rifle fire, and the remaining 10 per cent caused by bayonets and swords. In comparison, among the Allied forces shrapnel wounds accounted for 15 per cent, bullet wounds for 80 per cent, and bayonet and sword wounds from man-to-man combat for 5 per cent. Depage concluded that a much higher proportion of Turkish soldiers were rendered *hors de combat* than their counterparts in the Balkan Allies. The Allied forces, then, used more artillery against the Turks, leading to serious injuries among the Turkish soldiers and decimating the Turkish forces. It is noteworthy that Depage was able to draw such a comparison because he shared information about the cases he encountered, the treatments he applied, the recovery and the mortality rates with Monprofit, who worked for the Greek side. Depage was also a pioneer in another undertaking: with the help of the Imperial Society of Surgery in Istanbul, he started a protest movement against what he saw as the inhumane use of shrapnel. Monprofit did not believe that Depage would be successful in this endeavour, since the artillery skills of the Allied forces were more developed than those of the Turks.[45]

However, statistical information regarding the real causes of death among soldiers – apart from statistics given by doctors – was rarely collected or evaluated. The lack of autopsies due to religious objections prevented a sound evaluation of the causes of death,[46] and medical records remained incomplete.[47] This information would have offered important data not only for the British medical profession, but for medicine in general. Nevertheless, we can reasonably assume that the knowledge and experience acquired in the Balkan Wars were used efficiently in World War I, which followed closely on its heels.

General Observations about the Ottomans

The relations between Ottoman soldiers and medical professionals represented another common issue in the writings of the Red Cross medical staff. Interestingly, this dynamic manifested itself

predominantly in the medical corps members' many critical comments about foreign journalists reporting on the war. Most Red Cross doctors and surgeons thought that the journalists held prejudices against Ottoman soldiers, that they made incorrect generalizations and offered interpretations that did not fit with the realities of war. One instance was related to the use of anaesthesia. Several war correspondents wrote that Turkish soldiers refused anaesthesia; however, British doctors vehemently denied this claim. For example, Osborn emphasized that the information given in a European newspaper about Turkish soldiers refusing anaesthesia for religious reasons was completely unfounded.[48] Instead, he said that Turkish soldiers never refused chloroform, but that when doctors had to perform surgery on them without chloroform because it was unavailable, they endured the pain with admirable bravery.[49] He thought that the terrible defeat of the Turkish army on the front was not due to a lack of courage or poor battle tactics, but rather the army's unpreparedness.[50] In contrast to such general newspaper claims, medical corps members reported that Turkish soldiers were grateful for the chloroform, and Turkish as well as Red Cross doctors usually operated on patients under anaesthesia.[51]

There are nevertheless several related observations for which all sources provide unanimous evidence. For instance, Turkish soldiers vehemently refused amputation, and they would not change their minds even when being told their wounds would be lethal otherwise. Some of the injured lost their lives because of their refusal to undergo amputation.[52] The above-mentioned stretcher-bearer Johnstone wrote that '[m]any of the wounded showed a curious aversion to operations of any kind. Whether it was that they mistrusted us, or that the loss of a limb minimised their chances of paradise, I don't know'.[53]

Another often-repeated observation was that Turkish soldiers endured even the worst injuries without complaint, expressing pain or excessive emotion, and that they awaited death in a quiet and dignified manner. This behaviour drew the attention of many foreign doctors; while some of them related it to the Turkish people's bravery and endurance, others thought it was rooted in a resignation to one's fate stemming from their religious beliefs. Osborn reported that not a single soldier had complained about his wounds or the lengthy duration of the treatment.[54]

In a similar manner, Dr Frank G. Clemow, the director of the British hospital in Şişli and personal doctor of the British embassy personnel, summarized his experiences in a lecture he gave on 26 April 1913, before he returned to his home country. Of the approximately two hundred patients they treated in five and a half months, he stated, all

of the soldiers behaved respectfully.[55] Wylie, too, gave a lecture on 26 April 1913, in which he remembered the Ottoman soldiers with great appreciation, declaring that it was impossible not to love an Ottoman soldier if one got to know him.[56] Johnstone claimed also that in spite of the awful conditions, the patients were quiet, showed great strength of character and did not move or speak; this greatly impressed and surprised the entire corps.[57]

In contrast to the generally positive opinion about the Ottoman soldiers, however, Ottoman medical professionals were seen in a completely different light. British doctors and medical professionals who worked together with Turkish medical staff were of the opinion that they did not like to work. For instance, Wylie observed that, although there were many Turkish staff members in the museum hospital, only a few did their job well. He continued with the observation that only a small number of the trained male nurses and Turkish staff members running the wards accomplished their tasks successfully.[58] Another British doctor wrote that there were also Turkish doctors and medical personnel in the hospital in the Greek school, but that they were disorganized and could not complete their work in a timely fashion.[59] Johnstone observed that Turkish medical staff would never refuse to do a specific duty, but that they would always procrastinate, and therefore various jobs were constantly impeded. According to the British Red Cross staff, one of the words the Turks most often used was 'tomorrow', and the most often proffered statement was that 'apart from the sun rising in the East and setting in the West nothing is certain'. This attitude was seen as a characteristic derived from the Turks' fatalism.[60] While Red Cross medical staff cared for a limited number of Ottoman patients and medical professionals, they generalized their experiences as a reflection of all Turks, suggesting that they looked down on native medical professionals.

The Indian Red Crescent and the British Red Cross

Another question that deserves consideration is whether the British Red Cross corps sent to the Ottoman Empire during the Balkan Wars were considered a vehicle of British politics. In other words, did British politics have any influence over the Red Cross, which was known as a humanitarian aid organization? This question cannot be easily answered. Nevertheless, the criticism of the Indian Red Crescent, which came from one of the biggest, most important British colonies, did to a certain extent influence Great Britain's Balkan politics. During the

Balkan Wars, Muslims in Great Britain – foremost among them Indians – openly sided with the Ottoman Empire. They attempted to cast this war as a 'Crusade' and to secure every possible type of support for the Ottomans against the Balkan countries. The extensive assistance by the Muslims of London and India and the medical aid of the Indian Red Crescent corps strengthened the relations between the Ottoman Empire and India to an unprecedented extent. Moreover, Muslims wrote to various newspapers asking for political, financial and moral support for the Ottomans, gave lectures and organized meetings. According to a news item from Reuters, 'Orientals' in England arranged a gathering in Oxford under the leadership of Seyyid Haydar Riza, where participants swore their allegiance to the caliphate, condemning the inhumane attack against Turkey. On the other hand, they wished Britain would intervene and negotiate an end to the war.[61] When they did not see any developments in this direction, they began to criticize the British government.

The criticism by the Red Crescent official Ensari against the Red Cross only added to the tensions. Ensari published an article in the newspaper *Comrade* on 8 February 1913, stating that the work done by the German Red Cross hospital in Turkey, the British Red Cross hospitals and the French Red Cross hospitals was ineffective. According to this article, the doctors working in these hospitals deliberately mistreated patients who would have been curable with regular intervention, intentionally removed organs where unnecessary, and left their patients disabled.[62] Ensari contended that British doctors were less effective than bone-setters. As soon as the article appeared, many Indian Muslims began to protest. Although the British government warned that it would take legal steps if Ensari continued his accusations, he did not retract. When news about British doctors doing missionary work was added to these accusations, tensions between the British government and the Indian Red Crescent came to a head and left British politicians uneasy.[63] None of these accusations were proven to be true, but anti-Christian sentiments among Indian Muslims escalated even further. Various interpretations of the events appeared in the Indian press, claiming that Britain felt sympathy for Christians in the Balkans and that it supported the dismantling of the Ottoman Empire.[64] These developments had a lasting political influence: they left the British government in a difficult position, leading to its adoption of a negative stance towards the Ottomans during and at the end of the Balkan Wars.[65]

Conclusion

During the Balkan Wars, the Ottoman Empire received aid from many foreign Red Cross and Red Crescent organizations that emerged from the Geneva Convention. Great Britain was one of the many countries that sent medical assistance. Many doctors, surgeons, nurses and other medical professionals came to the Ottoman Empire as part of the British Red Cross and the British Red Crescent, which assisted wounded, sick soldiers by establishing hospitals in Istanbul and on the front. Apart from these organizations, many British medical professionals also individually came to Istanbul as volunteers. Regardless of where they came from and in addition to humanitarian motives, volunteers embarked on the mission for various reasons: a personal interest in the Orient, to acquire professional experience in different medical fields, to find opportunities to apply the newest medical innovations of the day, and especially to gain new knowledge in war surgery. In fact, after the end of the war, returning doctors shared their newly acquired knowledge with their colleagues by writing articles and books. One of the most significant points that doctors and surgeons drew attention to was the opportunity to compare the Balkan Wars with the Russo-Japanese War and the Second Boer War. By using the knowledge and experience gained in the Balkan Wars, they may have saved the lives of tens of thousands of soldiers in World War I.

Important know-how was also gained in terms of the organization of medicine, its administration and operation by the British Red Cross and Red Crescent during the Balkan Wars. There is no doubt about the significance of learning how to administer a medical corps effectively, to use medical supplies and to correctly organize logistics under exceptional war conditions. Having understood where their shortcomings lay, the British Red Cross and Red Crescent were able to improve and perfect their operations.

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Notes

1 'British Red Cross Balkan Fund', *The Lancet* 180(4,652) (1912), 1,179.
2 'Surgeons Needed for the Balkan War', *The Lancet* 180(4,652) (1912), 1,168.
3 Ibid.
4 A. Duncan Johnstone, *With the British Red Cross in Turkey: The Experience of Two Volunteers, 1912–1913* (London: James Nisbet, 1913), 6.
5 The following doctors were members of these corps. First corps: C.M. Page (from among the surgeons of the Hospital of St. Thomas), Dr H.L. Mann, Dr L.G. Bourdillon; second corps: Dr E.D. Anderson, Dr F.R. Thornton, Dr R. Ogier Ward; third corps: Dr S.V. Appleyard, Dr E.L. Steele, Dr M.C. Gardner; fourth corps: Captain J.H. Horton I.M.S. D.S.O., Captain A.B. Smallman R.A.M.C., Captain Lloyd Jones R.A.M.C.: Red Crescent Archive (Ankara/Turkey), box no. 21, document no. 13.
6 Red Crescent Archive (Ankara/Turkey), box no. 21, document no. 13. There are some inconsistencies between the documents in the Prime Ministry's Ottoman Archives in Istanbul (Başbakanlık Osmanlı Arşivi, hereafter: BOA) and those in the Red Crescent Archive regarding the arrival dates in Istanbul and the size of the first mission of the British Red Cross. The documents in the BOA show that a well-equipped British Red Cross mission under the leadership of Wylie and his wife arrived in Istanbul on 4 November 1912. The corps consisted of a total of sixty-six persons, among them twelve doctors, eleven assistants and forty-three nurses. See BOA, HR SYS 2025/5. In this case, the information recorded by the British Red Cross officials themselves can be considered more reliable.
7 BOA, İ. MBH, no.13/20.B. 1331; BOA, BEO, no. 4174/313007.
8 'The British Red Crescent Society and the War', *The Manchester Guardian*, 12 October 1912, 5.
9 The names of the British Red Crescent corps members are as follows: Director Colonel Sortie, surgeon Dr Calthrop, surgeon Dr Baylin, intern Mr Wylie and intern Mr Stavela, nurse and pharmacist Knapland, and three male and six female nurses, accounting for a total of fifteen people: Red Crescent Archive, folder no. 211.
10 *1329–1331 Salnamesi* [The Ottoman Red Crescent Yearbook, 1913–1915] (Istanbul: Ahmet İhsan ve Sürekası Matbaası, 1915), 188–89.
11 Ibid.; Seçil Karal Akgün and Murat Uluğtekin, *Hilal-i Ahmer'den Kızılay'a* [From Ottoman Red Crescent to Kızılay], Vol. I (Ankara: Kızılay, 2000), 410.
12 Angela Bennett, *The Geneva Convention: The Hidden Origins of the Red Cross* (Stroud: Sutton Publishing, 2006), 212.
13 Johnstone, *With the British Red Cross in Turkey*, 3–4.
14 BOA, HR SYS 2025/5, 45.
15 BOA, HR SYS 2025/5, 19.
16 'Surgeons Needed for The Balkan War', *The Lancet* 180(4,652) (1912), 1,168.
17 John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1996), 248.
18 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 240.

19 'Surgery in the Balkans War', *British Medical Journal* 1(2,725) (1913), 623–24, here 624.
20 Azmi Özcan, *Pan-İslamizm: Osmanlı Devleti Hindistan Müslümanları ve İngiltere, 1877–1924* [Pan-Islamism: Ottoman Empire, Indian Muslims and Britain, 1877–1924] (Ankara: Türkiye Diyanet Vakfı, 1997), 191–211.
21 'The British Red Cross in the Balkan War', *The Lancet* 182(4,691) (1913), 235.
22 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 164.
23 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 237; 'The British Red Cross in the Balkan War', *The Lancet* 182(4,691) (1913), 235.
24 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 163–64.
25 'Cholera and War in the Near East', *The Lancet* 181(4,668) (1913), 485.
26 'Constantinople, the War, Cholera, Disease, Privation', *The Lancet* 180(4,656) (1912), 1,470.
27 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 163.
28 'Cholera and War in the Near East', *The Lancet* 181(4,668) (1913), 485.
29 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 163.
30 Johnstone, *With the British Red Cross in Turkey*, 29–30.
31 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 163–64.
32 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 240.
33 'Surgery in the Balkans War', *British Medical Journal* 1(2,725) (1913), 624.
34 'The Cholera Camp at San Stefano', *The Manchester Guardian*, 11 December 1912, 9.
35 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 238.
36 'The Cholera Camp at San Stefano', *The Manchester Guardian*, 11 December 1912, 9.
37 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 239.
38 Sidney Smith, 'Some Surgical Experiences during the Balkan War', *The Lancet* 181(4,683) (1913), 1,547–49, here 1,547–48.
39 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 237.
40 'Surgery in the Balkans War', *British Medical Journal* 1(2,725) (1913), 624.
41 'Beleaguered Constantinople', *The Lancet* 180(4,657) (1912), 1,529.
42 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 164.
43 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 237.
44 'Surgery in the Balkan War', *British Medical Journal* 2(2,857) (1915), 505.
45 'Surgery in the Balkans War', *British Medical Journal* 1(2,725) (1913), 624.

46 There is no definition for Muslims regarding autopsy in Islam. For detailed information, see Üveis Maskar, 'İslâmda ve Osmanlılarda Otopsi Sorunu Üzerine Bir Etüd' [A Study on Autopsy Problems in Islam and the Ottoman Empire], *Patoloji Bülteni* 3(3) (1976), 259–74, http://www.turkjpath.org/pdf/pdf_PB_245.pdf (accessed 26 February 2014); and Hayrettin Karaman, 'İslâm Otopsi Meselesi' [Islam-Autopsy Problem], http://www.hayrettinkaraman.net/kitap/helalharam/0255.htm (accessed 26 February 2014).
47 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,691) (1913), 237.
48 'Constantinople, the War, Cholera, Disease, Privation', *The Lancet* 180(4,656) (1912), 1,471.
49 'Beleaguered Constantinople', *The Lancet* 180(4,657) (1912), 1,529.
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51 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182 (4,691) (1913), 238.
52 Ibid.
53 Johnstone, *With the British Red Cross in Turkey*, 37.
54 'Beleaguered Constantinople', *The Lancet* 180(4,657) (1912), 1,529.
55 *1329–1331 Salnamesi*, 252.
56 Ibid., 254.
57 Johnstone, *With the British Red Cross in Turkey*, 33.
58 'Medical and Surgical Experience in the Balkan War', *The Lancet* 182(4,690) (1913), 163.
59 'The Cholera Camp at San Stefano', *The Manchester Guardian*, 11 December 1912, 9.
60 Johnstone, *With the British Red Cross in Turkey*, 132.
61 Ali Fuat Örenç, 'Bulgar Kuşatması Döneminde Edirne'de Kolera Salgını ve Hindistanlı Fatma Hanımefendi'nin Faaliyetleri' [Cholera Outbreak in Edirne during the Bulgarian Siege and the Activities of Lady Fatma of India], in İbrahim Sezgin, Cengiz Fedakar and Hasan Demiroğlu (eds), *Uluslararası Edirne'nin Fethi'nin 650. Yılı Sempozyumu Bildiriler Kitabı, 4–6 Mayıs 2011* [Proceedings of the International Symposium for the 650th Anniversary of the Conquest of Edirne] (Edirne: Trakya University, 2012), 385–402, here 395–96.
62 Red Crescent Archives, box no. 18, document no. 52.2.
63 Özcan, *Pan-İslamizm*, 191–211.
64 This claim was not only made by Indian Muslims. The British Orientalist Edward G. Browne wrote in a letter that he sent to the editor of *The Manchester Guardian* on 8 June 1913: 'Whatever may be said as to the official attitude of Great Britain towards Turkey, I still believe that nowhere in Europe do the Turks count more genuine friends and well-wishers than in this country': 'The Distress in Turkey, Browne's Appeal', *The Manchester Guardian*, 16 June 1913, 12.
65 Özcan, *Pan-İslamizm*, 191–211.

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